

COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE CITY OF PORTSMOUTH 2025 - 2028

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INTRODUCTION

Community Health Needs Assessment Goal

The Community Health Needs Assessment (CHNA) is a systematic, data-driven process aimed at identifying the health status, behaviors, and needs of residents in the City of Portsmouth. This assessment builds upon similar studies conducted in 2012, 2016, and 2019, providing crucial insights to inform decision-making and guide efforts to improve community health and wellness.

A CHNA enables communities to pinpoint key health concerns, prioritize resources, and target interventions where they will have the greatest impact on overall community health. The 2025–2028 CHNA aims to achieve three primary goals:

- Enhance residents' health status, extend their life expectancy, and improve overall quality of life.
- Address health disparities to ensure equitable health outcomes for all residents.
- Improve access to preventive services across the community.

This CHNA represents a collaborative effort between the Southern Ohio Medical Center (SOMC), King's Daughters Medical Center (KDMC), and the Portsmouth City Health Department (PCHD). SOMC led the data collection process by engaging Professional Research Consultants (PRC), a third-party organization, to conduct 800 telephone surveys across the SOMC service area. PRC provided a detailed report, including data specific to 175 respondents from the City of Portsmouth's 45662 zip code. The complete SOMC report, along with the PRC findings, is available on the PRC website.

In addition to the PRC data, the Health Department conducted surveys to gather supplementary data from Portsmouth residents. These surveys had 152 respondents, primarily participants in the Syringe Exchange Program and minority communities.

The Portsmouth City Health Department (PCHD) has assembled a diverse group of volunteers to form a community-based steering committee. This committee will provide valuable input and

guidance for both the Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP), ensuring a coordinated approach to addressing the issues identified in the assessment.

Methodology

This assessment integrates data from multiple sources, including primary research (via the PRC Community Health Survey and PRC Online Key Informant Survey) and secondary research (such as vital statistics and other existing health-related data). It also facilitates trend analysis and comparisons to benchmark data at both state and national levels.

The PRC telephone and online surveys collected quantitative data but did not include open-ended questions. In contrast, the PCHD online surveys utilized open-ended questions to gather qualitative insights. These open-ended responses, specific to Portsmouth residents, are summarized in this report to provide a more detailed understanding of local perspectives.

Time Line

SURVEY INSTRUMENT

The survey instrument utilized for this study is primarily based on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS). It also incorporates elements from other public health surveys, along with customized questions designed to address gaps in indicator data related to health promotion, disease prevention objectives, and other identified health issues. The final survey instrument was collaboratively developed by the Southern Ohio Medical Center (SOMC), Professional Research Consultants (PRC), and the Portsmouth City Health Department (PCHD). Its design aligns closely with previous surveys conducted in the region, enabling reliable data trending over time.

COMMUNITY DEFINED FOR THIS ASSESSMENT

The study area for the survey effort is defined as the residential ZIP Code of Portsmouth, Ohio, which is 45662.



Scioto County with the
City of Portsmouth in red

SAMPLE APPROACH & DESIGN

A precise and carefully designed methodology is essential to ensuring the validity of the results obtained in the PRC Community Health Survey. To achieve accurate population representation, a telephone interview methodology—incorporating both landline and cell phone interviews—was employed. This approach offers several key advantages, including timeliness, efficiency, and the ability to randomly select participants.

The sample design for this study utilized a stratified random sample of 175 individuals aged 18 and older within the service area. To maintain consistency, the online survey used the same set of questions as in previous years.

Statistically, the maximum margin of error for a combined sample size of 352 respondents is $\pm 3.52\%$ at the 95% confidence level, ensuring a high degree of reliability in the results.

LIMITATIONS

While this assessment is comprehensive, it cannot capture all aspects of health in the community or fully represent all populations of interest. These information gaps may limit the ability to assess every health need within the community comprehensively.

Survey Limitations

Telephone Surveys: As with any telephone survey, a primary limitation is the exclusion of households without telephone access. Nationally, an estimated 10-15% of households lack telephones, with these households typically being lower-income.

Online Surveys: Similarly, online surveys exclude individuals without internet access. According to the U.S. Census Bureau's 2017-2021 data, 80.5% of households in Scioto County, Ohio, have a broadband internet subscription. In comparison, 84.5% of Ohio households have broadband internet access. This indicates that Scioto County has a slightly lower broadband subscription rate than the state average¹.

Additionally, 26% of households in Scioto County lack access to minimum 25/3 Mbps internet speeds, affecting approximately 9,178 households². This highlights a significant digital divide within the county, underscoring the need for improved internet infrastructure to ensure equitable access for all residents.

Self-Reporting Bias: Another limitation is the reliance on self-reported information, which may be influenced by respondents' willingness or ability to accurately report behaviors. For instance, respondents in Portsmouth may underreport alcohol consumption, just as respondents in state and national surveys might do the same. Since the same methodology applies across all surveys, the biases are comparable, allowing for meaningful comparisons between groups despite potential inaccuracies in individual responses.

Underrepresented Populations

Certain population groups, such as the homeless and institutionalized persons, are not represented in the survey data. Additionally, other groups—such as pregnant women,

LGBTQ+ residents, undocumented residents, and members of specific racial, ethnic, or immigrant communities—may not be identifiable or represented in sufficient numbers to allow for detailed, independent analysis.

Content Limitations: This assessment is designed to provide a broad and comprehensive picture of the community's overall health. However, some specific medical conditions or health issues may not be directly addressed within the scope of this report.

Despite these limitations, the data collected offers valuable insights into the health status and needs of the community, forming a critical foundation for targeted health improvement initiatives

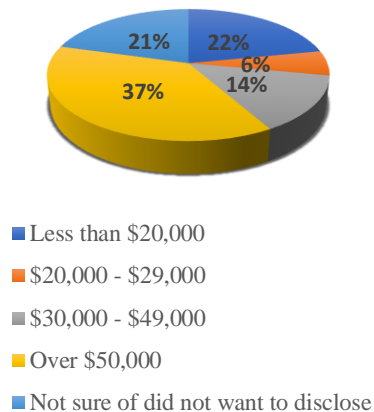
SAMPLE DEMOGRAPHICS

According to the 2023 Quick Census; Scioto County has a population of 71,969 and the city of Portsmouth is 17,555. The following represents the demographic profiles of survey respondents.

Household Income:

320 Respondents

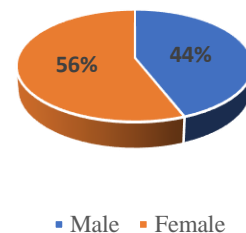
Less than \$20,000	22%
\$20,000 - \$29,000	6%
\$30,000 - \$40,000	14%
Over \$50,000	37%



Sex:

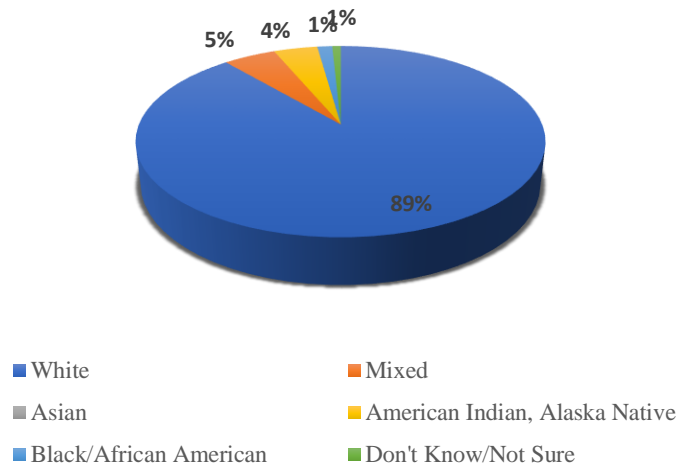
320 Respondents

Male	44%
Female	56%



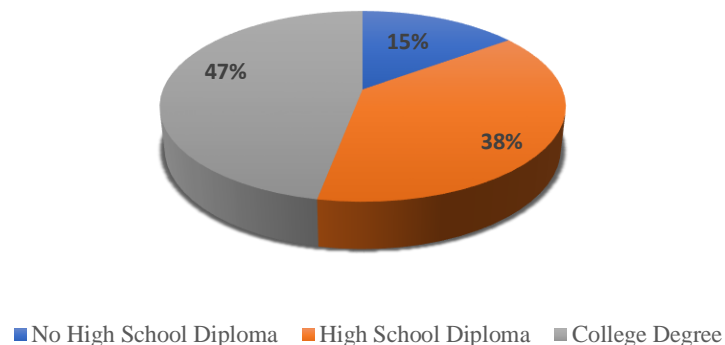
Ethnic Group:
324 Respondents

White	88.80%
Mixed	4.90%
Asian	0.00%
American Indian, Alaska Native	4.10%
Black/African American	1.40%
Hispanic	.06%
Don't Know/Not Sure	0.80%



Education:
288 Respondents

No High School Diploma	15%
High School Diploma	38%
College Degree	47%



The median income, according to the 2023 Census Quick Facts, for Portsmouth residence is \$35,319. In Portsmouth, Ohio, approximately 35.4% of residents live below the poverty line, which is significantly higher than both the state and national averages. This rate is notably higher than the state average of 13.4% and the national average of 12.6%¹. The poverty rate in Portsmouth is 180.95% higher than the national average. Of the survey participants, 35% were at or below poverty level.

These statistics highlight a significant economic challenge within the city, indicating that over a third of its population faces financial hardship. Addressing this issue is crucial for the community's well-being and requires targeted interventions to improve economic opportunities and support systems for residents.

The 2023 Census Quick Facts reports that 89% of the population of Portsmouth is white and the survey data shows that a comparable amount of whites completed the survey. However, other ethnicities were either over or under sampled. The overall Asian population is 1.1%, no person identifying as Asian participated in the survey. Likewise, the Black/African American over all population is 6.3%, with only 1.4% participating in the survey. The Hispanic / Latino total population is 1.9%, with less than .06% participating.

Due to the small population, we are unable to determine how many in the city of Portsmouth speak a language other than English.

The Census only collects data regarding the number of persons with a High School Diploma or some college (83%) and those having a Bachelor's Degree or higher (16%). Our survey indicates that 15% of respondents represented persons without a High School Diploma or GED.

Data collected January 8, 2025 from: <https://www.census.gov/quickfacts/table/PST045223/3964304>

SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY

The following "**Areas of Opportunity**" highlight the significant health needs of the community as identified through this Community Health Needs Assessment (CHNA). These areas represent opportunities for targeted health improvement initiatives, based on the data collected and analyzed (refer to the summary tables in the subsequent section for more details).

The **Areas of Opportunity** were identified through careful consideration of several key criteria:

- **Benchmark Comparisons:** Performance relative to benchmark data, particularly national standards.
- **Trends:** Observed patterns and changes over time.
- **Significance of Findings:** The prevalence of significant results within specific topic areas.
- **Magnitude of Impact:** The number of individuals affected by the issue and the potential health impact.
- **Community Stakeholder Input:** Issues identified as priorities by key informants and community stakeholders participating in the process.

These considerations ensure a focused approach to addressing the most pressing health needs and maximizing the potential for meaningful, community-wide health improvements.

AREAS OF OPPORTUNITY IDENTIFIED BY THIS ASSESSMENT

ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Barriers to Access <ul style="list-style-type: none"> ▫ Appointment Availability ▫ Finding a Physician ▪ Primary Care Physician Ratio ▪ Emergency Room Utilization ▪ Ratings of Local Health Care
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Cancer Deaths <ul style="list-style-type: none"> ▫ Including Lung, Prostate and Colorectal Cancer Deaths ▪ Cancer Incidence

	<ul style="list-style-type: none"> ▫ Including Lung and Colorectal Cancer ▪ Cancer Prevalence ▪ Cervical cancer Screening [Age 21-65]
DIABETES	<ul style="list-style-type: none"> ▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Key Informants: Diabetes ranked as top concern
HEART DISEASE AND STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ Heart Disease Prevalence ▪ Stroke Deaths ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> ▪ Teen Births
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Unintentional Injury Deaths <ul style="list-style-type: none"> ▫ Including Motor Vehicle Crash Deaths ▪ 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 ▪ Suicide Deaths ▪ Seeking Professional Help ▪ Receiving Treatment for Mental Health ▪ Key Informants: Ranked Mental Health as a Top Concern
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Fruit/Vegetable Consumption ▪ Meeting Physical Activity Guidelines ▪ Overweight & Obesity [Adults & Children] ▪ Key Informants: Ranked Nutrition, Physical Activity, & Weight as a Top Concern
ORAL HEALTH	<ul style="list-style-type: none"> ▪ Regular Dental Care [Adults]
POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> ▪ Multiple Chronic Conditions ▪ Activity Limitations ▪ High-Impact Chronic Pain ▪ Alzheimer’s Disease Deaths
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Lung disease Deaths ▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence
SUBSTANCE ABUSE	<ul style="list-style-type: none"> ▪ Cirrhosis/Liver Disease Deaths ▪ Unintentional drug-Related Deaths

	<ul style="list-style-type: none"> ▪ Key Informants: Substance Abuse Ranked as a Top Concern
TOBACCO USE	<ul style="list-style-type: none"> ▪ Key Informants: Ranked Tobacco Use as a Top Concern

COMMUNITY FEEDBACK ON PRIORITIZATION OF HEALTH NEEDS

Ranking of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Substance Abuse
2. Mental Health
3. Nutrition, Physical Activity & Weight
4. Tobacco Use
5. Diabetes
6. Cancer
7. Heart Disease & Stroke
8. Oral Health
9. Potentially Disabling Conditions
10. Respiratory Diseases
11. Injury & Violence
12. Infant Health & Family Planning
13. Kidney Disease
14. Access to Healthcare Services

IMPLEMENTATION STRATEGY

PCHD will use the information to develop our Strategic Plan and as a guide to lead a Community Health Improvement Plan. The CHNA will be shared with all community partners and the public to provide data that will allow them to make evidence based decisions when it comes to addressing the health of the citizens of Portsmouth.



COMMUNITY DISCRIPTION

Portsmouth, Ohio, is a rural community with a population of 17,555, located along the scenic Ohio and Scioto Rivers. Situated at the southern tip of the state, it lies just across the river from Kentucky and is approximately two hours from the nearest major cities: Columbus and Cincinnati in Ohio, Charleston in West Virginia, and Lexington in Kentucky. Portsmouth also serves as the county seat of Scioto County.

POPULATION CHARACTERISTICS

	Portsmouth	Ohio	US
Age	Percent	Percent	Percent
Under 5 years	6.8	5.9	6
5-17 years	19.5	22.1	22
18-64 years	57.4	17.5	-
65 years and over	16.3	51	-
Race	Percent	Percent	Percent
White	88.5	81.7	76.3
African American	6.3	13.1	13.4
American Indian/Alaska Native	.6	.03	1.3

Asian	1.1	2.5	5.9
Native Hawaiian/Other Pacific Islander	0	.1	.2
Two or more races	2.8	2.4	2.8
Hispanic	1.9	4	18.5
Gender	Percent	Percent	Percent
Female	53	51	50.8
Household	Percent	Percent	Percent
Owner Occupied Housing Unit	46.7	66.1	64
Average Family Size	2.21	2.43	2.62
Computer and Internet Use	Percent	Percent	Percent
Households with Computers	78.9	89.1	30.3
Households with Broadband Internet	71.8	82	82.7
Education	Percent	Percent	Percent
High School Graduate or Higher, Persons Age 25+	82.7	90	88
Bachelor's Degree or Higher, Persons Age 25+	16	28.3	32.1
Health	Percent	Percent	Percent
Persons with Disability, Under Age 65	22.2	10	8.6
Persons Without Health Insurance, Under age 65	8.4	7.8	10.2
Economy	Percent	Percent	Percent
Civilian Workforce, Over Age 16	48.5	63.2	63
Income & Poverty	Percent	Percent	Percent
Median Household Income	\$28,840	\$56,602	\$62,843
Persons in Poverty	36.5	12.6	11.4

SOCIAL DETERMINANTS OF HEALTH

Healthy People 2030 refers to social determinants of health (SDOH) as the the conditions in the environments where people are born, live, learn, work, play, worship, and age. These factors influence a broad spectrum of health outcomes, functioning, and quality of life.

SDOH have a profound effect on individuals' health, well-being, and overall quality of life. Examples of SDOH include:

- Safe housing, reliable transportation, and supportive neighborhoods
- Racism, discrimination, and exposure to violence
- Access to education, stable job opportunities, and sufficient income
- Availability of nutritious foods and opportunities for physical activity
- Clean air and safe drinking water
- Language proficiency and literacy levels

These factors also drive significant health disparities and inequities. For instance, individuals without access to grocery stores offering healthy foods are less likely to maintain proper nutrition. This increases their risk of developing chronic conditions such as heart disease, diabetes, and obesity, and can even reduce life expectancy compared to those with access to healthier options.

Addressing these disparities requires more than simply promoting healthy lifestyle choices. Public health organizations and their partners in sectors like education, transportation, and housing must work collaboratively to improve the conditions that shape people's environments and, in turn, their health outcomes.

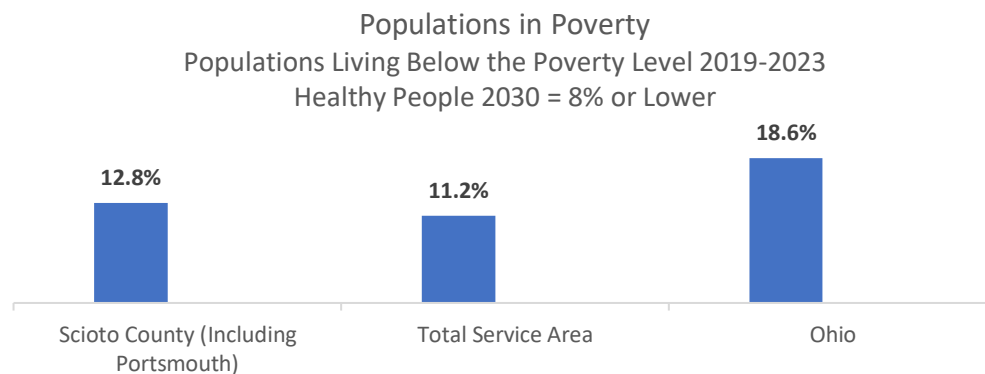
*** Disparities are discussed with corresponding statistics.**

Poverty

The latest census estimate shows 23% of adults and 30.8% of children in Portsmouth living below the federal poverty level.

Benchmark: The Portsmouth Area is significantly higher for both adults and children than the Total Service Area, state, and US averages.

Disparity: “Fair” or “poor” health is more often reported among men, adults age 65+, and especially among those with lower incomes.



US Census Bureau American Community Survey 5-year estimates.

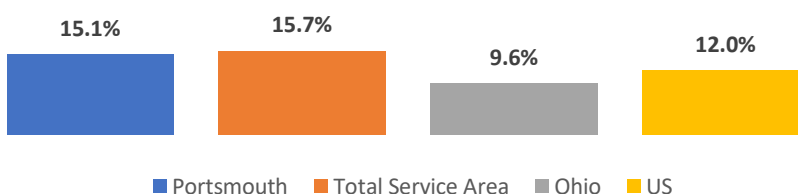
Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2023 via SparkMap (sparkmap.org).

Education

Among the Total Service Area population age 25 and older, an estimated 15.5% (over 29,000 people) do not have a high school education.

