Scioto County
( Including Portsmouth )

2018 Community Health Assessment Summary Report

Report written by:
Belinda Leslie, HR / Accreditation Officer
Portsmouth City Health Department
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This Community Health Assessment is the collaborative effort of the Southern Ohio Medical Center (SOMC), Kings Daughters Medical Center (KDMC), Scioto County Health Department and the Portsmouth City Health Department (PCHD). For the first time the hospitals and the health department will be on a three year assessment cycle. This allows for better collaboration in assessing the health status of the community and developing a Health Improvement Plan with community partners. SOMC is the lead partner because of their size, resources, and experience.

PCHD chose to collaborate with the hospitals to collect data county-wide instead of just focusing on the City because all of their programs (except inspections) are used county-wide.

The complete 245 page report is available from any of the participating entities upon request.
I. Geographical Location

SOMC is located in Portsmouth, Ohio, a rural community with a population of 20,443 situated along the winding Ohio and Scioto rivers. Portsmouth is seated at the southern tip of the state, across the river from Kentucky, and nearly two hours away from the nearest major cities of Columbus and Cincinnati in Ohio, Charleston in West Virginia and Lexington in Kentucky. Portsmouth is a part of Scioto County and is home to 8,474 households. The city is diverse in terms of race, age and education, with the median income for a household falling below $27,943.

II. Population Served and Market Surveyed

The study area for the survey effort (referred to as the “Total Service Area” in this report) includes Scioto County (the Primary Service Area, or “PSA”) and the combined area of Adams, Greenup, Jackson, Lawrence, Lewis, and Pike counties (the Secondary Service Area, or “SSA”). A geographic description is illustrated in the following map (Figure 1).

Figure 1 | Geographical Illustration of Population Served

Orange = PSA (Primary Service Area)
Purple = SSA (Secondary Service Area) All colored areas = TSA (Total Service Area)
* Portsmouth
<table>
<thead>
<tr>
<th>Demographic</th>
<th>Portsmouth, Ohio</th>
<th>Scioto County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Population</td>
<td>20340</td>
<td>75502</td>
<td>11689442</td>
</tr>
<tr>
<td>Age</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Under 5 years</td>
<td>5.10%</td>
<td>1037</td>
<td>5.70%</td>
</tr>
<tr>
<td>5-17 years</td>
<td>20.90%</td>
<td>4251</td>
<td>21.60%</td>
</tr>
<tr>
<td>18-64 years</td>
<td>16.50%</td>
<td>3356</td>
<td>17.90%</td>
</tr>
<tr>
<td>65+ years</td>
<td>53.50%</td>
<td>10882</td>
<td>50.60%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>89.60%</td>
<td>94.50%</td>
<td>82.20%</td>
</tr>
<tr>
<td>African American</td>
<td>5.90%</td>
<td>2.60%</td>
<td>12.90%</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.50%</td>
<td>0.50%</td>
<td>0.30%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.30%</td>
<td>0.40%</td>
<td>2.30%</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>0%</td>
<td>unknown</td>
<td>0.10%</td>
</tr>
<tr>
<td>Latino</td>
<td>1.20%</td>
<td>1.30%</td>
<td>3.80%</td>
</tr>
<tr>
<td>Two+</td>
<td>2.10%</td>
<td>1.90%</td>
<td>2.30%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>1.20%</td>
<td>1.30%</td>
<td>3.80%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>88.90%</td>
<td>93.40%</td>
<td>79.10%</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Size</td>
<td>2.24</td>
<td>2.43</td>
<td>2.44</td>
</tr>
<tr>
<td>Total number of housing units</td>
<td>8474</td>
<td>30204</td>
<td>4633145</td>
</tr>
<tr>
<td>Rent</td>
<td>$585</td>
<td>$585</td>
<td>$764</td>
</tr>
<tr>
<td>Mortgage</td>
<td>$846</td>
<td>$1,063</td>
<td>$1,247</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Grad</td>
<td>80.90%</td>
<td>84.00%</td>
<td>89.90%</td>
</tr>
<tr>
<td>Bachelor's+</td>
<td>14.50%</td>
<td>15.20%</td>
<td>27.20%</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Income</td>
<td>$27,943</td>
<td>$38,978</td>
<td>$52,407</td>
</tr>
<tr>
<td>Persons In Poverty</td>
<td>35.00%</td>
<td>21.40%</td>
<td>14.00%</td>
</tr>
</tbody>
</table>
III. Demographic Service Area & Participant Profile

The following chart (Figure 2) 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.] 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 the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more the federal poverty level.

Figure 2 | Population and Sample Characteristics

The seven-county TSA, the focus of this Community Health Needs Assessment, encompasses 3335.33 square miles and houses a total population of 278,000 residents, according to latest census estimates. Between the 2000 and 2010 US Censuses, the population of the TSA increased by 3,048 persons, or 1.1%. The TSA is predominantly rural, with 6 in 10 residents living in areas designated as rural. In the TSA, 77.9% of the population is infants, children or adolescents (age 0-17); another 60.2% are ages 18 to 64, while 16.9% are ages 65 and older. The TSA is “older” than the state and the nation in that the median ages are higher. In looking at race independent of ethnicity (Hispanic or Latino origin), 95.9% of the TSA residents are White, 1.6% are African American and 1.0% are Hispanic or Latino. Between
2000 and 2010, the Hispanic population in the area increased by 785 or 0.8%. A total of 0.2% of the TSA population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

The latest census estimate shows 21.7% of the TSA population living below the federal poverty level. In all, 44.0% of service area residents (nearly 119,160 individuals) live below 200% of the federal poverty level. Additionally, 54.0% of TSA children age 0-17 (representing an estimated 33,285 children) live below the 200% poverty threshold. Among the TSA population age 25 and older, an estimated 16.8% (over 32,000 people) do not have a high school education. According to data derived from the US Department of Labor, the unemployment rate in the TSA as of March 2018 was 6.5%.

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

IV. Area Health Services

In addition to SOMC’s presence in the TSA, the PSA offers (all located in Portsmouth) multiple other health providers/entities including:

- Scioto County Health Department
- Portsmouth City Health Department
- King’s Daughters Medical Center Ohio
- Compass Community Health Care Center
- Scioto County Health Coalition
- Shawnee Family Health Center
- King’s Daughters Family Care Centers
- Community Action WIC and Prenatal Clinic
- Community Action Dental Clinic
- Valley View Health Centers
- Port 45 Recovery
- Hope Source
- The Counseling Center
- Mahajan Therapeutics Alcohol and Drug Treatment
- The Adams, Lawrence and Scioto Counties Alcohol, Drug Addiction, and Mental Health Services Board

The SSA benefits from the following additional health providers/entities:

- Adena Urgent Care – Pike County
- Adena Pike Medical Center – Pike County
- Adams County Regional Medical Center – Adams County
- Holzer Medical Center – Jackson County
- King’s Daughters Family Care Center and Urgent Care – Lawrence County
- King’s Daughters Family Care Center – Greenup County & Jackson County
- St. Mary’s ER – Lawrence County
- County health departments
- Primary Plus – Greenup County and Lewis County
- Christ Care Pediatrics
- Bellefonte Primary Care – Greenup County
- Valley View Health & Dental Center – Pike County
- Women, Infant and Children (WIC) programs

*This list may not be comprehensive but represents an adequate listing of other health providers/entities.
V. Community Health Needs Assessment Methodology, Process, and Included Members and/or Entities

In November, 2017, Southern Ohio Medical Center began planning the community health needs assessment to comply with accreditation standards. SOMC’s Community Health and Wellness team assisted with the planning and implementation of the assessment.

The Community Health and Wellness team sought third-party assistance to conduct the Community Health Needs Assessment (CHNA). Two different leading agencies were interviewed under set criteria identified by the Community Health team. A matrix was constructed to compare agencies. Based on interview findings, quotes and proposals, Professional Resource Consultants (PRC) was selected as the vendor and a contract was signed. Survey preparation proceeded with PRC. In October, 2018, PRC began surveying the community. Final surveys were completed in December, 2018. PRC completed data compilation and delivered the final report to SOMC in February, 2019. The assessment incorporated data from both quantitative and qualitative sources. Quantitative data input included primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allowed for trending and comparison to benchmark data at the state and national levels. Qualitative data input included primary research gathered through an Online Key Informant Survey.

