



# **2025 Pike County Community Health Needs Assessment**

**December 2025**

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# Acknowledgements

The Pike County Health Coalition's 2025 Community Health Assessment is the result of a collaboration among local agencies, volunteers, and consultants, all dedicated to improving the health and quality of life of its community members. In addition, the support and engagement of the Pike County community with participating in interviews and providing input during the survey and public comment process for this assessment was invaluable. The partners give a whole-hearted thanks to everyone who participated.

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**A note from the Pike County Health Commissioner**

## A note from Kathi Edrington, CEO of Adena Health

Dear community members and partners,

For more than 130 years, Adena Health has been honored to serve the residents of Pike County. Our deep-rooted commitment to this community extends well beyond delivering exceptional medical care — it encompasses truly understanding the people who call Pike County home and collaborating with local organizations, leaders, and residents to advance health and wellness across our region.

Health systems are often seen as places to go when illness strikes, but our role is far broader. To make a lasting difference, we must meet people where they are — in their homes, workplaces, and schools — and continually seek new opportunities to support prevention, wellness, and long-term well-being. This belief shapes our daily work and is woven throughout the strategies outlined in this Community Health Needs Assessment (CHNA).

The CHNA represents a comprehensive, community-wide effort to identify the most urgent health concerns and priorities facing Pike County. Grounded in health data, community feedback, and the experiences of local residents, health care providers, and public health partners, this assessment serves as a shared foundation for developing targeted, meaningful strategies to address current challenges, anticipate future needs, and strengthen the overall health of our county.

Every three years, this process helps us better understand the many factors that influence health outcomes — from access to care and preventive services to broader social determinants like education, employment, housing, and community resources. The CHNA highlights both the areas where we are making progress and the opportunities where deeper collaboration and innovation can lead to significant improvement. It is more than a report; it is a call to action for all who are invested in Pike County's vitality.

At Adena, we believe that creating a healthier Pike County is a shared responsibility. This CHNA is an essential step in that journey, allowing us to listen, learn, and respond thoughtfully to the needs of those we serve. We remain committed to using this knowledge to enhance community health, expand access to care, and support the safety and well-being of every resident.

To everyone who contributed time, insight, and expertise to this assessment — thank you. Your partnership strengthens our ability to build a healthier, stronger, and more resilient Pike County.

In partnership,



Katherine Edrington  
President and CEO  
Adena Health

# SECTION 1: Introduction to the 2025 Pike County CHNA

## Introduction

A Community Health Needs Assessment (CHNA) is a comprehensive, systematic process used to identify a community's most significant health needs and to guide coordinated strategies that improve population health and health equity. This assessment examines health outcomes, health behaviors, access to care, and the social, economic, and environmental conditions that influence health across the lifespan.

This CHNA focuses on Pike County, Ohio, a rural, Appalachian county whose geographic isolation, economic conditions, and demographic characteristics shape both health outcomes and access to services. The assessment is intended to support collaboration among healthcare providers, public health agencies, schools, behavioral health organizations, social service providers, and community partners as they work together to address shared health priorities.

Poor health affects not only individuals and families, but also employers and the broader community by limiting economic stability, workforce participation, productivity, and quality of life. Improving health outcomes therefore requires addressing the broader drivers of health, including education, income, housing stability, transportation, access to resources, and health literacy—factors that strongly influence health behaviors, disease burden, and healthcare utilization.

In accordance with Internal Revenue Code §501(r) requirements, the Pike County Community Health Needs Assessment will be made publicly available on the Adena Health and Pike County General Health District websites and provided in print upon request.

## What is a community health needs assessment?

The Community Health Needs Assessment (CHNA) provides a structured, data-driven approach to identifying priority health needs and disparities. Required under the Patient Protection and Affordable Care Act, the CHNA informs community health planning, resource allocation, and implementation strategies. Meaningful community input is central to the process, ensuring that identified priorities reflect local experiences and support effective, equitable health improvement efforts.

Research shows that communities see the biggest health improvements when organizations, agencies, and residents work together—from identifying needs and setting priorities to acting

and measuring progress. The Pike County Health Coalition is such a group that combines all these voices. Multiple organizations including Adena Health, Pike County Health District, Pike County Community Action Commission, Valley View and others are members of the health coalition.

The Pike County Health Coalition completed the last community health assessment for Pike County in 2022. The 2025 assessment builds on that work by using updated information and community input to understand current health needs, track changes over time, and support shared efforts to improve health and quality of life in Pike County.

## **Alignment with State and National Priorities**

This assessment aligns with state and federal health and well-being priorities with Healthy People 2030, a national initiative led by the U.S. Department of Health and Human Services to improve health and well-being, eliminate health disparities, and address the social and environmental conditions that influence health. It also aligns with the Ohio State Health Improvement Plan (SHIP), which prioritizes health equity and addresses key drivers of health such as housing, education, economic stability, and trauma.

The Healthy People 2030 initiative is focused on improving health and well-being in the United States, under the direction of the United States Department of Health and Human Services. The initiative identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, building on knowledge gained over the first four decades, established five overarching health goals for 2030:

1. *Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.*
2. *Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.*
3. *Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.*
4. *Promote healthy development, healthy behaviors, and well-being across all life stages.*
5. *Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.*

The Ohio Department of Health has aligned statewide community health planning with the Healthy People 2030 approach. With the long-term goal of ensuring that all Ohioans achieve their full health potential, the Ohio state health improvement plan (SHIP) takes a

comprehensive approach to achieving equity and addressing the many factors that shape our health, including housing, poverty, education, and trauma (Figure 4).

The SHIP is a tool to strengthen state and local efforts to improve health, well-being, and economic vitality in Ohio. The Pike County Health Coalition has aligned several local CHIP priorities with the SHIP.

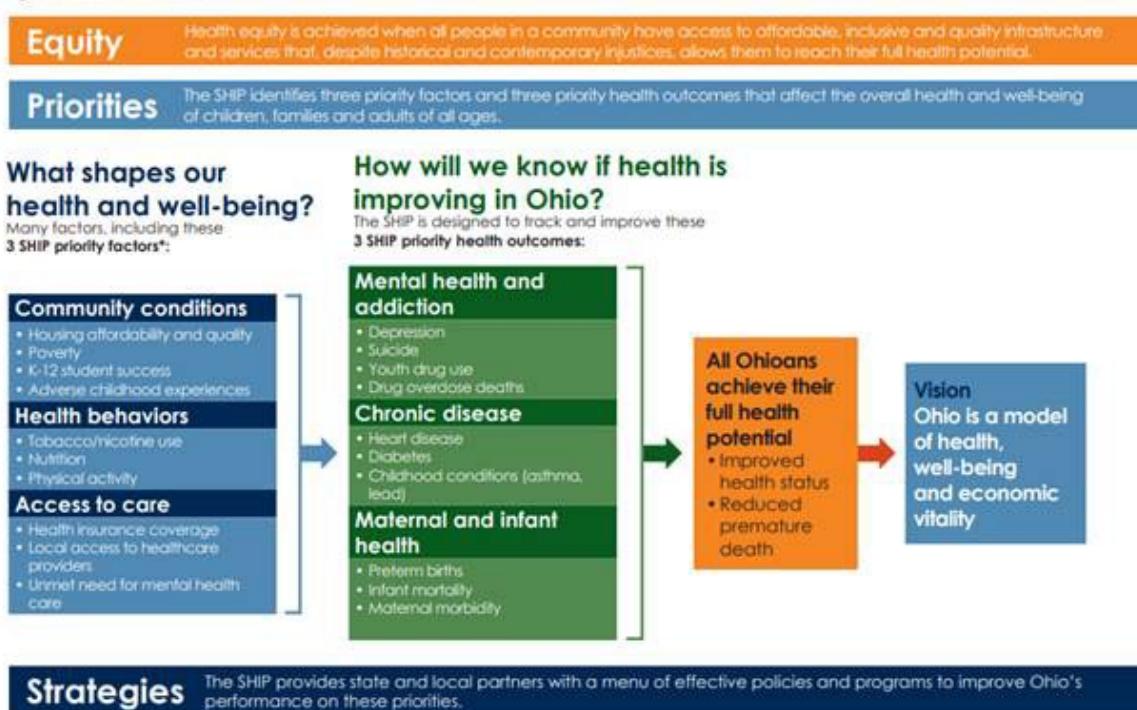


Figure 1: Ohio SHIP Priorities

## Community Served: Pike County, Ohio

Pike County is a rural Appalachian community facing longstanding structural challenges that affect health and well-being. These challenges include lower educational attainment, higher poverty rates, limited transportation infrastructure, workforce shortages in healthcare and behavioral health, and geographic barriers to accessing services. While Pike County also benefits from strong social networks, community pride, and committed local organizations, these assets must be supported by sustained, coordinated investment to improve population health outcomes.

For purposes of this Community Health Needs Assessment (CHNA), the community served is defined as Pike County, Ohio, a rural, Appalachian county in south-central Ohio. This geographic definition aligns with the primary service area of Adena Pike Medical Center and the Pike County Health Coalition's collaborative planning footprint. Pike County includes the county seat

of Waverly and surrounding villages and townships, with residents experiencing geographic distance, transportation limitations, and workforce constraints that affect access to services. Unless otherwise specified, all primary and secondary data presented in this report reflect Pike County residents.

## SECTION 2: Summary and Overview of Findings

Economic, educational, and social conditions in Pike County continue to shape health outcomes for residents across the life course. Consistent with patterns observed throughout southern Appalachian Ohio, Pike County experiences poorer population health outcomes relative to most Ohio counties.

### Use of County Health Rankings Data

County Health Rankings & Roadmaps data are used in this assessment as a comparative framework to understand Pike County's relative position within Ohio. In recent reporting years, publicly available County Health Rankings files emphasize quartile-based relative standing rather than consistently publishing numeric ordinal ranks for all domains. Accordingly, Pike County's health outcomes and health factors are described using relative placement (e.g., bottom quartile statewide), which provides a stable and methodologically appropriate indicator of population health status. Rankings are interpreted as directional indicators and are triangulated with local data sources and community input to inform identification of significant health needs.

Table 1: 2014-2023 County Health Rankings for Pike County

County Health Rankings for Pike County									
2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Outcomes (ranking out of 88 counties)									
83	85	88	88	87	87	87	87	87	86
Factors (ranking out of 88 counties)									
88	88	88	86	86	83	80	84	79	78

Source: County Health Rankings & Roadmaps, Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute (2014–2025)

Beginning in 2024, County Health Rankings & Roadmaps no longer assigns numeric county ranks. Counties are grouped into Health Groups based on standardized Z-scores. In 2024 and 2025, County Health Rankings & Roadmaps did not assign numeric county ranks to Ohio counties. Instead, counties were categorized into Health Groups based on standardized Z-scores. Pike County was classified in Health Group 8 of 10 for both Health Outcomes and Health Factors, placing it in the bottom quartile statewide. Pike County's consistent placement in the bottom quartile for both health outcomes and health factors reflect longstanding structural and socioeconomic challenges common to rural Appalachian Ohio, including elevated premature mortality, chronic disease burden, behavioral health risk, and adverse social determinants of health.

## Public Input and Comment

Meaningful community input was central to the 2025 Pike County Community Health Needs Assessment. A countywide community health survey was administered to gather resident perspectives on health concerns, quality of life, barriers to care, and the social and environmental conditions influencing health. Surveys were distributed in both electronic and paper formats through healthcare settings, community agencies, libraries, food distribution sites, and community events to ensure participation from residents who may not engage through traditional public comment mechanisms.

A total of 403 surveys were submitted, of which 361 responses from Pike County residents were included in the final analysis. Responses were anonymous and voluntary. As with all community surveys, findings should be interpreted with an understanding of potential response bias and subgroup limitations; however, the consistency of themes across responses provides strong qualitative insight into community priorities and lived experience within Pike County.

Survey respondents were asked to identify the most important health issues facing Pike County, challenges to accessing care and services, and factors affecting overall quality of life. Several clear and recurring themes emerged, aligning closely with secondary data trends and stakeholder input.

In addition to the survey, stakeholder assessments and focused interviews were conducted with local business leaders, community partners, students and others. These discussions provided qualitative insight into community strengths, emerging challenges, and gaps in services not fully captured through quantitative data alone.

Across all methods, community input consistently highlighted concerns related to mental health, substance use, chronic disease, access to care, transportation, housing stability, and food access. Participants emphasized that these issues are interconnected and disproportionately affect individuals living in rural areas, households experiencing economic instability, older adults, individuals with disabilities, and residents of high-social vulnerability neighborhoods.

Community perspectives closely aligned with trends observed in secondary data sources, including elevated premature mortality, behavioral health burden, and social determinants of health. This alignment across data sources strengthens confidence in the assessment findings and supports the identification of priority health needs that are both data-driven and community-validated. Community input played a key role in ensuring that the CHNA reflects lived experience and informs actionable, equitable health improvement strategies for Pike County.

## Health Outcomes

- Chronic conditions are common
- Mental health and substance use are prevalent
- Quality of life is affected by health concerns

## Health Trends

- Mental health concerns worsening
- Substance use is a top issue
- Access to care concerns - wait times and provider shortages

## Social Factors

- Cost and insurance barriers
- Transportation challenges
- Economic and housing stress and instability

## Health Education Needs

- Mental health and coping skills
- Substance use prevention
- Managing chronic disease
- Nutrition and healthy living guidance

Figure 2: Community perspective on 2025 Pike County survey

Survey findings indicate that Pike County residents experience persistent health challenges driven by mental health conditions, substance use, chronic disease, and structural barriers to care. These issues mirror patterns observed in surrounding, where social and economic conditions and limited access to services contribute to poor health outcomes.

## SECTION 3: Assessment Framework and Approach

This section outlines the CHNA process utilized by the Pike County Health Coalition subcommittee to craft this document.

### Pike County Health Coalition

The Pike County Health Coalition is a collaborative, community-based group, whose efforts are aimed at improving the quality of life for Pike County residents. The coalition, organized with a memorandum of understanding (MOU), is structured with a steering committee and subcommittees that are focused on specific health priorities, with representation from:

- Pike County General Health District
- Community Action Committee of Pike County
- OSU Extension – Pike County
- Pike County Job and Family Services
- Pike County Senior Center
- Pike County Children’s Services
- Adena Health
- Valley View Health Center
- The Recovery Council
- Southern Ohio Medical Center
- Paint Valley ADAMH Board
- Pike County YMCA
- Pike County Sheriff’s Department
- Ross-Pike Educational District

The coalition’s efforts are driven by a vision of a community, in which everyone has knowledge of and access to health and wellness resources. By keeping in mind, the values of respect, trust, inclusiveness, engagement, and communication, the Pike County Health Coalition is mission-focused to raise awareness and to ultimately improve the health and wellness of Pike County residents through the ongoing cooperation of community leaders, local health care providers, community organizations, and citizen support. By working through the Pike County residents’ socioeconomic issues, the goal of improved health and wellness can be achieved.

### CHNA Process

As with previous assessments, the Pike County Health Coalition utilized Mobilizing Action through Planning and Partnership (MAPP 2.0) for the 2025 assessment. The process is trusted evidence-based matrix for CHNAs used by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control (CDC).

MAPP is a three-phase process that guides the assessment of the community’s health needs, as well as the development of a community health improvement plan (CHIP). The assessment

portion of the process includes a four-part strategy focused on collecting qualitative and quantitative data from both primary and secondary sources to identify community themes and strengths, community health status, and forces of change in the community, as well as the assessment of the local public health system. More than 400 public surveys were completed in addition to focused stakeholder review opportunities.

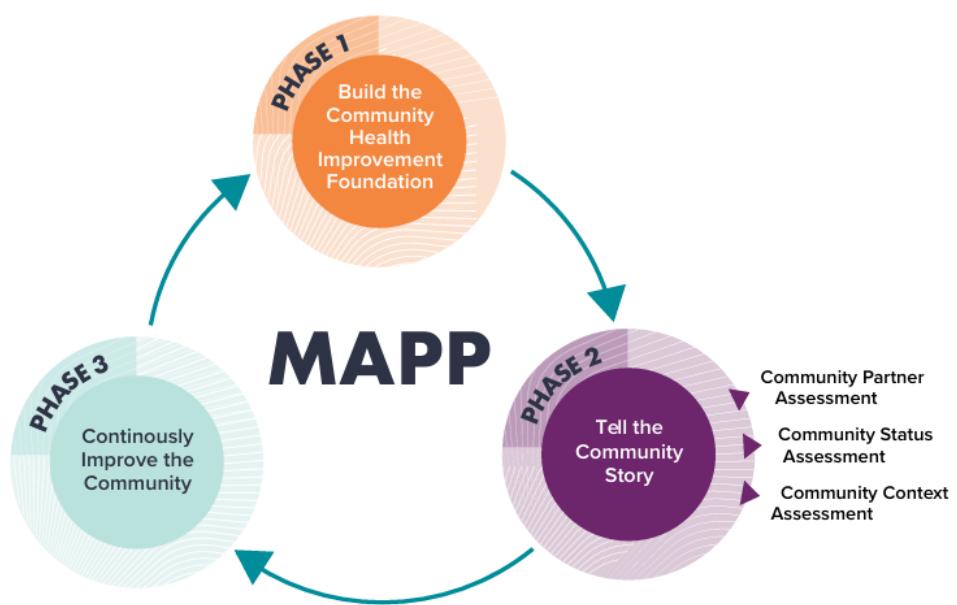


Figure 3: NACCHO MAPP 2.0 Process

## Community Assessments

The 2025 CHNA was completed through a comprehensive process of data collection and evaluation using the MAPP framework. Both qualitative and quantitative data were collected from primary and secondary sources. Findings were organized across four MAPP assessment components: Community Themes and Strengths, Local Public Health System, Community Health Status, and Forces of Change. The information was compiled and evaluated jointly by Adena Health and the Pike County General Health District, in collaboration with Pike County Health Coalition partners, to identify significant health needs and to inform CHIP priority selection.

## Data Sources

Primary and secondary data sources were used as part of the CHNA process and came from both local and publicly available sources. Primary data collection methods included a community resident survey, stakeholder interviews, and focus groups. Secondary data were drawn from established sources including, but not limited to:

- County Health Rankings & Roadmaps
- Ohio Department of Health (ODH)
- CDC PLACES (where applicable)
- U.S. Census Bureau / American Community Survey (ACS)
- Area Agency on Aging District 7 (AAA7)
- Local healthcare, education, and social service data (where available)

While data at the national and state levels is generally available for community health-related indicators, local data—from counties and cities—is less accessible and sometimes less reliable. Some data from publicly available sources are delayed by a minimum of two years, reflecting the time required for reported information to be collected, reviewed, approved, analyzed, and prepared for dissemination.

## Community Questionnaire

A community health questionnaire was developed to collect input from Pike County residents regarding health needs, barriers to care, and factors affecting quality of life. The survey was distributed in both hard copy and electronic formats to reach residents who may not participate through traditional public comment mechanisms, particularly in rural and Appalachian communities.

In 2025, 403 surveys were completed. Forty-two (42) responses were excluded because the respondent did not reside in Pike County. The final analytic sample included 361 Pike County resident responses.

Survey distribution methods were intentionally varied and included: electronic promotion through partner websites and social media; paper surveys available through healthcare settings, community agencies, libraries, food distribution sites, and community events; and targeted distribution through community partners serving diverse populations. Responses were anonymous, and no personally identifying information was collected. Answers from the paper surveys received were entered to the electronic survey by Adena Health and Pike County Health District staff.

## Stakeholder Assessments

In addition to resident input, stakeholder and system-level perspectives were gathered from healthcare providers, public health professionals, schools, behavioral health organizations, aging services, and other community-based partners. The stakeholder assessment helped gather perspectives on community strengths, major challenges, service gaps, and strategies most likely to improve health outcomes.

## Community Input Methodology

Multiple methods of community input were utilized to inform this Community Health Needs Assessment, recognizing that reliance on a single engagement strategy may not fully capture community perspectives in rural and Appalachian communities. Traditional public comment mechanisms alone may present participation challenges due to limited awareness of the assessment process or perceived relevance. To address this, a combination of quantitative and qualitative data collection methods was employed to ensure broad and inclusive community representation.

Primary data collection included a countywide public survey administered between August 1 and October 30, 2025. Surveys were distributed using multiple outreach strategies, including electronic surveys promoted through social media and partner websites; paper surveys made available in medical offices, community agency locations, libraries, food distribution sites, and community events; and targeted distribution through community partners serving diverse populations. Survey data was analyzed jointly by Adena Health and the Pike County Health District. Of the 403 surveys received, 361 responses were from Pike County residents and met inclusion criteria to incorporated into the final analysis.

Preparation for the 2025 public survey began in spring 2025. The survey instrument was developed using the 2022 Community Health Assessment survey as a foundation, with additional questions added to better assess social determinants of health and factors contributing to health inequities. The final instrument included 68 questions covering health outcomes, health behaviors, access to care, and social and economic conditions.

All survey responses were anonymous. Only responses from adults aged 18 years and older residing in Pike County were accepted for analysis; incomplete surveys were excluded. As with all community health assessments, results—particularly subgroup analyses—should be interpreted with caution, as smaller sample sizes may result in higher margins of error compared to overall survey findings. Community input was reviewed alongside secondary data and directly informed the identification and validation of priority health needs presented in this assessment.

## Limitations

As with all community health assessments, the findings presented in this report are subject to several limitations that should be considered when interpreting results. Much of the quantitative data used in this assessment is derived from publicly available state and federal sources that rely on multi-year estimates or lagged reporting cycles; as a result, some indicators may not fully reflect the most recent changes in community conditions. In addition, differences

in data collection methods, definitions, and reporting periods across sources may limit direct comparability between measures.

Primary data collected through the community survey, focus groups, and stakeholder interviews represent voluntary participation and may be influenced by response bias. While multiple outreach methods were used to increase participation and accessibility, certain populations—particularly individuals with limited internet access, time constraints, language barriers, or distrust of surveys—may be underrepresented. Subgroup analyses should therefore be interpreted with caution, as smaller sample sizes may increase the margin of error.

