

2018 Community Health Needs Assessment Report

SCIOTO COUNTY with PORTSMOUTH CITY BREAKOUT

Prepared for:

Southern Ohio Medical Center, Kings Daughters Medical Center,
Portsmouth City Health Department, and the Scioto County Health
Department

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**Southern Ohio
Medical Center**

Very Good things are happening here

**KING'S
DAUGHTERS**

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Introduction



Professional Research Consultants, Inc.

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2007, 2012, and 2015, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Southern Ohio Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Southern Ohio Medical Center, King's Daughters Medical Center, and the Portsmouth City Health Department by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

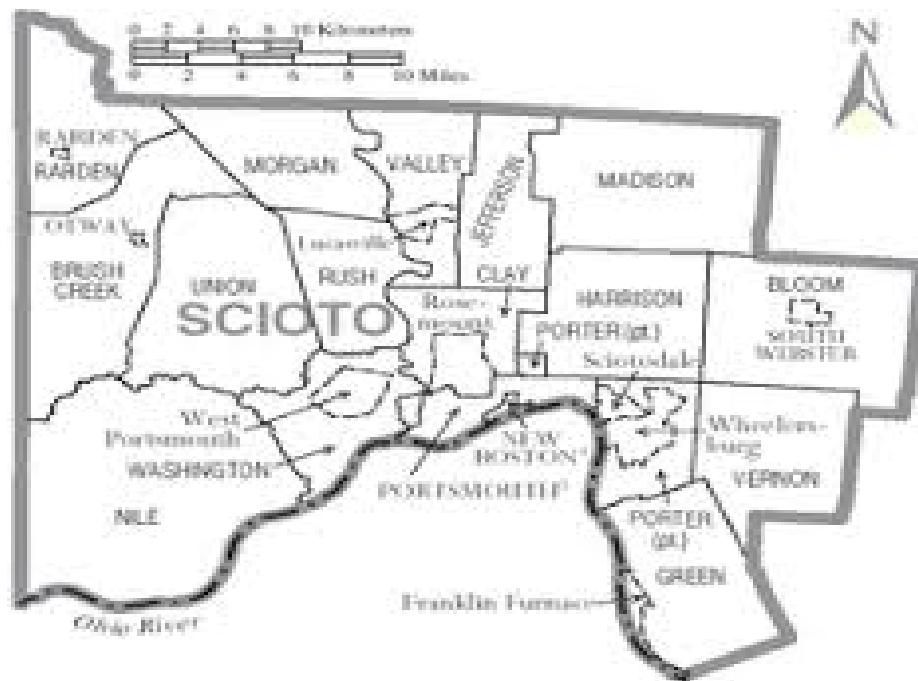
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Southern Ohio Medical Center, King's Daughters Medical Center, and the Portsmouth City Health Department, and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort includes Scioto County with information gathered from the city of Portsmouth, zip code 45662 broken out in a separate appendices.



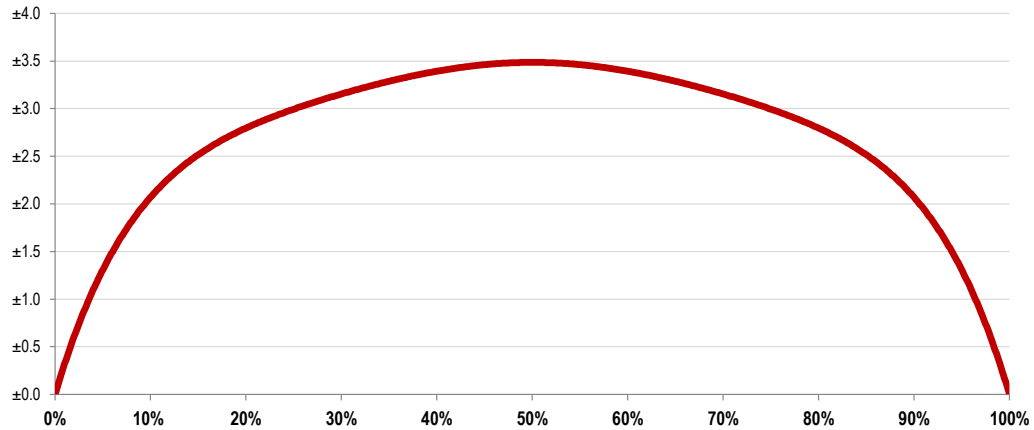
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 800 individuals age 18 and older in Scioto County including the city of Portsmouth. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Total Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 800 respondents is $\pm 3.5\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 800 Respondents at the 95 Percent Level of Confidence



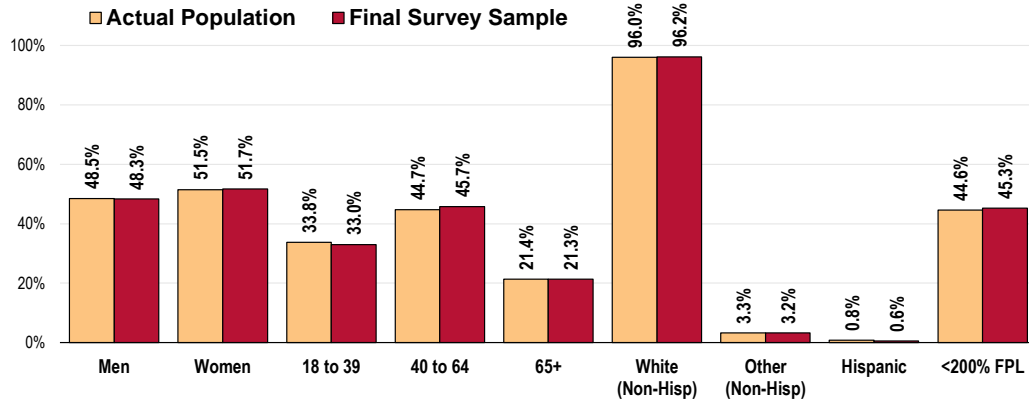
- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 800 respondents answered a certain question with a "yes," it can be asserted that between 7.9% and 12.1% ($10\% \pm 2.1\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.5% and 53.5% ($50\% \pm 3.5\%$) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics (Total Service Area, 2018)



Sources:
 • Census 2010, Summary File 3 (SF 3). US Census Bureau.
 • 2018 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2018 guidelines place the poverty threshold for a family of four at \$25,100 annual household income or lower). In sample segmentation: **“low income”** refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; **“mid/high income”** refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Southern Ohio Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 63 community stakeholders took part in the Online Key Informant Survey, as outlined in the following table:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physicians	10	6
Public Health Representatives	11	7
Other Health Providers	29	20
Social Services Providers	16	10
Other Community Leaders	33	20

Final participation included representatives of the organizations outlined below.

- Adams County Board of Developmental Disabilities
- Area Agency on Aging, District 7
- Beltone
- CAO of Scioto County
- CAO Scioto County Head Start and Early Head Start
- Clay Local School District
- Community Action Org Women, Infant and Child Program
- Compass Community Health
- Glockner Enterprises
- Minford Local School District
- Money Concepts Capital Financial Planning
- Portsmouth Area Chamber of Commerce
- Portsmouth City Health Department
- Portsmouth City Health Department Prevention Division
- Portsmouth City Schools
- Portsmouth-Scioto County Visitors Bureau
- Schmidt Family Restaurant Group
- Scioto County Career Technical Center
- Scioto County Career Technical Center Health Programs
- Scioto County Emergency Management Agency
- Scioto County Health Department
- Scioto Foundation
- Scioto Tech
- Shawnee State University
- SOMC Greenup Family Practice
- SOMC Vanceburg
- Southeastern Ohio Legal Services
- Southern Ohio Medical Center
- STAR, Inc.
- The Pavilion at Piketon
- The Potter's House Ministries, Inc.
- United Scioto Senior Activities, Inc.
- Western Local School District
- Wheelersburg Local Schools

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Total Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

Similar surveys were administered in the Total Service Area in 2007, 2012, and 2015 by PRC on behalf of Southern Ohio Medical Center. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Ohio Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2017)	See Report Page
Part V Section B Line 3a <i>A definition of the community served by the hospital facility</i>	8
Part V Section B Line 3b <i>Demographics of the community</i>	39
Part V Section B Line 3c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	239
Part V Section B Line 3d <i>How data was obtained</i>	8
Part V Section B Line 3e <i>The significant health needs of the community</i>	17
Part V Section B Line 3f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
Part V Section B Line 3g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	Pending
Part V Section B Line 3h <i>The process for consulting with persons representing the community's interests</i>	11
Part V Section B Line 3i <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>	Pending

Summary of Findings

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Cost of Prescriptions • Lack of Health Insurance (SSA) • Skipping/Stretching Prescriptions • Primary Care Physician Ratio • Emergency Room Utilization
Cancer	<ul style="list-style-type: none"> • Cancer is a leading cause of death. • Cancer Deaths <ul style="list-style-type: none"> ◦ Including Lung Cancer, Female Breast Cancer, and Colorectal Cancer Deaths • Cancer Prevalence • Lung Cancer Incidence • Colorectal Cancer Screening [Age 50-75] • Cancer ranked as a top concern in the Online Key Informant Survey.
Dementia, Including Alzheimer's Disease	<ul style="list-style-type: none"> • Alzheimer's Disease Deaths
Diabetes	<ul style="list-style-type: none"> • Diabetes Deaths • Diabetes Prevalence • Diabetes ranked as a top concern in the Online Key Informant Survey.
Family Planning	<ul style="list-style-type: none"> • Teen Births
Heart Disease & Stroke	<ul style="list-style-type: none"> • Cardiovascular disease is a leading cause of death. • Heart Disease Deaths • Heart Disease Prevalence • High Blood Pressure Prevalence • Stroke Deaths • Overall Cardiovascular Risk • Heart Disease & Stroke ranked as a top concern in the Online Key Informant Survey.

Areas of Opportunity (continued)	
Injury & Violence	<ul style="list-style-type: none"> ● Unintentional Injury Deaths <ul style="list-style-type: none"> ○ Including Motor Vehicle Crash ● Firearm-Related Deaths
Kidney Disease	<ul style="list-style-type: none"> ● Kidney Disease Deaths ● Kidney Disease Prevalence
Mental Health	<ul style="list-style-type: none"> ● “Fair/Poor” Mental Health ● Diagnosed Depression ● Symptoms of Chronic Depression ● Receiving Treatment for Mental Health ● Suicide Deaths ● Mental Health ranked as a top concern in the Online Key Informant Survey.
Nutrition, Physical Activity, & Weight	<ul style="list-style-type: none"> ● Fruit/Vegetable Consumption ● Difficulty Accessing Fresh Produce ● Overweight & Obesity [Adults] ● Trying to Lose Weight [Overweight Adults] ● Leisure-Time Physical Activity ● Meeting Physical Activity Guidelines ● Access to Recreation/Fitness Facilities ● Nutrition, Physical Activity, & Weight ranked as a top concern in the Online Key Informant Survey.
Potentially Disabling Conditions	<ul style="list-style-type: none"> ● Activity Limitations ● Arthritis/Rheumatism Prevalence [Age 50+] ● Osteoporosis Prevalence [Age 50+] ● Sciatica/Chronic Back Pain Prevalence ● Caregiving ● Multiple Chronic Conditions
Respiratory Diseases	<ul style="list-style-type: none"> ● Chronic Lower Respiratory Disease (CLRD) Deaths ● Chronic Obstructive Pulmonary Disease (COPD) Prevalence ● Pneumonia/Influenza Deaths ● Flu Vaccination [Age 65+]
Substance Abuse	<ul style="list-style-type: none"> ● Cirrhosis/Liver Disease Deaths ● Unintentional Drug-Related Deaths ● Illicit Drug Use ● Substance Abuse ranked as a top concern in the Online Key Informant Survey.
Tobacco Use	<ul style="list-style-type: none"> ● Cigarette Smoking Prevalence ● Environmental Tobacco Smoke Exposure at Home <ul style="list-style-type: none"> ○ Including Among Households with Children ● Use of Vaping Products ● Smokeless Tobacco Prevalence ● Tobacco Use ranked as a top concern in the Online Key Informant Survey.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Total Service Area, including comparisons between the two service areas, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following tables, Total Service Area results are shown in the larger, blue column. *Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

■ The green columns [to the left of the Total Service Area column] provide comparisons between the two service areas, identifying differences for each as “better than” (☀), “worse than” (☹), or “similar to” (☺) the opposing area.

















■ The columns to the right of the Total Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether Total Service Area compares favorably (☀), unfavorably (☹), or comparably (☺) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
















TREND SUMMARY (Current vs. Baseline Data)

Survey Data Indicators:
Trends for survey-derived indicators represent significant changes since 2007.







Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).











Social Determinants	Disparity Between Areas	
	PSA	SSA
Linguistically Isolated Population (Percent)	 0.3	 0.1
Population in Poverty (Percent)	 24.0	 20.9
Population Below 200% FPL (Percent)	 45.3	 43.6
Children Below 200% FPL (Percent)	 52.4	 54.6
No High School Diploma (Age 25+, Percent)	 15.9	 17.2
Unemployment Rate (Age 16+, Percent)	 6.6	 6.5
% Worry/Stress Over Rent/Mortgage in Past Year	 28.0	 27.7
% Low Health Literacy	 23.6	 23.3











Note: In the green section, each subarea is compared to the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.














Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
0.2	 1.3	 4.5		
21.7	 15.4	 15.1		
44.0	 33.3	 33.6		
54.0	 43.1	 43.3		
16.8	 10.5	 13.0		
6.5	 4.3	 4.1		 6.9
27.8		 30.8		
23.4		 23.3		

better similar worse

Overall Health	Disparity Between Areas	
	PSA	SSA
% "Fair/Poor" Overall Health	 28.0	 32.3
% Activity Limitations	 31.3	 34.0
% Caregiver to a Friend/Family Member	 27.6	 26.0
<small>Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
31.2	 18.0	 18.1		 25.4
33.2	 20.6	 25.0		 28.6
26.5		 20.8		
 better  similar  worse				

Access to Health Services	Disparity Between Areas	
	PSA	SSA
% [Age 18-64] Lack Health Insurance	 3.6	 19.3
% Difficulty Accessing Healthcare in Past Year (Composite)	 40.1	 42.2
% Difficulty Finding Physician in Past Year	 9.3	 12.8
% Difficulty Getting Appointment in Past Year	 12.8	 22.8
% Cost Prevented Physician Visit in Past Year	 8.4	 15.4

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
15.0	 8.4	 13.7	 0.0	 21.7
41.6		 43.2		 45.3
11.9		 13.4		 13.3
20.0		 17.5		 17.9
13.4	 10.7	 15.4		 19.0

Access to Health Services (continued)	Disparity Between Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. OH	vs. US	vs. HP2020	
% Transportation Hindered Dr Visit in Past Year	9.6	11.0	10.6		8.3		9.5
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.6	15.1	14.9		12.5		16.9
% Language/Culture Prevented Care in Past Year	0.3	2.1	1.6		1.2		
% Cost Prevented Getting Prescription in Past Year	13.8	22.0	19.7		14.9		23.0
% Skipped Prescription Doses to Save Costs	14.0	20.9	19.0		15.3		23.0
% Difficulty Getting Child's Healthcare in Past Year	1.3	5.1	4.1		5.6		5.7
Primary Care Doctors per 100,000	55.7	49.3	51.0	93.1	87.8		41.3
% Have a Specific Source of Ongoing Care	74.3	82.4	80.1		74.1	95.0	74.0
% Have Had Routine Checkup in Past Year	80.0	79.3	79.5	75.0	68.3		66.0
% Child Has Had Checkup in Past Year	83.6	90.2	88.3		87.1		90.2

Access to Health Services (continued)	Disparity Between Areas	
	PSA	SSA
% Two or More ER Visits in Past Year	18.5	19.7
% Rate Local Healthcare "Fair/Poor"	12.9	13.5
<small>Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
19.3		9.3	13.1	
13.4		16.2	28.2	
better similar worse				

Cancer	Disparity Between Areas	
	PSA	SSA
Cancer (Age-Adjusted Death Rate)	193.0	208.8
Lung Cancer (Age-Adjusted Death Rate)		
Prostate Cancer (Age-Adjusted Death Rate)		
Female Breast Cancer (Age-Adjusted Death Rate)		
Colorectal Cancer (Age-Adjusted Death Rate)		
Female Breast Cancer Incidence Rate	120.0	111.3



Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
204.4	173.2	155.6	161.4	216.2
65.1	47.0	38.5	45.5	
18.5	19.4	18.9	21.8	
24.2	22.1	20.1	20.7	
19.3	15.4	13.9	14.5	
113.7	122.9	123.5		







Cancer (continued)	Disparity Between Areas	
	PSA	SSA
Prostate Cancer Incidence Rate	99.4	89.3
Lung Cancer Incidence Rate	87.9	92.2
Colorectal Cancer Incidence Rate	40.6	47.7
% Cancer (Other Than Skin)	9.7	9.6
% Skin Cancer	7.9	10.0
% [Women 50-74] Mammogram in Past 2 Years	71.7	73.0
% [Women 21-65] Pap Smear in Past 3 Years	66.6	71.3
% [Age 50-75] Colorectal Cancer Screening	69.0	62.3









Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.














Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
92.1	111.8	114.8		
91.0	69.5	61.2		
45.7	41.2	39.8		
9.6	7.0	7.1		6.9
9.4	5.8	8.5		7.2
72.7	77.1	77.0	81.1	70.1
70.0	81.9	73.5	93.0	79.5
64.1	66.9	76.4	70.5	65.4




















better
 similar
 worse


































Dementias, Including Alzheimer's Disease	Disparity Between Areas	
	PSA	SSA
Alzheimer's Disease (Age-Adjusted Death Rate)	 39.4	 47.5
<small>Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		



Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
44.9	 32.7	 30.2	 23.8	
<div style="display: flex; justify-content: space-around;">  better  similar  worse </div>				






Diabetes	Disparity Between Areas	
	PSA	SSA
Diabetes (Age-Adjusted Death Rate)	 28.9	 29.8
% Diabetes/High Blood Sugar	 22.8	 21.3
% Borderline/Pre-Diabetes	 6.6	 9.5
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	 65.1	 55.8
<small>Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		









Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
29.6	 25.0	 21.3	 20.5	 27.3
21.7	 11.3	 13.3	 16.1	
8.7		 9.5		
58.3		 50.0	 54.0	
<div style="display: flex; justify-content: space-around;">  better  similar  worse </div>				


















Heart Disease & Stroke	Disparity Between Areas	
	PSA	SSA
Diseases of the Heart (Age-Adjusted Death Rate)	 289.0	 219.1
Stroke (Age-Adjusted Death Rate)	 31.4	 47.0
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 14.4	 14.2
% Stroke	 6.2	 5.4
% Blood Pressure Checked in Past 2 Years	 96.7	 98.1
% Told Have High Blood Pressure (Ever)	 53.6	 53.8
% [HBP] Taking Action to Control High Blood Pressure	 94.7	 93.6
% Cholesterol Checked in Past 5 Years	 92.8	 92.7
% Told Have High Cholesterol (Ever)	 36.1	 39.7
% [HBC] Taking Action to Control High Blood Cholesterol	 86.9	 89.9
% 1+ Cardiovascular Risk Factor	 94.5	 92.4

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
239.1	 187.7	 166.3	 156.9	 259.2
42.5	 41.4	 37.5	 34.8	 48.4
14.3		 8.0		 13.4
5.6	 3.8	 4.7		 5.0
97.7		 90.4	 92.6	 95.4
53.7	 34.3	 37.0	 26.9	 41.6
93.9		 93.8		 91.5
92.7	 85.3	 85.1	 82.1	 85.2
38.7		 36.2	 13.5	 36.0
89.2		 87.3		 82.8
93.0		 87.2		 90.0

HIV	Disparity Between Areas	
	PSA	SSA
HIV Prevalence Rate	 88.1	 57.6
<small>Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
66.2	 200.5	 353.2		
	 better	 similar	 worse	

Immunization & Infectious Diseases	Disparity Between Areas	
	PSA	SSA
% [Age 65+] Flu Vaccine in Past Year	 64.0	 61.2
% [High-Risk 18-64] Flu Vaccine in Past Year	 45.9	 50.9
% [Age 65+] Pneumonia Vaccine Ever	 75.6	 80.7
% [High-Risk 18-64] Pneumonia Vaccine Ever	 43.5	 48.0
<small>Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
62.0	 57.3	 76.8	 70.0	 73.6
49.7		 55.7	 70.0	 48.6
79.3	 74.7	 82.7	 90.0	 72.0
47.0		 39.9	 60.0	 46.0
	 better	 similar	 worse	

Infant Health & Family Planning	Disparity Between Areas	
	PSA	SSA
Low Birthweight Births (Percent)	9.0	9.6
Infant Death Rate	7.5	6.1
Teen Births per 1,000 (Age 15-19)	51.4	52.6







Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.














Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
9.5	8.6	8.2	7.8	9.9
6.6	7.3	5.8	6.0	8.8
52.3	36.0	36.6		57.5





better similar worse










Injury & Violence	Disparity Between Areas	
	PSA	SSA
Unintentional Injury (Age-Adjusted Death Rate)	91.5	84.5
Motor Vehicle Crashes (Age-Adjusted Death Rate)	15.2	17.8
[65+] Falls (Age-Adjusted Death Rate)		
% [Age 45+] Fell in the Past Year	35.4	29.5
Firearm-Related Deaths (Age-Adjusted Death Rate)	14.2	17.0

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
86.4	65.9	46.7	36.4	64.2
17.1	10.4	11.4	12.4	
59.0	67.4	62.1	47.0	
31.2		31.6		
16.3	12.8	11.6	9.3	

Injury & Violence (continued)	Disparity Between Areas	
	PSA	SSA
Homicide (Age-Adjusted Death Rate)		
Violent Crime Rate	 152.4	 96.5
% Victim of Violent Crime in Past 5 Years	 3.2	 2.7
% Victim of Domestic Violence (Ever)	 12.5	 18.4
<small>Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
6.6	 6.7	 6.0	 5.5	 6.3
112.4	 300.8	 379.7		
2.8		 3.7		 3.9
16.8		 14.2		 15.8
 better  similar  worse				

Kidney Disease	Disparity Between Areas	
	PSA	SSA
Kidney Disease (Age-Adjusted Death Rate)	 17.1	 24.7
% Kidney Disease	 7.8	 7.4
<small>Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
22.5	 15.0	 13.2		 21.3
7.5	 2.9	 3.8		 3.4
 better  similar  worse				

Mental Health	Disparity Between Areas	
	PSA	SSA
% "Fair/Poor" Mental Health	20.7	25.2
% Diagnosed Depression	28.0	30.1
% Symptoms of Chronic Depression (2+ Years)	40.0	38.2
% Typical Day Is "Extremely/Very" Stressful	12.1	18.0
Suicide (Age-Adjusted Death Rate)	12.7	19.0
% Taking Rx/Receiving Mental Health Trtmt	23.7	25.0
% Have Ever Sought Help for Mental Health	36.2	34.2
% [Those With Diagnosed Depression] Seeking Help	95.0	86.0
% Unable to Get Mental Health Svcs in Past Yr	6.1	8.8
<small>Note: In the green section, each subarea is compared to the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
23.9		13.0		15.6
29.5	22.6	21.6		21.6
38.7		31.4		31.3
16.3		13.4		13.4
17.3	14.3	13.6	10.2	10.9
24.7		13.9		
34.8		30.8		
88.4		87.1		
8.1		6.8		
better similar worse				

Nutrition, Physical Activity & Weight	Disparity Between Areas	
	PSA	SSA
% Food Insecure	25.0	28.0
% Eat 5+ Servings of Fruit or Vegetables per Day	24.3	27.3
% Medical Advice on Nutrition in Past Year	41.3	42.6
% "Very/Somewhat" Difficult to Buy Fresh Produce	23.3	32.9
Population With Low Food Access (Percent)	9.5	12.6
% No Leisure-Time Physical Activity	29.6	32.8
% Meeting Physical Activity Guidelines	14.2	15.6
% Medical Advice on Physical Activity in Past Year	41.6	40.0
Recreation/Fitness Facilities per 100,000	1.3	3.4
% Overweight (BMI 25+)	80.6	76.8
% Healthy Weight (BMI 18.5-24.9)	18.0	21.2





Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
27.1		27.9		
26.5		33.5		39.6
42.2				38.1
30.3		22.1		27.0
11.7	25.3	22.4		
31.9	25.9	26.2	32.6	29.9
15.2	19.7	22.8	20.1	
40.4				40.6
2.8	9.8	11.0		4.2
77.9	66.3	67.8		71.3
20.3	31.9	30.3	33.9	27.2













Nutrition, Physical Activity & Weight (continued)	Disparity Between Areas	
	PSA	SSA
% [Overweights] Trying to Lose Weight	48.1	55.8
% Obese (BMI 30+)	50.4	45.8
% Medical Advice on Weight in Past Year	27.3	27.5
% [Overweights] Couseled About Weight in Past Year	28.4	32.3
% Child [Age 5-17] Healthy Weight		
% Children [Age 5-17] Overweight (85th Percentile)		
% Children [Age 5-17] Obese (95th Percentile)		
% Child [Age 2-17] Physically Active 1+ Hours per Day		











Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.











Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
53.6		61.3		
47.1	31.5	32.8	30.5	34.1
27.4		24.2		21.8
31.2		29.0		24.9
48.0		58.4		
43.0		33.0		47.7
23.9		20.4	14.5	28.1
66.2		50.5		61.9

better similar worse

Oral Health	Disparity Between Areas	
	PSA	SSA
% Have Dental Insurance	 70.9	 61.3
% [Age 18+] Dental Visit in Past Year	 59.2	 55.7
% Child [Age 2-17] Dental Visit in Past Year		
<small>Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
63.9		 59.9	 53.7	
56.6	 67.9	 59.7	 49.0  59.3	
94.4		 87.0	 49.0  79.6	
	 better	 similar	 worse	

Potentially Disabling Conditions	Disparity Between Areas	
	PSA	SSA
% [50+] Arthritis/Rheumatism	 51.7	 50.3
% [50+] Osteoporosis	 15.3	 17.5
% Sciatica/Chronic Back Pain	 33.8	 36.8
% Eye Exam in Past 2 Years	 58.8	 57.3
% Multiple Chronic Conditions	 74.2	 80.9

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
50.7		 38.3	 57.4	
16.9		 9.4	 5.3  19.4	
35.9		 22.9	 28.6	
57.7		 55.3	 57.1	
79.0		 56.8		

Respiratory Diseases	Disparity Between Areas	
	PSA	SSA
CLRD (Age-Adjusted Death Rate)	88.0	82.2
Pneumonia/Influenza (Age-Adjusted Death Rate)	14.0	21.6
% [Adult] Currently Has Asthma	15.3	13.7
% [Child 0-17] Currently Has Asthma	6.2	11.3
% COPD (Lung Disease)	21.1	24.4

Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
83.9	48.5	41.0	68.3	
19.5	15.5	14.3	20.8	
14.2	9.9	11.8	12.0	
9.8		9.3	11.6	
23.5	8.3	8.6	15.2	

better similar worse

Sexually Transmitted Diseases	Disparity Between Areas	
	PSA	SSA
Chlamydia Incidence Rate	212.4	208.9
Gonorrhea Incidence Rate	26.9	24.3

Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
209.9	474.1	456.1	110.0	
25.0	140.3	110.7	33.5	

better similar worse

Substance Abuse	Disparity Between Areas	
	PSA	SSA
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	55.2	41.5
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	21.0	16.6
% Current Drinker	34.7	30.8
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	11.9	9.3
% Excessive Drinker	13.3	11.3
% Drinking & Driving in Past Month	0.4	1.2
% Illicit Drug Use in Past Month	5.3	3.4
% Ever Sought Help for Alcohol or Drug Problem	7.5	2.7
% Life Negatively Affected by Substance Abuse	39.6	41.3

Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
45.3	36.2	16.7	11.3	23.7
17.8	10.9	10.8	8.2	12.7
31.9	53.9	55.0		31.3
10.0	19.0	20.0	24.4	
11.9		22.5	25.4	11.4
1.0	3.7	5.2		1.0
3.9		2.5	7.1	1.7
4.0		3.4		2.9
40.8		37.3		

better
 similar
 worse

Tobacco Use	Disparity Between Areas	
	PSA	SSA
% Current Smoker	25.3	24.3
% Someone Smokes at Home	18.2	24.5
% [Nonsmokers] Someone Smokes in the Home	6.2	11.9
% [Household With Children] Someone Smokes in the Home	8.2	27.7
% [Smokers] Have Quit Smoking 1+ Days in Past Year		
% [Smokers] Received Advice to Quit Smoking		
% Currently Use Vaping Products	2.4	8.9
% Use Smokeless Tobacco	5.9	7.5

Note: In the green section, each subarea is compared the opposing subarea. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

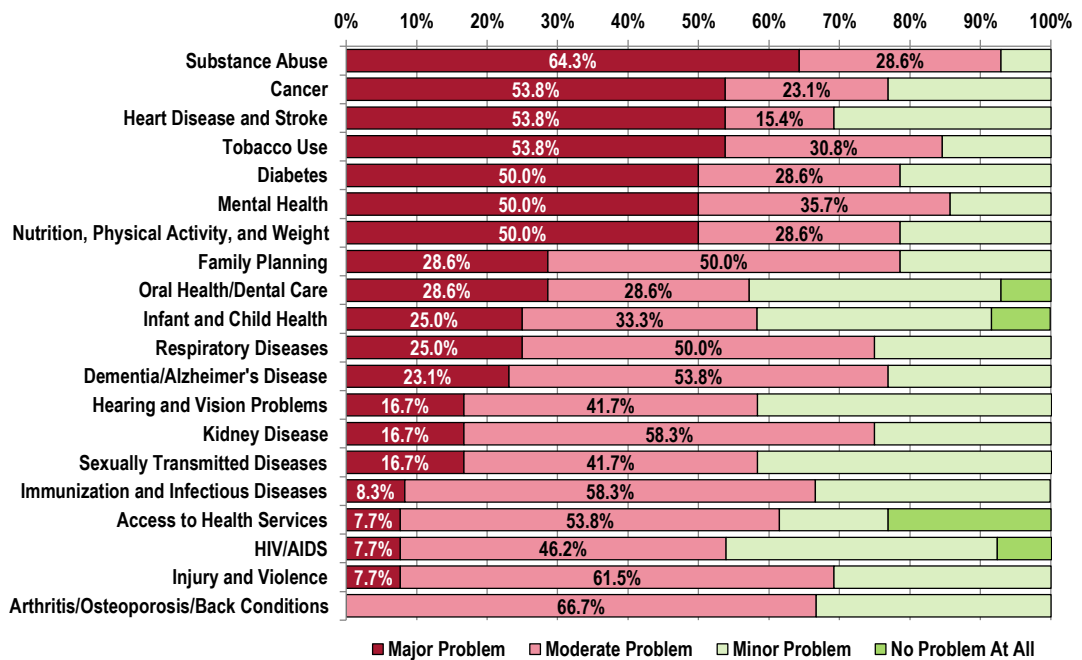
Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. OH	vs. US	vs. HP2020	
24.6	22.5	16.3	12.0	27.4
22.7		10.7		28.8
10.3		4.0		12.0
22.2		7.2		31.6
47.1		34.7	80.0	50.8
74.5		58.0		55.1
7.1	5.7	3.8		
7.1	4.7	4.4	0.2	7.8

better
 similar
 worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Community Description



Professional Research Consultants, Inc.

Population Characteristics

Total Population

The seven-county Total Service Area, the focus of this Community Health Needs Assessment, encompasses 3,335.33 square miles and houses a total population of nearly 278,000 residents, according to latest census estimates.

Total Population
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
PSA (Scioto County)	77,366	610.22	126.78
SSA (Adams, Greenup, Jackson, Lawrence, Lewis, Pike counties)	200,530	2,725.11	73.59
Total Service Area	277,896	3,335.33	83.32
Ohio	11,586,941	40,862.40	283.56
United States	318,558,162	3,532,068.58	90.19

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved February 2019 from Community Commons at <http://www.chna.org>.

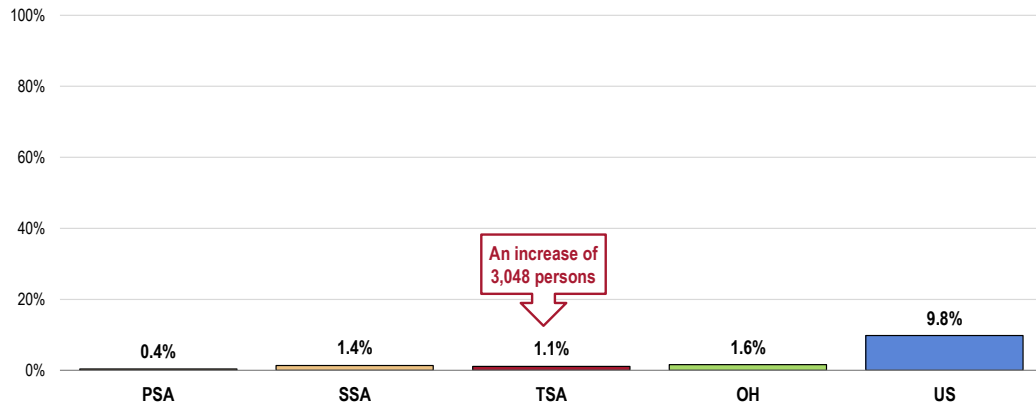
Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

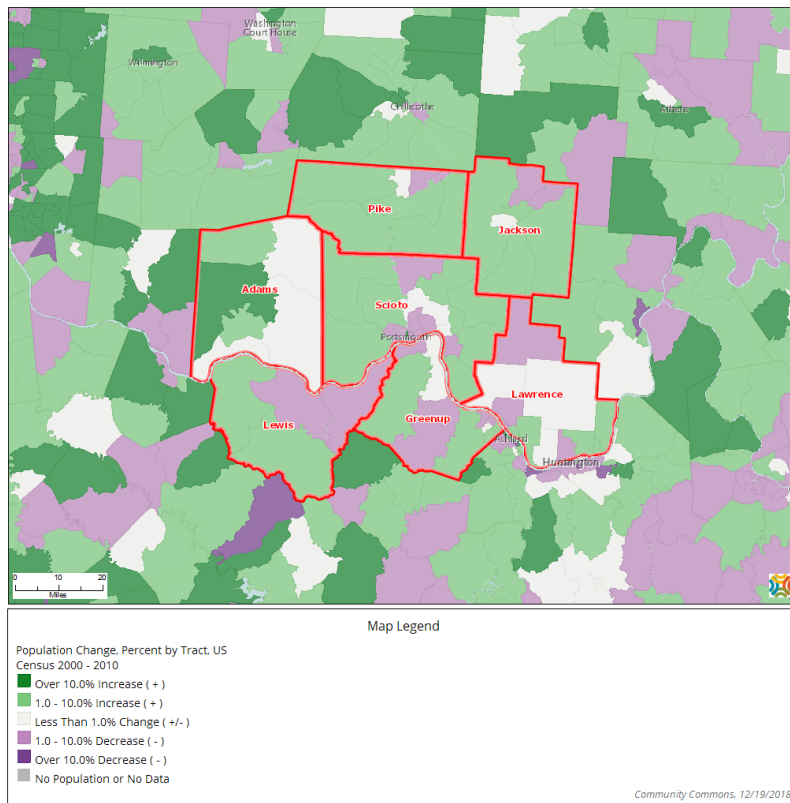
Between the 2000 and 2010 US Censuses, the population of the Total Service Area increased by 3,048 persons, or 1.1%.

- A lower proportional increase than seen across both the state and the especially the nation overall.
- The Secondary Service Area (SSA) increased at a greater proportion than did the Primary Service Area (PSA).

Change in Total Population (Percentage Change Between 2000 and 2010)



- Sources:
- US Census Bureau Decennial Census (2000-2010).
 - Retrieved February 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

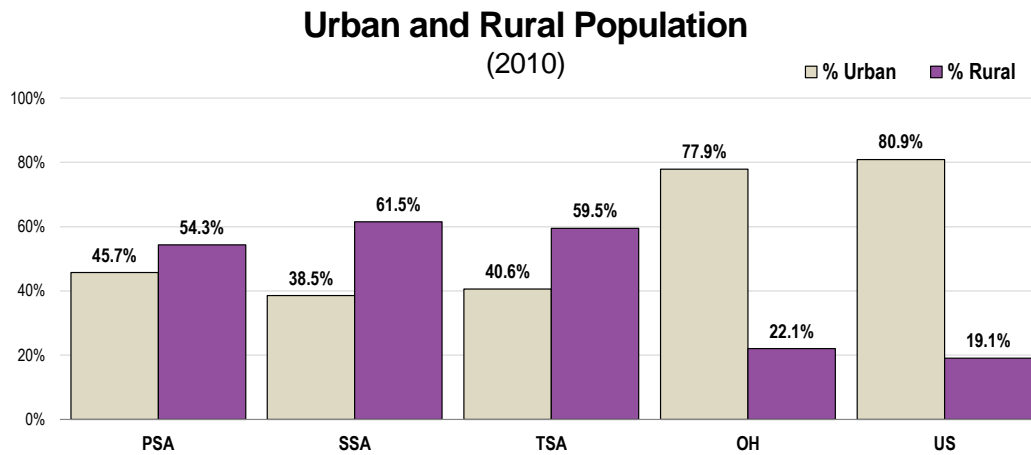


Urban/Rural Population

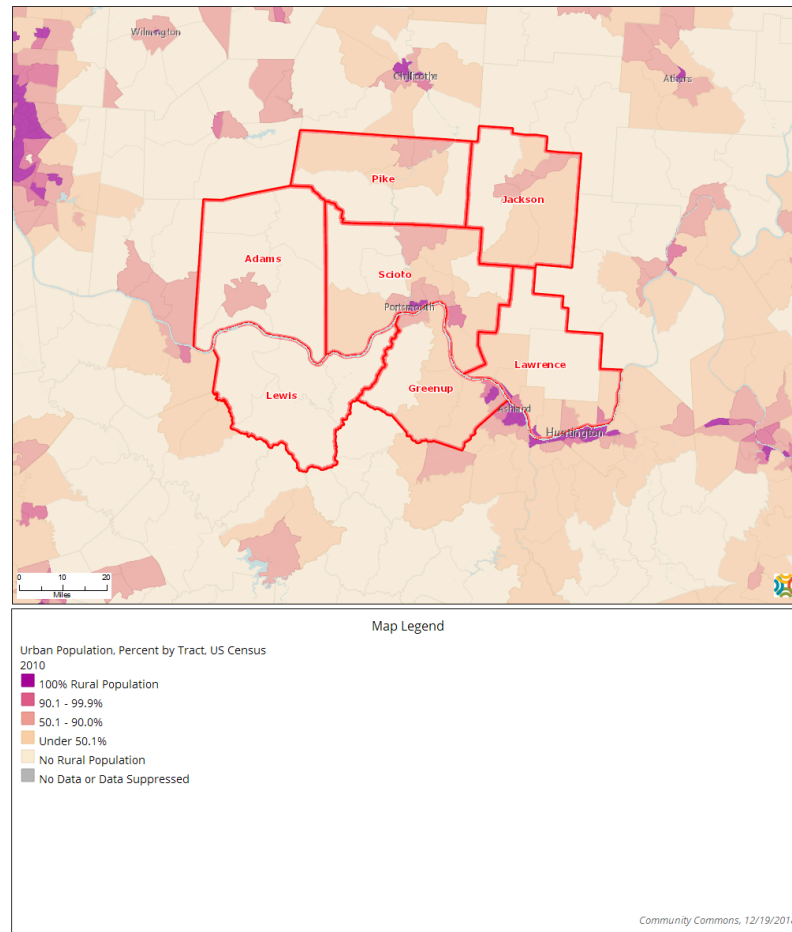
Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Total Service Area is more rural than urban, with 59.5% of the population living in areas designated as rural.

- In contrast, closer to 80% of the state and national populations live in **urban** areas.



- Sources:
- US Census Bureau Decennial Census (2010).
 - Retrieved February 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.



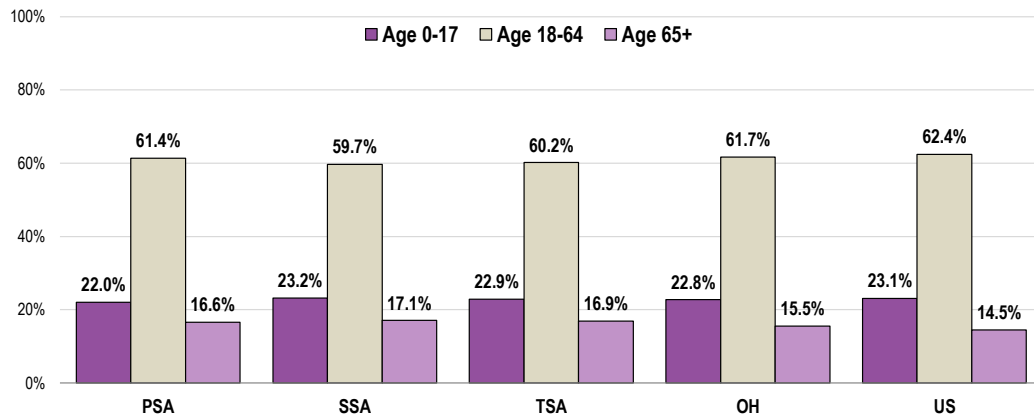
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Total Service Area, 22.9% of the population are infants, children, or adolescents (age 0-17); another 60.2% are age 18 to 64, while 16.9% are age 65 and older.

- The percentage of older adults (65+) is higher than the state and US figures.
- The population distribution is similar when viewed by service area.

Total Population by Age Groups, Percent (2012-2016)

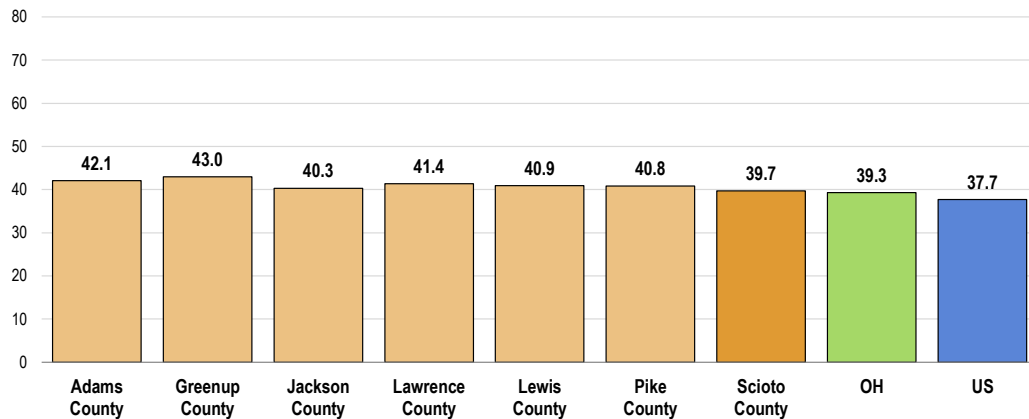


Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved February 2019 from Community Commons at <http://www.chna.org>.

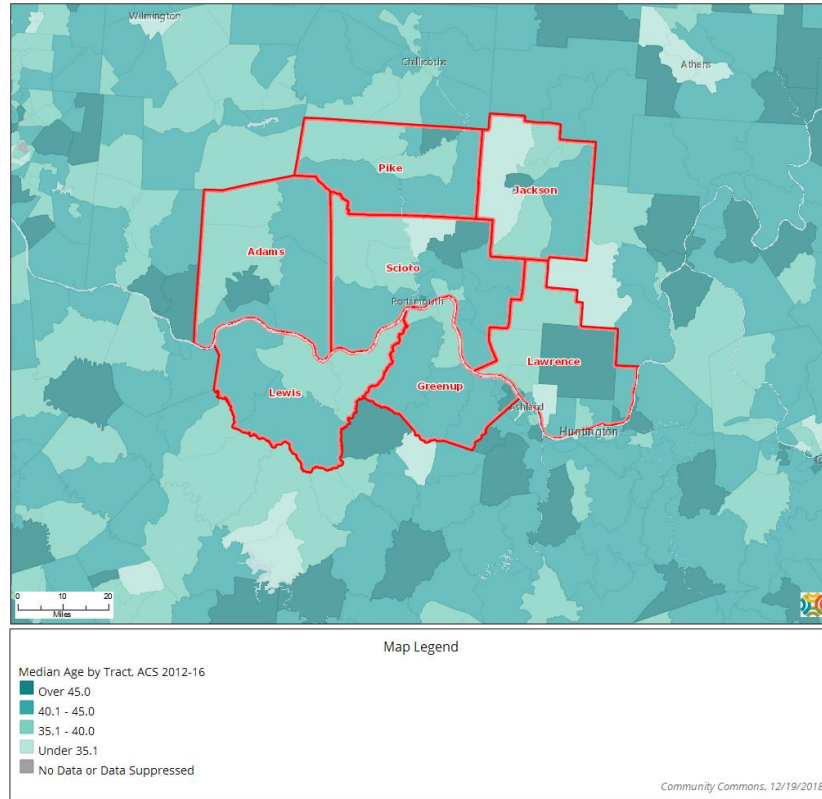
Median Age

The Total Service Area is “older” than the state and the nation in that the median ages are higher.

Median Age (2012-2016)



Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved February 2019 from Community Commons at <http://www.chna.org>.



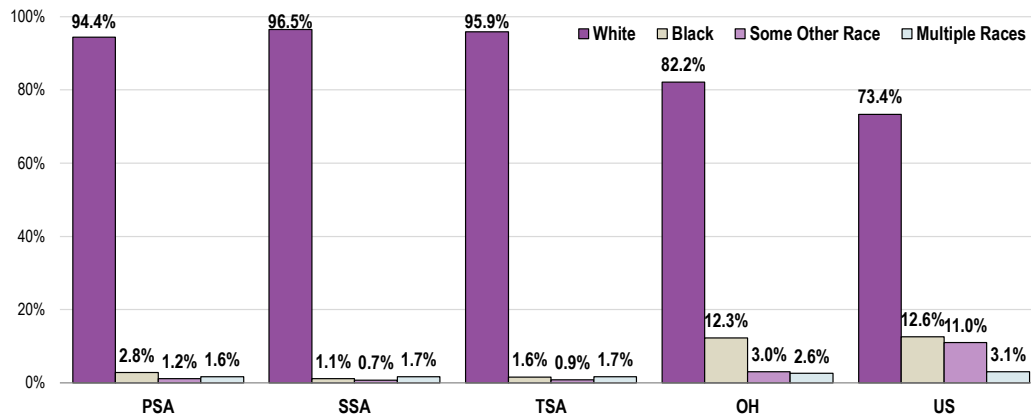
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), the vast majority (95.9%) of Total Service Area residents are White.

- This population breakout is much less diverse than state and national reports.

Total Population by Race Alone, Percent (2012-2016)



Sources:

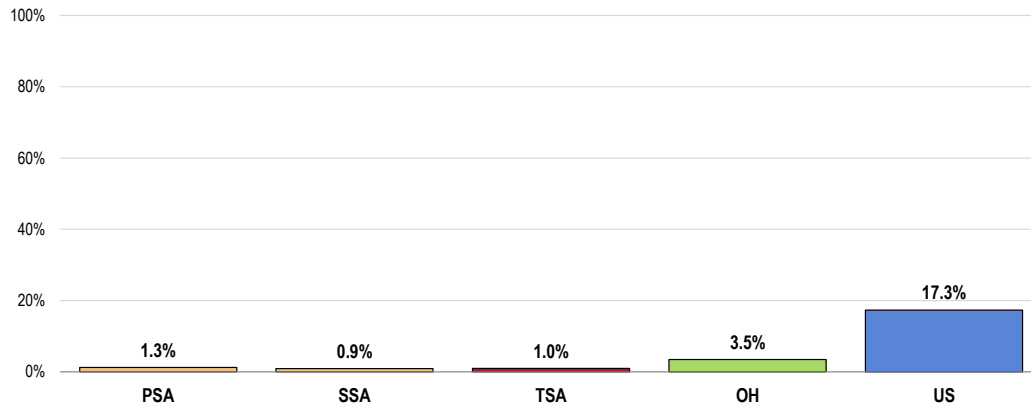
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved February 2019 from Community Commons at <http://www.chna.org>.

Ethnicity

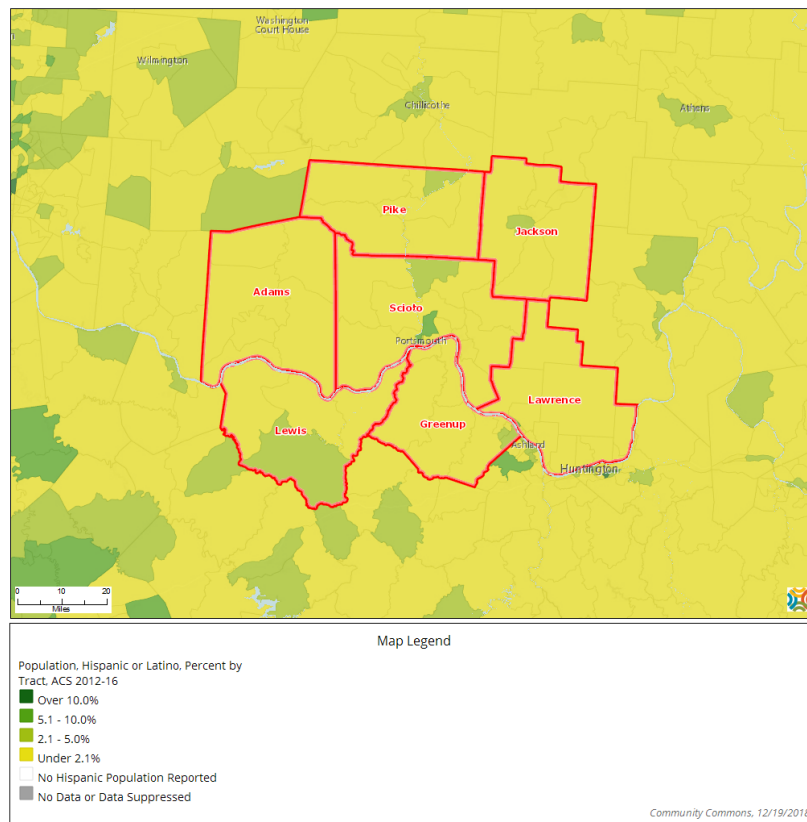
A total of 1.0% of Total Service Area residents are Hispanic or Latino.

- Lower than state and especially nationwide percentages.

Hispanic Population (2012-2016)

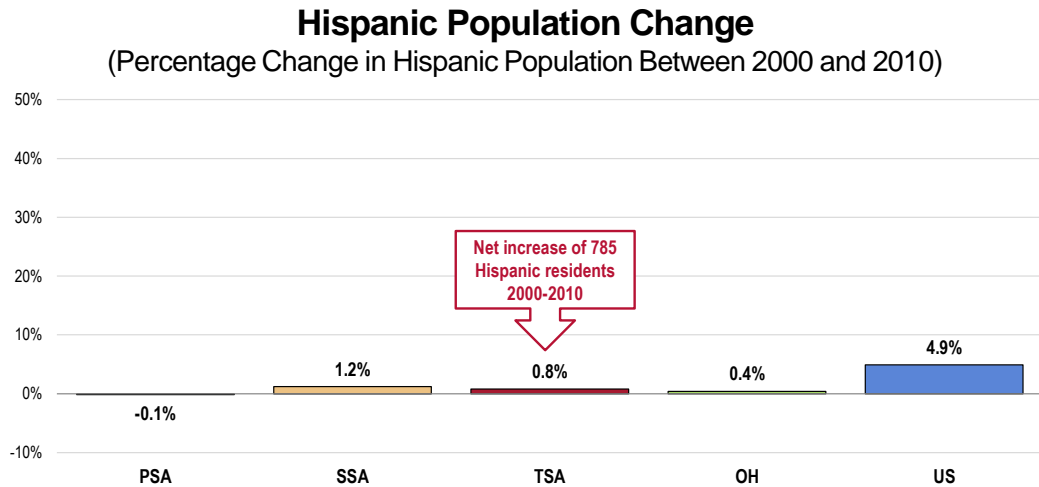


- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved February 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



Between 2000 and 2010, the Hispanic population in the Total Service Area increased by 785 people, or 0.8%.

- Higher (in terms of percentage growth) than found statewide.
- Well below the national growth percentage.
- Note the decrease in Hispanic population reported in the Primary Service Area.



Sources:

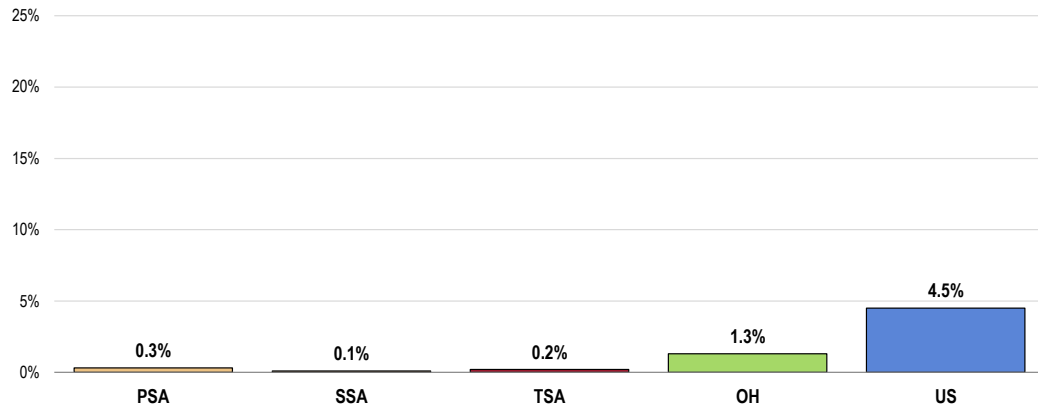
- US Census Bureau Decennial Census (2000-2010).
- Retrieved February 2019 from Community Commons at <http://www.chna.org>.

Linguistic Isolation

A total of 0.2% of the Total Service Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

- Well below the state and US prevalence.
- The percentage is higher in the Primary Service Area than in the Secondary Service Area.