Upon review of data, a preliminary plan was developed by key SOMC stakeholders. The findings and preliminary plan was presented to the Community Outreach Leadership Team and the External Steering Committee (Scioto County Health Coalition) for feedback and revision. The implementation plan was then presented to the SOMC Board of Directors for further refinement and final plan approval.
The following timeline displays the chronology of events (Figure 3). Figure 4 displays the entities represented in the External Steering Committee.

**Figure 3 | CHNA 2018 Timeline**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov. 2017</td>
<td>Planning meeting</td>
</tr>
<tr>
<td></td>
<td>» SOMC convenes key players meeting</td>
</tr>
<tr>
<td></td>
<td>» Discusses quotes and proposals</td>
</tr>
<tr>
<td></td>
<td>» Choose Vendor for CHNA</td>
</tr>
<tr>
<td>January 2018</td>
<td>SOMC chooses vendor CHNA</td>
</tr>
<tr>
<td>February 2018</td>
<td>SOMC budgets for 2019 CHNA</td>
</tr>
<tr>
<td></td>
<td>Update Community Benefit Policy every 3 years</td>
</tr>
<tr>
<td>Feb. 13, 2018</td>
<td>Email sent to SOMC, KDMC-O, Scioto, Lawrence, Pike, Adams County and Portsmouth City Health Departments with invitation of collaboration</td>
</tr>
<tr>
<td>March 6, 2018</td>
<td>Initial Collaboration meeting to begin planning collaboration of CHNA/CHA</td>
</tr>
<tr>
<td>April 25, 2018</td>
<td>Collaboration meeting: SOMC to take lead. Port City (PCHD), Scioto Co. (SCHD), and KDMCO agreed to partner by holding focus groups in January 2019. PCHD &amp; SCHD verbally commit to $10,000 contribution to CHNA funding.</td>
</tr>
<tr>
<td>May 2018</td>
<td>Community Benefits posted</td>
</tr>
<tr>
<td>June 14, 2018</td>
<td>SOMC, KDMC, PCHD provided info about PRC and solidified timeline</td>
</tr>
<tr>
<td>July 2018</td>
<td>Repost 2016 CHNA/IP to ODH website</td>
</tr>
<tr>
<td>August 22, 2018</td>
<td>SOMC, KDMC, PCHD discussed focus groups. Piggyback on additional meetings. KDMC committed to $5,000</td>
</tr>
<tr>
<td>Sep. 28, 2018</td>
<td>SOMC, KDMC, PCHD. SOMC provided contacts for groups to use for focus groups. PCHD and KDMC calls to 11 groups, made 3 appointments.</td>
</tr>
</tbody>
</table>
October 2018  Begin CHNA through vendor, PRC
   » 800 phone surveys, or about 3 months

Nov. 13, 2018  Focus Group

Nov. 27, 2018  Focus Group

January 2019  online key-informant survey

January 22, 2019  Focus Group cancelled due to bad weather

Feb./March 2019  PRC sends final data and PRC report to SOMC

Mar./April 2019  » SOMC writing and finalization CHNA report
                   » Implementation planning begins
                   » Share findings and implementation planning
                      with Scioto County partners
                   » Present to multiple SOMC committees
                   » Present to SOMC Community Outreach Leadership Team
                   » Present to Scioto County Health Coalition
                   » Present report to SOMC Board of Directors for final approval

May 2019  » FY 18 Community Benefits to website
           » 2019 CHNA available to community on SOMC website

*Font in blue is part of Health Department Collaborative
*Font in black is SOMC specific

Figure 4 | 2019 External Steering Committee

<table>
<thead>
<tr>
<th>Scioto County Health Coalition</th>
<th>Kings Daughters Medical Center Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Street Portsmouth</td>
<td>Alcohol, Drug and Mental Health Services Board</td>
</tr>
<tr>
<td>Scioto County Health Department</td>
<td>Portsmouth Chamber of Commerce</td>
</tr>
<tr>
<td>Scioto County Health Commissioner</td>
<td>Caresource</td>
</tr>
<tr>
<td>Compass Community Health</td>
<td>Portsmouth City Health Commissioner</td>
</tr>
<tr>
<td>Portsmouth City Health Department</td>
<td>Shawnee State University</td>
</tr>
<tr>
<td>The Counseling Center</td>
<td>CAO Headstart</td>
</tr>
<tr>
<td>Goodwill Industry of Scioto County</td>
<td>Rest Haven Nursing Home</td>
</tr>
<tr>
<td>Area Agency on Aging District 7</td>
<td>Shawnee State Park</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Scioto County Community Action</td>
<td>Shawnee Family Health Care Center</td>
</tr>
<tr>
<td>Equitas</td>
<td>Pike County Community Action</td>
</tr>
<tr>
<td>Southern Ohio Domestic Violence Shelter</td>
<td>Portsmouth Metropolitan Housing Authority</td>
</tr>
<tr>
<td>Southern Ohio Medical Center</td>
<td>Southern Ohio Senior Games</td>
</tr>
<tr>
<td>WIC</td>
<td>Bureau of Worker’s Compensation</td>
</tr>
</tbody>
</table>

**VI. Background and Description CHNA**

The 2018 CHNA, a follow-up to studies conducted in 2000, 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 SOMC. 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 SOMC and PRC and is similar to the previous surveys used in the region, allowing for data trending.

A telephone interview methodology was employed — one that incorporates both landline and cell phone interviews. The sample design used for this effort consisted of a stratified random sample of 800 individuals age 18 and older in the Total Service Area (TSA), including **600 in the Primary Service Area** (PSA) and 200 in the Secondary Service Area (SSA). 125 total survey items were asked of participants, which averaged a 20-25 minute telephone interview.

**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 a great number of medical conditions that are not specifically addressed.
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 was also implemented as part of this process. A list of recommended participants was provided by SOMC; 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. Participants included representatives of public health, as well as several individuals who work with low-income, minority or other medically underserved populations and those who work with persons with chronic disease conditions.

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 participated in the Online Key Informant Survey, as outlined in the following table:

Figure 5 | Online Key Informant Survey Participation

<table>
<thead>
<tr>
<th>Key Informant Type</th>
<th>Number Invited</th>
<th>Number Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Public Health Representatives</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Other Health Providers</td>
<td>29</td>
<td>20</td>
</tr>
<tr>
<td>Social Services Providers</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>Other Community Leaders</td>
<td>33</td>
<td>20</td>
</tr>
</tbody>
</table>
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.
VII. Collaboration with Community Partners and Focus Groups

In February, 2018, SOMC initiated a search for community collaboration. Invitations were sent to area health departments and King’s Daughter Medical Center-Ohio (KDMC-O) regarding a possible partnership in the conduction of the CHNA. Meetings were held with several community partners in which collaboration efforts were discussed and planned. An agreement for partnership between SOMC, KDMC-O, and the Portsmouth City Health Department (PCHD) was signed. As a collaboration between SOMC, KDMC-O and the PCHD, several focus groups were conducted. Calls were placed to 11 different local groups and 3 appointments were made. One was cancelled by the group (January 22, 2019) due to bad weather.

Two focus groups were conducted - the first on November 13, 2018 and second on November 27, 2018- with a total of 62 respondents. Figure 5 below lists the questions discussed during the focus groups and the top responses (listed highest to lowest).