Finally, the identification and prioritization of health needs reflect conditions and community input available at the time of the assessment. Community health is dynamic, and emerging issues, policy changes, economic shifts, or public health emergencies may affect health needs during the implementation period. For these reasons, this CHNA is intended to serve as a guiding framework rather than an exhaustive inventory of all health concerns, and it will be supplemented through ongoing monitoring, community engagement, and future assessments.

## SECTION 4: Community Context and Assets

Economic, educational, and social conditions in Pike County and the surrounding southern Ohio Appalachian region continue to exert a strong influence on health outcomes for residents. Southern Ohio counties, including Pike County, consistently rank among the least healthy counties in the state, reflecting long-standing structural and systemic challenges rather than short-term variation.

The County Health Rankings & Roadmaps, produced annually by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, provide a comparative framework for assessing both current population health and the conditions that shape future health. In the 2025 County Health Rankings, Ohio continues to perform poorly relative to other states on key population health indicators. Within Ohio, all 88 counties are ranked based on health outcomes (length and quality of life) and health factors (health behaviors, clinical care, social and economic factors, and the physical environment).

In the most recent rankings, Pike County ranks in the bottom quartile statewide for both health outcomes and health factors, indicating persistently poor population health relative to other Ohio counties. These rankings are driven primarily by premature mortality, injury deaths, mental distress, substance use, economic insecurity, tobacco use, physical inactivity, and chronic disease burden—areas in which Pike County continues to experience elevated risk.

### Trends in Health Outcomes and Health Factors

Pike County's health outcomes ranking has remained persistently poor over time, reflecting long-standing challenges related to early death and reduced quality of life. Mortality associated with heart disease, cancer, chronic lower respiratory disease, injury, and substance-related causes remains elevated compared to state and national benchmarks. As emphasized in the County Health Rankings framework, these outcomes represent the cumulative effects of health behaviors, access to care, and social and economic conditions over many years and typically change slowly.

Health factors rankings for Pike County have also remained unfavorable. Beginning in the post-pandemic period, rankings worsened as methodological updates to the County Health Rankings model placed greater emphasis on social and economic conditions, mental health, substance use, workforce participation, housing instability, and social connectedness. These changes disproportionately affected rural and Appalachian counties, including Pike County, where economic stress, transportation barriers, workforce shortages, and limited housing options

remain prevalent. While modest improvements have occurred in select indicators, they have not been sufficient to offset broader structural pressures.

## Clinical Care in Context

Clinical care represents a relative strength for Pike County when compared to other health factor domains, though important access challenges remain. In the 2023 County Health Rankings, the most recent year in which Ohio county-level Clinical Care sub-rankings were published, Pike County ranked 30th out of 88 counties statewide, placing it near the middle of Ohio counties for access to and quality of care.

This performance reflects comparatively stronger outcomes on selected measures such as insurance coverage and aspects of preventive and outpatient care. However, this ranking should be interpreted with caution. Provider shortages, long travel distances, transportation limitations, and limited specialty and behavioral health capacity continue to constrain access to timely care for many residents. Importantly, stronger performance in clinical care has not translated into improved overall health outcomes, underscoring that clinical care accounts for only a portion of what drives population health.

## Interpretation and Use in the Assessment

Despite relatively stronger clinical care performance, Pike County continues to experience poor overall health outcomes driven largely by social and economic conditions, health behaviors, injury risk, mental health, and substance use. These domains exert a greater influence on long-term outcomes such as premature death and quality of life than clinical care alone.

The additional data presented in this assessment builds upon County Health Rankings findings to identify priority health needs for Pike County. Particular attention is given to factors contributing to early death and injury, mental and behavioral health, substance use, chronic disease, and social and economic conditions that limit opportunities for health. These findings, combined with community survey input and stakeholder engagement, guide the prioritization process and inform future planning efforts.

Table 2: Pike County Health Rankings

Pike County, Ohio Health Rankings (Selected Years)			
Measure	Relative Standing	Most Recent Year	Interpretation
<b>Health Outcomes Rank (of 88)</b>	Bottom quartile	2023–2025	Driven by premature mortality and reduced quality of life <sup>3</sup>
<b>Health Factors Rank (of 88)</b>	Bottom quartile	2023–2025	Reflects poor social & economic conditions and health behaviors <sup>3</sup>
<b>Clinical Care Rank (of 88)</b>	Mid-range	2023	Relative system strength; does not offset poor outcomes <sup>3</sup>

Source: County Health Rankings & Roadmaps.

#### ***Explanation of 2024–2025 Health Rankings Methodology and Quartile Reporting***

In recent releases of the County Health Rankings & Roadmaps, the methodology used to report county-level population health has evolved. Historically, annual rankings provided a numeric ordinal rank for each county within a state for both Health Outcomes and Health Factors (e.g., *Xth of 88 counties*). While these numeric rankings are available for earlier years, the most recent reporting cycles (2024 and 2025) emphasize relative standing and health group classifications rather than consistently publishing single numeric ranks for all domains for most counties.

Under the updated framework, counties are increasingly described using relative groupings (such as bottom quartile or health group placement) derived from composite scores that summarize multiple indicators. This approach reflects guidance from the County Health Rankings program to reduce over-interpretation of small year-to-year rank changes that may result from minor score fluctuations, methodological refinements, or population size effects—particularly in rural counties.

As a result:

- Specific numeric ranks are not consistently published in publicly available Ohio summary files for 2024 and 2025, even though counties continue to be comparatively assessed statewide.
- Quartile-based or relative standing descriptors (e.g., “bottom quartile statewide”) provide a stable and methodologically appropriate indicator of Pike County’s position relative to other Ohio counties.

- This approach aligns with broader efforts to focus attention on persistent health inequities and structural drivers of health, rather than emphasizing small changes in ordinal position that may not represent meaningful differences in population health.

Accordingly, when numeric rankings are not available or are not directly comparable across years due to methodological updates, this assessment uses quartile-based relative standing to characterize Pike County's health outcomes and health factors. This method ensures consistency across reporting periods while accurately reflecting Pike County's persistent position relative to other Ohio counties.

*Table 3: Core Population Health & County Health Rankings Metrics*

Core Population Health & County Health Rankings Metrics					
Indicator	Pike County	Ohio	U.S.	Data Year(s)	Interpretation
Health Outcomes Rank (of 88)	~86	—	—	2023–2025	Bottom quartile statewide
Health Factors Rank (of 88)	~78	—	—	2023–2025	Persistent structural disadvantage
Clinical Care Rank (of 88)	30	—	—	2023	Relative strength
Life Expectancy	~72–73 yrs	~75–76	~77–78	2020–2024	Consistently below benchmarks
Premature Death (YPLL <75)	~12,000–13,000	~9,400	~8,000	2022–2024	Central driver of outcomes ranking
Drug Overdose Death Rate	Elevated	Lower	Lower	2022–2024	Major contributor to injury deaths
Suicide Death Rate	Elevated	Lower	Lower	2022–2024	Persistent behavioral health concern
Adult Smoking	~25–27%	~18%	~13%	2023	Key chronic disease driver

## Core Population Health & County Health Rankings Metrics

Indicator	Pike County	Ohio	U.S.	Data Year(s)	Interpretation
Adult Obesity	~40–42%	~38%	~34%	2023	Sustains chronic disease burden
Physical Inactivity	~30%	~24%	~23%	2023	Linked to cardiovascular disease

### Data Interpretation Note:

Metrics reflect the most recent available estimates from County Health Rankings & Roadmaps, CDC PLACES, and Ohio Department of Health sources. Several indicators are based on multi-year rolling averages and are presented as ranges to reflect persistent trends rather than single-year fluctuations.

### Source:

Ohio Department of Health. Ohio Public Health Data Warehouse; Appalachian Health Indicators.

County Health Rankings & Roadmaps. Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. Ohio County Rankings, 2023–2025.

Centers for Disease Control and Prevention. CDC PLACES: Local Data for Better Health, 2023–2024 estimates.

Ohio Department of Health. Ohio Mortality Data and Injury Surveillance, 2022–2024.

## Community Profile: Pike County, Ohio

Pike County (Figure 4) is located in rural, south-central Ohio and is designated as one of the state's 32 Appalachian counties. The county encompasses approximately 440 square miles of predominantly forested and agricultural land. Much of this land remains undeveloped, reflecting its rural character and natural resource base.

According to the 2020 U.S. Census, Pike County had a population of 27,088, with recent estimates indicating approximately 27.1 thousand residents and a median age of 41.1 years. The county seat is Waverly. Pike County's population is predominantly White, with smaller representations of other racial and ethnic groups.

The local economy includes manufacturing, healthcare and social assistance, retail trade, and public services. Median household income is approximately \$49,552 (2023 inflation-adjusted dollars), and per capita income is about \$31,082, both of which are below state averages. An estimated 19.9% of residents live below the federal poverty level, exceeding Ohio's overall rate. Educational attainment is also lower than state and national benchmarks, with a smaller proportion of adults holding a four-year college degree.

Poverty—particularly among children—remains a significant community health concern. These demographic and economic conditions are consistent with broader trends across rural Appalachian Ohio and have important implications for health outcomes, access to care, workforce participation, and long-term economic stability.

## Community Assets

As part of understanding the conditions that influence health and quality of life, Pike County's assets are described using a community capitals framework. This approach recognizes that community health is shaped not only by medical care, but also by the natural, cultural, social,

Figure 4: Pike County, Ohio



economic, and structural resources that support resilience, connection, and opportunity. The following sections summarize key community capitals as they relate to Pike County.

## **Natural Capital**

Pike County is part of Appalachian Ohio, characterized by a rural landscape that supports outdoor recreation, environmental stewardship, and quality of life. A major natural asset is Pike Lake State Park, a 587-acre state park located in the wooded hills of southern Ohio that provides residents and visitors access to outdoor activity and nature-based recreation. The county also benefits from Pike State Forest, which encompasses 12,531 acres in western Pike County and neighboring Highland County and supports recreation and conservation.

These natural resources provide accessible opportunities for walking, hiking, fishing, and outdoor activity, which support physical activity, stress reduction, and community connection—important protective factors for long-term health.

## **Cultural Capital**

Pike County's cultural capital is rooted in its Appalachian heritage and strong community identity expressed through local traditions, civic pride, and multigenerational ties to place. Community events are a visible strength, including the Pike County Fair, which serves as a recurring gathering point for residents, families, youth programs, and local organizations.

Pike County also benefits from community institutions that support lifelong learning and local identity, including the Garnet A. Wilson Public Library of Pike County, which serves as an information and education resource for residents.

## **Human Capital**

Pike County's human capital is strengthened by institutions that support workforce readiness, youth development, and adult learning. The Pike County Career Technology Center provides career-technical education and training that supports skill-building aligned to local and regional workforce needs.

Youth development capacity is further supported through The Ohio State University Extension in Pike County, including 4-H youth development programming that builds leadership, practical skills, and community engagement.

## **Social Capital**

Pike County's social capital is supported by a network of community organizations, faith communities, volunteerism, and local institutions that provide connection and informal

support—particularly important in rural communities where distance can limit access to services.

Examples of community-serving assets include the Pike County YMCA, which provides opportunities for physical activity, youth programming, and community connection. Public health infrastructure also contributes to community resilience through the Pike County General Health District, which provides local public health services and serves as a trusted point of contact during community health needs and emergencies.

## **Political Capital**

Pike County benefits from local governance and civic leadership that support planning, coordination, and community responsiveness. County government is led by the Pike County Board of Commissioners, which provides public oversight and coordination of county services and priorities.

Pike County also has locally anchored partners focused on economic and community development, including the Pike County Chamber of Commerce and the Pike County Office of Community and Economic Development, which support business engagement and community improvement initiatives.

## **Built Capital**

Pike County's built capital includes local health care, community facilities, and service hubs that support access to essential services. A key anchor institution is Adena Pike Medical Center, a 25-bed critical access hospital providing emergency and medical care for the community. Primary and urgent care access is also supported through Adena Health Center – Waverly, which offers family medicine, specialty care outpatient access and urgent care services. Adena – Piketon is a primary care clinic in Pike County. All locations provide referral access to other care resources available throughout the nine-county region of Adena Health.

Community gathering and service infrastructure also includes facilities such as the Pike County Fairgrounds and the county library system, which function as trusted, accessible spaces for events, outreach, education, and community engagement.

Overall, Pike County's community assets provide a strong foundation for health, resilience, and quality of life. The county's natural environment, Appalachian cultural identity, workforce and youth development resources, active civic and faith-based organizations, responsive local governance, and essential health care and community infrastructure collectively support physical and mental well-being across the lifespan. These assets enhance social connection, promote healthy behaviors, and strengthen the community's capacity to respond to challenges.

Leveraging and aligning these existing strengths will be critical as Pike County moves from assessment to planning and implementation of strategies to address identified health needs and advance health equity. These community assets provide a critical foundation for identifying priority health needs and selecting feasible, evidence-informed strategies for the Community Health Improvement Plan (CHIP).

## Demographic Characteristics

A profile of Pike County, Ohio, and its residents was developed using publicly available data sources, including the U.S. Census Bureau Decennial Census, American Community Survey (ACS) 2019–2023 five-year estimates, County Health Rankings & Roadmaps, and state administrative data. These measures establish an objective baseline for understanding population trends, community context, and conditions that influence health outcomes.

Because health is shaped by the interaction of social, economic, environmental, and behavioral factors, quantitative indicators alone do not fully capture community needs. To support Community Health Needs Assessment (CHNA) planning and priority identification, these data are interpreted alongside community input and stakeholder perspectives, which are presented in subsequent sections of this assessment.

The tables that follow summarize Pike County population characteristics—including population size, age structure, race and ethnicity, household composition, education, income, and poverty—to provide essential context for understanding health needs, disparities, and opportunities for improvement.

The following demographic overview (Table 4) utilizes the most recent U.S. Census Bureau Decennial Census (2020) and American Community Survey 5-year estimates (2019–2023), consistent with IRS §501(r) guidance recommending reliable, publicly available data sources to describe community characteristics and social determinants of health. Together, these demographic and economic characteristics provide important context for understanding the health outcomes and disparities observed in Pike County. The following sections examine key health indicators, behaviors, and outcomes to illustrate how these underlying conditions influence population health.

*Table 4: Demographic Indicators, Pike County, Ohio*

Demographic Indicators — Pike County, Ohio			
Indicator	Pike County	Ohio	United States

Total Population (2020 Census)	27,088	11,799,448	331,449,281
Population Change (2010–2020)	-2.0%	+2.3%	+7.4%
Median Age (years)	41.1	39.6	38.9
Population Under Age 18	22.1%	22.3%	22.1%
Population Age 65 and Older	17.6%	17.9%	16.9%
White (non-Hispanic)	96.4%	77.0%	58.7%
Median Household Income	\$49,552	\$69,680	\$77,719
Per Capita Income	\$31,082	\$38,531	\$41,261
Persons Below Poverty Level	19.9%	13.4%	12.6%
Children Below Poverty Level	~24%	~18%	~16%
Bachelor's Degree or Higher (25+)	14.1%	30.0%	35.0%

Source: U.S. Census Bureau, Decennial Census 2020; American Community Survey (ACS) 2019–2023 5-Year Estimates (Tables DP05, DP03, S1701, S1501).

The demographic characteristics of Pike County provide important context for understanding the health indicators presented in this assessment. Population age structure, household composition, income and employment patterns, and geographic distribution shape residents' exposure to risk factors, access to resources, and ability to engage in preventive care. As a result, health outcomes observed in Pike County reflect not only individual behaviors, but also the cumulative influence of social, economic, and environmental conditions over time. The following health indicators describe how these population characteristics translate into measurable patterns of premature mortality, chronic disease, mental and behavioral health challenges, injury, and overall quality of life across the county.

## Population Size and Growth Trends

Pike County is a rural, Appalachian county with a population of approximately 27,000 residents, according to the 2020 U.S. Census and recent ACS estimates. Like many rural counties in southern Ohio, Pike County has experienced limited population growth and relative population stability, rather than the population increases observed statewide and nationally.

While modest population change can support close-knit community connections, it also presents challenges related to workforce availability, tax base stability, service demand, and long-term economic sustainability. Population trends take on additional importance when paired with an aging population and outmigration of younger adults, which can influence healthcare capacity, school enrollment, transportation needs, and caregiver availability.

*Table 5: Population Trends- Pike County, Ohio*

Population Trends – Pike County, Ohio			
Year	Pike County	Ohio	United States
2010	28,709	11,536,504	308,745,538
2015	28,281	11,617,527	320,635,163
2020	27,772	11,799,448	331,449,281
2023 (est.)	27,620	11,780,017	334,914,895
Percent Change (2010–2023)	–3.8%	+2.1%	+8.5%

**Source:** U.S. Census Bureau, Decennial Census (2010, 2020); American Community Survey (ACS) 2019–2023 5-Year Estimates

## Age Distribution and Aging Population

Pike County's population is concentrated among working-age adults, but the county is experiencing a gradual aging trend. Adults aged 65 years and older represent a growing share of residents, consistent with broader patterns across rural Appalachian Ohio.

An aging population has important implications for chronic disease prevalence, disability rates, transportation access, caregiving demand, and healthcare utilization, particularly in rural areas where service availability may be limited. These trends increase the importance of accessible primary care, behavioral health services, transportation supports, and age-friendly community planning.

Table 6: Population by Age Group – Pike County Compared to Ohio and U.S.

Population by Age Group – Pike County Compared to Ohio and U.S.			
Age Group	Pike County (%)	Ohio (%)	United States (%)
Under 18 years	21.3	21.6	21.7
18–24 years	7.2	8.9	9.1
25–44 years	22.9	26.1	26.9
45–64 years	29.1	24.3	24.6
65 years and older	19.5	19.1	17.7
Median Age (years)	43.9	39.9	39.2

Source: U.S. Census Bureau, American Community Survey (ACS) 2019–2023 5-Year Estimates

## Race, Ethnicity, and Gender

Pike County's population remains less racially and ethnically diverse than Ohio and the United States overall. Most residents identify as White, with smaller proportions identifying as Black or African American and other racial or ethnic groups. Although these populations are limited in size, even small population groups may experience disproportionate health burdens, underscoring the importance of equity-focused planning and culturally responsive services.

Pike County also has a slightly higher proportion of males than females, which differs from state and national patterns. Gender composition can influence workforce participation, injury risk, chronic disease profiles, and behavioral health trends, particularly in rural communities.

Table 7: Population Characteristics by Sex, Race, Ethnicity, and Veteran Status

Population Characteristics by Sex, Race, Ethnicity, and Veteran Status			
Indicator	Pike County	Ohio	United States
Female	50.6%	50.7%	50.5%
Male	49.4%	49.3%	49.5%
White (non-Hispanic)	96.3%	78.1%	58.1%

Population Characteristics by Sex, Race, Ethnicity, and Veteran Status			
Indicator	Pike County	Ohio	United States
Black or African American	1.2%	13.3%	12.1%
Hispanic or Latino (any race)	1.4%	4.5%	19.1%
Other Race / Multiracial	1.1%	8.6%	22.7%
Veterans (18+)	9.6%	7.6%	6.4%

Source: U.S. Census Bureau, American Community Survey (ACS) 2019–2023 5-Year Estimates

## Veterans and Disability

Veterans represent an important population group in Pike County. Veterans may have unique health needs related to physical injury, chronic conditions, mental health, and access to specialized services, making coordination with veteran-serving organizations and healthcare providers essential.

Disability prevalence in Pike County is substantially higher than state and national levels, affecting a significant share of residents across age groups and nearly half of adults aged 65 and older. High disability prevalence reinforces the need for accessible healthcare, transportation, housing, and supportive services, as well as workforce accommodations and caregiver support.

Table 8: Disability and Veteran Status – Pike County

Disability and Veteran Status – Pike County			
Indicator	Pike County	Ohio	United States
Persons with a Disability (Under 65)	11.8%	9.2%	8.6%
Persons with a Disability (All Ages)	17.4%	12.7%	12.9%
Veterans with a Disability	34.2%	29.7%	27.3%
Veterans with a Service-Connected Disability	5.9%	4.6%	4.3%

Source: U.S. Census Bureau, American Community Survey (ACS) 2019–2023 5-Year Estimates

## Households, Families, and Living Arrangements

Household characteristics in Pike County reflect both strengths and vulnerabilities. Average household size is comparable to state and national patterns, and many households include children or older adults. At the same time, a notable share of households includes older adults living alone or are female-headed households with children, which are often associated with increased economic vulnerability, caregiving burden, and greater reliance on transportation, healthcare, and social support services.

These household patterns are important considerations for maternal and child health, aging-in-place strategies, transportation access, and social support services, particularly in rural areas with limited formal service networks.

*Table 9: Housing, Families, and Housing Characteristics*

Households, Families, and Housing Characteristics			
Indicator	Pike County	Ohio	United States
Total Households	11,200	4,799,700	131,202,900
Average Household Size	2.44	2.45	2.53
Households with Children	27.9%	28.8%	29.0%
Single-Parent Households	10.7%	10.4%	10.2%
Housing Units Owner-Occupied	73.2%	65.3%	64.1%
Housing Cost Burdened Households	26.4%	29.1%	30.6%
Households without Broadband	18.6%	13.0%	11.5%

**Source:** U.S. Census Bureau, American Community Survey (ACS) 2019–2023 5-Year Estimates

*Table 10: Income – Pike County, Ohio and United States*

Income – Pike County, Ohio and United States			
Income	PIKE COUNTY	OHIO	U.S.
Per Capita Income (the total income of the region divided by the population)	\$31,082	\$39,455	\$43,289
Median Family Income	\$66,406	\$90,288	\$96,922

Median Household Income	\$49,552	\$69,680	\$78,538
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Source: U.S. Census Bureau, American Community Survey, 2019-2023 (DP03)

*Table 11: Poverty in Pike County, Ohio*

Poverty by Age (FPL 100%)	PIKE COUNTY	OHIO	U.S.
People Living Below Poverty Level	19.9%	13.2%	12.4%
Children Living Below Poverty Level	21.6%	18.0%	16.3%
Families Living Below Poverty Level	15.7%	9.2%	8.7%

Source: U.S. Census Bureau, American Community Survey, 2019-2023 (DP03)

Taken together, population trends, age distribution, household characteristics, and veteran and disability prevalence indicate that Pike County is experiencing sustained population decline and aging, with a smaller working-age population, higher levels of disability and veteran representation, and household conditions that increase demand for healthcare, transportation, and community-based supports.