Linguistically Isolated Population (2012-2016)

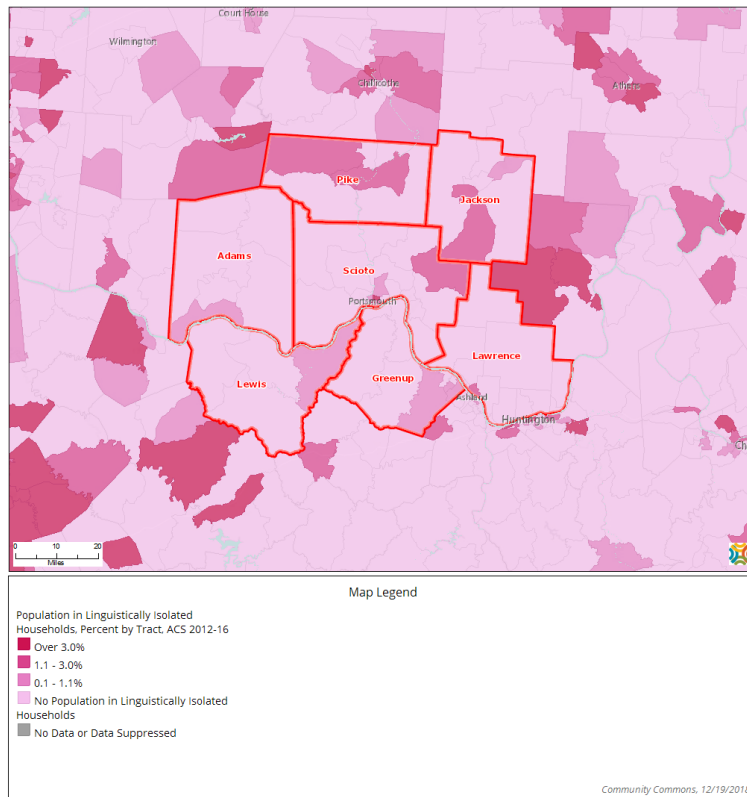


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved February 2019 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

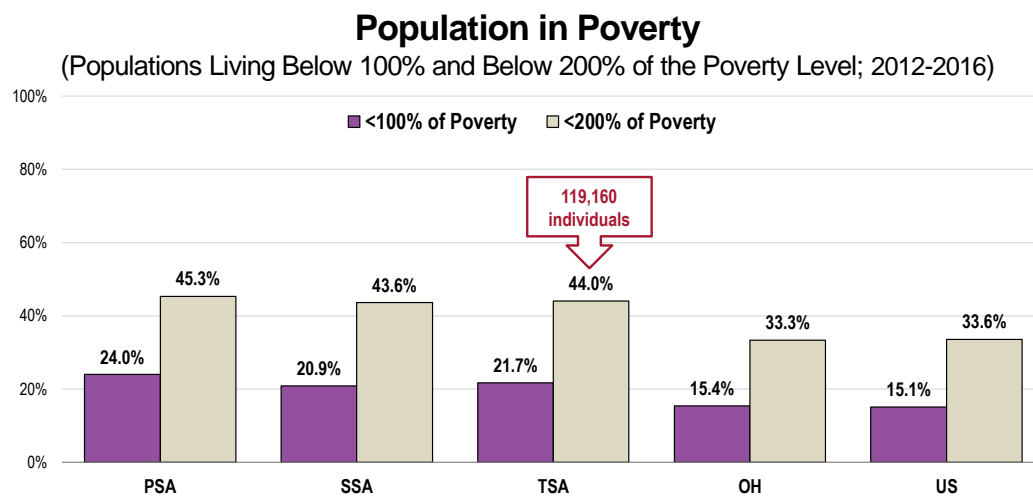
- Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows **21.7% of Total Service Area population living below the federal poverty level.**

In all, 44.0% of Total Service Area residents (an estimated 119,160 individuals) live below 200% of the federal poverty level.

- Worse than the proportions reported statewide and nationally.
- Similar proportions by service area.

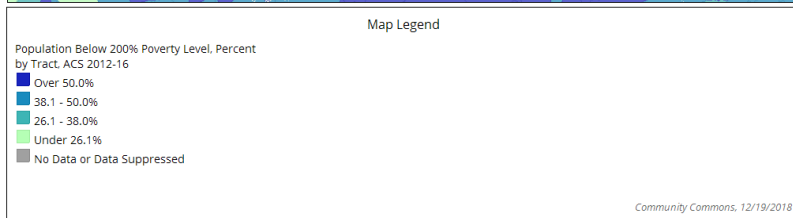
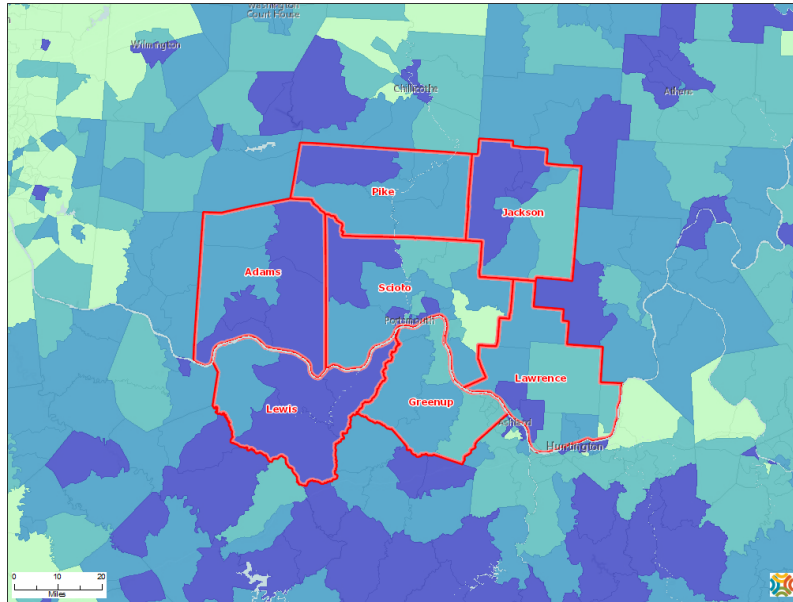
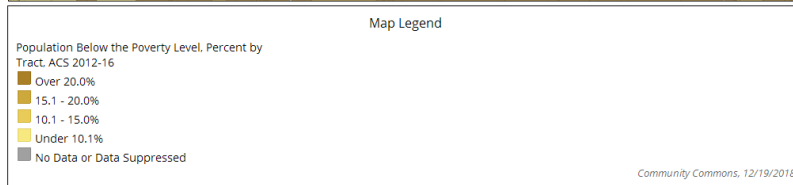
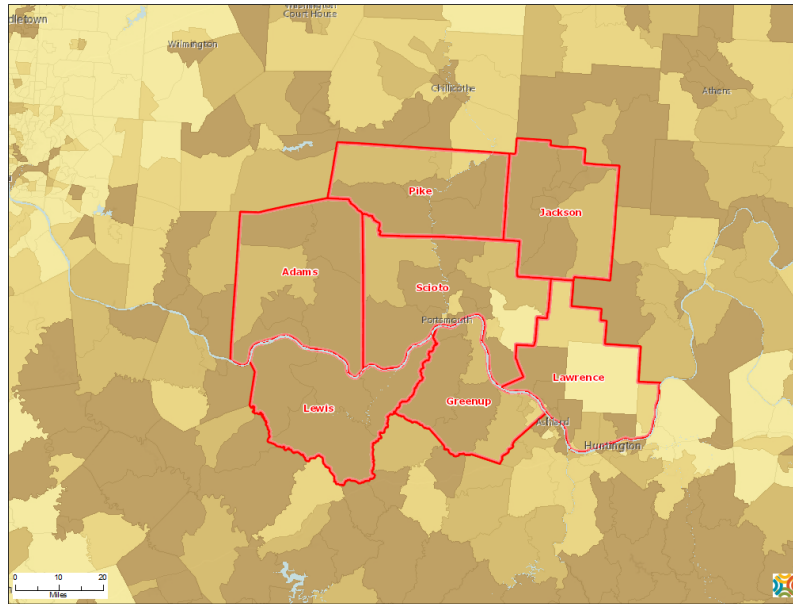


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved February 2019 from Community Commons at <http://www.chna.org>.

 Notes:

- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

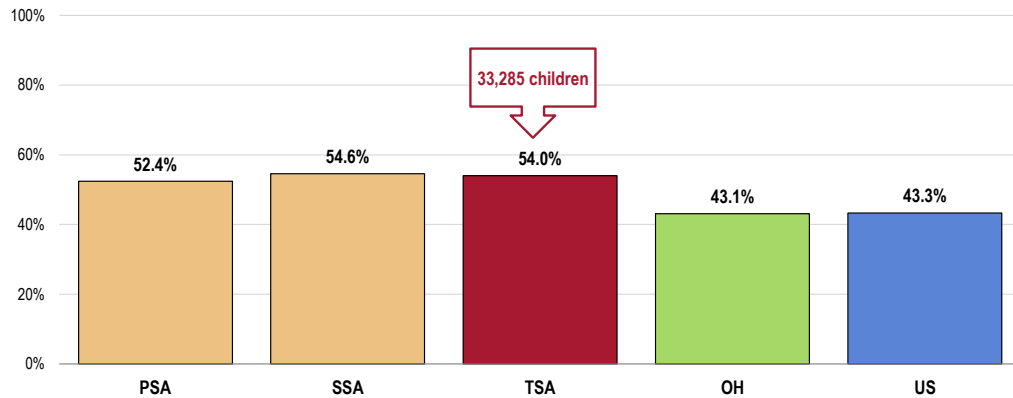


Children in Low-Income Households

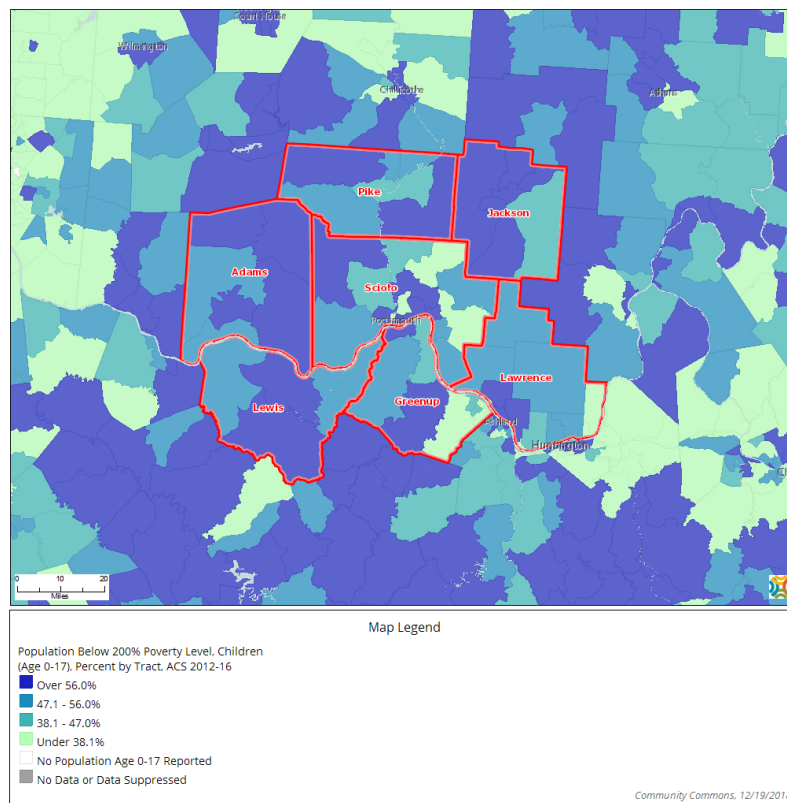
Additionally, 54.0% of Total Service Area children age 0-17 (representing an estimated 33,285 children) live below the 200% poverty threshold.

- Above the proportions found statewide and nationally.
- Similar proportions by service area.

Percent of Children in Low-Income Households
(Children 0-17 Living Below 200% of the Poverty Level, 2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved February 2019 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



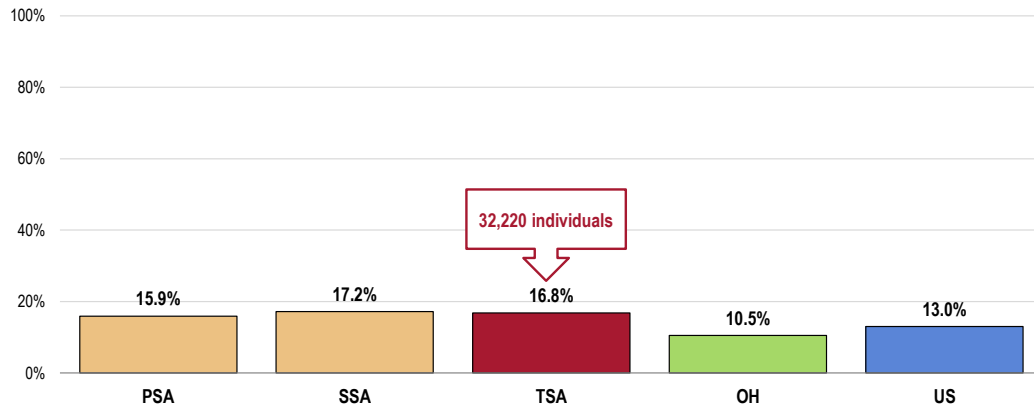
Education

Among the Total Service Area population age 25 and older, an estimated 16.8% (over 32,000 people) do not have a high school education.

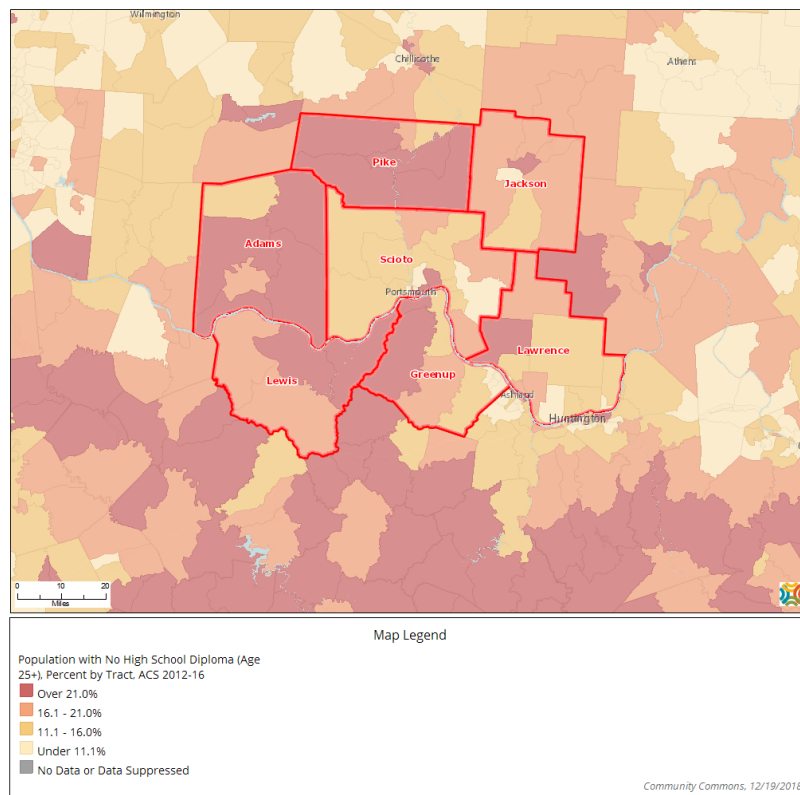
- Above the state and US percentages.
- Similar by service area.

Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)



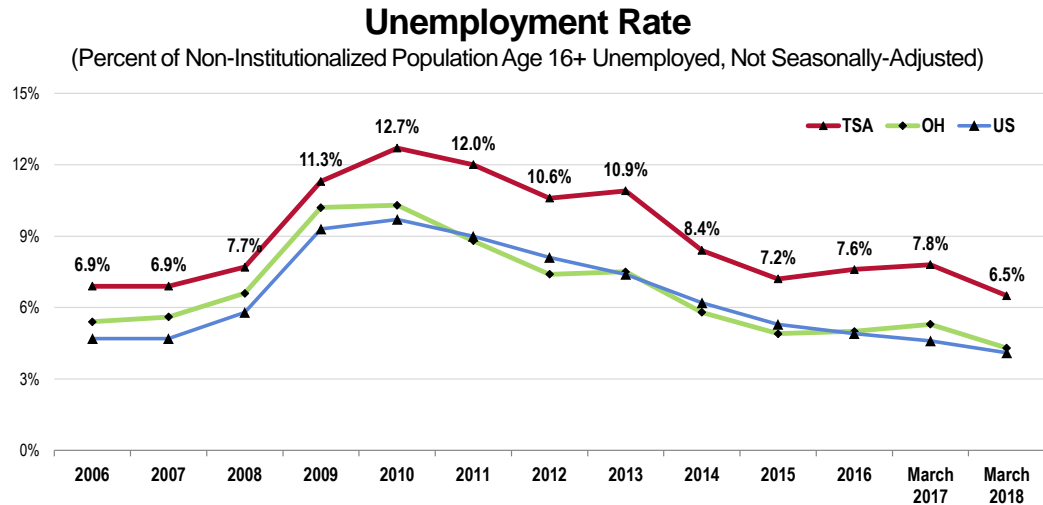
- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved February 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Service Area as of March 2018 was 6.5%.

- Worse than the state and national unemployment rates.
- TREND: Unemployment in the Total Service Area has trended downward since 2010, echoing the state and national trends.

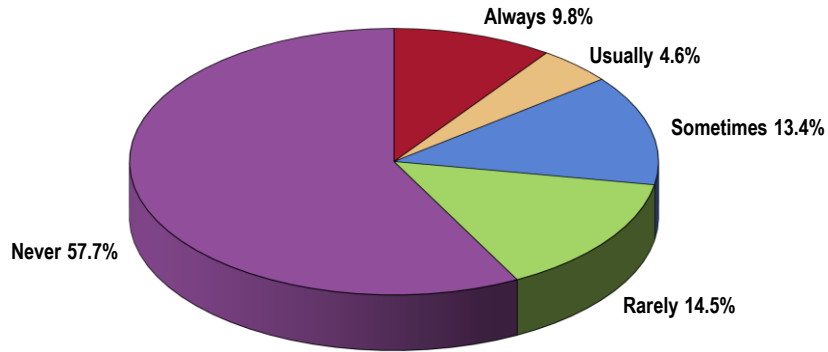


- Sources:
- US Department of Labor, Bureau of Labor Statistics.
 - Retrieved February 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (27.8%) reported that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
 Notes: • Asked of all respondents.

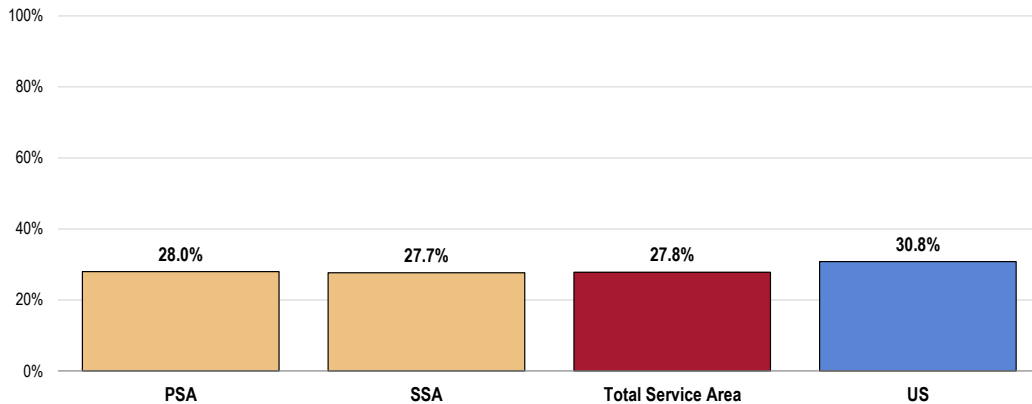
NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, data are provided by service area.

- The Total Service Area proportion of adults who worried about paying for rent or mortgage in the past year is similar to the US prevalence.
- Housing insecurity is similar by service area.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year

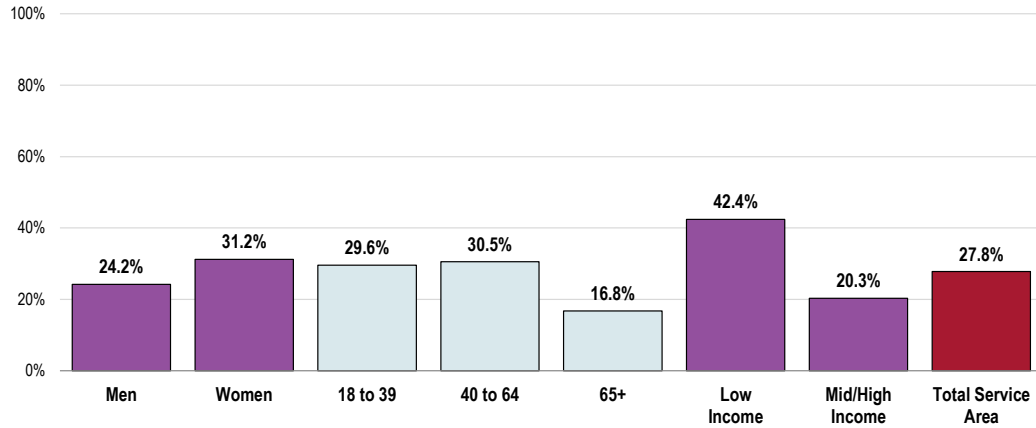


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Adults more likely to report housing insecurity include women, adults under 65, and especially residents living at lower incomes.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, and income (based on poverty status).

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Total Service Area, 2018)



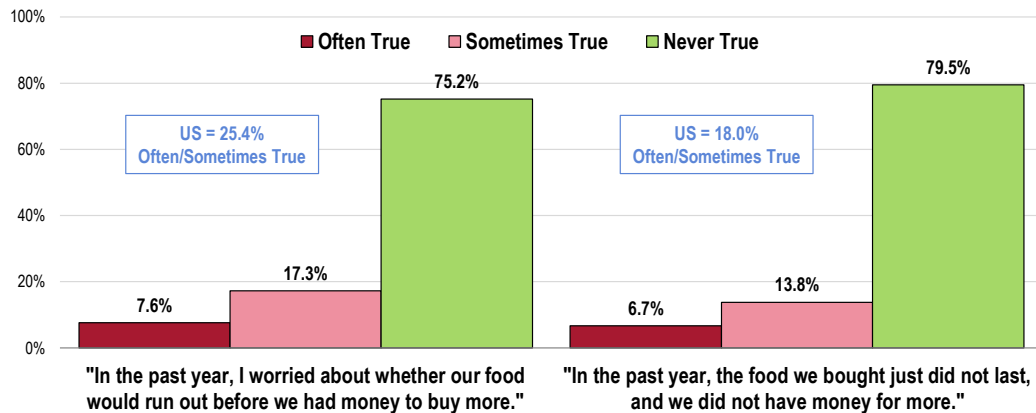
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Food Insecurity

In the past year, 24.9% of Total Service Area adults “often” or “sometimes” worried about whether their food would run out before they had money to buy more.

Another 20.5% report a time in the past year (“often” or “sometimes”) when the food they bought just did not last, and they did not have money to get more.

Food Insecurity (Total Service Area, 2018)

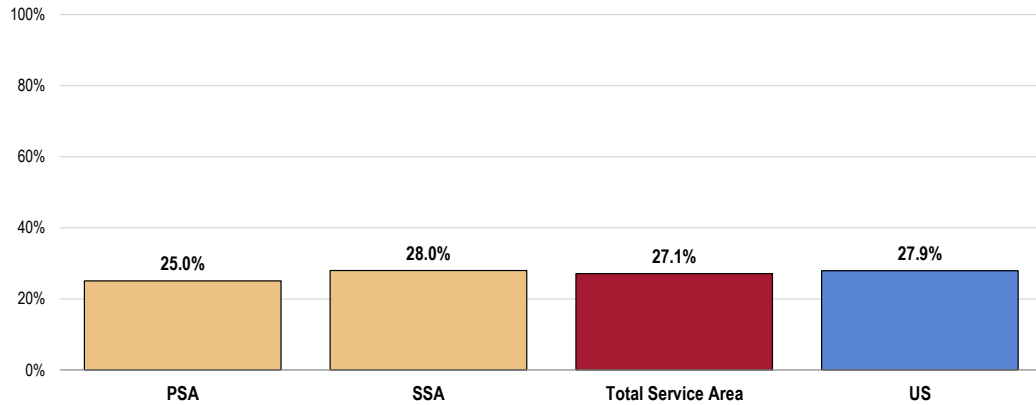


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87-88]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects the total sample of respondents.

Overall, 27.1% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

- Similar to US data.
- Similar findings by service area.

Food Insecurity

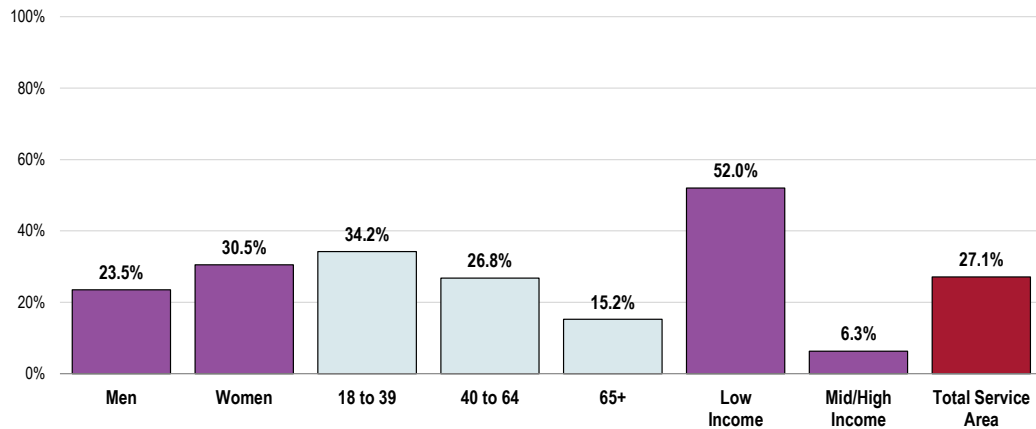


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Adults more likely affected by food insecurity include:

- Women.
- Young adults (correlates with age).
- Residents living at lower incomes (especially).

Food Insecurity (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
 • Asked of all respondents.
 Notes: • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Health Literacy

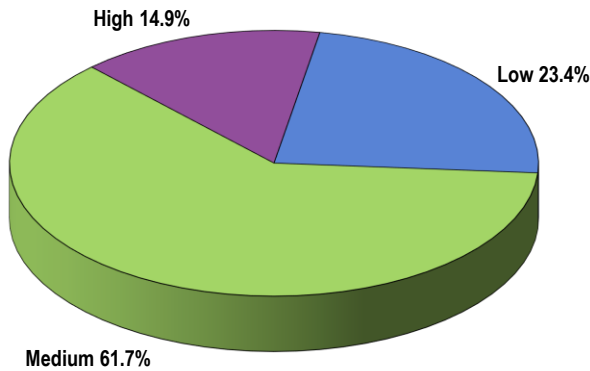
Population With Low Health Literacy

A total of 23.4% Total Service Area adults are found to have low health literacy.

- Similar to US findings.
- Similar by service area.

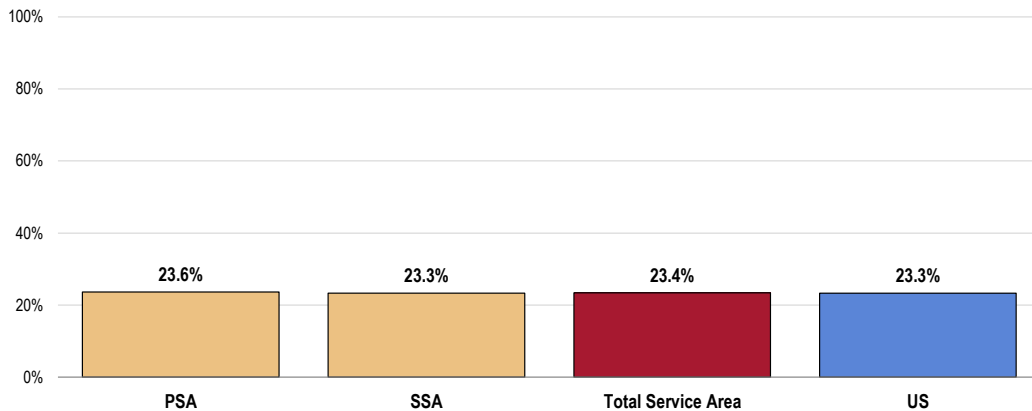
Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Level of Health Literacy (Total Service Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
- Notes:
- Asked of all respondents.
 - Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Low Health Literacy

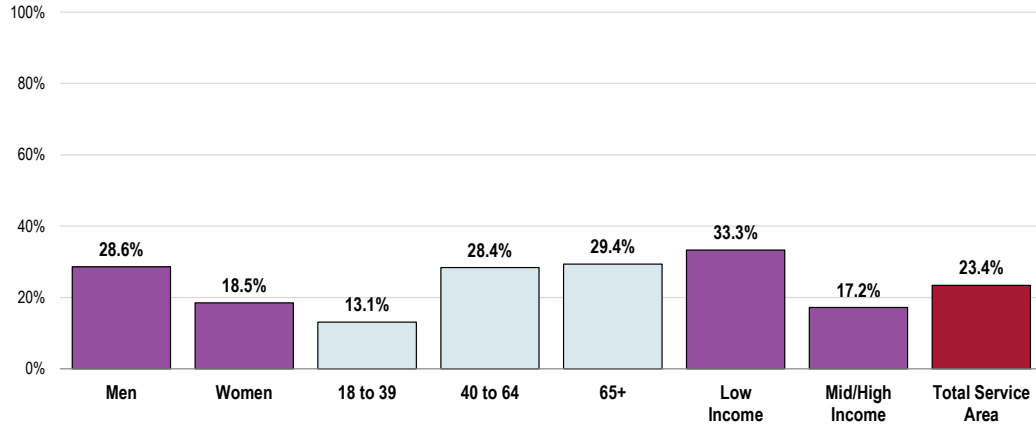


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

These local adults are more likely to have low levels of health literacy:

- Men.
- Residents age 40 and older.
- Those in lower-income households.

Low Health Literacy (Total Service Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Understanding Health Information

The following individual measures are used to determine the health literacy levels described above.

Written & Spoken Information

While a majority of Total Service Area adults generally find health information to be easy to understand, 12.6% experience considerable difficulty with written health information and 8.2% experience considerable difficulty with spoken health information (responding "seldom" or "never" easy to understand).

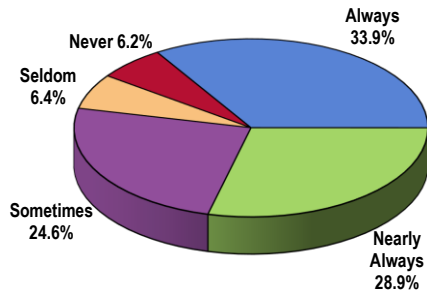
Respondents were read:

"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

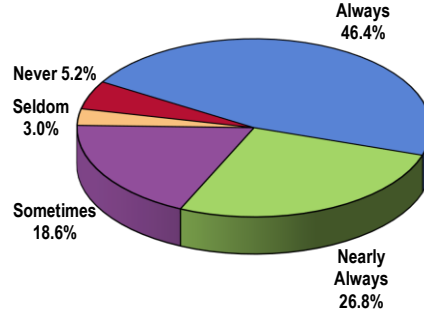
How often is health information written in a way that is easy for you to understand?

How often is health information spoken in a way that is easy for you to understand?"

Frequency With Which Health Information Is _____ in a Way That is Easy to Understand (Total Service Area, 2018)



Written



Spoken

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 74, 76]
 Notes: • Asked of all respondents.

Reading Health Information & Completing Health Forms

Respondents were read:

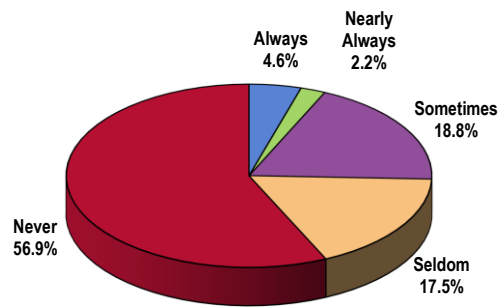
"People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you need to have someone help you read health information?"

A total of 6.8% of Total Service Area adults "always" or "nearly always" need to have someone help them read health information.

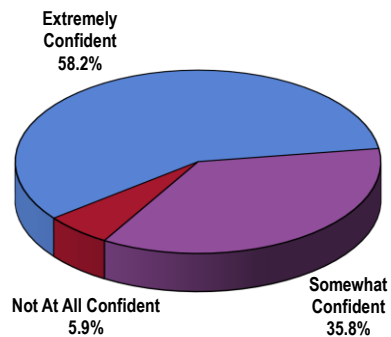
"Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and health care. In general, how confident are you in your ability to fill out health forms yourself?"

A total of 5.9% of adults are "not at all confident" in their ability to fill out health forms by themselves.

Frequency of Needing Help Reading Health Information (Total Service Area, 2018)



Confidence in Ability to Fill Out Health Forms (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 75, 77]
 Notes: • Asked of all respondents.
 • In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

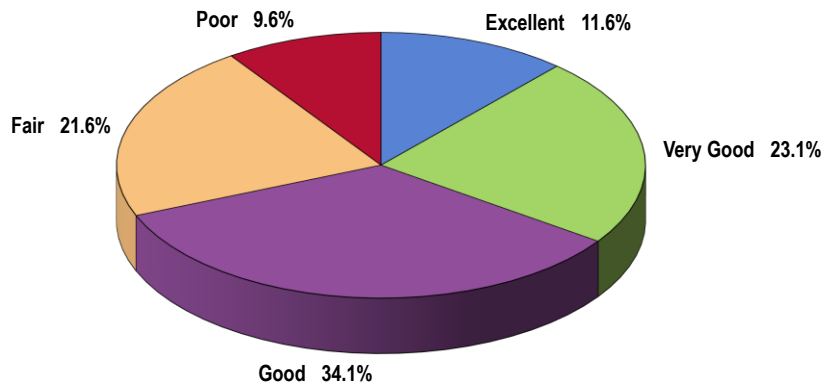
A total of 34.7% of Total Service Area adults rate their overall health as “excellent” or “very good.”

- Another 34.1% gave “good” ratings of their overall health.

The initial inquiry of the PRC Community Health Survey asked respondents the following:

“Would you say that in general your health is: excellent, very good, good, fair, or poor?”

Self-Reported Health Status
(Total Service Area, 2018)

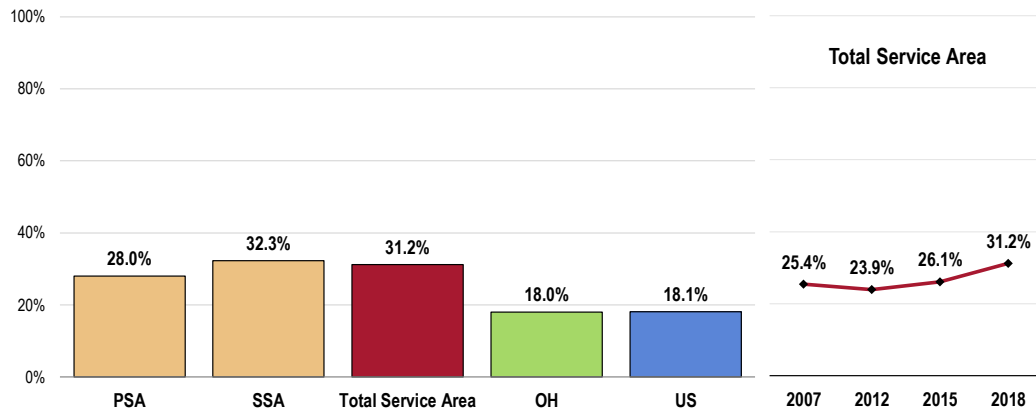


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 31.2% of Total Service Area adults believe that their overall health is “fair” or “poor.”

- Much worse than statewide and national findings.
- Similar findings by service area.
- TREND: Marks a statistically significant increase from previous survey findings.

Experience “Fair” or “Poor” Overall Health



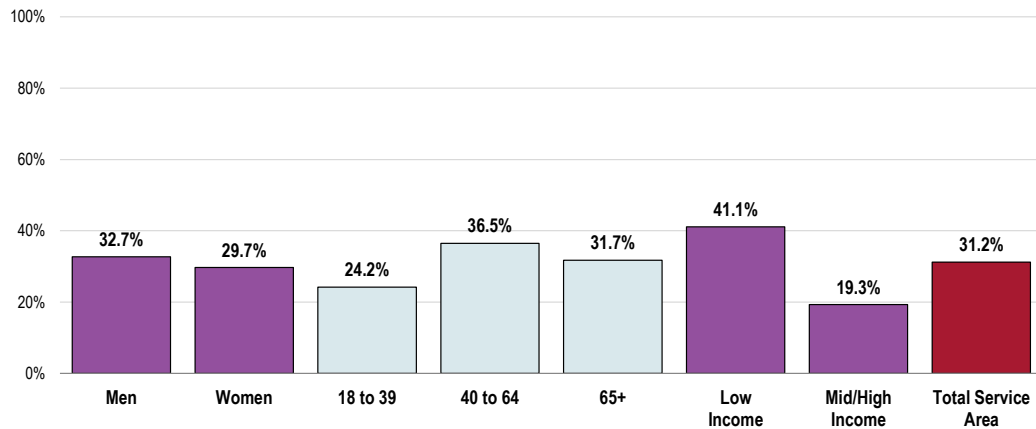
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Those age 40 to 64.
- Residents living at lower incomes.

Experience “Fair” or “Poor” Overall Health (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 • Asked of all respondents.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
 - **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
 - **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.
- Healthy People 2020 (www.healthypeople.gov)

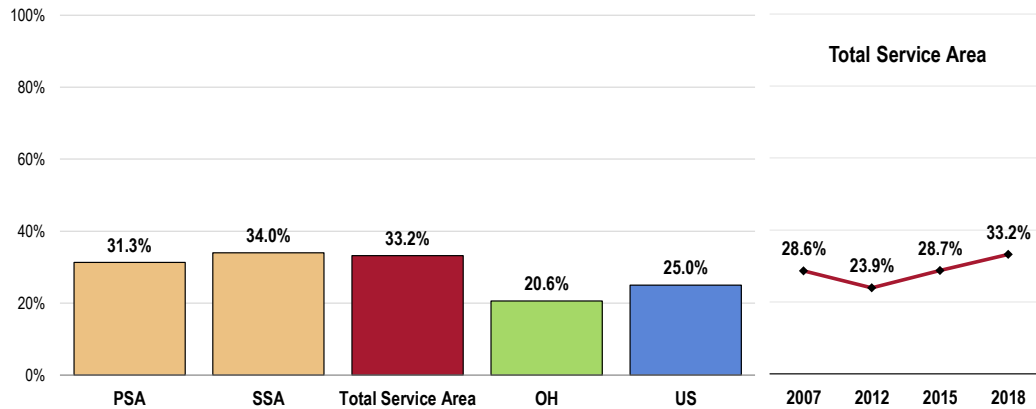
One-third (33.2%) of Total Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

- Well above the state and US percentages.
- Similar findings by service area.
- **TREND:** Marks a statistically significant increase in activity limitations since 2007 (and especially since 2012).

RELATED ISSUE:

See also *Potentially Disabling Conditions in the Death, Disease, & Chronic Conditions* section of this report.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

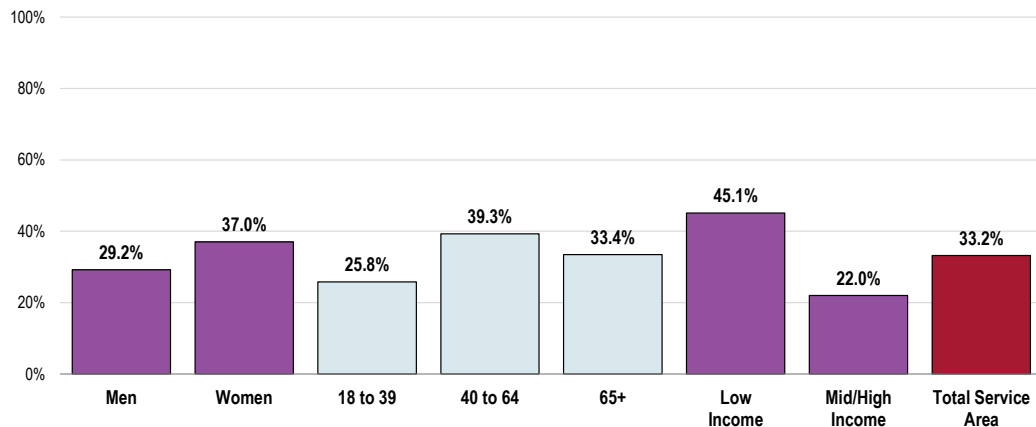


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Women.
- Adults age 40 to 64.
- Low-income residents.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Total Service Area, 2018)

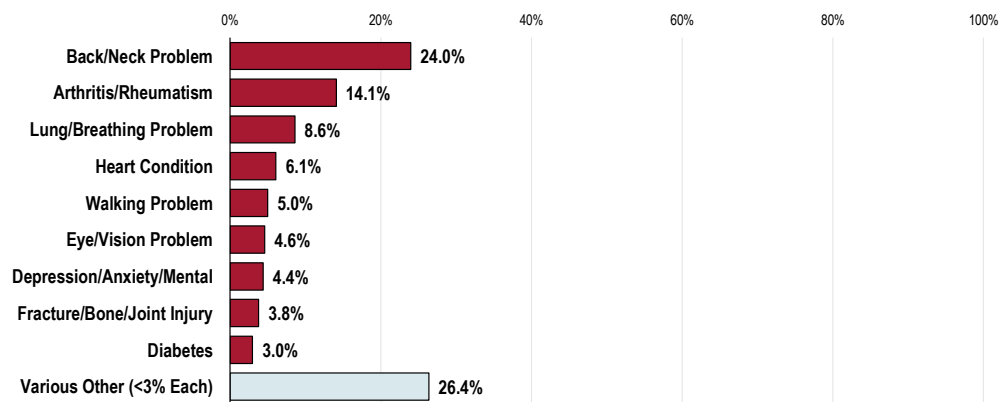


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, arthritis/rheumatism, difficulty walking, or fractures or bone/joint injuries.

Other limitations noted with some frequency include those related to lung/breathing problems, heart conditions, eye/vision problems, and mental health (depression, anxiety).

Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: • Asked of those respondents reporting activity limitations.

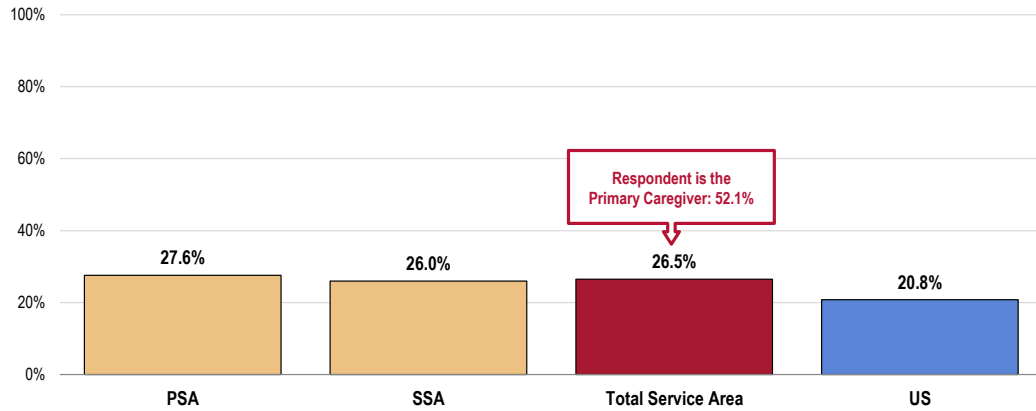
Caregiving

A total of 26.5% of Total Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Higher than the national finding.
- Statistically similar by service area.

Of these adults, 52.1% are the **primary** caregiver for the individual receiving care.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

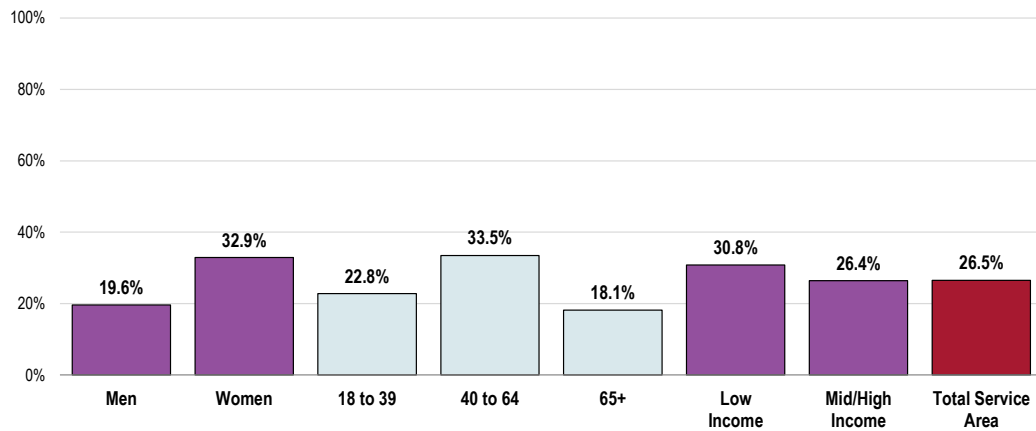


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111, 113]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

The prevalence of caregivers in the community is notably higher among:

- Women.
- Adults between the ages of 40 and 64.

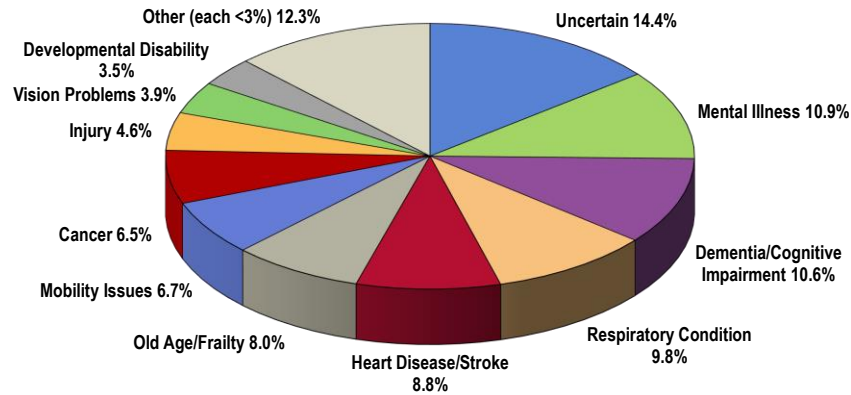
Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

For those who provide care or assistance, the top health issues affecting those receiving their care include **mental illness** (10.9%), **dementia/cognitive impairment** (10.6%), **respiratory conditions** (9.8%), **heart disease/stroke** (8.8%), and **old age/frailty** (8.0%).

Primary Health Issue of Person Receiving Care or Assistance
 (Caregivers Providing Regular Care to a Friend/Family Member;
 Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
 Notes: • Asked of those respondents reporting providing regular care or assistance to a friend or family member with a health problem, long-term illness, or disability.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

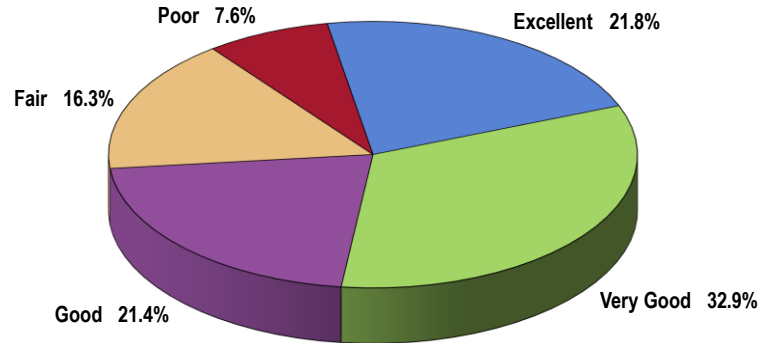
Evaluation of Mental Health Status

A total of 54.7% of Total Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 21.4% gave “good” ratings of their own mental health status.

“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?”

Self-Reported Mental Health Status (Total Service Area, 2018)

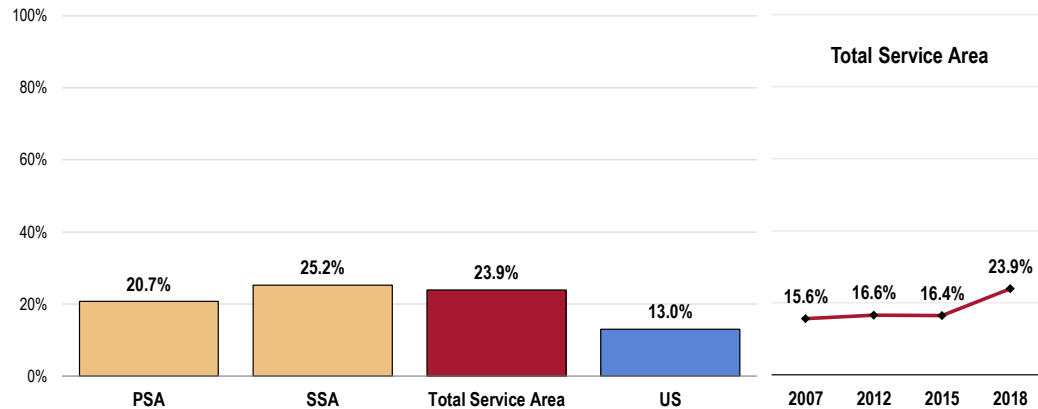


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents.

A total of 23.9% of Total Service Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Well above the “fair/poor” response reported nationally.
- Similar findings by service area.
- TREND: Marks a statistically significant increase from previous survey findings.

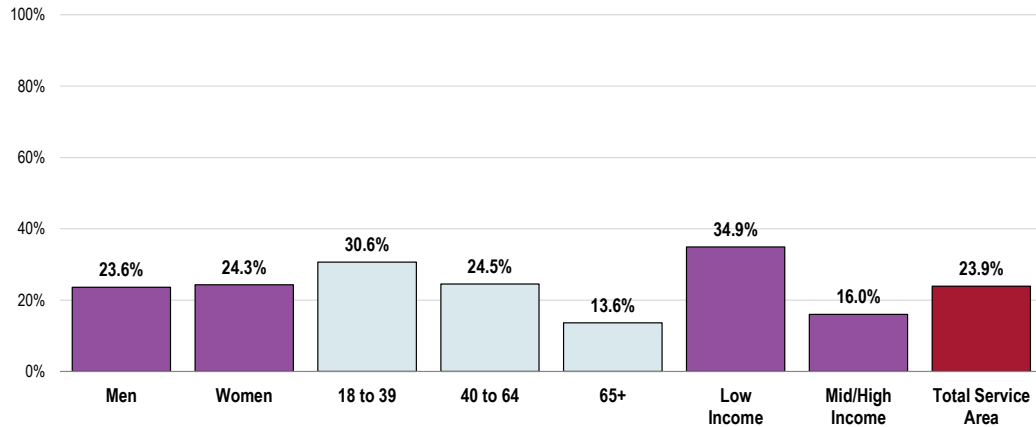
Experience “Fair” or “Poor” Mental Health



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Young adults and those in low-income households are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

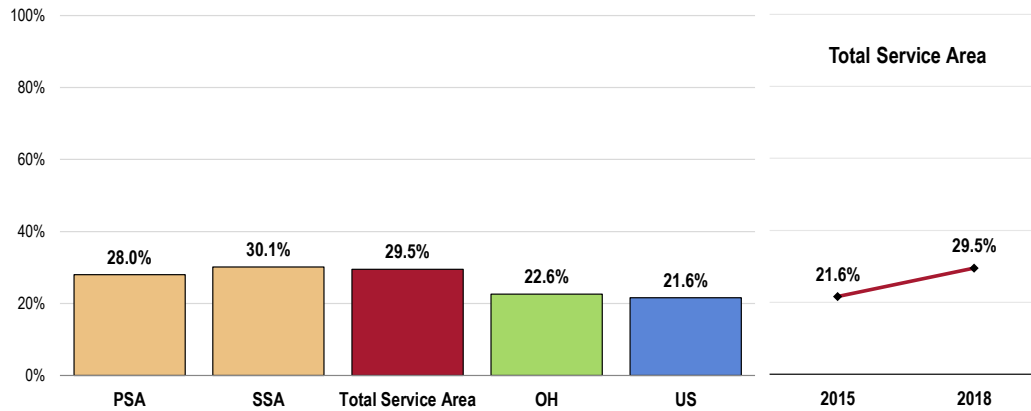
Depression

Diagnosed Depression

A total of 29.5% of service area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Higher than the Ohio and US percentages.
- Similar by service area.
- TREND: Denotes a statistically significant increase from 2015 survey findings.

Have Been Diagnosed With a Depressive Disorder



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

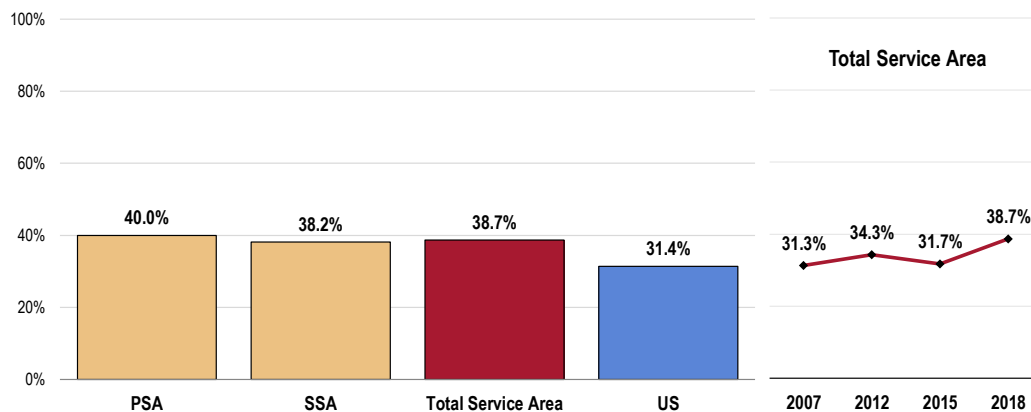
Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 38.7% of Total Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Worse than national findings.
- Similar by service area.
- TREND: Marks a statistically significant increase from previous survey findings.

Have Experienced Symptoms of Chronic Depression



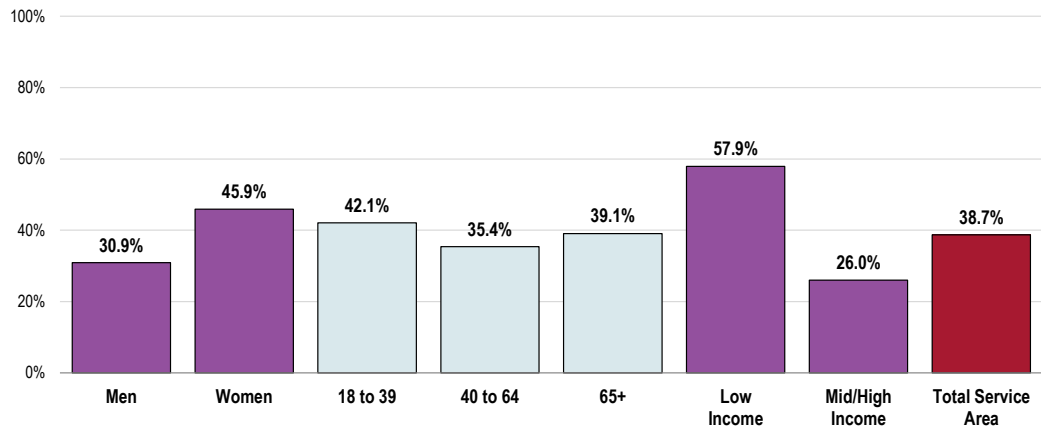
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Adults with lower incomes (especially).