Figure 6 | Focus Group Questions and Top Responses

<table>
<thead>
<tr>
<th>Focus Group Question</th>
<th>Top Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics of a healthy community</td>
<td>Jobs</td>
</tr>
<tr>
<td></td>
<td>Community involvement/leadership working together</td>
</tr>
<tr>
<td></td>
<td>Cultural development</td>
</tr>
<tr>
<td></td>
<td>Low crime rates</td>
</tr>
<tr>
<td></td>
<td>Good mental and physical health</td>
</tr>
<tr>
<td>Makes you proud of your community</td>
<td>Ability to band together</td>
</tr>
<tr>
<td></td>
<td>Perseverance of citizens</td>
</tr>
<tr>
<td></td>
<td>Shawnee State University</td>
</tr>
<tr>
<td></td>
<td>Winter Fest</td>
</tr>
<tr>
<td></td>
<td>Improvements like bike path and proposed Mound Park</td>
</tr>
<tr>
<td>Issues that must be addressed to improve the health and quality of life in Portsmouth</td>
<td>Substance abuse</td>
</tr>
<tr>
<td></td>
<td>Economic development/jobs</td>
</tr>
<tr>
<td></td>
<td>Smoking</td>
</tr>
<tr>
<td></td>
<td>Diet and exercise</td>
</tr>
<tr>
<td></td>
<td>Affordable health care</td>
</tr>
<tr>
<td>Barriers that are keeping city from improving health and quality of life</td>
<td>Finances/economic instability</td>
</tr>
<tr>
<td></td>
<td>Politics</td>
</tr>
<tr>
<td></td>
<td>Agencies unwilling to work together</td>
</tr>
<tr>
<td></td>
<td>Leadership not open to new industry and technology</td>
</tr>
<tr>
<td></td>
<td>Lack of evidence-based programs</td>
</tr>
</tbody>
</table>
| Action, policy or funding priorities to support to build a health community | Bringing in business and finding other funding avenues  
Beautification projects  
Infrastructure improvements  
Development of cooperation between agencies  
Incentives in the workplace to increase physical activity |
|---|---|
| People or groups working together to improve the health and quality of life in our community | Friends of Portsmouth  
Portsmouth Connex  
Scioto County Health Coalition  
Scioto Foundation  
Portsmouth City Health Department |
| Satisfied with the quality of life in Portsmouth | 82% - No  
18% - Yes |
| Economic opportunity in Portsmouth | 98% - No  
2% - Yes |
| Portsmouth safe | 60% - No  
18% - Somewhat  
22% - Yes |
| Perception – individually and collectively – make Portsmouth a better place to live | 61% - No  
59% - Yes |
| Things that would excite you enough to become involved in improving the community | Collaboration of community leaders  
Government  
Private business  
Moving past partisan politics  
More volunteer events  
Creating awareness and education  
Utilizing the river front |
**VIII. Significant Health Needs of the Community (Figure 7)**

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).

**Figure 7** | Areas of Opportunity Identified through Assessment

| Access to Healthcare Services | Cost of Prescriptions  
Lack of Health Insurance (SSA)  
Skipping/Stretching Prescriptions  
Primary Care Physician Ratio  
Emergency Room Utilization |
|-------------------------------|--------------------------------------------------|
| Cancer                        | Cancer is a leading cause of death.  
Cancer Deaths  
• 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 | Alzheimer’s Disease Deaths |
| Diabetes                      | Diabetes Deaths  
Diabetes Prevalence  
*Diabetes ranked as a top concern in the Online Key Informant Survey.* |
| Family Planning               | Teen Births |
| Heart Disease & Stroke        | 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.* |
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury &amp; Violence</td>
<td>Unintentional Injury Deaths</td>
</tr>
<tr>
<td></td>
<td>• Including Motor Vehicle Crash</td>
</tr>
<tr>
<td></td>
<td>Firearm-Related Deaths</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>Kidney Disease Deaths</td>
</tr>
<tr>
<td></td>
<td>Kidney Disease Prevalence</td>
</tr>
<tr>
<td>Mental Health</td>
<td>“Fair/Poor” Mental Health</td>
</tr>
<tr>
<td></td>
<td>Diagnosed Depression</td>
</tr>
<tr>
<td></td>
<td>Symptoms of Chronic Depression</td>
</tr>
<tr>
<td></td>
<td>Receiving Treatment for Mental Health</td>
</tr>
<tr>
<td></td>
<td>Suicide Deaths</td>
</tr>
<tr>
<td></td>
<td>*Mental Health ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td>Nutrition, Physical Activity &amp; Weight</td>
<td>Fruit/Vegetable Consumption</td>
</tr>
<tr>
<td></td>
<td>Difficulty Accessing Fresh Produce</td>
</tr>
<tr>
<td></td>
<td>Overweight &amp; Obesity [Adults]</td>
</tr>
<tr>
<td></td>
<td>Trying to Lose Weight [Overweight Adults]</td>
</tr>
<tr>
<td></td>
<td>Leisure-Time Physical Activity</td>
</tr>
<tr>
<td></td>
<td>Meeting Physical Activity Guidelines</td>
</tr>
<tr>
<td></td>
<td>Access to Recreation/Fitness Facilities</td>
</tr>
<tr>
<td></td>
<td>*Nutrition, Physical Activity &amp; Weight ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td>Potentially Disabling Conditions</td>
<td>Activity Limitations</td>
</tr>
<tr>
<td></td>
<td>Arthritis/Rheumatism Prevalence [Age 50+]</td>
</tr>
<tr>
<td></td>
<td>Osteoporosis Prevalence [Age 50+]</td>
</tr>
<tr>
<td></td>
<td>Sciatica/Chronic Back Pain Prevalence</td>
</tr>
<tr>
<td></td>
<td>Caregiving</td>
</tr>
<tr>
<td></td>
<td>Multiple Chronic Conditions</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>Chronic Lower Respiratory Disease (CLRD) Deaths</td>
</tr>
<tr>
<td></td>
<td>Chronic Obstructive Pulmonary Disease (COPD) Prevalence</td>
</tr>
<tr>
<td></td>
<td>Pneumonia/Influenza Deaths</td>
</tr>
<tr>
<td></td>
<td>Flu Vaccination [Age 65+]</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Cirrhosis/Liver Disease Deaths</td>
</tr>
<tr>
<td></td>
<td>Unintentional Drug-Related Deaths</td>
</tr>
<tr>
<td></td>
<td>Illicit Drug Use</td>
</tr>
<tr>
<td></td>
<td>*Substance Abuse ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>Cigarette Smoking Prevalence</td>
</tr>
<tr>
<td></td>
<td>Environmental Tobacco Smoke Exposure at Home</td>
</tr>
<tr>
<td></td>
<td>• Including Among Households with Children</td>
</tr>
<tr>
<td></td>
<td>Use of Vaping Products</td>
</tr>
<tr>
<td></td>
<td>Smokeless Tobacco Prevalence</td>
</tr>
<tr>
<td></td>
<td>*Tobacco Use ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
</tbody>
</table>
IX. Process for Prioritizing & Evaluation of Impact

SOMC and PCHD reviewed data gathered from telephone surveys, online key informant surveys as well as focus groups. In order to prioritize health issues in which to develop goals and action plans, it was critical to identify the most pressing community health needs. Community needs were ranked in importance based on the following criteria:

» Number of people affected
» Severity of the problem
» Health system’s ability to make a difference in the outcomes or data
» Extent to which other community organizations are collaborating to meet the need.

In addition to data review of significant health needs of the community, the feedback from all key stakeholder groups was solicited to influence and shape the strategies and actions in the final plan. Another important influence on the final plan was the State Health Improvement Plan (SHIP) for Ohio. The top priorities for SHIP were reviewed and the goals and action plans that were developed were in alignment with 3 health priorities Mental Health and Addiction, Chronic Disease and Low Infant Birth Weight.

The top three needs encompass actions related to at least four of the top fourteen areas of concern identified through the CHNA.

A noted area of improvement from the 2015 CHNA was the priority, “Access to Care”. Since 2007’s CHNA, SOMC has tracked the difficulty in securing a Primary Care Provider, to obtain medical care for children, the number of adults receiving a yearly physical/checkup and the number of adults utilizing the emergency room care at least once in the past year. All of these metrics have notably improved and sustained. Only during the current 2018 CHNA did one of the indicators change unfavorable which was the number of adults utilizing the emergency room care at least once in the past year. These improvements are due in part to the Affordable Care Act. Presently 15% of our TSA population has no insurance coverage. SOMC has also implemented several actions to fill the void of available Primary Care Providers. In 2008, the SOMC Medical Care Foundation (MCF) was created to serve our community with the best possible medical care closer to home. Currently there are
ten satellite family practice offices with on-site providers, laboratory, imaging and rotating specialty services in our TSA in which more than 66 physicians and 73 specialists provide care. SOMC recognized the need could not be met only through physicians; therefore, 77 mid-level providers (nurse practitioners, physician assistants, licensed independent social workers, and certified surgical assistant) and 15 certified registered nurse anesthetist have joined the MCF to meet the demand of our patient's medical needs. During the 2015 CHNA implementation efforts, SOMC decided to continue the actions implemented to improve Access to Care but chose not to select it as an area of focus. Currently the Scioto County Health Coalition continues to work to sustain and improve Access to Care for the community.