## Community Context Summary

The demographic, economic, and community characteristics described in this section provide important context for understanding population health in Pike County. Rural geography, population aging, youth vulnerability, workforce and transportation limitations, and economic stress influence access to resources and exposure to health risks across the county. These contextual factors help explain observed patterns in health outcomes and health behaviors and inform interpretation of the health indicators presented in the following sections.

## SECTION 5. Social Determinants & Equity Context

### Social Vulnerability

The most widely used U.S. measure is the CDC/ATSDR Social Vulnerability Index (SVI), which ranks communities (counties and census tracts) using 16 ACS-based social factors grouped into 4 themes:

- Socioeconomic status,
- Household characteristics,
- Racial & ethnic minority status/language,
- Housing type & transportation.

Together, these themes summarize the extent to which the area is socially vulnerable to disaster. The higher the percentile rank, the more vulnerable a location is. Overall social vulnerability combines all the variables to provide a comprehensive assessment. Figure 5 shows the CDC/ATSDR Social Vulnerability Index (SVI).

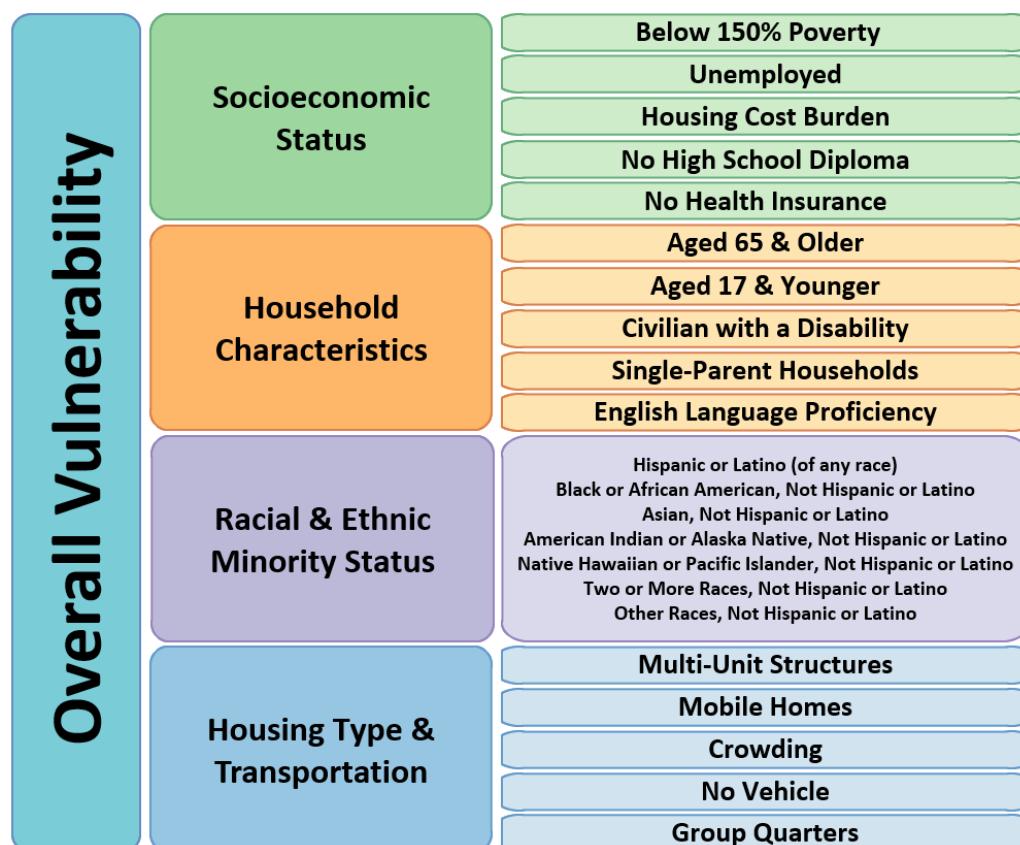


Figure 5: CDC/ATSDR Social Vulnerability Index (SVI) (Source: CDC)

Overall, Ohio's social vulnerability profile is higher than the U.S. average, reflecting a greater concentration of communities experiencing socioeconomic and structural challenges. While Ohio includes areas of low vulnerability—particularly in some suburban counties—the state has a larger share of counties and census tracts with elevated SVI scores compared to national patterns.

While Ohio's overall SVI is higher than the U.S. average, the most important distinction is the geographic concentration of vulnerability. Ohio has:

- A greater number of high-SVI rural tracts than many states
- Persistent clusters of vulnerability that align with poorer health outcomes, higher chronic disease burden, and reduced access to care
- ODH: Ohio's SVI profile supports continued use of Health Improvement Zones (HIZ) and place-based targeting.
- Elevated SVI relative to the U.S. strengthens the rationale for Health-Related Social Needs (HRSN) screening and social care investment, especially in rural counties.
- Comparing Ohio to the U.S. provides defensible context showing that community needs are shaped by structural and regional disadvantage, not isolated conditions.

Compared to the United States overall, Ohio experiences higher and more geographically concentrated social vulnerability, driven primarily by socioeconomic factors. This context supports targeted, equity-focused strategies in Ohio counties—particularly rural and Appalachian communities—where social conditions strongly influence health outcomes.

Pike County and the surrounding counties are among the most socially vulnerable in Ohio.

Transportation, housing, and other economic barriers provide challenges for many to overcome. Figure 7 is the social

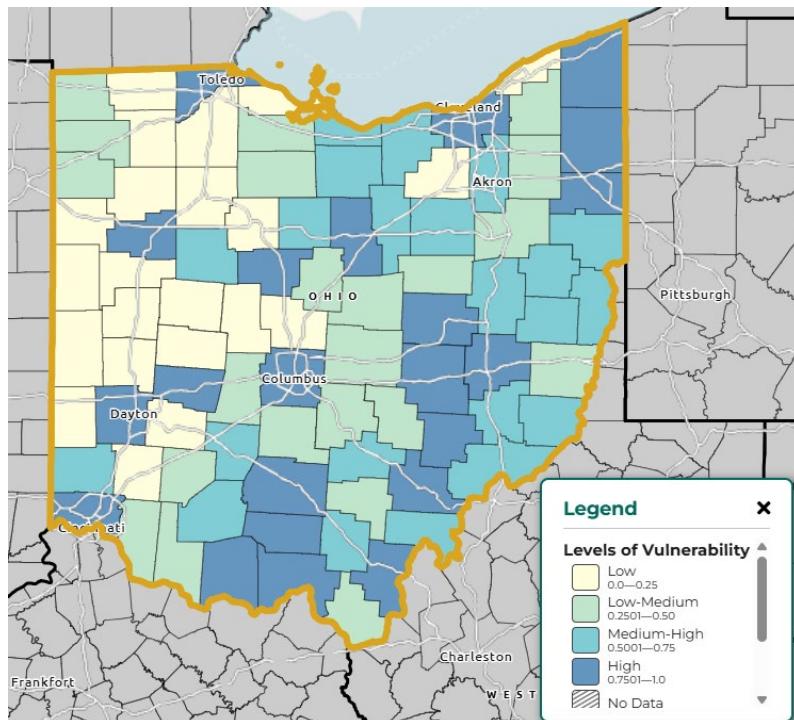


Figure 6: Ohio Social Vulnerability Map (Source: CDC)

vulnerability map for Pike County by census tract. Note that much of the county is considered to be in the most vulnerable rankings (the darker the blue, the more vulnerable the area).

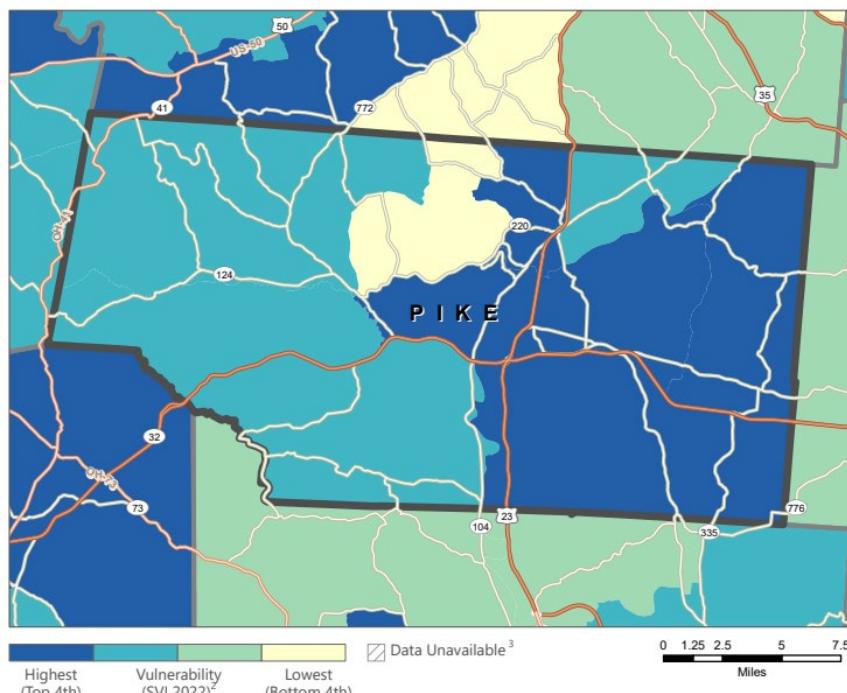


Figure 7: CDC Areas of Social Vulnerability for Pike County, Ohio

## Social Determinants – Driving Risks and Outcomes

Social determinants of health play a central role in shaping health outcomes in Pike County. Educational attainment remains lower than state and national averages, with a smaller share of adults holding a four-year college degree. Workforce participation is also lower, reflecting both limited job opportunities and higher rates of disability and caregiving responsibilities.

Income levels in Pike County lag behind Ohio and U.S. benchmarks, and poverty—particularly child poverty—remains elevated. Food insecurity affects a significant share of households, and housing cost burden is common among renters and low-income households, limiting resources available for health care, transportation, and nutrition.

Transportation barriers, limited access to exercise opportunities, and lower broadband availability further influence access to care, health information, and healthy behaviors. At the same time, Pike County benefits from strong community networks, healthcare access, and local assets that help mitigate some barriers and support resilience.

The presence of a legacy Superfund site further underscores the importance of environmental justice considerations in Pike County, particularly within a rural Appalachian context where economic and health vulnerabilities may compound perceived environmental risk.

## **Health-Related Drivers of Health (HRDOH)**

The Ohio Department of Health (ODH) and the Centers for Medicare & Medicaid Services (CMS) emphasize the importance of assessing health-related drivers of health (HRDOH)—also referred to as social determinants of health (SDOH)—as a core component of a comprehensive Community Health Needs Assessment. These agencies direct health systems and communities to identify structural, economic, social, and environmental conditions that influence health outcomes, contribute to health disparities, and affect access to care, particularly for Medicaid-eligible individuals, Medicare beneficiaries, rural populations, and other vulnerable groups.

In alignment with ODH's State Health Improvement Plan priorities and CMS's Health Equity Strategy, this Community Health Needs Assessment evaluates the non-clinical social and environmental conditions that shape health risks, healthcare utilization, and health equity in Pike County, Ohio. CMS defines HRDOH as the non-medical factors that affect health outcomes and recovery, while ODH identifies these same conditions as upstream drivers of inequities that require population-level and community-based solutions.

Accordingly, this assessment examines conditions across key HRDOH domains, including education and workforce readiness, economic stability, housing, food access and nutrition security, transportation, physical and environmental conditions, and social vulnerability. Evaluating these domains together illustrates how overlapping drivers contribute to preventable disease burden, barriers to care, and premature mortality in Pike County.

These findings are directly relevant to CMS Health Equity Strategy priorities, including Medicaid population health management, prevention of avoidable utilization, and community-based interventions addressing health-related social needs.

## **Education, Workforce Readiness, and Economic Opportunity**

Educational attainment and workforce readiness are foundational drivers of health in Pike County due to their strong downstream influence on income stability, health literacy, insurance coverage, and access to care. Compared to Ohio and the United States, Pike County has a smaller proportion of adults with a four-year college degree and a higher share of residents whose formal education limits access to higher-wage employment opportunities.

Lower educational attainment constrains employment options, increases reliance on lower-wage or seasonal work, and reduces access to employer-sponsored health insurance. These conditions also affect residents' ability to navigate healthcare systems, understand preventive care recommendations, and manage chronic disease, contributing to delayed care and poorer long-term outcomes.

Community input and employer feedback further reinforce these findings, identifying gaps in career exposure, credentialing pathways, and workforce readiness, particularly for young adults. These gaps function as upstream drivers of economic insecurity, stress, and unmet healthcare needs, elevating risk for behavioral health concerns and delayed preventive care.

## Employment, Income Stability, and Poverty

Economic stability is a central determinant of health and a priority HRDOH in Pike County. While unemployment rates may appear comparable to state averages, labor force participation remains lower, reflecting structural barriers such as disability, caregiving responsibilities, limited transportation, and constrained job availability.

In addition to traditional poverty measures, the Asset Limited, Income Constrained, Employed (ALICE) framework identifies households that earn above the federal poverty level but do not have sufficient income to afford necessities, including housing, food, transportation, healthcare, and childcare. ALICE households are typically employed but experience ongoing financial strain due to the rising cost of living and limited financial reserves. In Pike County, ALICE households represent a substantial share of working families and are more likely to delay medical care, experience food and housing insecurity, and face challenges managing chronic conditions due to cost barriers. The ALICE framework is used in this assessment to capture economic vulnerability that is not reflected in poverty statistics alone and to better understand how financial instability influences health access, utilization, and long-term wellbeing.

Median household income in Pike County remains substantially lower than Ohio and U.S. benchmarks, and a significant share of residents live below the federal poverty level. Child poverty is especially pronounced, increasing risk for food insecurity, housing instability, developmental challenges, and long-term adverse health outcomes.

Community stakeholders also described a persistent "benefits cliff," in which households exceed income thresholds for assistance programs yet remain unable to afford necessities. These economic pressures contribute directly to financial stress, reliance on public insurance, delayed care, and higher use of emergency services, reinforcing cycles of preventable illness and healthcare utilization.

Table 12: Pike County Income Information

Income	PIKE COUNTY	OHIO	U.S.
Per Capita Income (the total income of the region divided by the population)	\$31,082	\$39,455	\$43,289
Median Family Income	\$66,406	\$90,288	\$96,922
Median Household Income	\$49,552	\$69,680	\$78,538

Source: U.S. Census Bureau, American Community Survey, 2019-2023 (DP03)

Table 13: Poverty by Age

Poverty by Age (FPL 100%)	PIKE COUNTY	OHIO	U.S.
People Living Below Poverty Level	19.9%	13.2%	12.4%
Children Living Below Poverty Level	21.6%	18.0%	16.3%
Families Living Below Poverty Level	15.7%	9.2%	8.7%

Source: U.S. Census Bureau, American Community Survey, 2019-2023 (DP03)

## Transportation Access and the Built Environment

Transportation access is a key HRDOH in Pike County due to its role in shaping access to healthcare, employment, food resources, education, and social services. Pike County is highly dependent on personal vehicles, with limited public transportation options. While overall vehicle access appears adequate, transportation barriers persist for older adults, individuals with disabilities, and low-income households, particularly in rural areas.

Transportation challenges contribute to missed appointments, delayed preventive care, difficulty accessing specialty and behavioral health services, and increased reliance on

emergency departments. These barriers also limit opportunities for physical activity and employment stability, compounding chronic disease risk.

The built environment further influences health behaviors. Although Pike County benefits from extensive natural assets, access to structured exercise opportunities and parks remains limited for many residents, contributing to higher rates of physical inactivity, obesity, cardiovascular disease, and poor self-reported health.

## **Housing Stability and Environmental Conditions**

Housing stability is a critical HRDOH in Pike County given its relationship to chronic stress, mental health outcomes, and healthcare utilization. While homeownership rates are relatively high, a substantial share of renters experience housing cost burden, spending 30% or more of household income on housing. This limits resources available for food, healthcare, transportation, and other necessities.

Older housing stock increases exposure risks, including substandard conditions and potential environmental hazards, which disproportionately affect children and older adults. Housing challenges were consistently identified through community input as barriers to workforce retention, family stability, and overall well-being.

## **Environmental Quality and Legacy Industrial Exposure**

Pike County is home to the former Portsmouth Gaseous Diffusion Plant, a federally designated Superfund site located near the community of Piketon. The facility, which historically enriched uranium for national defense purposes, is currently inactive and undergoing long-term environmental remediation overseen by the U.S. Department of Energy, in coordination with the U.S. Environmental Protection Agency and the Ohio Environmental Protection Agency.

Historical operations resulted in on-site radiological and chemical contamination, including impacts to soil and groundwater within and immediately adjacent to the facility. Ongoing environmental surveillance programs monitor air, groundwater, surface water, and soil conditions. According to available federal and state monitoring data, measured off-site exposures in surrounding communities have generally remained within public health and regulatory safety standards, and public drinking water systems serving Pike County meet applicable safety requirements.

While current evidence does not indicate widespread off-site exposure posing a direct population-level health risk, the presence of a Superfund site represents an important structural environmental condition and HRDOH. Long-term monitoring, land-use controls, and transparent

communication remain essential to protecting public health. Community awareness of the site and its historical legacy may also contribute to perceived environmental risk and chronic stress, which are recognized factors influencing mental well-being and health behaviors.

## Food Access and Nutrition Security

Food insecurity remains a significant HRDOH in Pike County due to its strong association with chronic disease, mental health outcomes, child development, and healthcare utilization. A meaningful share of residents experience food insecurity, and child food insecurity exceeds state and national averages.

Reliance on nutrition assistance programs reflects ongoing economic strain and limited access to affordable, nutritious food. Food insecurity increases risk for diabetes, cardiovascular disease, depression, and poor educational outcomes, and is also associated with higher emergency department use and avoidable healthcare costs due to delayed preventive care and poor chronic disease management.

*Table 14: Food Insecurity - Pike County*

Food Insecurity	PIKE COUNTY	OHIO	U.S.
Food Insecurity Rate <sup>1</sup>	20.7%	15.3%	14.5%
Child Food Insecurity Rate <sup>1</sup>	25.2%	20.1%	18.4%
Food Insecure Children Likely Ineligible for Assistance <sup>1</sup>	12.0%	28.0%	32.0%
Households Receiving SNAP with Children <sup>2</sup>	45.4%	44.5%	47.2%
Students Eligible for the Free Lunch Program <sup>3</sup>	17.1%	23.6%	41.2%

Source 1: Feeding America, Map the Meal Gap, 2023

Source 2: U.S. Census Bureau, American Community Survey, 2019-2023

Source 3: National Center for Education Statistics, 2023-2024, as compiled by Appalachian Children Coalition Child & Family Health Data

## Social Vulnerability and Health Equity

The CDC/ATSDR Social Vulnerability Index (SVI) provides a census-tract-level measure of a community's ability to prepare for, respond to, and recover from adverse events, including public health emergencies, economic disruptions, and environmental hazards. The SVI

incorporates 16 indicators across four domains: Socioeconomic Status; Household Characteristics; Racial and Ethnic Minority Status; and Housing Type and Transportation.

According to the CDC/ATSDR SVI (2022), multiple census tracts within Pike County rank among the highest quartile of social vulnerability, indicating elevated vulnerability relative to other Ohio communities. These areas reflect overlapping challenges related to poverty, disability, household composition, housing characteristics, and transportation access, which are recognized HRDOH.

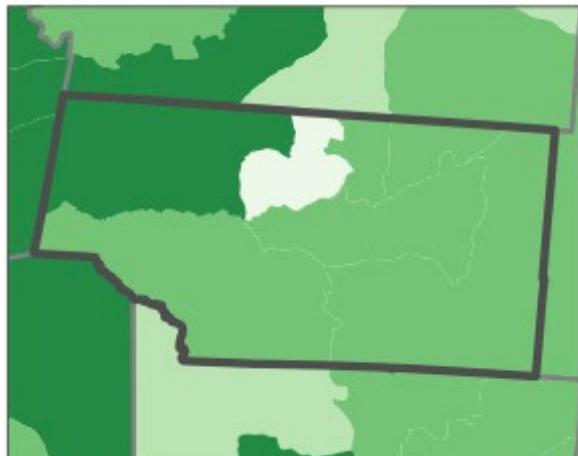
SVI patterns align closely with other findings in this assessment, including economic instability, transportation barriers, housing cost burden, and higher disability prevalence. These overlapping vulnerabilities increase the likelihood of delayed care, reliance on emergency services, reduced access to preventive care, and poorer health outcomes, particularly among older adults, low-income households, and individuals with chronic conditions.

Consistent with CMS and ODH guidance, census-tract-level vulnerability highlights priority geographies for place-based, equity-focused strategies that address multiple drivers of health simultaneously rather than in isolation.