Have Experienced Symptoms of Chronic Depression (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

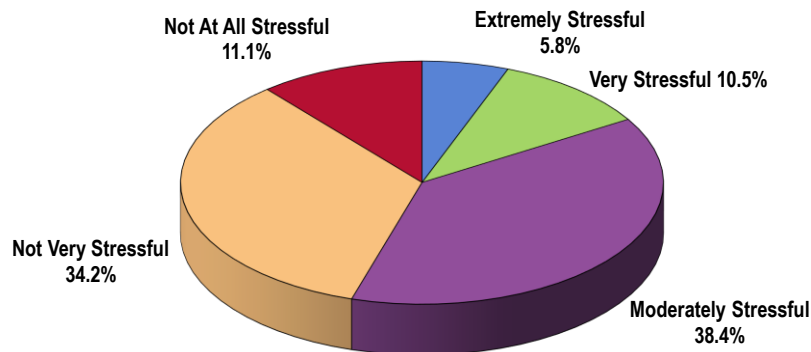
Less than half of Total Service Area adults consider their typical day to be “not very stressful” (34.2%) or “not at all stressful” (11.1%).

RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

- A total of 38.4% of survey respondents characterize their typical day as “moderately stressful.”

Perceived Level of Stress On a Typical Day (Total Service Area, 2018)

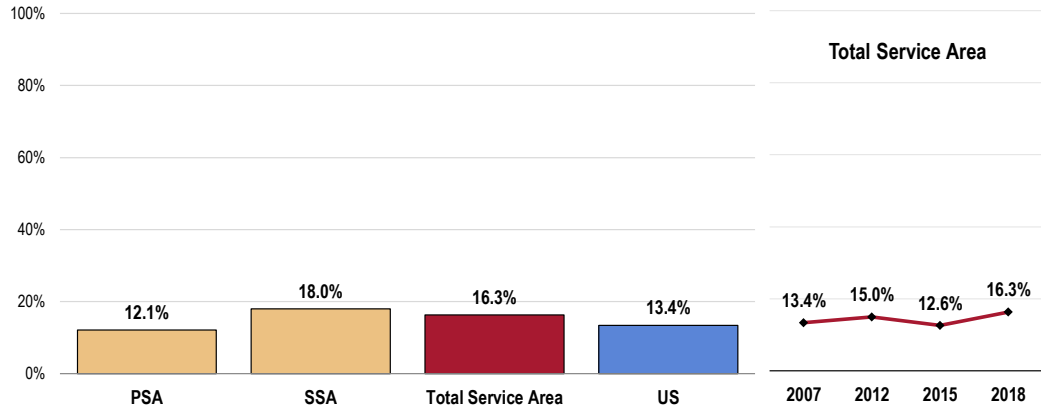


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.

In contrast, 16.3% of Total Service Area adults experience “very” or “extremely” stressful days on a regular basis.

- Comparable to national findings.
- Statistically comparable by service area.
- TREND: Statistically unchanged over time.

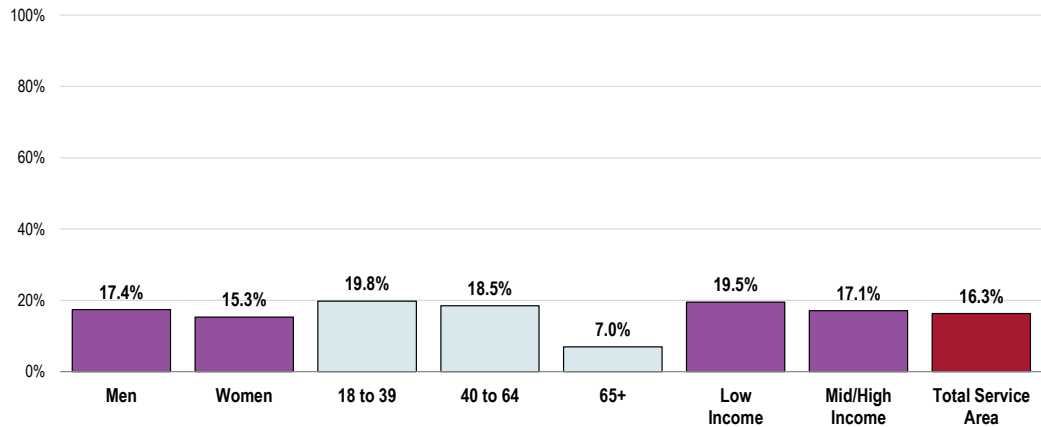
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Note that high stress levels are more prevalent among adults under age 65.

Perceive Most Days as “Extremely” or “Very” Stressful (Total Service Area, 2018)



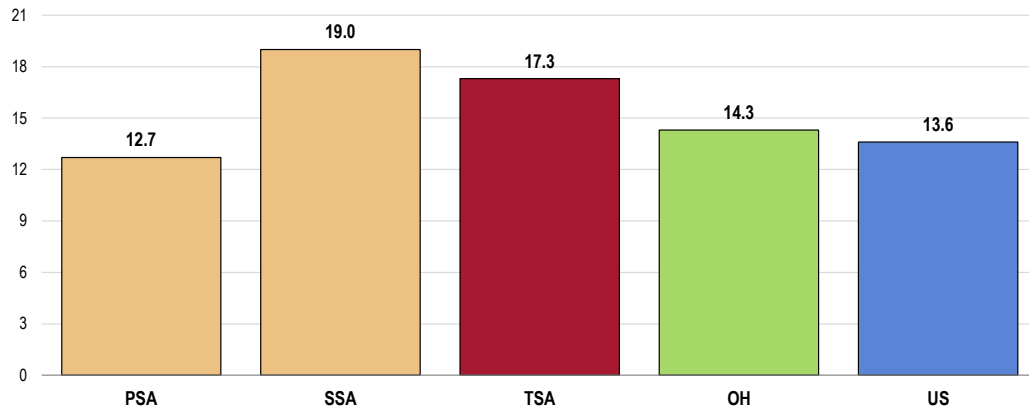
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2015 and 2017, there was an annual average age-adjusted suicide rate of 17.3 deaths per 100,000 population in the Total Service Area.

- Worse than state and national rates.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- Higher in the Secondary Service Area.

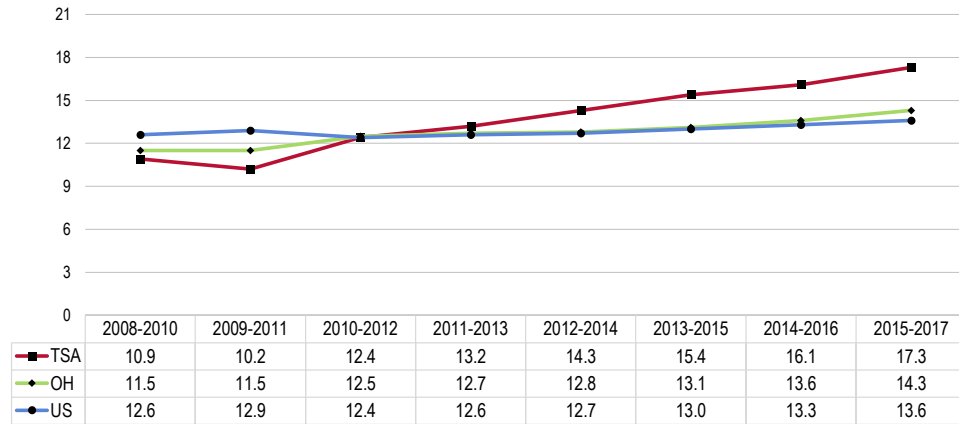
Suicide: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** The area suicide rate has overall trended upward, in keeping with state and national trends (though marking a more significant increase over time).

Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

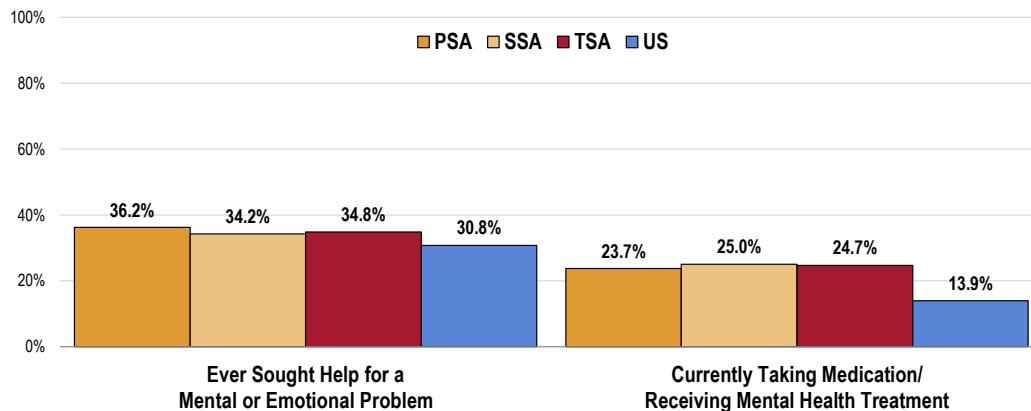
Mental Health Treatment

A total of 34.8% of Total Service Area adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 24.7% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- The prevalence of respondents seeking professional help is similar to the US figure; on the other hand, the prevalence of those receiving treatment is significantly higher.
- Both figures are similar by service area.

Mental Health Treatment



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

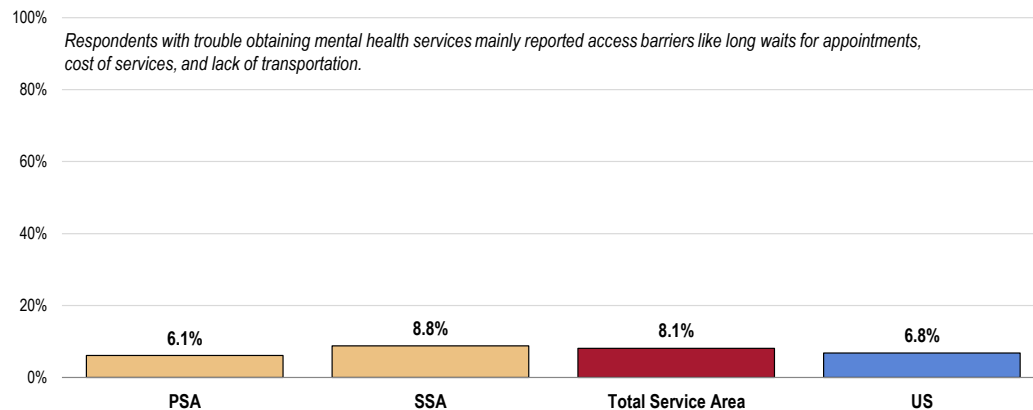
- Reflects the total sample of respondents.

Difficulty Accessing Mental Health Services

A total of 8.1% of Total Service Area adults report a time in the past year when they needed mental health services, but were not able to get them.

- Similar to the national finding.
- Statistically similar by service area.

Unable to Get Mental Health Services When Needed in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

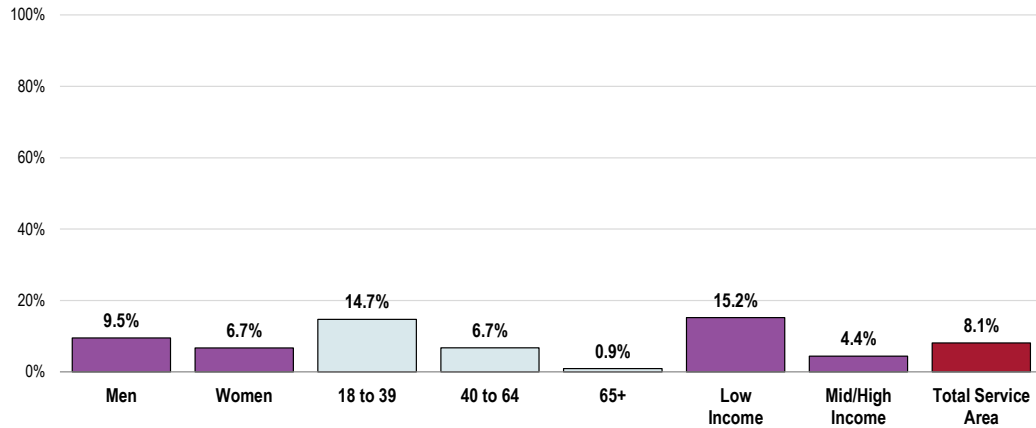
Notes: • Asked of all respondents.

Among persons citing difficulties accessing mental health services in the past year, these are predominantly attributed to **long waits for appointments**, **cost of services**, and **lack of transportation**.

Note that access difficulty is notably more prevalent among:

- Adults under age 65 (correlates with age).
- Adults with lower incomes.

Unable to Get Mental Health Services When Needed in the Past Year (Total Service Area, 2018)

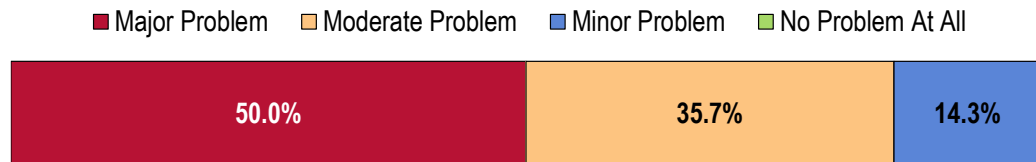


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental Health

Half of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Lack of mental health services in the area. – Public Health Representative (Scioto County)
Access to inpatient treatment centers when needed. It seems that when beds are needed, there is a lack of availability. There are also few local facilities that do inpatient treatment. Most of the centers require a large drive by the patient's family. This poses an issue due to a lack of transportation or a lack of gas money. – Other Health Provider (Scioto County)

Lack of adequate psychiatry presence on the Medical units. Outpatient psychiatric services provide as needed care. There is no relationship nor coordination of these patients care. – Physician (Scioto County)

Access to professional mental health services is a problem especially for children and adolescents. These referrals are usually out of town which presents additional problems for families of low income. I believe this leads to substance abuse later in life. – Community/Business Leader (Scioto County)

No access to care or long wait times to get into a provider, inability obtain medication and limited counseling for adolescents. – Other Health Provider (Scioto County)

Scioto County has long suffered from a lack of mental health services, with a population in great need. – Public Health Representative (Scioto County)

Access to care. – Physician (Scioto County)

Finding consistent, reliable, and effective care. No one here specializes in dual-diagnosis (DD and mental health). Also, turnover is so high that people's counselors change so frequently which makes it hard. Lack of resources and waitlists places. There is also a stigma around mental health in our community. – Other Health Provider (Scioto County)

No in-patient treatment centers for more long-term care. – Social Services Provider (Adams County)

Waiting times to be seen. The stigma associated with poor mental health. – Other Health Provider (Scioto County)

Since the closure of the Portsmouth Receiving Hospital, mental health services for those with severe issues are not adequate. Shawnee Family Health Center is able to address some needs, but Athens seems to be the closest destination for treatment. The closure of the Behavioral Unit at SOMC further contributes to the lack of appropriate care. – Social Services Provider (Scioto County)

Access to a mental health professional for all ages. Suicide is on the rise in our county, maybe just another by-product of the drug addiction epidemic, as we witness a second generation of unplanned and unwanted children. – Social Services Provider (Scioto County)

Poor understanding of the condition and lack of facilities designed for treatment and housing of individuals. – Physician (Scioto County)

Limited access to care. It seems the addiction population goes hand in hand with mental health. Stigma associated with mental health diagnosis. – Other Health Provider (Scioto County)

Lack of Providers

There is a gap in the availability of mental health providers, the stigma associated with mental health impacts those willing to seek treatment, lack of understanding/education regarding with is mental health (treatment options, signs related to mental health, options available, etc.). – Other Health Provider (Scioto County)

Focusing mostly from a pediatric standpoint, there are not enough options, doctors, counselors and social workers available for the need in our area. Those students who do get services are often consulted via a video chat with a doctor. – Other Health Provider (Scioto County)

Lack of practitioners, especially qualified psychiatrists. Some psychiatrists out of town require crisis admission to a hospital before they will ever see a patient. A little late then, I think. – Other Health Provider (Scioto County)

We don't have enough mental health professionals in our area. – Community/Business Leader (Scioto County)

Lack of mental health doctors and resources. – Other Health Provider (Pike County)

We need mental health care. Schools and the community are in desperate needs. – Other Health Provider (Scioto County)

Drug addicted babies are now in school. Drug addicted parents are at home not capable of taking care of their children. Mental health care in our community is lacking. We are in a state of emergency concerning this. Our students do not have skills to deal with their trauma. Kids are living in a constant state of fear, confusion. We are in an epidemic state. Mental health should be a priority, or our future is grim. – Other Health Provider (Scioto County)

Lack of mental health providers for medications and therapy. Some people unwilling to go to existing mental health providers due to the stigma attached to mental illness, and the stigma attached to going to those facilities associated with drug users, etc. – Public Health Representative (Scioto County)

We have a significant shortage of providers in the community. – Physician (Scioto County)

Substance Abuse

Due to the substance abuse problem in our area, these individuals are suffering from mental health issues and are self-medicating. There are not enough mental health providers in this area that are willing to treat these individuals appropriately and without bias. – Public Health Representative (Scioto County)

There appears to be a co-occurring mental health disorder issue with individuals with substance use disorders. While there appear to be resources, these individuals are typically noncompliant, creating health care issues for this specific population. – Public Health Representative (Scioto County)

Drug abuse, denial and lack of education. – Social Services Provider (Scioto County)

Denial/Stigma

The lack of treatment and stigma. – Community/Business Leader (Scioto County)

Acknowledging that there is a problem. Then getting help for the problems. – Social Services Provider (Adams County)

Stigma and limited resources. – Other Health Provider (Scioto County)

Prevalence/Incidence

Significant number of patients with depression and anxiety. Significant number of patients with substance use disorder. – Physician (Lewis County)

I'm getting questions and comments from several young women in my community who are crying out for help. – Community/Business Leader (Scioto County)

Death, Disease, & Chronic Conditions



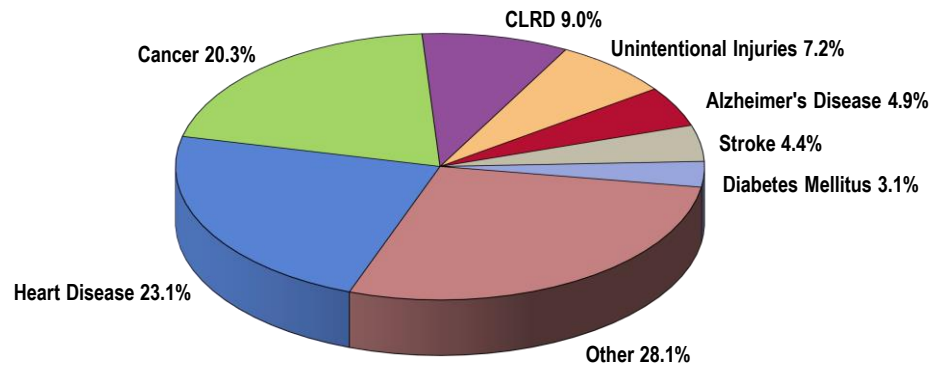
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for nearly half of deaths in the Total Service Area in 2017.

Leading Causes of Death
(Total Service Area, 2017)



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Ohio and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2015-2017 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Service Area.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see [Birth Outcomes & Risks](#) in the [Births](#) section of this report.

Age-Adjusted Death Rates for Selected Causes (2015-2017 Deaths per 100,000 Population)

	Total Service Area	Ohio	US	HP2020
Diseases of the Heart	239.1	187.7	166.3	156.9*
Malignant Neoplasms (Cancers)	204.4	173.2	155.6	161.4
Unintentional Injuries	86.4	65.9	46.7	36.4
Chronic Lower Respiratory Disease (CLRD)	83.9	48.5	41.0	n/a
Fall-Related Deaths (65+)	59.0	67.4	62.1	47.0
Drug-Induced	45.3	36.2	16.7	11.3
Alzheimer's Disease	44.9	32.7	30.2	n/a
Cerebrovascular Disease (Stroke)	42.5	41.4	37.5	34.8
Diabetes Mellitus	29.6	25.0	21.3	20.5*
Kidney Diseases	22.5	15.0	13.2	n/a
Pneumonia/Influenza	19.5	15.5	14.3	n/a
Cirrhosis/Liver Disease	17.8	10.9	10.8	8.2
Intentional Self-Harm (Suicide)	17.3	14.3	13.6	10.2
Motor Vehicle Deaths	11.4	0.0	0.0	12.4
Firearm-Related	11.6	0.0	0.0	9.3
Homicide	6.6	6.7	6.0	5.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.

- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.

Note:

- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.

- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

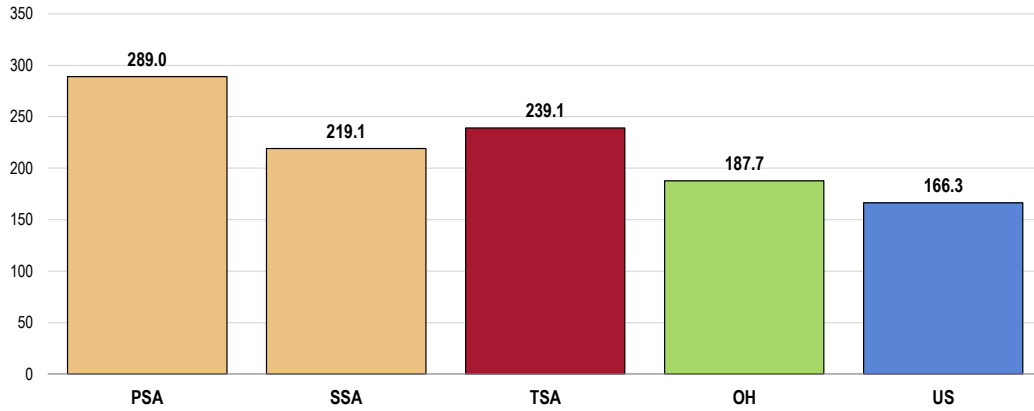
Heart Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted heart disease mortality rate of 239.1 deaths per 100,000 population in the Total Service Area.

- Worse than the statewide and national rates.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Higher in the Primary Service Area.

The greatest share of cardiovascular deaths is attributed to heart disease.

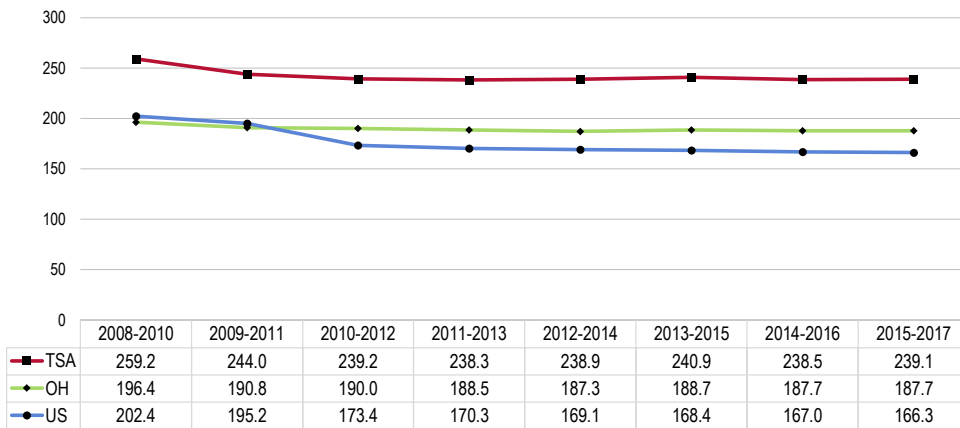
Heart Disease: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** Heart disease mortality has not changed significantly over time in the Total Service Area.

Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



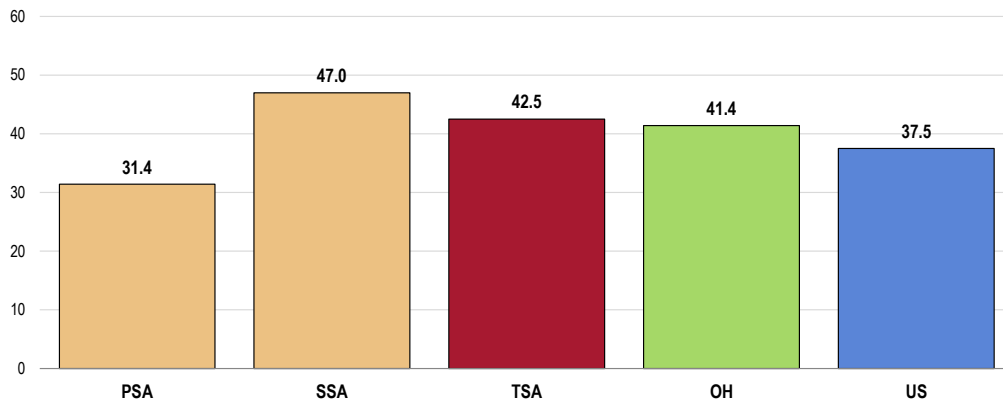
- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2015 and 2017, there was an annual average age-adjusted stroke mortality rate of 42.5 deaths per 100,000 population in the Total Service Area.

- Statistically similar to the Ohio and national rates.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.
- Higher in the Secondary Service Area.

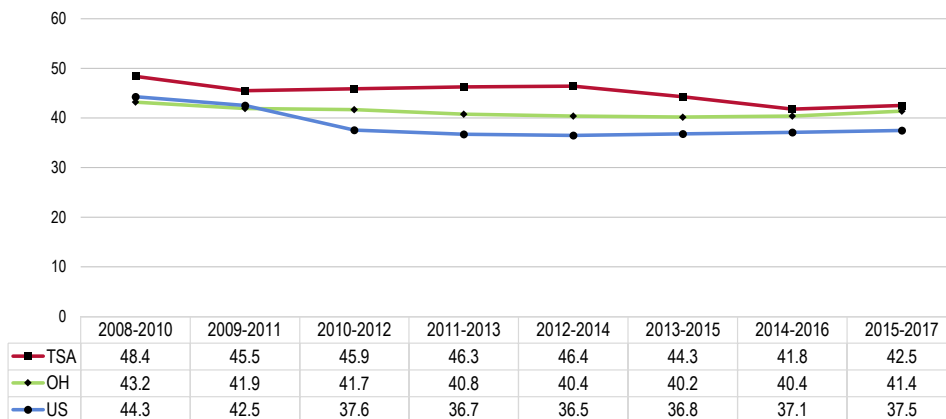
Stroke: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- TREND: Only a marginal decrease in stroke mortality over the past decade.

Stroke: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

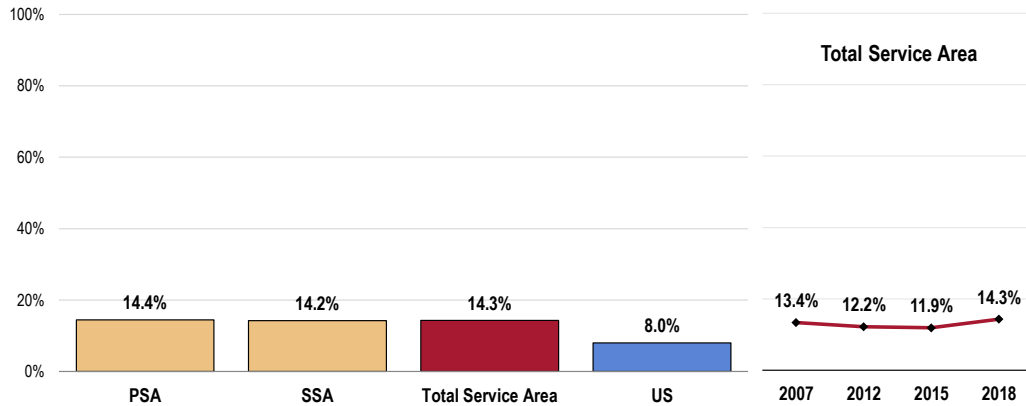
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 14.3% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- Worse than the national prevalence.
- Similar by service area.
- TREND: Statistically unchanged over time.

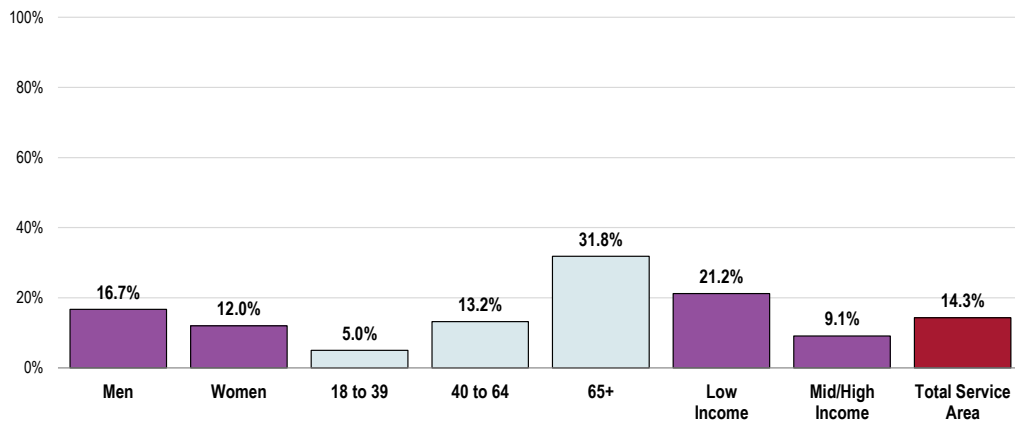
Prevalence of Heart Disease



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.

- Adults more likely to have been diagnosed with chronic heart disease include seniors (correlates with age) and respondents in low-income households.

Prevalence of Heart Disease (Total Service Area, 2018)

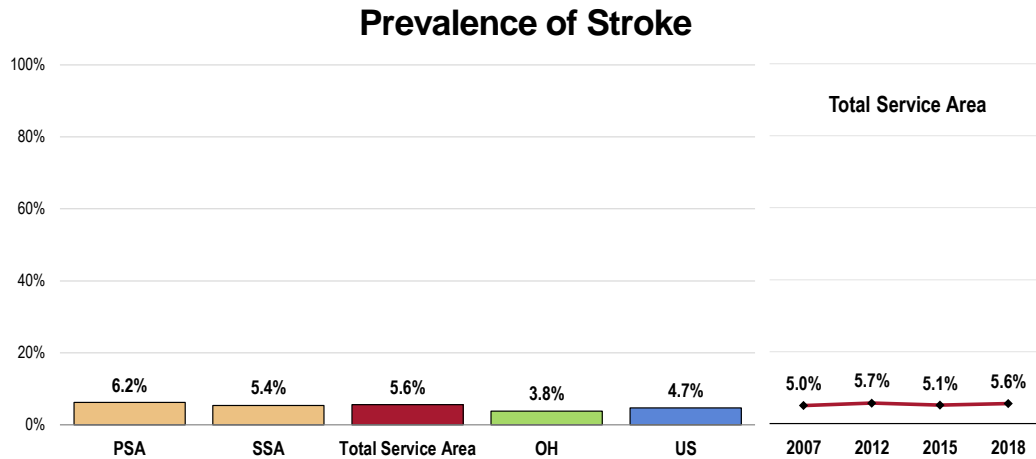


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 5.6% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Higher than statewide findings.
- Similar to national findings.
- Similar findings by service area.
- TREND: Statistically unchanged over time.



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure

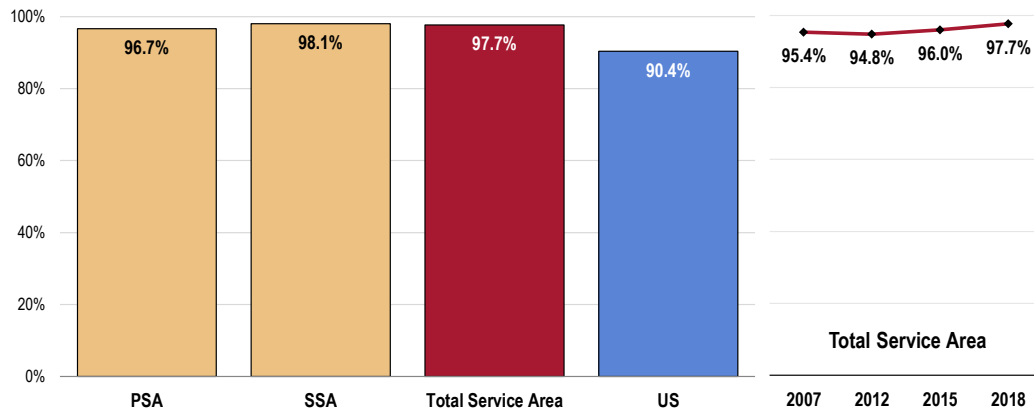
High Blood Pressure Testing

A total of 97.7% of Total Service Area adults have had their blood pressure tested within the past two years.

- Above the national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).
- Similar by service area.
- TREND: Marks a statistically significant increase since 2007.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
 Notes: • Asked of all respondents.

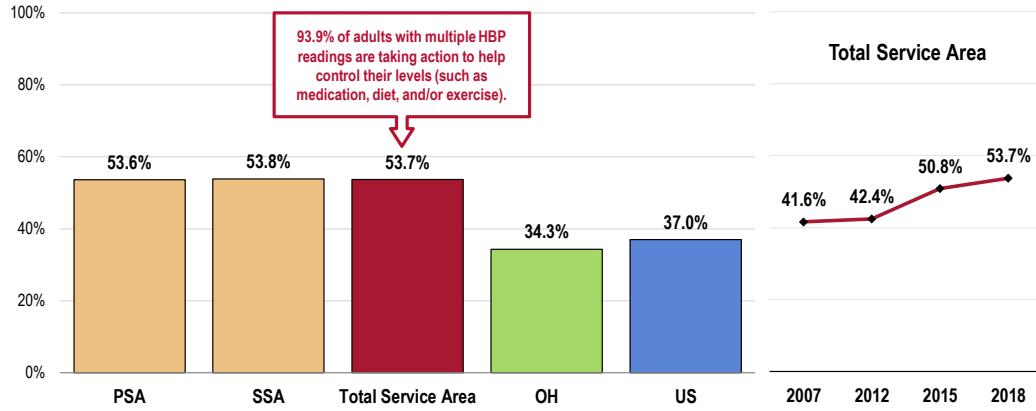
Prevalence of High Blood Pressure

Over half (53.7%) of Total Service Area adults have been told at some point that their blood pressure was high.

- Worse than the state and US figures.
- Twice the Healthy People 2020 target (26.9% or lower).
- Similar findings by service area.
- TREND: Marks a statistically significant increase since 2007.

Among adults with multiple high blood pressure readings, 93.9% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Pressure Healthy People 2020 Target = 26.9% or Lower

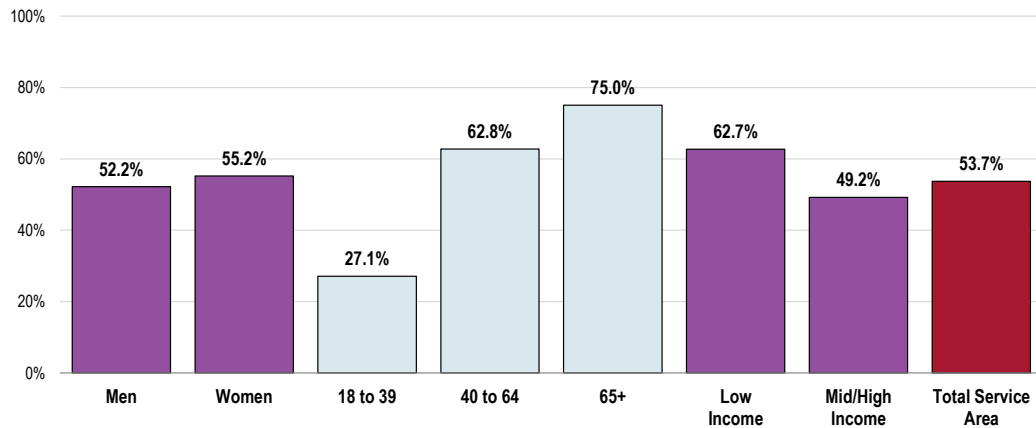


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.

High blood pressure is more prevalent among:

- Adults age 40 and older, and especially those age 65+.
- Low-income residents.

Prevalence of High Blood Pressure (Total Service Area, 2018) Healthy People 2020 Target = 26.9% or Lower



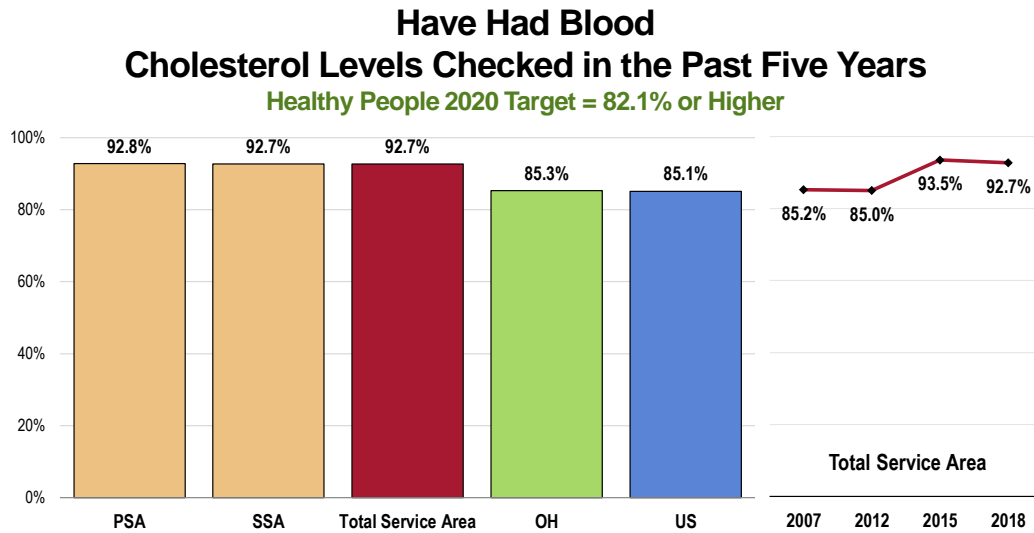
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Blood Cholesterol

Blood Cholesterol Testing

A total of 92.7% of Total Service Area adults have had their blood cholesterol checked within the past five years.

- More favorable than Ohio and US findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Similar by service area.
- TREND: Denotes a statistically significant increase since 2007 (and 2012).



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

Notes: • Asked of all respondents.

Prevalence of High Blood Cholesterol

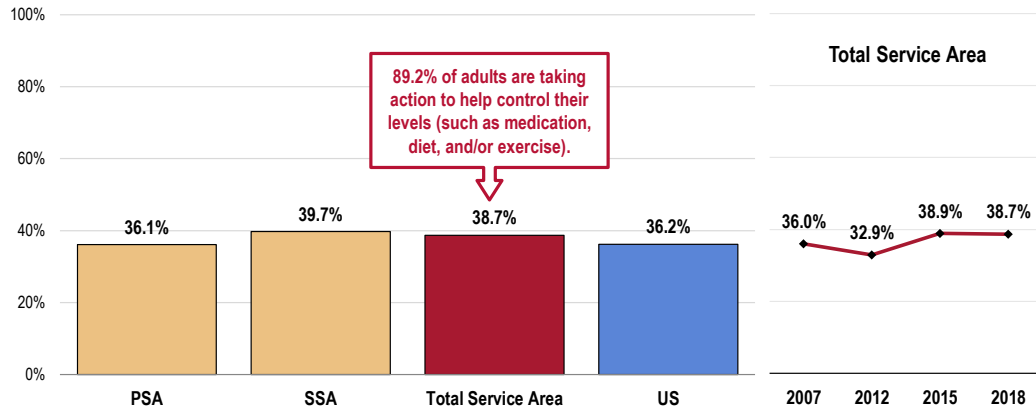
A total of 38.7% of adults have been told by a health professional that their cholesterol level was high.

- Similar to the national prevalence.
- Nearly three times the Healthy People 2020 target (13.5% or lower).
- Similar findings by service area.
- TREND: Statistically unchanged from 2007 survey findings but marking a statistically significant increase since 2012.

Among adults with high blood cholesterol readings, 89.2% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.

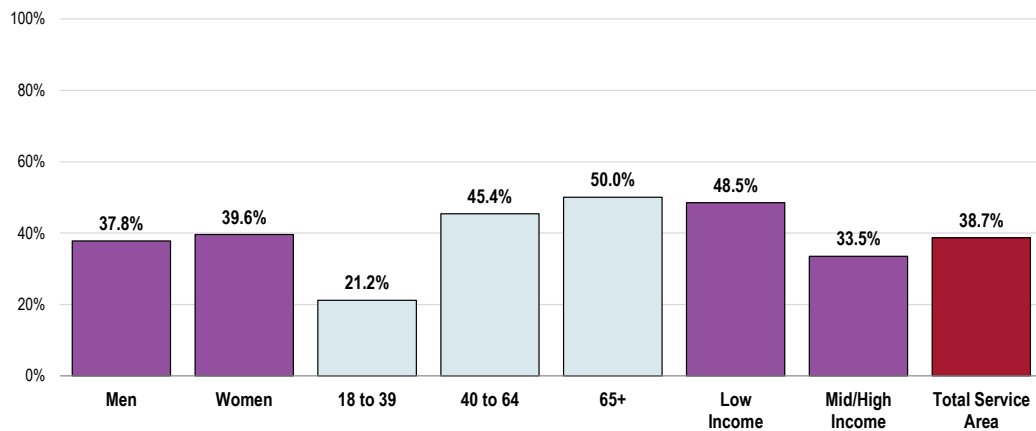
Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- There is a higher prevalence among lower-income adults.

Prevalence of High Blood Cholesterol

(Total Service Area, 2018)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Total Cardiovascular Risk

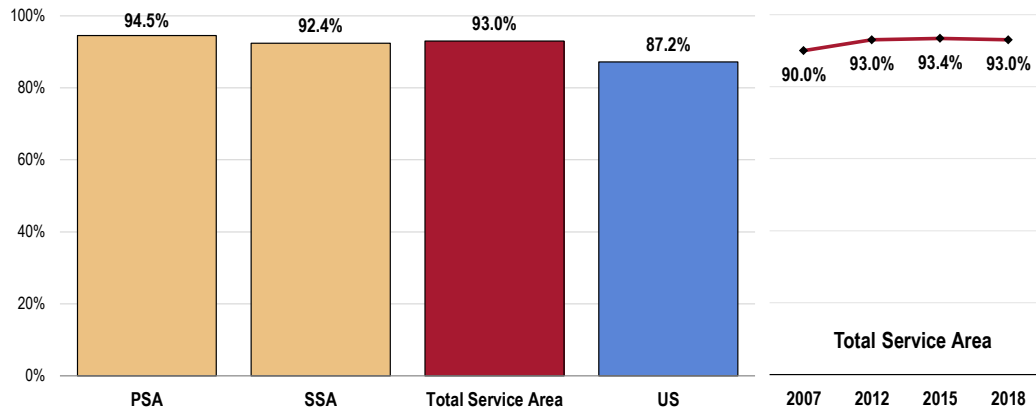
A total of 93.0% of Total Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Notably higher than national findings.
- Similar by service area.
- TREND: Marks a statistically significant increase from 2007 findings (but comparable to 2012 and 2015 survey results).

RELATED ISSUE:

See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

Present One or More Cardiovascular Risks or Behaviors

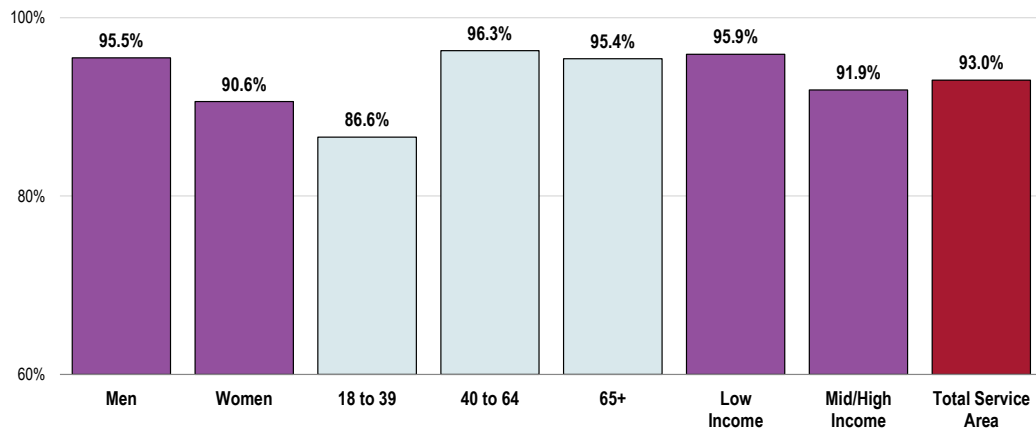


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older.
- Those in low-income households.

Present One or More Cardiovascular Risks or Behaviors (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “major problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Obesity

High rates of obesity. High rate of tobacco use. – Physician (Lewis County)

Obesity, tobacco abuse and unhealthy lifestyles. – Social Services Provider (Scioto County)

We have a high rate of obesity, many smokers and generally poor health of individuals. – Other Health Provider (Scioto County)

Obesity, smoking, drugs are contributing factors that may lead to heart disease and stroke in our community. Many individuals do not have the ability to get proper nutrition and preventative health. Preventative health care is a major component of good health outcomes but many in our community do not totally understand or grasp that concept. Many wait until they are really ill or experiencing pain to seek medical assistance. – Public Health Representative (Scioto County)

High rates of obesity and heart disease compared to national average. Lack of exercise. – Other Health Provider (Scioto County)

Our community is overweight, emphasis on fresh fruits and vegetables is vital. Unfortunately, healthy, fresh foods are expensive, and people cannot afford them. Junk food is easy and cheap. It is disheartening that it is not reversed. – Other Health Provider (Scioto County)

Prevalence/Incidence

We know lots of individuals with heart disease and heart disease is a leading cause of death in the area. – Social Services Provider (Scioto County)

High number of people affected by this. Associated with community lifestyle issues including obesity, poor diet, uncontrolled hypertension, diabetes, and lack of exercise. – Public Health Representative (Scioto County)

Heart disease is prevalent in our area. – Community/Business Leader (Scioto County)

This is a major problem in America, not just here. – Community/Business Leader (Scioto County)

Very high volumes in the office and in the hospital on a daily basis. – Physician (Scioto County)

Lifestyle

Lifestyle, obesity and environmental. – Other Health Provider (Scioto County)

Poor personal health understanding and personal accountability. – Physician (Scioto County)

Lifestyles and lack of exercise. Not getting annual checkups. – Community/Business Leader (Scioto County)

Poor diet, lack of exercise and stress. Need for earlier diagnosis. – Other Health Provider (Scioto County)

Due to inactivity, sedentary lifestyles, smoking, and other risk factors, heart disease is a common issue for individuals in our community. Unfortunately, many of these risk factors are controllable, making this disease preventable. – Public Health Representative (Scioto County)

Poor diet, poor education and health practices. Noncompliance with risk factor treatment. Obesity, hypertension, diabetes mellitus. – Other Health Provider (Scioto County)

People do not understand what it is, and how to prevent it. Diet, smoking, lifestyles. Not knowing that they have a problem with blood pressures, etc. – Social Services Provider (Adams County)

Unhealthy lifestyles. Diabetes. – Other Health Provider (Scioto County)

Tobacco Use

Our community suffers from all of the risk factors of heart disease/stroke, smoking, diabetes, physical inactivity, and being overweight or obese. – Community/Business Leader (Scioto County)

Large population who smoke, struggle with obesity and do not eat healthy. Poverty plays a role in the inability to obtain healthy foods. A sedentary lifestyle contributes to obesity. – Other Health Provider (Scioto County)

High smoking rate, alcohol and drug use, poor diet. – Other Health Provider (Pike County)

High incidence of smoking in our population. High incidence of diabetes. – Physician (Scioto County)

Diagnosis/Treatment

Stroke care involves prevention, detection, and intervention. Ours is CAT scan and ship. On the prevention side, the community needs more education focus on the risk factors. On the detection side, the interpretation should be perfusion graded. On the intervention side, we are not ready without an adequate relationship with a partner that is willing to improve timely, precise services. Given that Afib is a number one of the risk factors for strokes, an electrophysiology local lab can increase resynchronization and ablation. Minimally invasive focused work on valvular disease has been done. – Physician (Scioto County)

HTN untreated and/or not treated well enough. Patients are not as good at keeping appointments and not feeling that they need the medications. – Physician (Greenup County)

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
 - Cervical cancer (using Pap tests)
 - Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

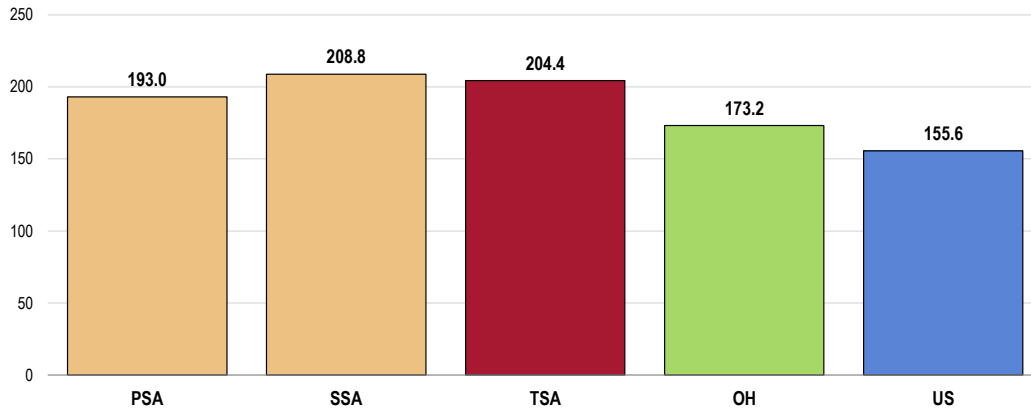
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2015 and 2017, there was an annual average age-adjusted cancer mortality rate of 204.4 deaths per 100,000 population in the Total Service Area.

- Higher than the statewide and national rates.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.
- Rates are similar by service area.

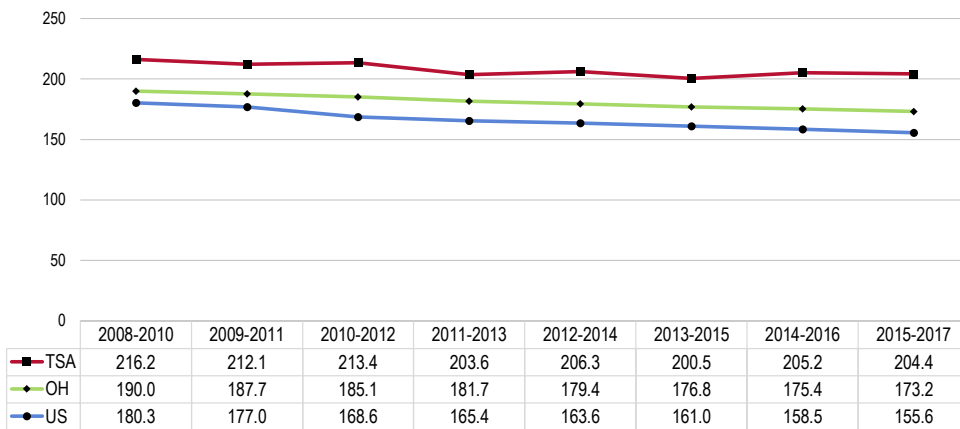
Cancer: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** Cancer mortality has been statistically stable over the past decade in the Total Service Area; note the decreasing trends both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Total Service Area.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both sexes).

As evident in the following chart (referencing 2015-2017 annual average age-adjusted death rates):

- The Total Service Area **lung cancer** and **colorectal cancer** death rates are both worse than the state and national rates.
- The Total Service Area **female breast cancer** death rate is similar to the Ohio rate but worse than the US rate.
- The Total Service Area **prostate cancer** death rate is similar to both the state and national rates.
- While the Total Service Area prostate cancer death rate detailed below satisfies the related Healthy People 2020 target, the local lung and colorectal cancer rates fail to satisfy their related goals (the female breast cancer rate is similar).

Age-Adjusted Cancer Death Rates by Site (2015-2017 Annual Average Deaths per 100,000 Population)

	Total Service Area	Ohio	US	HP2020
ALL CANCERS	204.4	173.2	155.6	161.4
Lung Cancer	65.1	47.0	38.5	45.5
Female Breast Cancer	24.2	22.1	20.1	20.7
Colorectal Cancer	19.3	15.4	13.9	14.5
Prostate Cancer	18.5	19.4	18.9	21.8

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

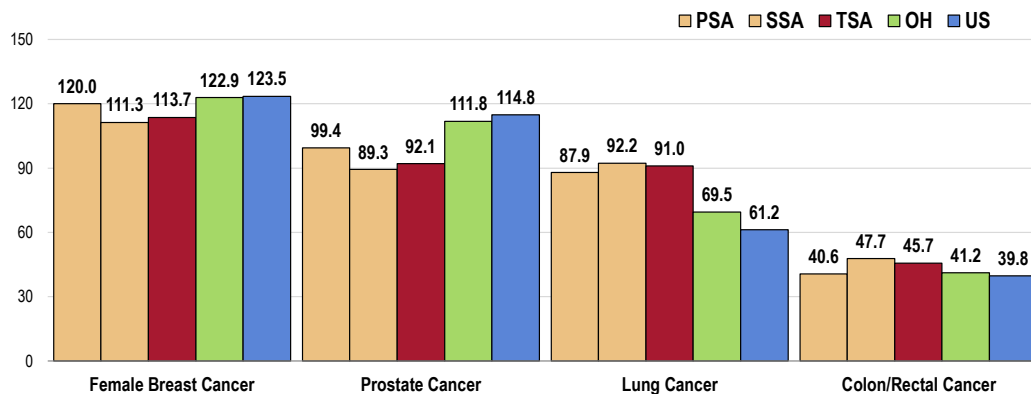
The 2010-2014 Total Service Area annual average age-adjusted lung cancer incidence rate is worse than the Ohio and US rates.

On the other hand, the service area's prostate cancer incidence rate is lower than both the state and national rates.