<table>
<thead>
<tr>
<th>Access to Care Data</th>
<th>+/- Difference</th>
<th>2018</th>
<th>2015</th>
<th>2012</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced difficulty obtaining care</td>
<td>+3.7%</td>
<td>41.6%</td>
<td>39.0%</td>
<td>43.2%</td>
<td>45.3%</td>
</tr>
<tr>
<td>Unable to obtain medical care for a child</td>
<td>+1.6%</td>
<td>4.1%</td>
<td>0.9%</td>
<td>2.4%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Adult yearly routine checkups</td>
<td>+13.5%</td>
<td>79.5%</td>
<td>78.8%</td>
<td>69.7%</td>
<td>66.0%</td>
</tr>
<tr>
<td>Utilized Emergency Care &gt;1x last year</td>
<td>-6.2%</td>
<td>19.3%</td>
<td>9.7%</td>
<td>12.7%</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

*Difference reflects comparison of data from 2007 with data from 2018.*
X. Prioritized Needs

Tobacco Use
A total of 24.6% of TSA adults currently smoke cigarettes, either regularly (18.4% every day) or occasionally (6.2% on some days). This statistic is similar to statewide findings and less favorable than national findings. The survey shows similar results in the SSA. The current smoking percentage has improved from the rate of 27.4% in 2007 to the rate of 24.6% in 2018, but has not shown statistical significance. This rate is more prevalent among adults under 65 and lower-income residents. Among households with children, 22.2% have someone who smokes cigarettes in the home. This figure has also statistically improved from 31.6% in 2007. Key informant survey participants and focus group participants expressed concern with tobacco and vaping product use in the community. This is also the first time in which data regarding vaping products was included on the telephone survey. It was found that 7.1% currently use vaping products. Key informant participants and focus groups express smoking remains prevalent in the community in which many adults use tobacco and their children observe this behavior and grow up to do the same. Also there is concern expressed that many believe that the use of electronic cigarette usage has significantly increased among school aged children, teenagers and adults in which there is a lack of understanding regarding the true consequences of these behaviors and health. SOMC will continue to focus strategies to reduce tobacco use including electronic cigarettes.

<table>
<thead>
<tr>
<th>Tobacco Data</th>
<th>+/- Difference</th>
<th>2018</th>
<th>2015</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Smokers</td>
<td>-1.9%</td>
<td>24.6%</td>
<td>22.6%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Non-smokers exposed to 2nd hand smoke</td>
<td>+0.8%</td>
<td>10.3%</td>
<td>6.4%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Use Vaping Products</td>
<td>n/a</td>
<td>7.1%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Smokeless tobacco</td>
<td>-2.2%</td>
<td>7.1%</td>
<td>7.3%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Children exposed to tobacco smoker in the home</td>
<td>-3.0%</td>
<td>22.2%</td>
<td>13.0%</td>
<td>25.2%</td>
</tr>
<tr>
<td>Advised by healthcare professional to quit</td>
<td>+2.1%</td>
<td>74.5%</td>
<td>75.0%</td>
<td>72.4%</td>
</tr>
</tbody>
</table>
Nutrition, Physical Activity, & Obesity

**Nutrition:** A total of 26.5% (21.8% in 2015) of Total Service Area adults report eating five or more servings of fruits and/or vegetables per day. This statistic is well below the national percentage. Fruit/vegetable consumption has decreased significantly since 2007. Low-income residents, women and adults age 40-64 reported difficulty getting fresh fruits and vegetables. A total of 42.2% (40.6% in 2015) of survey respondents acknowledge that a physician or other health professional counseled them about diet and nutrition in the past year. It is important to note that among obese respondents, only 47% (27% in 2015) report receiving diet/nutrition advice. The primary concerns of the key informant participants and focus groups surrounding nutrition included decreased knowledge of the value of food preparation, cooking techniques and healthy nutritional options, limited income which increases fast food and junk food purchases, the abundance of fast food establishments in the community, and the high cost of healthy foods. Nutrition remains an area in which continued education and information about good nutrition is needed for the community.

<table>
<thead>
<tr>
<th>Nutrition Data</th>
<th>+/- Difference</th>
<th>2018</th>
<th>2015</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥5 Fruits or vegetables daily</td>
<td>-5.2</td>
<td>26.5%</td>
<td>21.8%</td>
<td>31.7%</td>
</tr>
<tr>
<td>Received diet or nutrition advise from a health professional</td>
<td>+6.7%</td>
<td>42.2%</td>
<td>40.6%</td>
<td>35.5%</td>
</tr>
</tbody>
</table>

**Physical Activity:** A total of 31.9% (36.0% 2015) of TSA adults report no leisure-time physical activity in the past month. This result is lower than statewide and national findings and statistically unchanged since 2012. The lack of leisure-time physical activity is higher among women, adults age 40 and older, and lower-income residents. A total of 15.2% of TSA adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations). This result is less favorable than state and national findings. Those that are less likely to meet physical activity requirements include women, seniors and low-income residents. Among the TSA children age 2 to 17, 66.2% (61.9% 2015) are reported to have had 60 minutes or more physical activity per day. This physical activity among children result is more favorable than national findings. A total of 40.4% (41.9% 2015) of TSA adults report that their physician or other health professional has asked about or given advice to them about physical activity in the past year. Among overweight/obese respondents, most have not received professional advice on physical activity. The key informant survey participants believe many community members live a sedentary lifestyle, lack of programs for adults and youth related to physical activity and limited number of free or reduced-cost options for physical activity in the community.

<table>
<thead>
<tr>
<th>Physical Activity Data</th>
<th>+/- Difference</th>
<th>2018</th>
<th>2015</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>No leisure-time physical activity in the past month</td>
<td>-2.8%</td>
<td>31.9%</td>
<td>37.0%</td>
<td>34.7%</td>
</tr>
<tr>
<td>Received exercise advise from a health professional</td>
<td>+6.0</td>
<td>40.4%</td>
<td>41.9%</td>
<td>34.4%</td>
</tr>
</tbody>
</table>
**Obesity:** Based on self-reported heights and weights, 20.3% (19.3% 2015) of TSA adults are at a healthy weight. Nearly 8 in 10 TSA adults (77.9%) are overweight. Furthermore, 47.1% (46.9% 2015) of Total Service Area adults are obese. Obesity is notably more prevalent among residents under age 65 and low-income adults. All of these statistics are trending in the wrong direction and are less favorable than state and US findings. Obese and overweight adults are more likely to report a number of adverse health conditions. Among these are hypertension (high blood pressure), high cholesterol, chronic depression, “fair” or “poor” physical health, and diabetes. A total of 27.4% (24.4% 2015) of adults have been given advice about their weight by a physician, nurse or other health professional in the past year. This result is similar to the national findings and has improved since reported in 2007. A total of 53.6% (29.8% 2015) of TSA adults who are overweight say that they are both modifying diet and increasing physical activity to try to lose weight. This result has increased since 2007, but remains lower than the national finding. Overweight/obese residents are also more likely to have overweight children. Based on the heights/weights reported by surveyed parents, 43.0% (49.0% 2015) of TSA children age 5 to 17 are overweight or obese (fifth 85th percentile). This figure is similar to the national prevalence and is statistically unchanged since 2007. Childhood obesity (BMI >95th percentile) had a slight decline, with TSA decreasing from 33.5% in 2015 to 23.9% in 2018; the TSA childhood obesity rate is similar to the national percentage.