## CDC/ATSDR SVI Themes

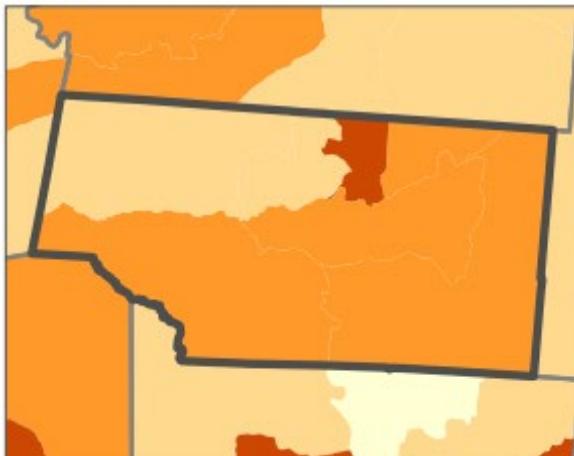


### Socioeconomic Status<sup>5</sup>



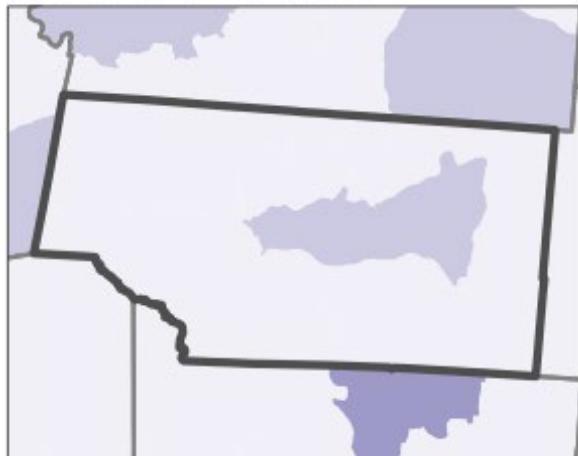
Highest (Top 4th)      Vulnerability (SVI 2022)<sup>2</sup>      Lowest (Bottom 4th)

### Household Characteristics<sup>6</sup>



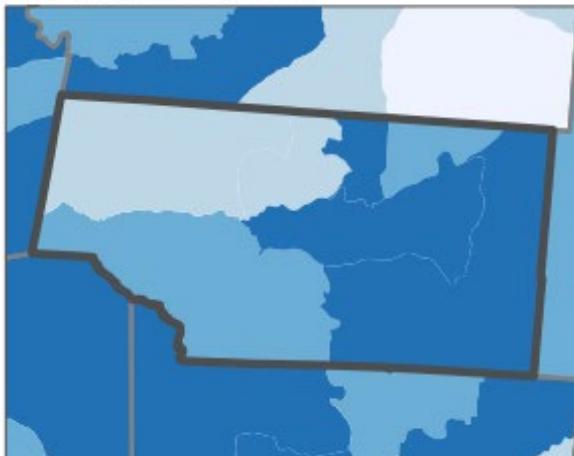
Highest (Top 4th)      Vulnerability (SVI 2022)<sup>2</sup>      Lowest (Bottom 4th)

### Racial and Ethnic Minority Status<sup>7</sup>



Highest (Top 4th)      Vulnerability (SVI 2022)<sup>2</sup>      Lowest (Bottom 4th)

### Housing Type/Transportation<sup>8</sup>



Highest (Top 4th)      Vulnerability (SVI 2022)<sup>2</sup>      Lowest (Bottom 4th)

**Data Sources:** <sup>2</sup>CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium.

**Notes:** <sup>1</sup>Overall Social Vulnerability: All 16 variables. <sup>2</sup>One or more variables unavailable at census tract level. <sup>3</sup>The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. <sup>4</sup>Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. <sup>5</sup>Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. <sup>6</sup>Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. <sup>7</sup>Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.

**Projection:** NAD 1983 StatePlane Ohio North FIPS 3401.

**References:** Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1). CDC/ATSDR SVI web page: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>.

Figure 8: 2022 Pike County Social Vulnerability Index Themes

## Integrated Implications for Priority Health Needs

Collectively, the health-related drivers of health in Pike County—educational and workforce readiness gaps, economic instability, transportation barriers, housing challenges, food insecurity, environmental conditions, and concentrated social vulnerability—interact to reinforce a set of interrelated priority health needs. These upstream conditions contribute directly to the county’s elevated burden of chronic disease, mental health and substance use disorders, preventable hospital utilization, and premature mortality.

Addressing these HRDOH through coordinated, multisector, place-based strategies is essential to improving health outcomes, advancing equity, and meeting ODH, CMS, and IRS Schedule H expectations for community benefit and population health improvement in Pike County.

## SECTION 6. Health Outcomes & Population Health

Pike County is a predominantly rural, Appalachian county where population health outcomes reflect the cumulative effects of demographic characteristics, health behaviors, access to care, and long-standing social and economic conditions. Residents experience elevated rates of premature mortality, chronic disease, injury, mental health challenges, and substance-related harm compared to state and national benchmarks. These outcomes are not attributable to a single factor, but rather to the interaction of economic insecurity, geographic isolation, behavioral health risk, and limited access to supportive resources over time. As a result, Pike County consistently demonstrates poorer overall population health relative to many other Ohio counties.

### Population Health Across the Life Course

Health needs in Pike County vary substantially across the life course, creating parallel and reinforcing pressures on local systems. The county has a relatively high proportion of older adults aging in place, alongside a youth population that experiences economic instability and elevated behavioral health risk. Older adults face higher burden of chronic disease, functional limitations, and transportation-related access challenges, while children and adolescents experience heightened exposure to stress, mental health concerns, and substance use within households and communities. Together, these dynamics contribute to persistent intergenerational health challenges and strain systems serving both youth and older adults.

### Vital Statistics & Mortality Overview

Vital statistics provide critical insight into the overall health status of Pike County residents and help identify patterns of preventable illness and early death. Measures such as life expectancy, years of potential life lost (YPLL), and leading causes of death reflect the cumulative impact of health behaviors, access to care, and broader social and economic conditions.

Life expectancy in Pike County is substantially lower than state and national averages, indicating a persistent gap in long-term health outcomes. Elevated premature mortality and higher years of potential life lost before age 75 further underscore the degree to which deaths occur earlier in the lifespan and disproportionately affect working-age adults.

Leading causes of death in Pike County have remained relatively consistent over recent years. Heart disease and cancer account for the greatest number of deaths, followed by unintentional injuries, chronic lower respiratory disease, diabetes, and cerebrovascular disease (stroke). Mortality rates for several of these causes exceed Ohio and U.S. benchmarks, highlighting the

influence of preventable chronic disease, injury risk, tobacco exposure, and behavioral health factors. While infant and child mortality rates are generally comparable to state averages, excess mortality among adults—particularly from chronic disease, injury, and substance use—drives overall disparities in life expectancy and premature death.

Table 15 summarizes the key indicators that most strongly influence Pike County’s overall health outcomes ranking, including longevity, premature death, and leading causes of mortality.

*Table 15: Vital Statistics and Mortality Review summary, Pike County, Ohio*

Vital Statistics and Mortality Summary — Pike County Compared to Ohio and the United States				
Indicator	Pike County	Ohio	United States	CHNA Interpretation
Life Expectancy (years)	~69–70	~75	~77	Pike County residents live 5–7 fewer years on average than state and national peers, reflecting cumulative impacts of chronic disease, injury, substance use, and behavioral health conditions.
Years of Potential Life Lost (YPLL) before age 75 (per 100,000)	~16,000+	~9,700	~8,400	Excess YPLL indicates a high burden of premature death, particularly among working-age adults, and is a core driver of poor health outcomes rankings.
Premature Mortality Rate (Deaths <75, per 100,000)	Significantly higher than Ohio/U.S.	Lower than Pike County	Lower than Pike County	Elevated premature mortality reinforces the preventable nature of many deaths in Pike County.
Leading Cause of Death #1	Heart Disease	Heart Disease	Heart Disease	Cardiovascular disease remains the primary cause of death at all levels, but rates are

## Vital Statistics and Mortality Summary — Pike County Compared to Ohio and the United States

Indicator	Pike County	Ohio	United States	CHNA Interpretation
				substantially higher in Pike County.
Leading Cause of Death #2	Cancer	Cancer	Cancer	Cancer mortality exceeds benchmarks; lung cancer represents the largest share of cancer deaths.
Leading Cause of Death #3	Unintentional Injury	Unintentional Injury	Unintentional Injury	Injury deaths—especially drug overdose and motor vehicle crashes—contribute disproportionately to early death in Pike County.
Leading Cause of Death #4	Chronic Lower Respiratory Disease	Stroke / CLRD	CLRD	High smoking prevalence contributes to elevated respiratory disease mortality.
Leading Cause of Death #5	Diabetes / Stroke	Diabetes	Stroke	Chronic disease complexity and comorbidity increase mortality risk.

Note: Values are rounded/approximate where applicable

Sources: County Health Rankings & Roadmaps; Ohio Department of Health (DataOhio Mortality); CDC WONDER; U.S. Census Bureau.

### Summary of Health Outcome Drivers

Collectively, mortality and life expectancy patterns indicate that a relatively small number of interconnected health issues account for a disproportionate share of poor outcomes in Pike County. Premature death is driven primarily by chronic disease, injury, behavioral health conditions, and substance use, with social and economic stressors and access barriers shaping risk across the life course. The sections that follow examine these outcome domains in greater detail to illustrate how these drivers manifest across different populations in Pike County.

## Behavioral Health & Substance Use

Behavioral health indicators in Pike County demonstrate both high prevalence and high severity, making this a critical area of concern for community health planning. A substantial share of adults report having been diagnosed with depression, and many residents experience frequent poor mental health days, exceeding state and national benchmarks. Although provider availability has improved over time, population-level behavioral health outcomes remain poor, indicating that access, utilization, and continuity challenges persist. These patterns are reflected not only in prevalence indicators, but also in mortality outcomes—including suicide and overdose deaths—that contribute to reduced life expectancy.

Table 16: Mental Health in Pike County

Mental Health	PIKE COUNTY	OHIO	U.S.
Adults Ever Diagnosed with Depression <sup>1</sup>	28.4%	26.3% (Appalachian Ohio Regional Value)	20.7%
Depression: Medicare Population (Treated in the Past Year) <sup>2</sup>	21.0%	18.0%	17.0%
Poor Mental Health 14+ Days (Mental Health was not Good 14 or More Days in the Past Month) <sup>1</sup>	21.6%	19.9% (Appalachian Ohio Regional Value)	15.8%
Average Number of Poor Mental Days in the Past 30 Days) <sup>3</sup>	6.9	6.1	5.1

Source 1: Centers for Disease Control and Prevention, PLACES as compiled by Appalachian Children Coalition Child & Family Health Data

Source 2: Center for Medicaid and Medicare Services, 2023, as compiled by Appalachian Children Coalition Child & Family Health Data

Source 3: University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps 2025

## Substance use and Suicide

Suicide remains a major contributor to premature death in Pike County. Suicide mortality rates are significantly higher than Ohio and U.S. averages, with elevated risk among males and among adolescents, young adults, and older adults. These patterns reflect the intersection of mental health needs, substance use, social isolation, and economic stress observed across many rural Appalachian communities.

Substance use—particularly unintentional drug overdose—further compounds the behavioral health burden. Pike County's overdose death rate remains among the highest in Ohio, driven largely by opioids, including fentanyl. While community prevention and harm-reduction efforts have contributed to periods of decline, recent years show persistently elevated overdose mortality.

*Table 17: Suicide Death Rates, Pike County compared to Ohio and U.S.*

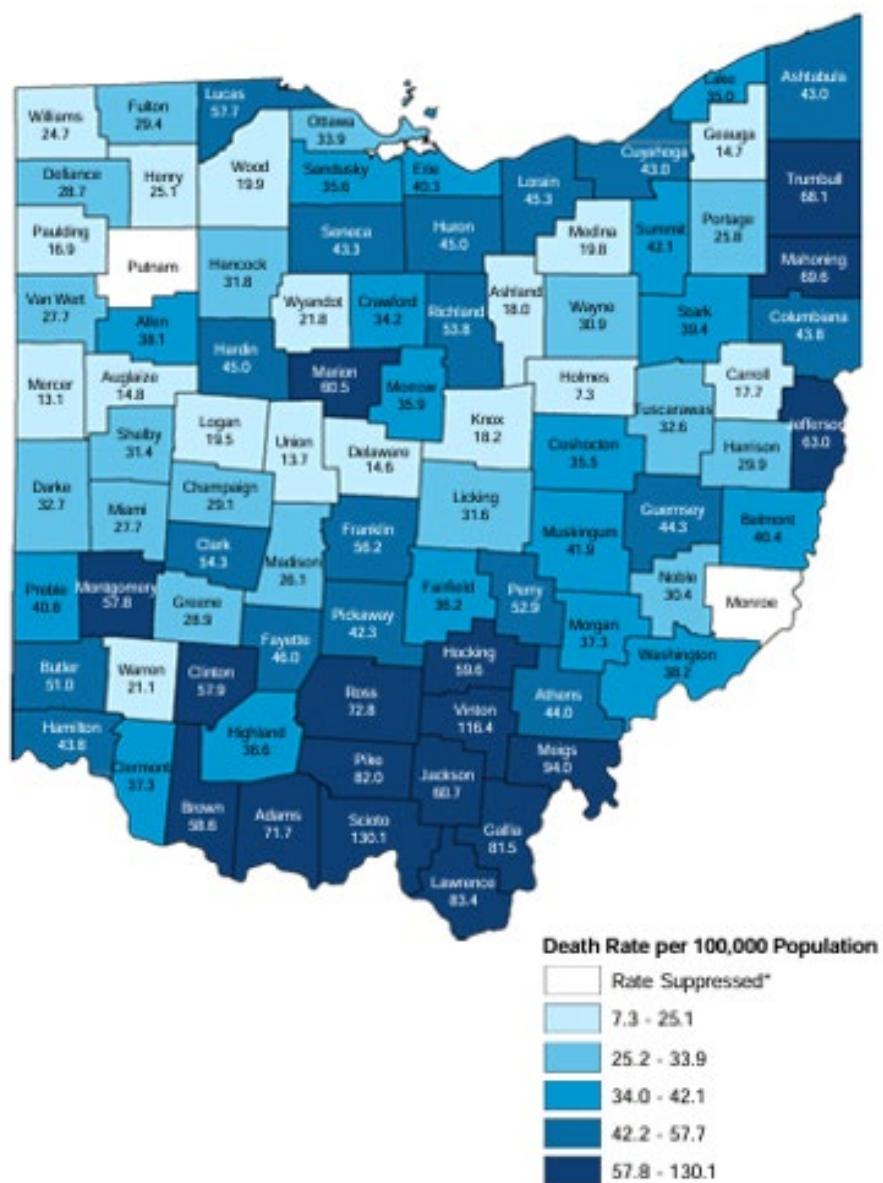
<b>Suicide Deaths by Demographics (crude rate per 100,000 population)</b>	<b>PIKE COUNTY</b>	<b>OHIO<sup>2</sup></b>	<b>U.S.<sup>2</sup></b>
Female	n/a	5.6	6.0
Male	n/a	24.6	23.2
14 and younger	n/a	1.8	1.3
15-24	n/a	15.2	14.1
25-34	n/a	20.2	18.6
35-44	n/a	20.1	18.3
45-54	n/a	19.6	18.8
55-64	n/a	17.6	18.1
65-74	n/a	14.9	15.4
75-84	n/a	17.7	19.3
85 and older	n/a	19.7	21.8
Total Suicide Rate	74.7	15.0	14.5

Note: Subgroup suicide rates for Pike County are suppressed due to small numbers or unstable estimates. County-level rates are reported where statistically reliable, consistent with Ohio Department of Health and CDC guidance.

Source 1: Ohio Department of Health, DataOhio Portal, Mortality, 2019-2023

Source 2: CDC Wonder Underlying Causes of Death 2019-2023

Figure 9: Unintentional Drug Overdoses in Ohio



Source: 2023 Ohio Unintentional Drug Overdose Report, Ohio Department of Health

## Maternal & Child Health

Maternal and child health indicators in Pike County present a mixed picture of progress and persistent risk. While some birth outcomes have shown improvement over time, preterm birth rates remain elevated and exceed state and national benchmarks. Access to early prenatal care

is lower than desired, and maternal smoking during pregnancy remains substantially higher than Ohio and U.S. averages. These factors increase the risk of adverse birth outcomes and contribute to long-term developmental and health challenges for children.

Children's health data also indicate elevated behavioral health need, particularly among Medicaid-participating students. A substantial share of students has identified behavioral health conditions, while school-based staffing for counselors, psychologists, and social workers remains limited. These patterns contribute to unmet mental health needs during critical developmental periods and reinforce the importance of school-linked and community-based supports.

Despite these challenges, Pike County shows strengths in primary care and preventive service utilization for children, including high rates of recent primary care visits and dental visits, which support early identification and management of health needs.

*Table 18: Children's Health Conditions*

Children's Health-Health Conditions	PIKE COUNTY	OHIO
Asthma	3.4%	4.2%
Diabetes	0.5%	0.7%
Any Behavioral Health Condition	40.5%	30.9%
Serious Emotional Disturbance	15.1%	13.1%
Autism	1.8%	2.5%
Major Depression	6.7%	5.4%
Depression (All)	8.7%	7.2%
Anxiety	13.7%	9.4%
Attention-Deficit/Hyperactivity Disorder	19.3%	13.7%
Substance Use Disorder	1.6%	1.0%

Source: Ohio Healthy Students Profiles, 2023-2024

*Table 19: Teen Births in Pike County- \*as of 9/18/25*

Teen Births (Mother's Age Group)	PIKE COUNTY 2022	PIKE COUNTY 2023	PIKE COUNTY 2024	PIKE COUNTY 2025*
Less Than 15	n/a	n/a	n/a	n/a
15 to 17	5	7	5	n/a
18 to 19	23	29	17	12

Source: Ohio Department of Health, DataOhio Portal, Birth Comprehensive, 2022-2025

Table 20: Preterm Births

Preterm Births	PIKE COUNTY 2022	PIKE COUNTY 2023	PIKE COUNTY 2024	PIKE COUNTY 2025*
Preterm (<37 weeks gestation) Total	40	42	37	22
Preterm (<37 weeks gestation) Percent	12.8%	11.4%	12.5%	9.9%
Term	272	324	259	200

Source: Ohio Department of Health, DataOhio Portal, Birth Comprehensive, 2022-2025

\*as of 9/18/25

Table 21: Maternal Health in Pike County

Maternal Health	PIKE COUNTY	OHIO	U.S.
Mothers who Received Early Prenatal Care	61.6%	68.6%	75.3%
Mothers who Smoked During Pregnancy	14.4%	7.9%	3.7%

Source: Ohio Department of Health, Vital Statistics, 2022, as compiled by Appalachian Children Coalition, Appalachian Ohio Child & Family Health Data

## Chronic Disease Burden

Chronic disease is a dominant driver of morbidity and mortality in Pike County. Cardiovascular disease, including heart disease and stroke, remains the leading cause of death. Prevalence of risk factors such as hypertension, obesity, physical inactivity, and tobacco use exceeds state and national levels, contributing to elevated mortality rates.

Cancer incidence and mortality in Pike County are higher than Ohio and U.S. benchmarks. Lung and bronchus cancer accounts for the largest share of cancer deaths, reflecting long-standing tobacco exposure and respiratory disease burden. Elevated rates of colorectal and other preventable cancers indicate gaps in early detection and persistent risk factor burden that contribute to excess morbidity and mortality.

Diabetes prevalence and diabetes-related mortality remain high and contribute significantly to premature death and disability. Diabetes frequently co-occurs with cardiovascular disease and obesity, amplifying health risks and healthcare utilization. Chronic lower respiratory disease, including COPD and asthma, represents another significant burden driven by tobacco exposure and other occupational and environmental factors.

Despite relatively high insurance coverage and engagement with routine care, chronic disease outcomes remain poor, indicating that access alone has not been sufficient to offset the

cumulative impact of long-standing risk factors, comorbidity, and social and economic conditions.

*Table 22: Chronic Lower Respiratory Disease Prevalence and Death Rates*

Respiratory Diseases	PIKE COUNTY	OHIO	U.S.
Adults with COPD <sup>1</sup>	12.8%	11.4% (Appalachian Ohio Regional Value)	6.8%
Adults with Current Asthma <sup>1</sup>	12.4%	11.4% (Appalachian Ohio Regional Value)	9.9%
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases <sup>2</sup>	71.5	43.0	n/a
Asthma: Medicare Population <sup>3</sup>	8.0%	7.0%	7.0%
COPD: Medicare Population <sup>3</sup>	18.0%	13.0%	11.0%

Source1: Centers for Disease Control and Prevention, PLACES as compiled by Appalachian Children Coalition Child & Family Health Data

Source 2: Ohio Department of Health, DataOhio Portal, Mortality, 2019-2023

Source 3: Centers for Medicaid and Medicare Services, 2023, as compiled by Appalachian Children Coalition Child & Family Health Data

*Table 23: Cardiovascular Disease Prevalence and Death Rates*

Heart Disease and Stroke	PIKE COUNTY	OHIO	U.S.
Adults who Experienced a Stroke <sup>1</sup>	4.9%	4.5% (Appalachian Ohio Regional Value)	3.6%
Adults who Experienced Coronary Heart Disease <sup>1</sup>	10.4%	9.6% (Appalachian Ohio Regional Value)	6.8%
Adults who Have Taken Medications for High Blood Pressure (ever) <sup>1</sup>	81.7%	81.2% (Appalachian Ohio Regional Value)	78.2%

Age-Adjusted Death Rate due to Cerebrovascular Disease (stroke) <sup>2</sup>	35.8	45.2	n/a
Age-Adjusted Death Rate due to Coronary Heart Disease <sup>2</sup>	117.2	98.9	n/a
Atrial Fibrillation: Medicare Population <sup>3</sup>	15.0%	15.0%	14.0%
Cholesterol Test History (Checked in Past 5 Years) <sup>1</sup>	82.1%	83.5% (Appalachian Ohio Regional Value)	86.4%
Hyperlipidemia: Medicare Population (Percent Treated for in Past Year) <sup>3</sup>	69.0%	67.0%	66.0%
Hypertension: Medicare Population (Percent Treated for in Past Year) <sup>3</sup>	72.0%	67.0%	65.0%
Ischemic Heart Disease: Medicare Population (Percent Treated for in Past Year) <sup>3</sup>	25.0%	22.0%	21.0%
Stroke: Medicare Population (Percent Treated for in Past Year) <sup>3</sup>	5.0%	5.0%	6.0%

Source 1: Centers for Disease Control and Prevention, PLACES as compiled by Appalachian Children Coalition Child & Family Health Data

Source 2: Ohio Department of Health, DataOhio Portal, Mortality, 2019-2023

Source 3: Centers for Medicaid and Medicare Services, 2023, as compiled by Appalachian Children Coalition Child & Family Health Data

*Table 24: Average Annual Age-Adjusted Cancer Incidence Rates by Sex and Race in Pike County, Ohio, and the United States, 2018-2022*

	PIKE COUNTY	OHIO	U.S.
Total	544.4	471.1	444.6
Male	539.0	513	481.3
Female	559.2	444.8	421.3
White	550.6	469.5	447.7
Black	240.6	447.6	437.4

Source: Ohio Department of Health, "Pike Cancer Profile 2025"

Table 25: Average Annual Age-Adjusted Cancer Mortality Rates by Sex and Race in Pike County, Ohio, and the United States, 2018-2022

	PIKE COUNTY	OHIO	U.S.
Total	211.0	161.1	146.0
Male	249.3	194.2	173.2
Female	179.3	137.8	126.4
White	212.8	161.3	147.5
Black	n/a	174.7	163.4

Source: Ohio Department of Health, "Pike Cancer Profile 2025"

Lung and bronchus cancer was the leading cause of cancer incidence in Pike County from 2018 to 2022, accounting for 20.1% of cancer cases, followed by female breast cancer, prostate cancer, colon and rectum cancer, and melanoma of the skin. Together, the top five cancers accounted for 53% of all new invasive cancer cases.