- The female breast cancer and colorectal cancer incidence rates are comparable to the state and US rates.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)



- Sources:
- State Cancer Profiles.
 - Retrieved February 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

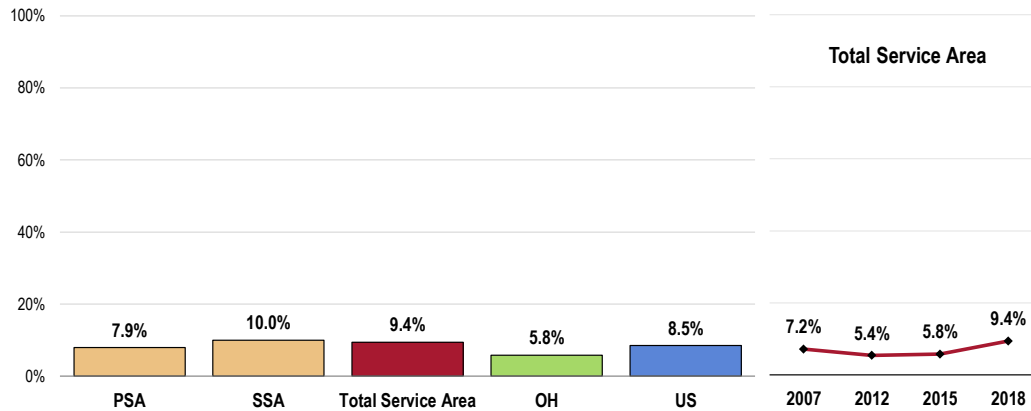
Prevalence of Cancer

Skin Cancer

A total of 9.4% of surveyed Total Service Area adults report having been diagnosed with skin cancer.

- Worse than what is found statewide.
- Similar to the national average.
- Similar findings by service area.
- TREND: The prevalence of skin cancer is similar to 2007 survey findings but marks a statistically significant increase from 2012 and 2015 results.

Prevalence of Skin Cancer



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

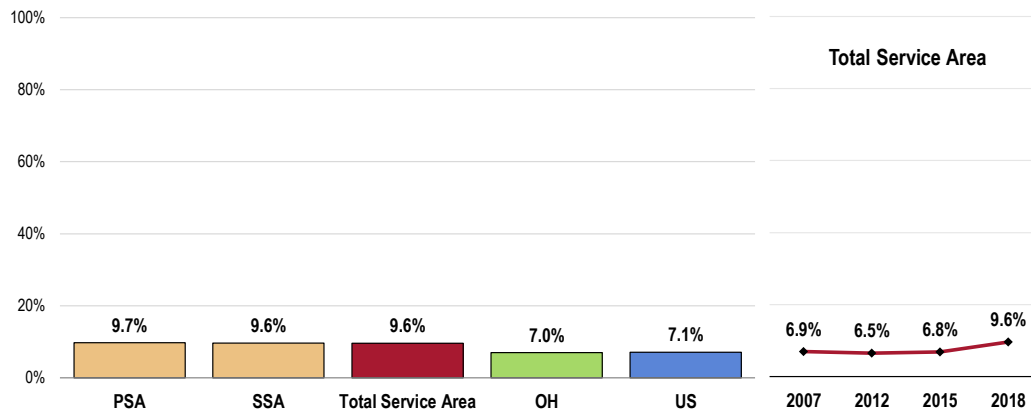
Notes: • Asked of all respondents.

Other Cancer

A total of 9.6% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Worse than the Ohio figure.
- Similar to the national percentage.
- Similar findings by service area.
- TREND: The prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

RELATED ISSUE:

See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

Cancer Risk

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
 - According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

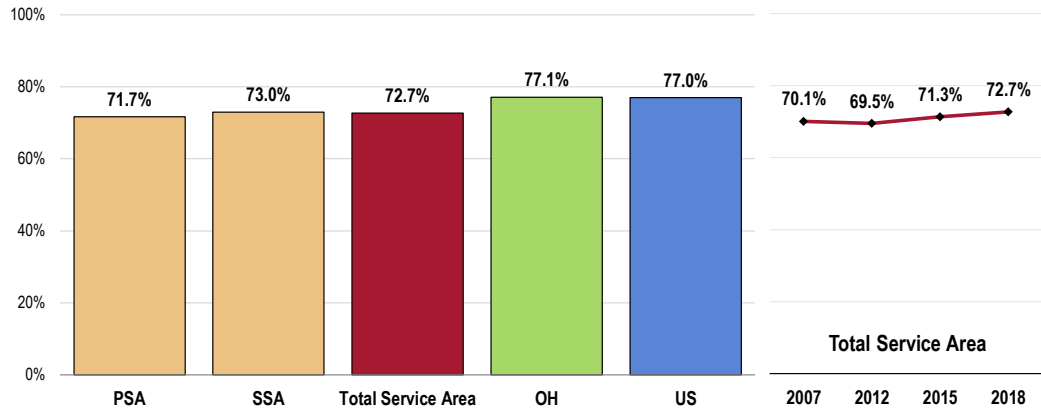
Mammography

Among women age 50-74, 72.7% have had a mammogram within the past 2 years.

- Similar to statewide and US findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- Similar findings by service area.
- TREND: Statistically unchanged over time.

Have Had a Mammogram in the Past Two Years (Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Ohio data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
- Notes:
- Reflects female respondents 50-74.

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

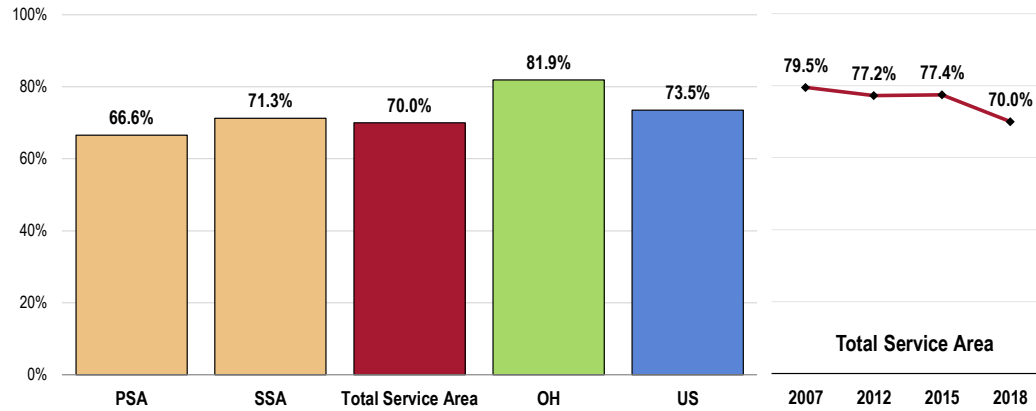
Pap Smear Testing

Among Total Service Area women age 21 to 65, 70.0% have had a Pap smear within the past 3 years.

- Lower than the Ohio figure.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Similar findings by service area.
- TREND: Marks a statistically significant decrease in testing prevalence since 2007.

Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]

Notes: • Reflects female respondents age 21 to 65.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (fecal occult blood testing, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

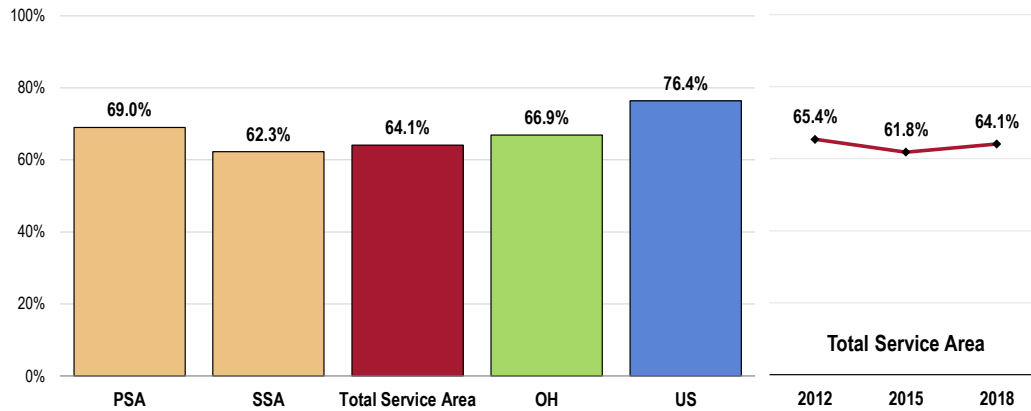
Among adults age 50-75, 64.1% have had an appropriate colorectal cancer screening.

- Similar to the Ohio prevalence.
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (70.5% or higher).
- Similar findings by service area.
- TREND: Statistically unchanged over time.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Have Had a Colorectal Cancer Screening (Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



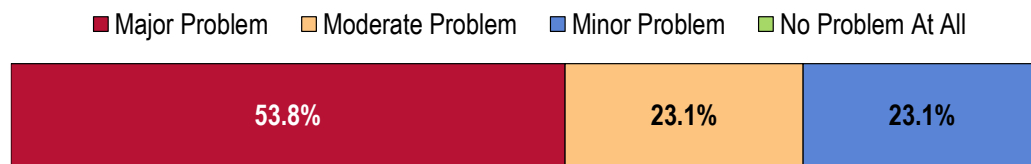
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]

Notes: • Asked of all respondents age 50 through 75.
 • In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Key Informant Input: Cancer

Over half of key informants taking part in an online survey characterized **Cancer** as a "major problem" in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

High volumes, especially lung. – Physician (Scioto County)

Many people have this disease. My father, mother, and grandfather have all been impacted directly by it. – Community/Business Leader (Scioto County)

Scioto County seems to have a very high incidence of different types of cancer. I'm sure that our counties' poor health overall contributes to this. Smoking, obesity and drug use seem to be very prevalent in our communities. – Community/Business Leader (Scioto County)

Cancer affects a large population in our area. I think there are different factors for this like lifestyle, air quality, and family. – Community/Business Leader (Scioto County)

Seems we have a high rate of cancer diagnosis in our community, as well as I personally see a lot of folks that smoke. – Community/Business Leader (Scioto County)

High prevalence of cancer diagnosis within our area. – Other Health Provider (Scioto County)

There is an extremely high occurrence of cancer in this community. Although we have adequate access to cancer treatment and screenings. The knowledge and/or follow through within the community is not high enough. – Other Health Provider (Scioto County)

State health statistics. – Community/Business Leader (Scioto County)

Appears everyone you know has been affected by cancer diagnosis. – Social Services Provider (Scioto County)

Prevalence of cancer in our region, all types. – Community/Business Leader (Scioto County)

Because I know several people affected by this disease that live in Scioto County. – Community/Business Leader (Scioto County)

For the number of residents who live in Scioto County, the rate of cancer per residents is far greater than it should be. – Other Health Provider (Scioto County)

The cancer rate seems high for this area. I constantly speak with people that are in cancer treatment or finished cancer treatment. – Other Health Provider (Scioto County)

The registry speaks for itself. Under recognized cancers include cervical, laryngeal, prostate, ovarian, kidney and brain cancers. Despite the availability of specialists, leukemia patients do not get treated in our area. – Physician (Scioto County)

We have significantly higher than national or regional averages in terms of incidence and mortality from lung cancer. These statistics are found in other cancer types also. – Physician (Scioto County)

There are so many cases of cancer in the community and surrounding area. Only chemo and radiation are offered here. Most big cities who specialize in cancer only have leading therapies. – Other Health Provider (Scioto County)

Cancer appears to be a constant for individuals in our community. Most people tend to be affected in one way or another. Cancer is one of the most costly illnesses - and out of pocket costs for individuals are extremely high. The physical and mental symptoms of the disease are also important to consider. – Public Health Representative (Scioto County)

We have a high rate of cancer in our county. Higher than national average. – Other Health Provider (Scioto County)

Almost everyone I see has a form of cancer. – Social Services Provider (Scioto County)

We know a lot of individuals diagnosed with cancer. We have cancer treatment facilities here, but many people still choose to travel to Columbus or other cities for the most current treatments. We hear on the news that our area has a high cancer rate. – Social Services Provider (Scioto County)

No one in Scioto County has not been impacted by cancer in their family. – Other Health Provider (Scioto County)

Environmental Issues

We have a high cancer rate (various types) and believed by some to be environmental also linked to personal choices such as smoking, poor diet and lack of physical activity. – Community/Business Leader (Scioto County)

Due to many environmental and industrial aspects, I believe the area suffers from a problem concerning cancer and its frequency. – Community/Business Leader (Scioto County)

Multiple people in our community have or have had cancer. Our air is dirty and many residents have worked at the A Plant, Coke Plant, mines, etc. Also, many of our community members smoke, drink, and eat unhealthily. Also, many people use tanning beds. – Other Health Provider (Scioto County)

Cancer and rare forms of cancer are in the Scioto County area due to previously operating plant in Piketon Ohio. Also, hazardous material work environment. Examples: asbestos, lead, and nuclear waste. – Other Health Provider (Scioto County)

Past industrial locations and pollution and air quality as well as substance abuse and obesity. – Other Health Provider (Scioto County)

Due to the industries, past and present, many individuals are experiencing a variety of cancers in our community. Many are unprepared with medical education, insurances, transportation, etc. – Public Health Representative (Scioto County)

Power plants for the last forty years. – Social Services Provider (Adams County)

High incidence of cancer due to uranium contamination, chemical plant contamination, and pesticide contamination, farming of soil and water. – Other Health Provider (Scioto County)

Contributing Factors

Unhealthy behaviors such as using tobacco and unsafe sex leads to an increase in lung and cervical cancer. – Other Health Provider (Scioto County)

Smoking, poor health understanding, and environmental factors. – Physician (Scioto County)

Genetic predisposition to cancer in the population. Increased tobacco use in the population. Radon and arsenic naturally occurring in the area. Poor diet in the population with increased obesity rates. – Physician (Lewis County)

People are scared of the word “treatment” and cost. Lifestyle, drugs, drinking, smoking, etc. – Social Services Provider (Adams County)

Tobacco Use

Too many people smoke, and many older persons were exposed to carcinogens early. The statistics show the prevalence of the disease. – Community/Business Leader (Scioto County)

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

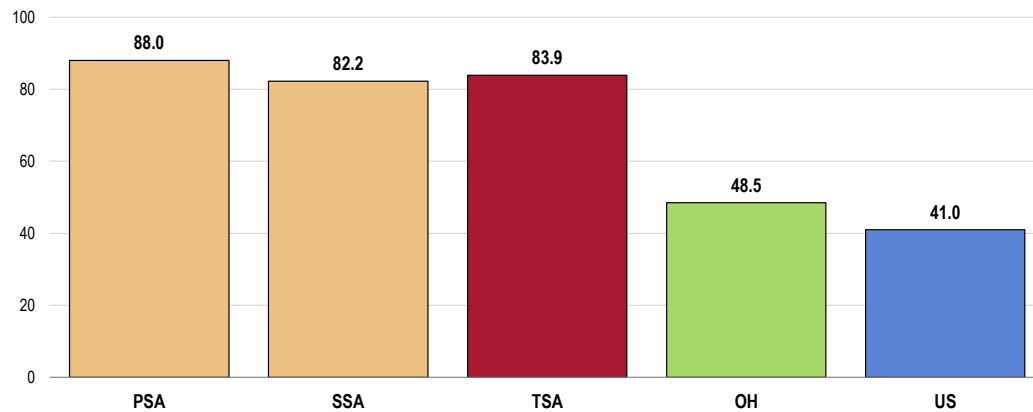
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2015 and 2017, there was an annual average age-adjusted CLRD mortality rate of 83.9 deaths per 100,000 population in the Total Service Area.

- Worse than Ohio and US rates.
- Similar rates by service area.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

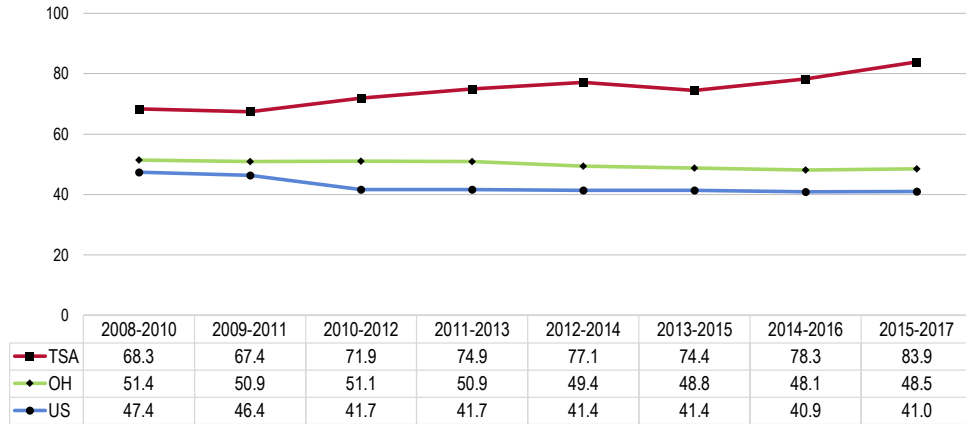
CLRD: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** CLRD mortality in the Total Service Area has increased over time, in contrast to the decreasing trends reported statewide and nationally.

CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.

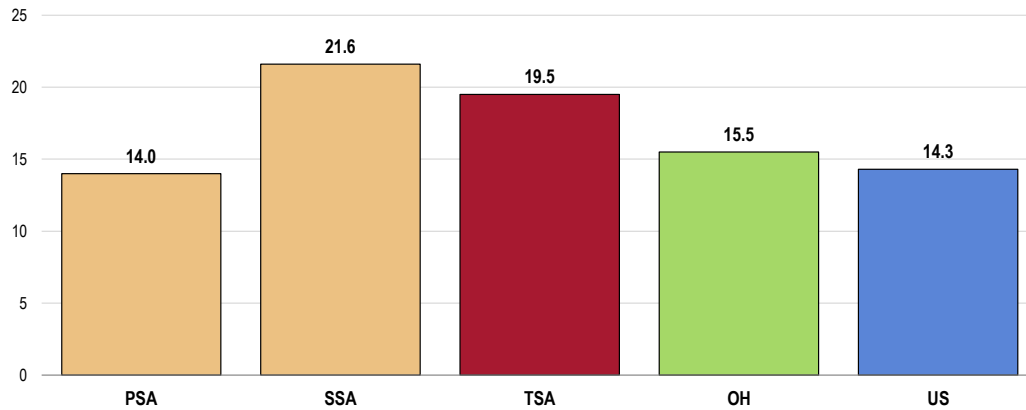
Pneumonia/Influenza Deaths

Between 2015 and 2017, the Total Service Area reported an annual average age-adjusted pneumonia influenza mortality rate of 19.5 deaths per 100,000 population.

- Higher than found statewide and nationally.
- Higher in the Secondary Service Area.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the **Infectious Disease** section of this report.

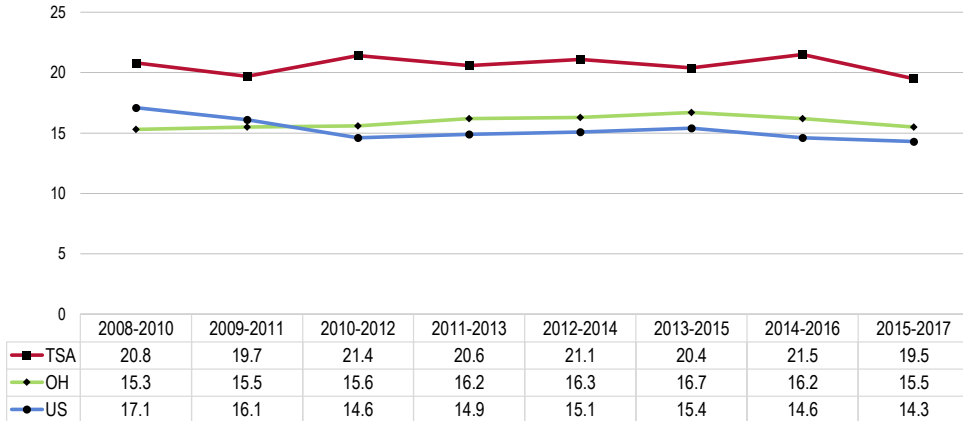
Pneumonia/Influenza: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- TREND: No clear trend in Total Service Area pneumonia/influenza mortality. Nationally, pneumonia/influenza death rates have decreased.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Disease

Asthma

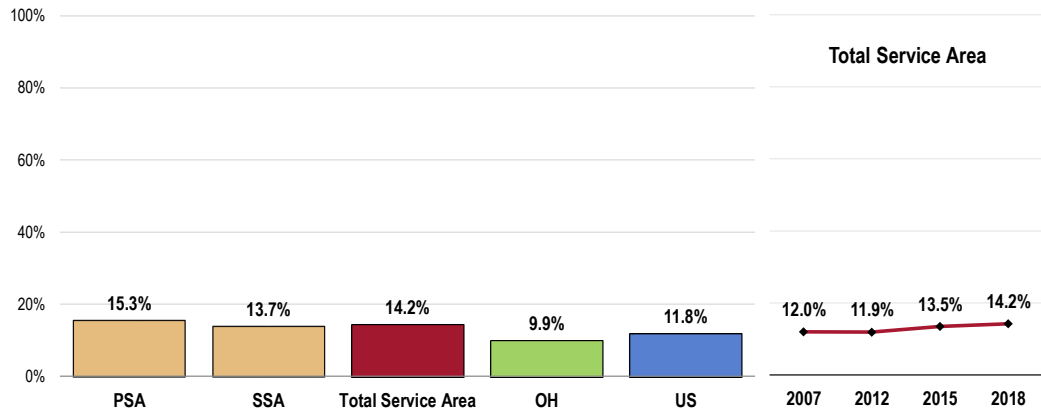
Adults

A total of 14.2% of Total Service Area adults currently suffer from asthma.

- Worse than the statewide prevalence.
- Similar to the national prevalence.
- Statistically similar by service area.
- TREND: Local asthma prevalence has remained constant over time.

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

Adult Asthma: Current Prevalence

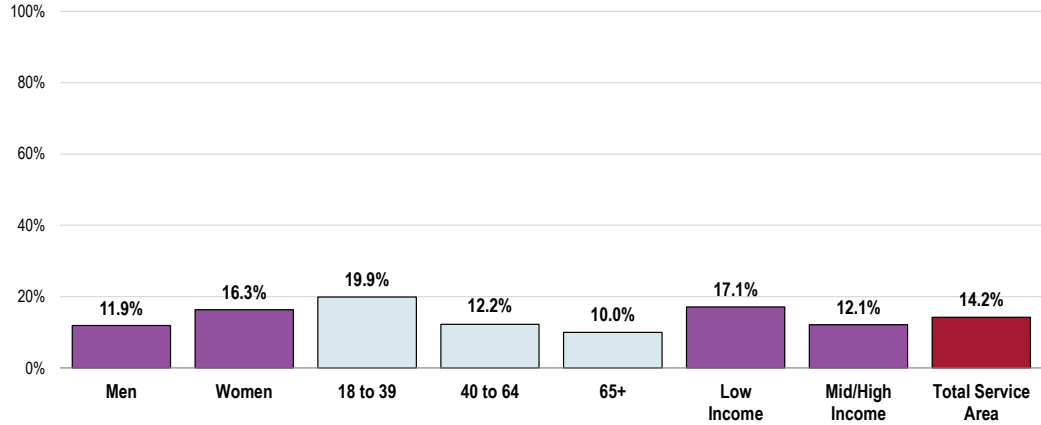


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

- Note the correlation between age and asthma among Total Service Area adults.

Currently Have Asthma (Total Service Area, 2018)



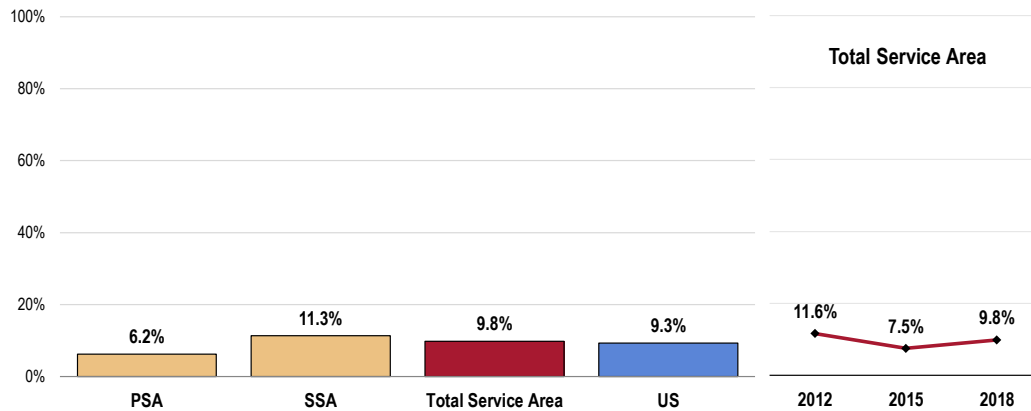
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Total Service Area children under age 18, 9.8% currently have asthma.

- Similar to national findings.
- Similar by service area.
- TREND: Statistically unchanged from 2012 and 2015 survey results.

Childhood Asthma: Current Prevalence (Among Parents of Children Age 0-17)



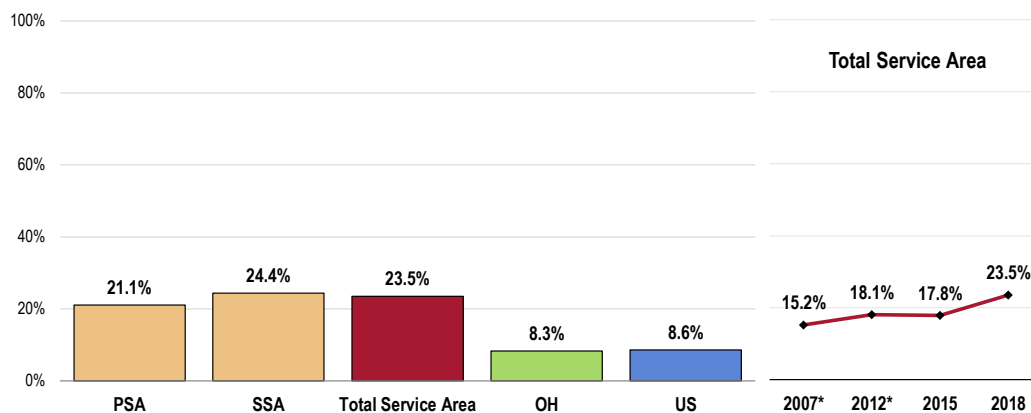
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 23.5% of Total Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Much worse than the state and national prevalence.
- Similar prevalence by service area.
- TREND: Marks a statistically significant increase over time.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



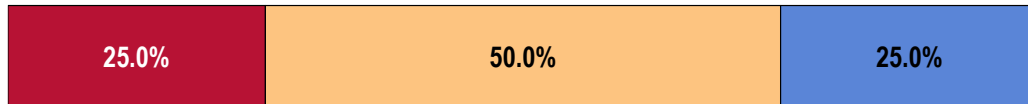
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services. Centers for Disease Control and Prevention (CDC): 2017 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 • *In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Key Informant Input: Respiratory Disease

Half of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Tobacco Use

- High volumes, lots of smokers. – Physician (Scioto County)*
- This is due to the large population who use tobacco products and the increase in vaping. – Other Health Provider (Scioto County)*
- Smoking. Low income. Not educated that smoking will kill you. – Other Health Provider (Scioto County)*
- We have a high number of smokers and former smokers in our community. Some also believe there is an environmental factor. – Community/Business Leader (Scioto County)*
- High number of smokers. – Other Health Provider (Pike County)*
- High rates of tobacco use. – Physician (Lewis County)*
- Smoking and comorbidities. – Physician (Scioto County)*
- Scioto County has high rates of smoking, lung cancer and COPD. – Public Health Representative (Scioto County)*
- Smoking, diet, farm land. Air quality during harvesting time, allergies. – Social Services Provider (Adams County)*
- Area in which we live, tobacco abuse, jobs and exposures. – Social Services Provider (Scioto County)*

Contributing Factors

- Our area is not good for people with respiratory problems. High mold count and asthma. – Other Health Provider (Scioto County)*
- Environment, lifestyle, and obesity. – Other Health Provider (Scioto County)*
- Past air pollution, high smoking rates, and a lack of decent, safe and sanitary housing have all resulted in a high incidence of reported respiratory disease. Lost work time, lost school time, high costs of medicines, family instability, and premature deaths make respiratory disease a major problem. – Community/Business Leader (Scioto County)*

Prevalence/Incidence

- Much asthma, COPD, lung cancer, etc. High smoking rates. High vaping rates. – Public Health Representative (Scioto County)*
- Lung cancer and emphysema are very prevalent. We have invested and continue to do so in lung cancer. Treatment of emphysema minimally invasive is on the horizon. Asthma is unrecognized as a dedicated respiratory occupational disorder program for detection. ENT does not follow up on upper-airways diseases. – Physician (Scioto County)Awareness/Education*
- Poor personal health understanding and personal accountability and smoking. – Physician (Scioto County)*

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

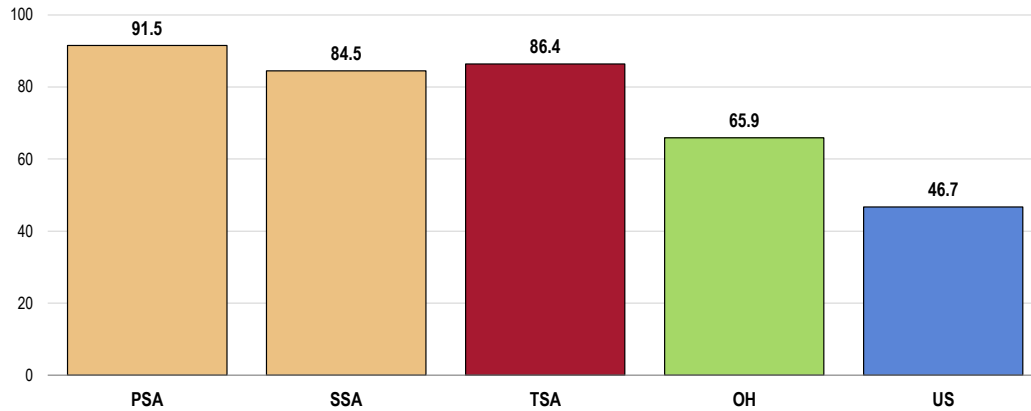
Age-Adjusted Unintentional Injury Deaths

Between 2015 and 2017, there was an annual average age-adjusted unintentional injury mortality rate of 86.4 deaths per 100,000 population in the Total Service Area.

- Higher than state and national rates.
- More than twice the Healthy People 2020 target (36.4 or lower).
- Similar rates by service area.

Unintentional Injuries: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower

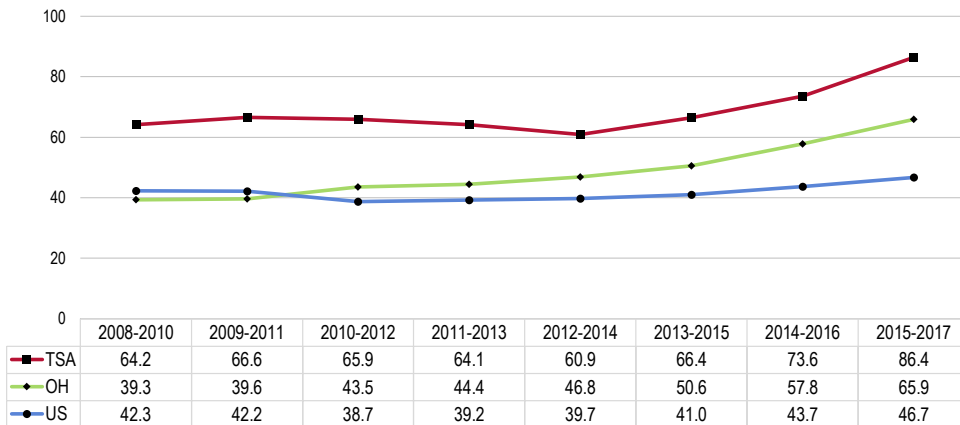


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** There is an overall upward trend in the area's unintentional injury mortality rate in recent years, echoing the increasing trends reported in the Ohio and the US overall.

Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower

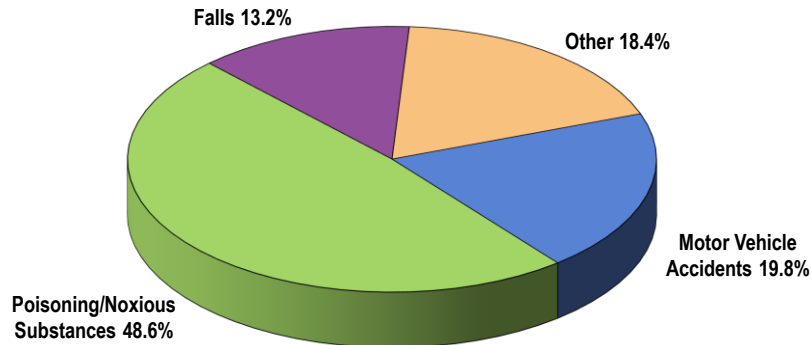


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Accidental Death

Poisoning (including accidental drug overdose) accounted for nearly half (48.6%) of accidental deaths in the Total Service Area Between 2015 and 2017. Other leading causes of death during this time period include motor vehicle accidents and falls.

Leading Causes of Accidental Death (Total Service Area, 2015-2017)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Selected Injury Deaths

The following chart outlines mortality rates for unintentional drug-related deaths, motor vehicle crashes, and falls (among adults age 65 and older).

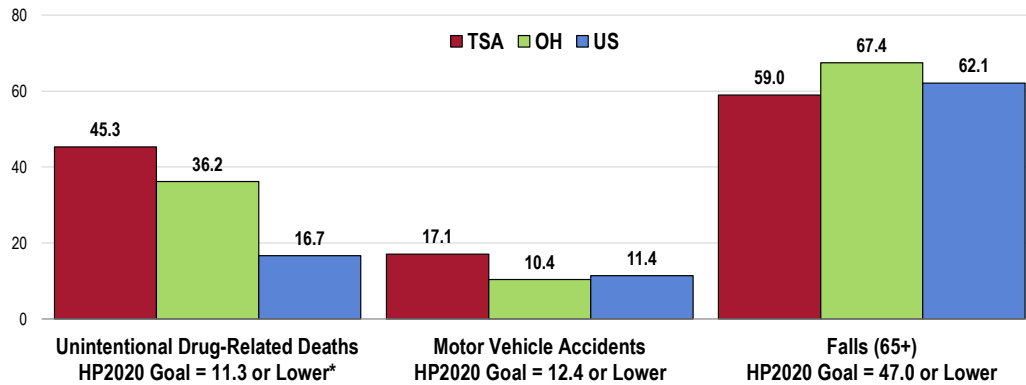
Total Service Area annual average age-adjusted mortality rates are worse than state and US rates for:

- Motor vehicle accidents.
- Drug-related deaths.

The Total Service Area death rate for falls is statistically similar to Ohio and US rates.

Select Injury Death Rates

(By Cause of Death; 2015-2017 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1, IVP-23.2, SA-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - *Healthy People 2020 goal reflects all drug-induced deaths, both intentional and unintentional.

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years ... In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

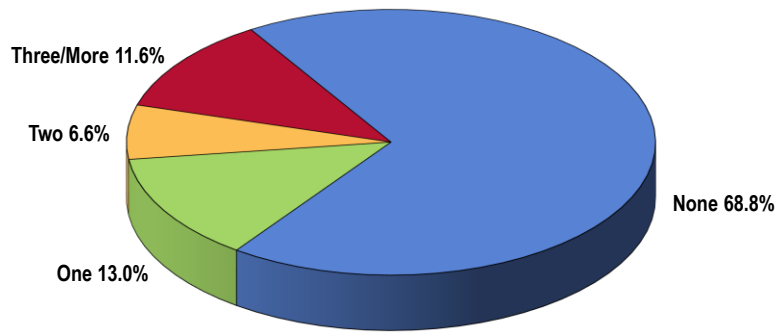
In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately \$19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

- Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Total Service Area adults age 45 and older, 31.2% fell at least once in the past year, including 11.6% who fell three or more times.

Number of Falls in Past 12 Months
(Among Adults Age 45 and Older; Total Service Area, 2018)

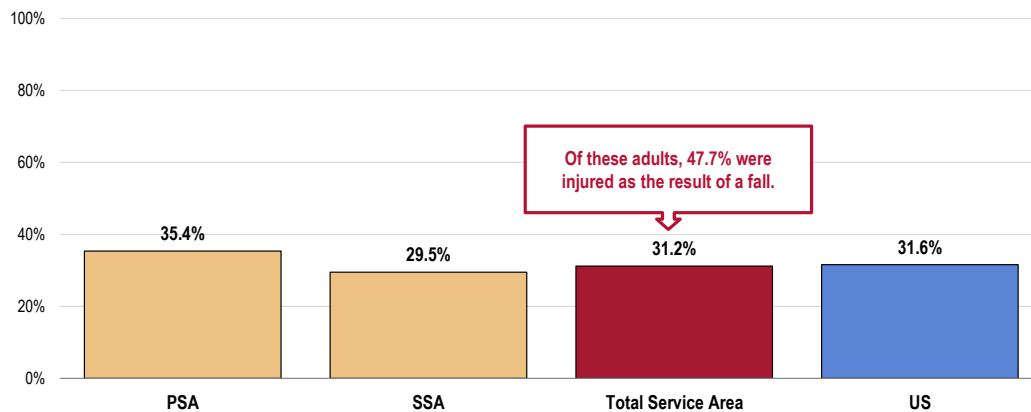


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: • Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is similar to the national proportion.
- Similar percentages by service area.

Among those who fell in the past year, 47.7% were injured as a result of the fall.

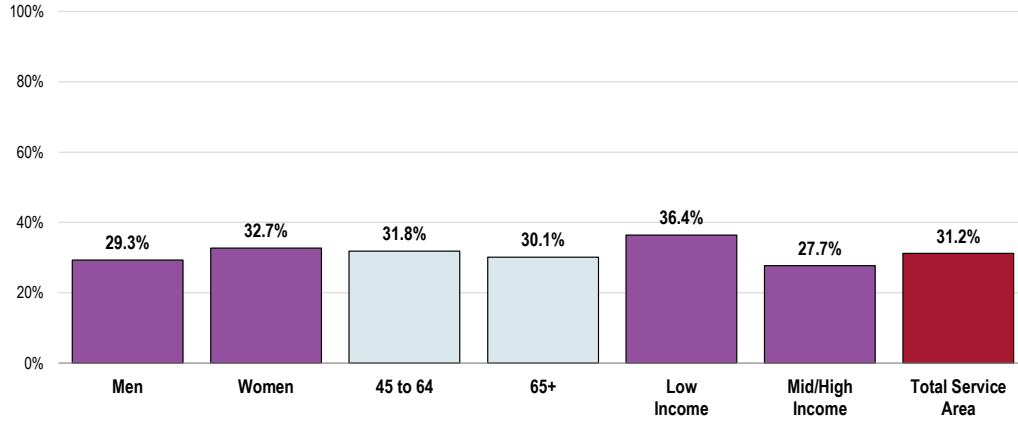
Fell One or More Times in the Past Year
(Among Respondents Age 45 and Older)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 107-108]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of those respondents age 45 and older.

- Low-income residents (age 45+) were more likely to have fallen in the past year.

Fell One or More Times in the Past Year (Among Respondents Age 45 and Older; Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
 Notes: • Asked of those respondents age 45 and older.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

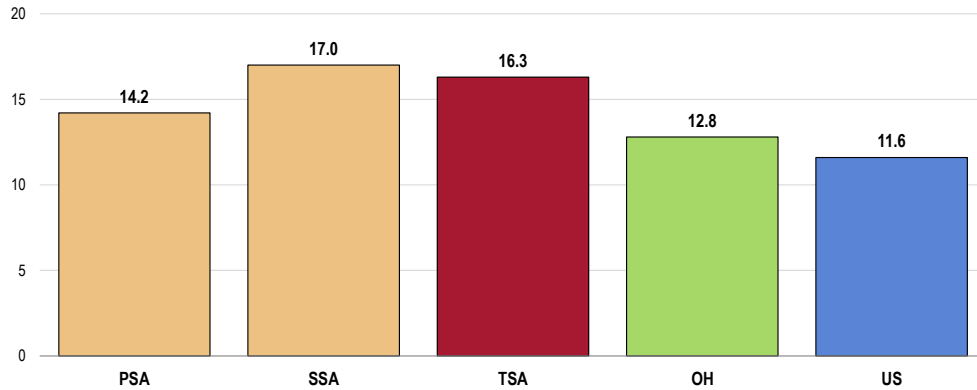
Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2015 and 2017, firearms in the Total Service Area contributed to an annual average age-adjusted rate of 16.3 deaths per 100,000 population.

- Higher than found statewide and nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).
- Similar rates by service area.

Firearms-Related Deaths: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 9.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

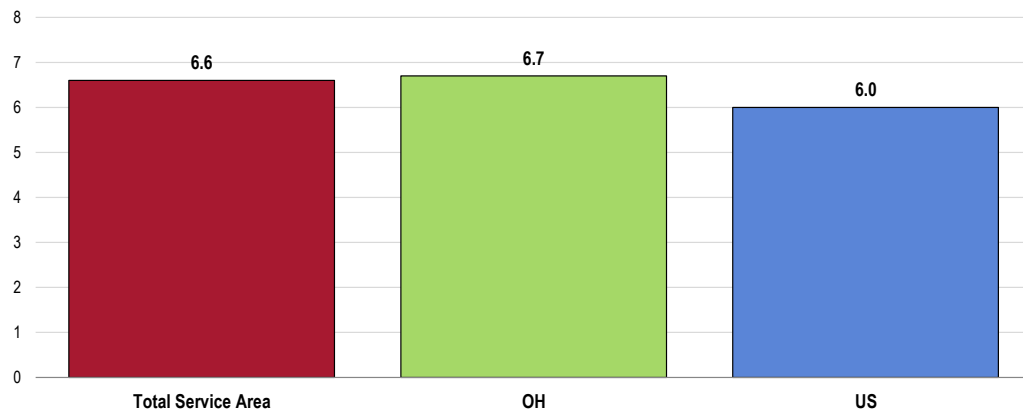
Between 2015 and 2017, there was an annual average age-adjusted homicide rate of 6.6 deaths per 100,000 population in the Total Service Area.

RELATED ISSUE:

- Similar to the state and US rates.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

See also *Mental Health: Suicide* in the **General Health Status** section of this report.

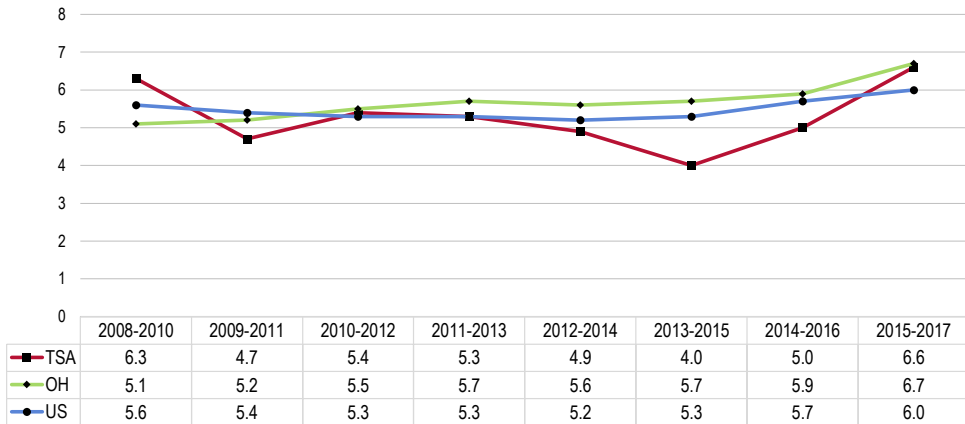
Homicide: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The homicide rate has fluctuated considerably over time in the service area, showing no clear trend; note, however, the considerable increase in recent years.

Homicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 5.5 or Lower



Sources:

- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent Crime Rates

Between 2012 and 2014, there were a reported 112.4 violent crimes per 100,000 population in the Total Service Area.

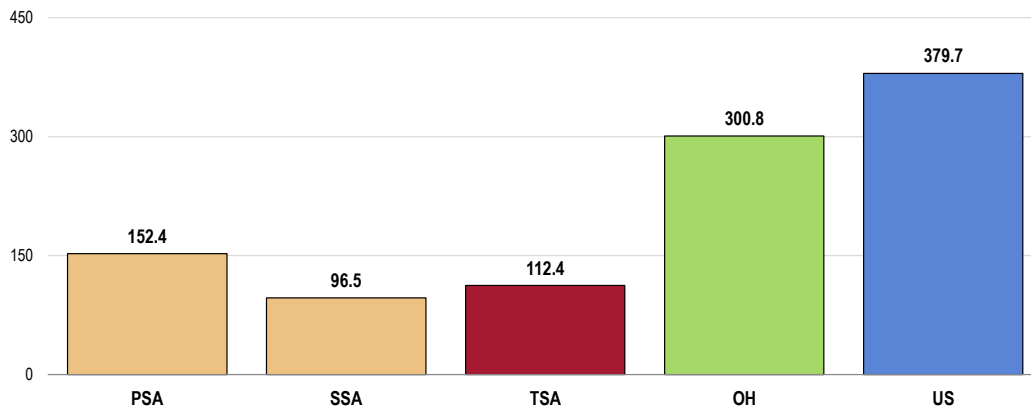
- Well below the state and US rates.
- Higher in the Primary Service Area.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime

(Rate per 100,000 Population, 2012-2014)



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved February 2019 from Community Commons at <http://www.chna.org>.

Notes:

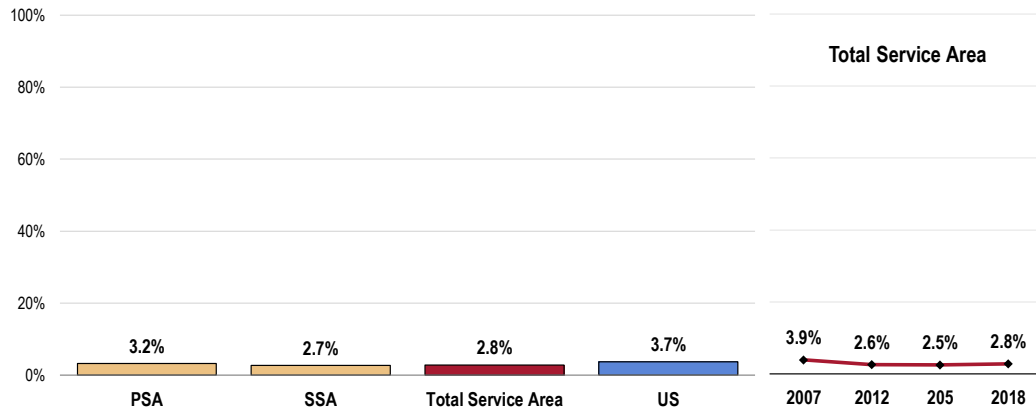
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.
- PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

Community Violence

A total of 2.8% of surveyed Total Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

- Statistically similar to national findings.
- Similar by service area.
- TREND: Statistically unchanged over time.

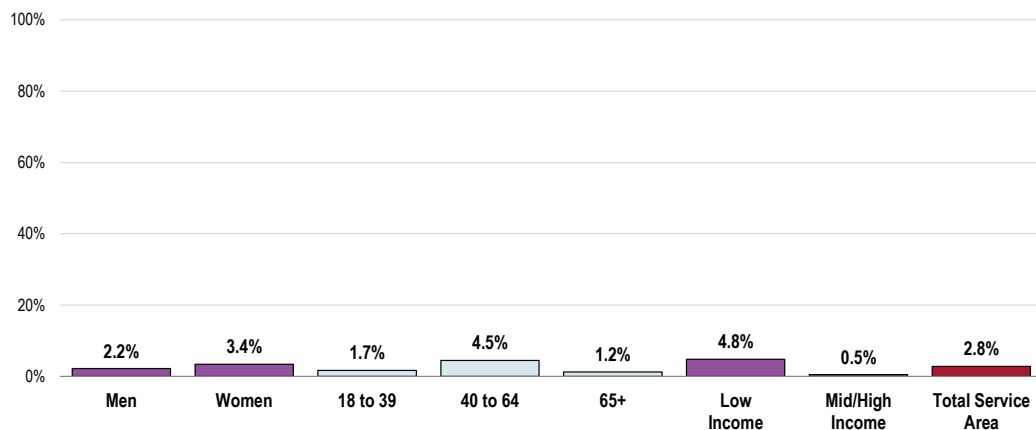
Victim of a Violent Crime in the Past Five Years



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Reports of violence are notably higher among adults age 40 to 64 and residents living in the lower income category.

**Victim of a Violent Crime in the Past Five Years
 (Total Service Area, 2018)**



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

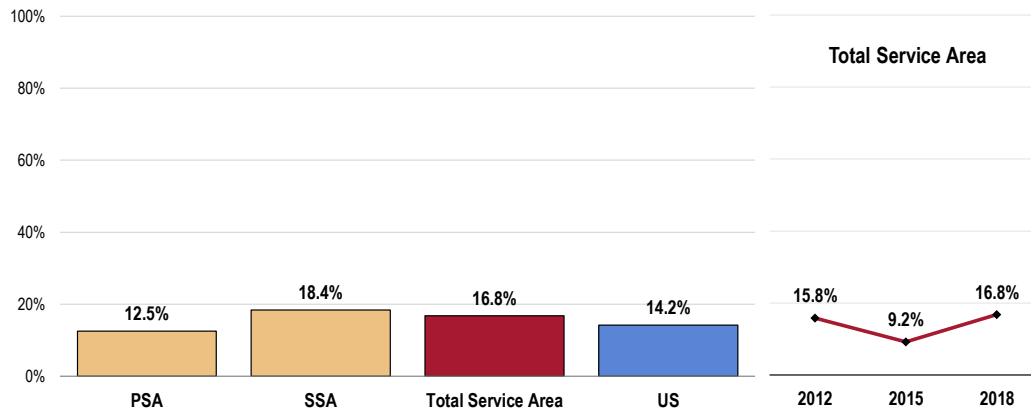
A total of 16.8% of Total Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Respondents were read:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

- Comparable to national findings.
- Comparable findings by service area.
- **TREND:** Similar to the 2012 prevalence (but increasing since 2015).

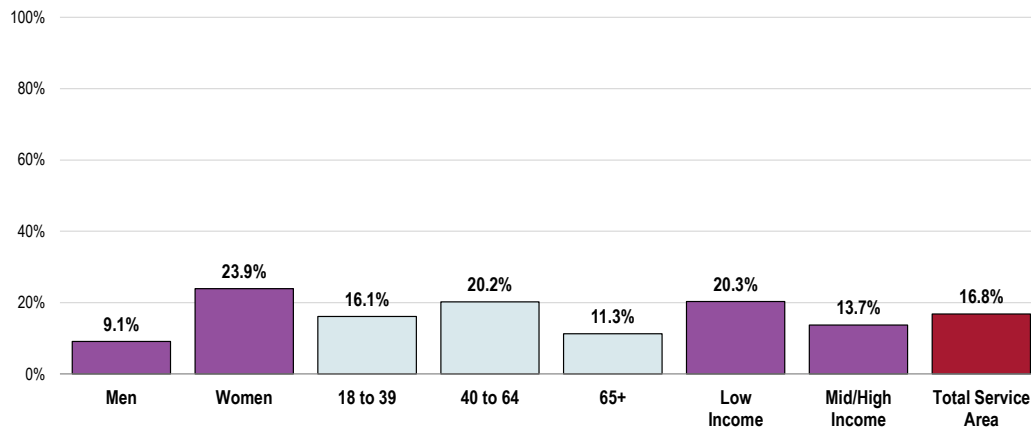
Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Reports of domestic violence are notably higher among women, adults between the ages of 40 and 64, and those with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “moderate problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Alcohol/Drug Use

Drugs, anger, and lifestyles. – Social Services Provider (Adams County)

I believe these are major problems due to the increase in substance abuse in our county. – Public Health Representative (Scioto County)

Due to the drug issues, Scioto County is suffering from a high rate of drug overdose deaths. The drug issue also contributes to violence in the community, especially domestic violence. – Public Health Representative (Scioto County)

Due to the high use of drugs and alcohol. – Other Health Provider (Pike County)

Drugs. – Other Health Provider (Scioto County)

Drug abuse. – Other Health Provider (Scioto County)

Drugs. – Other Health Provider (Scioto County)

High rates of substance abuse. – Other Health Provider (Scioto County)

Crime Rates

Injury and violence as seen through crime rates, domestic violence, theft resulting in injuries/violence, etc., with the most significant impact relating to the drug epidemic. – Other Health Provider (Scioto County)

The crime rate in Scioto County has risen; we have more violent crimes and deaths than ever before. – Other Health Provider (Scioto County)

Domestic Violence

Police reports of such, particularly those resulting from domestic violence, have not much changed in twenty-five years. The cost of treatment, the loss of work time, and the harm to intact family units make this a major problem in the area. – Community/Business Leader (Scioto County)

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

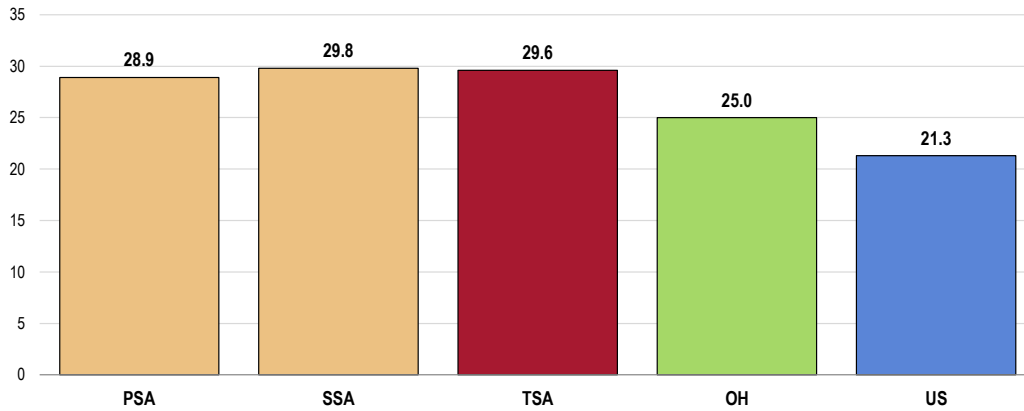
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2015 and 2017, there was an annual average age-adjusted diabetes mortality rate of 29.6 deaths per 100,000 population in the Total Service Area.

- Worse than that found statewide or nationally.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Similar rates by service area.

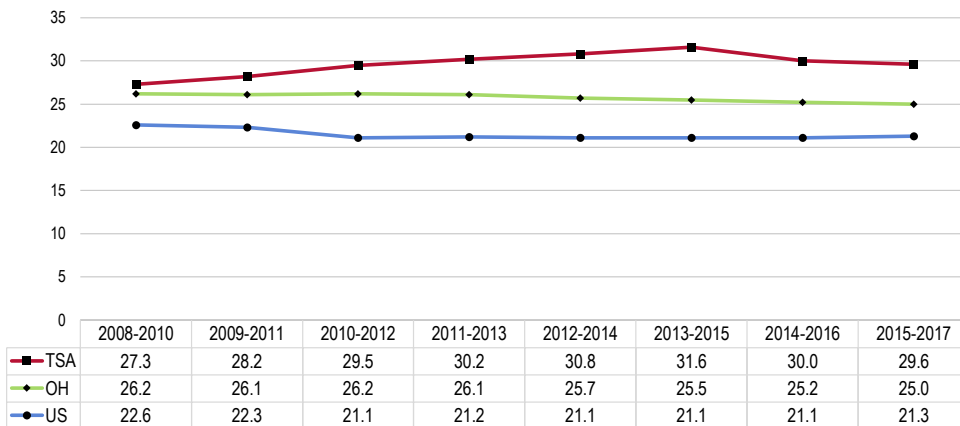
Diabetes: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** No clear diabetes mortality trend is apparent in the Total Service Area. Statewide and nationally, rates have been statistically stable.

Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

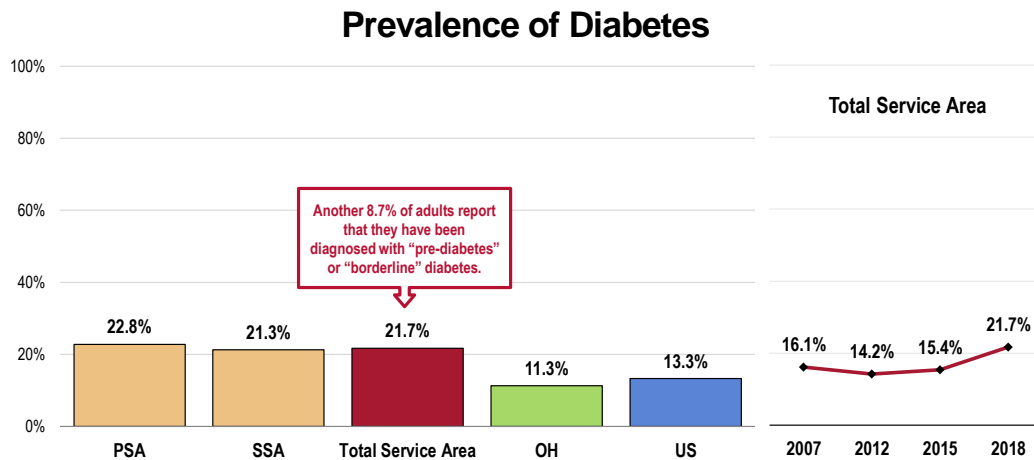
Prevalence of Diabetes

A total of 21.7% of Total Service Area adults report having been diagnosed with diabetes.

- Worse than the statewide and national proportions.
- Statistically similar by service area.
- TREND: Marks a statistically significant increase from previous survey findings.

In addition to the prevalence of diagnosed diabetes referenced above, another 8.7% of Total Service Area adults report that they have “pre-diabetes” or “borderline diabetes.”

- Comparable to the US prevalence.
- Comparable findings by area (not shown).



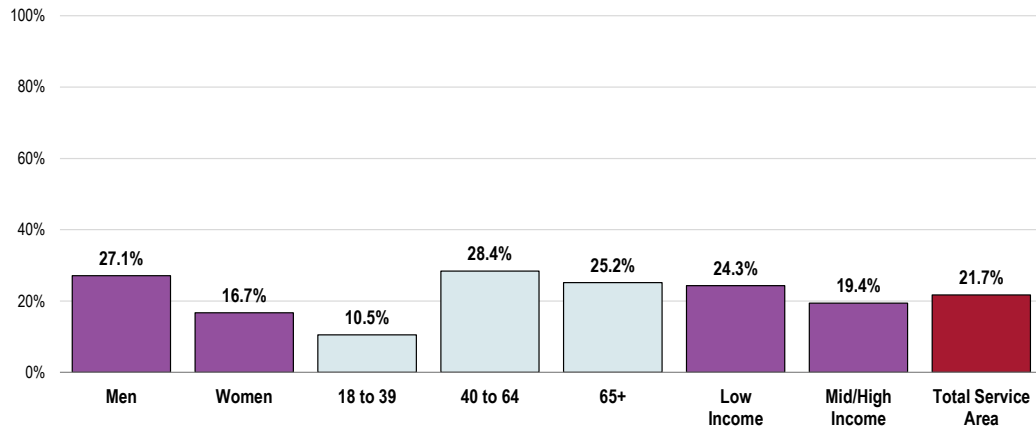
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Men.
- Residents age 40 and older.

Prevalence of Diabetes (Total Service Area, 2018)



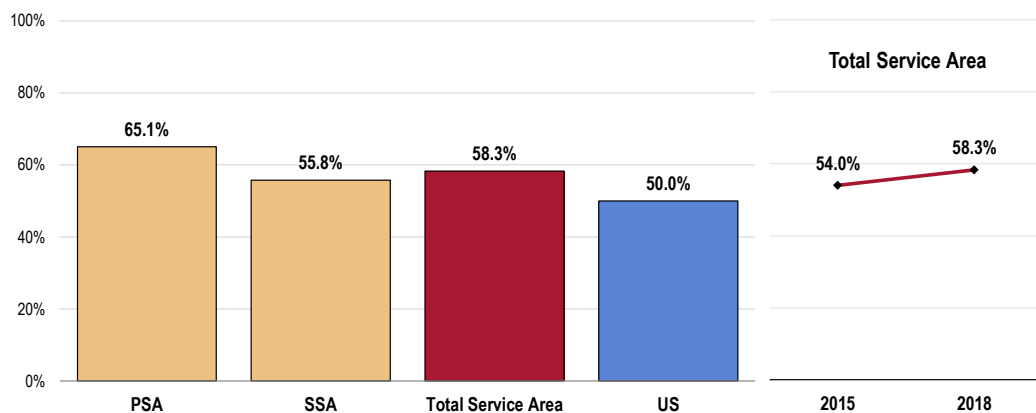
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Excludes gestational diabetes (occurring only during pregnancy).

Diabetes Testing

Of area adults who have not been diagnosed with diabetes, 58.3% report having had their blood sugar level tested within the past three years.

- Higher than the national proportion.
- Statistically higher in the Primary Service Area.
- TREND: Statistically unchanged from 2015 findings.

Have Had Blood Sugar Tested in the Past Three Years (Among Nondiabetics)



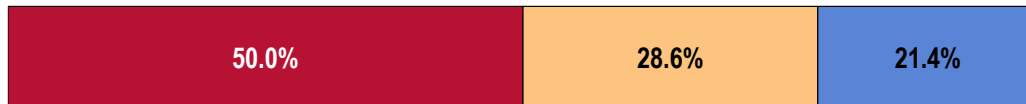
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

Half of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

We need endocrinology in the area. Multiple schools have diabetics that need local care. – Other Health Provider (Scioto County)

No specialized care, large number of diabetics, and every growing number of young people diagnosed with type 2 diabetes. – Social Services Provider (Scioto County)

Inability to afford or obtain testing supplies and medication. – Other Health Provider (Scioto County)

Scioto County does not have a pediatric endocrinologist. We need one; at times, it is too difficult for families to travel to Cincy or Columbus. – Other Health Provider (Scioto County)

Support for diabetes care and nutrition. – Other Health Provider (Scioto County)

Proper health care. – Other Health Provider (Scioto County)

Access to Healthy Food

Knowledge and access to affordable healthy food options for consistent meal planning. – Other Health Provider (Scioto County)

Access to quality food and nutrition education. – Physician (Scioto County)

Lack of affordable fresh produce. Poor diets with families. – Social Services Provider (Scioto County)

Lack of access to healthy foods. Lack of access to exercise equipment. Underinsured patients. Lack of health education. – Physician (Lewis County)

Weight Status

Obesity and unhealthy lifestyles. – Social Services Provider (Scioto County)

We have lots of obesity and poor eating habits. In addition, there are limited natural trails and safe, clean green spaces to encourage physical activity. – Social Services Provider (Scioto County)

There are a lot of obese people with Type 2 diabetes. – Other Health Provider (Scioto County)

Too many diabetics possibly due to obesity, lack of exercise, poor diet and no money for medications. – Other Health Provider (Scioto County)

Overweight population. Type 2 diabetes common. – Community/Business Leader (Scioto County)

Disease Management

Keeping their blood sugar within appropriate levels, no local endocrinologist and many are unable or unwilling to get regular care out of town. – Public Health Representative (Scioto County)

Compliance with diet and exercise. Cost of insulin, even with prescription drug coverage. – Other Health Provider (Scioto County)

Poor health practices, lack of health care compliance, along with poor eating and exercise habit. – Other Health Provider (Scioto County)

Following diet needs. Seeking help. Able to function on their own. – Social Services Provider (Adams County)

Awareness/Education

Nutrition education. – Social Services Provider (Adams County)

The lack of support for creating a healthy lifestyle and the availability of insulin pumps that can create a false sense of health. – Community/Business Leader (Scioto County)

Understanding information and the diet. – Other Health Provider (Scioto County)

Poor understanding of personal health and personal accountability. – Physician (Scioto County)

Lifestyle and education. – Other Health Provider (Scioto County)

Education, access to proper nutrition, finances to purchase proper nutrition, ability to understand medication labels, dosing, times to take it, transportation to specialists. – Public Health Representative (Scioto County)

Nutrition

Poor nutrition and poverty. – Physician (Scioto County)

Exercise and diet. – Community/Business Leader (Scioto County)

Many become Type 2 due to lack of proper nutrition/diet and exercise. – Community/Business Leader (Scioto County)

Prevalence/Incidence

High prevalence of diabetic diagnosis and pre-diabetic members of the community that in turn impact an individual's body. – Other Health Provider (Scioto County)

I'm seeing more children who have the disease. – Community/Business Leader (Scioto County)

Poverty

We have a high poverty rate and eating healthy can be perceived to be costlier than eating junk food that is cheap. – Community/Business Leader (Scioto County)

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

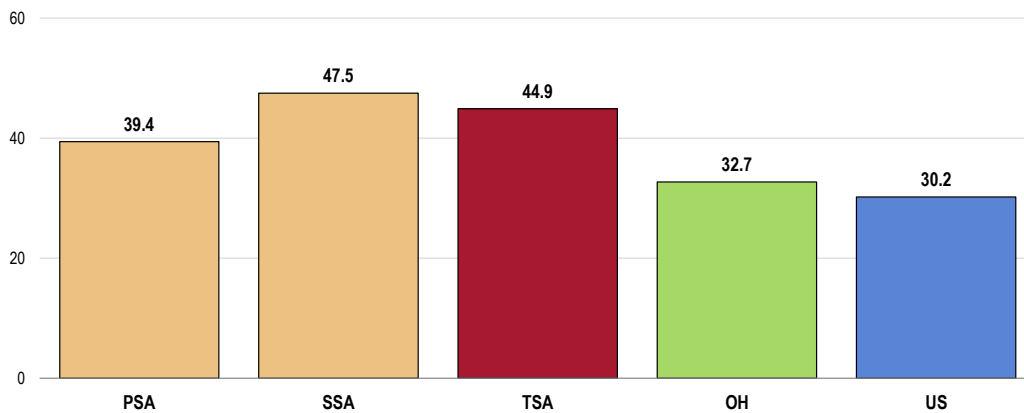
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted Alzheimer's disease mortality rate of 44.9 deaths per 100,000 population in the Total Service Area.

- Worse than state and national rates.
- Similar by service area.

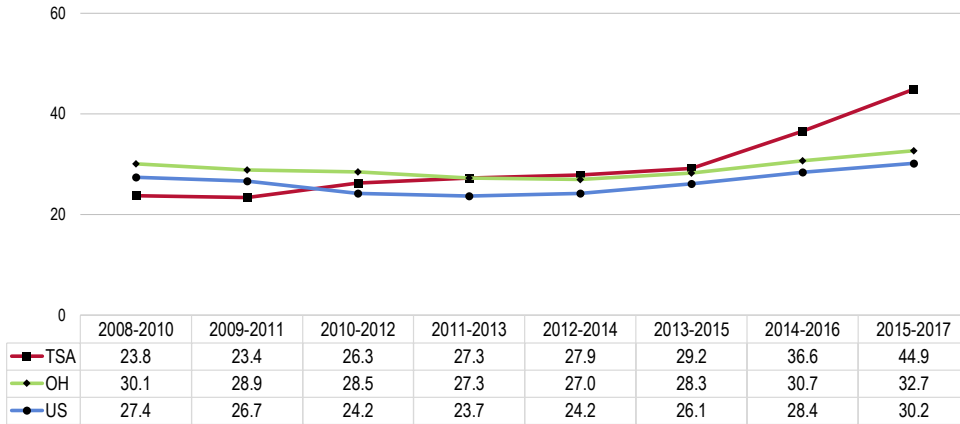
Alzheimer's Disease: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** An increasing trend is evident in recent years for the Total Service Area, echoing the state and national trends (though marking a sharper spike in rates).

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

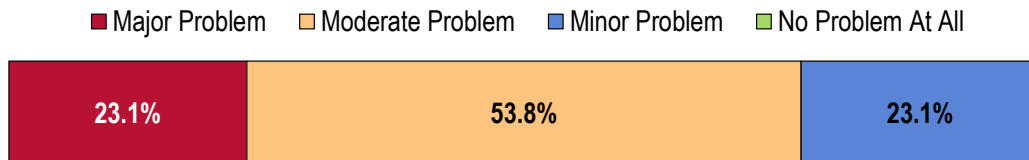


Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer’s Disease

Over half of key informants taking part in an online survey consider *Dementias*, Including Alzheimer’s Disease as a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Impact on Families

The impact of Alzheimer's disease is felt in our community—as well as on a family and personal level—through financial burdens, resource needs, and professional requirements. It is a growing epidemic that has profound social and economic implications, especially given the current trends of an aging population. The burden is large, the impact is major, and there are ways public health can intervene. We need to get ahead of this problem by providing services to treat and long-term care. – Community/ Business Leader (Scioto County)

Affects many families and we lack affordable resources to help families care for their loved ones with dementia. – Public Health Representative (Scioto County)

There seems to be a lot of people who have family members with dementia. They try to take care of them at home. We have limited facilities to house dementia patients. – Other Health Provider (Scioto County)

Declining family support system. – Physician (Scioto County)

I am hearing more people talk about it and some of them are having to provide services for their parents and seem frustrated because of the lack of support. – Community/Business Leader (Scioto County)

Aging Population

Poor, aging community. – Social Services Provider (Scioto County)

Lots of elderly in this area seem to have one or the other. – Other Health Provider (Scioto County)

We have an aging population that, statistically, is showing the signs of the disease in a large number of persons. – Community/Business Leader (Scioto County)

Our population is aging. Baby Boomers need care and working adults are caring for senior parents who need specialized services. – Community/Business Leader (Scioto County)

The aging population and frequency of diagnosis is rising in our community. – Other Health Provider (Scioto County)

Lack of Providers

Lack of doctors and high price of care in area. – Social Services Provider (Scioto County)

Lack of providers and access for care and treatments. – Public Health Representative (Scioto County)

Contributing Factors

Heredity. Late diagnosis and treatment of disease. Difficulty in diagnosing. Families are faced with the huge burden of care, finding trustworthy care in facilities as well as hiring in-home assistance at affordable prices. Lack of financial assistance with care. – Other Health Provider (Scioto County)

Awareness/Education

There are limited resources for consumer education and funding is woefully inadequate both for education and respite care services. – Social Services Provider (Scioto County)

Denial/Stigma

Persons do not want to admit that there is a problem. – Social Services Provider (Adams County)

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

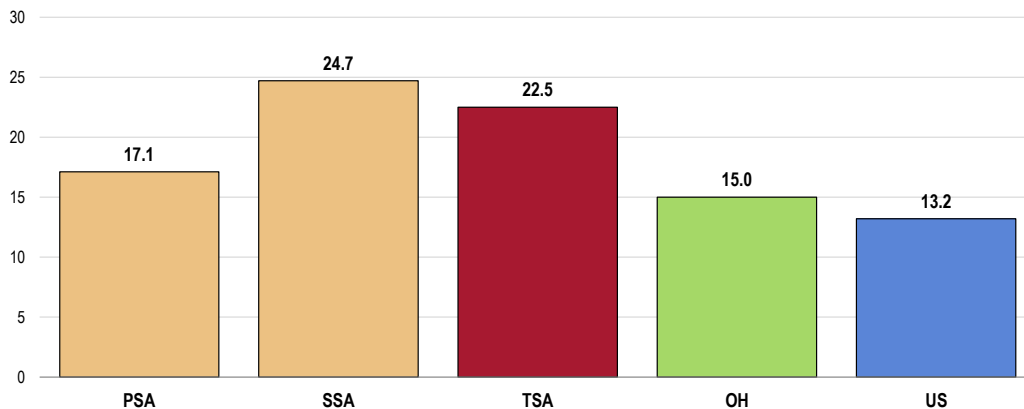
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted kidney disease mortality rate of 22.5 deaths per 100,000 population in the Total Service Area.

- Higher than the Ohio and US rates.
- Higher in the Secondary Service Area.

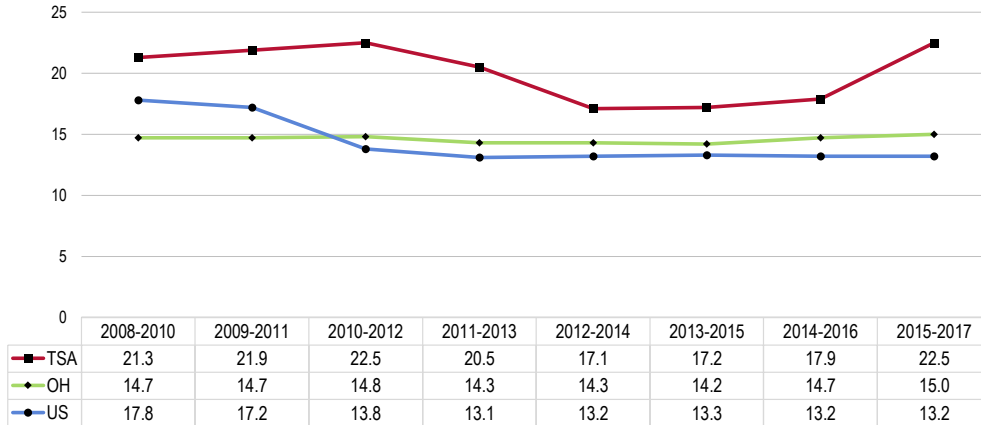
Kidney Disease: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** The kidney disease death rate has fluctuated over time in the Total Service Area, while state and national rates have been largely stable in recent years.

Kidney Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



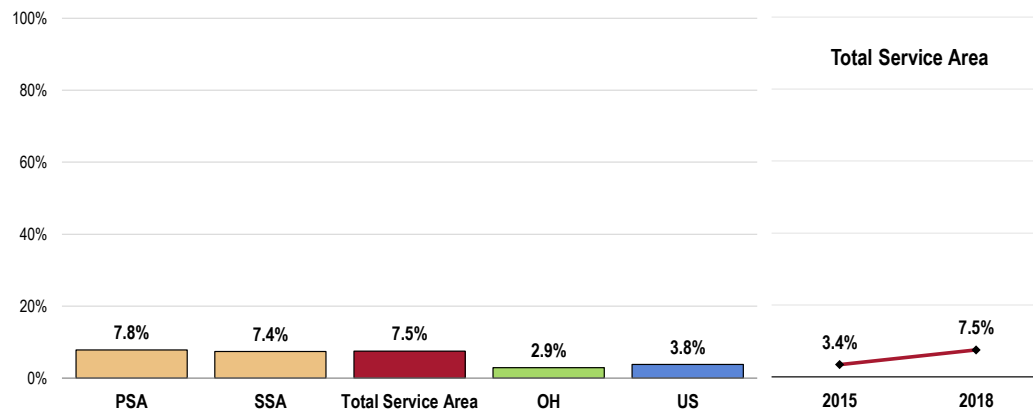
Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 7.5% of area adults report having been diagnosed with kidney disease.

- Well above the state and national proportions.
- Statistically similar by service areas.
- **TREND:** Significantly higher than 2015 findings.

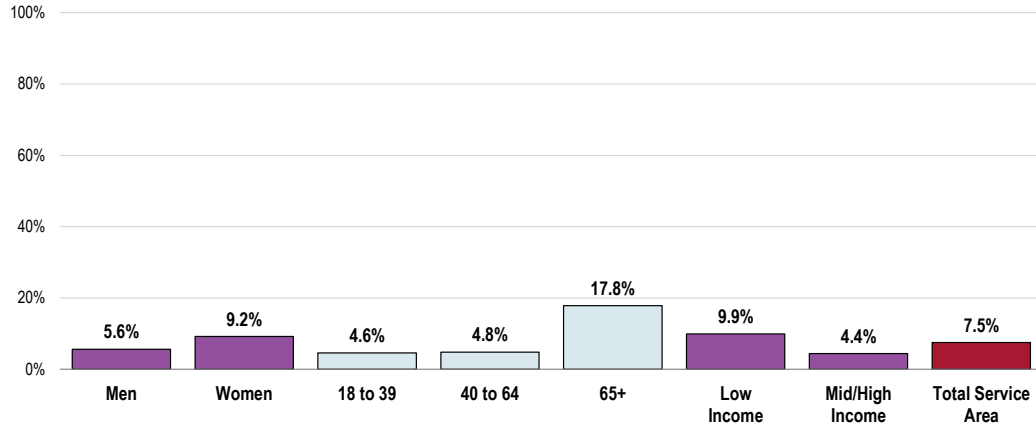
Prevalence of Kidney Disease



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- A higher prevalence of kidney disease is reported among seniors and low-income residents in the Total Service Area.

Prevalence of Kidney Disease (Total Service Area, 2018)

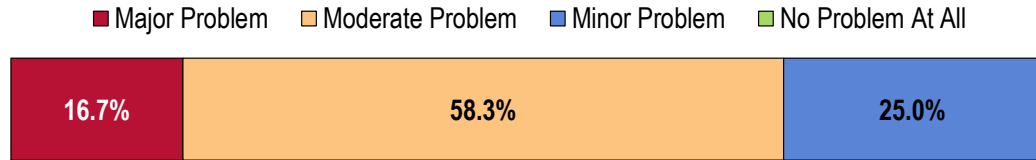


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a "moderate problem" in the community.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Comorbidities

Unmanaged conditions of diabetes and HTN. Non-compliance. – Social Services Provider (Scioto County)

Diabetes is high in our county. There is a high consumption of soda pop by our population. Unhealthy lifestyles. – Other Health Provider (Scioto County)

The community has a high rate of diabetes poorly controlled leading to CKD. Genetic anomalies including polycystic kidney disease. – Physician (Lewis County)

CKD is a significant clinical problem, for it is related to high blood pressure, diabetes, fatty liver disease, and hyperlipidemia. We lack a formal relationship with a transplant center. We are underserved in BP outpatient monitoring and a dedicated medical nephrologist. – Physician (Scioto County)

Lifestyle

Related to poor health practices and disease. – Other Health Provider (Scioto County)

Potentially Disabling Conditions

Arthritis, Osteoporosis, & Chronic Back Conditions

About Arthritis, Osteoporosis, & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

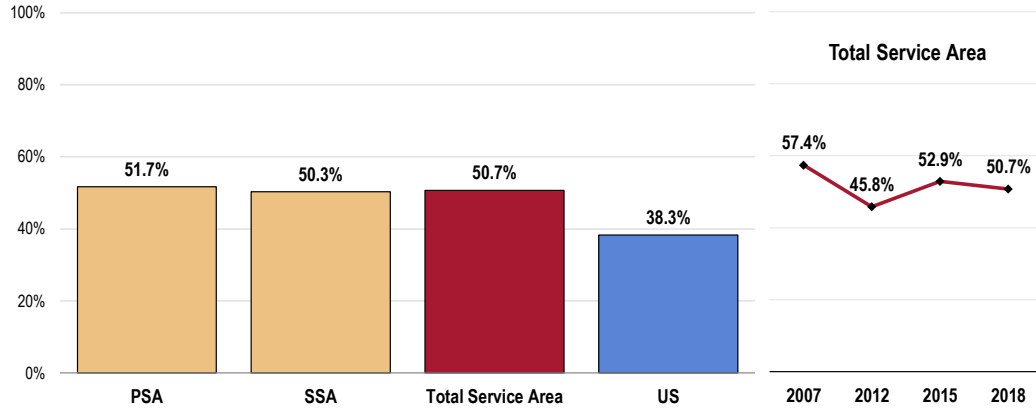
Half (50.7%) of Total Service Area adults age 50 and older reports suffering from arthritis or rheumatism.

RELATED ISSUE:

See also *Overall Health Status: Activity Limitations* in the **General Health Status** section of this report.

- Worse than that found nationwide.
- Similar by service area.
- TREND: Marks a statistically significant decrease from 2007 survey results (similar to the 2015 prevalence).

Prevalence of Arthritis/Rheumatism (Among Adults Age 50 and Older)

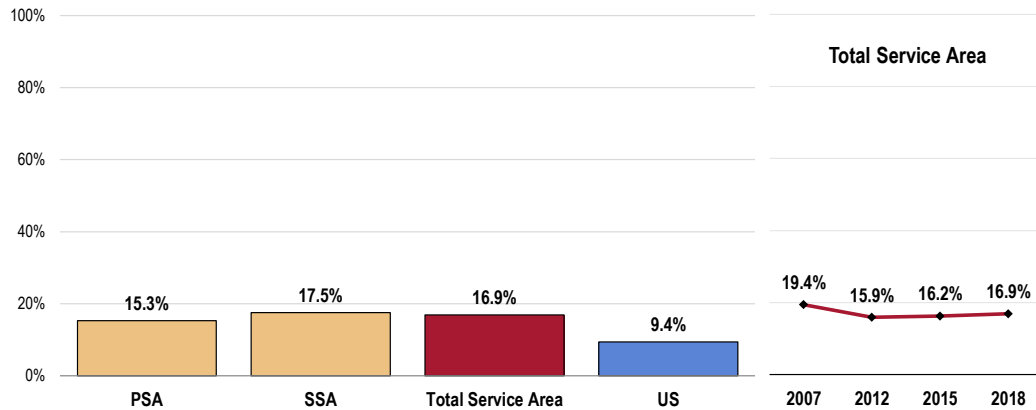


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents age 50 and older.

A total of 16.9% of area adults age 50 and older have osteoporosis.

- Well above that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Similar findings by service area.
- TREND: Statistically unchanged over time.

Prevalence of Osteoporosis (Among Adults Age 50 and Older) Healthy People 2020 Target = 5.3% or Higher

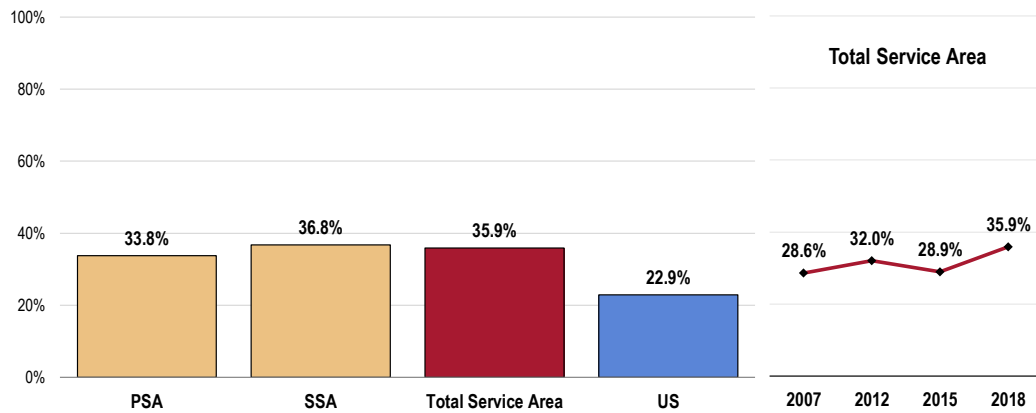


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • Asked of all respondents age 50 and older.

A total of 35.9% of area adults (18 and older) suffer from chronic back pain or sciatica.

- Much higher than that found nationwide.
- Similar findings by service area.
- TREND: Marks a statistically significant increase since 2007.

Prevalence of Sciatica/Chronic Back Pain

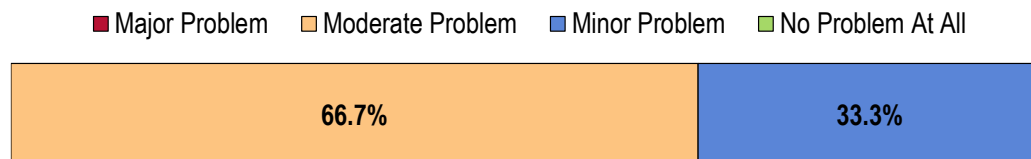


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Two in three key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Lack of Providers

Lack of practitioners in the area with knowledge in the field. – Public Health Representative (Scioto County)

Several patients and just one Rheumatologist in our community. No spine surgeons. We constantly are referring to Columbus or Cincinnati. – Physician (Scioto County)

Lack of specialist care in the area of endocrinology necessitates out-of-county trips. More doctors addressing rheumatology would also be a positive improvement. – Social Services Provider (Scioto County)

Arthritis: lack of specialists. Osteoporosis: high smoking rate, lack of weight-bearing exercises, lack of education on calcium and vitamin D intake (along with lack of lab testing levels.) Back conditions: obesity, lack of exercise, on-the-job injuries. – Other Health Provider (Scioto County)

Aging Population

The average age of the populous. The rate of spontaneous spinal fractures. – Physician (Scioto County)

Lots of the elderly have issues with this. Many have issues with this. – Other Health Provider (Scioto County)

Comorbidities

Prevalence of reported back problems, aging population, lack of rheumatology experts in our region. – Community/Business Leader (Scioto County)

Overall poor health practices are a major contributor to arthritis, etc. Lack of exercise and poor diet is the primary issue for the problem of this nature. – Other Health Provider (Scioto County)

Diagnosis/Treatment

Most patients are not thoroughly evaluated further when "arthritis" is diagnosed. Many cases are misdiagnosed and treated as such. – Other Health Provider (Scioto County)

Work Related Issues

Significant number of patients' occupation is manual laborer. Also, genetically seem to be prone to osteoarthritis in this community. – Physician (Lewis County)

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

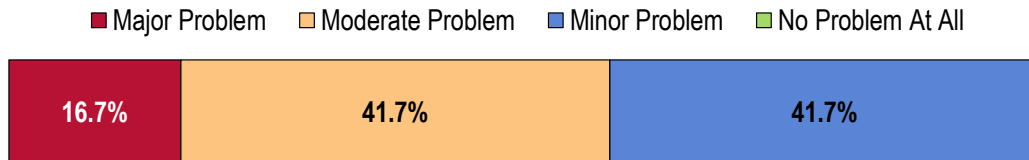
As the nation’s population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey were equally likely to characterize *Vision & Hearing* as a “moderate problem” and a “minor problem” in the community.

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Availability for service. – Social Services Provider (Adams County)
- Lack of resources for hearing aids to those who need them and cost. – Other Health Provider (Scioto County)

Awareness/Education

- Poor understanding of personal health concerns. – Physician (Scioto County)
- People don’t get help for their hearing like they do their vision. It’s like its taboo to have something wrong with your hearing, so many people go without help. – Other Health Provider (Scioto County)

Affordable Care/Services

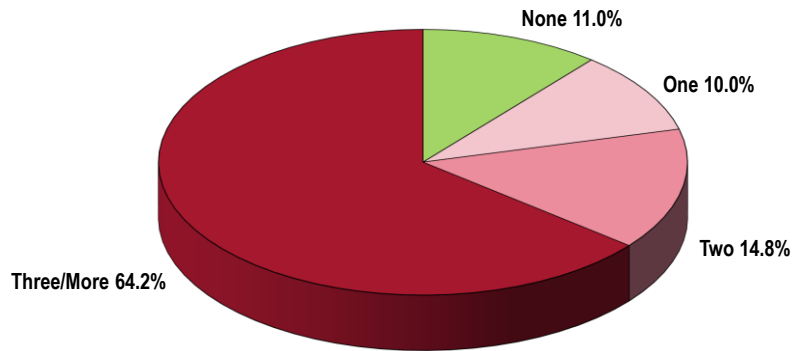
Parents within my school district don't want to take the kids to get their ears or eyes checked. They say they don't have the gas money to do so. – Other Health Provider (Pike County)

Multiple Chronic Conditions

Among Total Service Area survey respondents, most report currently having at least one chronic health condition, including 10.0% with one condition, 14.8% with two conditions, and 64.2% with three or more chronic conditions.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

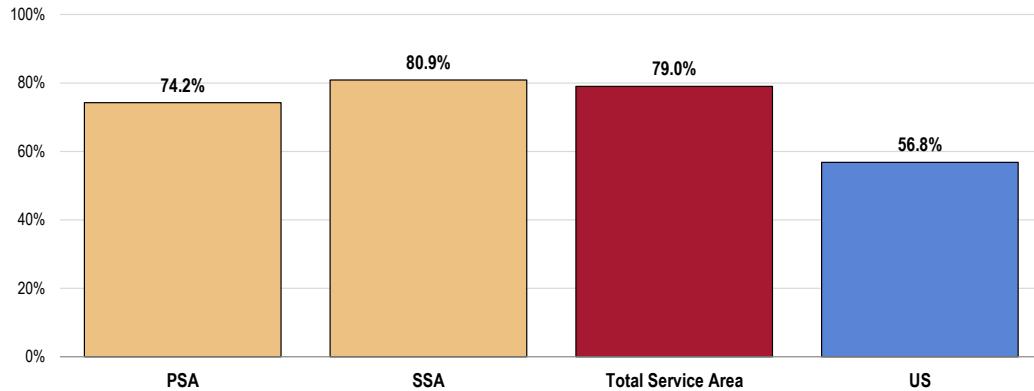
Number of Current Chronic Conditions
(Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

- The prevalence of multiple chronic conditions among Total Service Area residents (79.0%) is much higher than the US prevalence.
- The local prevalence is worse in the Secondary Service Area.

Currently Suffer From Multiple Chronic Conditions

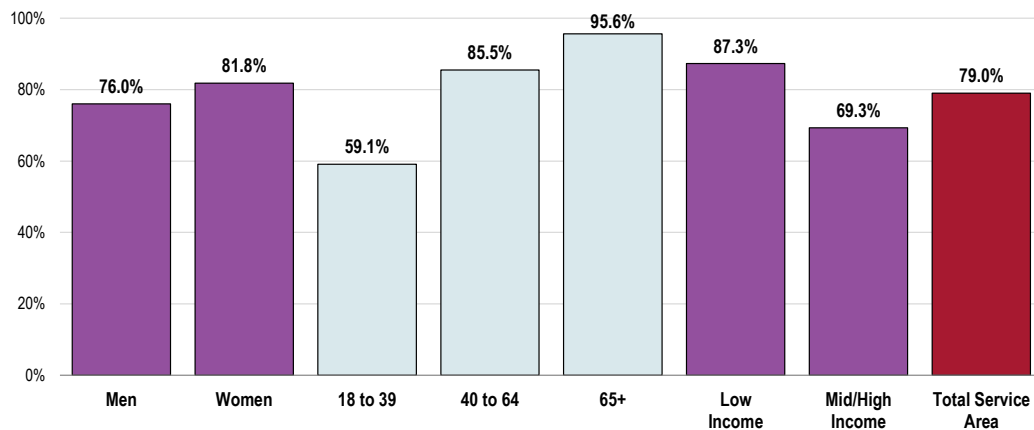


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

The following population segments are more likely to report suffering from multiple chronic conditions:

- Older adults (correlates with age).
- Adults in low-income households.

Currently Suffer From Multiple Chronic Conditions (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Note this related key informant quote:

Seniors

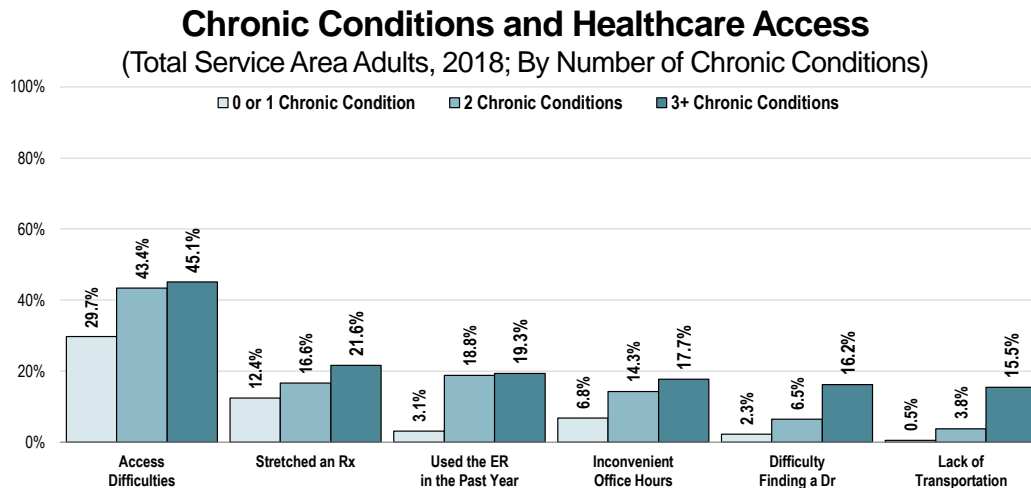
Many seniors in our community have multiple chronic conditions and require home health services to complete basic needs. Our community is experiencing a severe shortage of home health aides leaving seniors at risk of nursing facility placement if they cannot find reliable in-home assistance. – Social Services Provider (Scioto County)

Chronic Conditions & Healthcare Access

Adults with chronic conditions often go without needed medical care or prescription drugs due to cost, and uninsured adults with common chronic conditions suffer serious, identifiable gaps in needed medical care.

Note these correlations between the number of chronic conditions among Total Service Area adults and various barriers to healthcare access:

- Access difficulties (composite total)
- Skipping or stretching a prescription medication
- Use of the ER for medical care
- Inconvenient office hours
- Difficulty getting a medical appointment
- Lack of transportation



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Infectious Disease



Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccination

Among Total Service Area seniors, 62.0% received a flu shot within the past year.

- Statistically comparable to the Ohio finding.
- Lower than the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically comparable by service area.
- TREND: Statistically lower than the 2007 percentage (but increasing since 2015).

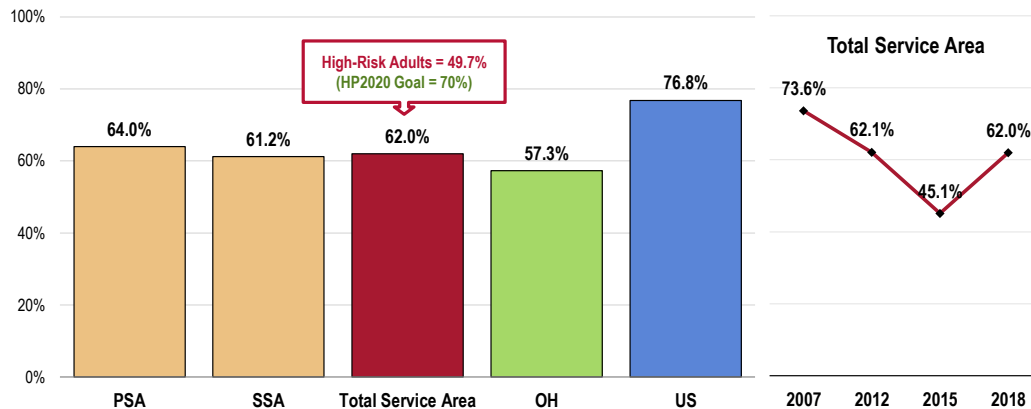
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.

A total of 49.7% of high-risk adults age 18 to 64 received a flu shot within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



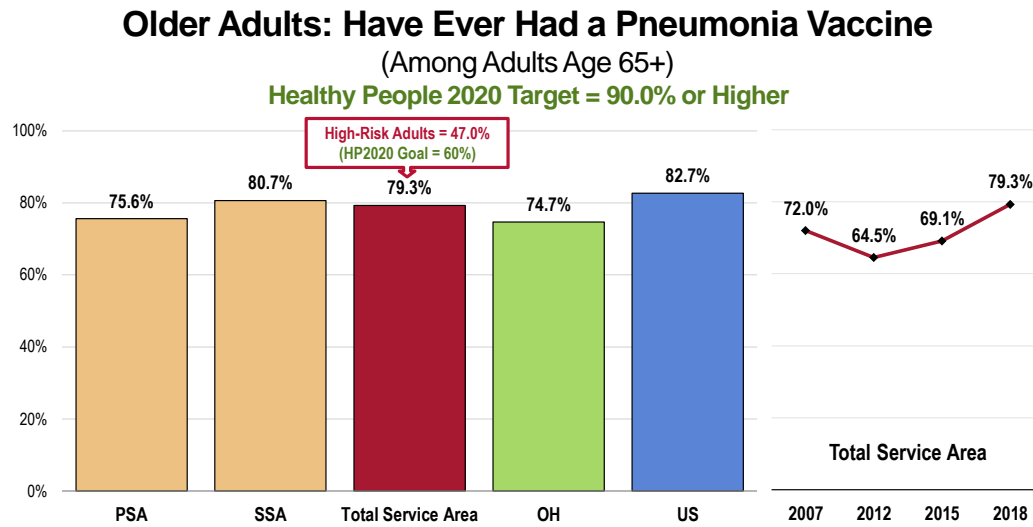
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Ohio data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.

Pneumonia Vaccination

Among Total Service Area adults age 65 and older, 79.3% have received a pneumonia vaccination at some point in their lives.

- Similar to the state and US figures.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by service area.
- TREND: Statistically unchanged from 2007 findings but increasing from 2012 and 2015 survey results.

A total of 47.0% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Ohio data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives IID-13.1, IID-13.2]
- Notes:
- Reflects respondents 65 and older.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

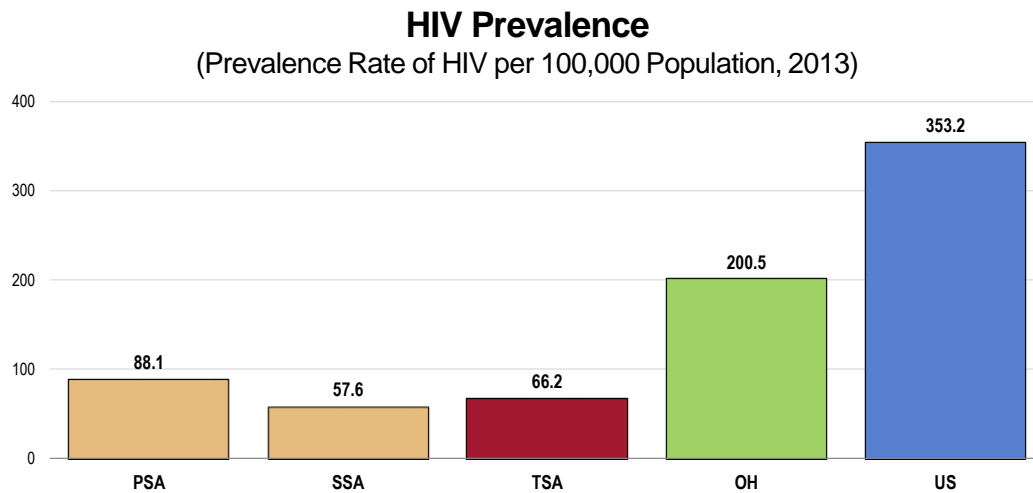
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

In 2013, there was a prevalence of 66.2 HIV cases per 100,000 population in the Total Service Area.

- Well below the state and national rates.
- Higher in the Primary Service Area.



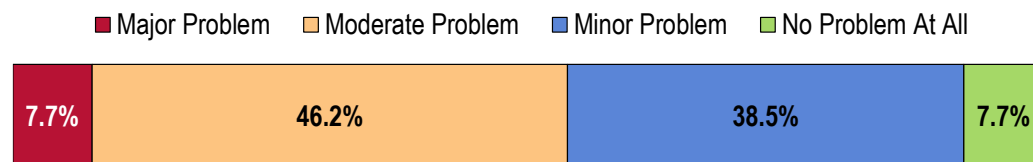
- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Retrieved February 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

Key Informant Input: HIV/AIDS

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a “moderate problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community

(Key Informants, 2018)



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Alcohol/Drug Use

Due to extremely high rates of interventions drug use, Scioto County is susceptible to an outbreak of HIV. – Public Health Representative (Scioto County)

Our community has a large amount of intravenous drug users. – Community/Business Leader (Scioto County)

Lack of Providers

Need for more providers and education, needs to be education in the schools. Linkage to care needs to be improved and response time to client needs. – Public Health Representative (Scioto County)

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

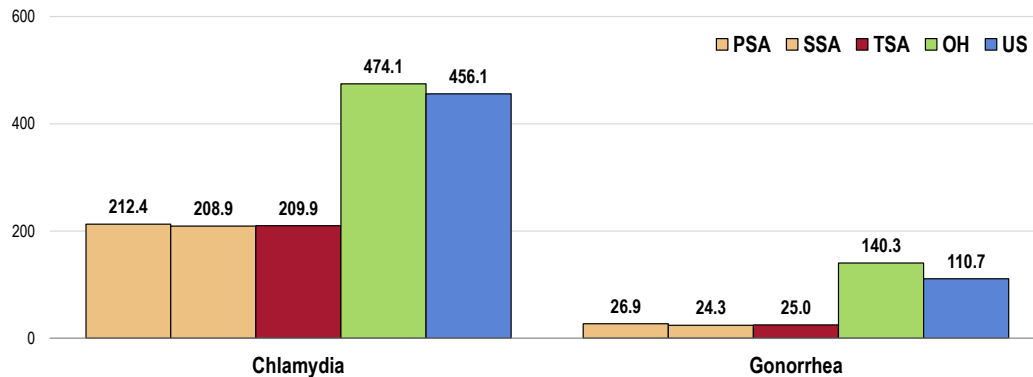
In 2014, the chlamydia incidence rate in the Total Service Area was 209.9 cases per 100,000 population.

- Notably lower than the Ohio and US incidence rates.
- Similar rates reported by service area.

The Total Service Area gonorrhea incidence rate in 2014 was 25.0 cases per 100,000 population.

- Lower than the state and national rates.
- Similar by service area.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2014)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved February 2019 from Community Commons at <http://www.chna.org>.

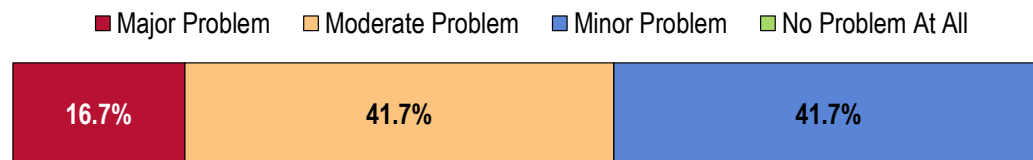
 Notes:

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
- PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

Key Informant Input: Sexually Transmitted Diseases

Key informants taking part in an online survey were equally likely to characterize *Sexually Transmitted Diseases* as either a “moderate problem” or a “minor problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2018)



Sources:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

 Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Alcohol/Drug Use

- Again, due to the substance abuse problem in our area. These individuals are not being tested for HIV, Hepatitis, chlamydia, gonorrhea etc., until a problem arises. – Public Health Representative (Scioto County)
- These diseases cause chronic problems and death and are related to the high incidence of drug addiction in the area. – Community/Business Leader (Scioto County)
- Kids not having fun, safe things to do. Also, drug users, prostitutes, etc. – Other Health Provider (Scioto County)

*Opioid epidemic, sharing of needles, of course unprotected sex. Lack of education regarding diseases.
– Other Health Provider (Scioto County)*

Contributing Factors

Lifestyle, knowledge. – Social Services Provider (Adams County)

Unsafe sexual practices and increase in prostitution in the area. – Other Health Provider (Scioto County)

Sex and human trafficking. – Other Health Provider (Scioto County)

Prostitution, drug abuse and lifestyle choices. – Other Health Provider (Scioto County)

Prevalence/Incidence

STDs, especially syphilis, continue to be an issue in our community. – Public Health Representative (Scioto County)

I perceive this to be bad. I really don't personally know of many people with this issue. – Community/Business Leader (Scioto County)

Awareness/Education

Education and numbers need to be presented to our youth. Sex education programs need to be instituted in schools. Education is key. – Other Health Provider (Scioto County)

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Over half of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “moderate problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Hepatitis

Hepatitis rates in Scioto County have always been an issue, including the Hepatitis A outbreak. Hepatitis C has been increasing among the IV-drug-use community for quite some time. A large percentage of active users are hepatitis C positive. – Public Health Representative (Scioto County)

Scioto County is presently suffering from an outbreak of hepatitis A, a vaccine-preventable disease. Also, the country is suffering from an anti-vaccine movement that is causing previously controlled infectious diseases to resurface. Past community health assessments have shown low participation in flu vaccinations. – Public Health Representative (Scioto County)

Again, the statistics show the prevalence of the problems in the community. – Community/Business Leader (Scioto County)

IV drug use increase has seen an increase of Hepatitis C. – Physician (Lewis County)

Scioto County has a large hep C population. – Other Health Provider (Scioto County)

I know that hepatitis A and C are on the rise in our area. My spouse had hep C and had to go to Kentucky for treatment. – Community/Business Leader (Scioto County)

Hep A, drug users, and false information about vaccinations resulting in parents deciding not to vaccinate their children. – Other Health Provider (Scioto County)

High rate of hep C and STDs due to addiction issues in our community. – Other Health Provider (Scioto County)

Awareness/Education

Education. – Social Services Provider (Adams County)

Infectious disease: lack of proper hand hygiene and basic infection precautions. Individuals do not adhere to many basic precautions. Also, I have noticed that there are limited functioning hand sanitizer units at one major hospital in the area as well as one physician's office that had no hot running water in the patient restroom. Concerned about housekeeping and disinfecting procedures at most health care facilities (acute care, ALF, LTC facilities). Immunization: Lack of use of a central tracking system for administered immunizations. People cannot remember, nor do they keep an immunization card to remind them of what/when they have had. Most people do not know what immunizations they need. With the variety of accessible immunizers: physicians, hospitals, pharmacies, health departments, groceries, on-site immunizations, etc. the chance increases for duplicate vaccine immunization. Often it's impossible to get a reliable vaccine history from a patient or their prescriber. – Other Health Provider (Scioto County)

Lack of knowledge. – Other Health Provider (Scioto County)

Alcohol/Drug Use

Infectious diseases are on the rise in this area due to the increase in substance abuse among individuals. Immunization practices are being offered and individuals educated on, but it is not receptive among individuals unless they are directly affected or for instance children are getting dismissed from school for immunizations not up to date. – Public Health Representative (Scioto County)

Significant percentage of infectious diseases as it relates to the drug epidemic is a major problem/epidemic. – Other Health Provider (Scioto County)

Contributing Factors

Growing number of poor, homeless, drug-addicted populations causing an increase in hep A outbreaks in the region, not to mention a growing problem with drug resistant MRSA infections. Lack of interest/investment in developing new antibiotics for a new generation. – Social Services Provider (Scioto County)

Births



Professional Research Consultants, Inc.

Birth Outcomes & Risks

Low-Weight Births

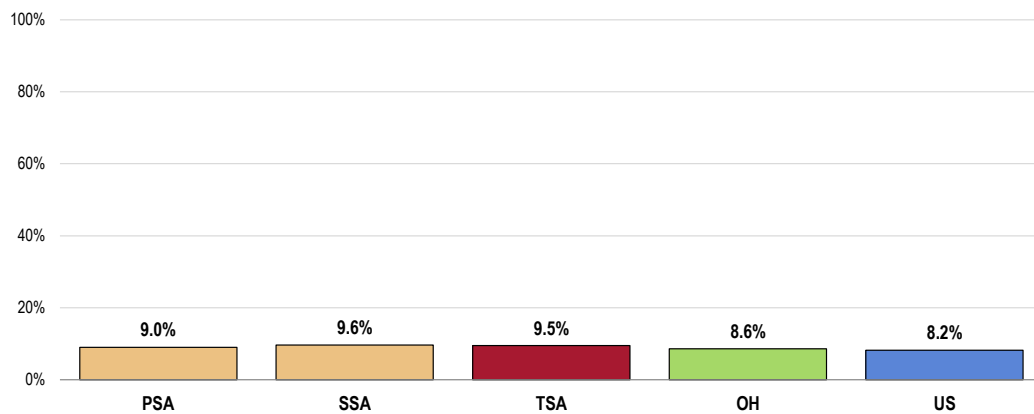
A total of 9.5% of 2006-2012 Total Service Area births were low-weight.

- Comparable to the state and US findings.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
- Comparable findings by service area.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births
(Percent of Live Births, 2006-2012)
Healthy People 2020 Target = 7.8% or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
 - Retrieved from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
- Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** The decrease over time in low birth-weight is not statistically significant.

Low-Weight Births (Percent of Live Births)

Healthy People 2020 Target = 7.8% or Lower



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from Community Commons at <http://www.chna.org>.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note:

- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

The area reported a 2015-2017 annual average of 6.6 infant deaths per 1,000 live births.

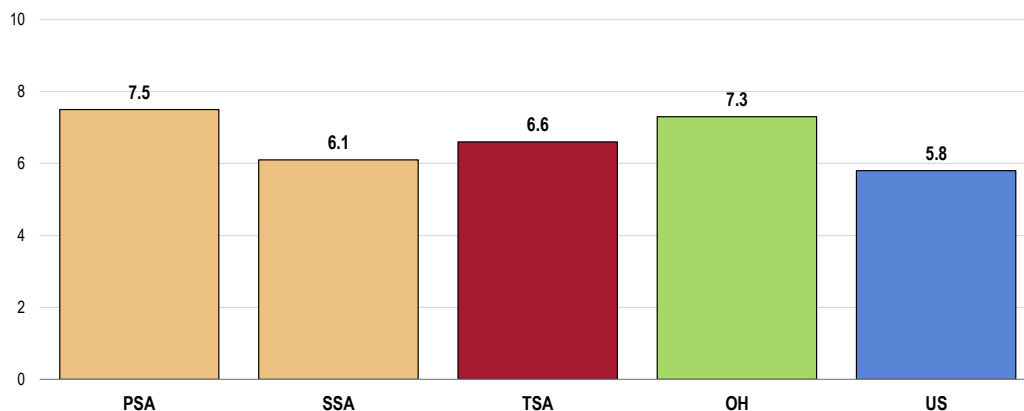
- Similar to state and national rates.
- Similar to the Healthy People 2020 target of 6.0 per 1,000 live births or lower.
- Similar mortality rates by service area.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2015-2017)

Healthy People 2020 Target = 6.0 or Lower



Sources:

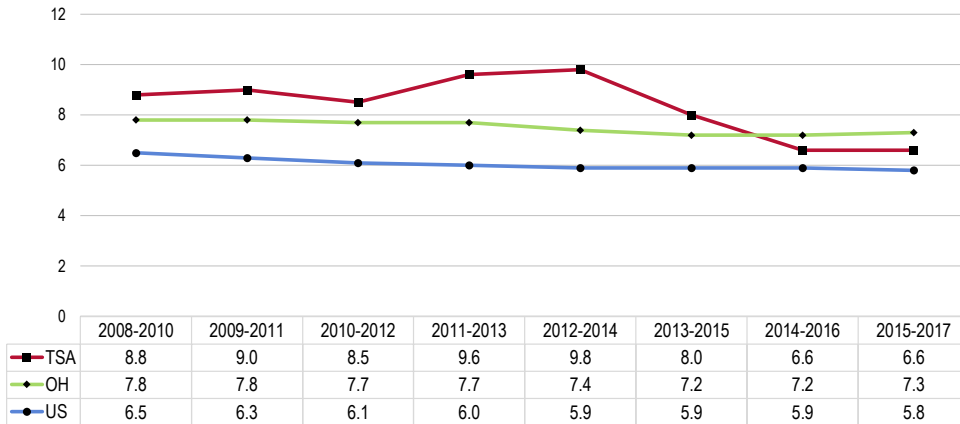
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from Community Commons at <http://www.chna.org>.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]

Notes:

- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
- PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** In recent years, the infant mortality rate trended downward and has stabilized in the Total Service Area.

Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births) Healthy People 2020 Target = 6.0 or Lower



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from Community Commons at <http://www.chna.org>.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]

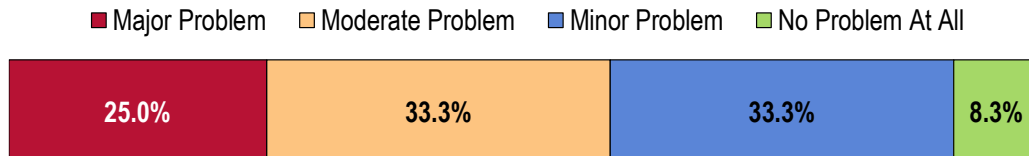
 Notes:

- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

One-third of key informants taking part in an online survey characterized *Infant & Child Health* as a “moderate problem” in the community, and another one-third characterized the issue as a “minor problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2018)



Sources:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

 Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Alcohol/Drug Use

Parental drug abuse and neglect and lack of education. – Social Services Provider (Scioto County)

Drugs, parents, lack of money, and understanding how to parent. – Social Services Provider (Adams County)

Lack of a Neonatal unit. Lack of efforts to curb drug use in the maternal population. – Physician (Scioto County)

We have an extremely high rate of children born to addicts, which is so sad. Also, a large number of children born into poverty. – Community/Business Leader (Scioto County)

The rising number of substance abuse users not taking care of their children. – Other Health Provider (Scioto County)

The opioid epidemic is the primary reason for poor infant and child health. – Other Health Provider (Scioto County)

High rates of parental substance abuse. – Other Health Provider (Scioto County)

Awareness/Education

Scioto County suffers from high rates of neonatal abstinence syndrome. Scioto County currently does not have a child and maternal health patient navigation program. – Public Health Representative (Scioto County)

Lack of parental understanding for the need of preventative care. – Physician (Scioto County)

The parents in my district aren't given enough education to properly care for some of the children's health needs. – Other Health Provider (Pike County)

Contributing Factors

The general poverty in the area has contributed to low birth weights, drug-addicted children, and obesity. – Community/Business Leader (Scioto County)

Growing poverty, homelessness, and drug addiction have a strong impact upon infant and child health. – Social Services Provider (Scioto County)

Lack of Providers

No pediatrician in the community. Lack of mental health services for pediatrics. Increased number of children born with neonatal abstinence syndrome. – Physician (Lewis County)

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents.

Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income.

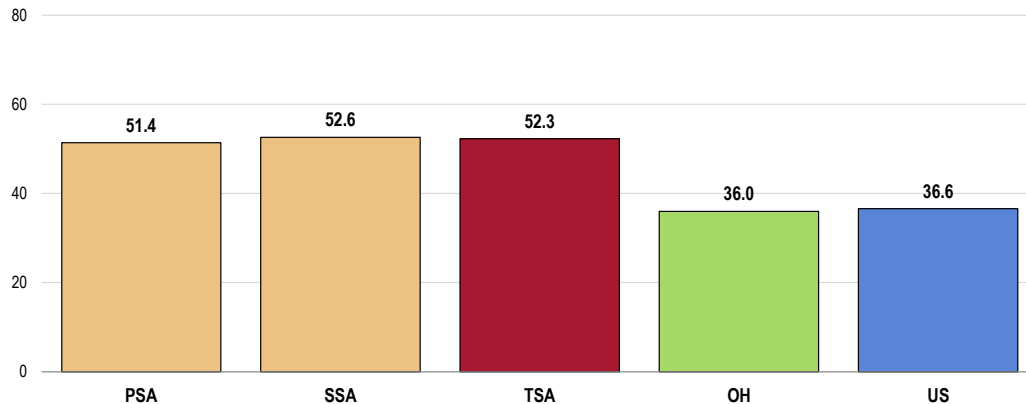
Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there were 52.3 births to women age 15 to 19 per 1,000 women age 15 to 19 in the Total Service Area.

- Higher than the Ohio and US teen birth rates.
- Similar rates by service area.

Births to Teen Mothers
(Percentage of Live Births, 2006-2012)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

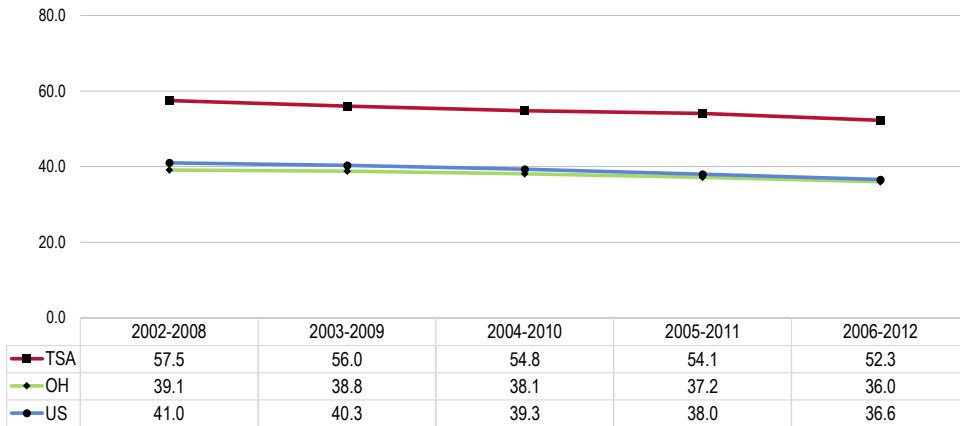
• Retrieved from Community Commons at <http://www.chna.org>.

Note: • Numbers are a percentage of all live births within each population.

• PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** The decrease in teen births over time is not statistically significant.

Teen Birth Rate (Births to Women Age 15-19 Per 1,000 Female Population Age 15-19)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from Community Commons at <http://www.chna.org>.

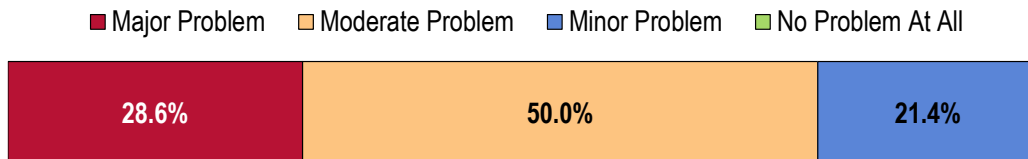
 Notes:

- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Half of key informants taking part in an online survey characterized *Family Planning* as a “moderate problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2018)



Sources:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

 Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Unplanned Pregnancies

Our community has a large number of unplanned pregnancies. It is also noted to be among high school students. The number of high school pregnancies seems to be on the rise. – Other Health Provider (Scioto County)

Portsmouth continues to suffer from high teen pregnancy rates. There are also issues of neonatal abstinence syndrome from active drug users having unintended pregnancies. Access to affordable birth control should be a major focus of all interventions. – Public Health Representative (Scioto County)

Many people in our area become parents before they are ready to really be great mothers and fathers. The cyclical effect of this is astronomical. This leads to poverty and oftentimes the necessity of government assistance just to provide what little bit a family can for their young children. – Community/Business Leader (Scioto County)

Poverty

The more children that one has, the more they can get from the government. Young people do not follow practices to keep from having children at an early age. Teen parents. Family examples. – Social Services Provider (Adams County)

People in this area are having kids to stay on welfare and not taking proper care of them. – Other Health Provider (Scioto County)

Many community members abuse the system and have kids for the food stamps, WIC benefits, checks, tax deductions, etc. Also, the community members having all the kids for these reasons are majority substance abusers which don't take care of their kids, thus those kids get thrown into the system as well. – Other Health Provider (Scioto County)

Awareness/Education

Lack of education. – Other Health Provider (Pike County)

Unprotected sex and poor use of birth control. – Other Health Provider (Scioto County)

Teenage pregnancy, I feel that the above perpetuate poverty and health literacy. Inadequate education at the schools of essential good health apps and dissemination of information. – Physician (Scioto County)

I work in a preschool, seeing a lot of young mothers with multiple children who are very close in age. – Community/Business Leader (Scioto County)

Only place is Community Action and poorly advertised. – Community/Business Leader (Scioto County)

Contributing Factors

Lack of desire. Welfare benefits are a way of life, benefits are too plenteous to motivate anyone to limit their number of dependents. We are in a generation to generation cycle, with no initiative to work and/or limit children. Working class cannot afford this lifestyle as they support way too many non-working large families. – Other Health Provider (Scioto County)

Alcohol/Drug Use

We have a large number of babies born to drug addicted women/girls. – Community/Business Leader (Scioto County)

Modifiable Health Risks



Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

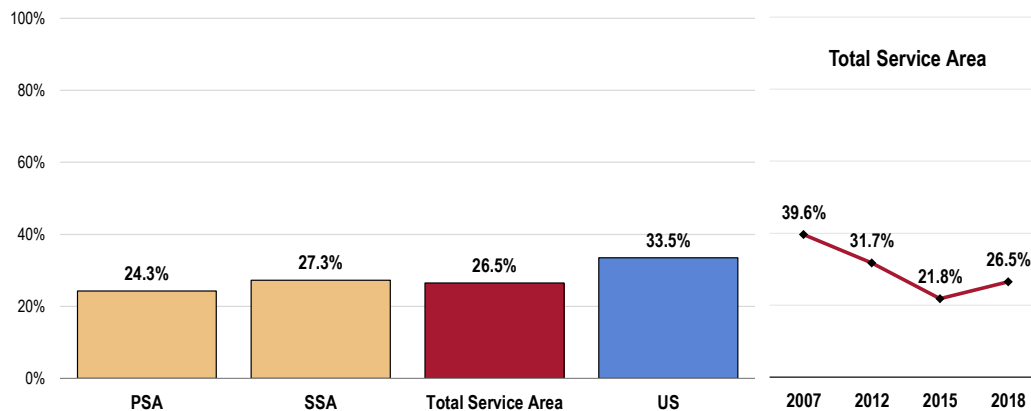
Daily Recommendation of Fruits/Vegetables

A total of 26.5% of Total Service Area adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Well below national findings.
- Similar by service area.
- TREND: Fruit/vegetable consumption has decreased significantly since 2007.

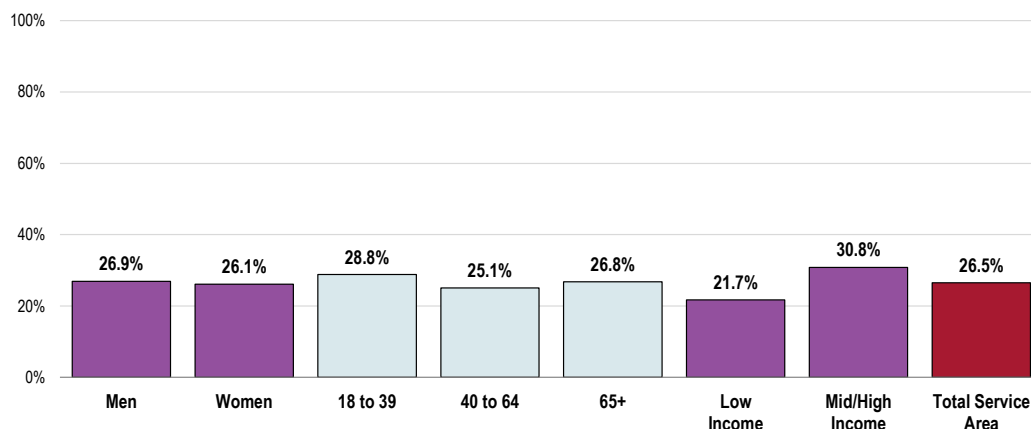
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

- Low-income residents are less likely to get the recommended daily servings.

Consume Five or More Servings of Fruits/Vegetables Per Day (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

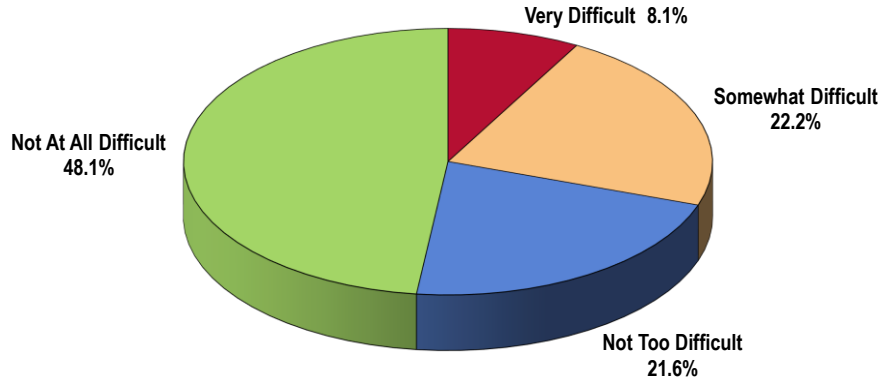
Difficulty Accessing Fresh Produce

While most report little or no difficulty, 30.3% of Total Service Area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

Respondents were asked:

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?”

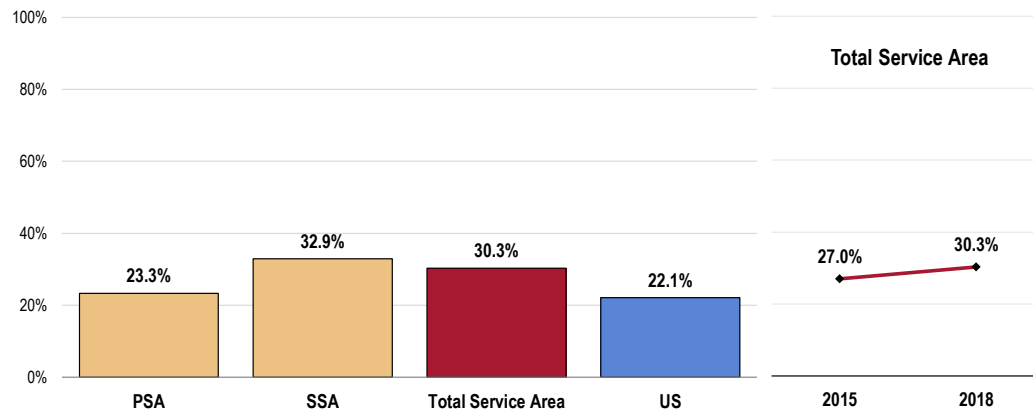
Level of Difficulty Finding Fresh Produce at an Affordable Price (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all respondents.

- Worse than national findings.
- Worse in the Secondary Service Area.
- TREND: Has not changed significantly since 2015.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

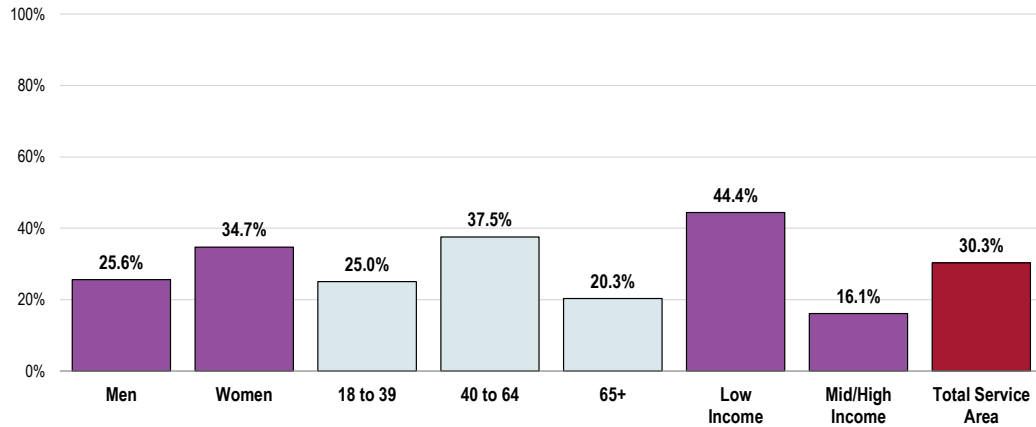


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Adults age 40 to 64.
- Lower-income residents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

US Department of Agriculture data show that 11.7% of the Total Service Area population (representing over 33,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Well below the state and national findings.
- Favorably low in the Primary Service Area.

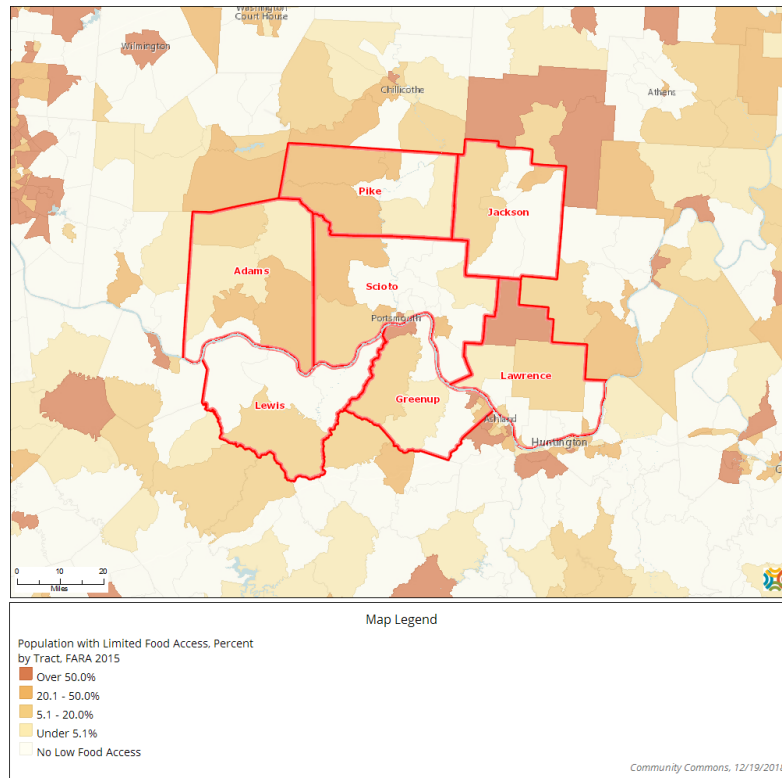
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Retrieved February 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

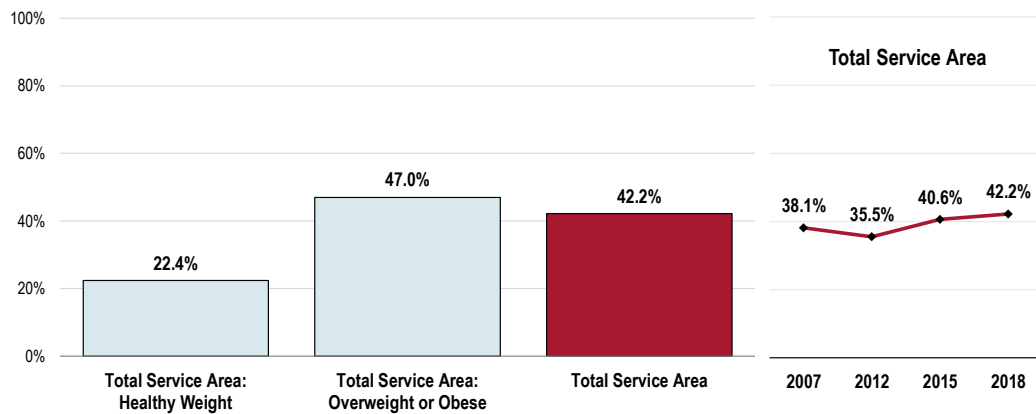


Health Advice About Diet & Nutrition

A total of 42.2% of survey respondents acknowledge that a physician or other health professional counseled them about diet and nutrition in the past year.

- Similar by service area (not shown).
- TREND: Has not changed significantly since 2007.
- Note: Among overweight/obese respondents, 47.0% report receiving diet/nutrition advice (meaning that over half did not).

Have Received Advice About Diet and Nutrition in the Past Year from a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
 Notes: • Asked of all respondents.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

A total of 31.9% of Total Service Area adults report no leisure-time physical activity in the past month.

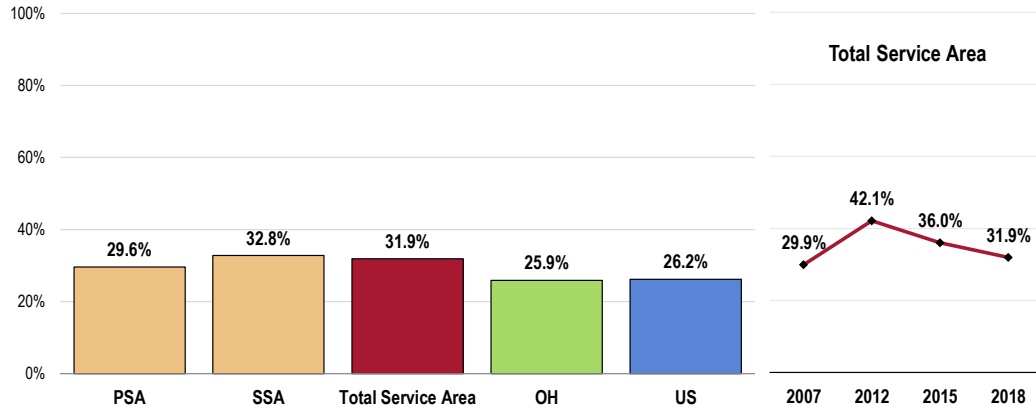
- Worse than state and national findings.
- Similar to the Healthy People 2020 target (32.6% or lower).

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

- Similar findings by service area.
- TREND: Statistically unchanged since 2007, though decreasing significantly from 2012 and 2015 survey results.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.

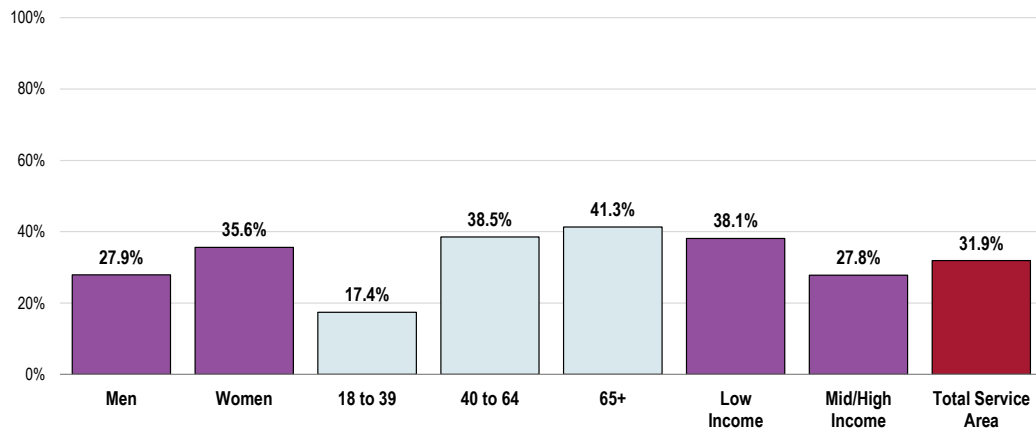
Lack of leisure-time physical activity in the area is higher among:

- Women.
- Adults age 40 and older.
- Lower-income residents.

No Leisure-Time Physical Activity in the Past Month

(Total Service Area, 2018)

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting <http://www.cdc.gov/vitalsigns/walking>.

Aerobic & Strengthening Physical Activity

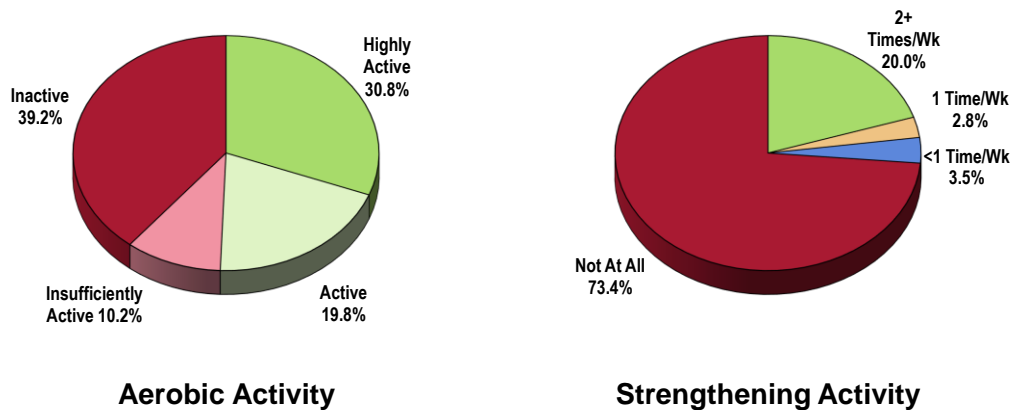
Based on reported physical activity intensity, frequency, and duration over the past month, **49.4% of Total Service Area adults are found to be “insufficiently active” or “inactive.”**

A total of 73.4% of Total Service Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.

Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

- “Inactive” includes those reporting no aerobic physical activity in the past month.
- “Insufficiently active” includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- “Active” includes those with 150-300 minutes of weekly aerobic physical activity.
- “Highly active” includes those with >300 minutes of weekly aerobic physical activity.

Participation in Physical Activities (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]
 Notes: • Reflects the total sample of respondents.
 • In this case, “inactive” aerobic activity represents those adults participating in no aerobic activity in the past week; “insufficiently active” reflects those respondents with 1–149 minutes of aerobic activity in the past week; “active” adults are those with 150–300 minutes of aerobic activity per week; and “highly active” adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

A total of 15.2% of Total Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

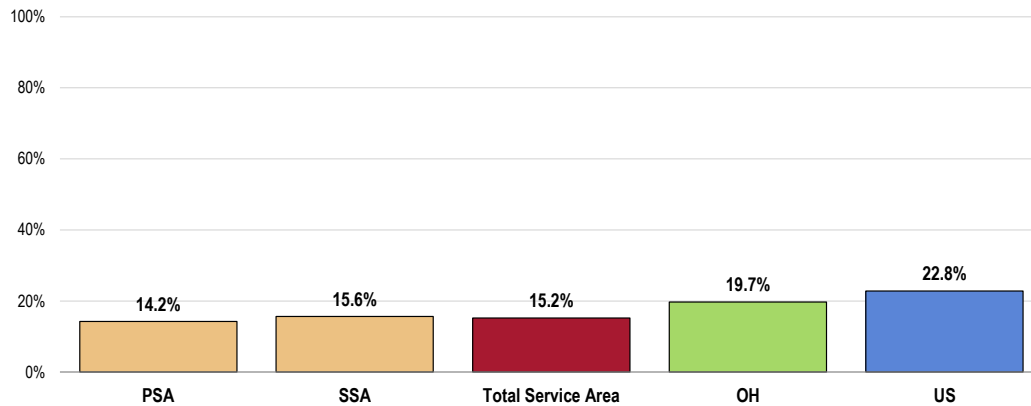
- Lower than state and national findings.
- Fails to satisfy the Healthy People 2020 target (20.1% or higher)
- Similar findings by service area.

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations
Healthy People 2020 Target = 20.1% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2015 Ohio data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]

 Notes:

- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

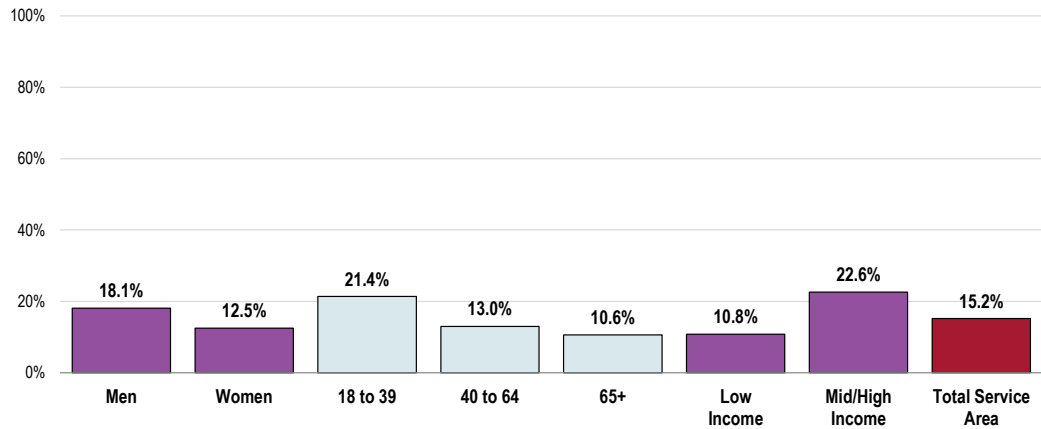
Those less likely to meet physical activity requirements include:

- Women.
- Seniors (correlates with age).
- Low-income residents.

Meets Physical Activity Recommendations

(Total Service Area, 2018)

Healthy People 2020 Target = 20.1% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

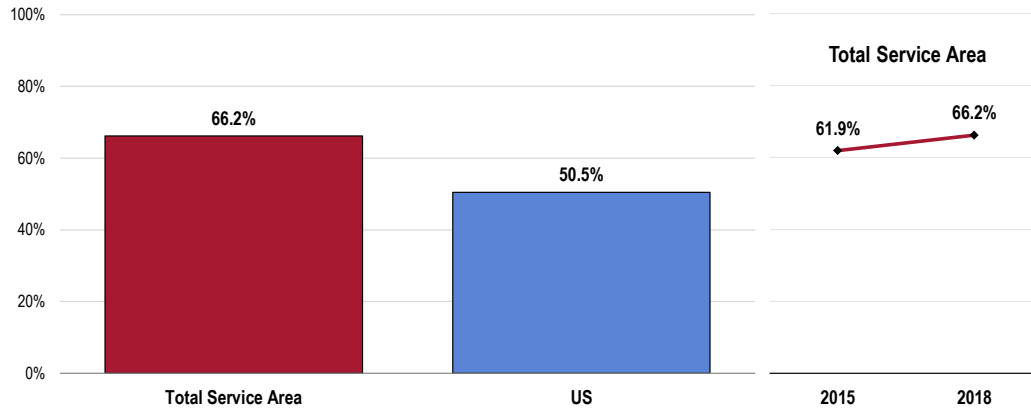
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Total Service Area children age 2 to 17, 66.2% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- More favorable than found nationally.
- TREND: Statistically unchanged from the 2015 survey findings.

Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

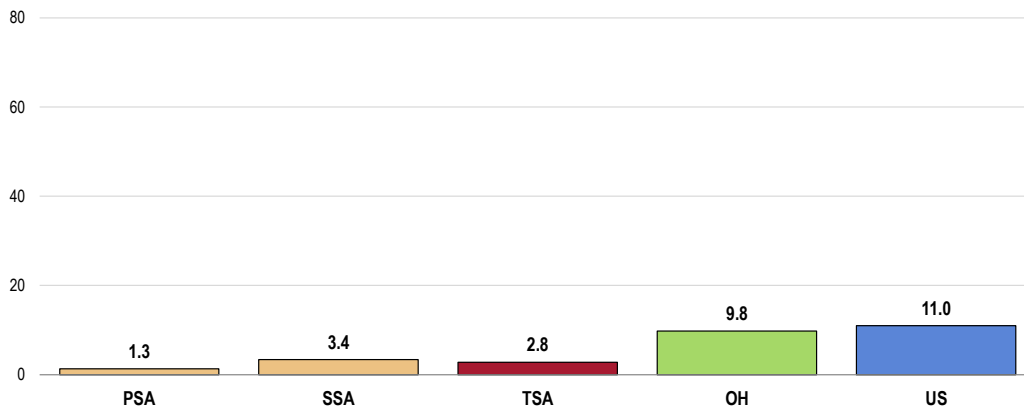
In 2016, there were 2.8 recreation/fitness facilities for every 100,000 population in the Total Service Area.

- Well below the state and national access ratios.
- Lower in the Primary Service Area.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2016)



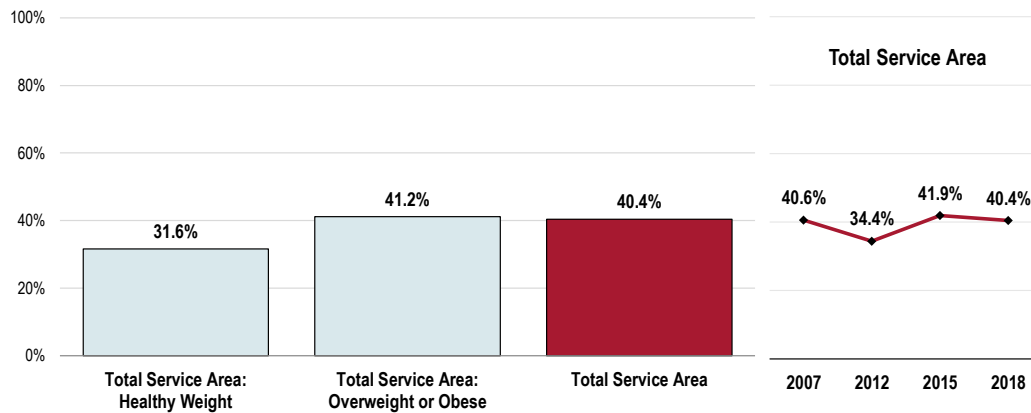
Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 • Retrieved February 2019 from Community Commons at <http://www.chna.org>.
 Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities"*. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.
 • PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

Health Advice About Physical Activity & Exercise

A total of 41.2% of survey respondents acknowledge that a physician or other health professional has asked about or given advice to them about physical activity in the past year.

- Similar by service area (not shown).
- TREND: Similar to 2007 survey findings.
- Note: Among overweight/obese respondents, most have not received professional advice on physical activity.

Have Received Advice About Exercise in the Past Year from a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
 Notes: • Asked of all respondents.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥ 30 kg/m^2 . The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥ 30 kg/m^2 , mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

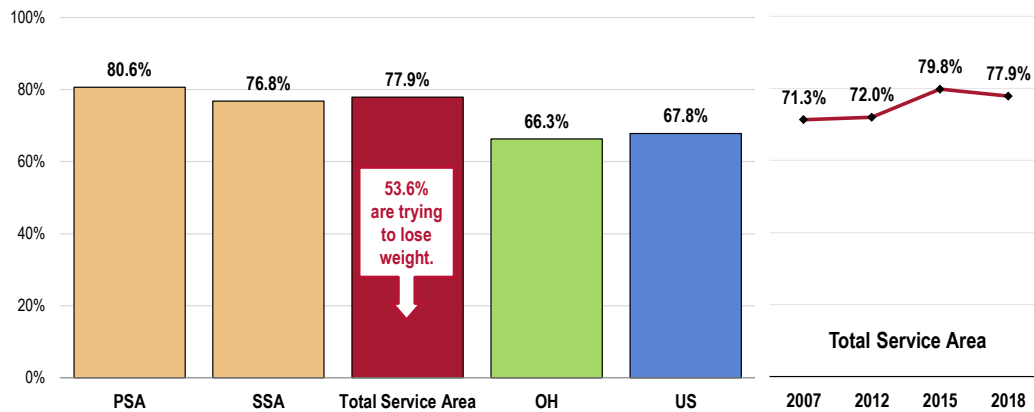
Most (77.9%) Total Service Area adults are overweight.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

- Well above state and national figures.
- Similar by service area.
- TREND: Marks a statistically significant increase from 2007 (and 2012) results but similar to the 2015 prevalence.

Note that 53.6% of overweight adults are currently trying to lose weight.

Prevalence of Total Overweight (Overweight or Obese)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

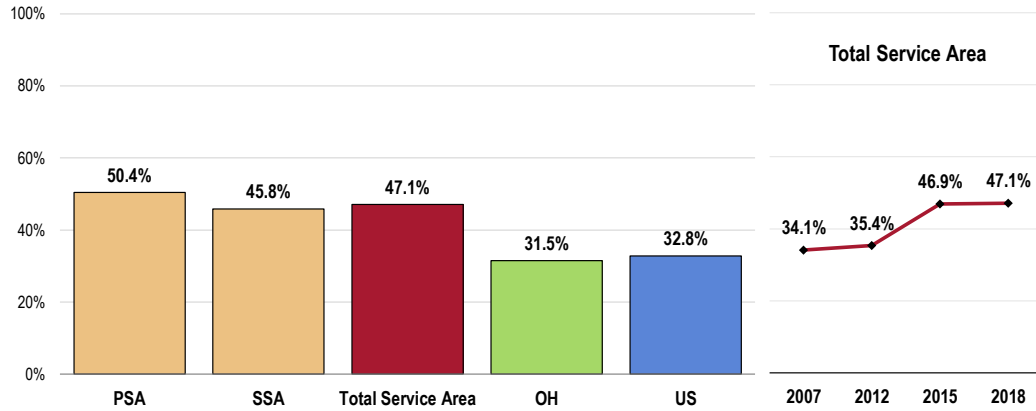
Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 47.1% of Total Service Area adults are obese.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

- Worse than state and US findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- Similar by service area.
- TREND: Denotes a statistically significant increase in obesity from 2007 and 2012 surveys but similar to 2015 results.

Prevalence of Obesity Healthy People 2020 Target = 30.5% or Lower



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Ohio data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

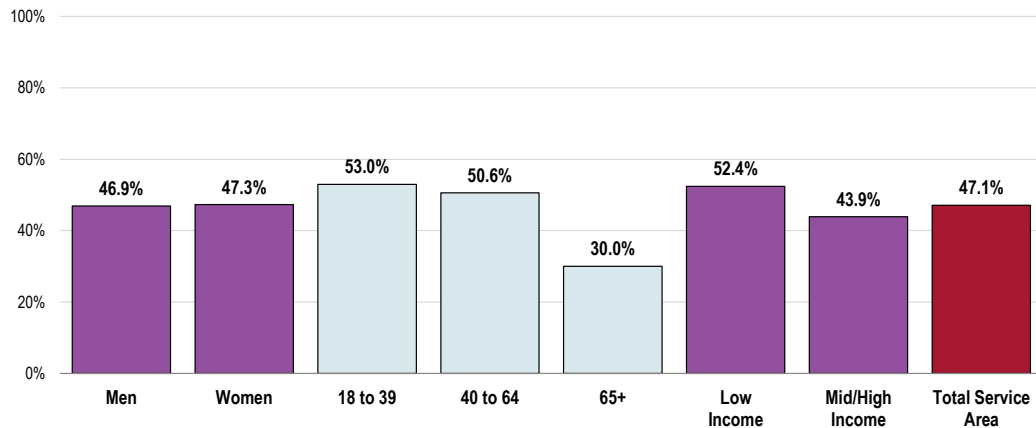
Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- Residents under age 65.
- Low-income adults.

Prevalence of Obesity (Total Service Area, 2018) Healthy People 2020 Target = 30.5% or Lower



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

Notes:

- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

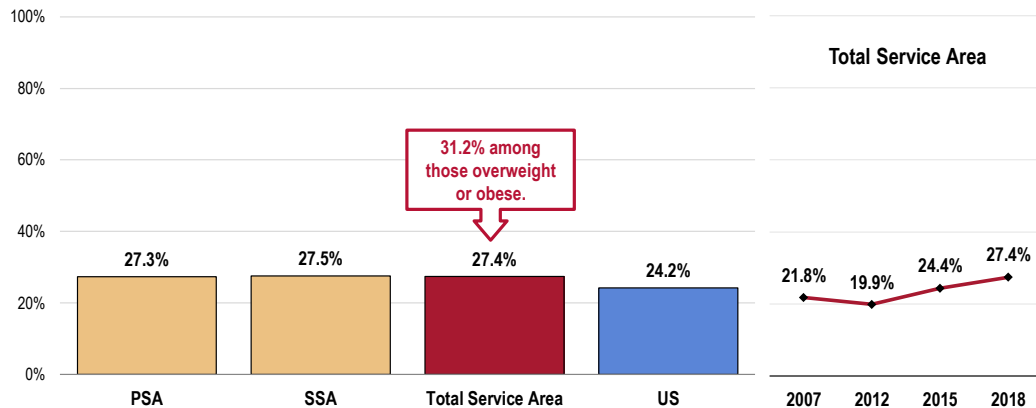
Health Advice

A total of 27.4% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

- Statistically similar to the national findings.
- Similar by service area.
- TREND: Statistically unchanged over time.

Note that 31.2% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while most have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156-157]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Relationship of Overweight With Other Health Issues

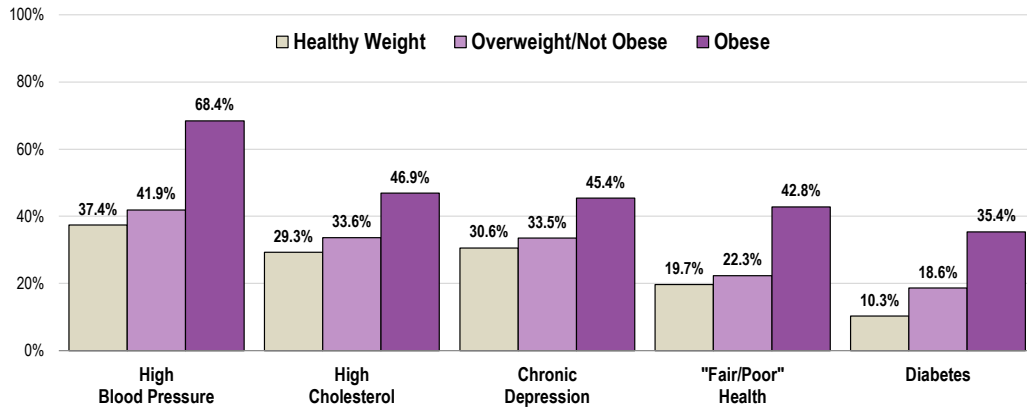
Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- High blood pressure.
- High cholesterol.
- Chronic depression.
- “Fair” or “poor” physical health.
- Diabetes.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues (By Weight Classification; Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc.
Notes: • Based on reported heights and weights, asked of all respondents.

Children's Weight Status

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

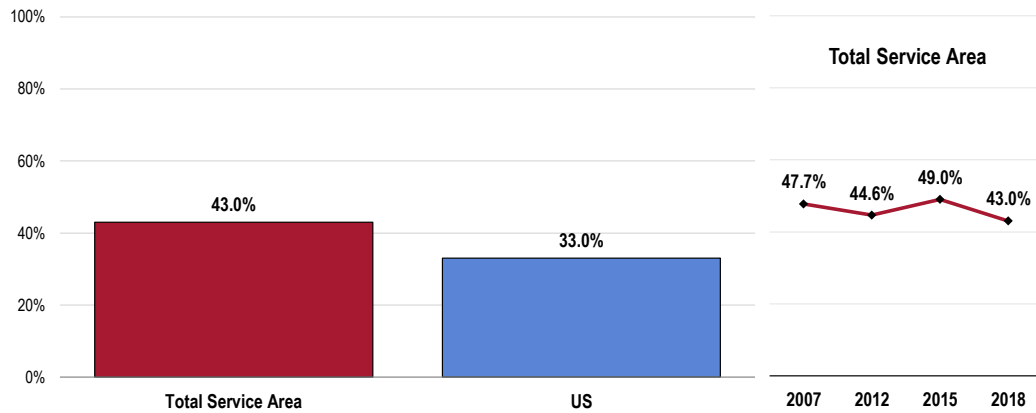
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

• Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 43.0% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically similar to the national prevalence.
- TREND: Statistically unchanged since 2007.

Child Total Overweight Prevalence



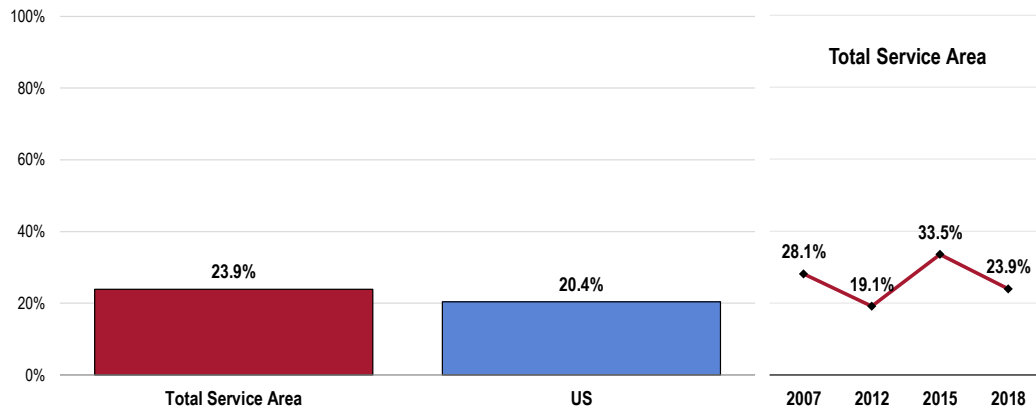
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 23.9% of area children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Though fluctuating, the percentages are statistically unchanged over time.

Child Obesity Prevalence

Healthy People 2020 Target = 14.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

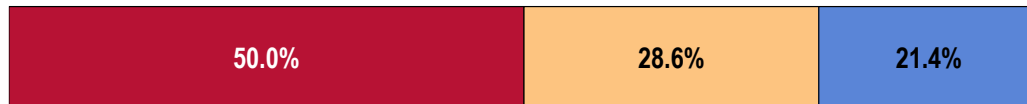
Key Informant Input: Nutrition, Physical Activity, & Weight

Half of key informants taking part in an online survey characterized *Nutrition, Physical Activity, & Weight* as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Healthy Food

It takes a lot of work and money to buy healthy, fresh foods. People do not want to put the work in to that. It is easier to go order pizza or get Wendy's instead of planning, buying and preparing a good, healthy dinner. It is all about education. If it is not a priority at home, our future generations will not care because they will not know the importance. The cycle needs to be broken. – Other Health Provider (Scioto County)

Access to quality food. Walmart and Kroger are reasonable options, but limited access to small produce stores at reasonable prices. Essentially a food desert for many of our patients. – Physician (Scioto County)

Eating healthy is hard for some because of the expense and food insecurity amongst young children is rampant. Just want bellies filled. – Community/Business Leader (Scioto County)

Cost of healthy food. Several unhealthy, cheaper options are available. – Physician (Scioto County)

Awareness/Education

Lack of education regarding eating healthy, lack of funds to afford healthy options. – Other Health Provider (Pike County)

Poor health literacy. The use of sleeve resection surgery can cure diabetes, high blood pressure, obstructive sleep apnea, and stroke. An investment in such a service is of paramount urgency. – Physician (Scioto County)

The lack of physical activity, healthy nutrition and weight issues that continue to grow are prevalent in our area. There are multiple reasons including, but not limited to, understanding healthy choices; affordability; ease of poor food choices, generational continuation of poor habits, etc. – Other Health Provider (Scioto County)

Lack of education on what to eat, what not to eat, shopping experiences. Food stamps drive poor food choices. – Social Services Provider (Adams County)

Lack of education, no desire and concept of nutrition. – Social Services Provider (Scioto County)

Contributing Factors

Lack of interest in exercise, high levels of stress, limited time, lack of walking/biking routes that are safe. – Other Health Provider (Scioto County)

Lack of interest. Poverty. – Community/Business Leader (Scioto County)

Lack of incentive and finances for healthy lifestyles of majority of population. – Other Health Provider (Scioto County)

I believe the services are available in our community. The problem is the incentives, grants, and requirements for people to do it. – Community/Business Leader (Scioto County)

Majority of residents are overweight. They do not have money to shop for healthy food choices. We also need more walking spaces. – Other Health Provider (Scioto County)

Scioto County suffers from high rates of obesity. – Public Health Representative (Scioto County)

Due to issues like low income and access to healthy options, individuals continue to struggle with weight. There are, however, many options for fitness in the community. This seems to be more of a social and cultural issue. This is just not a priority for most Appalachian people. – Public Health Representative (Scioto County)

Poverty. Lack of facilities. Vulnerable population. – Physician (Lewis County)

Way too many fast food restaurants and community reliance on them versus healthier choices. Lack of safe outdoor exercise areas or green space. No walking or biking trails, except small area in Portsmouth. General lack of good meal planning skills or lack of meal planning which leads to overuse of fast food. – Social Services Provider (Scioto County)

High unemployment and not many outdoor activities. – Community/Business Leader (Scioto County)

Obesity and patients wanting to eat what they want to eat. – Physician (Greenup County)

Rural area and this is not on the minds of our community. – Other Health Provider (Scioto County)

Poor personal health understanding and personal accountability. – Physician (Scioto County)

Nutrition

The availability of and constant advertisement for fast food and food with high fat, high caloric value is a challenge to a population that does not have needed exercise activities. – Community/Business Leader (Scioto County)

Knowing how to cook proper meals, too much junk food, and laziness regarding picking right foods for nutrition. – Social Services Provider (Adams County)

Many people in our area do not eat well-balanced meals. Sugary drinks, fatty foods, and junk food seem to be consumed at an unhealthy rate in our area. Physical activity is not valued by many in this area. – Community/Business Leader (Scioto County)

Nutrition is a major component of preventative health outcomes in our community. However, many cannot access nor understand the value of food preparation, type of foods, or how to purchase nutritional items. With limited income, many families find it easier to purchase fast food for their families because it can fill them up easier than attempting nutritional food preparation. Many are inactive due to limited playground activities, very limited access to activities in our community, more jobs that require office duties instead of physical duties. Inactivity increases risk for many diseases. – Public Health Representative (Scioto County)

Insufficient Physical Activity

Our community as a whole is not physically active, eats a lot of fast food (high fat and sugary foods), and also drink a lot of pop and high sugar drinks. The few parks around town are not safe for kids and parents have to be more careful about letting their kids outside to play. Healthy food is more expensive than crappy foods. You can buy pop and candy with an EBT card (which shouldn't be allowed). – Other Health Provider (Scioto County)

A sedentary lifestyle with poor nutritional intake. People tend to consume a large amount of take out/fast food. This is learned by our younger generation by their guardians/parents. – Other Health Provider (Scioto County)

Not enough programs for adults and youth. – Other Health Provider (Scioto County)

We've made a dent, but our community is still inactive and overweight. – Community/Business Leader (Scioto County)

Poverty

I believe the biggest problem with nutrition, physical activity and weight is linked to our poverty level. – Community/Business Leader (Scioto County)

I believe economics enters in the equation of why people do not pursue physical activity and probably leads them to make poor decisions about the foods and beverages they purchase for themselves and family. – Community/Business Leader (Scioto County)

Cultural/Personal Beliefs

Culture, habits, and fatalism. Personal/cultural lifestyle patterns are very difficult to change. It can be more costly and more time consuming to prepare healthy meals than to prepare (or buy) fast food or highly processed foods. It is not safe to go for walks in many places. Streets are not conducive to biking to work. – Public Health Representative (Scioto County)

Cultural influences. – Other Health Provider (Scioto County)

Appalachian culture is a big reason. Such as smoking, obesity and lack of education. – Other Health Provider (Scioto County)

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

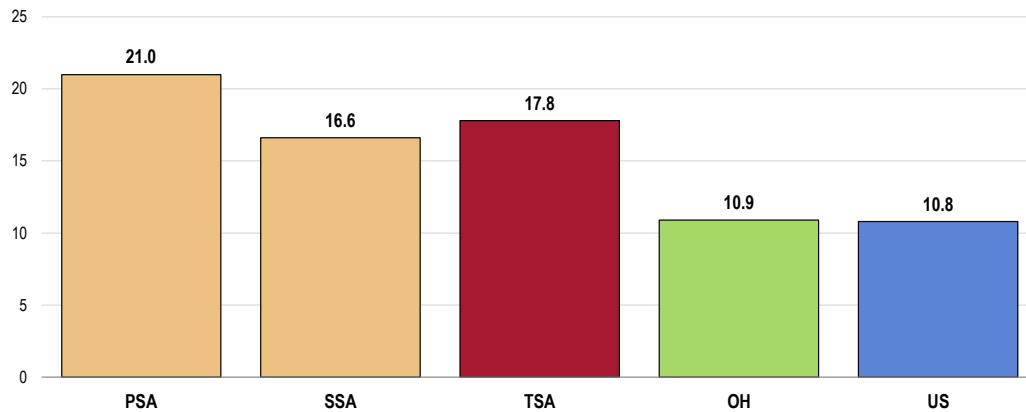
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2015 and 2017, Total Service Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 17.8 deaths per 100,000 population.

- Well above the state and national rates.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
- Rates are comparable by service area.

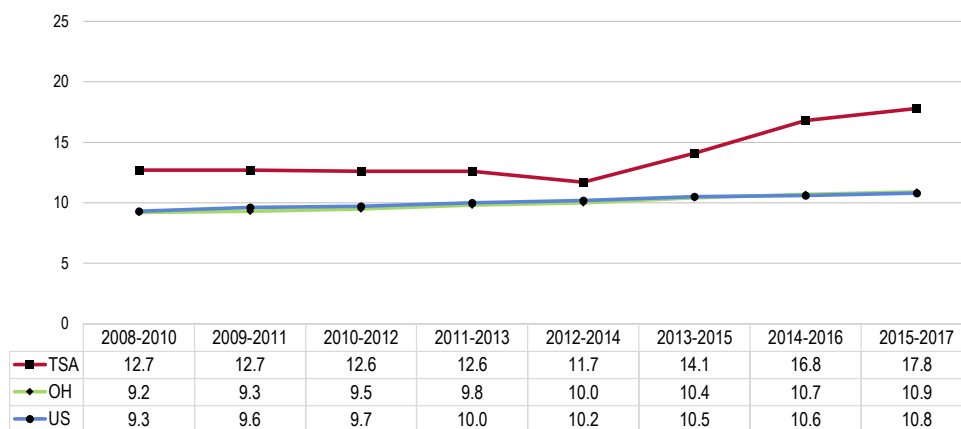
Cirrhosis/Liver Disease: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** The mortality rate has increased in recent years in the region. Statewide and nationwide, rates have increased but at a more moderate pace.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alcohol Use

Excessive Drinking

A total of 11.9% of area adults are excessive drinkers (heavy and/or binge drinkers).