Benchmark: Portsmouth is equal to the Total Service Area, but both are higher than found across Ohio and the US.

Population With No High School Diploma
Population Age 25+ Without a High School Diploma or Equivalent 2015-2019



US Census Bureau American Community Survey 5-year estimates.
Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2021 via SparkMap (sparkmap.org)

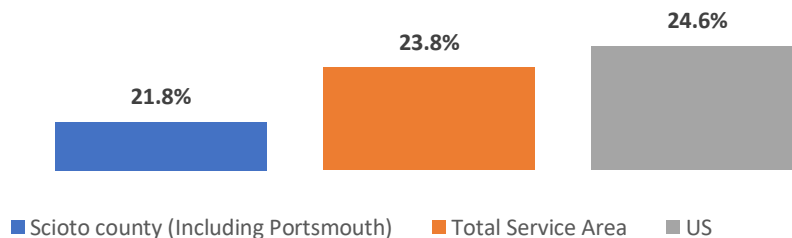
Financial Resilience

Respondents were asked: “Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?”

A total of 23.8% of Total Service Area residents would not be able to afford an unexpected \$400 expense without going into debt.

Disparity: More often reported among adults age 40 to 64 and especially among those at or below the federal poverty level.

Do Not Have Enough Cash on Hand to Cover a \$400 Emergency Expense



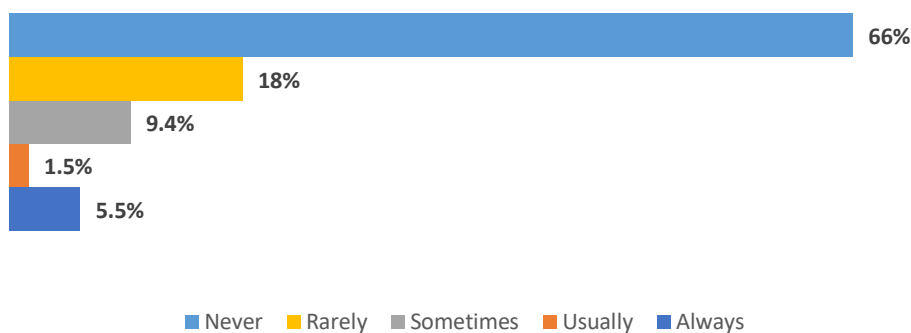
2024 PRC Community Health Survey, PRC, Inc. [Item 63]
2020 PRC National Health Survey, PRC, Inc.

Housing

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress Over Paying Mortgage/Rent in the Past Year 2021



2024 PRC Community Health Survey, PRC, Inc. [Item 66]

However, a considerable share (16.4%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

Benchmark: Half the national percentage.

Trend: A significant improvement from the 2019 survey.

Disparity: Higher in the Scioto County (Including Portsmouth) Area. Higher among adults age 40 to 64 and especially lower-income residents.

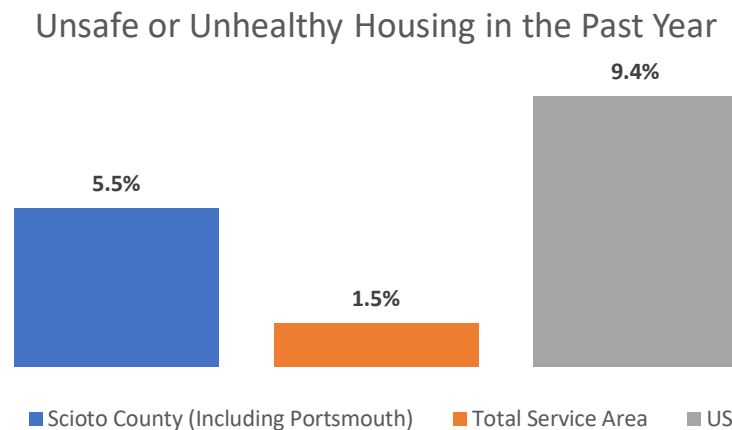
Unhealthy or Unsafe Housing

Respondents were asked: “Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?”

A total of 8.9% of Total Service Area residents report living in unhealthy or unsafe housing conditions during the past year.

Benchmark: Better than was found across the US.

Disparity: Men are more likely than women to report living in unsafe housing.



2024 PRC Community Health Survey, PRC, Inc. [Item 65]
2020 PRC National Health Survey, PRC, Inc.
Asked of all respondents.

FOOD ACCESS

Low Food Access

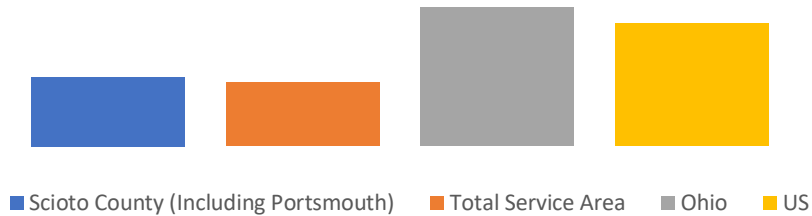
Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

US Department of Agriculture data show that 11.7% of the Total Service Area population (representing over 33,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

Benchmark: Much better than state and national findings.

Populatoin With Low Food Access

Percent of Population that is Far From a Large Supermarket or Grocery Store 2015



US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA). Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2021 via SparkMap (sparkmap.org).

Food Insecurity

Surveyed adults were asked: “Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was

"Often True," "Sometimes True," or "Never True" for you in the past 12 months:

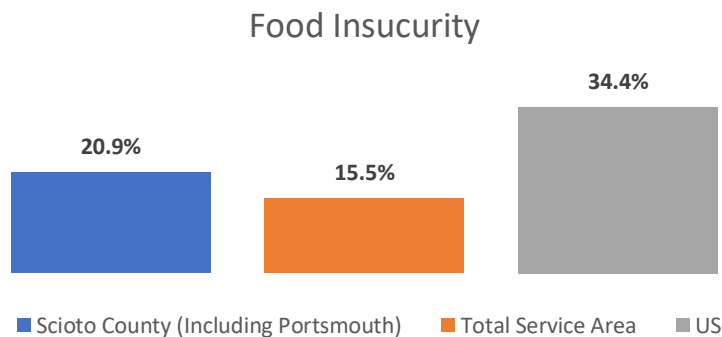
- I worried about whether our food would run out before we got money to buy more.
- The food that we bought just did not last, and we did not have money to get more.”

Overall, 15.5% 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.

Benchmark: Less than half of the national percentage.

Trend: An improvement from the previous survey.

Disparity higher in Scioto County (Including Portsmouth). Higher among adults age 40 to 64 and particularly those with lower incomes.



2024 PRC Community Health Survey, PRC, Inc. [Item 112]
 Asked of all respondents.



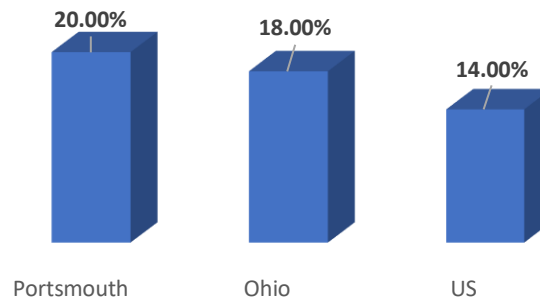
HEALTH STATUS

Overall Health Status

Health is shaped by every aspect of how and where we live. Factors such as access to secure and affordable housing, safe neighborhoods, well-paying jobs, and quality early childhood education play a crucial role in putting individuals on a path to a healthier life.

Adopting preventative habits is essential for maintaining good health, as they help individuals avoid illness or injury and enhance their quality of life. Practices such as regular exercise, eating a balanced diet, and maintaining proper dental care are key to supporting overall health and well-being.

The majority of respondents rate their overall health favorably, however 20% indicated that their health was either fair or poor. This is higher than both the State of Ohio and the national average.



Trend: This is significantly higher than past years.

Disparity: “Fair” or “poor” health is more often reported among men, adults age 65+, and especially among those with lower incomes.

2024 PRC Community Health Survey, PRC, Inc. [Item 90] 2020 PRC National Health Survey, PRC, Inc.

Mental Health

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

Examples of populations disproportionately affected by mental disorders in the United States:

Racial and Ethnic Minorities:

African Americans and Hispanics are less likely to receive mental health treatment compared to non-Hispanic Whites, even though they experience similar rates of mental health disorders. For example, only 25% of African Americans and 27% of Hispanics with mental health disorders receive treatment, compared to 40% of non-Hispanic Whites.

Native Americans/Alaska Natives experience higher rates of psychological distress and PTSD due to historical trauma and ongoing socio-economic challenges, with suicide rates 2.5 times higher than the national average.

Low-Income Populations:

Individuals living below the federal poverty level are more than twice as likely to experience serious psychological distress compared to those with higher incomes. Barriers such as cost, lack of insurance, and access to quality care often prevent treatment.

LGBTQ+ Community:

LGBTQ+ individuals are at a higher risk for mental health disorders such as depression, anxiety, and substance use. For instance, LGBTQ+ youth are more than twice as likely to report feeling sad or hopeless, and their suicide attempt rates are significantly higher compared to heterosexual peers.

Children and Adolescents:

Approximately 1 in 6 children aged 6–17 experiences a mental health disorder each year. However, fewer than half receive treatment due to factors like stigma, lack of access to child-specific services, and underdiagnosis.

Older Adults:

Older adults are at increased risk for mental health issues such as depression, often related to isolation, chronic illness, and loss of loved ones. Unfortunately, mental health in older adults is frequently underdiagnosed and undertreated.

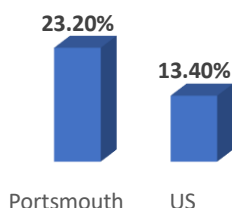
Veterans:

Veterans experience high rates of PTSD, depression, and substance use disorders. For example, approximately 11–20% of veterans who served in operations such as Iraq and Afghanistan suffer from PTSD, and the veteran suicide rate is 1.5 times higher than that of the general population.

By recognizing these disparities, targeted interventions can be developed to address the unique challenges faced by these populations, reduce barriers to care, and promote equitable mental health outcomes

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people’s ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

Healthy People 2030 (<https://health.gov/healthypeople>)



While most respondents rated their mental health from good to excellent, **23.2% believe their mental health is fair or poor. The national average is 13.4%.**

Trend: Increasing significantly over time.

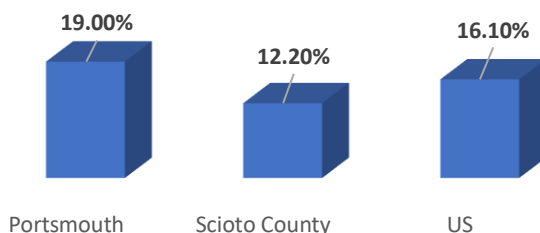
Disparity: Persons that live in the 45662 (Portsmouth) Zip Code ranked particularly high.

Stress

Mind and body affect and feed on one another, and stress strongly affects your overall physical wellness. Long-term stress can bring about significant changes in your body, and even extreme, short-term stress can temporarily decrease overall health.

The majority of respondents characterized their stress level as no more than moderate. However, 19% report their typical day as very or extremely stressful. This is higher than both the county and national average.

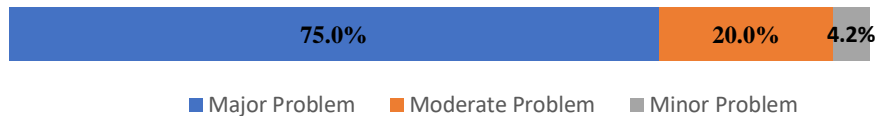
2024 PRC Community Health Survey, PRC, Inc. [Item 92]



Disparity: Persons that live in the 45662 (Portsmouth) Zip Code ranked particularly high.

Key Informant Input: Mental Health

Three-fourths of key informants taking part in an online survey characterized Mental Health as a “major problem” in the community.



Key Informants cited the following contributing factors:

- Lack of inpatient mental health treatment facilities resulting in homelessness and drug addiction. – Community/Business Leader (Scioto County)
- Mental health is prevalent in this area, most people are self-medicating for it and become addicts. – Community/Business Leader (Scioto County)
- I do not know the suicide rate for the county and do not want to assume it is higher than other counties. However, I think addiction (drugs and alcohol) relate to mental health. – Other Health Provider (Scioto County)
- I think mental health is bad in most communities today, but our community is plagued by addiction and poverty, which also influences nurturing and the systemic problems that have developed in the community have created an environment perfect for mental health problems. – Community/Business Leader (Scioto County)
- Self-medicating for those people with mental issues. People will not seek help with their mental issues. – Public Health Representative (Scioto County)
- Mental health issues are a concern for both youth and adults in our community. With the large number of drug recovery centers, many adults are struggling to remain free of drugs and at the same time there is a limited amount of paying job opportunities that provide a living wage. For youth, many of them have faced some traumatic event in their life such as finding a parent or other family member overdosed or deceased, parent or other family member in jail due to drug related activity, and the challenges of returning to "normal" activities, such as school, after being home extended periods of time after the COVID epidemic. – Public Health Representative (Scioto County)
- High rates of substance use, low socioeconomic status population, lack of family support. – Public Health Representative (Scioto County)
- Our community has significant mental health issues ranging from our youth to adults and elders. There are accessibility issues that includes the limited number of the licensed professionals providing this service. A sizeable number of these licensed professionals are working with the SUD recovery setting driven by the market compensation rates. – Other Health Provider (Scioto County)
- There are not enough practitioners. Also, most mental health practitioners focus on or are overburdened by those with addictions to illegal drugs. As a result, many people believe that mental health care is only for those struggling with addiction. – Public Health Representative (Scioto County)

- Maintaining safe living environments and maintaining mental health care. – Social Services Provider (Scioto County)
- Anxiety, depression, substance use disorders, domestic violence. – Community/Business Leader (Scioto County)
- Poor economy, very few mental health professionals, drug addiction, lack of support of insurance companies, homeless, individuals without resources or do not know how to use resources. stigmatism regarding mental health issues, treated differently than if they have a 'real' health issue. – Other Health Provider (Scioto County)
- Lack of jobs and amount of substance abuse in the area, to surround themselves with a better support system. – Community/Business Leader (Scioto County)
- **Access to Care / Services**
- Lack of community-based support services. – Social Services Provider (Scioto County)
- Shawnee Mental Health typically has a two to three month waiting period for appointments. If you have the means to travel outside the county and have insurance, the problem of access is less. – Social Services Provider (Scioto County)
- Not enough professional assistance. – Community/Business Leader (Scioto County)
- Access to services. We have a number of addiction treatment facilities, which is great, and very needed, but very few providers for the growing number of professionals and teens suffering from anxiety, stress and depression – Community/ Business Leader (Scioto County)
- We do not have enough psychiatrists. – Public Health Representative (Scioto County)

Denial/Stigma

- Stigma. – Community/Business Leader (Scioto County)
- The stigma of seeking help for mental illness or the inability to recognize mental illness.
 - Community/Business Leader (Scioto County)

Incidence/Prevalence

- Unfortunately, we have a terrible issue with that. – Community/Business Leader (Scioto County)
- Depression seems on the rise and can lead to many other issues. – Public Health Representative (Scioto County)

Access to Care for Uninsured/Underinsured

- No insurance and/or treatment options are only available to people with welfare insurance. – Community/Business Leader (Scioto County)

Diagnosis/Treatment

- Lack of assessment and treatment options. – Public Health Representative (Scioto County)



PREVALENCE OF DISEASES

Chronic diseases are broadly defined as conditions lasting one year or more that require ongoing medical attention, limit daily activities, or both. They are the leading cause of death and disability in the United States, accounting for 7 out of 10 deaths annually. Heart disease, cancer, and stroke alone are responsible for more than 50% of all deaths each year.

In 2019, approximately 107 million Americans—nearly half of all adults aged 18 and older—were living with at least one of six reported chronic illnesses. This highlights the widespread impact of chronic diseases on the nation's health and well-being.

- Cardiovascular disease
- Arthritis
- Diabetes
- Asthma
- Cancer
- Chronic obstructive pulmonary disease (COPD)

Healthy People 2030: <https://www.healthypeople.gov/2020/about/foundation-health-measures/General-Health-Status#chronic>

CARDIOVASCULAR RISK FACTORS

Blood Pressure & Cholesterol

A total of 51.7% in the 45662 area (Portsmouth) adults have been told by a health professional at some point that their blood pressure was high.

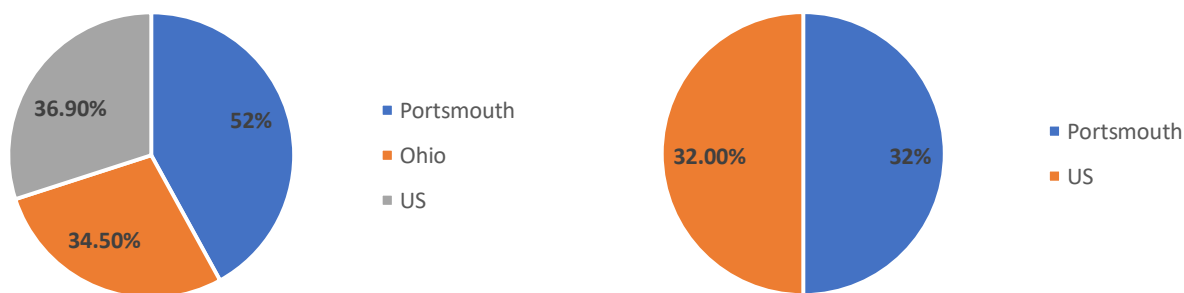
Benchmark: Higher than state and national percentages. Fails to satisfy the Healthy People 2030 objective of 27.7% or lower.

Trend: This is lower than the 2019 survey.

Disparity: More often reported among adults age 40+ and adults at lower incomes.

A total of 32.0% of adults in the 45662 area (Portsmouth) have been told by a health professional that their cholesterol level was high.

Benchmark: Higher than the national percentage.



2024 PRC Community Health Survey, PRC, Inc. [Items 35, 36]

Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Ohio data.

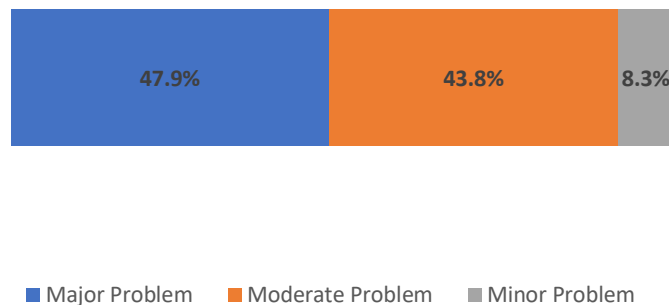
2020 PRC National Health Survey, PRC, Inc.

The prevalence of High Blood Pressure in Portsmouth is considerably higher than the County, State and nationally. However, the occurrence of High Cholesterol is equal to the national average.

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.