Table 26: Percentage of New Invasive Cancer Cases by Site/Type for the Top Five Cancers in Pike County, 2018-2022

Type of Cancer	Percentage
Lung & Bronchus	20.1%
Breast (Female)	11.9%
Prostate	7.7%
Colon & Rectum	7.0%
Melanoma of the Skin	6.3%

Source: Ohio Department of Health, "Pike Cancer Profile 2025"

Table 27: Percentage of Cancer Deaths by Site/Type for the Top Five Cancers in Pike County, 2018-2022

Type of Cancer	Percentage
Lung & Bronchus	31.1%
Colon & Rectum	8.6%
Breast (Female)	7.6%
Pancreas	5.6%
Prostate	4.3%

Source: Ohio Department of Health, "Pike Cancer Profile 2025"

Figure 10: Cancer Sites and Rates

	Incidence			Mortality				
	Pike County		Ohio	U.S.	Pike County		Ohio	U.S.
	Cases	Rate	Rate	Rate	Deaths	Rate	Rate	Rate
<b>All Sites/Types</b>	<b>195</b>	<b>544.4</b>	<b>471.1</b>	<b>444.6</b>	<b>79</b>	<b>211.0</b>	<b>161.1</b>	<b>146.0</b>
Bladder	10	26.9	21.5	18.8	2	6.1	4.9	4.1
Brain and Other CNS	2	5.6	6.5	6.3	<2	*	4.5	4.4
Breast (Female)	23	137.3	133.0	129.8	6	33.5	20.2	19.3
Cervix	1	6.9	7.8	7.5	<2	*	2.3	2.2
Colon and Rectum	14	37.5	38.2	36.4	7	18.8	13.9	12.9
Esophagus	2	6.4	5.8	4.5	2	5.2	4.8	3.7
Hodgkin Lymphoma	<1	*	2.6	2.5	<2	*	0.3	0.3
Kidney and Renal Pelvis	9	25.4	18.2	17.3	2	6.6	3.8	3.4
Larynx	3	6.4	3.6	2.9	<2	*	1.1	0.9
Leukemia	6	16.9	12.9	14.1	3	7.6	6.3	5.9
Liver and Intrahepatic Bile Duct	3	6.8	7.6	8.6	3	6.7	6.2	6.6
Lung and Bronchus	39	98.5	63.3	53.3	25	62.0	39.8	32.4
Melanoma of the Skin	12	38.7	27.0	22.7	<2	*	2.4	2.0
Multiple Myeloma	2	6.0	6.4	7.1	2	5.5	3.2	3.0
Non-Hodgkin Lymphoma	6	19.4	18.8	18.5	2	6.6	5.5	5.0
Oral Cavity and Pharynx	6	15.8	12.9	12.0	<2	*	2.9	2.6
Ovary	2	9.9	9.8	10.1	<2	*	5.8	6.0
Pancreas	6	13.7	14.1	13.5	4	10.5	12.1	11.2
Prostate	15	81.9	120.7	113.1	3	21.2	19.3	19.0
Stomach	3	9.7	5.7	6.3	<2	*	2.2	2.7
Testis	<1	*	5.9	5.7	<2	*	0.3	0.3
Thyroid	4	15.1	14.1	12.9	<2	*	0.5	0.5
Uterus	9	51.8	30.4	27.8	<2	*	5.4	5.2

Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2025; U.S. Cancer Statistics, Centers for Disease Control and Prevention and National Cancer Institute, June 2024 (Note: 2017-2021 U.S. cancer incidence data was the most recent available at the time of this publication); SEER\*Stat Database: Mortality - All Cause of Death, Aggregated With County, Total U.S. (1990-2022), National Cancer Institute, April 2024. Underlying mortality data provided by the National Center for Health Statistics.

Rates are sex-specific for cancers of the breast, cervix, ovary, prostate, testis, and uterus.

CNS = Central Nervous System.

\* Rates may be unstable and are not presented when the total count from 2018 to 2022 is less than five (incidence) or 10 (mortality).

The total for all sites/types in Pike County includes an average of 17 new cases and eight deaths from other types of cancer (not shown).

Cancer incidence rates were variable in Pike County from 2013 to 2022. In Ohio, cancer incidence rates slightly increased from 2013 to 2019, decreased in 2020, and rebounded in 2021 and 2022. The COVID-19 pandemic disrupted health services, leading to delays and reductions in cancer screening and diagnosis. This may have contributed to the decline in new cancer cases in 2020.

Cancer mortality rates were variable in Pike County and declined 12% in Ohio from 2013 to 2022. It is important to note that cancer incidence and mortality rates at the county level are often variable from year to year, particularly for counties with small populations.

## Public Health and Prevention

Public health surveillance and prevention activities provide insight into population-level risks that influence illness patterns and healthcare utilization in Pike County. Monitoring communicable disease trends, vaccination coverage, and prevention capacity helps contextualize preventable illness patterns, preparedness considerations, and differential risk across populations. The findings below describe how prevention gaps intersect with health-related drivers of health to affect population health patterns.

### Communicable Disease and STI Trends

Communicable diseases remain an important public health concern in Pike County, particularly sexually transmitted infections (STIs), hepatitis C, and respiratory illnesses. STIs such as chlamydia and gonorrhea account for a significant share of reported communicable disease cases and are often concentrated among younger adults. These patterns are shaped by barriers to preventive care—including limited access to routine primary care, transportation challenges, and economic instability—which contribute to delayed screening and treatment.

Hepatitis C continues to represent a notable public health burden in Pike County, with rates exceeding state benchmarks in recent years. This pattern is closely aligned with substance use trends and injection-related risk factors and contributes to long-term liver disease, increased hospitalization, and elevated healthcare costs if untreated. Although recent data suggest some stabilization or modest decline in new cases, hepatitis C remains a persistent prevention priority.

Vector-borne illnesses, including Lyme disease, have increased across southern Ohio and remain a growing concern in rural counties such as Pike County. Expanded outdoor exposure, land use patterns, and climate-related factors contribute to elevated risk, underscoring the importance of public education, early detection, and provider awareness.

Influenza and pneumonia continue to contribute to morbidity and mortality in Pike County, particularly among older adults and individuals with chronic health conditions. Hospitalization and mortality patterns associated with these illnesses highlight the ongoing importance of routine immunization, timely treatment, and access to primary care.

Overall, communicable disease patterns in Pike County reflect preventable risks and disparities that disproportionately affect vulnerable populations and contribute to avoidable emergency department utilization and hospitalizations.

Table 28: Communicable Diseases of Public Health Significance - Pike County

Communicable Diseases of Public Health Significance, Pike County, Ohio					
Condition	Pike County – Recent Year	Pike County – Prior Year	Trend	Ohio Comparison	Public Health Interpretation
<b>Hepatitis C (Chronic)</b>	Elevated rate	Elevated rate	↔ / ↓	Higher than Ohio	Persistent burden linked to injection-related substance use; prevention, screening, and linkage to treatment remain priorities.
<b>Chlamydia</b>	Moderate incidence	Moderate incidence	↔	Lower than Ohio	Concentrated among adolescents and young adults; indicates need for screening, sexual health education, and access to preventive services.
<b>Gonorrhea</b>	Lower incidence	Lower incidence	↔	Lower than Ohio	Lower absolute numbers but ongoing transmission risk; prevention and early treatment remain important.
<b>Syphilis (All Stages)</b>	Low incidence	Low incidence	↔	Lower than Ohio	Small case numbers; vigilance needed due to rising trends statewide.
<b>Influenza-associated hospitalizations</b>	Variable	Variable	↑ seasonal	Comparable	Older adults and those with chronic disease disproportionately affected; highlights importance of vaccination.

Communicable Diseases of Public Health Significance, Pike County, Ohio					
Condition	Pike County – Recent Year	Pike County – Prior Year	Trend	Ohio Comparison	Public Health Interpretation
<b>Lyme disease</b>	Increasing	Increasing	↑	Comparable	<i>Reflects environmental and occupational exposure risk in rural Appalachian counties.</i>

**Source:** Ohio Department of Health, Ohio Disease Reporting System (ODRS), Pike County; ODH Infectious Disease Surveillance Reports.

**Note:** Rates fluctuate year to year due to small population size; trends and relative burden are emphasized per ODH guidance.

## Vaccine Utilization

Although COVID-19 is no longer classified as a public health emergency, its effects continue to influence prevention behaviors, healthcare utilization, and vaccine confidence in Pike County. Vaccination uptake remains below desired levels for certain adult immunizations, reflecting broader challenges related to preventive care engagement, access barriers, health literacy, and trust in public health messaging. Lower vaccination coverage increases the risk of severe respiratory illness—particularly among older adults and individuals with underlying chronic conditions—during periods of increased circulation of COVID-19, influenza, and other respiratory viruses, contributing to higher seasonal hospitalization burden.

Table 29: Vaccine Preventable Disease Indicators

Vaccine-Preventable Disease Indicators, Pike County Compared to Ohio			
Indicator	Pike County	Ohio	Interpretation
<b>Adult Influenza Vaccination (65+)</b>	Lower	Higher	<i>Lower uptake increases risk of hospitalization and mortality among older adults.</i>
<b>COVID-19 Primary Series Coverage</b>	Below state average	—	<i>Indicates gaps in preventive engagement and vaccine confidence.</i>
<b>Pneumonia-related hospitalizations (65+)</b>	Elevated	Lower	<i>Suggests prevention and early outpatient management gaps.</i>
<b>Tdap / Adult Preventive Coverage</b>	Variable	Higher	<i>Inconsistent adult preventive care engagement.</i>

Source: Ohio Department of Health; CDC PLACES; County Health Rankings & Roadmaps.

**Interpretation Note:** Lower vaccination uptake amplifies preventable respiratory illness risk, especially during peak seasonal circulation.

## Prevention Gaps and Healthcare Impact

Communicable diseases and vaccine-preventable conditions contribute to increased healthcare utilization in Pike County, including reliance on emergency care, avoidable hospitalizations, and long-term complications associated with chronic infection. Prevention gaps are closely linked to health-related drivers of health such as substance use, housing instability, transportation barriers, limited access to routine care, and economic insecurity. These gaps disproportionately affect populations facing persistent access barriers and contribute to delayed diagnosis, higher treatment burden, and increased healthcare utilization.

Table 30: Prevention Gaps and Healthcare Utilization Linkages

Prevention Gaps and Healthcare Utilization Linkages, Pike County		
Prevention Indicator	Pike County Pattern	Health System Impact
Limited routine primary care use	Persistent	Higher reliance on emergency departments for preventable conditions

## Prevention Gaps and Healthcare Utilization Linkages, Pike County

Prevention Indicator	Pike County Pattern	Health System Impact
Low adult vaccination uptake	Ongoing	Increased respiratory-related hospitalizations
Delayed STI screening	Concentrated in young adults	Higher long-term complications and transmission risk
Untreated hepatitis C	Persistent	Increased liver disease, inpatient utilization, and costs
Transportation barriers	Common in rural tracts	Missed appointments, delayed care

Source: ODH; County Health Rankings & Roadmaps; Pike County Health Department program data.

## Communicable Diseases Key Takeaways

Communicable diseases continue to contribute to preventable illness and healthcare utilization in Pike County, particularly among populations facing barriers to routine care and immunization access. Gaps in vaccination coverage and delayed detection increase the risk of disease transmission and place additional demand on healthcare and public health systems. Together, these patterns highlight how prevention gaps—shaped by access barriers and structural drivers—contribute to avoidable illness and healthcare utilization and reinforce the broader population health challenges described in this assessment.

The health outcome patterns described above are strongly influenced by when and how residents can access timely, affordable, and appropriate healthcare services. The following section examines healthcare access in Pike County—including workforce availability, transportation and geographic barriers, payer and network constraints, and care coordination—because these factors help explain observed patterns of delayed care, inconsistent preventive service use, and avoidable healthcare utilization.

## SECTION 7: Access to Care in Pike County

Access to comprehensive, affordable, and timely healthcare services is a key contextual factor shaping health outcomes in Pike County. The county benefits from essential local and regional healthcare assets that provide primary, emergency, and outpatient services. At the same time, residents experience persistent barriers related to specialty provider availability, transportation, affordability, insurance network adequacy, and care coordination. Together, these system-level factors influence when and how residents access care and help explain observed patterns of delayed treatment, inconsistent preventive service use, and avoidable healthcare utilization.

Overall insurance coverage in Pike County is comparable to state and national benchmarks; however, coverage alone does not ensure effective access. Rural geography, workforce distribution challenges, reliance on regional referral networks, and payer participation patterns shape residents' ability to obtain timely care—particularly for behavioral health, specialty services, and preventive care.

### Health Care Delivery System and Care Options

Pike County residents access healthcare through a combination of local providers and regional health system partners. Adena Pike Medical Center (critical access hospital) serves as a central access point for emergency services, inpatient care, outpatient services, and selected specialty clinics. In addition, Adena-affiliated outpatient and primary care assets in Pike County—including Adena services in Waverly and Adena Piketon—support routine care access and chronic disease management within the county.

For services not available locally—such as advanced diagnostics, higher-acuity specialty care, and certain behavioral health services—residents frequently travel outside the county. Community input consistently indicates that distance, transportation availability, appointment wait times, cost of care, and prescription affordability influence whether individuals seek care early or delay treatment. These barriers contribute to continued reliance on emergency departments for conditions that could be managed in outpatient settings with timely access and effective care coordination.

### Provider Access, Workforce Trends, and Clinical Care Capacity

Workforce availability is a key determinant of healthcare access in Pike County. Like many rural counties, Pike faces challenges recruiting and retaining providers in key disciplines, including dentistry, psychiatry, and specialty care. While primary care access is supported through local clinics and health system partnerships, provider-to-population ratios remain less favorable than

state and national averages in some categories, and appointment availability can vary by payer type and service line.

Workforce limitations—combined with transportation barriers and insurance network constraints—shape practical access to care. These factors are particularly consequential for residents managing chronic conditions, older adults with complex care needs, and families requiring coordinated specialty services.

## **Behavioral Health Access, Capacity, and Utilization**

Behavioral health access is a critical determinant of population health outcomes in Pike County and remains a significant health need despite the presence of local service capacity. Behavioral health conditions—including depression, anxiety, substance use disorders, and suicide risk—contribute substantially to premature mortality, preventable hospitalizations, and reduced quality of life.

Behavioral health services available in Pike County span multiple points along the treatment continuum and include outpatient counseling, substance use disorder treatment, medication management (where prescribers are available), care coordination/case management, peer recovery supports, and crisis response and referral pathways. While these services represent meaningful local capacity, effective access varies by age group, payer type, severity of need, and availability of specialty providers.

County Health Rankings data indicate a comparatively favorable population-to-provider ratio for mental health professionals in Pike County relative to many Ohio counties. This metric should be interpreted cautiously in a rural Appalachian context: ratios are influenced by Pike County's small population size and may include licensed providers who do not practice full time, do not accept all payer types, or do not provide needed specialties (e.g., child/adolescent psychiatry, addiction medicine). As a result, numerical provider availability does not fully reflect residents' ability to obtain timely, appropriate behavioral health care.

Community input and utilization patterns indicate that behavioral health demand continues to exceed effective access. Stakeholders report appointment delays, transportation barriers, limited availability of specialty services (including child/adolescent and addiction-focused care), and payer network restrictions—particularly for Medicaid and Medicare Advantage beneficiaries. Preventable hospitalizations and emergency department utilization related to behavioral health further suggest gaps in timely outpatient care, continuity of treatment, and care coordination across settings.

## Primary and Specialty Care Access

Access to primary and specialty care shapes residents' ability to prevent disease, manage chronic conditions, and avoid avoidable hospitalizations. Pike County benefits from a critical access hospital and a network of primary care and outpatient services that provide essential access points for routine and acute care. However, provider presence alone does not fully capture residents' ability to obtain timely services across the continuum of care.

Primary care access is influenced by workforce distribution, appointment availability, transportation barriers, and payer participation. While many residents report having a usual source of care, community input indicates challenges in scheduling timely appointments—particularly for working adults, older adults, and individuals managing multiple chronic conditions. These barriers may contribute to delayed care-seeking and increased reliance on emergency departments.

Specialty care access presents a more pronounced challenge. Residents frequently travel outside the county for cardiology, oncology, neurology, endocrinology, orthopedics, and higher-acuity behavioral health services. Geographic distance, limited transportation options, and insurance network restrictions—particularly within Medicaid and Medicare Advantage plans—can delay diagnosis, disrupt continuity of care, and increase caregiver burden.

*Table 31: Healthcare Access and Utilization in Pike County*

Healthcare Access & Quality	PIKE COUNTY	OHIO	U.S.
Adults who have had a Routine Checkup (in past year) <sup>1</sup>	80.0%	79.0% (Appalachian Ohio Regional Value)	76.1%
Adults with a Usual Source of Health Care <sup>2</sup>	82.1%	n/a	84.7%
Adults with Health Insurance <sup>3</sup>	91.9%	91.2%	88.0%
Adults without Health Insurance <sup>3</sup>	7.3%	6.4% (Appalachian Ohio Regional Value) <sup>1</sup>	10.8%
Children with Health Insurance <sup>3</sup>	96.0%	95.3%	94.6%
Persons with Private Health Insurance Only <sup>3</sup>	n/a	54.6%	54.7%
Persons with Public Health Insurance Only <sup>3</sup>	52.8%	38.0%	36.3%

Persons without Health Insurance <sup>3</sup>	5.6%	6.4%	8.6%
Preventable Hospital Stays: Medicare population (discharges per 100,000) <sup>5</sup>	3,486	3,269	2,769
Primary Care Physicians <sup>4</sup>	3,870:1	1,330:1	1,330:1
Non-Physician Primary Care Provider Rate (providers per 100,000) <sup>4</sup>	107	149	213
Mental Health Providers <sup>4</sup>	70:1	290:1	300:1
Dentists <sup>4</sup>	2,250:1	1,530:1	1,360:1

Source 1: Centers for Disease Control and Prevention, PLACES as compiled by Appalachian Children Coalition Child & Family Health Data

Source 2: Ohio Medicaid Assessment Survey Series Dashboard, 2023, as compiled by Appalachian Children Coalition Child & Family Health Data

Source 3: U.S. Census Bureau, American Community Survey, 2019-2023 (S2701)

Source 4: University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps 2025

Source 5: Centers for Medicaid and Medicare Services, 2023, as compiled by Appalachian Children Coalition Child & Family Health Data

## Health Care Utilization and Preventable Hospitalizations

Patterns of healthcare utilization provide important insight into access and coordination challenges in Pike County. Rates of preventable hospitalizations among Medicare beneficiaries exceed state and national benchmarks (Table 31), suggesting gaps in timely outpatient care, chronic disease management, medication adherence, and transitions of care.

Emergency department utilization for chronic disease exacerbations, behavioral health conditions, and infections further indicates that some residents enter the healthcare system later in the course of illness. The coexistence of elevated preventable hospital stays and measured provider availability reinforces that system capacity does not always translate into effective access—highlighting the importance of care navigation, coordination, and continuity.

## Youth Access to Care

Children and adolescents in Pike County demonstrate mixed patterns of healthcare access. While many children have contact with a primary care provider and dental services, completion of comprehensive well-child visits remains below state benchmarks. These gaps may reflect scheduling barriers, transportation limitations, caregiver availability, and limited access to pediatric providers or extended clinic hours.

Access challenges are particularly pronounced for children with behavioral health needs, developmental concerns, or complex medical conditions. A high proportion of Pike County children have identified behavioral health conditions (see Section 6, Table 18), while school-based behavioral health staffing and specialty pediatric service capacity remain limited—contributing to delayed identification, fragmented referral pathways, and reduced continuity of care.

Caregiver capacity is an important contextual factor shaping youth access to care in Pike County. A substantial number of children are cared for by grandparents or other relatives through kinship care arrangements. These caregivers may manage complex medical and behavioral needs while navigating transportation, insurance, and healthcare systems that are often not designed to support non-parent caregivers, further constraining timely access to preventive and specialty services.

*Table 32: Children's Health Care Utilization, Pike County Compared to Ohio*

<b>Children's Health Care Utilization, Pike County Compared to Ohio</b>		
<i>Children's Health-Healthcare Interactions (Medicaid-participating students)</i>		
<b>Indicator</b>	<b>Pike County</b>	<b>Ohio</b>
Comprehensive Well-Child Visit	36.9%	43.2%
Primary Care Physician Visit	82.3%	71.7%
Primary Care Physician Visit, within 2 Years	92.7%	85.7%
Dental Care Visit	46.8%	41.8%
Dental Care Visit, within 2 Years	62.5%	56.7%
Trip to Emergency Room	27.2%	31.6%
Overnight Stay at General Hospital	1.0%	1.7%

Source: Ohio Department of Education and Workforce, Ohio Healthy Students Profiles 2023–2024 (Medicaid-participating students).

Interpretation Note: Higher primary care and dental contact alongside lower comprehensive well-child visit completion suggests that contact with care does not consistently translate into completion of recommended preventive services, reinforcing the importance of scheduling access, care coordination, and caregiver supports.

## Insurance Coverage, Medicare, and Network Adequacy

Public insurance programs play a central role in healthcare access in Pike County. Medicaid covers a substantial share of children, and Medicare accounts for a large portion of adult utilization—reflecting the county’s age distribution, income patterns, and chronic disease burden (Table 31). These coverage patterns influence how residents interact with the healthcare system across the life course.