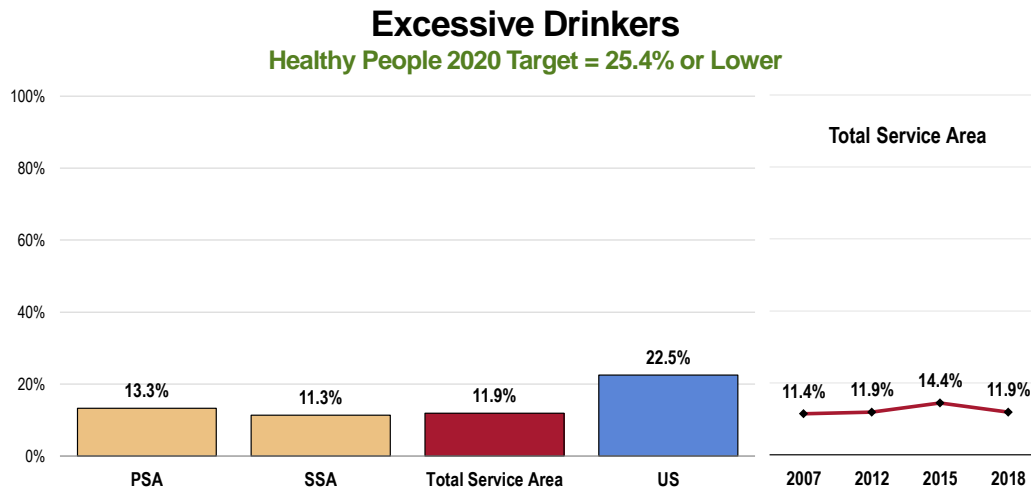
"Excessive drinking" includes heavy and/or binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

- Well below the national proportion.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- Similar findings by service area.
- **TREND:** Statistically unchanged since 2007.

RELATED ISSUE:

See also *Mental Health: Stress* in the **General Health Status** section of this report.



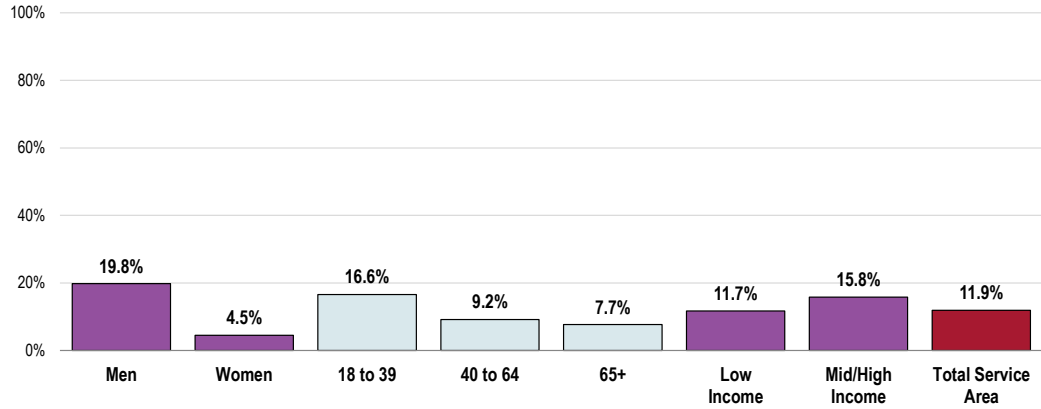
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
 Notes: • Asked of all respondents.
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men and young adults (correlates with age).

Excessive Drinkers

(Total Service Area, 2018)

Healthy People 2020 Target = 25.4% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

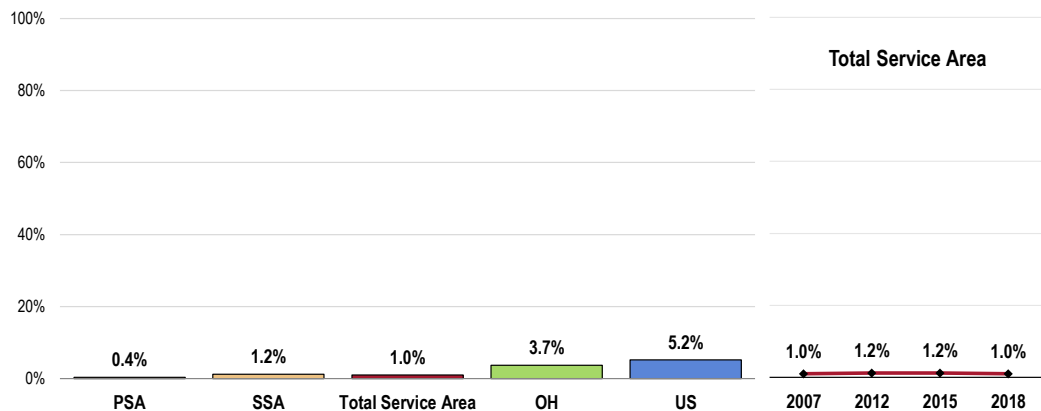
Drinking & Driving

A total of 1.0% of Total Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Well below the state and national prevalence.
- Similar by service area.
- TREND: Statistically unchanged over time.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Ohio data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Age-Adjusted Unintentional Drug-Related Deaths

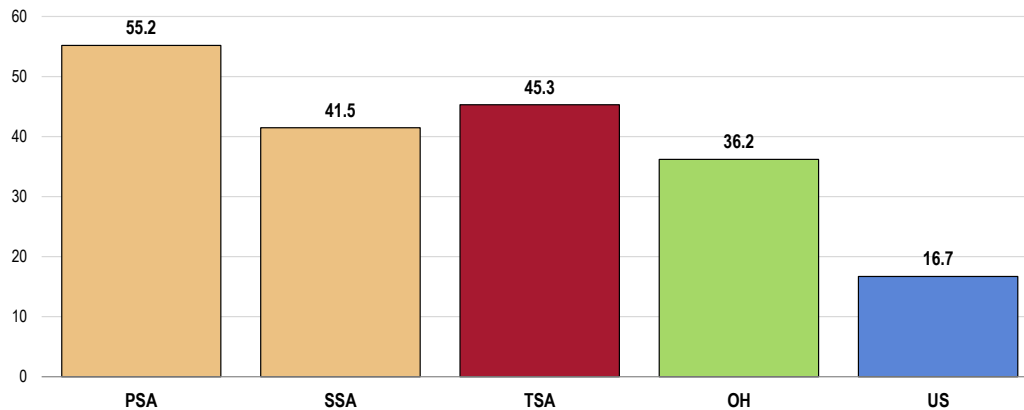
Between 2015 and 2017, there was an annual average age-adjusted unintentional drug-related mortality rate of 45.3 deaths per 100,000 population in the Total Service Area.

- Well above state and US rates.
- Four times the Healthy People 2020 target (11.3 or lower).
- Higher in the Primary Service Area.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

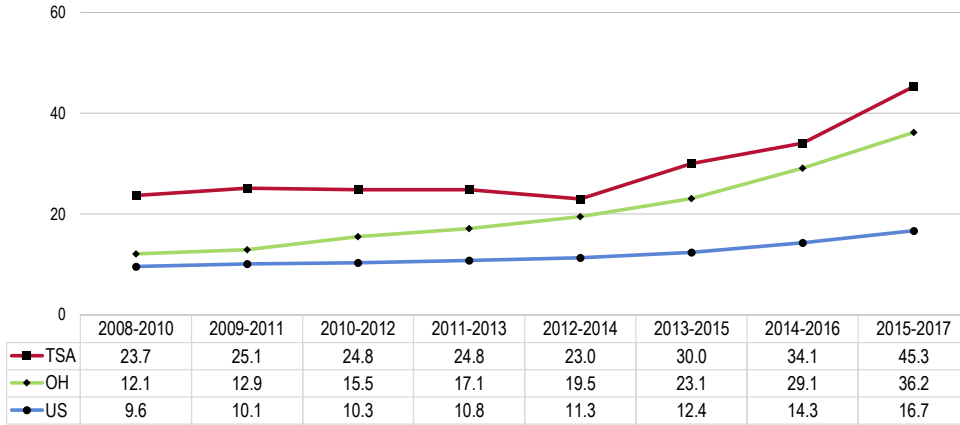
Healthy People 2020 Target = 11.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** The mortality rate has increased considerably in the region, echoing the trends reported statewide and nationally.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2019.
 • UD Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12].

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

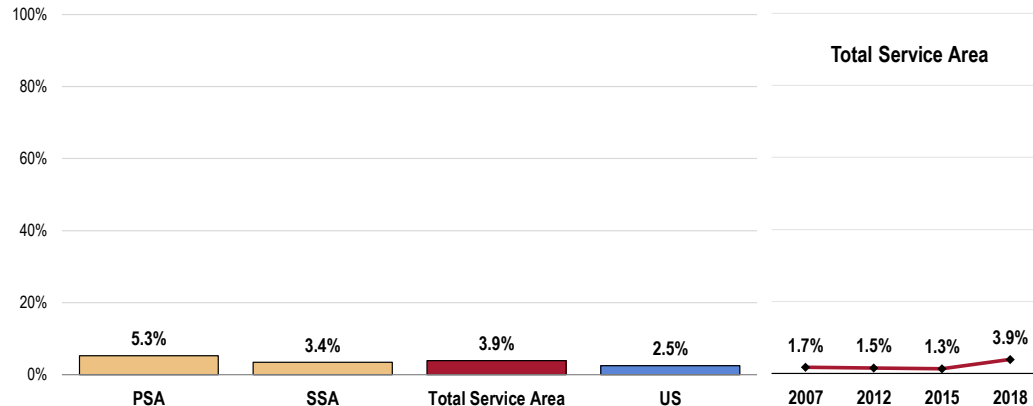
A total of 3.9% of area adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Similar by service area.
- TREND: Marks a statistically significant increase over time.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month Healthy People 2020 Target = 7.1% or Lower

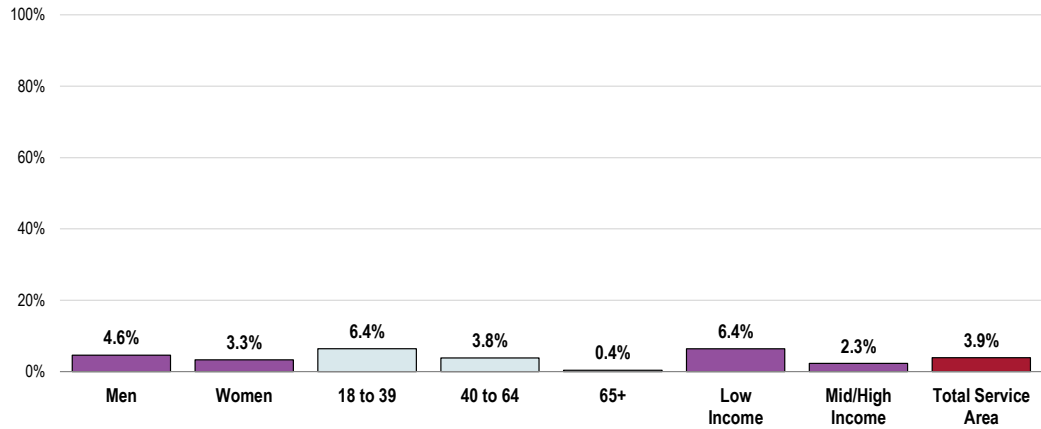


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]

Notes: • Asked of all respondents.

- Illicit drug use is more prevalent among low-income residents and correlates directly with age.

Illicit Drug Use in the Past Month (Total Service Area, 2018) Healthy People 2020 Target = 7.1% or Lower



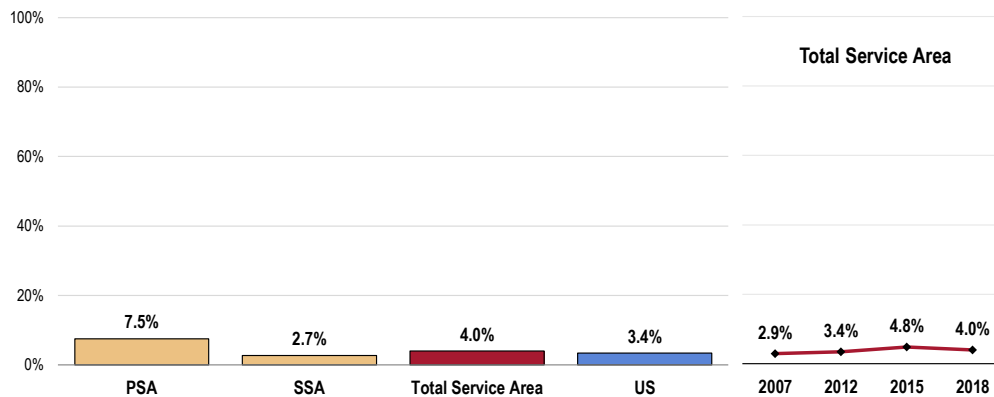
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alcohol & Drug Treatment

A total of 4.0% of Total Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Lower in the Secondary Service Area.
- TREND: Statistically unchanged over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



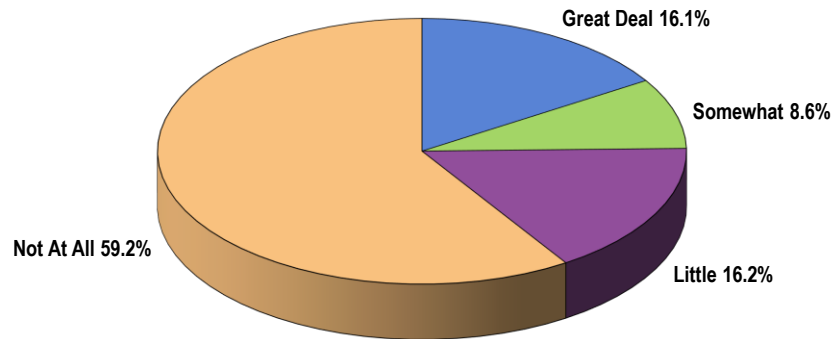
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Personal Impact from Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

In all, most respondents have not been personally impacted (59.2% “not at all” responses).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other’s)
(Total Service Area, 2018)

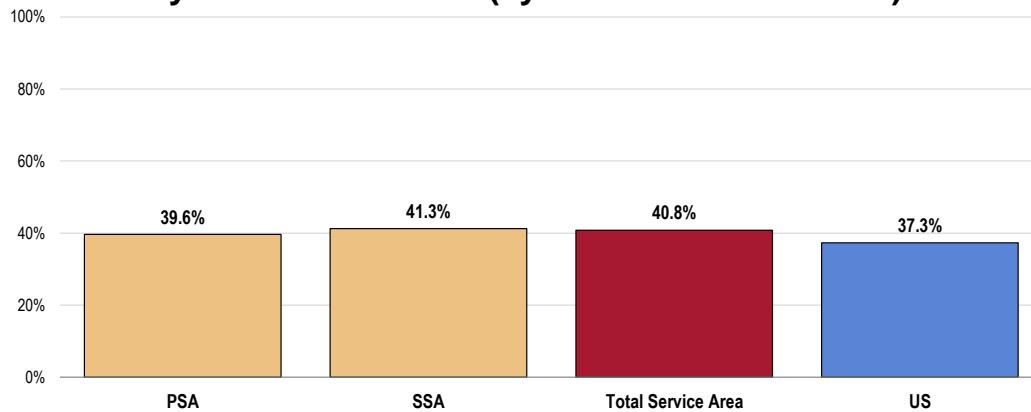


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: • Asked of all respondents.

In contrast, 40.8% of survey respondents indicate that their lives have been impacted by substance abuse, including 16.1% who report having been impacted “a great deal.”

- Similar to the US figure.
- Similar findings by area.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

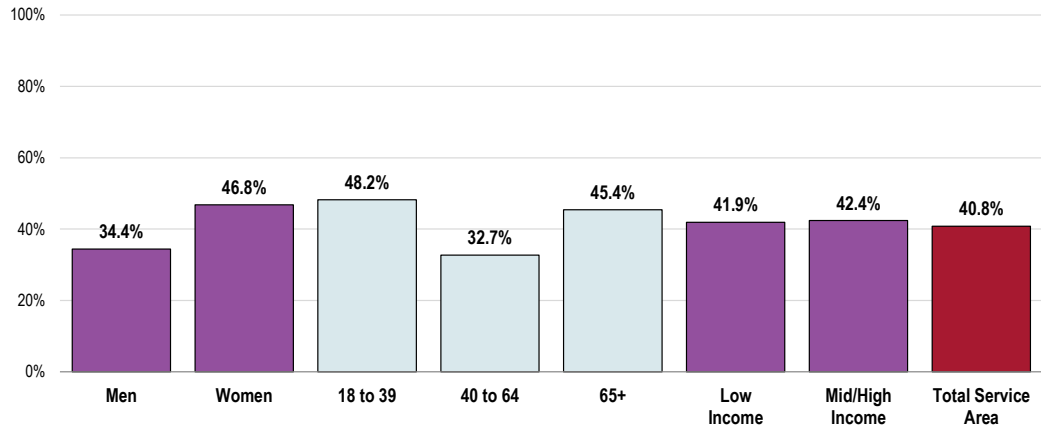


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Includes response of “a great deal,” “somewhat,” and “a little.”

The prevalence of survey respondents whose lives have been impacted by substance abuse, whether their own abuse or that of another, is higher among the following:

- Women.
- Young adults and seniors.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Total Service Area, 2018)

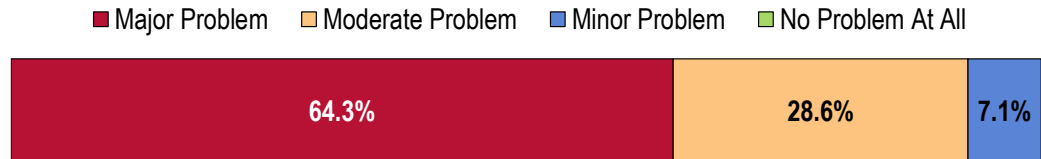


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
 Notes: • Asked of all respondents.
 • Includes response of "a great deal," "somewhat," and "a little."
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Denial/Stigma

Lack of recognition that there is a problem. People seem to deny that they need treatment and are generally forced into treatment after being arrested or getting into trouble. – Other Health Provider (Scioto County)

Stigma, funds, and prevalence. – Other Health Provider (Scioto County)

The denial from the addict or they are incarcerated instead of treated. The court system can be a barrier at times. – Community/Business Leader (Scioto County)

People not wanting to seek treatment. – Community/Business Leader (Scioto County)

Community must want to stop the abuse. Stop blaming others. Too many people are being taken to the emergency room each day. Repeat offenders. – Community/Business Leader (Scioto County)

I feel the greatest barrier is the individual himself/herself. We have a counseling center on practically every corner. We have, it seems, targeted this issue and allocated resources to address it, but the issue continues to grow. – Community/Business Leader (Scioto County)

Stigma. – Other Health Provider (Scioto County)

Lack of desire to quit. Too many treatment programs do not meet the intended goals. Contact with other addicts in programs can enable drug abuse. Physicians writing the prescriptions need to be accountable. – Other Health Provider (Scioto County)

Agreement on concept for treatment and type of treatment and funding. – Other Health Provider (Scioto County)

Small town where everybody knows each other. – Other Health Provider (Scioto County)

Admitting you have a problem. Pride. Escape far from reality. – Other Health Provider (Scioto County)

There seems to be a lot of substance abuse treatment facilities in our communities. The barriers would be the individual's own willingness to accept treatment, availability of financing for the treatment, and the need for ongoing treatment after the initial intensive treatment. – Social Services Provider (Scioto County)

I don't know about the barriers to accessing treatment, other than I don't think most of the people on drugs want help. They enjoy drug use too much and don't care about the consequences of taking them. – Other Health Provider (Scioto County)

Access to treatment is not the problem. – Physician (Scioto County)

The willingness of clients to seek treatment. Also, the unbiased treatment by clinicians of these clients in this area. – Public Health Representative (Scioto County)

Access to Care/Services

Residential housing during outpatient counseling remains a problem. Lack of employers who will hire a person post treatment. Poor understanding of community members regarding impact of addiction and successes of recovery. – Community/Business Leader (Scioto County)

More detox facilities with rapid enrollment capabilities. Education to community concerning addiction. Community needs to understand that it is a health problem that affects the brain and body. Facilities that are truly focused on care of the addict and not just attempting to get “billable” hours for continuation of sustained treatment. – Public Health Representative (Scioto County)

Cost and services to those without insurance. – Community/Business Leader (Scioto County)

This is a big problem. Lack of funds to get people help. We also have a lot of people who not want help. We have some medical staff who do not want to get involved. – Other Health Provider (Scioto County)

There are not enough treatment providers with sufficient capacity at any one moment. Now, the “behavioral health re-design” of the State of Ohio promises to REDUCE, not increase, the number of trained personnel available to health with the recovery efforts of those with substance abuse problems. – Community/Business Leader (Scioto County)

Lack of timely buy-in by the medical center, and law enforcement. The focus on detox and lack of inpatient extended community rehab increases breakthrough. – Physician (Scioto County)

If substance abuse is offered, make it legitimate. – Other Health Provider (Scioto County)

Not enough treatment beds available. – Other Health Provider (Scioto County)

No local treatment centers. – Physician (Lewis County)

Not enough treatment centers. Again, education in the schools early on is key, prevention and education. – Other Health Provider (Scioto County)

Lack of treatment centers and options. Also lack of mental health facilities. – Other Health Provider (Pike County)

Access to care in a timely manner. Stigma in community of addicts, not recognized as a disease. – Other Health Provider (Scioto County)

Prevalence/Incidence

This is an epidemic. Huge problem. Good people getting addicted to prescription drugs and illegal drugs. Not enough facilities to treat. Not accessible for many. Not enough professionals to treat patients. – Community/Business Leader (Scioto County)

Significant prevalence of substance abuse within our community, overdose related deaths, overdose rates, high rates of positive drug screens, drug related births, etc. – Other Health Provider (Scioto County)

A comprehensive approach to the opioid epidemic and treating this issue as a public health emergency are both instrumental in dealing with substance abuse in general. Barriers include addressing a moving target - from prescription medication to fentanyl and methamphetamine. Stigma continues to be an issue for our community and acceptance of the use of medication assisted treatment. – Public Health Representative (Scioto County)

I don't know enough about the treatment and success rates, but I feel the amount of abusers is going up and unsure if we have the resources to support those increases. I don't have factual data, but that's just my feeling. – Community/Business Leader (Scioto County)

This is the top health and economic threat to our community. Much has been done, but there is still much to do. – Community/Business Leader (Scioto County)

When individuals have written books (Dreamland) & your community has been featured on television documentaries about how bad the drug problem is, you know it's bad. I've had friends directly impacted by addiction. It is a terrible thing that has torn our community and many communities across our nation apart. – Community/Business Leader (Scioto County)

Volume and not a lot of options. Also, people from outside our community are also being referred to our community for treatment. – Physician (Scioto County)

Scioto County has high rates of heroin, fentanyl, and meth use, leading to high rate of drug overdose deaths. – Public Health Representative (Scioto County)

We have overdoses several times a week. – Social Services Provider (Scioto County)

Almost daily you hear of people overdosing, I do not understand how we can solve the problem. – Community/Business Leader (Scioto County)

Look at the statistics. Overdose deaths, pill mills shut down lead to increase in other substances being abused, Suboxone clinics. – Other Health Provider (Scioto County)

Contributing Factors

Home life, social-emotional issues. – Community/Business Leader (Scioto County)

Incentives, transport, stigma, personal will to enter and stay with program, and varying quality (how do you know they are legit?). Money for high-quality treatment programs with proven track record for effectiveness. Hospitals should provide evidence-based treatment programs that are certified. Programs should publish results of how many stay off drugs after treatment. – Public Health Representative (Scioto County)

Habit, availability and lifestyles. – Social Services Provider (Adams County)

Education, access to programs, socio-economic distress. – Physician (Scioto County)

Replace, ongoing monitoring after initial treatment, lack of job resources. – Social Services Provider (Scioto County)

Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **heroin/other opioids** as the most problematic substance abused in the community, followed by **methamphetamine/other amphetamines**, **alcohol**, and **prescription medications**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Heroin or Other Opioids	81.8	6.8	6.8	42
Methamphetamines or Other Amphetamines	6.8	29.5	20.5	25
Alcohol	4.5	13.6	34.1	23
Prescription Medications	4.5	25.0	18.2	21
Cocaine or Crack	2.3	11.4	4.5	8
Marijuana	0.0	4.5	9.1	6
Over-The-Counter Medications	0.0	4.5	4.5	4
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0	4.5	0.0	2
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0	0.0	2.3	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

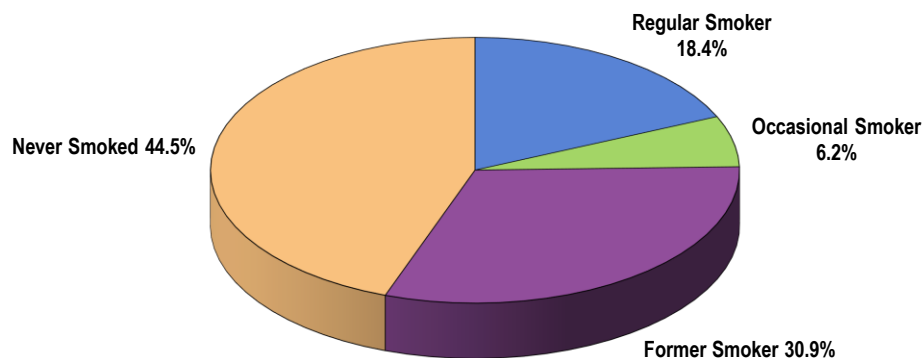
Cigarette Smoking

Cigarette Smoking Prevalence

A total of 24.6% of Total Service Area adults currently smoke cigarettes, either regularly (18.4% every day) or occasionally (6.2% on some days).

Cigarette Smoking Prevalence

(Total Service Area, 2018)



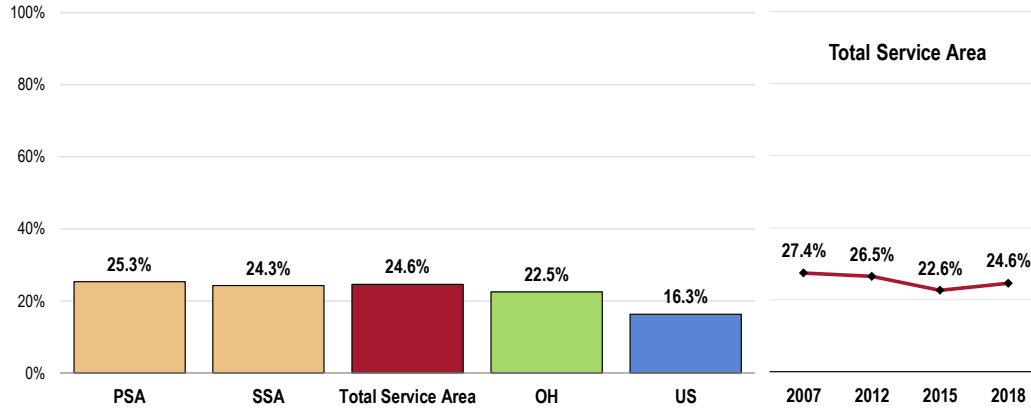
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Worse than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).

- Similar by service area.
- TREND: The percentage is statistically unchanged since 2007.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

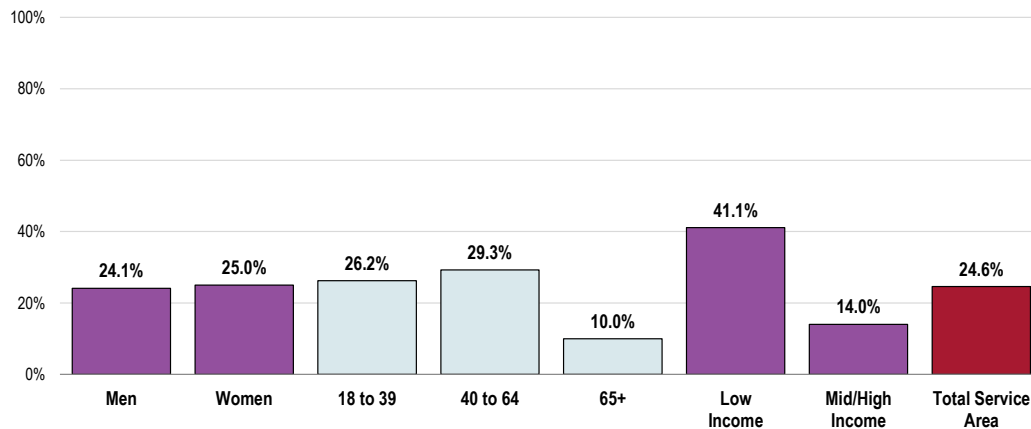
Cigarette smoking is more prevalent among:

- Adults under age 65.
- Lower-income residents.

Current Smokers

(Total Service Area, 2018)

Healthy People 2020 Target = 12.0% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Includes regular and occasion smokers (every day and some days).

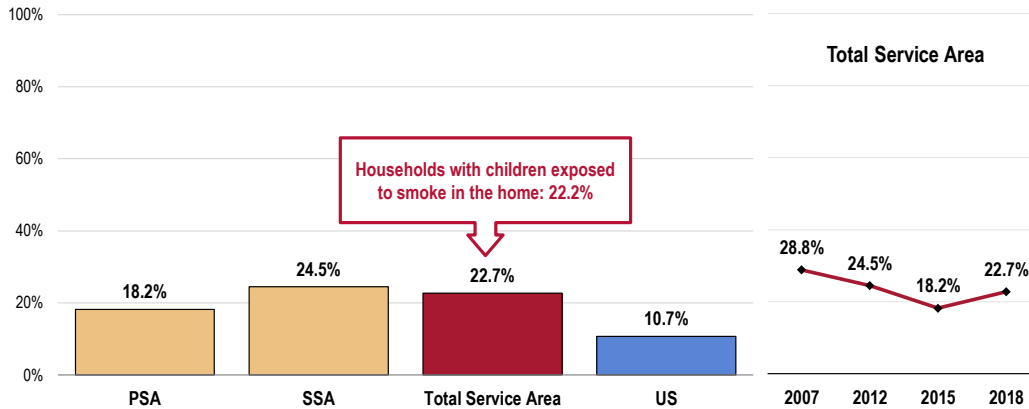
Environmental Tobacco Smoke

A total of 22.7% of area adults (smokers and nonsmokers) report that a member of their household has smoked inside an average of 4+ times per week over the past month.

- Higher than national findings.
- Similar by service area.
- TREND: Marks a statistically significant decrease over time.

22.2% of area children are exposed to cigarette smoke at home, three times the US figure.

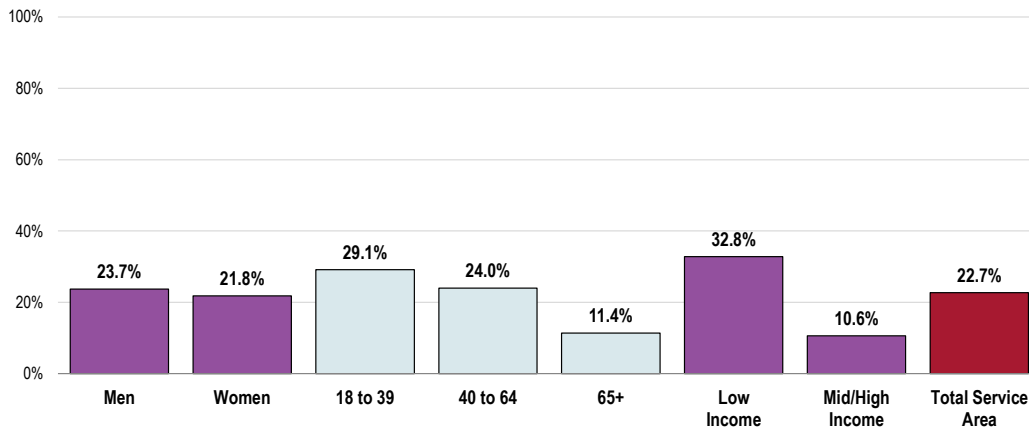
Member of Household Smokes at Home



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among residents with lower incomes.

Member of Household Smokes At Home (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

Smoking Cessation Attempts

A total of 47.1% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

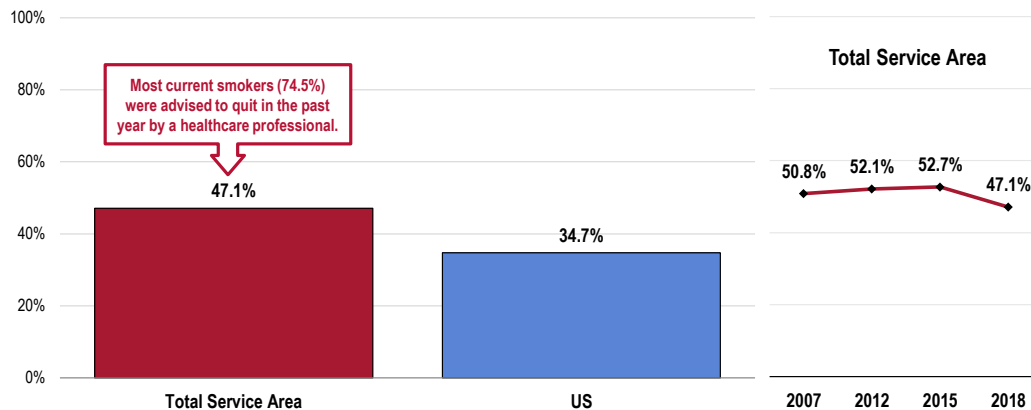
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- TREND: No statistically significant change since 2007.

Most current smokers (74.5%) have been advised by a healthcare professional in the past year to quit smoking.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Everyday Smokers)

Healthy People 2020 Target = 80.0% or Higher



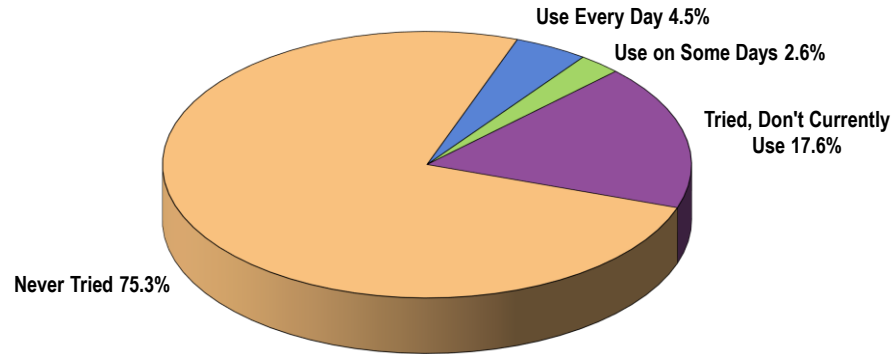
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 50-51]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
- Notes:
- Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Use of Vaping Products

A total of 7.1% of area adults use electronic cigarettes (e-cigarettes) or other electronic vaping products regularly (4.5% every day) or occasionally (2.6% on some days).

Use of Vaping Products
(Total Service Area, 2018)

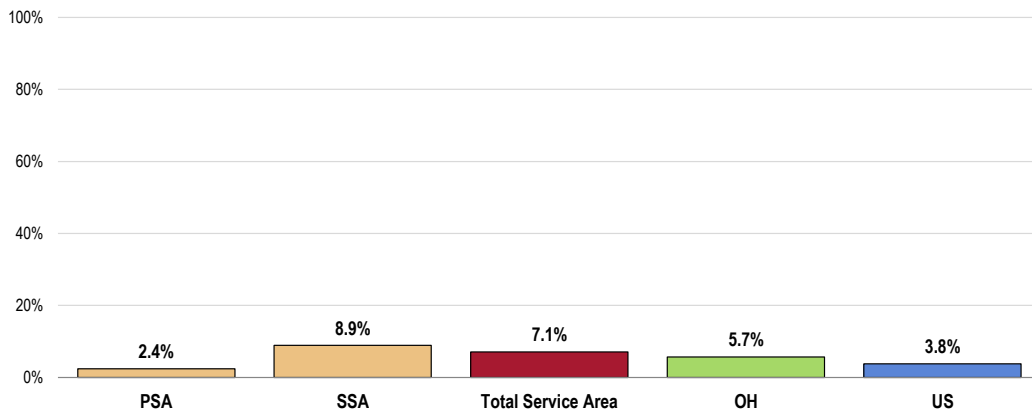


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
Notes: • Asked of all respondents.

- Similar to Ohio findings.
- Higher than the US figure.
- Notably higher in the Secondary Service Area.

Currently Use Vaping Products

(Every Day or on Some Days)

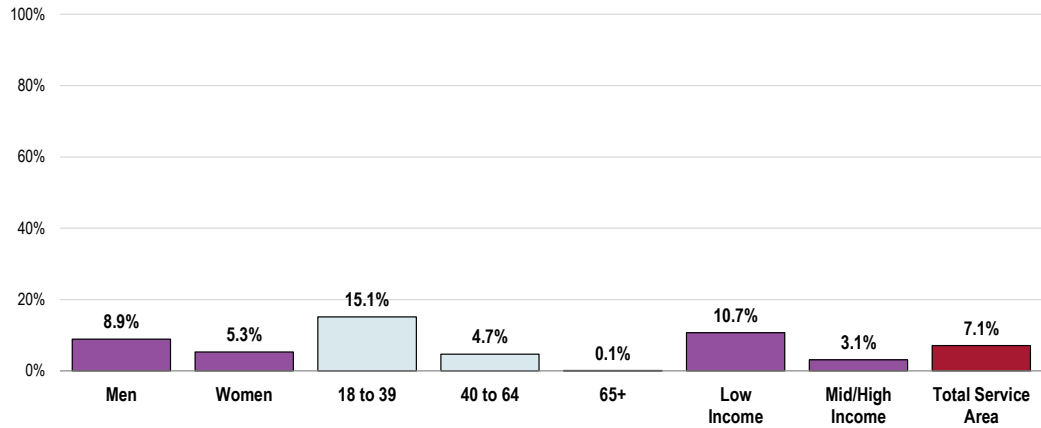


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Ohio data.
Notes: • Asked of all respondents.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Electronic cigarette/other vaping product use is more prevalent among:

- Adults under age 65 (correlates with age).
- Lower-income residents.

Currently Use Vaping Products (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Smokeless Tobacco

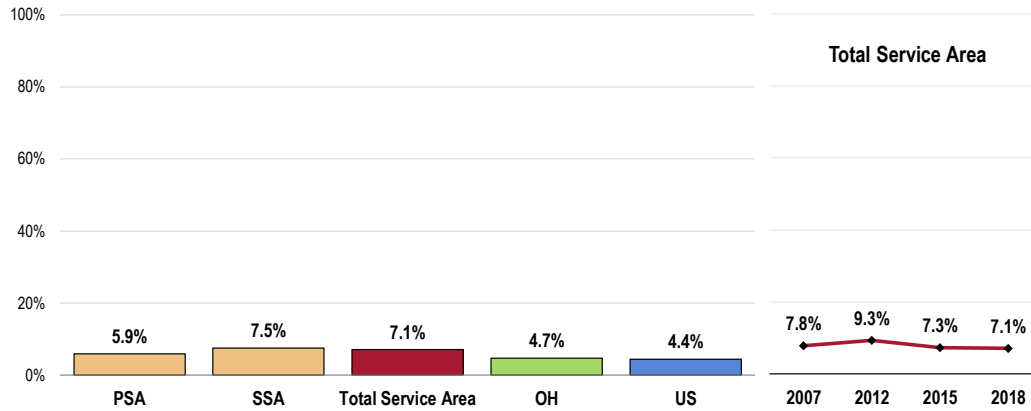
A total of 7.1% of Total Service Area adults use some type of smokeless tobacco every day or on some days.

- Worse than state and national percentages.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- Similar by service area.
- TREND: Similar to 2007 findings.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Currently Use Smokeless Tobacco

Healthy People 2020 Target = 0.2% or Lower



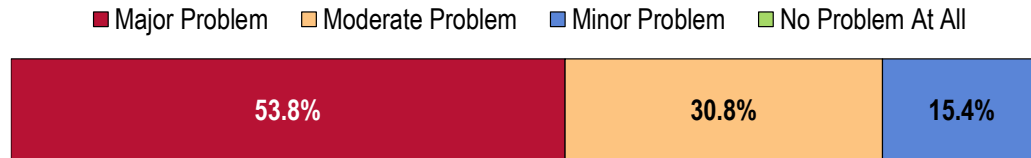
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]

Notes: • Asked of all respondents.
 • Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

Over half of key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

- A lot of people smoke here. Many grow their own tobacco. – Other Health Provider (Scioto County)
- We live in an area of the country where tobacco is popular. Many people smoke and chew. – Other Health Provider (Scioto County)
- Smoking is more prevalent here than other parts of the country. – Community/Business Leader (Scioto County)

Vaping is really taking off in this area and throughout the US. It seems like tax hikes and education was helping many people overcome tobacco addiction, but this "rebranding" to e-cigarettes, vapes, and the Juul has created a resurgence. This is a major issue with young people as companies are currently being investigated concerning their marketing techniques toward young people. – Community/Business Leader (Scioto County)

Too many people are hooked on tobacco, and have a major difficulty changing. – Community/Business Leader (Scioto County)

Too many users, young and old. Too many new devices to target younger smokers. – Community/Business Leader (Scioto County)

High prevalence of tobacco use, cigarettes, vape and other tobacco products. – Other Health Provider (Scioto County)

I see people around here constantly smoking or coming in smelling of smoke. – Other Health Provider (Scioto County)

High number of populations smoke, vape, or snuff. – Other Health Provider (Scioto County)

Large population who smoke or use tobacco products at all ages. – Other Health Provider (Scioto County)

Many adults use tobacco and their children see them doing it and grow up to do the same. – Other Health Provider (Pike County)

High rate of people who do smoke. – Physician (Greenup County)

Scioto County has high rates of tobacco use, compounded by the recent use of vaping. That is addicting the younger population to nicotine. – Public Health Representative (Scioto County)

I believe that one in three smoke in Scioto County. That is a huge problem. – Social Services Provider (Scioto County)

Several start at a young age. Live in homes with smokers. – Physician (Scioto County)

Because there's data that shows a high level of underage users. – Other Health Provider (Scioto County)

Studies show Scioto County has higher tobacco use than Ohio average. Observations of citizens smoking. – Social Services Provider (Scioto County)

Many people now realize that smoking is a major health problem and have seen the devastation that it can cause to themselves/loved ones. However, addiction to nicotine is still prevalent. Juuling, e-cigarettes, snuff, etc. are heavily consumed in our area. Each believes that they are lesser than actual cigarettes but truly don't believe or understand the true consequences. Campaigns need to be utilized targeting our youth concerning the real consequences of juuling, e-cigarettes, etc. Incentive programs need to be increased to encourage individuals working in participating programs to give up smoking. – Public Health Representative (Scioto County)

Our smoking rates are some of the highest in the nation and our state. – Physician (Scioto County)

Cultural/Personal Beliefs

Everyone smokes, this is the Appalachian way. – Social Services Provider (Scioto County)

The community was steeped in tobacco agriculture for many years and smoking was the norm. – Physician (Lewis County)

Our area has economic issues that I believe lead to poor diet and health choices and I believe that smoking is possibly a way that helps people cope with their life's issues. – Community/Business Leader (Scioto County)

Lack of desire to quit and lack of concern regarding health issues caused by smoking and the high prevalence of lung cancer in our area. – Other Health Provider (Scioto County)

No personal incentive to quit smoking, even with cessation programs available. – Other Health Provider (Scioto County)

Lifestyle of current and previous generations. – Community/Business Leader (Scioto County)

Cultural practice, it's seen as acceptable and normal. Results in huge disease burden. – Public Health Representative (Scioto County)

It is a part of the culture in our community, past down from generation to generation. Tobacco sales in our area lead the state. – Community/Business Leader (Scioto County)

Habit, availability, and nothing else to do. – Social Services Provider (Adams County)

Possibly a cultural thing. We have a high number of smokers/former smokers in our community. – Community/Business Leader (Scioto County)

Awareness/Education

Education and proactively breaking the cycle of "my dad chews, I am going to chew too". Again, programs need to start in schools (elementary) to prevent children from starting. – Other Health Provider (Scioto County)

Need more education in our schools. Need more grants and incentives to treat people and get people to quit. – Community/Business Leader (Scioto County)

Poor personal health understanding and personal accountability. – Physician (Scioto County)

Lack of education on risks, don't believe it will cause them harm, repeated pattern from family members. – Social Services Provider (Scioto County)

Co-Morbidities

It's expensive and leads to a multitude of medical problems, many of which result in premature death to tobacco users and to those exposed to secondary smoke. – Community/Business Leader (Scioto County)

Lung cancer, COPD, strokes, and cardiovascular events numbers speak volumes on the prevalence of cigarette smoking. – Physician (Scioto County)

It goes hand in hand with the cancer in our area. I work in the restaurant industry and see first-hand how many people smoke. – Community/Business Leader (Scioto County)

Access to Health Services



Professional Research Consultants, Inc.

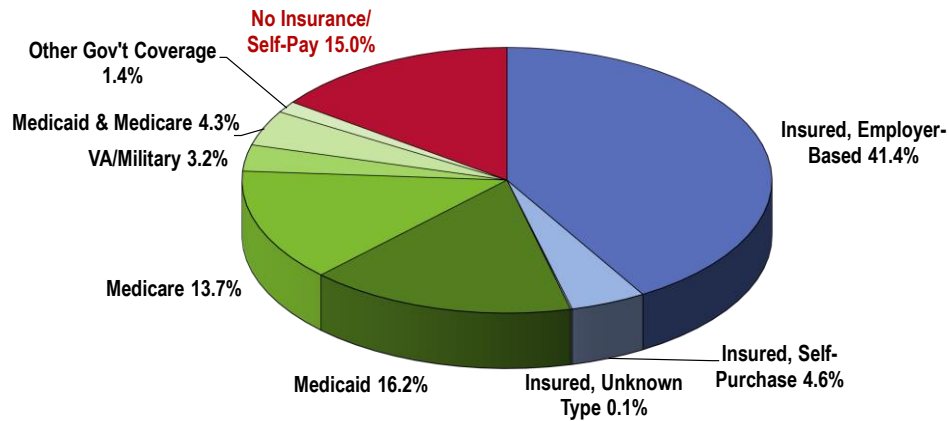
Health Insurance Coverage

Type of Healthcare Coverage

A total of 46.1% of Total Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 38.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage
(Among Adults Age 18-64; Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

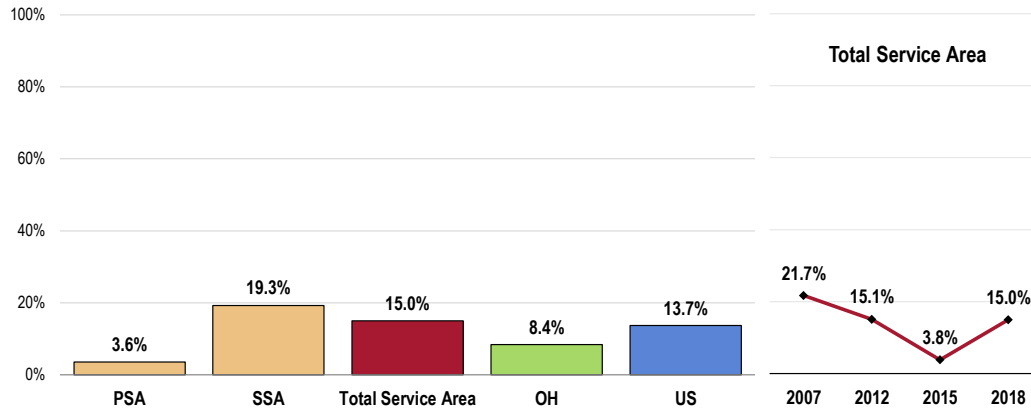
Lack of Health Insurance Coverage

Among adults age 18 to 64, 15.0% report having no insurance coverage for healthcare expenses.

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Well above the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Notably worse in the Secondary Service Area.
- TREND: Marks a statistically significant decrease (improvement) from 2007 findings; on the other hand, note the significant increase since 2015.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64) Healthy People 2020 Target = 0.0% (Universal Coverage)

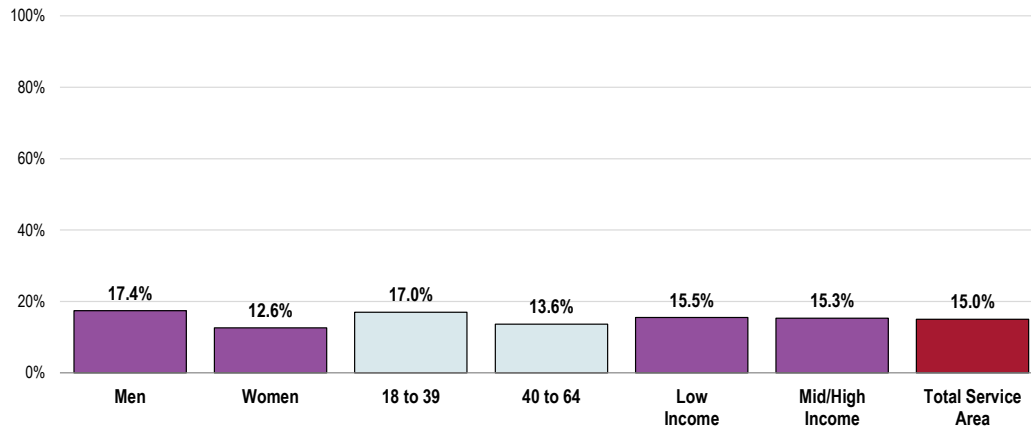


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.

- Lack of coverage does not vary significantly by demographic characteristics.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; Total Service Area, 2018) Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

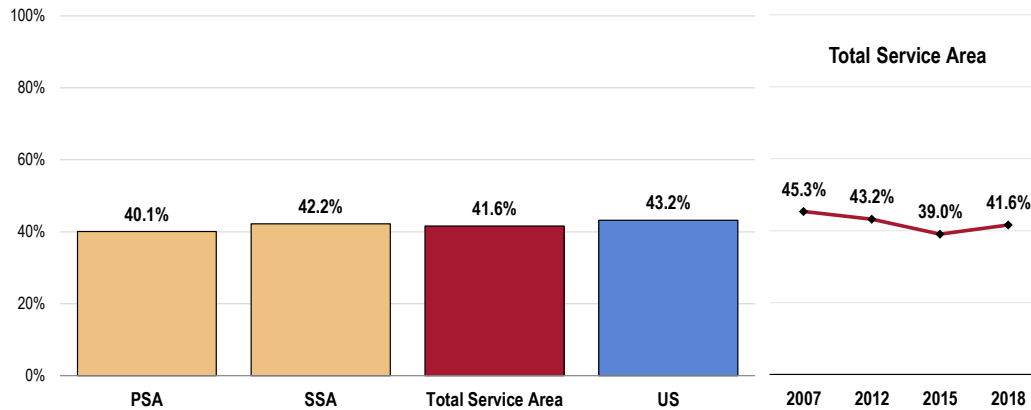
Difficulties Accessing Services

A total of 41.6% of Total Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

- Similar to national findings.
- Similar by service area.
- TREND: Statistically unchanged over time.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

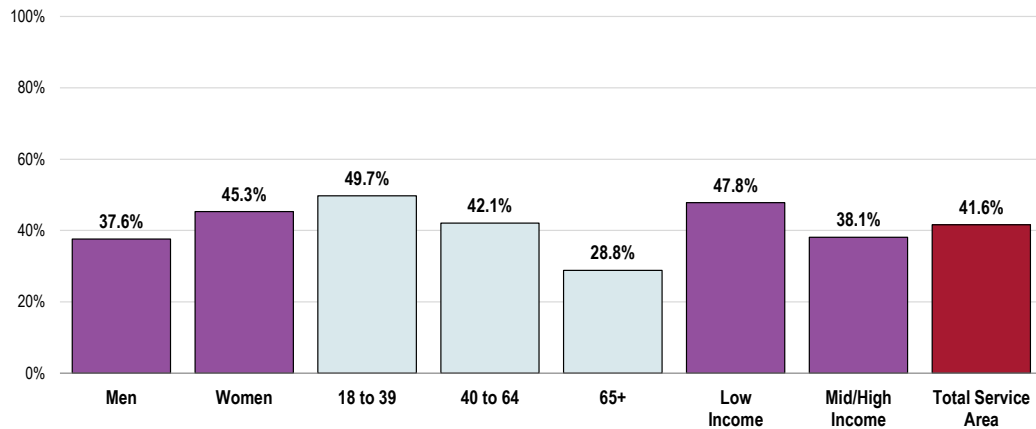


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under age 65 (correlates with age).
- Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

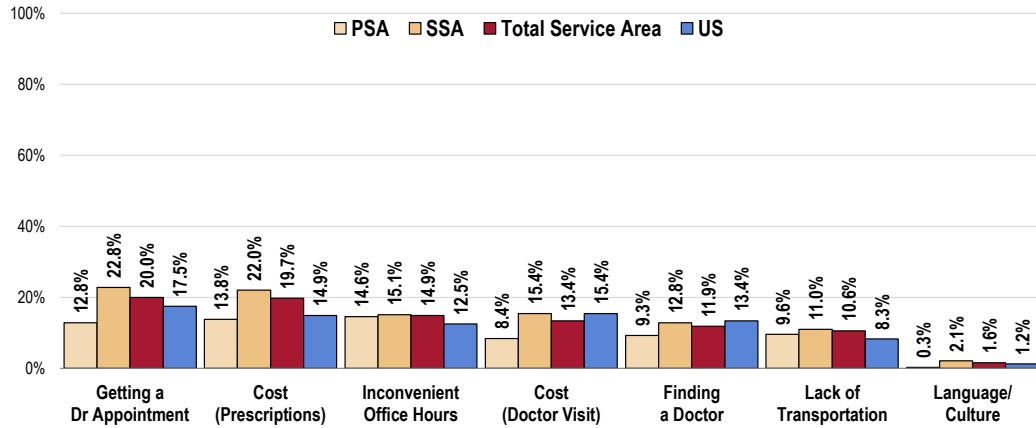
Of the tested barriers, difficulty getting a doctor's appointment impacted the greatest share of Total Service Area adults (20.0% say they had difficulty obtaining a physician visit at some point in the past year).

- The proportion of impacted Total Service Area adults is statistically comparable to or better than that found nationwide for each of the tested barriers, with the exception of **prescription cost** (affecting a higher proportion of service area adults than reported nationally).
- Higher in the Secondary Service Area for difficulty getting an appointment, cost of physician visits, and cost of prescription medications.

To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

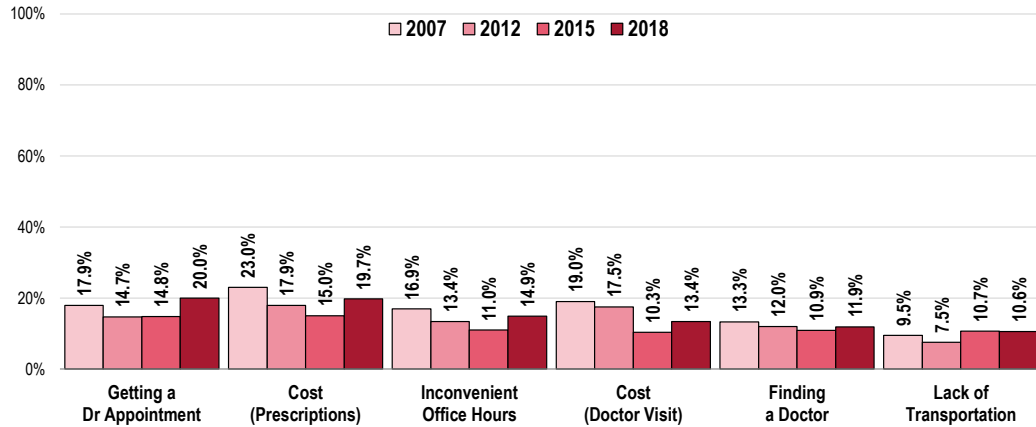
Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- TREND: Over time, the barrier of cost of physician visits has improved significantly.