Perception of Heart Disease & Stroke as a Problem in the Community



Key Informant Input Cardiovascular Contribution Factors:

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

- Scioto Health Indicators. Obesity, smoking, poor eating and sleeping habits. – Public Health Representative (Scioto County)
- Obesity rates. Poor compliance with medication. – Physician (Portsmouth)
- Many county residents are obese and there is a lack of access to nutritious food and exercise facilities in remote or poorer areas - All of this relates to heart disease and stroke. – Other Health Provider (Scioto County)
- Due to high levels of obesity, smoking, and physical inactivity, heart disease and stroke are major health concerns. There is resistance to following doctor recommendations regarding diet and exercise, medication use, and stopping smoking. – Public Health Representative (Scioto County)
- The major factors are lifestyle and smoking. Poverty also contributes to poor diet habits and education. – Other Health Provider (Portsmouth)
- Lack of nutritional diets due to expense, lack of exercise and promotion of healthy living, low socioeconomic status of individuals living in our area, smoking and substance abuse. – Public Health Representative (Portsmouth)
- Poor education, diet, and sedentary lifestyle. – Community/Business Leader (Portsmouth)

- Options for healthy lifestyles. More options for access to healthy foods. Need classes for healthy cooking. – Other Health Provider (Portsmouth)
- Low SES, so more incidence of smoking, poor eating habits, little physical activity/obesity, little preventative health (early screenings) & dental care, creative non-adherence (e.g., taking too much or too little of prescribed medications), poor patient-provider relationships (jargon, distrust, little listening) – Community/Business Leader (Scioto County)
- Incidence of heart disease prevalent in our community. High percentage of residents are smokers, have diabetes diagnosis, obesity, and inactive lifestyles. – Social Services Provider (Scioto County)
- Heart disease and stroke are a major problem because of unhealthy lifestyles, smoking, sedentary lifestyle. – Community/ Business Leader (Scioto County)

Incidence/Prevalence

- There are many individuals in the county that have suffered heart disease and stroke. It is very common for an individual to struggle with high blood pressure. Frequently, those who suffer have a poor diet and poor exercise regimes. There are many reasons for this, but it seems to be a very common problem in southern Ohio. – Public Health Representative (Portsmouth)
- There seems to be many people that I know who have to have stints and open-heart surgery. – Public Health Representative (Scioto County)
- The number one health care business. – Physician (Scioto County)
- Heart disease is an issue everywhere. – Community/Business Leader (Scioto County)

Nutrition

- Poor diet and sedentary lifestyle. – Community/Business Leader (Scioto County)
- Due to many poor nutrition and exercise factors in the area. – Other Health Provider (Scioto County) Lack of proper exercise and nutrition. – Social Services Provider (Scioto County)

CANCER

Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

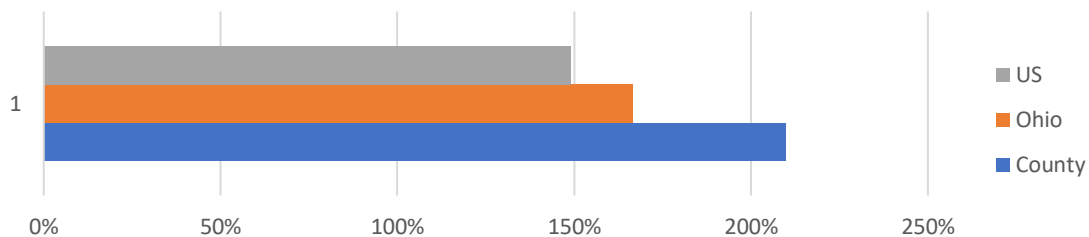
Healthy People 2030 (<https://health.gov/healthypeople>)

The following data will only drill down to Scioto County because Portsmouth specific data could not be found.

Between 2017 and 2019, there was an annual average age-adjusted cancer mortality rate of 201.1 deaths per 100,000 population in Scioto County. Much higher than state and national rates. Far from satisfying the Healthy People 2030 objective of 122.7 or lower. There are no statistics for Portsmouth, but given the County rate is incredibly high, it is safe to assume the city rates are high as well.

Cancer: Age-Adjusted Mortality (2017-2019 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2021.

US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Scioto County.

Other leading sites include prostate cancer, female breast cancer, and colorectal cancer (both sexes).

	Scioto County	Ohio	US	HP2030
All Cancers	209.8	166.5	149.3	122.7
Lung	63.5	42.9	34.9	25.1
Prostate	21.9	19.3	18.6	16.9
Female Breast Cancer	21.3	21.4	19.7	15.3
Colorectal Cancer	19.0	14.7	13.4	8.9

Benchmark:

Lung Cancer: Higher than both state and national rates. Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer: Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer: Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer: Higher than both state and national rates. Fails to satisfy the Healthy People 2030 objective.

Cancer Incidents

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

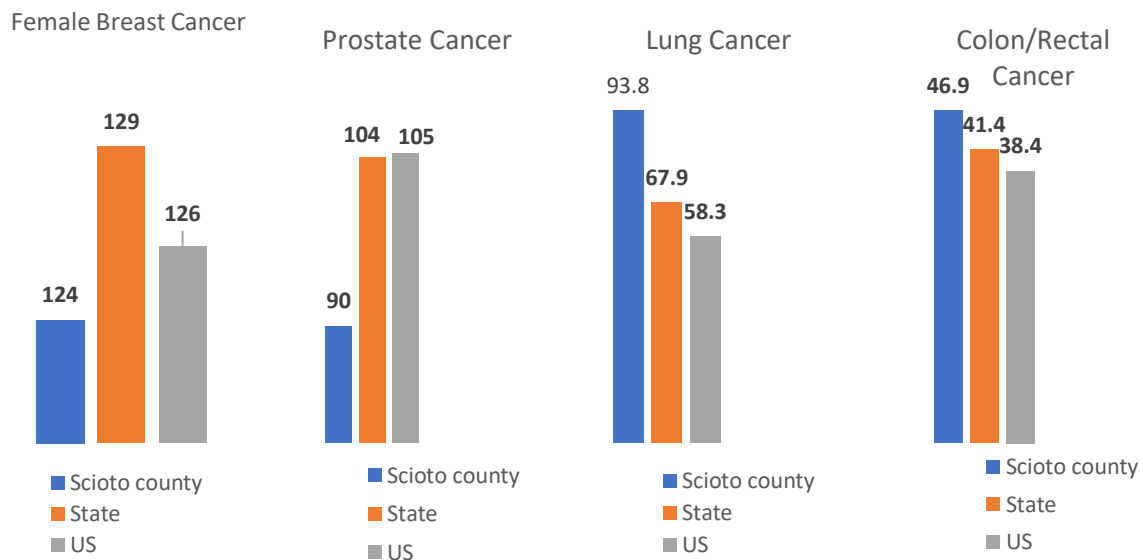
The highest cancer incidence rates in the region are for female breast cancer and lung cancer.

Benchmark:

Lung Cancer: Higher than both state and national rates.

Prostate Cancer: Lower than both state and national rates.

Colorectal Cancer: Higher than the national rate.



State Cancer Profiles.

Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2021 via SparkMap (sparkmap.org). 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.

Prevalence of Cancer

Of the surveyed adults in the Total Service Area, 13.2% reported having been diagnosed with cancer at some point. In comparison, 16.4% of respondents in Portsmouth indicated a cancer diagnosis. The most commonly reported types of cancer were lung cancer, skin cancer, and breast cancer

Benchmark: Higher than the national prevalence.

Disparity: Most often reported among adults age 65+. Higher incidence in Portsmouth.

About Cancer Risk

Cancer Screenings

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

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

- 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.

The American Cancer Society advises that both men and women include cancer-related evaluations as part of their routine doctor's checkups. These evaluations should cover screenings for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin. Additionally, they should include health counseling on topics such as tobacco use, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Community screening rates for specific cancers were assessed through the PRC Community Health Survey, focusing on three key cancer types:

- **Female breast cancer:** Screening via mammography.
- **Cervical cancer:** Screening via Pap smear/HPV testing.
- **Colorectal cancer:** Screening via colonoscopy/sigmoidoscopy and fecal occult blood testing.

The **US Preventive Services Task Force (USPSTF)**, part of the Agency for Healthcare Research and Quality under the US Department of Health & Human Services, provides the following screening guidelines:

Female Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

Cervical Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not

have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

Colorectal Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

Among women age 50-74 in the total service area, 72.0% have had a mammogram within the past 2 years. Only 53% in Portsmouth indicate having a mammogram within the past 2 years.

Benchmark: Less favorable than the statewide percentage. Similar to the Healthy People 2030 objective of 77.1% or higher.

Disparity: Higher rate of incident in the City of Portsmouth than in Scioto County.

Among Total Service Area women age 21 to 65, 70.5% have had appropriate cervical cancer screening. Of the Portsmouth women age 21 to 65 surveyed the trend is about the same.

Benchmark: Less favorable than the statewide percentage. Fails to satisfy the Healthy People 2030 objective of 84.3% or higher.

Trend: Decreasing over time.

Disparity: Unfavorably low in the Secondary Service Area (Outside of Scioto County).

Among all adults age 50-75, 78.4% have had appropriate colorectal cancer screening.

Benchmark: More favorable than the statewide percentage. Satisfies the Healthy People 2030 objective of 74.4% or higher.

Trend: Represents a significant increase.

Disparity: Lower in Scioto County (Including Portsmouth)

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized Cancer as a “major problem” in the community.

Incidence/Prevalence

- Increased cancer incidence. – Physician (Scioto County)
- Large numbers of community members of a wide range of ages are diagnosed with cancer each year. More and more younger community members are diagnosed with cancer. – Public Health Representative

- Cancer is incredibly prevalent in the community. Three out of 12 of my board members are survivors that I know of. – Community/Business Leader (Scioto County)
- High rate of cancer in Scioto County. – Social Services Provider (Portsmouth)
- It seems that there are many people in the Ohio Valley that get cancer. I believe that this has been a major problem for the last four or five decades. – Public Health Representative (Scioto County)
- There is a high rate of cancer diagnosis within our community. – Other Health Provider (Scioto County)
- It seems that nearly everyone I know has had a cancer scare. Breast cancer, lung cancer, and colon cancer seem to be very common. – Community/Business Leader (Portsmouth)
- It seems every family I know is affected by cancer in some way. – Community/Business Leader (Scioto County) Scioto County has a higher rate of incidence for cancer than the state. – Public Health Representative (Portsmouth)
- I know many people in our community being treated or who have died from cancer. – Community/Business Leader (Scioto County)
- I know of numerous members in my family and other families that have been impacted by cancer, many resulting in death or at the least a poor quality of life. – Public Health Representative (Scioto County)

Contributing Factors

- High prevalence of cancer. Many individuals travel to Columbus or farther to ensure access to up-to-date treatments or experimental treatments. – Social Services Provider (Scioto County)
- Our incidence rates in Scioto County are higher than in the state of Ohio and nationally. We most often see high incidence of lung, colon and breast cancers, and higher rates of later detection in cervical, colon, lung and oral cancers. We can attribute this to low SES, which often means less education, lower-income, blue collar jobs with little to no insurance, poor eating habits, little physical activity, obesity, and smoking. – Community/Business Leader (Scioto County)
- There are several people in Scioto County with cancer and being treated for cancer. We are also near a uranium enrichment plant. There are more younger people and children with cancer. We have a problem. – Community/Business Leader (Scioto County)
- Heavy levels of tobacco use in our population, lack of use of prevention resources. – Social Services Provider (Scioto County)
- Cancer is an issue because smoking and tobacco use is still widespread. Skin cancer is prevalent due to tanning and generalized non-use of sun screen. Colon cancer due to poor diet habits. – Other Health Provider (Jackson County)

Environmental Contributors

- I believe there are a lot of carcinogens and other contributors to cancer in Scioto County. – Social Services Provider (Scioto County)
- There were unchecked emissions of benzene for extended timeframes in our community. – Community/Business Leader (Scioto County)

Access to Care/Services

- Access and cost of treatment. – Social Services Provider (Scioto County)

RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

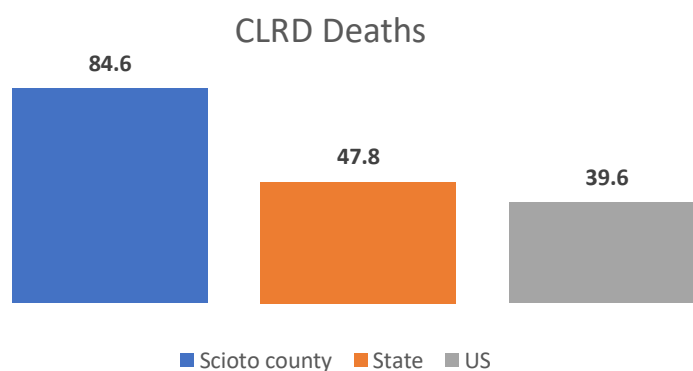
Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2017 and 2019, there was an annual average age-adjusted CLRD mortality rate of 84.6 deaths per 100,000 population in Scioto County (Including Portsmouth).

Benchmark: Considerably higher than state and US rates.



CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2021. CLRD is chronic lower respiratory disease.

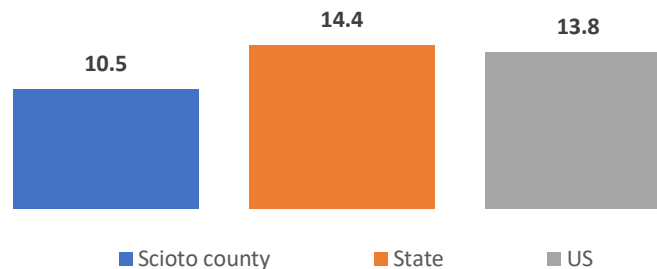
Pneumonia/Influenza Deaths

Between 2017 and 2019, the Total Service Area reported an annual average age-adjusted pneumonia influenza mortality rate of 15.6 deaths per 100,000 population.

Benchmark: Scioto County (Including Portsmouth) is significantly lower than the state and US rates

Trend: Continuing a significant decline.

Pneumonia/Influenza Age Adjusted Mortality



Prevalence of Respiratory Disease

Asthma (Adults)

A total of 13.7% of Total Service Area adults currently suffer from asthma. Those living in Scioto County (Including Portsmouth) reported a 12.1% prevalence, slightly higher than the state average (11.1%) and slightly lower than the US average of 12.9%.

2024 PRC Community Health Survey, PRC, Inc. [Item 119]

Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Ohio data. 2020 PRC National Health Survey, PRC, Inc.

Chronic Obstructive Pulmonary Disease (COPD)

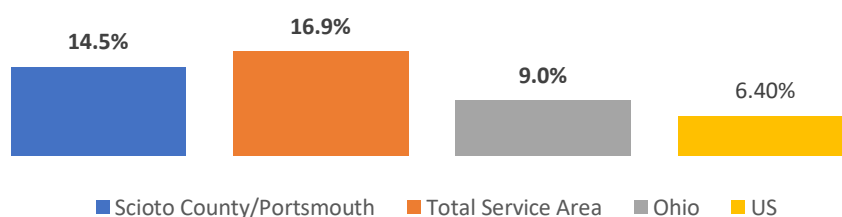
COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 16.9% of Total Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis). Those reporting in Scioto County indicate 14.5% are diagnosed with COPD Portsmouth is comparable with the County at 14.9%

Benchmark: Worse than state and national percentages.

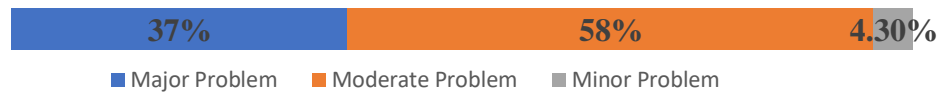
Trend: Marks a notable decline from 2019 survey findings.

Prevalence of COPD



Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized respiratory disease as a “moderate problem” in the community.



PRC Online Key Informant Survey, PRC, Inc. Asked of all respondents

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

Contributing Factors

- Increased numbers of those who smoke or who work in unhealthy conditions. – Other Health Provider (Scioto County)
- Smoking and lack of physical activity are a widespread issue in the county. – Community/Business Leader (Portsmouth)
- We have higher incidence of lung and bronchial disorders and cancers than in the state and nation. Smoking and several chemical plants may contribute, as well as delay in seeking medical care and early screenings/detection. – Community/ Business Leader (Scioto County)
- Our air quality is not good in this valley, pollen and other allergens get "caught" here and cause many respiratory issues. Also, the rate of smokers. – Public Health Representative (Scioto County)
- Some respiratory issues are due to obesity. Other respiratory issues are due to challenges, such as lung cancer, many times caused by smoking. Again, there is apathy on following through with treatments and medications can be quite expensive. – Public Health Representative (Scioto County)

Tobacco Use

- Tobacco use. – Social Services Provider (Scioto County)
- Large percentage of smokers or previous smokers. – Social Services Provider (Scioto County)
- High smoking rates. – Physician (Lewis County)
- Smoking and lack of physical activity are a widespread issue in the county. – Community/Business Leader (Scioto County)

Incidence/Prevalence

- Prevalence of COPD, asthma, allergies. – Community/Business Leader (Scioto County)
- High number of patients with COPD, asthma, and lung issues in the community. Environmental issues. – Community/Business Leader (Portsmouth)

Environmental Contributors

- Blight. The amount of people living in or close to hazardous, unsafe, and dilapidated structures breathe toxic mold daily. – Community/Business Leader (Scioto County)
- Our community is in a stagnant air quality area with infestation of environmental toxins, like black mold. – Community/ Business Leader (Scioto County)

E-Cigarettes

- Vaping is big and has become increasingly popular among youth. – Community/Business Leader (Scioto County)

INJURY & VIOLENCE

About Injury and Violence

INJURY In the United States, unintentional injuries are the leading cause of death among children, adolescents, and adults under the age of 45. Many of these injuries result from motor vehicle crashes and falls, while intentional injuries often involve gun violence and physical assaults. Implementing targeted interventions is essential for preventing injuries and ensuring safety in homes, workplaces, and communities.

Drug overdoses have become the leading cause of injury-related deaths in the United States, with most involving opioids. Effective strategies to address this crisis include modifying health care providers' prescribing practices, distributing naloxone to reverse overdoses, and providing medications for addiction treatment to individuals with opioid use disorder. These measures can help reduce opioid-related overdose deaths.

VIOLENCE Each year, nearly 20,000 people in the United States die due to homicide, and many more suffer injuries from violence. Physical assaults, sexual violence, and gun-related injuries are widespread, with adolescents being particularly vulnerable. Interventions to reduce violence are crucial for enhancing safety in homes, schools, workplaces, and communities.

Children exposed to violence face an increased risk of long-term physical, behavioral, and mental health issues. Strategies aimed at protecting children from violence can significantly improve their overall health and well-being throughout their lives.

- *Healthy People 2030* (<https://health.gov/healthypeople>)

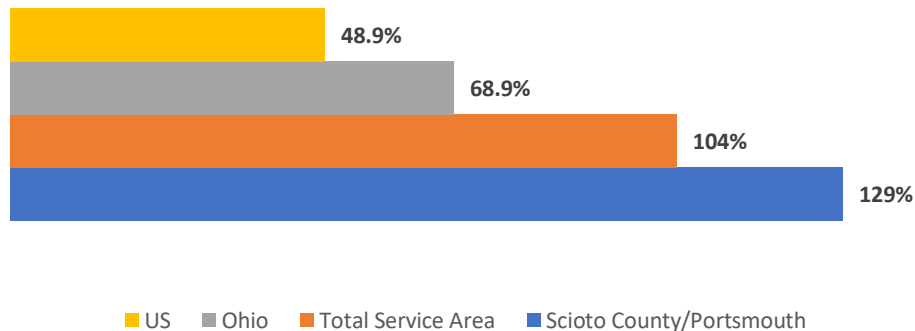
Unintentional Injury

Between 2017 and 2019, there was an annual average age-adjusted unintentional injury mortality rate of 103.5 deaths per 100,000 population in the Total Service Area. In Scioto County (Including Portsmouth) the rate is even higher, 129.3 deaths per 100,000 population

Benchmark: Considerably higher than state and national rates. Far from satisfying the Healthy People 2030 objective of 43.2 or lower.