As Medicare Advantage enrollment continues to increase, network adequacy has emerged as an important access consideration for older adults. Limited in-network provider availability can restrict access to primary care, specialty services, dental care, and behavioral health treatment. Beneficiaries may experience longer wait times, increased travel outside the county, and delays related to prior authorization requirements and provider turnover. These constraints are consistent with elevated preventable hospitalizations among Medicare beneficiaries (Table 31), suggesting gaps in timely outpatient care, care coordination, and transitions across settings.

## Preventive Care Access and Related Health Implications

Preventive care engagement in Pike County remains inconsistent across populations and service types. While many residents report contacts with a healthcare provider, completion of recommended preventive services—including routine wellness visits, immunizations, and age-appropriate screenings—lags behind benchmarks in key areas. These patterns indicate that healthcare contact does not consistently translate into completion of prevention-focused care.

Preventive care gaps increase the likelihood of late disease detection, poorer chronic disease control, avoidable complications, and higher downstream healthcare costs. Older adults, individuals with multiple chronic conditions, residents facing transportation or insurance-related barriers, and families managing kinship caregiving responsibilities are particularly affected by these challenges. Collectively, these patterns reinforce broader access and coordination issues that help explain elevated preventable hospitalizations and adverse health outcomes observed elsewhere in this assessment.

## Public Health Capacity and Community Infrastructure

The Pike County Health Department plays a central role in communicable disease surveillance, immunization delivery, environmental health, health education, and emergency preparedness. Public health capacity is supported through a combination of local, state, and federal resources and complements clinical care delivery across the county.

Cross-sector collaboration among public health, healthcare providers, schools, behavioral health agencies, and community organizations strengthens prevention capacity and response to emerging health risks. At the same time, workforce and resource constraints may limit the scale and consistency of outreach activities—particularly in rural areas and among populations facing persistent access barriers.

## Access to Care Takeaways

Access to care in Pike County is shaped by rural geography, workforce distribution, transportation constraints, payer network limitations, and caregiver capacity. Utilization patterns—including elevated preventable hospitalizations—suggest that residents may enter care later in the course of illness or experience gaps in outpatient management and transitions of care. These access and coordination challenges provide essential context for interpreting Pike County’s health outcomes and support the significant health needs identified later in this assessment.

# SECTION 8: Community and Stakeholder Input

## Purpose of Community Input

Community input is a required and essential component of the Community Health Needs Assessment (CHNA) process and provides critical context for interpreting quantitative health data. The 2025 Pike County CHNA incorporates perspectives from both residents and community stakeholders to ensure that assessment findings reflect lived experience, system-level realities, and local conditions affecting health and quality of life. Community input was used to validate and contextualize patterns observed in secondary data and health system analysis, rather than function as a standalone determinant of need.

## Community Resident Survey

To capture resident perspectives on health and quality of life in Pike County, a countywide community health survey was conducted as part of the 2025 CHNA. The survey provided insight into perceived health concerns, barriers to care, and social and environmental factors influencing health, complementing secondary data and health system analysis by reflecting lived experience at the household and community level.

## Survey Methodology

A countywide community health survey was administered to gather resident perspectives on health concerns, quality of life, barriers to care, and the social and environmental conditions influencing health in Pike County. Surveys were distributed in both electronic and paper formats through healthcare settings, community agencies, libraries, food distribution sites, and community events to promote broad participation, including among residents who may not engage through traditional public comment processes.

A total of 403 surveys were submitted, of which 361 responses from Pike County residents were included in the final analysis. Participation was voluntary and anonymous. As with all community surveys, results should be interpreted with recognition of potential response bias and subgroup limitations; however, the consistency of themes across responses provides meaningful qualitative insight into community priorities and lived experience.

## Community Survey Themes

Survey responses were reviewed and grouped into thematic areas to summarize the health concerns and quality-of-life issues most frequently identified by Pike County residents. The themes presented below reflect recurring patterns across survey responses and illustrate how

residents perceive the factors shaping health outcomes in their community. These themes align closely with secondary data trends and provide important context for understanding health needs identified elsewhere in this assessment.

## Behavioral Health and Substance Use

Behavioral health and substance use concerns emerged as prominent themes in community survey responses. Residents frequently identified stress, depression, anxiety, and difficulty accessing mental health services as challenges affecting individuals and families across the lifespan. Many respondents described barriers to timely care, including provider availability, transportation limitations, affordability, and limited local service options. These community-identified concerns reinforce secondary data showing elevated behavioral health burden and highlight the role of access and system factors in shaping mental health outcomes in Pike County.

## Chronic Disease and Physical Health

Chronic disease emerged as a dominant theme in community survey responses. Residents commonly identified heart disease, diabetes, obesity, cancer, and respiratory disease as major health concerns in Pike County. Respondents expressed concern about the long-term effects of poor nutrition, limited opportunities for physical activity, and delayed preventive care.

Survey findings suggest that while residents recognize the importance of healthy behaviors, structural barriers—including income constraints, food access challenges, transportation limitations, and limited availability of nearby services—make chronic disease management difficult for many households. Table 17 summarizes self-reported chronic health conditions identified by survey respondents and illustrates the prevalence of chronic disease concerns described above.

*Table 33: Self-Reported Health Conditions*

Self-Reported Health Conditions (Top 10)		
Condition (ever told by a clinician)	Count	Percent of Respondents
Overweight/Obesity	109	42.1%
High blood pressure	106	40.9%
Depression or anxiety	97	37.5%

High cholesterol	79	30.5%
Diabetes (not during pregnancy)	54	20.8%
None of the above	40	15.4%
Asthma	36	13.9%
Autoimmune disease	31	12.0%
Cancer	26	10.0%
Attention deficit disorder (ADD/ADHD)	22	8.5%

Source: Pike County Community Health Survey (2025). Question 27 (select all that apply). Answered n=259; Skipped n=144.

## Access to Care and Transportation Barriers

Access to healthcare services was a recurring concern across survey responses. Residents reported challenges related to provider availability, travel distance, appointment wait times, and cost of care. Barriers were particularly pronounced for behavioral health services and specialty care.

Transportation emerged as a cross-cutting issue affecting access not only to healthcare, but also to employment, food access, social services, and community participation. Respondents described limited transportation options, long travel distances, and lack of reliable vehicles as persistent obstacles, especially for older adults, individuals with disabilities, and low-income households.

*Table 34: Barriers to Preventing Access to Care*

Barriers Preventing Access to Needed Care or Services (Top 10 barriers)		
Barrier to getting care/services	Count	Percent of Respondents
Insurance didn't cover what I/we needed.	23	10.2%
Had to leave Pike County for my care/care I needed not available locally.	19	8.4%

My/our share of the cost (deductible/co-pay) was too high.	18	8.0%
Unable to leave work or get time off	16	7.1%
Wait time for available appointment took too long to meet my need.	14	6.2%
I do not trust the healthcare options in my area.	10	4.4%
I am afraid or embarrassed to go.	7	3.1%
The wait was too long.	6	2.7%
No health insurance.	5	2.2%
No transportation or way to get there.	4	1.8%

Source: Pike County Community Health Survey (2025). Question 59 (select all that apply). Answered n=225; Skipped n=178.

Note: 71.6% (n=161) reported no problems accessing care/services.

While most respondents reported no difficulty accessing care, the barriers identified by those who did experience challenges highlight specific access constraints related to insurance coverage, service availability, affordability, and scheduling.

## Social Determinants of Health and Economic Stability

Survey respondents consistently identified economic and social conditions as major drivers of health in Pike County. Key issues included employment opportunities, income stability, housing affordability, food insecurity, and access to basic needs. Many residents described the compounding effects of low wages, rising costs, and limited local resources on physical and mental health.

Food access and nutrition were frequently mentioned, with respondents noting challenges related to grocery affordability, transportation to food outlets, and limited availability of healthy options in some areas of the county. Housing concerns—particularly affordability, quality, and

utility costs—were also evident in open-ended responses. Table 19 presents the social and economic factors most frequently reported by residents as affecting health and quality of life in Pike County.

*Table 35: Services Residents Want to See to Improve Community Health*

Services Residents Want to See to Improve Community Health (Top 10)		
What residents would like to see to help community health	Count	Percent of Respondents
Higher paying employment	110	42.5%
More affordable/better housing options	97	37.5%
Availability of employment	73	28.2%
Better/ more recreational facilities (parks, trails, community centers)	65	25.1%
Positive teen activities	49	18.9%
More counseling/ mental health/ support group options	44	17.0%
Road maintenance/safety	40	15.4%
Child care options	39	15.1%
More affordable health services	37	14.3%
Better/ more healthy food choices	37	14.3%

Source: Pike County Community Health Survey (2025). Question 23 (select all that apply). Answered n=259; Skipped n=144.

## Youth, Families, and Community Well-Being

Community survey responses reflected concern for youth mental health, substance use prevention, and family stability. Respondents emphasized the importance of safe environments, positive youth development opportunities, and access to school- and community-based supports.

### ***Youth Survey Context (OHEYES)***

Findings from the Ohio Healthy Youth Environments Survey (OHEYES) indicate elevated levels of stress, anxiety, and depressive symptoms among Pike County youth, along with concerns related

to substance use, bullying, and school connectedness. Students also reported barriers to accessing mental health supports and safe recreational spaces. These findings align with community survey responses and stakeholder input and underscore the importance of school-based supports, early intervention, and community-connected prevention strategies.

Survey responses and stakeholder input highlighted the prevalence of kinship caregiving arrangements in Pike County, with many children cared for by grandparents or other relatives. While kinship care provides important stability, caregivers may experience financial strain, limited access to support services, and challenges navigating healthcare, education, and behavioral health systems. These dynamics contribute to barriers in preventive care completion, continuity of care, and access to specialty and behavioral health services for children and adolescents.

*Table 36: Youth and Family Context Indicators*

Youth & Family Context Indicators	
Youth & Family Indicator	Survey Result
Respondents with children in the home (under 18)	32.5%
Respondents who currently care for a grandchild	1.8%
Respondents caring for another child under 18 (no legal arrangement)	0.3%
Respondents caring for a foster child	0.6%
Youth health education topic selected: Mental health issues	35.9%

Sources: Question 12 (Answered n=338), Question 14 (Answered n=334), Question 25 (Answered n=259). Percentages reflect the share selecting each item within the answered sample for that question.

## Community Survey Summary

Overall, community survey findings indicate that Pike County residents view health through a holistic lens, recognizing the interconnection between behavioral health, substance use, chronic disease, access to care, transportation, and social and economic conditions. The most frequently identified concerns align closely with secondary data trends and health system analysis, strengthening confidence in the assessment findings.

Table 21 provides a consolidated view of the community issues most frequently identified by survey respondents, summarizing the themes described above and illustrating the relative prominence of health and quality-of-life concerns reported by Pike County residents.

*Table 37: Community Issues Most Affecting Quality of Life*

Community Issues Most Affecting Quality of Life		
Community Issue (choose up to 3)	Count	Percent of Respondents
Low income/poverty	201	77.6%
Substance use	138	53.3%
Employment/economic opportunities	128	49.4%
Pollution (air, water, land)	67	25.9%
Homelessness/inadequate housing options	46	17.8%
Hopelessness/mental health needs	44	17.0%
Lack of/ inadequate health insurance	20	7.7%
Theft	12	4.6%
Dropping out of school	10	3.9%
Lack of community support	10	3.9%

Source: Pike County Community Health Survey (2025). Question 22 (choose up to 3). Answered n=259; Skipped n=144. Percent reflects share of respondents selecting each option.

## Stakeholder Input

Following the community resident survey, stakeholder input was incorporated to provide a complementary system-level perspective on the factors influencing health outcomes in Pike County. While resident input reflects lived experience and perceived barriers, stakeholder perspectives offer insight into service capacity, coordination challenges, and structural conditions observed across healthcare, public health, education, and social service systems.

Together, these perspectives strengthen the assessment by validating observed trends and highlighting convergence between community experience and system-level observations.

## Stakeholder Engagement Approach

In addition to resident survey responses, the 2025 Pike County CHNA incorporated structured input from community stakeholders representing healthcare, public health, behavioral health, education, social services, aging services, law enforcement, and community-based organizations. Stakeholder engagement captured system-level perspectives on community strengths, service gaps, emerging challenges, and coordination needs.

## Key Stakeholder Themes

Stakeholder input provides a system-level perspective on the conditions shaping health and quality of life in Pike County. Representatives from healthcare, public health, behavioral health, education, social services, and community-based organizations were asked to identify the community issues they view as most pressing based on their professional experience and direct service interactions. Their responses reflect observed service gaps, structural barriers, and population needs rather than individual behaviors or preferences.

Table 22 summarizes the frequency with which stakeholders identified specific community issues. Because stakeholders were asked to select up to three issues, percentages reflect the share of respondents identifying each issue and should be interpreted as an indication of relative prominence, not ranking or prioritization. Collectively, stakeholder responses highlight the central role of economic conditions, behavioral health needs, and access-related challenges in shaping health outcomes in Pike County and provide important context for interpreting community survey findings and secondary data presented elsewhere in this assessment.

*Table 38: 2025 Community Issues from the Stakeholder Perspective*

Stakeholder-Identified Community Issues (Frequency)			
Issue Identified by Stakeholders	Number Selecting	Percent of Stakeholders	CHNA Domain
Low income/poverty	8	100.0%	Health-Related Social Needs
Employment/economic opportunities	4	50.0%	Health-Related Social Needs

Mental health needs	3	37.5%	Mental Health & Substance Use
Substance use	3	37.5%	Mental Health & Substance Use
Homelessness/inadequate housing options	2	25.0%	Health-Related Social Needs
Pollution (air, water, land)	1	12.5%	Environmental Health
Lack of or inadequate health insurance	1	12.5%	Access to Care
Elder abuse	1	12.5%	Injury Prevention & Safety
Other (please specify)	1	12.5%	Other

Source: Pike County Stakeholder Survey (2025). Question 9 (select up to three). Answered n=8; Skipped n=8. Percent reflects share of stakeholders selecting each issue.

## Behavioral Health and Substance Use

Stakeholders consistently identified mental health and substance use disorders as the most complex and resource-intensive challenges affecting Pike County. Respondents emphasized rising behavioral health needs across age groups and noted persistent gaps in outpatient services, crisis response, and youth-focused behavioral health care. Workforce shortages, transportation barriers, and fragmented care coordination were frequently cited as contributors to delayed care and repeated crises.

## Chronic Disease and Preventive Health

Stakeholders identified chronic disease burden—including heart disease, diabetes, respiratory disease, and obesity—as a persistent challenge. Respondents emphasized gaps in early detection, preventive care, and chronic disease self-management support, particularly among high-risk and low-income populations. The cumulative effects of unmanaged chronic disease were described as contributing to avoidable hospitalizations and reduced workforce participation.

## Access to Care and Transportation

Consistent with resident survey findings, stakeholders identified access to care as a critical concern, particularly for behavioral health, specialty services, and preventive care. Rural geography, long travel distances, and limited transportation options were described as barriers affecting appointment attendance, treatment adherence, and continuity of care.

## Social Determinants of Health and Economic Stability

Stakeholders emphasized economic instability and unmet basic needs as upstream drivers of poor health outcomes. Issues such as poverty, housing affordability, food insecurity, and limited employment opportunities were described as factors that exacerbate both physical and behavioral health conditions and complicate care engagement.

## Youth, Families, and Long-Term Community Well-Being

Stakeholders expressed concern about youth mental health, substance use prevention, and family stability, noting increased demand for school-based supports, early intervention, and prevention programming. Respondents emphasized that unmet needs during childhood and adolescence contribute to long-term adverse health and social outcomes.

## Validation of Assessment Findings

Collectively, community resident survey findings and stakeholder input reinforce the health challenges identified through secondary data analysis and health system assessment. Behavioral health needs, chronic disease burden, access barriers, transportation limitations, and unmet social needs were consistently described as interconnected issues shaping health outcomes in Pike County.

Community input served to validate patterns observed in quantitative indicators and utilization data, strengthening confidence in the assessment findings. The formal determination of significant health needs, based on triangulation of all data sources, is presented in Section 9.

## Integrated Interpretation

Collectively, stakeholder input confirms and reinforces the priority issues identified through the resident community survey and secondary data analysis. Stakeholders consistently framed Pike County's health challenges as interconnected, with behavioral health, chronic disease, access barriers, and social determinants mutually reinforcing one another.

Stakeholder perspectives underscore the need for strategic focus rather than fragmentation, with emphasis on upstream prevention, system coordination, and targeted investment in high-

impact areas. These findings provide strong justification for prioritizing a limited number of CHIP focus areas that address both immediate health needs and underlying drivers of health.

*Table 39: Crosswalk of Stakeholder Input, Community Survey Themes, and Secondary Data*

Crosswalk of Stakeholder Input, Community Survey Themes, and Secondary Data			
Stakeholder-Identified Issue	Community Survey Alignment	Supporting Secondary Data	CHNA / CHIP Priority Domain
Mental health access and unmet behavioral health needs	Residents identified mental health as a top concern; barriers to care frequently cited	High depression prevalence; elevated poor mental health days; high suicide and overdose risk	Mental Health & Substance Use
Substance use and recovery capacity	Substance use identified as a leading community issue	Elevated injury and overdose mortality; high premature death burden	Mental Health & Substance Use
Chronic disease burden	Residents cited heart disease, diabetes, cancer, obesity	Leading causes of death; low life expectancy; high YPLL	Chronic Disease Prevention & Management
Preventive care and self-management gaps	Residents reported difficulty managing health conditions	Low preventive utilization; high avoidable utilization	Chronic Disease Prevention & Management
Transportation barriers	Transportation cited as a barrier to care and daily needs	High SVI scores for housing/transportation	Access to Care & Transportation
Access to specialty and behavioral health care	Residents reported long wait times and travel distances	Workforce shortages; rural service gaps	Access to Care
Economic instability and basic needs	Food, housing, and cost concerns identified	High poverty; food insecurity; SVI socioeconomic vulnerability	Health-Related Social Needs

Crosswalk of Stakeholder Input, Community Survey Themes, and Secondary Data			
Stakeholder-Identified Issue	Community Survey Alignment	Supporting Secondary Data	CHNA / CHIP Priority Domain
Youth mental health and prevention	Concerns about youth well-being and safety	Rising behavioral health indicators; school-based needs	Youth & Family Well-Being

Stakeholder input provides strong system-level validation of the priority health needs identified through community survey data and secondary analysis. The convergence of stakeholder perspectives, resident experiences, and quantitative indicators demonstrates that Pike County's most significant health challenges are behavioral health and substance use, chronic disease burden, access to care and transportation barriers, and unmet health-related social needs. These findings support the selection of focused, coordinated CHIP priorities that address both immediate health outcomes and the underlying conditions driving health inequities in Pike County.

# SECTION 9: Significant Health Needs Determination

This section presents the formal determination of significant health needs for Pike County based on a comprehensive review of assessment findings. Building on the community and stakeholder input documented in Section 8 and the quantitative indicators presented in Sections 6 and 7, this determination identifies the health issues that rise to the level of significance due to their magnitude, severity, persistence, and impact on vulnerable populations. The purpose of this section is to transparently document how evidence from multiple sources was synthesized to identify the most critical health needs affecting Pike County residents.

## Triangulation of Data Sources and Community Input

Significant health needs for Pike County were identified through a triangulated review of multiple data sources to ensure that determinations reflect both lived experience and objective indicators of population health. Community resident survey findings, stakeholder input, and secondary data—including population health indicators, utilization patterns, and health equity measures—were reviewed together to identify areas of convergence and elevated risk.

This triangulated approach strengthens the validity of the assessment by reducing reliance on any single data source and aligns with best practices recommended by the Ohio Department of Health, the Centers for Medicare & Medicaid Services, and Internal Revenue Code §501(r). Community and stakeholder input informed the interpretation of quantitative data but did not independently determine significance.

## Synthesis of Assessment Findings and Potential Impact

Taken together, the data presented throughout this assessment identify significant and persistent health challenges affecting Pike County residents. Elevated rates of chronic disease, behavioral health and substance use disorders, premature mortality, maternal and child health risks, and unmet health-related social needs contribute to reduced quality of life and avoidable healthcare utilization.

In identifying and prioritizing significant health needs, the Pike County Health Coalition considered existing community assets and resources, including Adena Health services, the Pike County General Health District, behavioral health providers, schools, social service agencies, and regional partners. While these resources provide essential support, gaps in access, capacity, and reach remain and informed the prioritization of needs identified in this assessment.

At the same time, Pike County possesses important strengths, including healthcare access points, engaged community partners, and existing prevention and treatment infrastructure.

Leveraging these assets while addressing upstream drivers of health is essential for achieving meaningful and sustainable improvement. Based on convergence across data sources and consideration of magnitude, severity, and equity impact, the following health needs were determined to be most significant.

### **Integration of ALICE and Youth Survey Findings.**

ALICE household data and OHYES youth findings reinforce the prioritization of behavioral health, economic stability, access to care, and youth mental health in Pike County. Economic strain among working households increases vulnerability to delayed care, food and housing insecurity, and unmanaged chronic disease, while youth data highlight elevated stress, anxiety, and unmet mental health needs during critical developmental periods. Together, these data demonstrate how economic instability and early-life mental health challenges interact to shape long-term population health outcomes and justify equity-focused, life-course strategies.

## **Identified Priority Areas**

Based on triangulated analysis of secondary data, community resident input, stakeholder perspectives, and equity considerations, the following areas were determined to represent the most significant health needs in Pike County.

*Table 40: CHNA Priority Areas and Supporting Data*

<b>Community Health Needs Assessment (CHNA) Priority Areas and Supporting Data — Pike County, Ohio</b>		
<b>Priority Area</b>	<b>Key Supporting Data Indicators</b>	<b>Why This Is a Priority (CHNA Rationale)</b>
<b>Behavioral Health &amp; Substance Use</b>	<ul style="list-style-type: none"><li>• Suicide rate significantly higher than Ohio and U.S.</li><li>• Overdose death rate among the highest in Ohio; fentanyl primary driver</li><li>• &gt;25% of adults ever diagnosed with depression</li><li>• High number of poor mental health days reported monthly</li></ul>	Behavioral health conditions contribute substantially to premature death, disability, and reduced quality of life in Pike County. Elevated suicide and overdose mortality indicate high severity and urgency, while rising depression prevalence demonstrates broad population impact. This area aligns strongly with community input and presents opportunities for prevention, treatment, crisis response, and recovery-oriented systems of care.