Trend in Barriers to Accessing Care (Total Service Area)



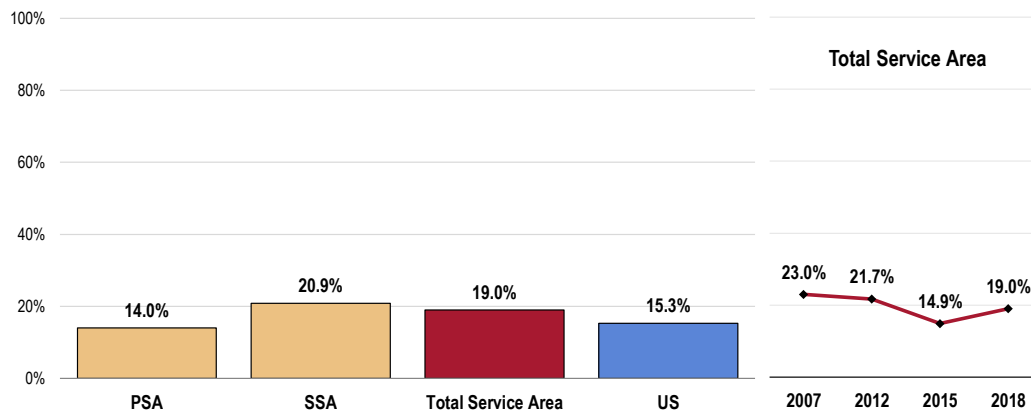
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11, 13]
 Notes: • Asked of all respondents.

Prescriptions

Among all Total Service Area adults, 19.0% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Worse than national findings.
- Higher in the Secondary Service Area.
- TREND: Statistically similar to 2007 findings.

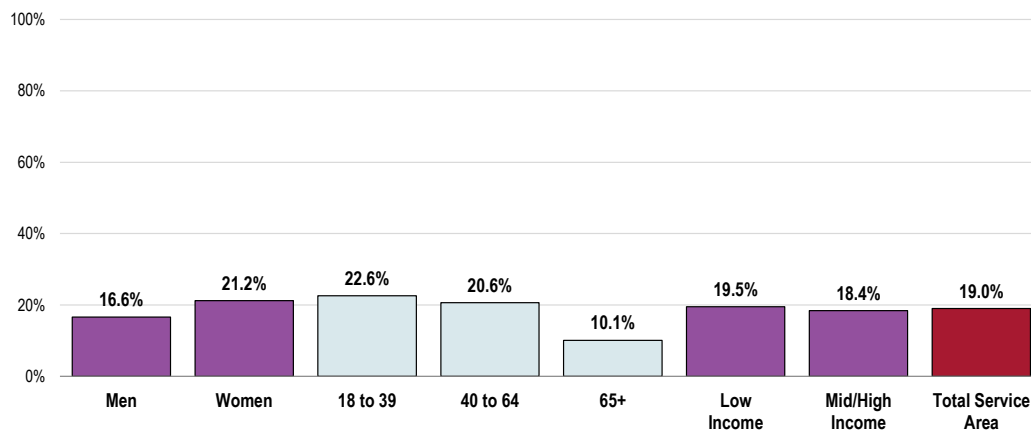
Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Note the correlation with age in the Total Service Area.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

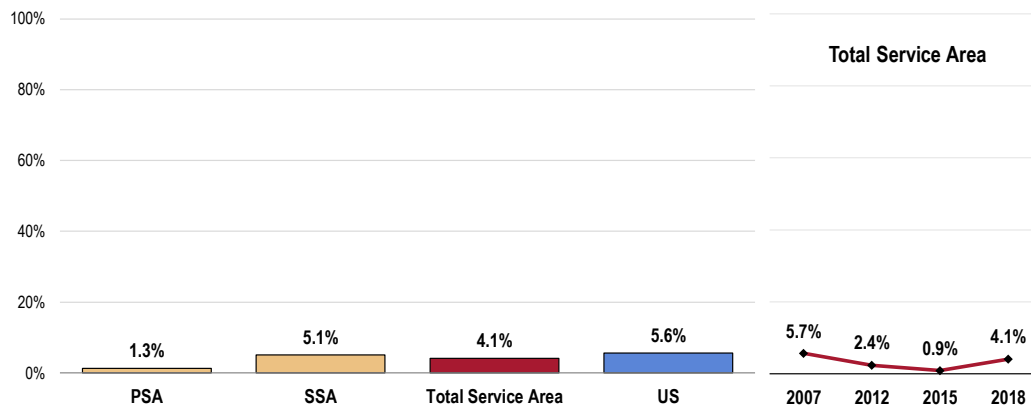
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

Accessing Healthcare for Children

A total of 4.1% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.
- Similar by service area.
- TREND: Statistically unchanged from 2007 survey findings (but increasing since 2015).

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

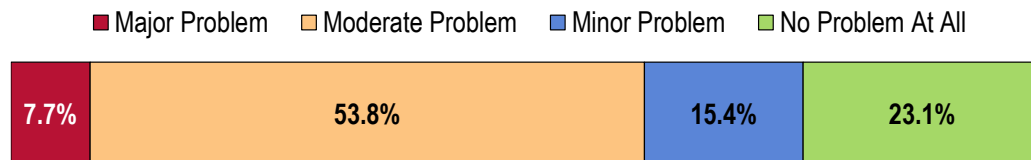
Among the parents experiencing difficulties, the majority cited **lack of insurance or insurance issues** as the primary reason; others cited lack of transportation.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized **Access to Healthcare Services** as a “moderate problem” in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

With the closing of the Community Action Health Clinic many people with no insurance or a medical card have limited places to seek treatment without just showing up in the emergency room. Also, the closing of the CAO Dental Center has left a void for access to dental care for the uninsured and or Medicaid individuals. – Public Health Representative (Scioto County)

Distance to the nearest hospital. Poverty. – Physician (Lewis County)

Most medical specialists require a one- to two-hour trip out of town to access. – Other Health Provider (Scioto County)

The availability of professionals for dental care and mental health care. – Community/Business Leader (Scioto County)

Specialty services are so limited in Scioto County and surrounding. Access to reputable cancer services are non-existing. – Other Health Provider (Scioto County)

Affordable Care/Services

Those who can obtain medical care (those at the poverty level) seem to get the care that they need. The biggest problem I personally see is the population in the in-between area: working, but making too much to get the government care, but still not making enough to get or have the dollars to PAY for medical insurance. Most of the employers only hire part-time workers so that they do not have to provide health insurance for all employees. And when they do the premiums are so high the employee CANNOT afford them. So that the medical needs of these people are left to fend for themselves to the point they do not get the medical treatment that they require. – Social Services Provider (Adams County)

We serve a very significant rural population. Additionally, many of our patients are economically disadvantaged. The combination of lack of financial resources and ability to travel means that patients will frequently not seek care until their disease processes are in advanced stages. We have significant challenges regarding healthy behaviors, avoidance of smoking, and provision of early detection services. – Physician (Scioto County)

Some people deal with not having insurance and those that do barely make enough money to afford to be able to go to the doctor. – Other Health Provider (Pike County)

Quality of Care

While access to a nurse practitioner is considered optimal primary care, the lack of physician oversight results in redundancy, duplication, and poor quality of care. Primary care does not stop at 5 pm, nor weekends. The lack of responsibility of the primary care in our area to provide timely intervention is directly responsible for increased readmission and poor hospital system quality performance. The community has inadequate specialty representation. – Physician (Scioto County)

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified **behavioral health**, **specialty care**, and **substance abuse treatment** as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Behavioral Health Services	44.4%	22.2%	12.5%	7
Specialty Care	11.1%	33.3%	12.5%	5
Substance Abuse Treatment	33.3%	11.1%	0.0%	4
Dental Care	11.1%	11.1%	12.5%	3
Pain Management	0.0%	11.1%	25.0%	3
Elder Care	0.0%	0.0%	25.0%	2
Primary Care	0.0%	0.0%	12.5%	1
Chronic Disease Care	0.0%	11.1%	0.0%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

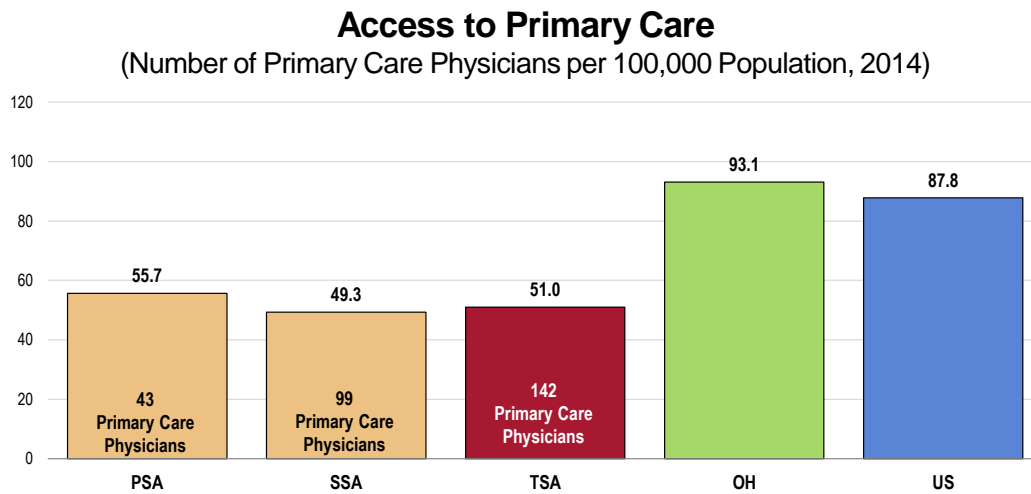
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

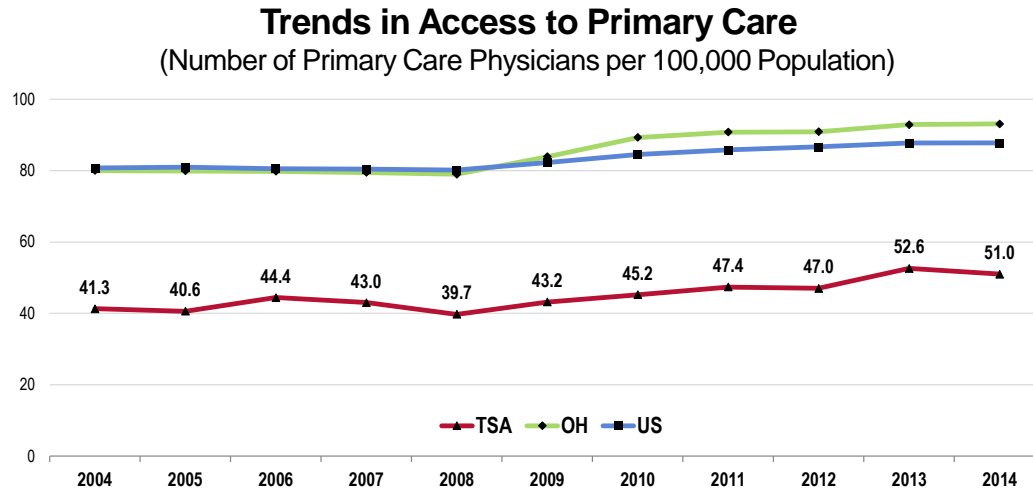
In the Total Service Area in 2014, there were 142 primary care physicians, translating to a rate of 51.0 primary care physicians per 100,000 population.

- Well below what is found statewide and nationally.
- Rates are statistically comparable by service area.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Retrieved February 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
 - PSA includes Scioto County; SSA includes Greenup (KY), Lewis (KY), Adams, Jackson, Lawrence, and Pike counties (OH).

- **TREND:** Access to primary care (in terms of the rate of primary care physicians to population) has improved significantly over the past decade in the Total Service Area, echoing the state and national trends.



Sources:

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved February 2019 from Community Commons at <http://www.chna.org>.

 Notes:

- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Specific Source of Ongoing Care

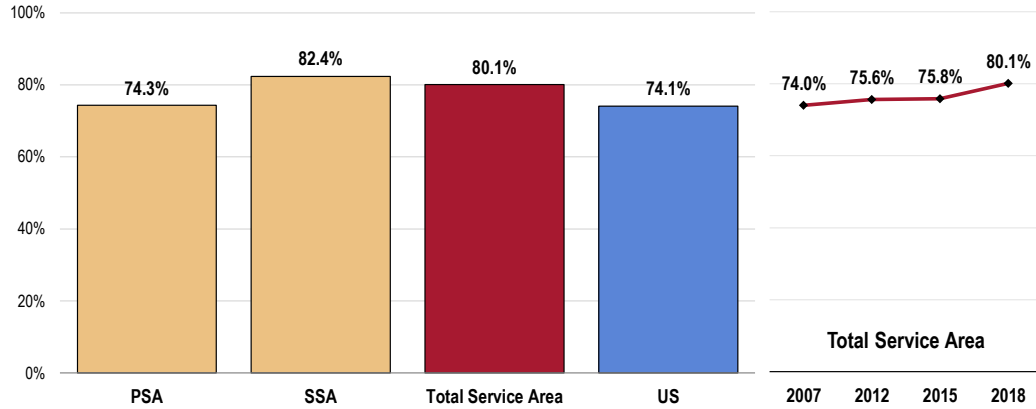
A total of 80.1% of Total Service Area adults were determined to have a specific source of ongoing medical care.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

- Better than national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Unfavorably lower in the Primary Service Area.
- **TREND:** Marks a statistically significant increase over time.

Have a Specific Source of Ongoing Medical Care Healthy People 2020 Target = 95.0% or Higher

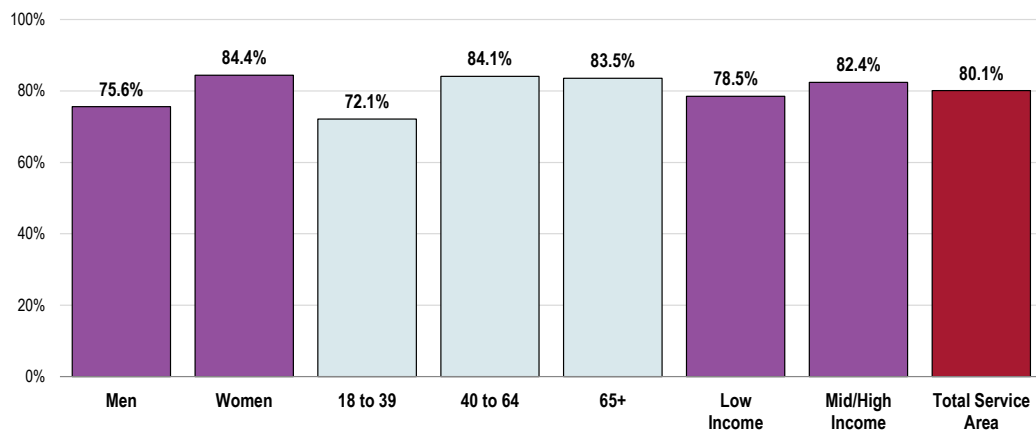


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
 Notes: • Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 40.

Have a Specific Source of Ongoing Medical Care (Total Service Area, 2018) Healthy People 2020 Target = 95.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

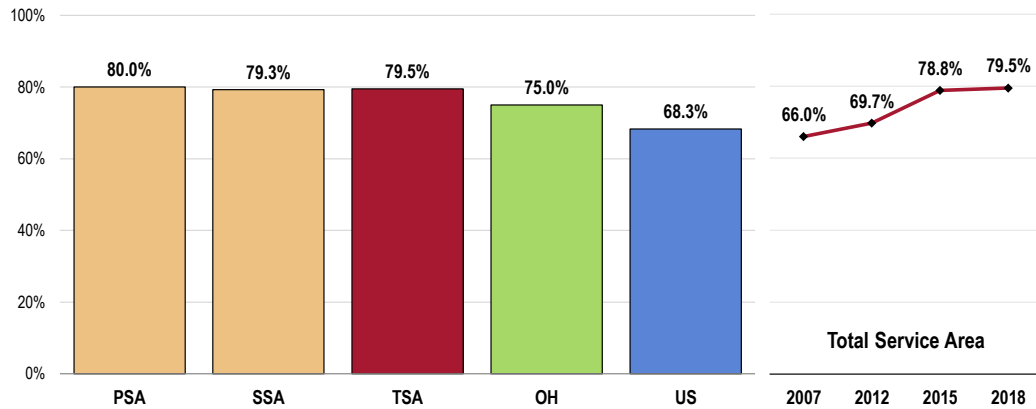
Utilization of Primary Care Services

Adults

Most area adults (79.5%) visited a physician for a routine checkup in the past year.

- Above the state and national findings.
- Comparable by service area.
- TREND: Marks a statistically significant increase since 2007.

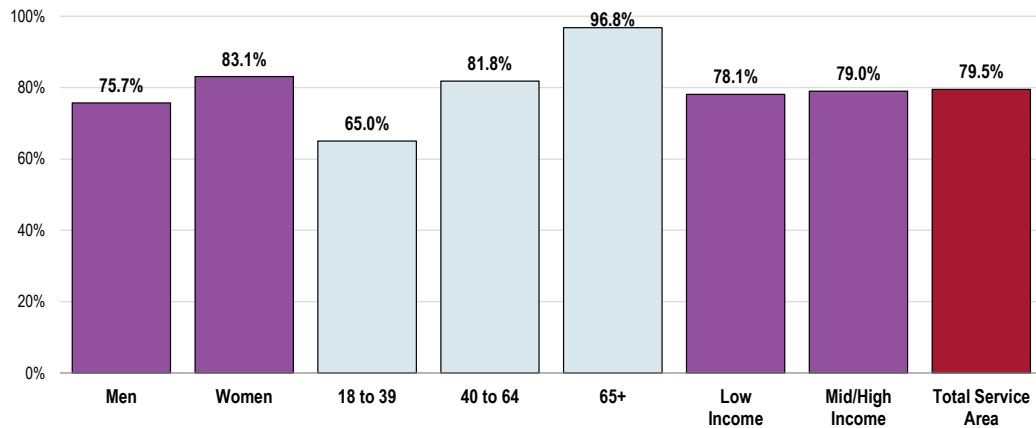
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Adults under age 40 are less likely to have received routine care in the past year (note the correlation with age), as are area males.

Have Visited a Physician for a Checkup in the Past Year (Total Service Area, 2018)



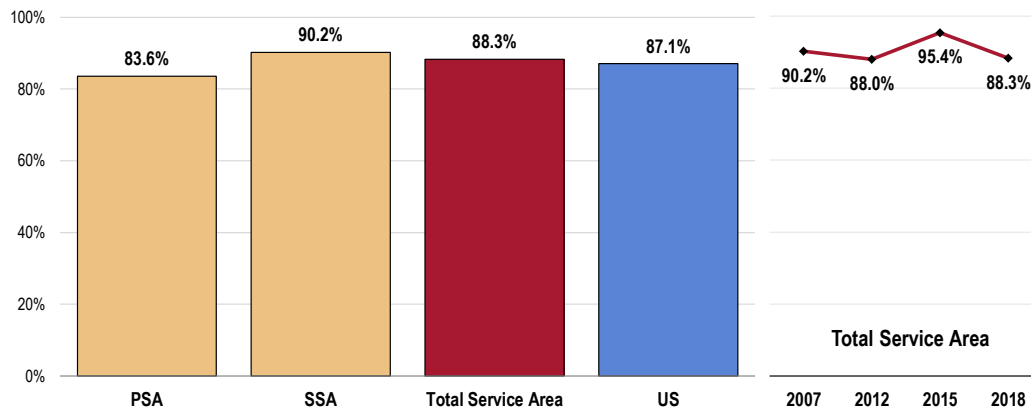
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 88.3% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- Similar by service area.
- TREND: Statistically similar to 2007 findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

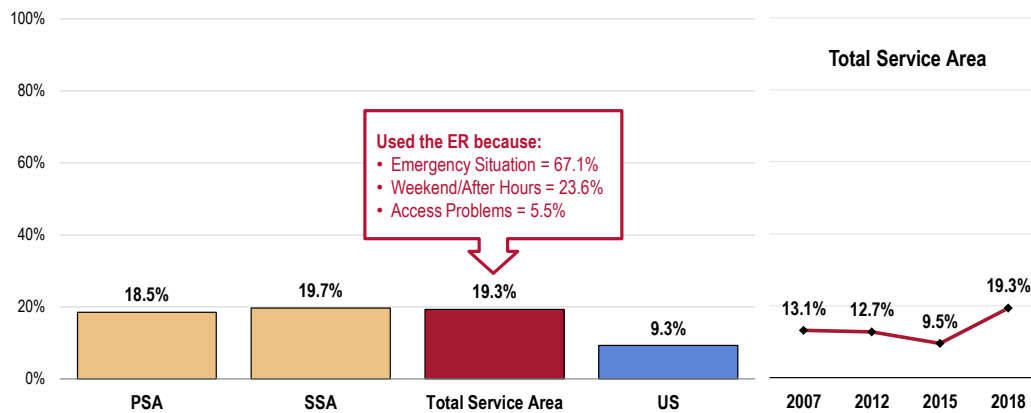
Emergency Room Utilization

A total of 19.3% of Total Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Over twice the national figure.
- Similar by service area.
- TREND: Marks a statistically significant increase over time.

Of those using a hospital ER, 67.1% say this was due to an **emergency or life-threatening situation**, while 23.6% indicated that the visit was during **after-hours or on the weekend**. A total of 5.5% cited **difficulties accessing primary care** for various reasons.

Have Used a Hospital Emergency Room More Than Once in the Past Year

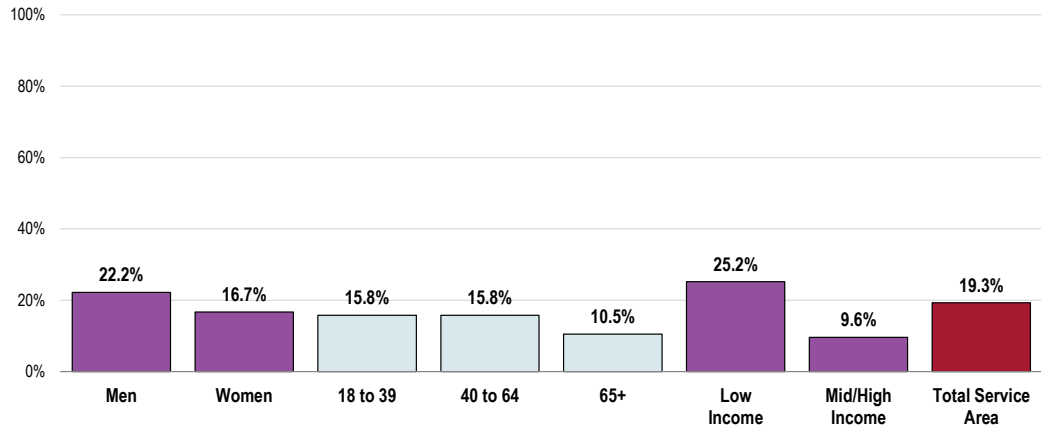


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Adults under 65.
- Residents in low-income households.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Total Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes: ● Asked of all respondents.

● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

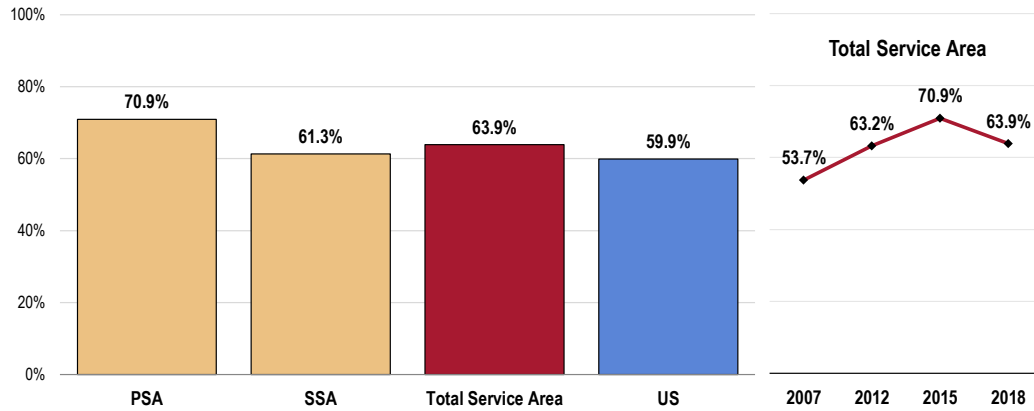
• Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Almost two in three Total Service Area adults (63.9%) have dental insurance that covers all or part of their dental care costs.

- Similar to the national finding.
- Lower in the Secondary Service Area.
- TREND: Marks a statistically significant increase since 2007 (though decreasing from 2015 survey results).

Have Insurance Coverage That Pays All or Part of Dental Care Costs

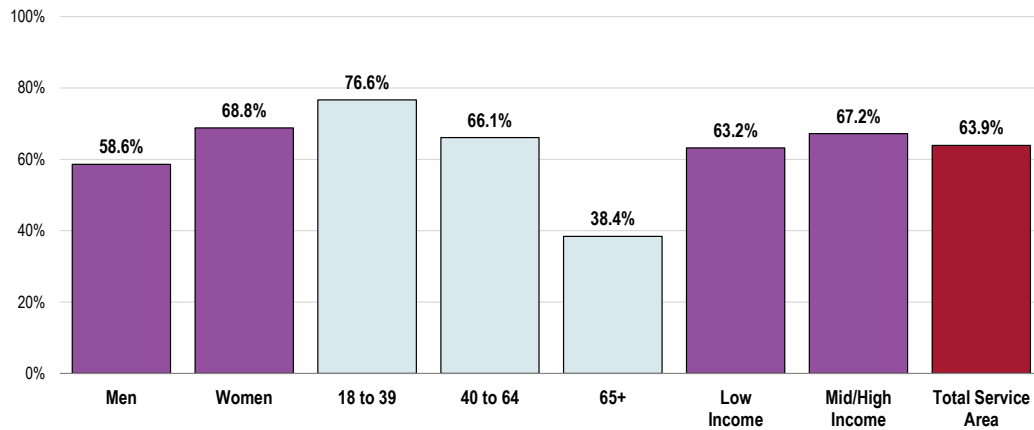


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Men.
- Seniors (strong correlation with age).

Have Insurance Coverage That Pays All or Part of Dental Care Costs (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

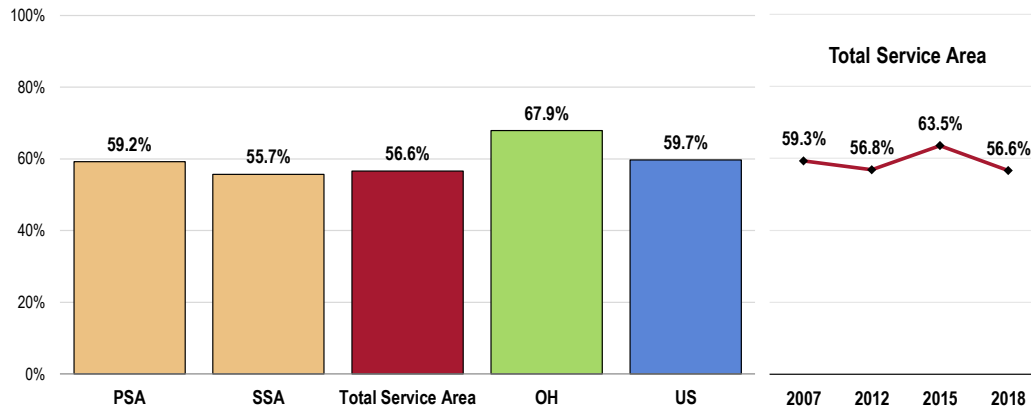
Dental Care

Adults

A total of 56.6% of Total Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49.0% or higher).
- Similar by service area.
- TREND: Statistically unchanged over time.

Have Visited a Dentist or Dental Clinic Within the Past Year Healthy People 2020 Target = 49.0% or Higher



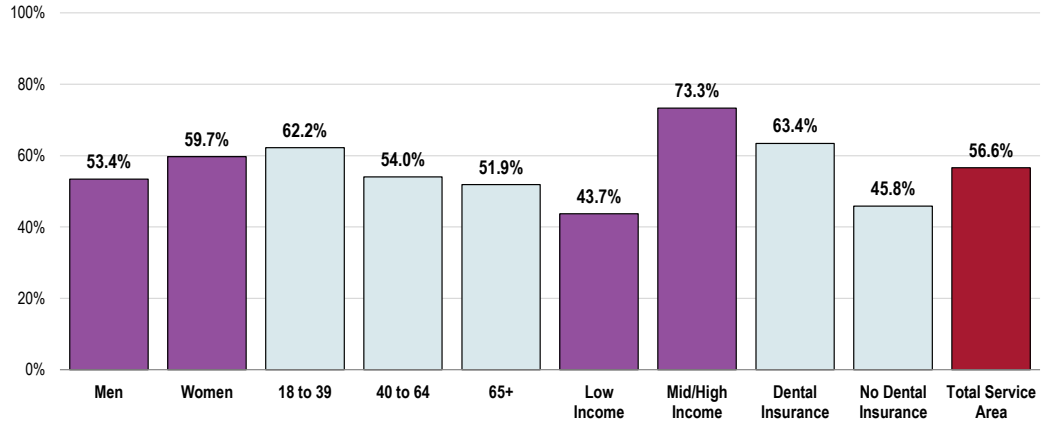
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Ohio data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents.

Note the following:

- Recent dental care in the Total Service Area correlates with age.
- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year (Total Service Area, 2018) Healthy People 2020 Target = 49.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

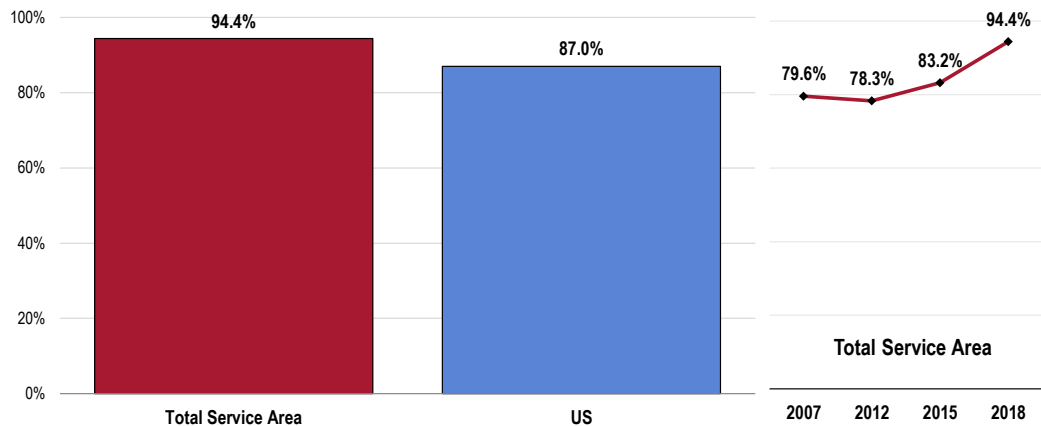
Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Most (94.4%) parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Higher than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Marks a statistically significant increase in children's dental care since 2007.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children Age 2-17) Healthy People 2020 Target = 49.0% or Higher



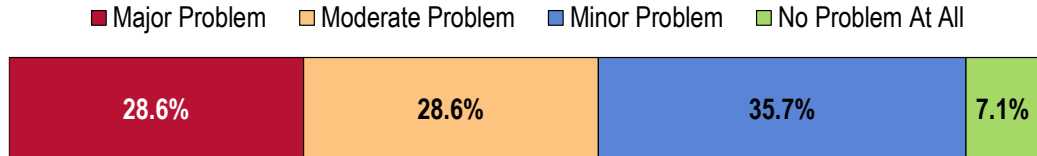
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “minor problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Insurance

Many of our area’s dentists limit the number of Medicaid patients in their offices. The CAO Dental Center had a very difficult time getting any dentist to come to the area to meet the needs of low-income individuals. – Public Health Representative (Scioto County)

No access to dentists that take Medicaid locally. – Social Services Provider (Adams County)

Few dental providers that take Medicaid. Dental care is extremely expensive even if you have good dental insurance. No emergency dental facilities locally. – Public Health Representative (Scioto County)

Lack of dental insurance and fear of the dentist. – Other Health Provider (Scioto County)

Many people have inadequate dental care in our community. Many people have inadequate dental insurance; therefore, they cannot receive the necessary treatments for dental problems. Many offices require several hundred dollars up front before even contemplating assisting individuals with care options. – Public Health Representative (Scioto County)

Lack of providers that will accept Medicaid dental coverage. – Other Health Provider (Scioto County)

Affordable Care/Services

For those that are self-pay, special needs population, low-income, they struggle to find access to dental care, since the closing of the CAO Dental Clinic. – Social Services Provider (Scioto County)

The lack of adequate dental health personnel is common throughout rural America. Bad oral health leads to bullying issues in school, lack of employment opportunities, and major medical problems. – Community/Business Leader (Scioto County)

Lack of dental access for low-income individuals. – Social Services Provider (Scioto County)

Dental care for low income families is suffering due to the closing of the CAO Dental Program. – Public Health Representative (Scioto County)

Parents in my community don’t have the funds to get their kids to the dentist. – Other Health Provider (Pike County)

Alcohol/Drug Use

Drug abuse. Poor personal hygiene. Lack of dental visits. – Other Health Provider (Scioto County)

Again, these issues are elevated due to the substance abuse problem in our area. There are very few local dentist offices that accept Medicaid. Issues of clients needing dentures, tooth removal etc., must venture outside of the county for treatment. – Public Health Representative (Scioto County)

Contributing Factors

Poor hygiene and lack of affordable care. – Other Health Provider (Scioto County)

Poor personal health understanding and personal accountability. – Physician (Scioto County)

Education, eating properly, getting the right care. – Social Services Provider (Adams County)

Vision Care

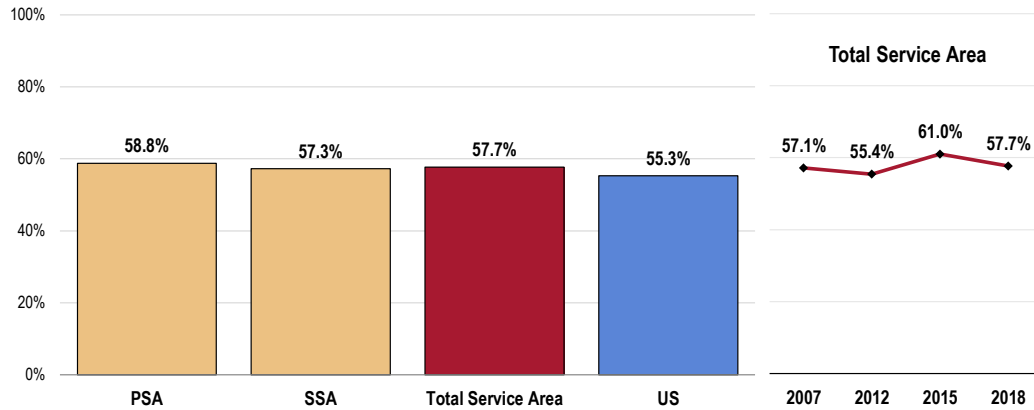
A total of 57.7% of Total Service Area residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also *Potentially Disabling Conditions: Vision & Hearing Impairment in the Death, Disease, & Chronic Conditions* section of this report.

- Statistically comparable to national findings.
- Comparable findings by service area.
- TREND: Statistically unchanged over time.

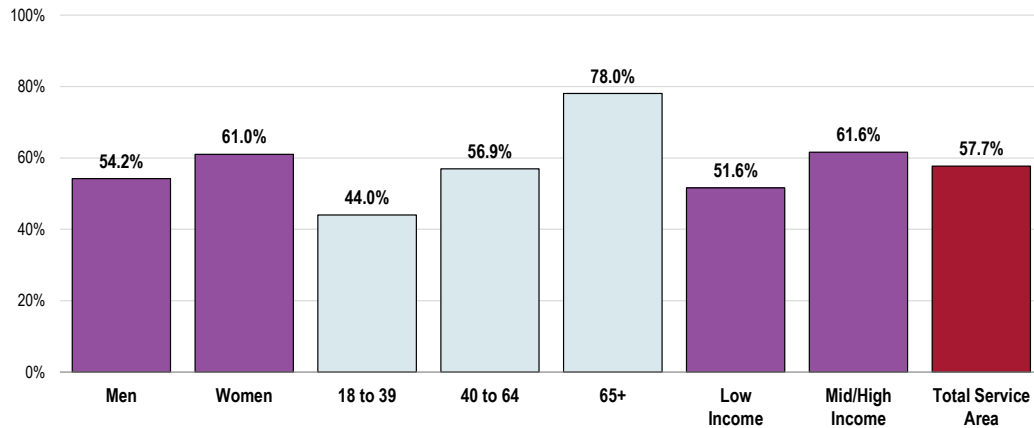
Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Recent vision care is more prevalent in seniors and upper-income residents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources



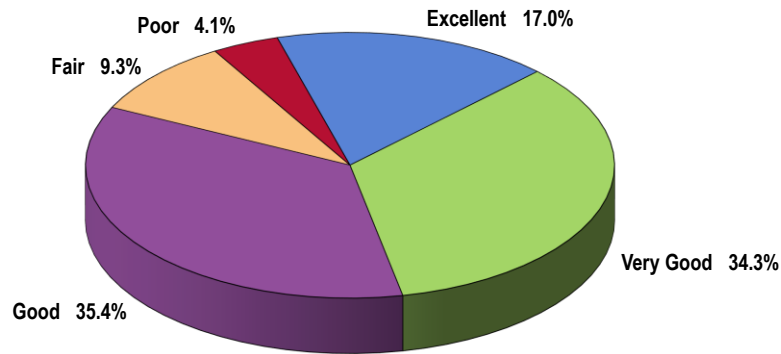
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

Just over one-half of Total Service Area adults (51.3%) rates the overall healthcare services available in their community as “excellent” or “very good.”

- Another 35.4% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(Total Service Area, 2018)

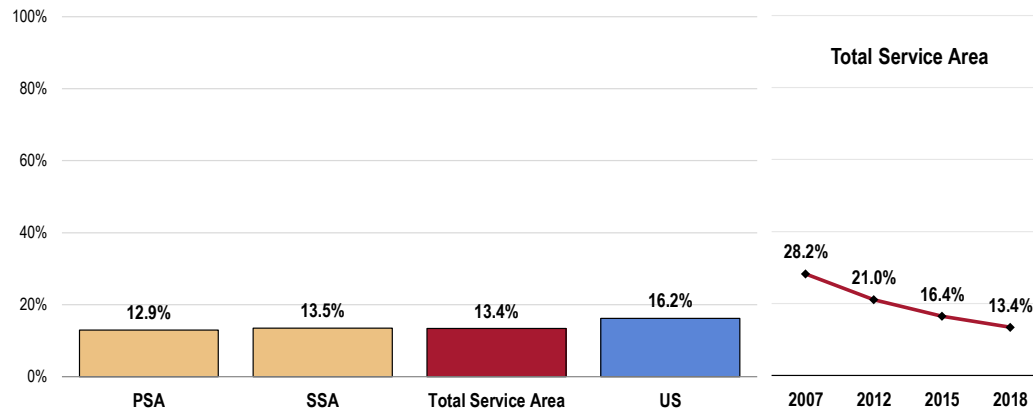


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 13.4% of residents characterize local healthcare services as “fair” or “poor.”

- Similar to the US figure.
- Similar findings by service area.
- TREND: Marks a statistically significant improvement in ratings.

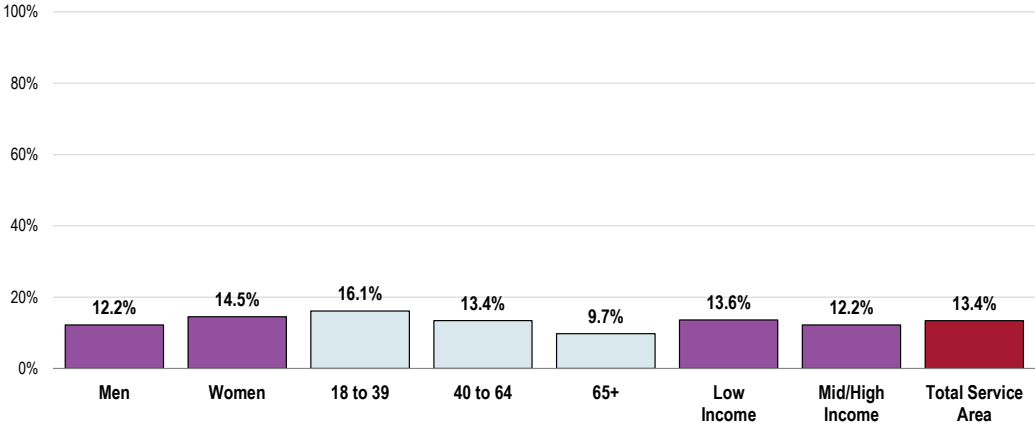
Perceive Local Healthcare Services as “Fair/Poor”



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Ratings of local healthcare services do not vary by demographic characteristics.

Perceive Local Healthcare Services as “Fair/Poor” (Total Service Area, 2018)

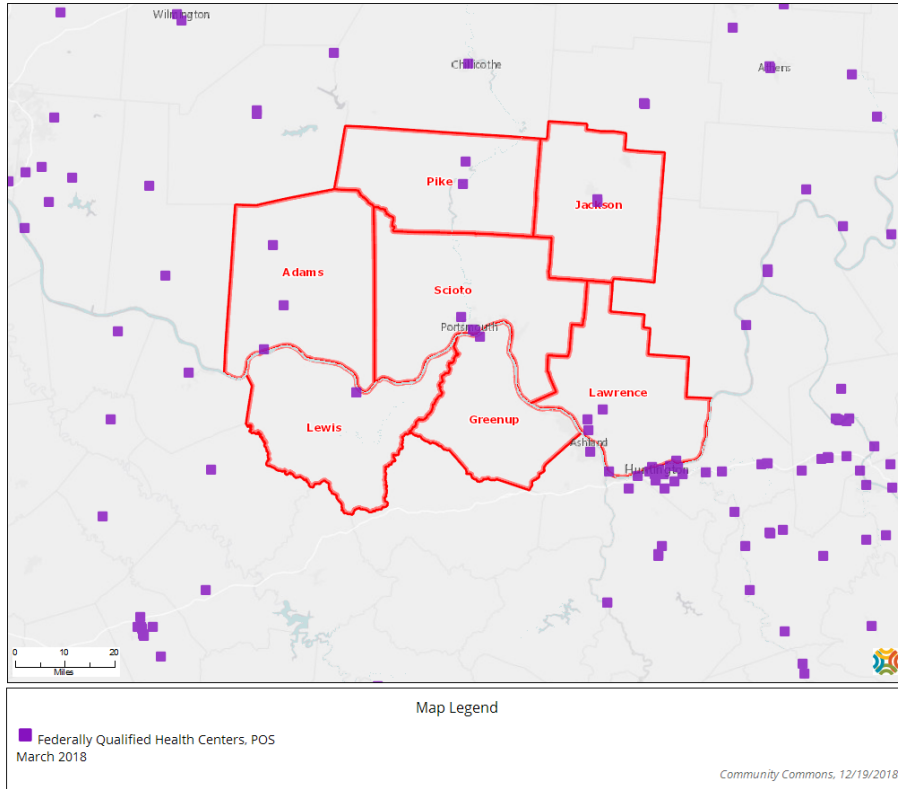


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

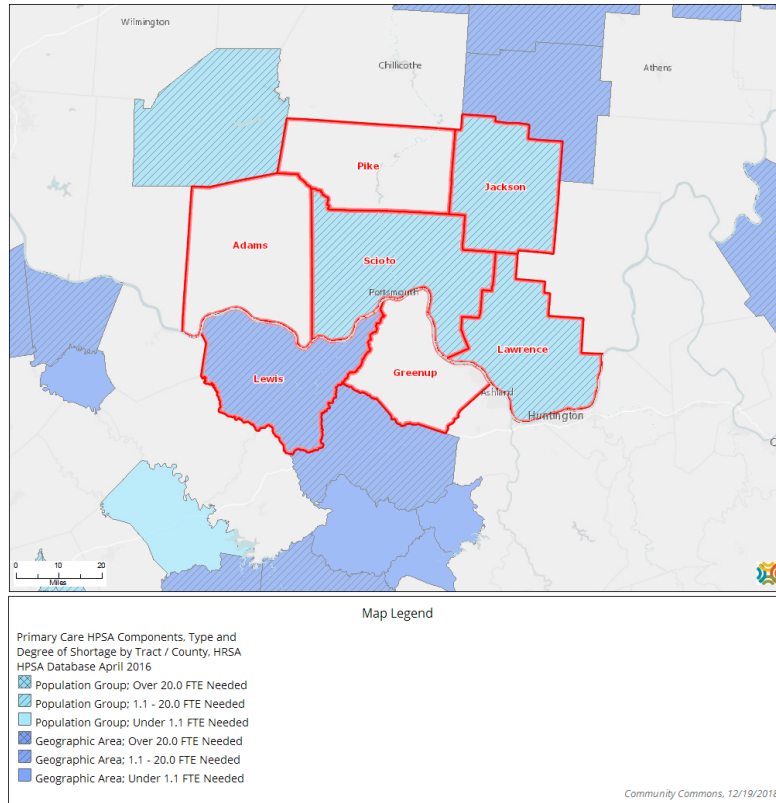
Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within the Total Service Area as of March 2018.



Health Professional Shortage Areas (HPSAs)

The following map provides an illustration of the type and degree of health professional shortages in the Total Service Area as of April 2016.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access Problems

- Adams County Health Department*
- Adams County Regional Medical Center*
- Area Agency on Aging*
- Buffalo Trace Ad District*
- Children's Hospital*
- Doctor's Offices*
- Kings Daughters Medical Center*
- Licking Valley Senior Citizens*
- Marketplace Insurance*
- Medicab*
- Portsmouth City Health Department*
- Senior Transportation Program*
- Shawnee Family Health Center*
- Southern Ohio Medical Center (SOMC)*
- Transportation for Medicaid Recipients*
- UK Extension Office*

Arthritis/Osteoporosis/Back Conditions

- Doctor's Offices*
- Kings Daughters Medical Center*
- SOMC Life Center*
- Southern Ohio Medical Center*

Cancer

- Adams County Cancer Center*
- Adams County Health Department*
- Adams County Regional Medical Center*
- American Cancer Society*
- Breast Cancer Compassion Fund*
- Cancer Center*
- Doctor's Offices*
- Jobs and Family Services*
- Kings Daughters Medical Center*
- Mercy Health*
- Nuclear Workers' Health Care Programs*
- Ohio State University*
- Portsmouth Cancer Center*

- Portsmouth City Health Department*
- Scioto County Cancer Center*
- Scioto County Health Department*
- Screenings*
- SOMC Cancer Center*
- SOMC Life Center*

Chronic Kidney Disease

- Dialysis Center*
- Dialysis Clinic, Inc.*
- Doctor's Offices*
- Fresenius Dialysis Center*
- Kings Daughters Medical Center*
- REACH Program*

Dementia/Alzheimer's Disease

- Adult Day Care*
- Alzheimer's Association*
- Area Agency on Aging*
- Assisted Living Facilities*
- Best Care Nursing Home*
- Hillview*
- Hospice, Respite Care*
- Kings Daughters Medical Center*
- Long-Term Care Dementia Units*
- Market Street Senior Center Adult Day Care*
- Nursing Homes*
- Scioto County Senior Citizens Agency*
- Southern Ohio Medical Center*

Diabetes

- Adams County Health Department*
- Adams County Regional Medical Center*
- Area Agency on Aging*
- Care Coordinators*
- Compass Community Health*
- Diabetic Coalition*
- Dialysis Clinic, Inc.*

Doctor's Offices
 Educational Classes for Management
 Food Shelters
 Greenup County Health Department
 Health Department
 Hospitals
 Kings Daughters Medical Center
 Lewis County Health Department
 Medtronic Services
 Mercy Health
 Nutrition Services
 Ohio River Valley T1D
 Ohio State University
 OLBH
 Pharmacies
 Portsmouth City Health Department
 Primary Plus Maysville Dietitian
 Scioto County Diabetes Outreach
 Scioto County Health Coalition
 Scioto County Health Department
 Southern Ohio Medical Center
 Type 1 Diabetes Support Group
 UK Extension Office
 Urgent Care
 Valley View Health Center

Family Planning

Adams County Pregnancy Resource Center
 Catholic Social Services
 Churches
 Community Action
 Company Community Health Center
 Compass Community Health
 Cradle Center
 Doctor's Offices
 Elizabeth's Hope
 Family Planning and Well Child Clinic
 Health Department
 Planned Parenthood
 Portsmouth City Health Department
 School System
 Valley View Health Center

Hearing and Vision Problems

Beltone
 Community Services for the Deaf and Hard of Hearing
 Doctor's Offices

Heart Disease and Stroke

Adams County Regional Medical Center
 American Heart Association
 Cabell
 Community Health and Wellness
 Compass Community Health
 Connex
 Doctor's Offices
 Farmer's Markets
 Fitness Centers/Gyms
 Health Department
 Hospitals
 Kings Daughters Medical Center
 Maysville Cardiology
 Mercy Health
 Nutrition Services
 Ohio State University
 Parks and Recreation
 Planet Fitness
 Portsmouth City Health Department
 Red Cross
 Rehabilitation Services
 Scioto County Health Department
 Scioto County Heart Association
 Smoking Cessation Programs
 SOMC Life Center
 Southern Ohio Medical Center

HIV/AIDS

Doctor's Offices
 Equitos
 Health Department

Immunization/Infectious Disease

Adams County Health Department
 Compass Community Health
 Doctor's Offices
 Health Department
 Hospitals
 Kings Daughters Medical Center
 Kroger
 Pharmacies
 Portsmouth City Health Department
 School System
 Scioto County Health Department
 Southern Ohio Medical Center

Infant and Child Health

ABCAP

Adams County Regional Medical Center
Cabell
Carousel Center
Community Action
Compass Community Health
Comprehend
Cradle Center
DCBS
Doctor's Offices
Health Department
Kings Daughters Medical Center
Mountain Comp
Rehabilitation Services
Social Services
Southern Ohio Medical Center
Valley View Health Center

Injury and Violence

Ascend
Break Thru Program
Compass Community Health
Crisis Center
Doctor's Offices
Domestic Violence Shelter
HopeSource
Law Enforcement
Mental Health Services
Portsmouth City Health Department
School System
Scioto County/Portsmouth Prosecutor's Office
Shawnee Mental Health
Southeastern Ohio Legal Services
Southern Ohio Medical Center
Suicide Hotline

Mental Health Issues

ADAMHS Board
Bellefonte Detox Unit
CAO Behavioral Health
Children's Hospital
Compass Community Health
Comprehend
Crisis Center
Doctor's Offices
FRS
Health Department
HopeSource
Hopewell Health Centers
Hospitals

Kings Daughters Medical Center
Mahajan Therapeutics
Mental Health Services
Mountain Comp
Phoenix Medical
Phoenix Mental Health Services
School System
Scioto County Board of DD
Shawnee Family Health Center
Shawnee Mental Health
Southern Ohio Medical Center
Suicide Hotline
Suicide Prevention Initiative
Talbot House
The Counseling Center

Nutrition, Physical Activity, and Weight

ABCAP
ACE Cycling
Adams County Health and Wellness Coalition
Adams County Health Department
Anytime Fitness
Area Agency on Aging
Cabell
City Legislators
Community Action
Community Health and Wellness
Compass Community Health
Connex
Doctor's Offices
Farmer's Markets
Fitness Centers/Gyms
Greenup County Health Department
Healthy Plate Program
Hospitals
Iron Body Fitness
Kings Daughters Medical Center
Manchester Local School District
Nutrition Services
Ohio State University
Ohio Valley Local Schools
Parks and Recreation
Planet Fitness
PSKC
Restaurants and Grocery Stores
Scioto Community Group
Shawnee State University
SOMC Life Center
Southern Ohio Medical Center

SSU
 Valley View Health Center
 Weight Loss Facilities
 Weight Watchers

Oral Health/Dental Care

CAO
 Dentist's Offices
 Health Source Ohio
 Mobile Dentist Outreach
 Shawnee State University
 SSU

Sexually Transmitted Diseases

Compass Community Health
 Doctor's Offices
 Family Planning and Well Child Clinic
 Health Department
 Kings Daughters Medical Center
 Portsmouth City Health Department
 School System
 Scioto County Health Department
 Southern Ohio Medical Center
 SSU

Substance Abuse

AA/NA
 ADAMHS Board
 Addiction and Mental Health Board
 Alcohol Drug Addiction and Mental Health Services
 Ascend
 Bellefonte Detox Unit
 Break Thru Program
 Churches
 Community Counseling Center
 Compass Community Health
 Crisis Center
 Doctor's Offices
 Drug Court
 Foundations
 Halfway Houses
 Health Department
 HopeSource
 Hospitals
 Hughes Re-Entry Program
 Jude Lemons
 Kings Daughters Medical Center
 Mahajan Therapeutics
 Mental Health Services

New Beginnings Outreach Ministries
 Outpatient Services
 Phoenix Mental Health Services
 Port 45
 Portsmouth City Health Department
 Recovery 45
 Recovery Council
 Rehabilitation Services
 Scioto County Counseling Center
 Scioto County Drug Court
 Scioto County Health Department
 Shawnee Mental Health
 SOLACE
 Southern Ohio Medical Center
 Stepping Stones

Respiratory Diseases

Community Health and Wellness
 Compass Community Health
 Doctor's Offices
 Genesis Respiratory Services
 Health Department
 Hospitals
 Kings Daughters Medical Center
 Ohio State University
 Portsmouth City Health Department
 Scioto County Health Coalition
 Scioto County Health Department
 Smoking Cessation Programs
 SOMC Cancer Center
 Southeastern Ohio Legal Services
 Southern Ohio Medical Center

Tobacco Use

American Cancer Society
 American Lung Association
 Appalachian Region
 Cancer Center
 CAO
 Community Health and Wellness
 Compass Community Health
 Doctor's Offices
 Employers Only Hiring Non-Smokers
 Health Department
 Hospitals
 Kings Daughters Medical Center
 Ohio State University
 Pharmacies
 Portsmouth City Health Department
 Scioto County Health Coalition

Shawnee Mental Health
Smoking Cessation Programs
Southern Ohio Medical Center
The Counseling Center

Appendix



Professional Research Consultants, Inc.

Evaluation of Past Activities

PENDING