Trend: Continues to climb in the service area.

Unintentional Injuries: Age adjusted Mortality 2017-2019 Annual Avg. Deaths per 100,000 Healthy People 2030 42.3 or Lower

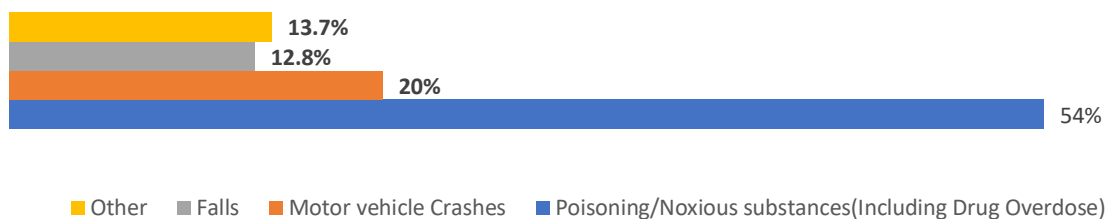


CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2021.
US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Leading Causes of Unintentional Injury Deaths

Poisoning (including unintentional drug overdose), motor vehicle crashes, and falls accounted for most unintentional injury deaths in the Total Service Area between 2017 and 2019

Leading Causes of Unintentional Injury Deaths Total Service Area 2017-2019



CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2021.

Intentional Injury (Violence)

In the Total Service Area, there were 6.4 homicides per 100,000 population (2017-2019 annual average age-adjusted rate). Data specific to Portsmouth could not be obtained.

Benchmark: Similar to the Healthy People 2030 objective of 5.5 or lower.

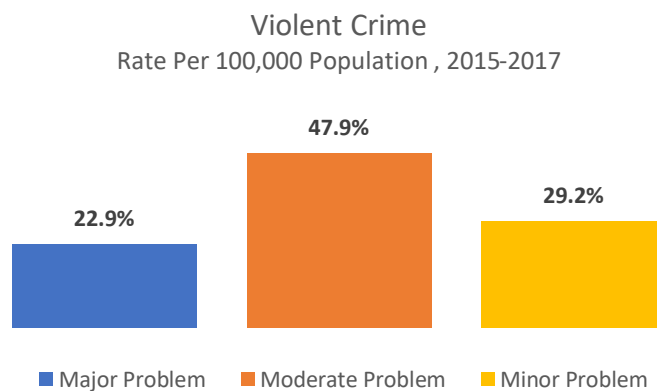
Violent Crime

Violent crime consists of four FBI Index offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. It is important to note that the quality of crime data may vary significantly across locations due to differences in reporting consistency and completeness among jurisdictions.

Between 2019 and 2020, the Total Service Area reported an average of 132.2 violent crimes per 100,000 population.

Benchmark: Less than one-half of the statewide rate and less than one-third of the nationwide Rate.

Disparity: Unfavorably high in the Scioto County Area.



Federal Bureau of Investigation, FBI Uniform Crime Reports. Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2021 via SparkMap (sparkmap.org).

Community Violence

A total of 0.8% of surveyed Total Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

Benchmark: Much lower than the US finding.

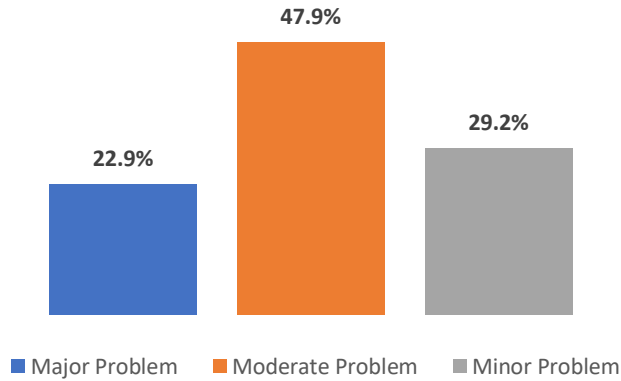
Trend: Marks a significant decrease over time.

*2024 PRC Community Health Survey, PRC, Inc. [Item 38]
2020 PRC National Health Survey, PRC, Inc.*

Family Violence

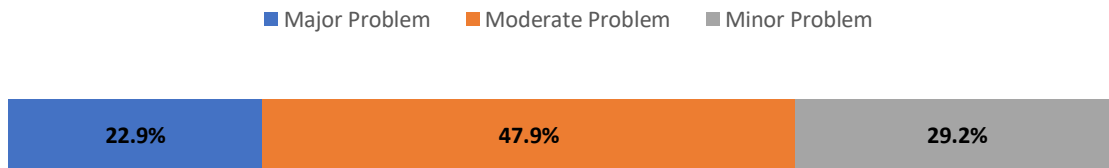
A total of 14.4% of Total Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner. A slightly higher number (16.1%) acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

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



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.



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

Contributing Factors:

- Related to the addiction plague, poverty, cultural acceptance of violence as a way of solving problems. – Social Services Provider (Scioto County)
- High rates of substance abuse, nothing for adolescents to do in our community outside of school functions. – Public Health Representative (Scioto County)
- The challenges within our community for employment, SUD and various other social determinants translate to injury and violence. We have crowded jail facilities and increased crime. – Other Health Provider (Portsmouth)

Alcohol/Drug Use

- I think it relates to high opioid use. – Other Health Provider (Scioto County)
- With the issue of drug addiction comes increase of injury and violent crimes. When people are under the influence of a substance they act more recklessly. – Other Health Provider (Scioto County)

Access to Care/Services

- Limited resources and limited safe houses. – Community/Business Leader (Portsmouth)

DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

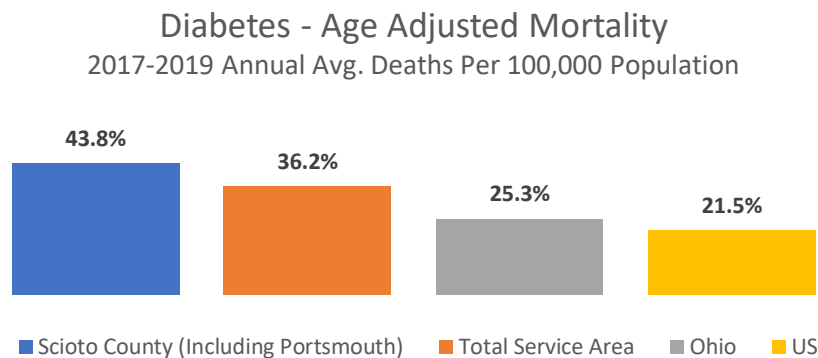
– Healthy People 2030 (<https://health.gov/healthypeople>)

Between 2021 and 2023, there was an annual average age-adjusted diabetes mortality rate of 36.2 deaths per 100,000 population in the Total Service Area.

Benchmark: Higher than was found across Ohio and the US.

Trend: Represents a significant increase in recent years.

Disparity: Particularly high in Scioto County (Including Portsmouth).



CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2021.

Prevalence of Diabetes

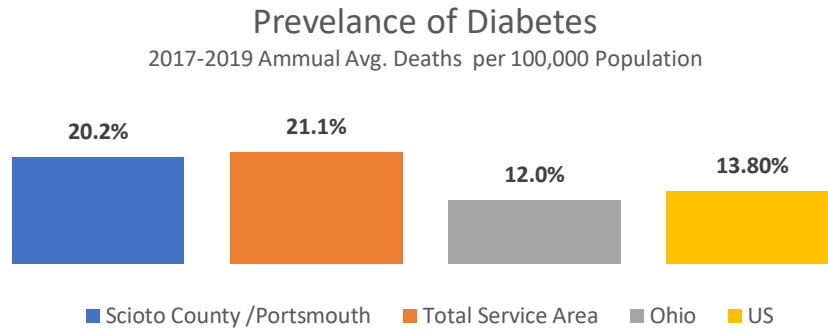
A total of 21.1% of Total Service Area adults report having been diagnosed with diabetes.

Benchmark: Higher than the state and national prevalence.

Trend: Marks a significant increase over time.

Disparity: More prevalent among adults age 40+ and among those with lower incomes.

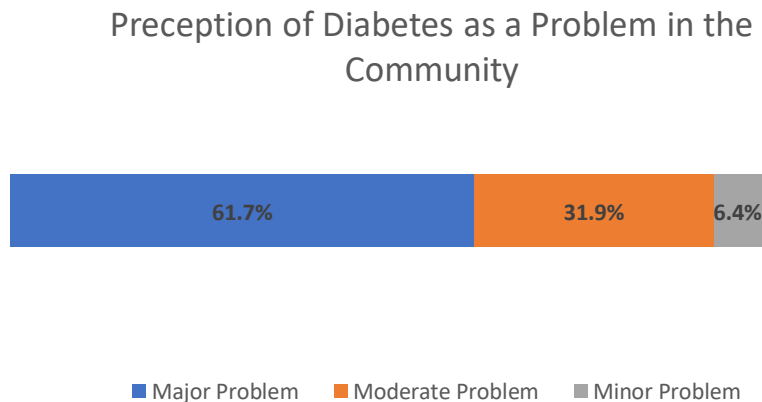
Note: Another 6.2% in the total service area have been diagnosed with Pre-Diabetes.



2024 PRC Community Health Survey, PRC, Inc. [Item 121]; Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Ohio data.;2020 PRC National Health Survey, PRC, Inc.

Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized Diabetes as a “major problem” in the community



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

Contributing Factors:

- Lack of resources, meaning education programs and supply assistance. Financial issues impact. It’s easier and cheaper to buy foods that are high carb with little protein and fiber. We also are limited in places to workout/ exercise. No gyms. Limited access to track. – Other Health Provider (Portsmouth)
- Education on managing their disease, many of them just label foods as "good" or "bad" and have no idea what they can eat. Culture is also a challenge, as Pike County is part of the Appalachian culture, which tends to be fatalistic. – Public Health Representative (Pike County)
- Diabetes coaching, education, nutrition information (so many myths out there), expense of monitoring supplies and meds. – Other Health Provider (Scioto County)

- Lack of diet awareness or unwillingness to follow diet. Also, high prevalence of fast-food restaurants with limited options for more balanced diet. – Social Services Provider (Portsmouth)
- Nutrition/dietary education and sources for healthy food. – Public Health Representative (Portsmouth)
- Poor overall nutrition, poor food choices due to limited incomes, lack of exercise on a daily basis. – Social Services Provider (Scioto County)
- Lack of nutritional guidance and a perceived notion that healthy eating is not affordable. As well, quality gym time and the ability to use it, let alone the motivation or the finances to access them are not really available for most of the county. – Other Health Provider (Scioto County)
- Food deserts (carbs are cheap). Lack of understanding of how to eat healthy on a budget. Perceptions around food. – Physician (Lewis County)
- Healthy options are expensive. Not enough exercise. – Public Health Representative (Scioto County)
- Diabetes is uncontrolled, patient noncompliance, there is a need for more health education and affordability of healthy lifestyle choices can be a barrier as well as a gap in physical activity. – Other Health Provider (Scioto County)
- Type II diabetes is on the rise due to obesity, poor quality of health, lack of exercise and proper nutrition. – Public Health Representative (Scioto County)
- Cost of appropriate monitoring and medications, access to healthy nutritional information and healthy, low-cost foods, smoking, obesity, poor patient-provider relationships, poor adherence and delays in treatment. – Community/Business Leader (Scioto County)
- The lack of concern for the long-term consequences of living with diabetes. I believe they have been told, but they ignore the advice, therefore maybe ignorance. – Public Health Representative (Scioto County)
- Doctors and diet. – Community/Business Leader (Scioto County)

Education

- Lack of nutrition counseling and many don't understand how the constant up and down of their blood sugar affects their entire body. – Public Health Representative (Scioto County)
- Understanding the importance of diet and exercise. – Public Health Representative (Scioto County) Education. – Physician (Scioto County)
- Non-willingness to attend education classes offered. – Community/Business Leader (Scioto County)

Diet and Exercise

- Poor diet and non-compliance. – Community/Business Leader (Scioto County)
- Diet and exercise. – Community/Business Leader (Scioto County)

Access to Affordable Healthy Food

- Access to healthy food because of fixed income or low income. – Community/Business Leader (Scioto County)
- Lack of fresh foods. – Social Services Provider (Scioto County)

Diagnosis/Treatment

- Many are undiagnosed; for those who have been diagnosed, there is resistance to following diet, exercise, and medication routines, including self-testing. – Public Health Representative (Scioto County)

Access to Care/Services

- Lack of credible endocrinology care. – Physician (Portsmouth)

KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher prevalence among low-income and racial/ethnic minority groups. Most people with CKD are unaware of their condition. Individuals with CKD face an increased risk of heart disease, stroke, and premature death. Managing risk factors such as diabetes and high blood pressure can help prevent or delay the onset of CKD. Early diagnosis is crucial to ensure timely treatment and better outcomes.

Recommended tests can identify individuals with CKD, allowing them to receive treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). Additionally, strategies to increase the number of kidney transplants for people with ESKD can enhance survival rates and significantly improve their quality of life.

- Healthy People 2030 (<https://health.gov/healthypeople>)

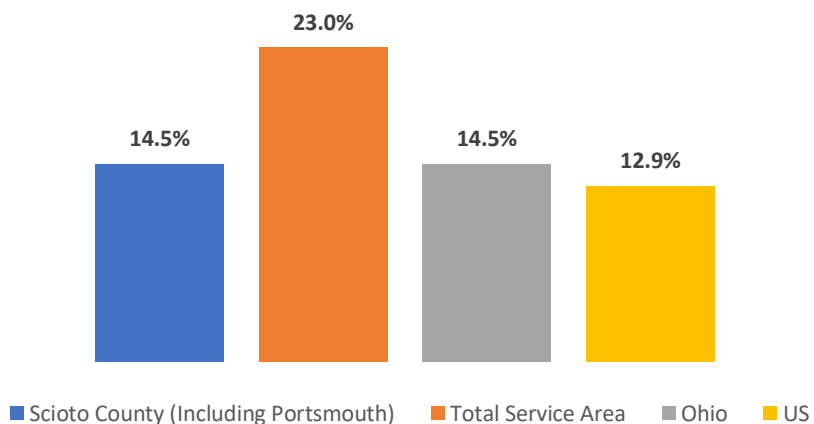
Between 2017 and 2019, there was an annual average age-adjusted kidney disease mortality rate of 23.0 deaths per 100,000 population in the Total Service Area.

Benchmark: Notably higher than the Ohio and US rates.

Trend: Marks a significant increase over time.

Disparity: More prevalent among adults age 40+ and among those with lower incomes.

Kidney Disease: Age-Adjusted Mortality 2017-2019 Annual Avg. Deaths Per 100,000 Population



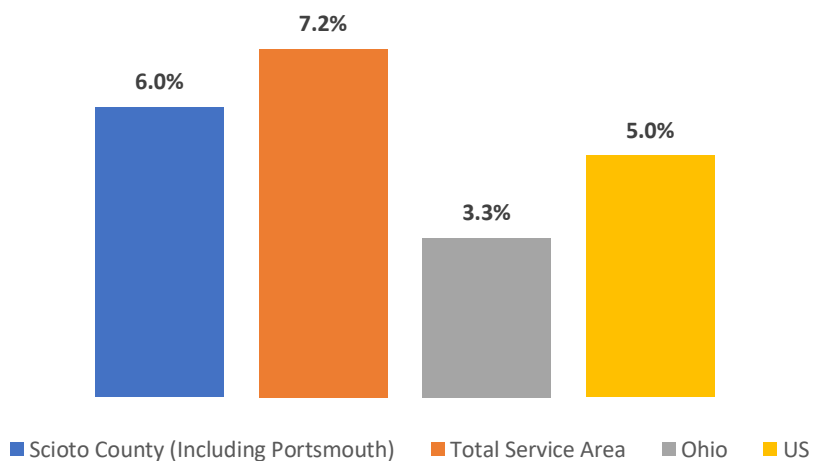
CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2021.

Prevalence of Kidney Disease

A total of 7.2% of Total Service Area adults report having been diagnosed with kidney disease. Scioto County/Portsmouth Area reported a slightly lower total.

Benchmark: More than twice the statewide percentage
Trend: Significantly higher than the 2015 baseline.
Disparity: More often reported among seniors (age 65+).

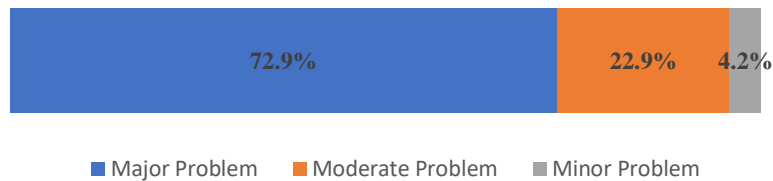
Prevalence of Kidney Disease



*2024 PRC Community Health Survey, PRC, 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): 2019 Ohio data.
 2020 PRC National Health Survey, PRC, Inc.*

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized kidney disease as a “moderate problem” in the community.



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

Comorbidities

- It goes hand in hand with diabetes. – Community/Business Leader (Scioto County)
- Relates to high incidence of diabetes and obesity in county. – Other Health Provider (Scioto County) Male urology. – Physician (Scioto County)
- Diabetes related. – Social Services Provider (Scioto County)

Incidence/Prevalence

- The number of patients on dialysis. – Physician (Scioto County)
- At least two dialysis centers in the area seem to be very busy. – Social Services Provider (Scioto County)

Contributing Factors

- Side effects of drug addiction, uncontrolled chronic illnesses. – Other Health Provider (Portsmouth)



BIRTHS

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.

BIRTH OUTCOMES & RISKS

Low-Weight Births

A total of 11.8% of 2013-2019 Total Service Area births were low-weight. The total of low-weight births in Scioto County (Including Portsmouth) is slightly lower, 8%.

Benchmark: Lower than both the State and US averages.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

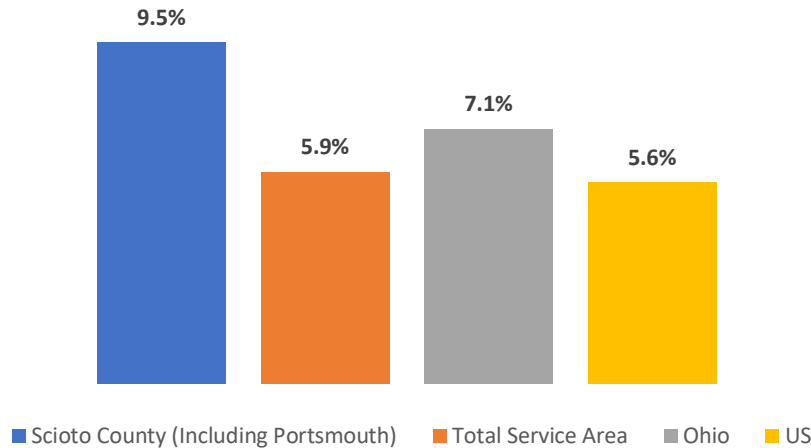
Between 2017 and 2019, there was an annual average of 5.9 infant deaths per 1,000 live births.