<table>
<thead>
<tr>
<th>Obesity Data</th>
<th>+/- Difference</th>
<th>2018</th>
<th>2015</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Obesity Prevalence</td>
<td>+11.7%</td>
<td>47.1%</td>
<td>46.9%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Received weight advise from a</td>
<td>+7.5%</td>
<td>27.4%</td>
<td>24.4%</td>
<td>19.9%</td>
</tr>
<tr>
<td>health professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Obesity Prevalence</td>
<td>+4.8%</td>
<td>23.9%</td>
<td>33.5%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>

**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. 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. This rate is higher when compared to Ohio at 173.2 and the US at 155.6. Together, cardiovascular disease (heart disease and stroke) and cancers accounted for nearly half of deaths in the Total Service Area in 2017. Although the trend has decreased slightly, many health behaviors that increase an individual's risk for developing cancer remain in the TSA which includes use of tobacco products, obesity, poor nutrition and lack of physical activity. While tobacco prevention and cessation initiatives have had success, lung cancer remains the leading cause of cancer deaths in the Total Service Area at 65.1. This rate remains worse than state and national rates (Ohio 47.0 and US 38.5). The value of prevention and early detection of cancer is evident, but many individuals still do not take advantage of screenings. Among women age 50-74, 72.7% have had a mammogram within the past 2 years which is similar to statewide (Ohio 77.1%) and US findings (77.0%). In the TSA 70.0% of the women age 21-65 have had a pap smear in the past 3 years which is lower than the state (Ohio 81.9%), but similar
to the national finding (US 73.5%). Unfortunately Pap smear testing prevalence for the TSA has seen a marked decrease since 2012. Colorectal cancer screening among adults age 50-75 was at 64.1% for the TSA which is similar to Ohio (66.9%) but lower than the US (76.4%).

<table>
<thead>
<tr>
<th>Cancer Data</th>
<th>+/- Difference</th>
<th>2018</th>
<th>2015</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram in past 2 Years Women age 50-74</td>
<td>+3.2%</td>
<td>72.7%</td>
<td>71.3%</td>
<td>69.5%</td>
</tr>
<tr>
<td>Had a Pap Smear in past 3 years Women age 21-65</td>
<td>-7.2%</td>
<td>70.0%</td>
<td>77.4%</td>
<td>77.2%</td>
</tr>
<tr>
<td>Colorectal Screening among adults age 50-75</td>
<td>-1.3%</td>
<td>64.1%</td>
<td>61.8%</td>
<td>65.4%</td>
</tr>
</tbody>
</table>

Mental Health & Substance Abuse

*Mental Health:* Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. 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 disease, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery. A total of 23.9% of Total Service Area adults believe their overall mental health is “fair” or “poor.” This finding is well above the “fair/poor” response nationally (13%) and shows a trending increase from the 2015 survey. Half of the key informants that took part in an online survey characterized Mental Health as a “major problem” in the community. Another problem identified regarding mental health was the difficulty accessing mental health services. A total of 8.1% of the TSA adults report a time in the past year when they needed mental health services, but were not able to get them. This result is similar to national findings (6.8%). Reasons cited for difficulty accessing mental health services in the past year included long waits for appointments, cost of services and lack of transportation. 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. This finding is worse than state (Ohio 14.3) and national (US 13.6) findings. The area suicide rate has overall trended upward, but it should also be noted that the result for the Secondary Service Area (19.0) was higher when compared with the Total Service Area (17.3).

<table>
<thead>
<tr>
<th>Mental Health Data</th>
<th>+/- Difference</th>
<th>2018</th>
<th>2015</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience “Fair” or “Poor” Mental Health</td>
<td>+7.3%</td>
<td>23.9%</td>
<td>16.4%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Suicide: Age-Adjusted Mortality</td>
<td>+1.9%</td>
<td>17.3%</td>
<td>16.1%</td>
<td>15.4%</td>
</tr>
</tbody>
</table>
**Substance Abuse:** Substance abuse has a major impact on individuals, families and communities. 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. 64.3% of the key informants taking part in the online survey characterized Substance Abuse as a "major problem." The primary concerns of key informants and focus group members related to substance abuse included a significant prevalence within the community, overdose related deaths, overdose rates, high rates of positive drug screens and substance addicted newborns. 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. This rate has increased considerably in the region and is well above state (Ohio 36.2) and national (US 16.7). A total of 3.9% of area adults acknowledged using an illicit drug in the past month which marks a statistically significant increase from 1.3% in 2015.

<table>
<thead>
<tr>
<th>Substance Abuse Data</th>
<th>+/- Difference</th>
<th>2018</th>
<th>2015</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illicit Drug Use in the Past Month</td>
<td>+2.4%</td>
<td>3.9%</td>
<td>1.3%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem</td>
<td>+0.6%</td>
<td>4.0%</td>
<td>4.8%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Unintentional Drug-Related Deaths: Age-Adjusted Mortality</td>
<td>+15.3%</td>
<td>45.3%</td>
<td>34.1%</td>
<td>30.0%</td>
</tr>
</tbody>
</table>

Based upon the data identified from the telephone survey, key informant responses, focus groups and health priorities identified in the State Health Improvement Plan, SOMC will add Mental Health and Substance Abuse to the areas of focus in which strategies are developed and strengthened.

**Under-served Populations**

- Low-income individuals. The working poor were also identified as a new group in this category
- Children from low income houses and from parents that struggle with substance abuse.
- Individuals who inject drugs; individuals with criminal records.

**Why are these groups under-served?**

- Working poor: discrepancies in assistance versus afford-ability of healthcare.
- Low-income individuals have poorer access to transportation. Access Scioto County (public transportation system) is oriented to helping those who live in city limits and use he transportation for appointments rather than a means of transportation for work or other reasons.
- The latest census estimate shows 21.7% of the TSA population living below the federal poverty level. In all, 44.0% of service area residents (nearly 119,160 individuals) live below 200% of the federal poverty level. Additionally, 54.0% of TSA children age 0-17 (representing an estimated 33,285 children) live below the 200% poverty threshold.
- Individuals with a drug related crime on their criminal record can not apply for public housing or apply for certain jobs.
- Children from low income homes can experience higher rates of mental and physical health issues.

Plans to address the issues of the under-served will be outlined in the Community Health IGap Analysis Plan. See page
## 2019 Implementation Strategies

<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>Description of Problem</th>
<th>Strategies &amp; Actions</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community need identified through CHNA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cigarette Smoking Prevalence</td>
<td>Age Adjusted Death Rates for Heart Disease, Cancer, and Chronic Lower Respiratory Disease (CLRD) in the TSA are above the Ohio and National Averages</td>
<td>1. Continue year-round availability of tobacco cessation ALA Freedom from Smoking classes and include free medication aid, increasing locations and availabilities</td>
<td>Decrease percentage of adult regular smokers by 2%</td>
</tr>
<tr>
<td>• 24.6% adults currently smoke cigarettes in TSA (Ohio 22.5% and US 16.3%)</td>
<td>• Heart Disease 239.1 TSA (Ohio 187.7 and US 166.3)</td>
<td>2. Promote tobacco prevention programming specifically targeted around smokeless tobacco, vaping and juuling.</td>
<td>Decrease percentage of non-smokers exposed to second-hand smoke at home to match US average (4.0%)</td>
</tr>
<tr>
<td>Smokeless Tobacco use</td>
<td>• Cancer 204.4 TSA (Ohio 173.2 and US 155.6)</td>
<td>3. Continue availability of youth tobacco prevention programs.</td>
<td>Decrease percentage of children exposed to second-hand smoke at home to match US average (7.2%)</td>
</tr>
<tr>
<td>• 7.1% adults use smokeless tobacco in TSA (Ohio 4.7% and US 4.4%)</td>
<td>• CLRD 83.9 TSA (Ohio 48.5 and US 41.0)</td>
<td>4. Search for emerging messaging and best prevention strategies</td>
<td></td>
</tr>
<tr>
<td>Environmental Tobacco Smoke</td>
<td>Low-Weight Births 9.5% TSA (Ohio 8.6% and US 8.2%)</td>
<td>5. Stay current for trends related to e-cigarettes, marijuana and other emerging products</td>
<td></td>
</tr>
<tr>
<td>• 10.3% Non-smokers exposed to second-hand smoke at home in TSA</td>
<td>Infant Mortality Rate 6.6% (Ohio 7.3% and US 5.8%)</td>
<td>6. Partner with SCHC or other entities to promote or establish tobacco-related prevention, intervention or legislative strategies</td>
<td></td>
</tr>
<tr>
<td>• 22.2% Children exposed to second-hand smoke at home in TSA</td>
<td></td>
<td>7. Continue lung navigation and lung cancer screening program availability</td>
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<tr>
<td>Vaping Products Use</td>
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<tr>
<td>• 7.1% adults use vaping products in TSA (Ohio 5.7% and US 3.8%)</td>
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<tr>
<td>53.8% of Key Informants perceive tobacco use as a &quot;Major Problem&quot;</td>
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<tr>
<td>Smoking identified by focus groups as an issue to address to improve the health and quality of life in the community</td>
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</tbody>
</table>