**Community Health Needs Assessment (CHNA) Priority Areas and Supporting Data**  
**— Pike County, Ohio**

Priority Area	Key Supporting Data Indicators	Why This Is a Priority (CHNA Rationale)
<b>Chronic Disease Prevention &amp; Management</b>	<ul style="list-style-type: none"> <li>• Heart disease is the leading cause of death</li> <li>• Cancer incidence and mortality exceed Ohio and U.S. rates</li> <li>• High prevalence of obesity, hypertension, diabetes, and physical inactivity</li> <li>• Limited access to exercise opportunities</li> </ul>	Chronic diseases account for the largest share of mortality in Pike County and drive excess healthcare utilization. Many contributing risk factors are modifiable, and evidence-based interventions exist. Addressing chronic disease also supports reductions in premature death and improvements in workforce participation and quality of life.
<b>Tobacco Use &amp; Respiratory Health</b>	<ul style="list-style-type: none"> <li>• Adult smoking rate substantially higher than state and national benchmarks</li> <li>• Elevated COPD and asthma prevalence</li> <li>• Chronic lower respiratory disease among leading causes of death</li> <li>• Lung cancer accounts for the largest share of cancer deaths</li> </ul>	Tobacco use remains a primary upstream driver of respiratory disease, cardiovascular disease, and cancer mortality. High smoking prevalence and respiratory disease burden make this a high-impact prevention opportunity, with strong alignment to evidence-based cessation and early detection strategies.
<b>Maternal, Infant &amp; Child Health</b>	<ul style="list-style-type: none"> <li>• Lower rates of early prenatal care</li> <li>• Maternal smoking during pregnancy far exceeds Ohio and U.S. rates</li> <li>• Elevated preterm birth rate</li> <li>• High prevalence of behavioral health conditions among children</li> </ul>	Early life conditions strongly influence lifelong health outcomes. Maternal risk factors and pediatric behavioral health needs signal opportunities for early intervention, family support, and school-based services. Improving maternal and child health also supports long-term reductions in chronic disease and behavioral health burden.
<b>Injury Prevention &amp; Safety</b>	<ul style="list-style-type: none"> <li>• High unintentional injury mortality</li> <li>• Motor vehicle crashes and drug overdoses are leading contributors</li> <li>• Elevated injury-</li> </ul>	Injuries represent a major source of preventable death and disability, particularly among working-age adults. Addressing injury prevention supports

**Community Health Needs Assessment (CHNA) Priority Areas and Supporting Data**  
**— Pike County, Ohio**

Priority Area	Key Supporting Data Indicators	Why This Is a Priority (CHNA Rationale)
	related deaths among working-age adults	reductions in premature mortality and economic disruption for families and the community.
<b>Social Determinants of Health (SDOH)</b>	<ul style="list-style-type: none"> <li>• High poverty and child poverty rates</li> <li>• Lower educational attainment and workforce participation</li> <li>• Transportation and housing cost burdens</li> <li>• High disability prevalence</li> </ul>	Social and economic conditions underlie and exacerbate all major health outcomes identified in this assessment. Addressing SDOH is essential for sustainable improvement and aligns with CMS, ODH, and County Health Rankings frameworks emphasizing upstream drivers of health.
<b>Access to Care &amp; Support Services</b>	<ul style="list-style-type: none"> <li>• Rural geography and transportation barriers</li> <li>• Behavioral health provider shortages despite recent improvements</li> <li>• Limited school-based and community-based service capacity</li> </ul>	While Pike County has important healthcare assets, access gaps remain, particularly for behavioral health, specialty care, and supportive services. Strengthening access improves prevention, early intervention, and care coordination across all priority areas.

These priority areas reflect conditions that affect a substantial portion of the population, contribute meaningfully to premature mortality or reduced quality of life, and disproportionately impact vulnerable populations.

## Determination Framework and Criteria

Significant health needs were identified based on the magnitude, severity, and persistence of health issues observed in Pike County, as well as documented disparities and convergence across multiple data sources. County Health Rankings, population health indicators, health system utilization data, and community input were reviewed collectively to determine areas

where health outcomes are consistently poor or where conditions contribute to elevated population risk.

A health issue was determined to be “significant” when it met one or more of the following criteria:

- Affects a substantial portion of the population
- Contributes meaningfully to premature mortality, morbidity, or reduced quality of life
- Disproportionately impacts vulnerable populations or high-SVI geographies
- Is consistently identified across multiple data sources

Disparities by geography, income, disability status, and age were central to determining significance. Health needs that disproportionately affect high-SVI census tracts, low-income households, older adults, and individuals with disabilities were weighted more heavily during determination. This assessment reflects health need identification only and does not incorporate feasibility, resource availability, or implementation considerations, which are addressed separately in the Community Health Improvement Plan.

## **Triangulation Crosswalk for Significant Health Need Determination**

The triangulation crosswalk presented in Table 25 summarizes how community resident survey findings, stakeholder input, and secondary data converge to support the determination of significant health needs in Pike County. The table is intended to illustrate alignment across data sources rather than to rank or score health issues. Each health need included in the crosswalk demonstrates consistency across multiple inputs, including lived experience, system-level observations, and quantitative indicators of population health and equity.

This crosswalk supports transparency in the determination process by documenting how evidence from different sources was synthesized to identify health needs that meet established significance criteria.

Table 41: Triangulation Crosswalk for Significant Health Need Determination

Triangulation Crosswalk for Significant Health Need Determination					
Health Need	Community Survey Input	Stakeholder Input	Secondary Data Indicators	Equity & Vulnerability Lens	CHIP Status
<b>Mental Health &amp; Substance Use</b>	Mental health and substance use were consistently ranked among the most pressing community concerns; respondents reported difficulty accessing counseling, crisis, and treatment services <sup>1</sup>	Stakeholders identified behavioral health as the most strained component of the local system, citing workforce shortages, access gaps, youth needs, and fragmented service pathways <sup>2</sup>	Suicide mortality, drug overdose deaths, and frequent poor mental health days exceed or approach state benchmarks <sup>3</sup>	Disproportionate impact in high-SVI census tracts; elevated risk among youth, older adults, and low-income residents <sup>4</sup>	Prioritized
<b>Chronic Disease Prevention &amp; Management</b>	Residents identified heart disease, diabetes, cancer, obesity, and respiratory disease as leading health concerns <sup>1</sup>	Stakeholders emphasized gaps in prevention, delayed care, and limited chronic disease self-management supports <sup>2</sup>	Heart disease and cancer are leading causes of death; high Years of Potential Life Lost (YPLL) indicate preventable	Higher burden among low-income adults, individuals with disabilities, and rural residents <sup>4</sup>	Prioritized

Triangulation Crosswalk for Significant Health Need Determination					
Health Need	Community Survey Input	Stakeholder Input	Secondary Data Indicators	Equity & Vulnerability Lens	CHIP Status
			early mortality <sup>3</sup>		
<b>Access to Care &amp; Transportation</b>	Survey respondents reported travel distance, transportation limitations, appointment delays, and affordability as barriers to care <sup>1</sup>	Stakeholders identified transportation and care navigation as system-wide barriers, particularly for behavioral health and specialty services <sup>2</sup>	Provider shortages and elevated preventable hospital stays indicate access challenges <sup>3</sup>	Rural geography, aging population, and high-SVI tracts experience compounded access barriers <sup>4</sup>	Prioritized
<b>Health-Related Social Needs &amp; Economic Stability</b>	Food access, housing affordability, and financial strain were frequently cited community concerns <sup>1</sup>	Stakeholders identified unmet basic needs as upstream drivers of poor health outcomes and avoidable healthcare utilization <sup>2</sup>	Elevated poverty rates, disability prevalence, and high CDC/ATSDR Social Vulnerability Index scores <sup>3</sup>	Concentration of need in high-SVI census tracts; disproportionate impact on children, families, and older adults <sup>4</sup>	Prioritized
<b>Oral Health</b>	Residents reported difficulty accessing	Stakeholders cited dental workforce shortages and	High rates of tooth loss among older adults and	Older adults and low-income residents	Considered

Triangulation Crosswalk for Significant Health Need Determination					
Health Need	Community Survey Input	Stakeholder Input	Secondary Data Indicators	Equity & Vulnerability Lens	CHIP Status
	dental care and preventive oral health services <sup>1</sup>	limited-service availability <sup>2</sup>	dental provider shortages <sup>3</sup>	disproportionately affected <sup>4</sup>	
<b>Injury Prevention &amp; Safety</b>	Community concerns related to injury and safety were noted <sup>1</sup>	Stakeholders identified existing multi-agency prevention and safety initiatives <sup>2</sup>	Injury-related mortality contributes to premature death <sup>3</sup>	Community-wide impact across populations <sup>4</sup>	Considered

#### Footnotes & Data Sources

1. Pike County Community Resident Survey (2025).  
Pike County Health Coalition; survey administered August–October 2025.
2. Pike County Stakeholder Input (2025).  
Key informant interviews and focus groups with representatives from healthcare, public health, behavioral health, education, social services, and community-based organizations.
3. County Health Rankings & Roadmaps (2022–2025), University of Wisconsin Population Health Institute & Robert Wood Johnson Foundation
4. Ohio Department of Health, Public Health Information Warehouse
5. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics
6. CDC/ATSDR Social Vulnerability Index (SVI)
7. U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates

## Narrative Description of Significant Health Needs

The following narrative sections describe the health needs determined to be significant for Pike County based on triangulated assessment findings. Each narrative summarizes the evidence supporting significance, including magnitude, severity, persistence, and disproportionate impact, and reflects convergence across community resident input, stakeholder perspectives, and secondary data indicators. These narratives are intended to document the rationale for determination and do not include implementation strategies or action planning, which are addressed separately in the Community Health Improvement Plan.

## Behavioral Health and Substance Use

Behavioral health and substance use disorders were identified as significant health needs based on consistent convergence across community resident survey responses, stakeholder input, and secondary data. Residents and stakeholders described unmet mental health needs, limited treatment capacity, and gaps in outpatient care, crisis response, and youth-focused services. Secondary data demonstrate elevated rates of depression, frequent poor mental health days, suicide, injury, and drug overdose mortality, contributing substantially to excess premature death and reduced life expectancy in Pike County.

## Chronic Disease Prevention and Management

Chronic disease was identified as a significant health need due to its contribution to mortality, disability, and healthcare utilization. Residents identified heart disease, cancer, diabetes, obesity, and respiratory disease as leading health concerns, while stakeholders cited delayed preventive care, limited self-management support, and social and economic barriers. Secondary data confirm heart disease and cancer as leading causes of death, with elevated prevalence of obesity, tobacco use, and physical inactivity increasing preventable disease burden.

## Access to Care and Transportation Barriers

Access to timely, affordable, and appropriate healthcare services was identified as a significant health need within the context of Pike County's rural geography. Residents reported difficulty accessing care due to transportation limitations, provider availability, and travel distance. Stakeholders reinforced these concerns, particularly for behavioral health, specialty care, and preventive services. Secondary data indicate workforce constraints, elevated preventable hospitalizations, and transportation-related social vulnerability, reinforcing access as a system-level determinant of health outcomes.

## Health-Related Social Needs and Economic Stability

Health-related social needs—including food insecurity, housing instability, and economic strain—were identified as significant contributors to poor health outcomes. Residents frequently cited concerns related to affordability of basic needs, food access, and housing conditions. Stakeholders described these factors as upstream drivers that complicate disease management and limit engagement in healthcare and prevention. Secondary data demonstrate elevated poverty, disability prevalence, and high social vulnerability across multiple census tracts in Pike County.

## Youth Mental Health and Family Well-Being

Youth mental health and family stability were identified as significant and emerging health needs. Community input highlighted concerns related to youth stress, behavioral health needs, substance use prevention, and access to supportive services. Stakeholders emphasized increased demand for school-based mental health supports, early intervention, and prevention programming, noting that unmet needs during childhood and adolescence contribute to long-term adverse health, educational, and social outcomes.

## Summary Determination

Based on triangulated analysis of community resident survey data, stakeholder input, and secondary indicators, the following were determined to represent significant health needs in Pike County:

- Mental health and substance use disorders
- Chronic disease prevention and management
- Access to care and transportation barriers
- Health-related social needs and economic stability
- Youth mental health and family well-being

These determinations establish the evidentiary foundation for the Pike County Community Health Improvement Plan and guide subsequent prioritization and action planning.

# **SECTION 10: Community Health Improvement Plan (CHIP) Progress and Priority Alignment**

## **Background and Purpose**

This CHNA serves as the formal needs assessment foundation for the 2026–2028 Pike County Community Health Improvement Plan (CHIP), which will translate identified priorities into measurable strategies, partners, and outcomes. The Pike County Health Coalition completed the most recent collaborative Community Health Needs Assessment (CHNA) in 2022. Findings from that assessment informed the development of the 2023 Community Health Improvement Plan (CHIP), which established a set of shared priorities and coordinated strategies for community-wide health improvement.

This section summarizes progress related to the 2023 CHIP and explains how existing CHIP priorities align with the significant health needs identified in the 2025 Pike County CHNA. This discussion is intended to document continuity, progress, and strategic focus and does not replace the formal determination of significant health needs presented in Section 9.

## **CHIP Development and Collaborative Approach**

The 2023 CHIP was developed collaboratively by partner agencies participating in the Pike County Health Coalition. Coalition members represented healthcare, public health, behavioral health, education, social services, aging services, and community-based organizations. Partners contributed to strategy development and implementation based on organizational capacity, expertise, and alignment with shared goals.

The CHIP emphasizes coordinated, multisector action to address high-impact health issues and leverages existing programs, partnerships, and infrastructure to achieve measurable improvement during the implementation period.

## **CHIP Priority Areas: Strategic Rationale**

While the Community Health Needs Assessment identifies multiple significant health needs, the Community Health Improvement Plan is intentionally designed to focus on a limited number of priority areas where coordinated action can reasonably achieve measurable and sustainable improvement.

The CHIP priorities selected for Pike County were chosen because they:

1. Represent key drivers of premature mortality, morbidity, and reduced quality of life

2. Are consistently reinforced across community input, stakeholder perspectives, and secondary data
3. Are actionable through collaboration among existing community partners and systems

Collectively, these priorities address both immediate health outcomes and upstream drivers of health, positioning the CHIP to support population-level improvement rather than isolated programmatic change.

Figure 11 illustrates the relationship between health outcomes and the underlying health factors that shape them. While health outcomes reflect the end results experienced by individuals and communities, health factors—including behaviors, access to care, social and economic conditions, and the physical environment—represent upstream drivers that are more responsive to coordinated, community-level intervention. The Community Health Improvement Plan (CHIP) prioritizes strategies that address health factors to influence long-term health outcomes.

Figure 11: 2025 CHNA Key Health Factors and Health Outcomes

Health Outcomes	Leading Causes of Death
	<ul style="list-style-type: none"><li>• Cancer (all forms)</li><li>• Heart disease</li><li>• Pulmonary-Respiratory Disease</li><li>• Unintentional injury</li><li>• Stroke</li><li>• Diabetes</li></ul>
Health Outcomes	Leading Health Issues
	<ul style="list-style-type: none"><li>• Substance Use Disorder</li><li>• Obesity and Diabetes</li><li>• Depression and Anxiety</li><li>• Child Wellness and Safety</li><li>• Poor mental health management</li><li>• Access to care - dental and medical</li></ul>
Health Factors	Leading Health Behaviors
	<ul style="list-style-type: none"><li>• Alcohol and Substance Use/Abuse</li><li>• Poor physical activity levels</li><li>• Tobacco use and vaping</li><li>• Poor nutrition</li><li>• Limited health care utilization/access</li><li>• Teen pregnancy</li></ul>
Health Factors	Leading Environmental Factors
	<ul style="list-style-type: none"><li>• Economics and poverty</li><li>• Access to basic needs (housing, food and transportation)</li><li>• Safety (crime and interpersonal violence)</li><li>• Healthcare access (preventative services)</li><li>• Environmental concerns</li></ul>

## CHIP Priority Areas

While the Community Health Needs Assessment identifies multiple significant health needs affecting Pike County residents, the Community Health Improvement Plan (CHIP) is designed to focus on a limited number of priority areas where coordinated, multisector action can reasonably achieve measurable and sustainable improvement during the implementation period. Selection of CHIP priority areas was informed by the magnitude and severity of health outcomes, convergence across community input and secondary data, and the potential for collective impact through existing partnerships and infrastructure. The priorities described below represent areas where upstream intervention, system coordination, and shared accountability can most effectively influence long-term population health outcomes.

## **Mental Health and Substance Use Disorders**

Mental health and substance use disorders were selected as CHIP priorities due to their severity, prevalence, and cross-cutting impact across the lifespan. These conditions contribute directly to suicide, injury, overdose deaths, family instability, unemployment, and increased healthcare utilization. Stakeholders identified fragmentation, access gaps, and workforce limitations as system-level challenges that require coordinated, community-wide solutions, making this area well suited for CHIP-level action.

## **Chronic Disease Prevention and Management**

Chronic disease prevention and management were prioritized because chronic conditions account for the largest share of deaths, disability, and healthcare costs in Pike County. These outcomes are highly responsive to prevention, early detection, and community-based supports. CHIP strategies integrate clinical care, public health, nutrition, physical activity, tobacco cessation, and health education efforts to reduce long-term disease burden and improve quality of life.

## **Access to Care and Transportation Barriers**

Access to care, including transportation, was selected as a foundational CHIP priority because access barriers directly affect whether residents can benefit from available health and social services. In a rural context, geographic distance, limited transportation options, and workforce shortages undermine prevention, treatment, and follow-up care. CHIP-level coordination supports alignment of care navigation, transportation resources, and service delivery models across sectors.

## **Health-Related Social Needs and Economic Stability**

Health-related social needs were prioritized because unmet basic needs consistently exacerbate medical and behavioral health conditions and undermine treatment effectiveness. Addressing food insecurity, housing instability, and economic strain through coordinated CHIP strategies strengthens outcomes across all priority areas, advances health equity, and aligns with CMS and ODH expectations for addressing health-related drivers of health.

## **Youth Mental Health and Family Well-Being**

Youth mental health and family well-being were selected as CHIP priorities due to their high leverage for long-term population health impact. Stakeholders emphasized that unmet needs in childhood and adolescence often translate into adult behavioral health challenges, substance use, chronic disease risk, and economic instability. CHIP strategies focused on prevention, early

intervention, and school- and community-based supports provide opportunities to improve long-term health trajectories.

## **Other Health Needs Identified and Monitored**

The CHNA process identified additional health needs affecting Pike County residents. While all identified needs are important, the CHIP is intentionally structured to focus on a limited number of priorities. Other needs will continue to be monitored and addressed through existing programs, regulatory responsibilities, or as embedded components within selected priority areas. Non-prioritization does not indicate a lack of importance, but rather reflects strategic focus within the defined CHIP implementation period.

### **Oral Health**

Oral health challenges, including access to dental care and preventive services, were identified through community input and secondary data. These concerns were not elevated as a standalone CHIP priority because they primarily affect specific subpopulations and are already addressed through existing provider networks, school-based programs, and public health initiatives. Oral health will continue to be monitored as part of broader access-to-care and preventive health strategies.

### **Communicable Disease and Immunization**

Communicable disease prevention and immunization remain core public health responsibilities. While data indicate areas for continued improvement, these issues are governed by regulatory requirements and existing public health infrastructure and therefore were not prioritized for CHIP action.

### **Injury Prevention and Community Safety**

Unintentional injury contributes to morbidity and mortality in Pike County; however, injury prevention efforts are currently integrated across public health, law enforcement, emergency services, and behavioral health initiatives. Related strategies are incorporated within other CHIP priority areas rather than addressed as a standalone focus.

### **Environmental Health and Exposure**

Environmental health concerns, including legacy environmental contamination, were reviewed as part of the assessment. These issues primarily affect specific geographic areas and are addressed through state and federal regulatory mechanisms. Environmental considerations will continue to be monitored and reflected within broader planning efforts.

## Aging Services and Older Adult Supports

Pike County's aging population presents important service needs; however, many aging-related concerns overlap with chronic disease management, access to care, transportation, and social support. Older adult needs are therefore addressed through strategies embedded within selected CHIP priority areas.

## Why These Priorities Together

Taken together, the selected CHIP priorities:

- Address major drivers of premature death and poor health outcomes
- Reflect convergence across data, community input, and stakeholder perspectives
- Reinforce one another through integrated, upstream approaches
- Are actionable through multisector collaboration
- Align with state and federal health improvement priorities

Focusing the Pike County CHIP on these areas supports coordinated, equitable, and sustainable health improvement across the community and provides a clear framework for ongoing implementation and evaluation.

## Reflection on Current Progress Related to the 2023 CHIP

The following section summarizes progress made under the 2023 Pike County Community Health Improvement Plan (CHIP) and examines how prior priority areas align with the significant health needs identified in the 2025 Community Health Needs Assessment. Reviewing CHIP progress alongside updated assessment findings provides important context for understanding which strategies remain relevant, where gains have been achieved, and where persistent or emerging challenges continue to affect population health outcomes.

This reflection does not evaluate program effectiveness or implementation fidelity; rather, it situates recent community health improvement efforts within the broader trend data, community input, and system-level analysis presented throughout this assessment. The comparison highlights continuity across assessment cycles and supports evidence-based decision-making for future CHIP priority refinement.

Table 42 presents a high-level summary of 2023 CHIP priority areas, core focus strategies, progress to date, and alignment with the 2025 CHNA findings.