Benchmark: Lower than the Ohio rate but fails to satisfy the Healthy People 2030 objective of 5.0 or lower.

Trend: Denotes an all-time low in the Total Service Area.

Disparity: Unfavorably high in the Primary Service Area.

Infant Mortality Rate
2017-2019 Annual Avg. Infant Deaths Per 1,000 Live Births



CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2021.

US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and such pregnancies are associated with numerous negative outcomes for both women and infants. These include higher rates of preterm birth and postpartum depression. Increasing access to and use of birth control is a critical strategy for preventing unintended pregnancies. Additionally, family planning services can help extend the interval between pregnancies, improving health outcomes for both women and their infants.

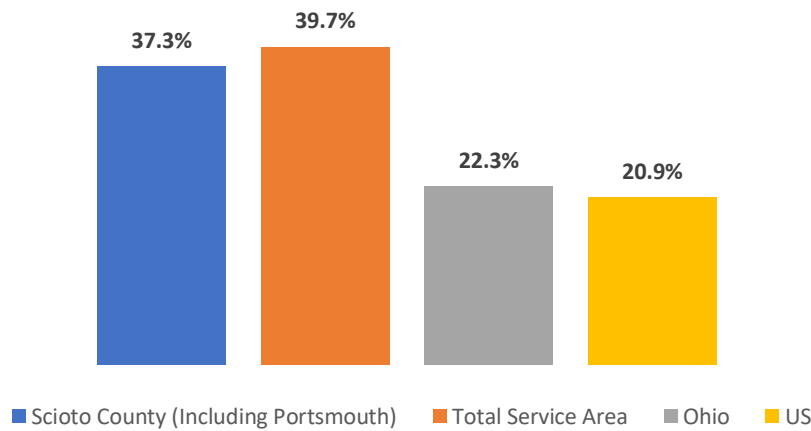
Adolescents face a particularly high risk of unintended pregnancy. Although teen pregnancy and birth rates have declined in recent years, nearly 200,000 babies are still born to teen mothers annually in the United States. Connecting adolescents with youth-friendly health care services is essential for preventing pregnancy and sexually transmitted infections in this vulnerable age group.

Births to Adolescent Mothers

Between 2013 and 2019, there were 39.7 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Total Service Area.

Benchmark: Considerably higher than state and national rates. Fails to satisfy the Healthy People. 2030 objective of 31.4 or lower.

Births to Adolescents Age 15-19 Per 1,000 females Age 15-19
Health People 2030 = 31.4 or Lower

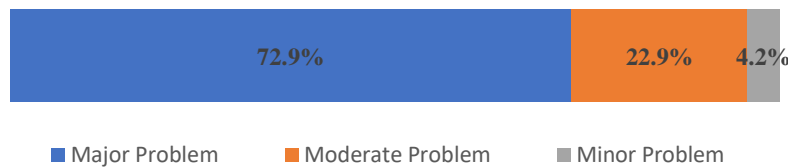


Centers for Disease Control and Prevention, National Vital Statistics System.

Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2021 via SparkMap (sparkmap.org).

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized Infant Health & Family Planning as a “moderate problem” in the community.



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

Alcohol/Drug Use

- Scioto County has the highest rate of addicted births in the state. Children conceived while a parent is using illegal drugs are typically not planned for. Addicted infants do not have access to a specialized unit for infant care in the county. – Public Health Representative (Portsmouth)
- Scioto County has a tremendous number of children born dependent on narcotics due to the choices of the mother and parents, in general. – Community/Business Leader (Scioto County)
- Adams County has a high rate of drug-addicted babies. We need a stepping-stone house, etc. – Community/ Business Leader (Portsmouth)

- Infant health due to the drug issue and family planning due to unwanted pregnancies, again related to the drug issue. – Public Health Representative (Scioto County)

Contributing Factors

- Scioto County has one of the highest infant mortality rates in the state. Scioto County has a high rate of opioid use. – Other Health Provider (Scioto County)
- We have a wide range of social determinants of health consisting of food insecurities, safe and affordable housing, employment, education, specialized services for children including behavioral health/developmental testing and the associated services needed for those with these diagnosis (autism, etc.) to name a few. – Other Health Provider (Scioto County)

Education

- If not routine, most infants are referred out of town. Need education on alternatives for family planning. Need education on how to take care of infants. – Other Health Provider (Scioto County)

Teen Pregnancy

- Teenage pregnancies. – Physician (Portsmouth)

Prevention/Screenings

- There is a lack in women's health, seeking prenatal care and there are gaps in infant care as well. – Other Health Provider (Scioto County)



MODIFIABLE HEALTH RISKS

NUTRITION

Many people in the United States struggle to maintain a healthy diet. Consuming excessive amounts of unhealthy foods, such as those high in saturated fats and added sugars, increases the risk of obesity, heart disease, type 2 diabetes, and other chronic health issues. Implementing strategies and interventions to promote healthier food choices can help reduce these risks and improve overall health outcomes.

For some individuals, the challenge lies in lacking the information needed to make healthy food choices. Others may face barriers such as limited access to healthy foods or the inability to afford sufficient nutritious options. Public health interventions aimed at increasing access to healthy foods and reducing food insecurity and hunger are critical for improving health and promoting equity in nutrition.

Daily Recommendation of Fruits and Vegetables

Fruit and vegetable consumption was measured by asking survey respondents detailed questions about the foods and drinks they consumed on the day before the interview. This approach provides insight into dietary habits and highlights areas for improvement in meeting daily nutritional recommendations.

A total of 22.5% of Total Service Area adults report eating five or more servings of fruits and/or vegetables per day.

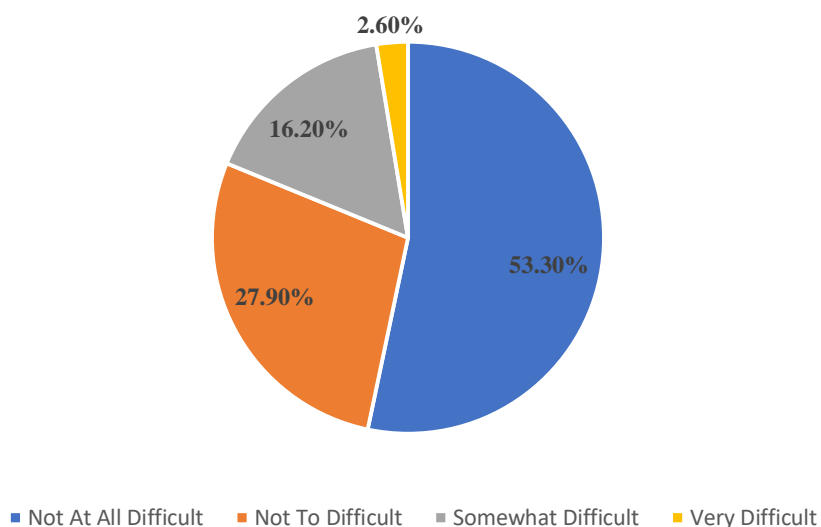
Benchmark: Less favorable than the US finding.

Trend: Significantly lower than the 2007 baseline.

Disparity: Fruit and vegetable consumption was lower among men and low-income adults.

Difficulty Accessing Fresh Produce

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?”



However, 18.8% of Total Service Area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

Trend: Represents a favorable decline.

Disparity: Unfavorably high in the Primary Service Area. Negatively correlated with income.

2024 PRC Community Health Survey, PRC, Inc. [Item 79] Asked of all respondents.

PHYSICAL ACTIVITY

Adults

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don’t get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

-Healthy People 2030 (<https://health.gov/healthypeople>)

Leisure-Time Physical Activity

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. A total of 26.5% of Total Service Area adults report no leisure-time physical activity in the past month.

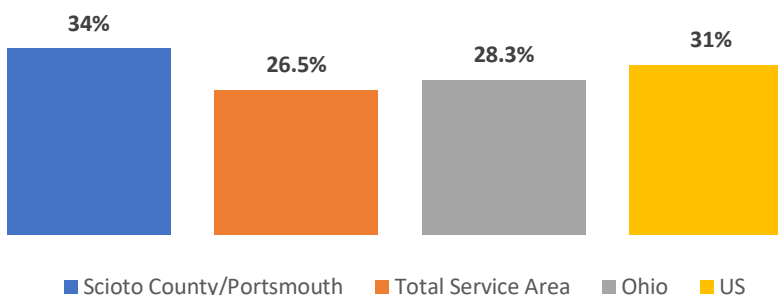
Benchmark: Better than the national finding but fails to satisfy the Healthy People 2030 objective of 21.2% or lower.

Trend: Continuing a favorable decline from an all-time high in 2012.

Disparity: Unfavorably high in the Scioto County/Portsmouth Area.

Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



021 PRC Community Health Survey, PRC, Inc. [Item 82]

Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Ohio data.

2020 PRC National Health Survey, PRC, Inc.

US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Activity Levels

The **Physical Activity Guidelines for Americans** recommends that adults engage in:

- **Aerobic activity:**
 - At least 2 hours and 30 minutes (150 minutes) of moderate-intensity activity (e.g., walking) per week,
 - Or 1 hour and 15 minutes (75 minutes) of vigorous-intensity activity (e.g., jogging) per week,

- Or an equivalent combination of moderate- and vigorous-intensity aerobic activity.
- **Muscle-strengthening activities:**
Adults should perform activities such as push-ups, sit-ups, or exercises using resistance bands or weights, targeting all major muscle groups, on two or more days per week.

A nationwide report indicates that nearly 50% of adults meet the recommended levels of aerobic activity, while about 30% meet the recommendations for muscle-strengthening activities. These findings highlight the need for increased efforts to promote comprehensive physical activity among adults.

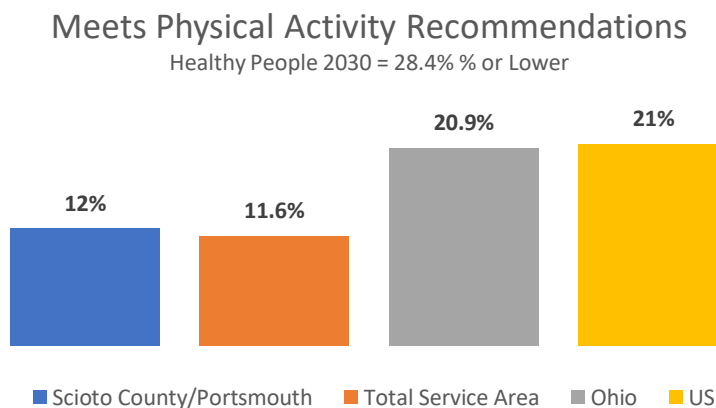
-2019 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

A total of 11.6% of Total Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

Benchmark: Less favorable than was found across Ohio and the US. Far from satisfying the Healthy People 2030 objective of 28.4% or higher.

Trend: Marks a significant decline from the previous study.

Disparity: Adults at lower incomes are less likely to meet the activity recommendations.



2024 PRC Community Health Survey, PRC, Inc. [Item 126]

Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Ohio data.

2020 PRC National Health Survey, PRC, Inc. Asked of all respondents.

US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

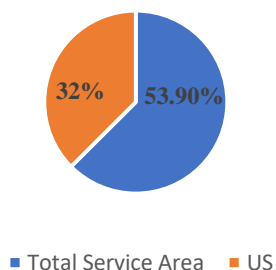
Children

According to the 2019 Physical Activity Guidelines for Americans by the U.S. Department of Health and Human Services, children and adolescents should engage in 60 minutes (1 hour) or more of physical activity every day

Among Total Service Area children age 2 to 17, 60.4% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

Benchmark: Much more favorable than the national percentage.

Child is Physically Active for One or More Hours per Day Parents of Children Ages 2-17



2024 PRC Community Health Survey, PRC, Inc. [Item 109] 2020 PRC National Health Survey, PRC, Inc.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

- *Healthy People 2030* (<https://health.gov/healthypeople>)

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 (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI \geq 30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI \geq 30 kg/m², 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/m².

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)
Under Weight	< 18.5
Normal	18.5 – 29.9
Over Weight	25.0 – 29.9
Obese	> 30

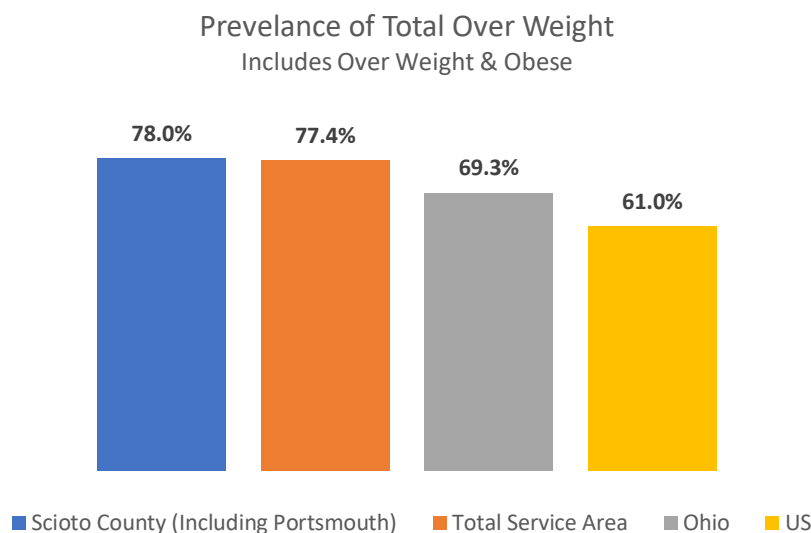
Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation with The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

Over three-fourths (77.4%) of Total Service Area adults are **overweight**. Here, “overweight” includes those respondents with a BMI value ≥ 25 .

Benchmark: Less favorable than was found across the state and US.

Trend: Significantly higher than the 2007 baseline survey.



2024 PRC Community Health Survey, PRC, Inc. [Item 128]

Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Ohio data.; 2020 PRC National Health Survey, PRC, Inc. Based on reported heights and weights, asked of all respondents.

The overweight prevalence above includes 51.4% of Total Service Area adults who are obese. “Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

Benchmark: Well above state and US percentages. Fails to satisfy the Healthy People 2030 goal.

Trend: Continuing an upward trend.

Disparity: More often reported among adults age 40 to 64.

Children’s Weight Status

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:

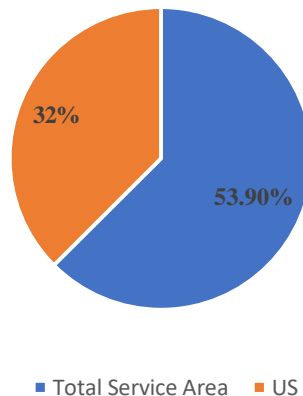
- | | |
|------------------|----------------------------|
| ▪ Underweight | <5th percentile |
| ▪ Healthy Weight | ≥5th and <85th percentile |
| ▪ Overweight | ≥85th and <95th percentile |
| ▪ Obese | ≥95th percentile |

Based on the heights/weights reported by surveyed parents, 53.9% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

Benchmark: Notably higher than the national percentage.

Includes 30.5% of children who are obese (95th percentile), compared to 16.0% nationally.

Prevalence of Over Weight in Children
Parents of Children Ages 5-17

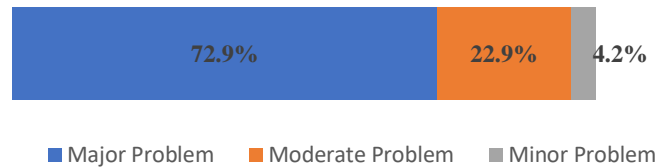


2024 PRC Community Health Survey, PRC, Inc. [Item 131]; 2020 PRC National Health Survey, PRC, Inc.
Asked of all respondents with children age 5-17 at home.

Key Informant Input:

Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized Nutrition, Physical Activity & Weight as a “major problem” in the community.



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

Contributing Factors

- Poverty, lack of access to health foods. – Other Health Provider (Scioto County)
- Poverty, lack of educational resources, lack of exercise opportunities. – Other Health Provider (Jackson County) Budget and time structuring. – Community/Business Leader (Portsmouth)
- Lack of living wages, along with generational habits nationwide result in poor nutrition. Poor mental health also contributes to this. – Community/Business Leader (Scioto County)
- The obesity rate in this county is very high and out of control. Many people don't know how to eat healthy, shop for groceries, or cook healthy meals. – Public Health Representative (Scioto County)
- High cost of nutritional options, limited activity and recreation for lower socioeconomic individuals. – Public Health Representative (Scioto County)
- Access to healthy, affordable food and exercise facilities for low-income families and lack of transportation. – Public Health Representative (Portsmouth)
- Lack of access to quality, nutritional, and affordable food sources. There are areas of the county where those with limited transportation are unable to regularly purchase fresh fruits and vegetables. There remains a lot of apathy regarding taking care of one's health and getting enough physical exercise. More safe walking trails and bike trails are needed in the county. – Public Health Representative (Scioto County)
- I would think education access, economics, and ongoing coaching would be the biggest obstacles. – Community/Business Leader (Scioto County)
- Not enough awareness of dangers of poor physical health. This leads to sedentary lifestyles and compounds into physical health issues and limitations. – Community/Business Leader (Scioto County)
- I would say education on wellness. We have a high rate of smokers and obese people in the county. Many believe that being healthy costs a lot of money and that's not entirely true. – Community/Business Leader (Scioto County)
- Lifestyles are hard to change. Most are not physically active. Opportunities exist. Nutrition, so many are on fixed income and can't afford healthy options. Weight, as above, it's hard on a fixed/low income to afford good food to manage weight. – Community/Business Leader (Scioto County)
- Generally, people in this area do not have the capability or autonomy to take time off of work, or resources to access a gym/coach/trainer. As for nutrition, the area is flooded

with fast food and poor food choices, and there is a large perception that "eating healthy" is too expensive for most in our area, but this is generally due to lack of information proving otherwise. – Other Health Provider (Scioto County)

- Lack of safe, outdoor spaces to be active year-round. Our area infrastructure is out of date and not maintained well. Much of the area does not have sidewalks if you are outside Portsmouth. When you travel to Columbus you see neighborhoods that are walkable and a large park system with walking paths or multiuse paths or trails. – Social Services Provider (Portsmouth)
- Economically poor community, cannot afford expensive gym memberships. Little access to healthy foods, harder to find and they cost more. Lack of support groups for physical activity/nutrition/weight. Need free/ affordable healthy cooking classes. – Other Health Provider (Portsmouth)
- Generationally, families have been a part of the SNAP (food stamp program) and have been able to purchase foods with little guidance on health food choices. Many choose convenience over healthier options. The Women, Infant and Children program (WIC) is under-utilized because the USDA mandates healthy food options and provides nutrition education/physical activity education at every visit. If there were a mandate that all SNAP participants who are WIC eligible come for WIC visits, they would get the nutrition/weight management education to help them make better choices for their health. – Public Health Representative (Scioto County)
- Poor nutritional choices based on low income, lack of exercise plan and resources. – Social Services Provider (Scioto County)
- Poor examples established in a child's home, if they even have a home. Excessive screen time by children when they should be playing outside, parents stick a screen in their face so they will not have interacted with them. So many things wrong with this. People do not care enough about themselves. – Public Health Representative (Portsmouth)

Obesity

- High obesity rates due to Appalachian lifestyle. – Public Health Representative (Portsmouth)
- Obesity is a problem. – Physician (Scioto County)
- Obesity. – Community/Business Leader (Scioto County)
- Obesity is a major problem for both children and adults in Adams County. The biggest challenge is opportunities and sources for exercise and weight control centers. – Public Health Representative (Adams County)
- We have so many overweight children in our area. I believe we don't catch them early enough. – Community/ Business Leader (Scioto County)

Insufficient Physical Activity

- There is lack of physical activity, unhealthy lifestyles and a lack of interest by many within the community. Health, wellness and physical activity are all areas of needed improvement. – Other Health Provider (Portsmouth)
- No time for exercise, lack of energy in the community, not part of our culture. – Community/Business Leader (Scioto County)

Culture

- Lack of desire to change. – Public Health Representative (Scioto County) Unfortunately, it's the nature of the beast. – Community/Business Leader (Scioto County)

Awareness/Education

- Education. – Physician (Scioto County)

Income/Poverty

- Low SES. – Community/Business Leader (Scioto County)

SUBSTANCE ABUSE

More than 20 million adults and adolescents in the United States have experienced a substance use disorder in the past year. These disorders can involve the use of illicit drugs, prescription medications, or alcohol. In recent years, opioid use disorders have become particularly concerning. Substance use disorders are associated with a wide range of health problems, including an increased risk of emergency department visits and fatal overdoses.