Aligns with State Health Improvement Plan (SHIP) for the following identified health priorities:

Mental Health and Addiction
Chronic Disease
Low Infant Birth Weight
<table>
<thead>
<tr>
<th>Community need identified through CHNA</th>
<th>Description of Problem</th>
<th>Strategies &amp; Actions</th>
<th>Goals</th>
</tr>
</thead>
</table>
| **Daily Recommendations of Fruits/Vegetables Consumption 5+ per day**  
  - 26.5% TSA adults consuming recommended amount of fruits and vegetables (US 33.5%) | Age Adjusted Death Rates for Heart Disease, Cancer, Stroke, and Diabetes in the TSA are above the Ohio and National Averages  
  - Heart Disease: 239.1 TSA (Ohio 187.7 and US 166.9)  
  - Cancer: 204.4 TSA (Ohio 173.2 and US 155.6)  
  - Stroke: 42.5 TSA (Ohio 41.4 and US 37.5)  
  - Diabetes: 29.6 TSA (Ohio 25 and US 21.3) | 1. Continue year-round availability for nutrition education offerings:  
  - SOMC Outpatient Dietician  
  - Weight Watchers at Work  
  - Diabetes Self-Management Education  
  - Diabetes Medical Nutrition Therapy  
  - Healthy Choices presentations for all age groups  
  - Cooking classes | Increase the TSA adults who report eating five or more servings of fruits and/or vegetables per day to match US average (33.5%)  
  - Decrease TSA adult overweight by 2%  
  - Decrease TSA adult obesity by 5%  
  - Decrease the TSA children age 5 to 17 reported as overweight by 5%  
  - Decrease the TSA children age 5 to 17 reported as obese by 3%  
  - Maintain diagnosed Pre-Diabetes rate at 8.7% |
| **Access to Fresh Produce**  
  - 30.3% TSA find it “Very” or “Somewhat” difficult to buy fresh produce (US 22.1%) | | | |
| **Overweight and Obesity (Adults and Children)**  
  - Prevalence of overweight adults 77.9% TSA (Ohio 66.3% and US 67.8%) | | | |
|  
  - Prevalence of obese adults 42.1% TSA (Ohio 31.5% and US 32.8%) | | | |
|  
  - Prevalence of child ages 5 to 17 overweight 43.0% TSA (US 33.0%) | | | |
|  
  - Prevalence of child ages 5 to 17 obesity 26.9% TSA (US 20.4%) | | | |
|  
  - 50% of Key Informants perceive nutrition, physical activity and weight as a "Major Problem" | | | |
| **Diabetes and Pre-Diabetes Prevalence**  
  - Diagnosed diabetes 21.7% TSA (Ohio 11.5% and US 13.3%) | | | |
|  
  - Diagnosed Pre-diabetes 8.7% TSA (US 9.5%) | | | |
|  
  - 50% of Key Informants perceive diabetes as a "Major Problem" | | | |

Aligns with State Health Improvement Plan (SHIP) for the following identified health priorities:

**Chronic Disease**
<table>
<thead>
<tr>
<th>Community need identified through CHNA</th>
<th>Description of Problem</th>
<th>Strategies &amp; Actions</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity Levels</strong></td>
<td>Age Adjusted Death Rates for Heart Disease, Cancer, Stroke, and Diabetes in the TSA are above the Ohio and National Averages</td>
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<tr>
<td>• 31.9% TSA adults report no leisure-time physical activity in the past month (Ohio 25.9% and US 26.2%)</td>
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<td>• 15.2% TSA adults meet physical activity recommendations (US 19.7%)</td>
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<tr>
<td>• 66.2% TSA children ages 2-17 who are physically active 1+ hours per day (50.5% US)</td>
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<tr>
<td><strong>Access to Physical Activity</strong></td>
<td></td>
<td>1. Continue year-round availability for physical activity offerings:</td>
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<tr>
<td>• 2.8 recreation/fitness facilities for every 100,000 population in the TSA (Ohio 9.8 and US 11)</td>
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<tr>
<td>50% of Key Informants perceive nutrition, physical activity and weight as a &quot;Major Problem&quot;</td>
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<tr>
<td><strong>Strategies &amp; Actions</strong></td>
<td><strong>1. Continue year-round availability for physical activity offerings:</strong></td>
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<tr>
<td>• Multiple SOMC LIFE Center locations</td>
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<tr>
<td>• Group fitness offerings, including new additions of cycling, hiking, chair volleyball and TRX weight suspension training</td>
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<td>• Personal training</td>
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<tr>
<td>• Cardiac and Pulmonary Rehab</td>
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<tr>
<td>• Kids Fit and children’s swim lessons</td>
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<tr>
<td>• Targeted school and civic group offerings</td>
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<tr>
<td>• SOMC LIFE Center offers Family Day every Sunday for all ages</td>
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<td><strong>Goals</strong></td>
<td><strong>Increase the TSA adults who report meeting the physical activity recommendations by 4%</strong></td>
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<td><strong>3. Continue support of local high school athletics through</strong></td>
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<tr>
<td>• Sports Motion program</td>
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<tr>
<td>• Dedicated athletic trainer available at all varsity athletic events</td>
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<tr>
<td>• Saturday morning sports injury clinic</td>
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<tr>
<td>• Next-day appointments for sports-related injuries</td>
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<tr>
<td>• 20+ hours of Community Health or LIFE Center activities available to all contracted schools</td>
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<tr>
<td><strong>4. Partner with SCHC or other entities to promote and establish physical activity-related offerings</strong></td>
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<tr>
<td>• Connex-Southern Ohio bicycle path</td>
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<td><strong>5. Expand physical activity program availabilities &amp; Youth Fitness offerings</strong></td>
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<td><strong>6. Continue support for access to physical activity opportunities</strong></td>
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<tr>
<td>• Free fitness demonstration at area schools and civic groups</td>
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<tr>
<td>• Free fitness at the Farmer’s Market</td>
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<td>• Free disc golf</td>
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<tr>
<td>• Public bicycle rack donation</td>
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<td>• Free activity groups, i.e. walking, biking, Raven Rock Hike, Yoga on the Lawn, etc.</td>
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</tbody>
</table>

Aligns with State Health Improvement Plan (SHIP) for the following identified health priorities:

Chronic Disease
<table>
<thead>
<tr>
<th>Community need identified through CHNA</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Cancer Screenings: Mammogram in past 2 years • 72.2% TSA women age 50-74 had a mammogram in the past 2 years (Ohio 77.1% and US 77%) Pap smear in past 3 years • 70% TSA women age 21-65 had a pap smear in the past 3 years (Ohio 81.9% and US 73.5%) Colorectal screening among adults age 50-75 • 64.1% TSA adults age 50-75 had a fecal occult blood test in past year and/or a lower endoscopy in the past 10 years (66.9% OH &amp; US 76.4%) 53.8% of Key Informants perceive cancer as a &quot;Major Problem&quot;</td>
<td>Age Adjusted Death Rates for Heart Disease, Cancer, Stroke, and Diabetes in the TSA are above the Ohio and National Averages • Heart Disease 239.1 TSA (Ohio 187.7 and US 166.2) • Cancer 204.4 TSA (Ohio 173.2 and US 155.6) • Stroke 42.5 TSA (Ohio 41.4 and US 37.5) • Diabetes 29.6 TSA (Ohio 25 and US 21.3)</td>
<td>1. Continue year-round availability screening offerings • Monthly breast cancer screenings • Clinical breast exam and same day imaging • Low-dose CT scan lung cancer screenings for at-risk individuals • Free cardiac and diabetes risk screenings throughout the community 2. Promote additional cancer-prevention and early detection opportunities • Continue lung navigation and lung cancer screening program availability • Advocate for FIT and colonoscopy testing 3. Educate public regarding available screening exams and promote early detection and risk reduction strategies • Advocate for HPV gene testing and vaccine 4. Continue support for Breast Navigation program • Paint it PINK! Activities and awareness each October • Dedicated breast health navigators for system entry and education 5. Continue support of smoking cessation, nutrition and physical activity programming 6. Partner with SCHC or other entities to promote cancer prevention related offerings</td>
<td>Increase the TSA women age 50-74 who report having a mammogram in the past 2 years by 5% Increase the TSA women age 21-65 who report having a pap smear in the past 3 years by 8% Increase the TSA adults age 50-75 who report having a colorectal cancer screening by 6%</td>
</tr>
</tbody>
</table>