Table 42: 2023 Community Health Improvement Plan (CHIP) Priority Areas and Progress Summary — Pike County

<b>2023 Community Health Improvement Plan (CHIP) Priority Areas and Progress Summary — Pike County</b>			
<b>CHIP Priority Area</b>	<b>2023 CHIP Focus</b>	<b>Progress to Date (Implementation Activities &amp; System Alignment)</b>	<b>Ongoing Alignment with 2025 CHNA</b>
<b>Mental Health &amp; Substance Use</b>	Improve access to behavioral health services, prevention, and recovery supports	<p>Community partners increased coordination among behavioral health, public health, and healthcare organizations. Activities included strengthening referral pathways, improving cross-agency communication, and supporting awareness of prevention and recovery-oriented resources. Efforts emphasized system navigation and reduction of service fragmentation rather than measurement of population-level outcomes.</p>	Behavioral health and substance use remain among the most significant health needs identified in the 2025 CHNA, with continued elevation in depression prevalence, suicide mortality, and overdose indicators.
<b>Chronic Disease Prevention &amp; Management</b>	Reduce chronic disease burden through prevention, education, and care coordination	Partners supported alignment of chronic disease education, screening, and lifestyle-related initiatives addressing cardiovascular disease, diabetes, obesity, and respiratory conditions. Activities focused on integrating clinical services with community-based prevention, education, and self-management supports.	Chronic disease continues to drive mortality, disability, and healthcare utilization in Pike County, reinforcing continued alignment between CHIP focus areas and current assessment findings.

## 2023 Community Health Improvement Plan (CHIP) Priority Areas and Progress Summary — Pike County

CHIP Priority Area	2023 CHIP Focus	Progress to Date (Implementation Activities & System Alignment)	Ongoing Alignment with 2025 CHNA
<b>Access to Care &amp; Transportation Barriers</b>	Improve access to primary, specialty, and preventive care through coordination and navigation	CHIP partners worked to improve care navigation, referral coordination, and awareness of available health and social services. Transportation-related barriers were addressed through coordination with existing resources and service partners where feasible, with emphasis on improving access pathways rather than expanding service capacity.	Access to care and transportation barriers remain significant contributors to delayed care, preventable hospitalizations, and unmet health needs, particularly in rural and high-vulnerability areas identified in the 2025 CHNA.
<b>Health-Related Social Needs &amp; Economic Stability</b>	Address food insecurity, housing instability, and related social needs	Cross-sector partners incorporated screening, referral, and coordination related to health-related social needs into existing service workflows. Activities emphasized strengthening linkages among healthcare, public health, and social service providers rather than establishing new standalone programs.	Social and economic conditions continue to underlie and exacerbate behavioral health outcomes, chronic disease burden, and access challenges identified in the 2025 CHNA.
<b>Youth Mental Health &amp; Family Well-Being</b>	Strengthen prevention, early intervention,	CHIP activities emphasized coordination among schools, community organizations, and service providers to support	Youth mental health and family well-being remain significant and emerging health needs, including

## 2023 Community Health Improvement Plan (CHIP) Priority Areas and Progress Summary — Pike County

CHIP Priority Area	2023 CHIP Focus	Progress to Date (Implementation Activities & System Alignment)	Ongoing Alignment with 2025 CHNA
	and family supports	youth prevention, early identification of behavioral health needs, and family stability. Efforts focused on aligning existing school- and community-based supports and improving referral awareness.	among kinship caregiving households identified through the 2025 CHNA.

**Source:** Pike County Health Coalition; 2023 Community Health Improvement Plan (CHIP); coalition documentation and partner progress summaries.

**Note:** This table summarizes implementation activities and system-level alignment associated with the 2023 Community Health Improvement Plan. It does not evaluate program effectiveness or attribute changes in health outcomes to CHIP activities, consistent with Internal Revenue Code §501(r) and Ohio Department of Health CHNA guidance.

# SECTION 11: Considerations for Community Health Improvement Planning

## Purpose and Context

This Community Health Needs Assessment identifies significant health needs affecting Pike County residents and provides the evidentiary foundation for subsequent Community Health Improvement Plan (CHIP) development. Section 11 summarizes key considerations that should inform CHIP planning and implementation, drawing from assessment findings, community and stakeholder input, and observed system-level conditions. These considerations are intended to support strategic focus, coordination, and alignment across partners rather than prescribe specific interventions or commitments.

The considerations outlined below reflect Pike County's rural Appalachian context, existing community assets, and persistent structural challenges that influence health outcomes across the lifespan.

## Cross-Cutting System Considerations

Assessment findings consistently demonstrate that health outcomes in Pike County are shaped by interconnected system factors rather than isolated conditions. Behavioral health, chronic disease, access to care, transportation, and health-related social needs interact to influence when and how residents engage with services, adhere to treatment, and experience preventable illness or crisis.

Community input and utilization patterns suggest that coordination, navigation, and service reach are as influential as service availability. Future CHIP strategies may benefit from approaches that strengthen cross-sector alignment, reduce fragmentation, and improve residents' ability to access existing resources in a timely and coordinated manner.

## Transportation and Geographic Access

Transportation constraints were consistently identified across community input, healthcare utilization patterns, and service delivery contexts described earlier in this assessment.

Transportation remains a foundational consideration for health improvement planning in Pike County, where rural geography, long travel distances, and limited transportation options influence access to primary care, specialty services, behavioral health treatment, preventive care, and social services—particularly for older adults, individuals with disabilities, and low-income households.

Non-emergency medical transportation, senior transportation services, and mileage demands associated with essential service delivery represent ongoing system pressures. Transportation limitations also affect caregiver burden, appointment adherence, and continuity of care. As such, transportation should be considered a cross-cutting access factor that influences outcomes across multiple priority areas, rather than a standalone health issue.

## **Behavioral Health System Capacity and Coordination**

Behavioral health and substance use disorders remain among the most significant health needs identified in this assessment. While Pike County has behavioral health service presence, practical access varies by age group, payer type, acuity level, and geographic location. Community and stakeholder input highlighted challenges related to workforce capacity, appointment availability, specialty services (including youth and addiction services), and care coordination across settings.

CHIP planning should consider strategies that emphasize system coordination, referral alignment, and continuity of care, particularly for individuals experiencing repeated crises or transitions between inpatient, outpatient, and community-based services. Youth behavioral health needs and family-centered supports warrant particular attention due to their long-term impact on population health trajectories.

## **Chronic Disease and Preventive Care Gaps**

Chronic disease continues to drive mortality, disability, and healthcare utilization in Pike County. Assessment findings indicate that delayed preventive care, limited self-management support, and access barriers contribute to avoidable complications and hospitalizations.

Future planning considerations may include approaches that integrate clinical care, public health, and community-based supports to strengthen prevention, early detection, and chronic disease management. Preventive care engagement—particularly among older adults and individuals with multiple chronic conditions—remains a critical leverage point for reducing downstream health system strain.

## **Health-Related Social Needs and Economic Stability**

Health-related social needs—including food insecurity, housing instability, and financial strain—were consistently identified as upstream drivers of poor health outcomes. These factors complicate disease management, limit engagement in care, and disproportionately affect residents in high-vulnerability areas.

CHIP planning should consider strategies that strengthen linkages between healthcare, public health, and social service systems, recognizing that addressing social needs supports progress across all identified priority areas. Alignment with state and federal health equity and health-related drivers of health frameworks may enhance sustainability and impact.

## **Older Adults, Caregiver Burden, and Protective Services**

Pike County's aging population presents important considerations for health improvement planning. Increased service utilization, transportation needs, chronic disease burden, and reports of vulnerability among older adults highlight the importance of coordinated aging services and caregiver support.

Trends in Adult Protective Services referrals and related service demand underscore the intersection of health, safety, social isolation, and caregiver capacity. CHIP planning should consider how strategies addressing access, behavioral health, chronic disease management, and social support can also benefit older adults and reduce risk factors associated with neglect, exploitation, or unmet needs.

## **Youth, Families, and Kinship Care Context**

Assessment findings and community input highlight the importance of youth mental health, family stability, and prevention. Kinship caregiving arrangements—where children are cared for by grandparents or other relatives—represent an important contextual factor in Pike County. While kinship care provides stability, caregivers may face financial strain, transportation barriers, and challenges navigating healthcare, education, and behavioral health systems.

CHIP considerations should account for the role of family and caregiver capacity in shaping youth outcomes and recognize the value of school- and community-based supports, early intervention, and prevention-focused strategies.

## **Leveraging Community Assets and Partnerships**

Pike County benefits from established partnerships among healthcare providers, public health agencies, social services, schools, and community organizations. These relationships provide a strong foundation for coordinated action. CHIP planning should build upon existing collaborations, avoid duplication of effort, and prioritize strategies that enhance alignment and shared accountability across sectors.

## Summary Considerations for CHIP Development

Informed by the 2025 CHNA, future Community Health Improvement Plan efforts should consider:

- Strengthening coordination and navigation across healthcare, behavioral health, and social services
- Addressing transportation as a cross-cutting access barrier
- Supporting prevention and early intervention for behavioral health and chronic disease
- Integrating health-related social needs into care and service planning
- Recognizing the needs of older adults, caregivers, and kinship families
- Leveraging existing partnerships to achieve sustainable, community-wide impact

These considerations provide a structured framework for translating assessment findings into focused, collaborative CHIP strategies that align with community priorities and system realities in Pike County.

These considerations are intended to guide collaborative planning and alignment in subsequent Community Health Improvement Plan development, while maintaining the assessment-only purpose of this document.

## Public Availability

This 2025 Pike County Community Health Needs Assessment (CHNA) is made publicly available in accordance with Internal Revenue Code §501(r). The report is available online at: <https://www.adena.org/community-health/overview>.

The CHNA was posted on December 31, 2025 and will remain publicly accessible until the next Community Health Needs Assessment is conducted. Printed copies of the report are available upon request at no cost by contacting Adena Health or the Pike County General Health District.

## CHNA Adoption and Approval

This 2025 Pike County Community Health Needs Assessment was adopted by the Adena Pike Medical Center Board on **[INSERT ADOPTION DATE]**, following review of assessment findings, community input, and identified significant health needs.

Adoption of this assessment affirms that the CHNA fulfills the requirements of Internal Revenue Code §501(r) and reflects the health priorities of the Pike County community as identified through a comprehensive, data-driven, and community-engaged process.

## Implementation Strategy

An Implementation Strategy addressing the significant health needs identified in this Community Health Needs Assessment will be developed and adopted separately, in accordance with Internal Revenue Code §501(r). The Implementation Strategy will outline specific goals, strategies, responsible partners, and evaluation measures and will be adopted by Adena Health by within 12 months of CHNA adoption. The Implementation Strategies will be posted online and available for public review.

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<sup>1</sup> **Reference Note:** Data sources include the most recent publicly available estimates at the time of assessment. Where applicable, multi-year rolling averages were used to ensure stability in estimates for rural populations. Primary and secondary data were triangulated in accordance with IRS §501(r), ODH, CMS, and NACCHO guidance.

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# Appendix A: County Health Rankings Trend Analysis for Pike County (2022–2025)

This appendix summarizes recent trends in key health indicators for Pike County, Ohio. Data are drawn from County Health Rankings & Roadmaps, a nationally recognized source that compiles information from the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS), and the American Community Survey (ACS). The purpose of this appendix is to highlight changes in community health over time and support shared understanding among residents, partners, and stakeholders.

## Key Health Trends in Pike County

- Pike County consistently ranks in the **bottom quartile of Ohio counties** for overall health outcomes and health factors.
- **Premature death and years of potential life lost (YPLL) remain very high**, indicating a substantial burden of early mortality.
- These trends reflect the combined effects of chronic disease, behavioral health conditions, substance use, injury, and health-related social needs.

## Premature Mortality & YPLL – Pike County

Measure	Pike County Value	What This Means
Premature Deaths (count)	658 deaths	Number of residents dying before age 75
Years of Potential Life Lost (rate per 100,000)	13,599.3	Very high loss of life years due to early death
↓ 95% CI (Low)	12,026.4	Statistical lower bound
↑ 95% CI (High)	15,172.3	Statistical upper bound
Statewide Position	Bottom quartile	Worse than most Ohio counties

## What These Trends Mean

Together, these indicators show that Pike County experiences a disproportionately high burden of preventable early death, driven by chronic disease, behavioral health conditions, substance use, and injury. These findings reinforce the importance of prevention-focused, equity-driven community strategies.

---

### Data Sources:

1. County Health Rankings & Roadmaps. *Ohio Ranked Measure Data, 2022–2025*. University of Wisconsin Population Health Institute & Robert Wood Johnson Foundation.
2. Centers for Disease Control and Prevention (CDC). *National Center for Health Statistics; National Vital Statistics System (NVSS)*.
3. Centers for Medicare & Medicaid Services (CMS). *Medicare enrollment and utilization data*.
4. U.S. Census Bureau. *American Community Survey (ACS) 5-Year Estimates*.

### Notes:

- Premature death is defined as deaths occurring before age 75.
- Years of Potential Life Lost (YPLL) reflect the total number of years not lived by individuals who die prematurely, expressed as a rate per 100,000 population.
- County Health Rankings methodology changed beginning in 2024, transitioning from ordinal rankings to national z-score groupings and health groups; comparisons across years should be interpreted accordingly.

# Appendix B: Pike County – Demographic Profile

This appendix provides a high-level snapshot of key demographic characteristics in Pike County using the most recent U.S. Census Bureau and American Community Survey data. These indicators provide important context for understanding current and future health needs.

## Population & Growth

- **Population:** ~27,088 residents
- **Population Change:** Approximately -2.0% since 2010

### Why this matters:

Population decline affects workforce availability, school enrollment, service demand, and long-term community sustainability, particularly in rural Appalachian communities.

---

## Age Profile

- **Age 65 and Older:** ~17.6% of the population (growing)
- **Working Age (25–64):** Majority of residents

### Why this matters:

An aging population increases demand for chronic disease management, transportation supports, caregiving services, and age-friendly community infrastructure.

---

## Race, Ethnicity & Gender

- Predominantly White population with smaller racial and ethnic minority groups
- Slightly higher proportion of males than females

### Why this matters:

Even smaller populations may experience disproportionate barriers to care, underscoring the importance of equity-focused and culturally responsive outreach.

---

## Disability & Veterans

- **Disability Prevalence:** ~21% of residents (higher than Ohio and U.S.)
- **Veterans:** ~9% of residents

### Why this matters:

Higher disability prevalence increases the need for accessible healthcare, reliable transportation, supportive housing, and social services. Veterans may experience specialized behavioral health and chronic care needs.

---

## Households & Families

- **Households:** ~11,300 total households
- **Female-Headed Households with Children:** ~7.5%

### Why this matters:

Single-parent households face increased risk of economic instability, food insecurity, housing stress, and caregiver burden—factors closely linked to mental health and child well-being.

---

## Key Takeaway

Pike County's demographic profile—marked by population decline, aging trends, elevated disability prevalence, and household vulnerability—reinforces the importance of place-based, equity-focused strategies that address health outcomes and health-related social needs.

---

### Data Sources:

1. U.S. Census Bureau. *Decennial Census (2010, 2020)*.
2. U.S. Census Bureau. *American Community Survey (ACS) 5-Year Estimates*.
3. U.S. Department of Veterans Affairs. *Veteran population estimates*.

### Notes:

- Population change reflects estimates since 2010.
- Disability prevalence includes individuals reporting one or more physical, cognitive, ambulatory, self-care, or independent living difficulties.
- Household and family characteristics are based on ACS estimates and may be subject to sampling variability in rural counties.

# Appendix C: Population Management and Improving Life Expectancy – Pike County

This appendix summarizes key opportunities for improving life expectancy and population health in Pike County based on findings from the Community Health Needs Assessment.

## Chronic Disease Prevention & Management

- **Why It Matters:** Chronic diseases account for a substantial share of deaths and disability.
- **Key Data:** Heart disease and cancer are leading causes of death; tobacco use and obesity remain elevated.
- **CHNA Priority Action:** Expand prevention, early detection, tobacco cessation, and chronic disease self-management supports.

---

## Mental Health, Substance Use & Injury

- **Why It Matters:** Behavioral health and substance use disorders contribute disproportionately to premature death.
- **Key Data:** Elevated depression prevalence; overdose, suicide, and injury contribute significantly to early mortality.
- **CHNA Priority Action:** Strengthen access to behavioral health services, substance use treatment, recovery supports, and injury prevention.

---

## Maternal, Infant & Child Health

- **Why It Matters:** Early life health shapes long-term outcomes.
- **Key Data:** Infant and child mortality generally align with state benchmarks, though economic stressors persist.
- **CHNA Priority Action:** Support prenatal care, early childhood development, and family-centered services.

---

## Health Equity & Social Determinants

- **Why It Matters:** Social and economic conditions strongly influence life expectancy.
- **Key Data:** High poverty, elevated disability prevalence, transportation barriers, and high social vulnerability in multiple census tracts.
- **CHNA Priority Action:** Address health-related social needs through multisector, place-based strategies.

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## Access to Care & Prevention

- **Why It Matters:** Access determines whether prevention and treatment efforts succeed.
- **Key Data:** Provider shortages and preventable hospital use indicate access gaps.
- **CHNA Priority Action:** Improve care coordination, workforce capacity, and transportation supports.

---

### Data Sources:

1. Ohio Department of Health (ODH). *Ohio Public Health Information Warehouse*.
2. County Health Rankings & Roadmaps. *Health Outcomes, Health Factors, and Mortality Indicators*.
3. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System (BRFSS)*.
4. Centers for Medicare & Medicaid Services (CMS). *Health equity and utilization guidance*.

### Notes:

- Priority action areas reflect triangulation of quantitative data, community survey results, and stakeholder input.
- Life expectancy and mortality indicators are influenced by both clinical and non-clinical factors, including economic stability, housing, transportation, and access to care.

# Appendix D: Access to Care in Pike County

## Clinical Care Context

Pike County is served by a critical access hospital and community-based providers. While clinical care availability represents a relative strength, provider capacity and geographic access limitations continue to affect outcomes.

## Provider Capacity & Access – Pike County

Provider Type	# of Providers (Count)	Residents per Provider Ratio	Access Indicator
Primary Care Physicians	8	3,386: 1	Limited access
Mental Health Providers	268	101: 1	Moderate access
Dentists	13	2,084: 1	Oral health shortage

### What This Means

Primary care and dental access remain constrained, increasing reliance on emergency and inpatient care. Although mental health provider availability appears stronger numerically, access is still affected by service mix, transportation barriers, and rural geography—particularly for older adults, individuals with disabilities, and Medicaid and Medicare beneficiaries.

#### Data Sources:

1. County Health Rankings & Roadmaps. *Clinical Care Measures, Ohio Ranked Measure Data*.
2. Centers for Medicare & Medicaid Services (CMS). *Medicare Preventable Hospitalization Measures*.
3. U.S. Census Bureau. *American Community Survey (ACS) Health Insurance Coverage Estimates*.
4. Health Resources and Services Administration (HRSA). *Health Professional Shortage Area (HPSA) Designations*.

#### Notes:

- Provider ratios represent the number of residents per licensed provider and do not reflect full-time equivalency or scope of practice.
- Preventable hospital stays are based on Medicare claims and reflect conditions typically manageable in outpatient settings.
- Insurance coverage does not equate to access; network limitations, transportation barriers, and workforce shortages may restrict care utilization.

# APPENDIX E: Community Voice Snapshot — Pike County CHNA 2025

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## ***Who Participated in Pike County Community Health Survey (2025)***

- **403** surveys completed
- **361** Pike County residents included in analysis
- **16** community stakeholders representing healthcare, public health, education, behavioral health, social services, and aging services

*Community input was collected to validate quantitative findings and ensure the assessment reflects lived experience and system-level realities.*

---

## ***Top Community Issues Affecting Quality of Life***

Residents most frequently identified the following issues as having the greatest impact on quality of life in Pike County:

- Behavioral health concerns, including stress, depression, and anxiety
- Substance use and its impact on families and community safety
- Chronic diseases such as heart disease, diabetes, cancer, and respiratory illness
- Access to healthcare services, particularly specialty and behavioral health care
- Transportation barriers and travel distance
- Economic stability and cost of living pressures

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## ***Barriers to Accessing Health Care and Services - (Community Survey — Question 59)***

While many residents reported no difficulty accessing care, those who did identify barriers most frequently cited:

- Transportation limitations and travel distance
- Appointment wait times
- Cost of care or insurance-related barriers
- Limited availability of providers locally
- Work or caregiving responsibilities

These barriers were most often described in relation to behavioral health services, specialty care, and preventive services.

---

### ***Chronic Health Conditions Identified by Residents - (Community Survey — Question 27)***

Residents reported a high prevalence of chronic health conditions affecting themselves or members of their household, including:

- High blood pressure
- Diabetes
- Heart disease
- Asthma and chronic respiratory conditions
- Obesity and weight-related concerns
- Cancer (current or history)

These self-reported conditions align with secondary data indicating elevated chronic disease burden and premature mortality in Pike County.

---

### ***Social and Economic Factors Affecting Health - (Community Survey — Question 23 and related items)***

Residents identified several non-clinical factors that influence health and quality of life, including:

- Difficulty affording groceries and basic necessities
- Housing affordability, quality, and utility costs
- Employment and income instability
- Transportation limitations affecting access to services

These responses reinforce the role of health-related social needs as upstream drivers of health outcomes in Pike County.

---

### ***Youth, Families, and Caregiver Context - (Community Survey — Questions 12, 14, and 25)***

Community responses highlighted important family and caregiving dynamics:

- Many respondents reported children living in the household
- A notable share of respondents reported caring for grandchildren or other children, reflecting the prevalence of kinship caregiving arrangements
- Youth mental health was one of the most frequently selected topics of concern
- Kinship care provides stability for children but may also create challenges related to healthcare navigation, preventive care completion, and access to behavioral health services.

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### ***Stakeholder Perspective - (Stakeholder Survey — Question 9)***

Stakeholders identified the following system-level challenges most frequently:

- Behavioral health and substance use needs
- Economic instability and poverty
- Access to care and insurance-related barriers
- Housing instability and unmet basic needs

Stakeholder responses reinforce community survey findings and confirm that health challenges in Pike County are interconnected and system-driven.

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### **Why This Matters**

Community resident input and stakeholder perspectives consistently align with secondary data and health system analysis. Together, these sources demonstrate that behavioral health needs, chronic disease burden, access barriers, transportation limitations, and unmet social needs are interconnected factors shaping health outcomes in Pike County.

Community input served to validate assessment findings, not to determine priorities. The formal determination of significant health needs, based on triangulation of all data sources, is presented in Section 9 of this assessment.

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#### **Source Note**

*Pike County Community Health Survey (2025); Pike County Stakeholder Survey (2025). Percentages and response counts are presented in Section 8 tables. Community input was collected in alignment with IRS §501(r) and Ohio Department of Health guidance.*

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