Although effective treatments for substance use disorders exist, a significant gap remains in access to care, with many individuals not receiving the treatment they need. Prevention strategies, particularly those targeting adolescents, are crucial in reducing drug and alcohol misuse. Additionally, efforts to connect individuals with treatment can help decrease substance-related health problems and fatalities.

- Healthy People 2030 (<https://health.gov/healthypeople>)

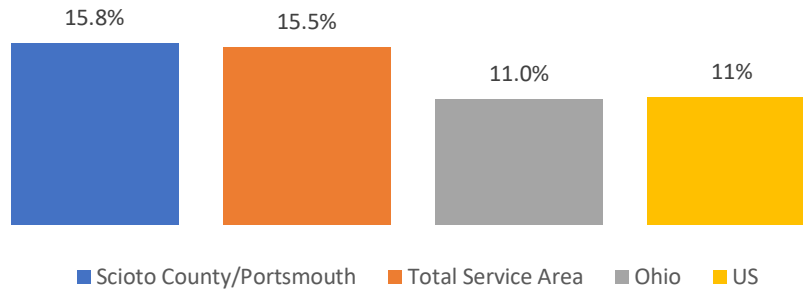
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2017 and 2019, the Total Service Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 15.5 deaths per 100,000 population. Scioto County/Portsmouth did not show a significant difference.

Benchmark: Higher than the Ohio and US rates. Fails to satisfy the Healthy People 2030 objective of 10.9 or lower.

Trend: Recently declining but still significantly higher than the 2010-2012 baseline.

Cirrhosis/Liver Disease: Age Adjusted Mortality Deaths
2017-2019 Avg. Deaths per 100,000 Population



CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2021.
US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

ALCOHOL USE

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

HEAVY DRINKERS ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.

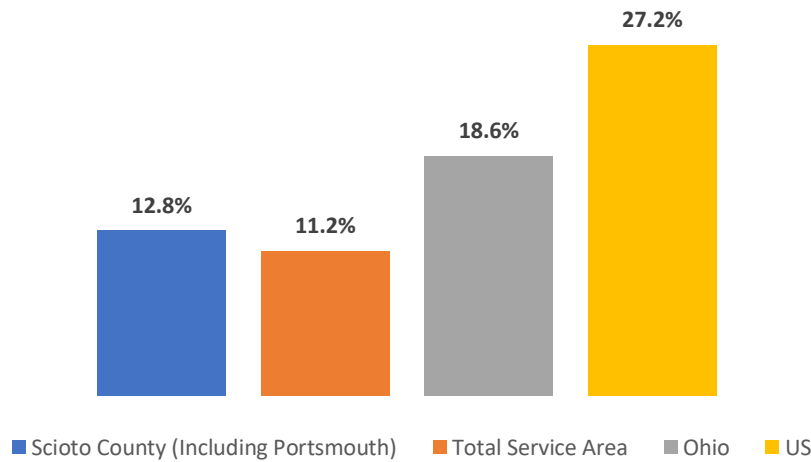
BINGE DRINKERS ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 11.2% of area adults are excessive drinkers (heavy and/or binge drinkers).

Benchmark: More favorable than the state and national percentages.

Disparity: Excessive drinking is higher among men and adults younger than 65.

Excessive Drinkers



2024 PRC Community Health Survey, PRC, Inc. [Item 136]

Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Ohio data.

UNINTENTIONAL DRUG-RELATED DEATHS

The CDC definition of unintentional overdose includes a death " ... when no harm is intended" and includes " ... overdoses resulting from drug misuse, drug abuse, and taking too much of a drug for medical reasons."

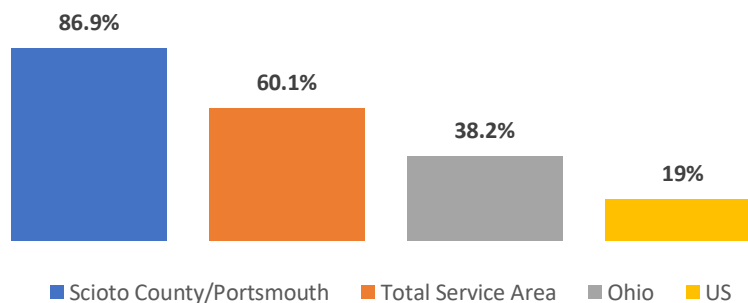
Between 2017 and 2019, there was an annual average age-adjusted unintentional drug-related mortality rate of 60.1 deaths per 100,000 population in the Total Service Area.

Benchmark: Considerably higher than state and national rates.

Trend: Showing a dramatic increase over time.

Disparity: Unfavorably high in the Scioto County/Portsmouth Area.

Unintentional Drug Related Deaths: Age Adjusted Mortality 2017-2019 Annual Avg. Deaths per 100,00



CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2021.

Illicit Drug Use

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.

A total of 2.7% of Total Service Area adults acknowledge using an illicit drug in the past month.

Benchmark: Satisfies the Healthy People 2030 objective of 12.0% or lower.

Disparity: More often reported among men, adults younger than 65, and those with very low incomes.

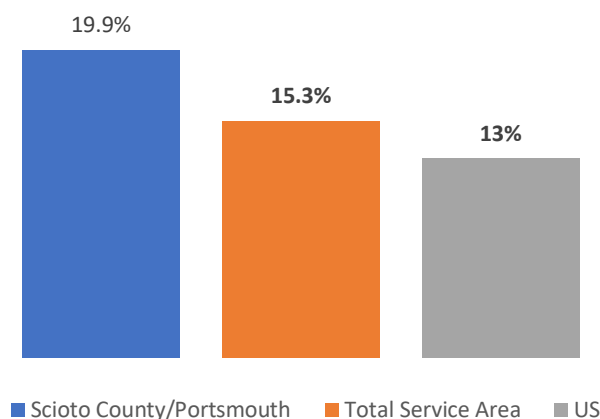
Use Of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

A total of 15.3% of Total Service Area adults report using a prescription opioid drug in the past year.

Disparity: Unfavorably high in the Scioto /County/Portsmouth Area. Higher among adults age 40+ and those at lower income levels.

Used a Prescription Opioid in the Past Year



021 PRC Community Health Survey, PRC, Inc. [Item 50]

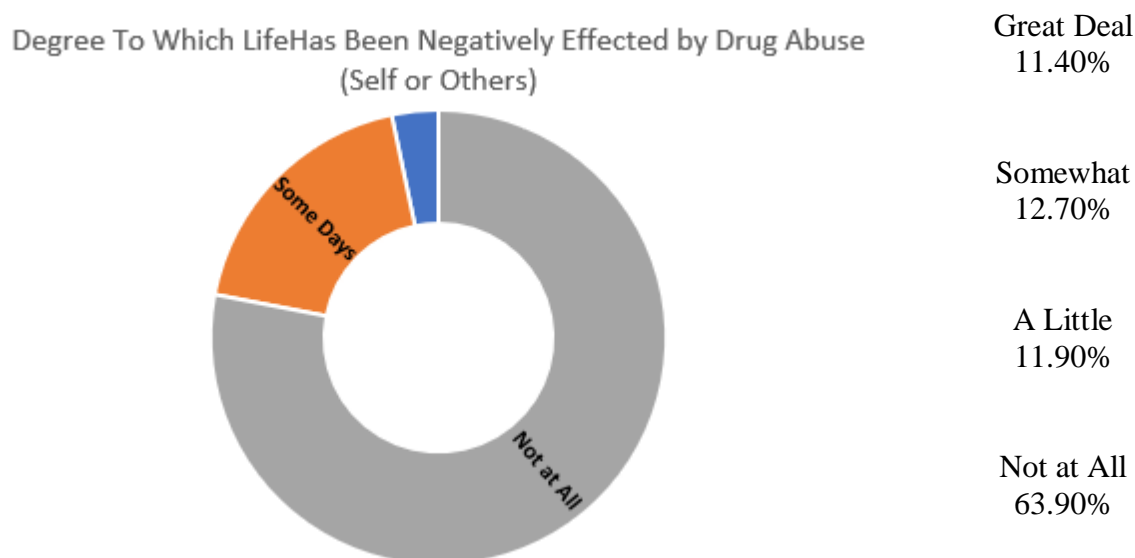
Personal Impact from Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

A majority of Total Service Area residents' lives have not been negatively affected by substance abuse (either their own or someone else's). However, 36.0% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

Trend: Marks a significant decrease from the previous survey.

Disparity: Unfavorably high in the Scioto /County/Portsmouth Area. Higher among adults age 40+ and those at lower income levels.



2024 PRC Community Health Survey, PRC, Inc. [Item 52] Asked of all respondents.

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.

Treatment Centers

- The biggest barriers are the groups running the treatment centers will not profit from completely recovered addicts. They will only profit from those who continue to use and relapse. Their motivation is money, not recovery. Change the motivation. By the way, we have sufficient treatment centers in Scioto County. Addicts choose to make poor decisions about their health and many of them, it has cost them their lives. – Public Health Representative (Scioto County)
- There has to be some type of checks and balances from the grant providers to make sure treatment centers are doing what they wrote in their grant applications!!! Success stories are far few vs. relapse. All of the treatment centers have to be held accountable to help people move on with their lives. Jobs, job training and financial stability is very much a

part of the rehab process along with mental health. – Public Health Representative (Portsmouth)

- Rehab facilities do not seem interested in providing services unless you have some type of insurance or medical card. Environment, access to drugs. Maintaining being clean after rehab. Support for life after drugs for sustainability. – Other Health Provider (Scioto County)
- The dollars are distributed based on grants to organizations that are not reputable. – Physician (Portsmouth)
- Too many of our treatment centers cycle the same people through continuously. There needs to be more regulation on the meaning of success. – Public Health Representative (Scioto County)
- I don't feel that all treatment centers are sincere about treatment, but more about revenue. I believe there is lack of oversight at the state and national level for these programs. – Community/Business Leader (Scioto County)
- There is no barrier to access substance abuse treatment. There are facilities all over the county. The barrier, in my opinion, is how do we reduce the number of substance abusers because the data shows many relapse and go back to needing treatment. – Community/Business Leader (Scioto County)

Access to Care/Services

- Long-term housing for post-detox services. – Social Services Provider (Scioto County)
- We have nowhere for them to go to meetings or rehab close by. – Other Health Provider (Jackson County)
- X-waivered providers in closer proximity. Provider bias against patients with SUD. – Physician (Lewis County)
- We have too many unreliable treatment centers opening because of the funding available for treatment services and the quality of treatment isn't good. Places like HopeSource do it right, but they're incredibly unique in that category. – Community/Business Leader (Scioto County)
- No stepping-stones type program, knowledge of where someone can receive help. Cost. – Community/ Business Leader (Adams County)
- Lack of treatment facilities. Abusers get into a pattern and it's difficult to remove themselves from them. – Community/Business Leader (Scioto County)
- Too many residential treatment centers and counseling programs that have very high recidivism rates, only contributing to the local problem. – Public Health Representative (Portsmouth)
- Lack of providers who care about more than reimbursement potential. HopeSource is the only credible provider. SOMC needs to do more to take the lead in this area and provide detox and inpatient treatment. – Community/ Business Leader (Scioto County)
- Biggest issue I see and hear about is the red tape associated with getting treatment when treatment is needed. Seeking help only to be told there's a waiting list, or detox is full, or you'll have to make an appointment. – Community/Business Leader (Scioto County)

Denial/Stigma

- In my opinion, the greatest barrier is self-denying that you need treatment. I believe the resources are available but does the individual want treatment. – Community/Business Leader (Scioto County)
- Education, we seem to have plentiful facilities. – Community/Business Leader (Scioto County)
- Stigma is the greatest barrier. Multiple substance abuse facilities in the area. – Public Health Representative (Scioto County)
- Individual motivation and/or insurance coverage. There are multiple substance abuse treatment providers in the community. – Social Services Provider (Scioto County)
- I would say lack of access to treatment, but there seems to be a rehab facility on every corner in Portsmouth. So, lack of willingness to seek help. – Other Health Provider (Scioto County)
- Shame and fear of criminal charges. – Community/Business Leader (Scioto County)

Contributing Factors

- Stigma, our community tends to blame all of its problems on the recovery and treatment centers. Also, when someone does reach out for help, there are no available beds because we are hosting outside counties. – Public Health Representative (Pike County)
- Though not specifically a health issue, I believe that economics and government policies contribute to a lot of social issues that result in substance abuse and addiction and smoking in communities. – Community/Business Leader (Portsmouth)
- We are known for our opioid addition history in our county, and we are also known for the many treatment facilities available in our city/county. Medical delays, long wait lists (outpatient treatment isn't as effective as residential), lack of personal readiness (haven't hit rock bottom, court mandated rather than jail/prison time, etc.), cost/insurance may be barriers – Community/Business Leader (Scioto County)
- Mental health is a major underlying cause of the substance abuse problems in Scioto County. – Public Health Representative (Scioto County/Portsmouth, lack of access to care and counseling. – Public Health Representative (Adams County)
- Our community needs a future for young people to stay and grow here without drugs. Poverty and lack of vision is killing us. – Community/Business Leader (Scioto County)
- Transportation, support system to encourage treatment, cost for those with incomes above the poverty level. – Public Health Representative (Scioto County)

Incidence/Prevalence

- Our overdose rates are among the highest in the nation and we lead the state. The void left following the pill mill problem in our area ushered in heroin and now fentanyl. We lack in many social determinants that would help to curb this epidemic. – Other Health Provider (Scioto County)
- Opioid addiction is a constant in a town that is big on recovery and also where there is little to no discussion on prevention. – Community/Business Leader (Scioto County)

Lifestyle

- Customer apathy. – Social Services Provider (Scioto County)
- The willingness to make a change in behavior. – Community/Business Leader (Scioto County)

Follow-Up/Support

- The treatment is available, many just don't want to stop, and I feel the consequences through the law and courts should be greater when arrested. – Public Health Representative (Scioto County)
- Hopelessness and lack of post-treatment opportunities to prevent relapse. – Physician (Portsmouth)

Prevention

- Much attention is given to recovery, but very few resources are used for prevention. Scioto County has multiple recovery centers. Many individuals are court ordered to report to treatment. Many treatment center clients have attended several centers or the same center multiple times. While they are in treatment all of their needs including food, shelter and childcare are met. Access to treatment isn't my primary concern. I'm much more concerned about preventing the next generation of potential drug abusers from falling into addiction. – Public Health Representative (Scioto County)

Most Problematic Substances

Key informants (who rated this as a “major problem”) identified heroin/other opioids as causing the most problems in the community, followed by alcohol and prescription medications.

- | | |
|--|---------|
| • Heroin Or Other Opioids | • 54.1% |
| • Alcohol | • 21.6% |
| • Prescription Medications | • 10.8% |
| • Methamphetamine Or Other Amphetamines | • 5.4% |
| • Cocaine Or Crack | • 5.4% |
| • LUB DRUGS (E.G. MDMA, GHB, Ecstasy, Molly) | • 2.7% |

TOBACCO USE

More than 16 million adults in the United States live with a disease caused by smoking, and smoking-related illnesses result in approximately half a million deaths annually.

Cigarettes are the leading cause of tobacco-related deaths and diseases in the United States. Smoking damages nearly every organ in the body and significantly increases the risk of heart disease, stroke, lung diseases, and various types of cancer. While smoking is widespread, certain groups are disproportionately affected, including men, American Indians/Alaska Natives, people

with behavioral health conditions, LGBTQ individuals, and those with lower incomes or education levels.

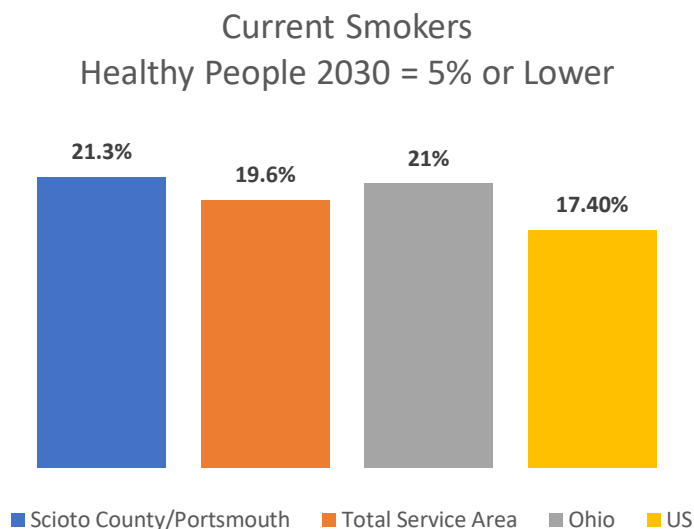
Several evidence-based strategies have proven effective in preventing and reducing tobacco use and exposure to secondhand smoke. These include implementing smoke-free policies, raising the price of tobacco products, and conducting health education campaigns that reach large audiences. Additionally, interventions such as counseling and medication can support individuals in quitting tobacco use.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

A total of 19.6% of Total Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Benchmark: Far from satisfying the Healthy People 2030 objective of 5.0% or lower.
Trend: Showing a significant decline.
Disparity: More prevalent among women, adults age 40 to 64, and those with lower incomes.



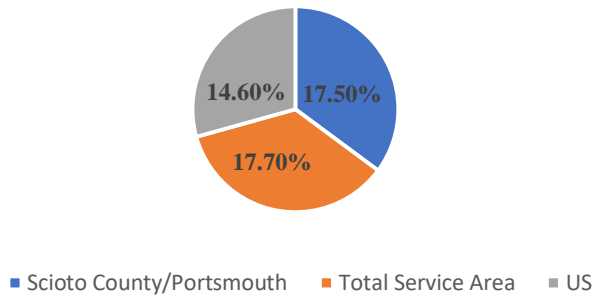
2024 PRC Community Health Survey, PRC, Inc. [Item 40]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Ohio data.; 2020 PRC National Health Survey, PRC, Inc. US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>; Asked of all respondents.