Aligns with State Health Improvement Plan (SHIP) for the following identified health priorities: Chronic Disease
### Mental Health and Substance Abuse

<table>
<thead>
<tr>
<th>Community need identified through CHNA</th>
<th>Description of Problem</th>
<th>Strategies &amp; Actions</th>
<th>Goals</th>
</tr>
</thead>
</table>
| Evaluation of Mental Health Status  | Age Adjust Death Rate for Intentional Self-Harm/ Suicide and Unintentional Drug-Related Deaths above the Ohio and National Averages  | 1. Offer year-round availability for mindfulness education community  
2. Offer free professional development educational offerings to mental health professionals and clinical staff.  
3. Sponsor site with the Ohio Department of Mental Health  
4. Waiver Training Suboxone certification for medical providers every 6 months  
5. ASAM Criteria Training quarterly education for local providers of mental health and substance abuse  
6. Participate in Quarterly Opioid Consortium meeting  
7. Staff members serve on local ADHAMS Mental Health Board Suicide prevention team & 5CHC  
8. Social Work Services leaders and staff serve lead multiple teams with ADHAMS local Mental Health Board  
9. Crisis Response for Suicides  
10. Education on Sexual Trafficking  
11. Opioid Response Team  
12. Continue partnership between Judge Lemons Juvenile Court and SOMC  
13. Lead local “Saturday School” healthy lifestyles and group physical fitness court- mandated opportunity for teens and their families  
14. Drug court partnership for risk-identified youth to have access to the SOMC LIFE Center for physical fitness, included basketball courts, cross fit gym, etc.  
15. Hire Psychiatrist in for SOMC Outpatient Psychiatric Office  
16. Mandatory annual education SOMC clinical staff for early identification of suicide risk  
17. Free grief support services provided to local schools  
18. Monthly grief support group offered through Hospice Social Work Services  
19. Continue SOMIC Substance Use Leadership Network team  
20. Continue to operate an inpatient medical withdraw management unit.  
21. Continue financial support for Portsmouth Health Department’s Needle Exchange program  
22. Continue support for access to mental health and addiction awareness opportunities | Reduce percentage that report “Fair” or “Poor” mental health by 10% to meet US average (13%)  
Reduce percentage unable to get mental health services in the past year by 2% to meet US average (6.8%)  
Reduce unintentional drug-related deaths by 5% to meet Ohio average (36.3%) |
| Difficulty Accessing Mental Health Services  | 8.1% TSA adults report unable to get mental health services in the past year (6.8% US)  
50% of Key Informants perceive mental health as a “Major Problem”: 35.7% “Moderate Problem”  
Illicit Drug Use  | 3.9% TSA adults acknowledge using an illegal substance or a prescription drug without a physician’s order, up significantly since 2011 at 1.3% (2011 US 2.5%)  
Alcohol and Drug Treatment  | 4.0% TSA adults have sought professional help for an alcohol/ drug related problem (3.4% US)  
64.3% of Key Informants perceive substance abuse as a “Major Problem”: 28.6% “Moderate Problem” |

Aligns with State Health Improvement Plan (SHIP) for the following identified health priorities:

- Mental Health and Addiction
XII. City specific

While working with community partners to address issues identified in this report, the Portsmouth City Health Department will also target their respective jurisdiction.

We believe the data included in this report and supporting documents will provide valuable tools for improving the health of those living in Portsmouth, Scioto County and surrounding counties.
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

**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

**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

**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

Heart Disease and Stroke
Adams County Regional Medical Center
American Heart Association
Cabeli
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

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

HIV/AIDS
Doctor's Offices
Equitas
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

Hearing and Vision Problems
Beltone
Community Services for the Deaf and Hard of Hearing
Doctor's Offices

Infant and Child Health
ABCAP
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
- Mahejan 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
- Taibot 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
**Community Health Needs Assessment**

### 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

### 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
APPENDIX A

PORTSMOUTH OHIO
ENVIRONMENTAL SCAN

Gary Tindall, Risk Coordinator
Portsmouth City Health Department

March 2019
Neighborhood and Built Environment
Portsmouth is a small City located in southern Ohio and Scioto County. Its southern border is the Ohio River with a population of 20,433. (Census, 2017) According to the CDC, physical environment metrics not only include the natural environment (air, water, and soil) but also include the built environment (safe and affordable housing, parks and recreational opportunities, transportation, and access to nutritious and affordable food). “The physical environment can directly affect health as well as influence choices and health behaviors (Fielding et al., 2010). Metrics of the physical environment include proposed or established causal factors in the natural and built environment that affects health outcomes (e.g., air and water quality, lead exposure, the design of neighborhoods).” (CDC, 2013)

Access to Public Transportation
The City of Portsmouth has a diverse choice of transportation providers. Portsmouth Taxi provides 24/7 transportation in the City. They also have “Executive Coach” which transports for medical purposes only and accepts most medical insurance. The Veteran’s Service Office provides transportation to VA medical appointments, Monday through Friday, 8:30 a.m. to 4:30 p.m.

Senior Transportation Services offers transport for medical appointments for seniors (age 60 and over), free of charge. Hours of operation are Monday through Friday, 8:30 a.m. to 4:30 p.m. and must call 42 hours in advance. Access Scioto County (ASC) is public transportation serving the City and surrounding County. Located in the City, ASC is for seniors (age 60 and over), disabled and clients of participating social service agencies. Some fees may apply.

Lastly, the Non-Emergency Transportation (NET) is provided by several sources in Portsmouth. Portsmouth Ambulance, Southern Ohio Medical Center (SOMC) and King’s Daughter Medical Center (KDMC) all offer NET service around the City and long distances.

Land Use and Access to Green Space
The City is an urban area broken out in five major land uses, which include industrial, commercial, residential, exempt (i.e., government, schools, religious, etc.), and other uses (i.e., utility and transportation).

According to the Department of Health and Human Services, “Safe, accessible, and affordable places for physical activity (e.g., parks, playgrounds, community centers, schools, fitness centers, trails, and gardens) can increase activity levels. (USDHHS, 2017) While an urban area, Portsmouth offers a number of resources for outdoor recreation. Riverfront Park offers access the Ohio River for boating, fishing and other water activities. Additionally, it is host to concerts and festivals as well as a play area for children. For a quieter venue, visit Alexandria Point. Picnic areas and scenic views where the Scioto River joins the Ohio. Mound Park is the place for frequent concerts, community organization activities and play areas for children. A dog walk park, and skate park are
in the planning phase as well as a bike path connecting the parks. These all accent the multiple basketball and tennis courts, baseball fields and planned outdoor activities.

Outdoor Air Quality

Poor air quality is linked to premature death, cancer, and long-term damage to respiratory and cardiovascular systems. Approximately 127 million people lived in U.S. counties that exceeded national air quality standards in 2008. Decreasing air pollution is an important step in creating a healthy environment. (USDHHS, 2017)

Air pollution can harm us when it accumulates in the air in high enough concentrations and people exposed to high enough levels of certain air pollutants may experience:

- Irritation of the eyes, nose, and throat
- Wheezing, coughing, chest tightness, and breathing difficulties
- Worsening of existing lung and heart problems, such as asthma
- Increased risk of heart attack

In addition, long-term exposure to air pollution can cause cancer and damage to the immune, neurological, reproductive, and respiratory systems. In extreme cases, it can even cause death. Several groups of people are particularly sensitive to air pollutants, especially when they are active outdoors. This is because air pollutant levels are higher outdoors, and physical activity causes faster and deeper breathing, drawing more air pollutants into the body. Sensitive groups include:

- People with lung diseases, such as asthma, chronic bronchitis, and emphysema, can be particularly sensitive to air pollutants. They will generally experience more serious health effects at lower levels than those without these diseases. Air pollution can aggravate their diseases, leading to increased medication use, doctor and emergency room visits, and hospital admissions.
- Children, including teenagers, are at higher risk from air pollution exposure because they often play outdoors in warmer weather when pollutant levels are higher. They are more likely to have asthma and their lungs are still developing.
- Older adults may be more affected by air pollution exposure as they are more likely to have pre-existing lung disease.