Environmental Tobacco Smoke

Among all surveyed households in the service area, 17.7% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

Trend: Denotes a significant decrease from the 2007 baseline.

Member of Household Smokes at Home



Secondhand smoke causes or contributes to serious health problems, including:

Cancer. Secondhand smoke is a known risk factor for lung cancer.

Heart disease. Exposure to secondhand smoke increases the risk of heart disease by about 25% to 30%.

Chronic lung disease. Exposure to secondhand smoke even for a short time causes measurable decreases in lung function.

2024 PRC Community Health Survey, PRC, Inc. [Items 43, 134]; 2020 PRC National Health Survey, PRC, Inc.

Smoking Cessation

Nearly one-half of regular smokers (47.5%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

Benchmark: Fails to satisfy the Healthy People 2030 objective of 65.7% or higher.

Use of Vaping Products

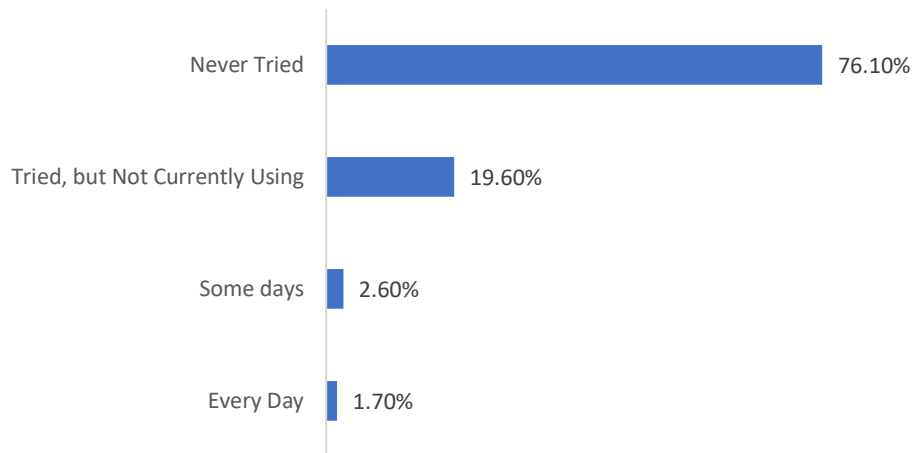
Most Total Service Area adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Benchmark: More favorable than the national percentage.

Trend: Denotes a significant decrease since the 2022 survey.

Disparity: Higher among men, adults younger than 65, and adults at very low incomes.

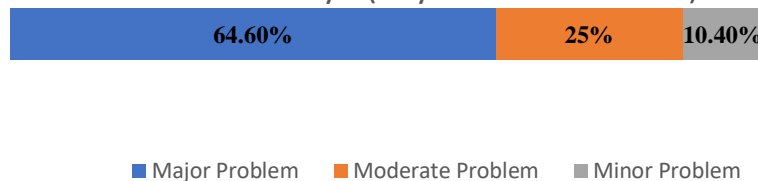
Use of Vaping Products Total Service Area 2021



Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized Tobacco Use as a “major problem” in the community.

Preceptions of Tobacco Use as a Problem in the Community (Key Informants 2021)



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

Incidence/Prevalence

- Scioto County has always had a high number of tobacco users, lifestyles that continue for generations. – Community/ Business Leader (Scioto County)
- High smoking rates and a smoking culture. Vaping is addicting a whole new generation. – Public Health Representative (Scioto County)
- Smoking induced. – Physician (Portsmouth)
- I see it every day. People smoke, use tobacco products readily here. Many stores sell. – Other Health Provider (Jackson County)
- We have a significant presence of individuals that smoke, use tobacco and vape. – Other Health Provider (Scioto County)
- Percentage of folks using tobacco products. – Public Health Representative (Scioto County)

- Tobacco use/vaping. Many individuals use these substances. They lead to complicated health issues. – Public Health Representative (Scioto County)
- Too many people still smoke, including me. This causes many respiratory problems. – Public Health Representative (Scioto County)
- Long term tobacco use causes many health issues, the decay of teeth and gums, heart, asthma, plus diabetes and many more. – Community/Business Leader (Portsmouth)
- Seeing young kids smoke and chew. – Community/Business Leader (Scioto County)

Contributing Factors

- The rate of smoking has dropped and is lower than the state, but considerably higher than the national average. Low SES. – Community/Business Leader (Portsmouth)
- Tobacco use creates many health issues. Secondhand smoke affects nonsmokers. Money spent on tobacco products could be better spent on health and healthy options. – Other Health Provider (Scioto County)
- Lower income and education levels, social factors such as peer pressure and culture of acceptance. – Public Health Representative (Scioto County)

Generational

- Hard to break that generational cycle. – Other Health Provider (Scioto County)
- Its proliferation due to accepted use generationally and culturally has fueled the heart disease, respiratory disease, and additional cancer rates. – Community/Business Leader (Scioto County)
- The youth follow their parents'/grandparents' smoking habits typically. See people daily smoking in their cars, outside businesses, etc. – Public Health Representative (Portsmouth)

Income/Poverty

- This area, most low-income teens and adults smoke, even though they don't have the resources to. – Social Services Provider (Scioto County)

Lifestyle/Culture

- It leads to other more harmful vices. – Community/Business Leader (Scioto County)
- Unhealthy lifestyles. – Community/Business Leader (Scioto County)
- Acceptance of smoking/chewing at an early age. – Social Services Provider (Scioto County)

SEXUAL HEALTH

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

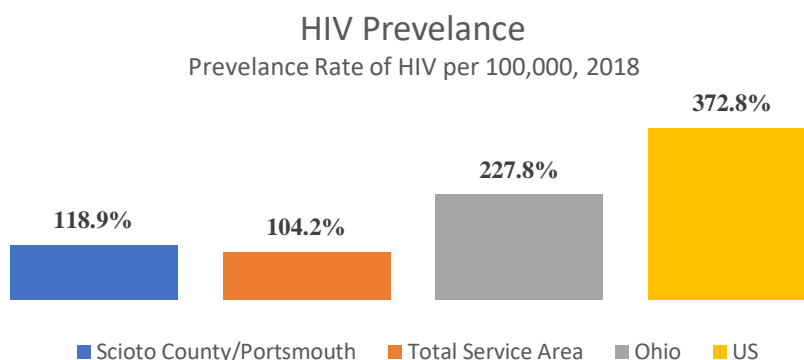
Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

- Healthy People 2030 (<https://health.gov/healthypeople>)

HIV Prevalence

In 2019, there was a prevalence of 104.2 HIV cases per 100,000 population in the Total Service Area.

Benchmark: Less than one-half the statewide prevalence and less than one-third the national prevalence.



Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2021 via SparkMap (sparkmap.org)

Sexually Transmitted Infections (STIs)

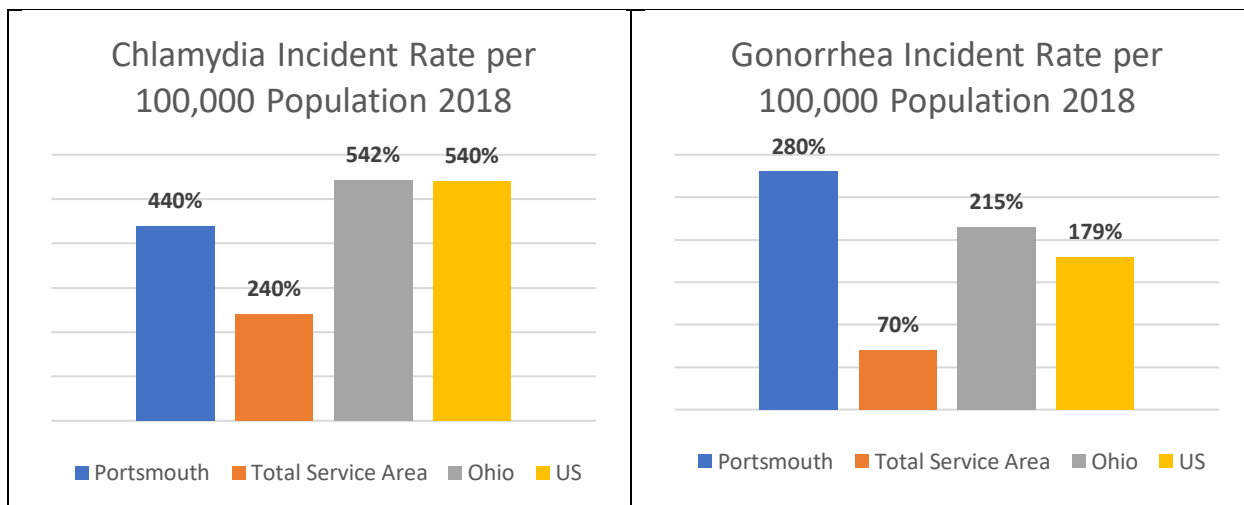
Chlamydia & Gonorrhea

In 2019, the chlamydia incidence rate in the Total Service Area was 240.2 cases per 100,000 population.

The Total Service Area gonorrhea incidence rate in 2019 was 79.0 cases per 100,000 population.

Benchmark: Each is lower than the corresponding State and US rates.

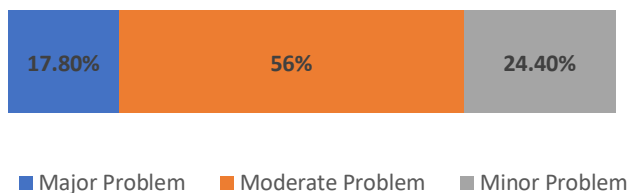
Disparity: The Chlamydia incident rate is considerably higher than the total service area. The Gonorrhea incident rate is considerably higher than the Total Service Area, State, and US



Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2021 via SparkMap (sparkmap.org).
Ohio Disease Reporting system, retrieved February 6, 2022

Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized Sexual Health as a “moderate problem” in the community.



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

Incidence/Prevalence

- I do not know the incidence of STI's in our county, but if I had to guess, it would be high compared to other counties. – Other Health Provider (Scioto County)
- We have a high prevalence of sexually transmitted diseases. – Other Health Provider (Scioto County) Large increase in Syphilis and other STDs. – Public Health Representative (Scioto County)

Contributing Factors

- Birth rate is up and in dealing with some of the young parents, they maybe would have waited. –

- Community/Business Leader (Scioto County)
- Early sexual behavior in youth, lack of education/believe in "myths." – Social Services Provider (Scioto County)

Alcohol/Drug Use

- STDs that are increased with our lifestyles associated with addiction. – Other Health Provider (Scioto County)



ACCESS TO HEALTHCARE

Benchmark: More favorable than the statewide finding.

Trend: Denotes a significant improvement from the 2007 survey.

Disparity: Highest among those living just above the federal poverty level.

HEALTH INSURANCE COVERAGE

A total of 53.3% of Total Service Area adults age 18 to 64 report having health care coverage through private insurance. Another 41.1% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Lack of Health Insurance Coverage

Among adults age 18 to 64, 5.7% report having no insurance coverage for health care expenses. This is lower than the Healthy People 2030 = 7.9% or Lower goal.

Benchmark: More favorable than the statewide finding.

Trend: Denotes a significant improvement from the 2007 survey.

Disparity: Highest among those living just above the federal poverty level.

DIFFICULTIES ACCESSING HEALTH CARE

Many people in the United States do not receive the health care services they need. Approximately 1 in 10 Americans lack health insurance, which significantly impacts access to

care. Uninsured individuals are less likely to have a primary care provider and may struggle to afford necessary health services and medications. Increasing insurance coverage rates is essential for ensuring that more people can access critical health care services, such as preventive care and chronic disease management.

In some cases, people miss recommended health care services, such as cancer screenings, because they do not have a primary care provider. In other cases, geographical barriers prevent access, as individuals may live too far from health care facilities. Interventions aimed at improving access to health care professionals—whether in person or through remote communication—can help bridge these gaps and ensure more people receive the care they need.

- *Healthy People 2030* (<https://health.gov/healthypeople>)

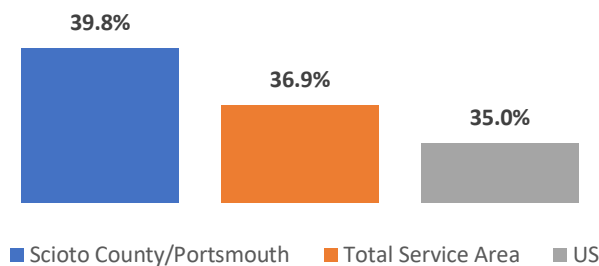
A total of 36.9% of Total Service Area adults report some type of difficulty or delay in obtaining health care services in the past year. *This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.*

Trend: Continuing a downward trend.

Disparity: More often reported among adults younger than 65.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



2024 PRC Community Health Survey, PRC, Inc. [Item 140]
2020 PRC National Health Survey, PRC, Inc.

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Total Service Area adults.

To better understand health care 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.

Benchmark: Within the Total Service Area, cost of a physician visit and language/culture compare favorably to their corresponding national findings, while appointment availability and difficulty finding a physician compare unfavorably.

Trend: Since 2019, mention of language/culture as a barrier has decreased significantly. Since 2007, mention of three other areas as barriers has decreased significantly: cost of prescriptions; cost of a physician visit; and inconvenient office hours.

Disparity: Two barriers were unfavorably high in the Scioto County/Portsmouth Area: cost of a physician visit and lack of transportation (not shown).

In addition, 13.5% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs

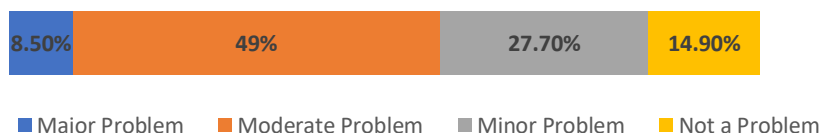
Accessing Health Care for Children

A total of 2.7% 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.

Benchmark: Better than the national percentage.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized Access to Health Care Services as a “moderate problem” in the community.



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

Contributing Factors

- Rural community and low SES (which of course includes far more than simply the economic component). – Community/ Business Leader (Scioto County)
- Lack of primary care physicians trained to manage a wide spectrum of health concerns. Recent proliferation of nurse providers increased specialty referrals, which challenge continuity of care and case management. While patient-centered medical homes could address this challenge, such models are not in use locally. – Public Health Representative (Scioto County)

Access to Care/Services

- Price of health care. – Social Services Provider (Scioto County)

Transportation

- Reliable transportation. – Public Health Representative (Scioto County)

PRIMARY CARE SERVICES

Preventive care is essential for reducing the risk of diseases, disabilities, and death, yet millions of people in the United States do not receive recommended preventive health care services.

For children, regular well-child visits and dental check-ups are crucial for monitoring development and detecting health issues early, when they are typically easier to treat. Preventive services, such as screenings, dental exams, and vaccinations, are vital for maintaining the health of people of all ages.

Despite their importance, many people face barriers to accessing preventive care, including high costs, lack of a primary care provider, geographical distance from providers, and insufficient awareness about recommended services.

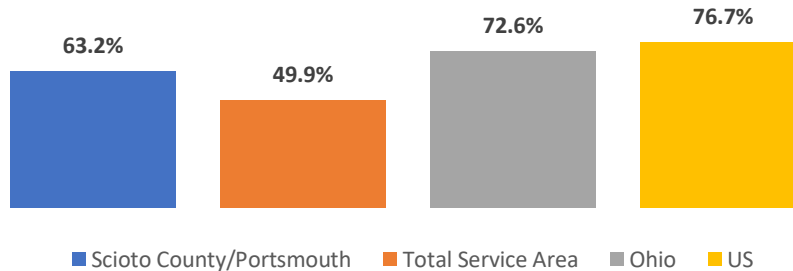
Educating individuals about the importance of preventive care is a key strategy for increasing utilization. Additionally, changes in laws and policies can play a critical role in improving access to these services, ensuring more people benefit from early detection and prevention of health issues.

- *Healthy People 2030* (<https://health.gov/healthypeople>)

In 2022, there were 134 primary care physicians in the Total Service Area, translating to a rate of 49.1 primary care physicians per 100,000 population.

Benchmark: Much less favorable than state and national proportions.
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Access to Primary Care Number of Primary Care Physicians per 100,000 Population, 2018



US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2021 via SparkMap (sparkmap.org).

Specific Source of Ongoing Care

Having a regular doctor or a usual source of care facilitates the process of obtaining health care when it is needed. People who do not have a regular doctor or health care provider are less likely to obtain preventive services, or diagnosis, treatment, and management of chronic conditions.

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).

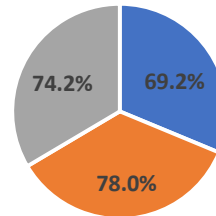
A total of 78.0% of Total Service Area adults were determined to have a specific source of ongoing medical care.

<p>Benchmark: Fails to satisfy the Healthy People 2030 objective of 84.0% or higher.</p> <p>Disparity: Unfavorably low in the Scioto County/Portsmouth Area.</p>
--

Having a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84% or Higher

A hospital emergency room is not considered a specific source of ongoing care in this instance.



■ Scioto County/Portsmouth ■ Total Service Area ■ US

Utilization of Primary Care Services - Adults

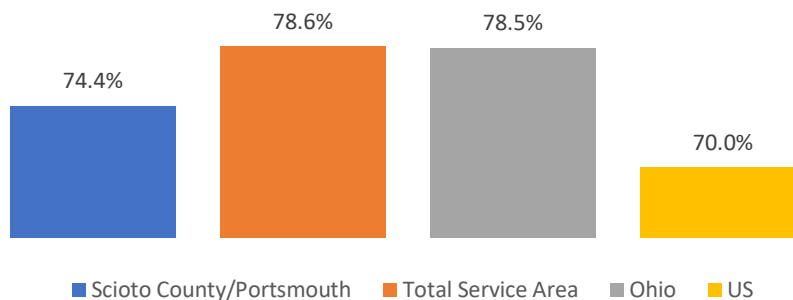
More than three-fourths of adults (78.6%) visited a physician for a routine checkup in the past year.

Benchmark: More favorable than the US percentage.

Trend: Represents a significant increase (improvement) since the 2007 baseline survey.

Disparity: Unfavorably low in the Scioto County/Portsmouth Area. Those less likely to report having a recent checkup include adults younger than 65 and those living above the federal poverty level.

Have Visited a Physician for a Checkup in the Past Year



■ Scioto County/Portsmouth ■ Total Service Area ■ Ohio ■ US

2024 PRC Community Health Survey, PRC, Inc. [Item 18]

Utilization of Primary Care Services – Adults

More than three-fourths of adults (78.6%) visited a physician for a routine checkup in the past year.

Benchmark: More favorable than the US percentage.

Trend: Represents a significant increase (improvement) since the 2007 baseline survey.

Disparity: Unfavorably low in the Scioto County Portsmouth Area. Those less likely to report having a recent checkup include adults younger than 65 and those living above the federal poverty level.

Utilization of Primary Care Services – Children

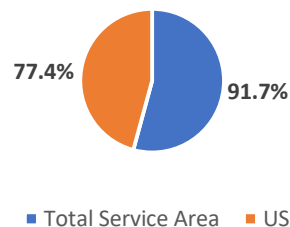
Among surveyed parents, 91.7% report that their child has had a routine checkup in the past year.

Benchmark: Much higher than the US finding.