Referring to Figure 1, (USEPA, 2018) air quality has remained fairly static since 2008. Even given a slight spike in 2016, days per year with unhealthy levels for sensitive groups has been less than
one; zero for the non-sensitive group.

Access to Healthy Foods and General Health
Fresh fruits and vegetables are an important part of federal dietary guidelines. They are also good sources of fiber; low in sugar, fat and sodium; and nutrient-rich, yet low in calories. In addition to healthy foods, people need access to food in general.

Table 1 (CityData, 2017) provides statistics on the overall food-related environment. In this case, we use County vs. State data. As Portsmouth is the County seat and has the densest level of population, the data is valid for this assessment. When looking at access to groceries and farmer’s markets, Scioto is overall better than the State.

The County has average access to restaurants but falls short when looking at indicators like obesity and diabetes rates.

Table 2 (CityData, 2017) goes a step further and looks at overall health and nutrition data from the City as compared to the State. Overall and in general, Portsmouth fairs well when compared to the State data.

While fairing well, there are some important improvements that can be made. As in Table 1 where the City was falling short on obesity and diabetes rates, this is echoed in Table 2 where healthy diets are median at best and body mass index (BMI) is high, confirming an obesity issue.

Housing Stability
“Quality housing is associated with positive physical and mental well-being. How homes are designed, constructed, and maintained, their physical characteristics, and the presence or absence of safety devices have many effects on injury, illness, and mental health.” (NPC, 2011) “Affordability of housing is linked to the health and well-being of individuals and families. When a market lacks a sufficient supply of affordable housing, lower-income families are often forced to limit expenditures for food, medical care, and other necessities in order to pay
rent.” (Freeman, 2002) According to the U.S. Department of Housing and Urban Development, a household is said to have a housing problem if it has any one or more of the following four problems:

1) housing units that lack complete kitchen facilities;
2) housing units that lack complete plumbing facilities;
3) household is overcrowded (more than one person per room); and
4) household is cost burdened (monthly housing costs, including utilities, exceed 30% of monthly income).

A household is said to have a severe housing problem if they have severe overcrowding (more than 1.5 persons per room) or are severely cost burdened (monthly housing costs, including utilities, exceed 50% of their monthly income).

In the City of Portsmouth, 496 households experienced at least one of the four housing problems in 2017. (Census, 2017) For 15.5% or 619 households, it is highly likely continued housing may not be stable or sustainable because the expense is more than 30% of their monthly income.

Crime and Violence
In Ohio, each year 65,000 women between the ages of 18 and 64 are physically assaulted by a current or former partner, 32,000 15 to 19 years old experience physical dating violence, 29,000 of those are forced to do sexual acts by someone they are dating. (OhioMedicine, 2014). In Ohio, 48,000 children live in homes where reports of adult partner violence are present. (OhioMedicine, 2014) These statistics are only those where people involved have a relationship. It does not get better when non-involved parties are involved.

Portsmouth is not excluded from crime. The FBI defines violent crime as those where the intent is to cause injury or the probability of personal injury or worse is present. This include; murder, rape, robberies and assaults. Non-violent crimes include; burglary, theft, auto theft and arson in general.
Figure 2 (CityData, 2017), shows violent crimes in Portsmouth, 2005-2015 on years analyzed. While the downward trend is what we want to see, the numbers are still too high.

In Figure 3 (CityData, 2017), the desired downward trend is again observed but the lowest crime rate achieved was 50.0 per 10,000 population in 2015. Compared to the US rate of 29.1, Portsmouth is lagging behind.

The Portsmouth Police Department has been actively working with the Portsmouth City Health Department to address environmental issues. A Drug Task Force was formed. The team visits areas with suspected drug activity and address issues.

Drugs may be the issue and information to help rehabilitate is provided. Often other issues arise. Often houses are found to be unhealthy for human occupancy. These are condemned until they can be restored to a safe to occupy condition.

In very severe instances, homes may be found to structurally unsound creating a collapse and/or fire hazard. Multiple agencies including Police, Fire, Engineering, Health Department, EPA and others may be involved in one or more steps during the process of helping home owners make the home safe to occupy.
APPENDIX B

PORTSMOUTH SPECIFIC DATA

Sarah Stenger, Data Collection Intern,
Portsmouth City Health Department
June 2019
Unable to Receive Mental Health Help

- Portsmouth
- Scioto C
- US
High Blood Pressure

52.90% 53.60%

34.30% 37.00%

Portsmouth
Scioto C
Ohio
US
Had Cholesterol Checked in Last 5 Years
Diagnosed with Non Skin Cancer (all but skin cancer)
Cancer Diagnosis (not including skin cancer)

- Portsmouth: 6.70%
- Scioto C: 7.90%
- Ohio: 5.80%
- US: 8.50%
Colorectal Cancer Screening

- Portsmouth: 73.80%
- Scioto C: 69.00%
- Ohio: 66.90%
- US: 76.40%
Injury due to Falling

- Portsmouth: 52.20%
- Scioto C: 35.40%
- US: 31.60%
Fire Arm Related Deaths

- Scioto C: 14.2
- Ohio: 12.8
- US: 11.6
Affected by Violent Crime in the Last 5 Years
Diagnosed of Diabetes

- Portsmouth: 21.20%
- Scioto C: 22.80%
- Ohio: 11.30%
- US: 13.30%
Kidney Disease

- Portsmouth: 8.60%
- Scioto C: 7.80%
- Ohio: 2.90%
- US: 3.80%
Osteoporosis

- Portsmouth: 9.80%
- Scioto C: 15.30%
- US: 9.40%
Older Adults who got the Flu Vaccine
(Portsmouth stat is all participants)
Older Adults who got the Pnuemonia Vaccine
(Portsmouth stat is all participants)
Difficulty Finding Affordable Fresh Produce

- Portsmouth: 22.20%
- Scioto C: 23.30%
- US: 22.00%
Eats 5+ Servings of Fruit/Vegetables per Day
Difficulty Finding Affordable Fresh Produce

23.30%

23.00%

22.50%

22.00%

21.50%

21.00%
No Physical Activity in the Past 30 Days

- Portsmouth: 31.30%
- Scioto C: 29.60%
- Ohio: 25.90%
- US: 26.20%
Received Advice from Physician about Weight

28.40%

27.30%

24.20%

Portsmouth
Scioto C
US
Illegal Drug Use

- Portsmouth
- Scloto C
- US
Life Affected by self/someone else's Drug Abuse

- Portsmouth: 37.80%
- Scioto C: 39.60%
- US: 37.30%
Smokeless Tobacco

- Portsmouth: 3.60%
- Scioto C: 4.70%
- Ohio: 5.90%
- US: 4.40%
Did not Recieve Health Care due to Trouble Finding a Physician

Portsmouth
Scioto C
US
Trouble Receiving Health Care due to Trouble Getting an Appointment

- Portsmouth: 11.70%
- Scioto C: 12.80%
- US: 17.50%
Trouble of Getting Health Care Due to Cost of Health Care

- Portsmouth: 8.00%
- Scioto C: 8.40%
- US: 15.40%
Issue Getting Health Care Due to Transportation

- Portsmouth: 10.90%
- Scioto C: 9.60%
- US: 8.30%
Issues with Getting Health Care Due to Office Hours

- Portsmouth: 18.00%
- Scioto C: 14.60%
- US: 12.50%
Issue Getting Perscriptions Due to High Prescription Cost

- Portsmouth: 13.20%
- Scioto C: 13.80%
- US: 14.90%
Skipping Doses of Medication Due to High Cost of Medication

- Portsmouth
- Scioto C
- US
Children Below Poverty Line

- Portsmouth under 6: 57.20%
- Portsmouth 6-11: 43.00%
- Portsmouth 12-17: 43.10%
- Scioto C: 43.30%
- Ohio: 43.30%
- US: 52.40%
Fear being able to afford Rent/Mortgage

32.20%
30.80%
28.00%

Portsmouth
Scioto C
US

1
Fair/Poor Self Mental Health Rating

- Portsmouth: 24.10%
- Scioto C: 20.70%
- US: 13.00%
Chronically Depressed

- Portsmouth: 43.50%
- Scioto C: 40.00%
- US: 31.40%
Ever Sought After Mental Health Help

- Portsmouth: 42.90%
- Scioto County: 36.20%
- US: 30.80%