The well-child visit allows for comprehensive assessment of a child and the opportunity for further evaluation if abnormalities are detected. A complete history during the well-child visit includes information about birth history; prior screenings; diet; sleep; dental care; and medical, surgical, family, and social histories. A head-to-toe examination should be performed, including a review of growth. Immunizations should be reviewed and updated as appropriate.

Child has Visited a Physician for a Routine Check Up in the Past Year

Parents of Children 0-17



<https://www.aafp.org/afp/2019/0915/p347.html>; Retrieved February 7, 2022

Emergency Room Utilization

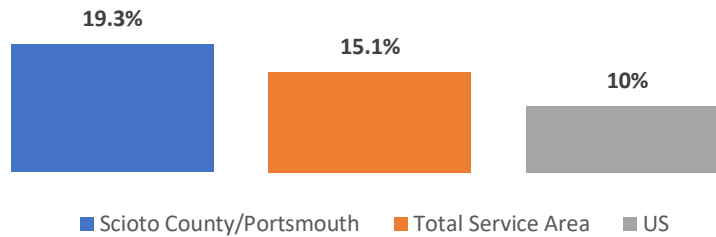
A total of 15.0% of Total Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

Benchmark: Less favorable than the national finding.

Trend: Marks a significant decline from the 2019 survey.

Disparity: Unfavorably high in the Scioto County/Portsmouth Area. More often reported among residents with lower incomes.

Have Used the Emergency Room More Than Once in the Past Year



2024 PRC Community Health Survey, PRC, Inc. [Item 22]
2020 PRC National Health Survey, PRC, Inc.

ORAL HEALTH

Tooth decay is the most common chronic disease affecting both children and adults in the United States. Regular preventive dental care is essential for identifying and addressing oral health issues early, when treatment is usually simpler and more effective. However, many individuals do not receive the dental care they need, often due to financial barriers.

Untreated oral health problems can lead to pain, disability, and are linked to other systemic diseases. Strategies to increase access to dental services can help prevent issues like tooth decay, gum disease, and tooth loss.

Effective interventions include:

- **Individual-level approaches**, such as the use of topical fluorides, to strengthen teeth and prevent cavities.
- **Community-level efforts**, such as community water fluoridation, which has been shown to reduce tooth decay on a population level.
- **Educational initiatives** to teach proper oral hygiene practices, helping individuals take better care of their teeth and gums to prevent oral health problems.

These combined strategies can significantly improve oral health and overall well-being.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Over two-thirds of Total Service Area adults (70.5%) have dental insurance that covers all or part of their dental care costs.

Benchmark: Satisfies the Healthy People 2030 objective of 59.8% or higher.

Trend: Similar to 2015 findings, but better than recorded in other years.

DENTAL CARE

Adults

A total of 56.3% of Total Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

Benchmark: Less favorable than state and national findings but satisfies the Healthy People 2030 objective of 45.0% or higher.

Disparity: Those less likely to report a dental visit include seniors (age 65+), those with lower incomes, and those without dental insurance.

Children

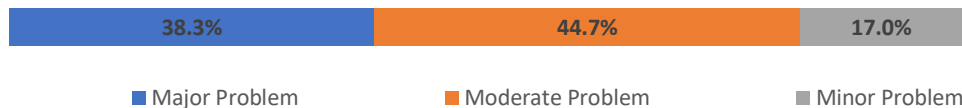
A total of 74.8% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

Benchmark: Satisfies the Healthy People 2030 objective of 45.0% or higher.

Trend: Denotes a significant drop since 2020.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized Oral Health as a “moderate problem” in the community.



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

Contributing Factors

- Access to dental services is limited, if you have a medical card, lack of practices accepting. Poor oral health contributes to other health issues but doesn't seem to be priority. – Other Health Provider (Scioto County)
- As a former school nurse, I could see the poor oral health of children in low-income families. I would also guess that poverty, lack of dental insurance, and lack of health foods contribute to poor oral health in adults. – Other Health Provider (Portsmouth)
- There is a high rate of methamphetamine use among Scioto County residents. Also, many parents do not meet their children's oral health care needs, i.e., dentist visits and regular tooth brushing/flossing. – Public Health Representative (Scioto County)
- Poor dentition. – Physician (Scioto County)

Access to Care/Services

- I believe oral health is a major problem in our community because of limited available walk-in providers and service cost is high. – Community/Business Leader (Scioto County)
- Not enough dentists. – Community/Business Leader (Portsmouth)
- Difficulty accessing dental care, especially emergency dental services. We often hear that individuals call dentists for an appointment and face several months wait for an appointment. – Social Services Provider (Scioto County)
- Dental providers. Not enough dental providers. – Public Health Representative (Scioto County)
- Again, access to oral health is the difference in self-pay and being insured. With the demise of the Scioto County Dental Clinic, the uninsured has less choices. – Social Services Provider (Scioto County)

Affordable Care/Services

- This is a nationwide problem as well because dental health is categorized separately from physical health and sometimes costs more out of pocket. – Community/Business Leader (Scioto County)
- There is no place for people with low to moderate income to go who have dental problems and if you have children that need dental assistance you will need to go to another city. – Community/Business Leader (Scioto County)
- No options for low-income individuals. – Public Health Representative (Scioto County)

Access for Medicare/Medicaid Patients

- There are few Medicaid providers in the area. – Community/Business Leader (Scioto County)
- Lack of dental providers, particularly those who accept Medicaid. – Social Services Provider (Scioto County)
- We have a limitation of dentists AND a limitation of existing dentists that will see individuals with specific insurance coverage such as Medicaid when our community has a significant Medicaid population. Finding a dentist is a significant challenge as the licensed providers are limited when considering coming to the area. – Other Health Provider (Scioto County)

Children

- There is VERY limited access for children with Medicaid to receive oral health services and many need to travel outside the county to get these services. Good oral health practices need to begin when children are young so that they become a habit and not just something that is done for a little while and then we can stop. – Public Health Representative (Scioto County)

Income/Poverty

- Low SES. – Community/Business Leader (Scioto County)

VISION CARE

A total of 57.3% of Total Service Area residents had an eye exam in the past two years during which their pupils were dilated.

Benchmark: Fails to satisfy the Healthy People 2030 objective.

Disparity: Lower among men, adults younger than 65, and those at or below the federal poverty level.



COMMUNITY PERCEPTION OF HEALTH

“Good community health equates to healthy people.” Working at the community level fosters healthy living, prevents chronic diseases, and delivers the greatest health benefits to the largest number of people in need. Community-level interventions also help address health disparities

caused by differences in race, ethnicity, location, social status, income, and other factors that influence health outcomes.

Improving community health begins with understanding the public's perceptions and values regarding health. This insight is essential for identifying gaps and barriers that may limit access to care or healthy living opportunities. To gather this understanding, residents were asked open-ended questions to collect qualitative data, providing valuable context and perspectives to guide effective health interventions.

PERCEPTIONS OF HEALTH

One hundred thirty-eight Respondents were asked to rate the following questions from 1 – 5, with 1 being very unhealthy, to 5 being very healthy.

Because of the various answers the top 4 answers are listed. Each equals a tie.

What do you think are the four most important factors for a healthy community?

- | | | | |
|----|---|----|--------|
| 1. | Good schools | 24 | |
| 2. | Access to healthy food | 20 | |
| 3. | Safe environment | 11 | |
| 4. | Good law enforcement, Jobs, entertainment | 10 | (each) |

What do you think are the four most important health problems in our community?

- | | | |
|----|--------------------------------|----|
| 1. | Drug / alcohol abuse | 52 |
| 2. | Obesity | 36 |
| 3. | Mental Health | 26 |
| 4. | Chronic / communicable disease | 23 |

What do you think are the four most important risky behaviors in our community?

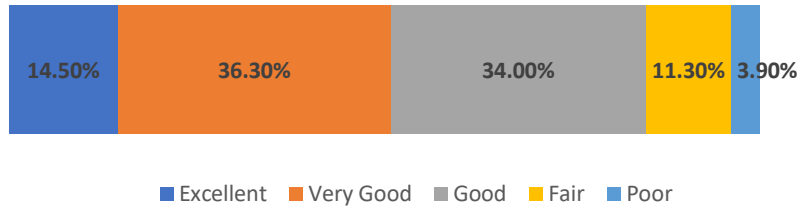
- | | | | |
|----|---------------------------------------|----|--------|
| 1. | Drug/alcohol abuse | 71 | |
| 2. | Unsafe sexual behavior / prostitution | 42 | |
| 3. | Poor nutrition / overeating | 22 | |
| 4. | Mental illness / homeless | 9 | (each) |

What are some things that make you proud of our community?

- | | | |
|----|-------------------------------|----|
| 1. | The people / community groups | 64 |
| 2. | Revitalization | 9 |
| 3. | Physical location | 7 |
| 4. | Shawnee State University | 6 |

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

One-half of Total Service Area adults rate the overall health care services available in their community as “excellent” or “very good.” However, 15.2% of residents characterize local health care services as “fair” or “poor.”



Benchmark: Worse than the national finding.

Trend: A significant improvement from the 2007 survey.

Disparity: Male respondents, those with higher incomes, and those with access difficulties are more likely to rate local services as “fair” or “poor.”

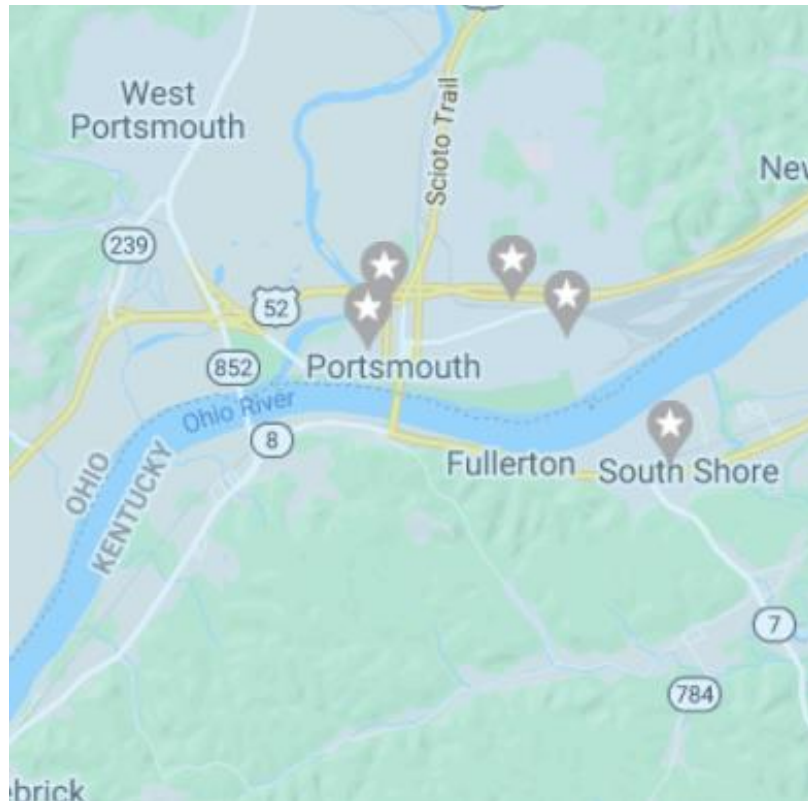
2024 PRC Community Health Survey, PRC, Inc. [Item 6]

2020 PRC National Health Survey, PRC, Inc.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) in the Portsmouth area.



Compass Community Health
411 Court Street
Portsmouth, OH

Shawnee Family Health Center
901 Washington Street
Portsmouth, OH

Compass Community Health
1634 11th Street
Portsmouth, OH
South Shore Family Clinic
142 Depot Street
South Shore, KY

Broadway Clinic
621 Broadway Street
Portsmouth, OH
West Portsmouth Family Practice
Center
23030 St Rt 73, Portsmouth

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.

<p>Access to Health Care Services</p> <ul style="list-style-type: none"> • Compass Community Health • Doctor's Offices • Food Banks • Health Source • Rejoicing in Recovery • Shawnee Family Health • Shawnee State University • Southern Ohio Medical Center <p>Cancer</p> <ul style="list-style-type: none"> • American Cancer Society • Cancer Center • Compass Community Health • Doctor's Offices • Free Screenings • Hospitals • James Cancer Center • King's Daughters Medical Center • King's Daughters Medical Center Cancer Center Lung and Breast Screenings • OSU Extension • Portsmouth Cancer Center • Portsmouth City Health Department • Primary Plus • School System • Scioto County Cancer Center • Shawnee State University • Southern Ohio Medical Center • Southern Ohio Medical Center Cancer Center Southern Ohio Medical Center Nutrition Services Southern Ohio Medical Center Stop Smoking Program • Valley View Health Center <p>Coronavirus</p>	<p>Chronic Kidney Disease</p> <ul style="list-style-type: none"> • Dialysis Center, Inc. • Dialysis Facilities • Doctor's Offices • Fitness Centers/Gyms • Fresenius Dialysis Center • Grocery Stores • King's Daughters Medical Center • Southern Ohio Medical Center • Southern Ohio Medical Center Nutrition Services <p>Dementia/Alzheimer's Disease</p> <ul style="list-style-type: none"> • ABCAP Senior Nutrition • AC Senior Citizens • Adams County Regional Medical Center Alzheimer's Association • Alzheimer's Family Support Group Area Agency on Aging • Community Action Organization Compass Community Health <p>Diabetes</p> <ul style="list-style-type: none"> • AARP • Area Agency on Aging • Bristol Village • Community Action Organization • Compass Community Health • Doctor's Offices • Faith-Based Organizations • Food Banks • Health Department • Hospitals • King's Daughters Medical Center • OSU Extension • Portsmouth City Health Department • School System • Scioto County Senior Center
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<ul style="list-style-type: none"> • Community Agencies • Compass Community Health • COVID Testing • COVID Vaccinations • Doctor's Offices • Employers • Health Department • Hospitals • King's Daughters Medical Center • Kroger • Pharmacies • Portsmouth City Health Department • Scioto County Health Department • Shawnee State University • Southern Ohio Medical Center • St. Mary's • Wal Mart <p>Infant Health and Family Planning</p> <ul style="list-style-type: none"> • Children Services • Community Action Organization CRADLE • Doctor's Offices • Help Me Grow • Portsmouth City Health Department • Southern Ohio Medical Center • Stepping Stones Recovery Center • Substance Abuse Services • WIC 	<ul style="list-style-type: none"> • Shawnee State University • SNAP Food Cards • Southern Ohio Medical Center • Southern Ohio Medical Center Friends Center • Southern Ohio Medical Center Nutrition Services Type 1 Diabetes Support Group • YMCA <p>Disabilities</p> <ul style="list-style-type: none"> • Area Agency on Aging • Community Action Organization • Doctor's Offices • King's Daughters Medical Center • Medical Equipment Providers • Opportunities for Ohioans with Disabilities Outpatient Rehab Facilities • Portsmouth City Health Department <p>Injury and Violence</p> <ul style="list-style-type: none"> • Area Agency on Aging • Domestic Violence Shelter • Law Enforcement • Mental Health Services • Portsmouth/Scioto County Health Department Social Services • Southern Ohio Domestic Violence Center
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<p>Heart Disease</p> <ul style="list-style-type: none"> • American Heart Association • Compass Community Health • Connex • Doctor's Offices • Fitness Centers/Gyms • Grocery Stores • Hospitals • King's Daughters Medical Center • OSU Extension 	<p>Mental Health</p> <ul style="list-style-type: none"> • ADAMHS Board • Adams Board Suicide Prevention • Behavioral Health • Churches • Community Action Organization • Compass Community Health • Comprehend • Courts/Legal System • Doctor's Offices
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<ul style="list-style-type: none"> • Primary Plus • Shawnee State University • Southern Ohio Medical Center • Southern Ohio Medical Center Heart Health Services • Southern Ohio Medical Center Life Center Southern Ohio Medical Center Nutrition Services Southern Ohio Medical Center Stop Smoking Program • Southern Ohio Medical Center Vanceburg • St. Mary's • University of Cincinnati • IBFit • King's Daughters Medical Center • OSU Extension • Parks and Recreation • Patter Fam • Planet Fitness • Portsmouth City Health Department • PSKC • Salvation Army • School System • Shawnee Family Health • Shawnee State University • Southern Ohio Medical Center • Southern Ohio Medical Center Friends Center Southern Ohio Medical Center Life Center Southern Ohio Medical Center Nutrition Services Steven Hunter Fund • WIC 	<ul style="list-style-type: none"> • Drug Recovery Centers • Equitas Health • Family Recovery Services • FRS Counseling • Hope Source • King's Daughters Medical Center • Mahajan Therapeutics • Mountain Comp Care • OSU Extension • Path • Private Counselors • School System • Shawnee Family Health • Shawnee Mental Health Center • Shawnee State University • Southern Ohio Domestic Violence Center Southern Ohio Medical Center • Support Groups • The Counseling Center • VA • Valley View Health Center <p>Oral Health</p> <ul style="list-style-type: none"> • Community Action Organization • Compass Community Health • Dentist's Offices • Head Start • Help Me Grow • Prather Oral Surgery • Scioto Smiles • Shawnee State University • Valley View Health Center
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<p>Nutrition, Physical Activity & Weight</p> <ul style="list-style-type: none"> • Wellness Coalition Churches • Community Action Organization • Compass Community Health • Connex • Doctor's Offices • Farmer's Markets • Fitness Centers/Gyms • Food Banks 	<p>Respiratory</p> <ul style="list-style-type: none"> • American Cancer Society • Area Agency on Aging • Compass Community Health • Doctor's Offices • Portsmouth City Health Department • King's Daughters Medical Center • Medical Equipment Providers • Primary Plus
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<ul style="list-style-type: none"> • Grocery Stores • Portsmouth City Health Department <p>Sexual Health</p> <ul style="list-style-type: none"> • Community Action Organization Compass Community Health Doctor's Offices • Health Department • King's Daughters Medical Center Portsmouth City Health Department Southern Ohio Medical Center <p>Tobacco Use</p> <ul style="list-style-type: none"> • Churches • Community Action Organization • Compass Community Health • Doctor's Offices • King's Daughters Medical Center • Literature • Peer Support • Pharmacies • Portsmouth City Health Department • School System • Shawnee Family Health • Shawnee Mental Health Center • Smoking Cessation Classes • Southern Ohio Medical Center • Southern Ohio Medical Center Heart Health Services • Southern Ohio Medical Center Life Center • Southern Ohio Medical Center Stop Smoking Program • The Counseling Center • VA • Valley View Health Center 	<ul style="list-style-type: none"> • Southern Ohio Medical Center • Southern Ohio Medical Center Cancer Center • Southern Ohio Medical Center Heart Health Services • Southern Ohio Medical Center Life Center <p>Substance Abuse</p> <ul style="list-style-type: none"> • 14th Street Community Center Outreach • ADAMHS Board • Ascend Counseling and Recovery • Brightview • Churches • Community Action Organization • Compass Community Health • Cornerstone • Counseling Services • Drug Court • Educational Information • FRS Counseling • Hope Source • Hope Works • King's Daughters Medical Center • Mahajan Therapeutics • Mended Reed • Mental Health Services • Monarch Recovery • Ohio Department of Medicaid • Outreach Centers • Portsmouth City Health Department • Quick Response Team • Recovery Council • River Valley Organizing Project • Scioto County Drug Court • Shawnee Family Health • Shawnee Mental Health Center
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<http://portsmouthcityhealth.org>