



**Partners for a Healthier
Ross County**

Community Health Needs Assessment
December 2025

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The Partners for a Healthier Ross County's 2025 Community Health Assessment (CHA) is the result of a collaboration between 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 Ross County community, demonstrated through participation in interviews, surveys, and the public comment process, were invaluable to this assessment. The partners extend their sincere appreciation for these contributions.

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A note from the Ross County Health Commissioner, Janelle McManis

As Health Commissioner of the Ross County Health District, I am pleased to present this Community Health Assessment to the residents, partners, and stakeholders of our county. This document represents months of collaborative work, data collection, and genuine engagement with the people who call Ross County home.

A Community Health Assessment, or CHA, is a systematic examination of the health status, behaviors, and needs of a community. It gathers quantitative data from sources like vital statistics and disease surveillance alongside qualitative insights from community surveys and stakeholder conversations. The purpose is straightforward: we cannot effectively address health challenges if we do not first understand them.

Ross County faces health challenges that are both unique to our rural Appalachian context and reflective of broader trends across Ohio. We have seen the devastating impact of the opioid epidemic on our families. We contend with chronic disease rates that exceed state averages. Geographic barriers and healthcare workforce shortages create real obstacles for residents seeking care. This assessment also reveals our community's remarkable resilience, strong partnerships, and residents who genuinely care about their neighbors' wellbeing.

This CHA was not created in isolation. It reflects the contributions of numerous partners including Adena Health System, Hopewell Health Center, community organizations, educational institutions, and most importantly, the residents who shared their experiences and perspectives. I also want to acknowledge the dedicated staff at Ross County Health District who invested countless hours in this effort.

This assessment is written for multiple audiences: community members, healthcare providers, nonprofit organizations, elected officials, and employers. Regardless of your role, I encourage you to approach this document with curiosity and a willingness to engage in the work that follows.

A Community Health Assessment is a starting point, not an end point. These findings will directly inform our Community Health Improvement Plan, the strategic roadmap guiding our collective action over the coming years. We will convene community partners to prioritize health issues, identify evidence-based interventions, and establish measurable goals.

I invite you to read this assessment as an active participant in our community's health. Consider how your organization, neighborhood, or family might contribute to solutions. At the Ross County Health District, we believe that strong partnerships lead to healthy communities and healthy people. The work we do together in response to these findings will determine our success in creating a healthier Ross County for generations to come.

A note from Adena Health CEO, Kathi Edrington

Dear community members and partners,

For more than 130 years, Adena Health has been honored to serve the residents of Ross County. Our deep-rooted commitment to this community extends well beyond delivering exceptional medical care — it encompasses truly understanding the people who call Ross 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 Ross 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 Ross County's vitality.

At Adena, we believe that creating a healthier Ross 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 Ross County.
In partnership,



Katherine Edrington
President and CEO
Adena Health

SECTION 1: INTRODUCTION TO THE 2025 ROSS COUNTY CHNA

Introduction

Health is shaped by more than medical care alone. Individual and community health reflect physical and mental conditions, health behaviors, and the social, economic, and environmental factors that influence daily life. Community health is assessed by examining patterns and trends in disease, mortality, and social conditions over time and in comparison, to other populations.

Poor health affects individuals, employers, and communities by limiting economic stability, productivity, and overall quality of life. As a result, improving health outcomes requires addressing the broader determinants of health, including education, income, housing, access to resources, and health literacy.

This Community Health Needs Assessment is made widely available to the public in accordance with Internal Revenue Code §501(r). The final report will be posted on the Adena Health and Ross County Health District websites and will remain publicly accessible until the completion of the next CHNA cycle. Printed copies will be provided 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.

Partners for a Healthier Ross County is such a group that combines all these voices. Multiple organizations including Adena Health, Ross County Health District, Ross County Community Action Commission, Hopewell Health Center and others are members of Partners for a Healthier Ross County.

In 2022, Partners for a Healthier Ross County completed the last community health assessment in Ross County. This assessment builds on that work by incorporating updated data and community input to identify current health needs, monitor changes over time, and support collaborative efforts to improve health and quality of life in Ross County.



Healthy People 2030, SHIP and CHNA

A Community Health Needs Assessment (CHNA) is a systematic and collaborative process used to identify, analyze, and prioritize the most significant health needs in a community. CHNAs are required of nonprofit hospitals under Internal Revenue Code §501(r) and are designed to inform community benefit planning, population health improvement strategies, and the development of a Community Health Improvement Plan (CHIP). The CHNA process integrates quantitative data, community input, and stakeholder perspectives to guide decision-making and align resources with community priorities.

Consistent with national and state guidance, this assessment aligns with Healthy People 2030, a decade-long national agenda established by the U.S. Department of Health and Human Services to improve health and well-being and to eliminate health disparities. Healthy People 2030 provides measurable objectives and targets across health conditions, health behaviors, social determinants of health, and health system performance that communities can use to benchmark local progress and prioritize strategies for improvement.

Healthy People 2030 Objectives and Measures



Healthy People 2030 Objectives and Measures
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Figure 1: Healthy People 2030 Objectives and Measures

This CHNA also aligns with the Ohio State Health Improvement Plan (SHIP), which serves as the state's roadmap to address priority health challenges and promote equity and well-being across Ohio. The SHIP emphasizes coordinated action across sectors to address social determinants of health, reduce disparities, and support policy, systems, and environmental changes that contribute to healthier communities.

2020-2022 State Health Improvement Plan (SHIP) framework

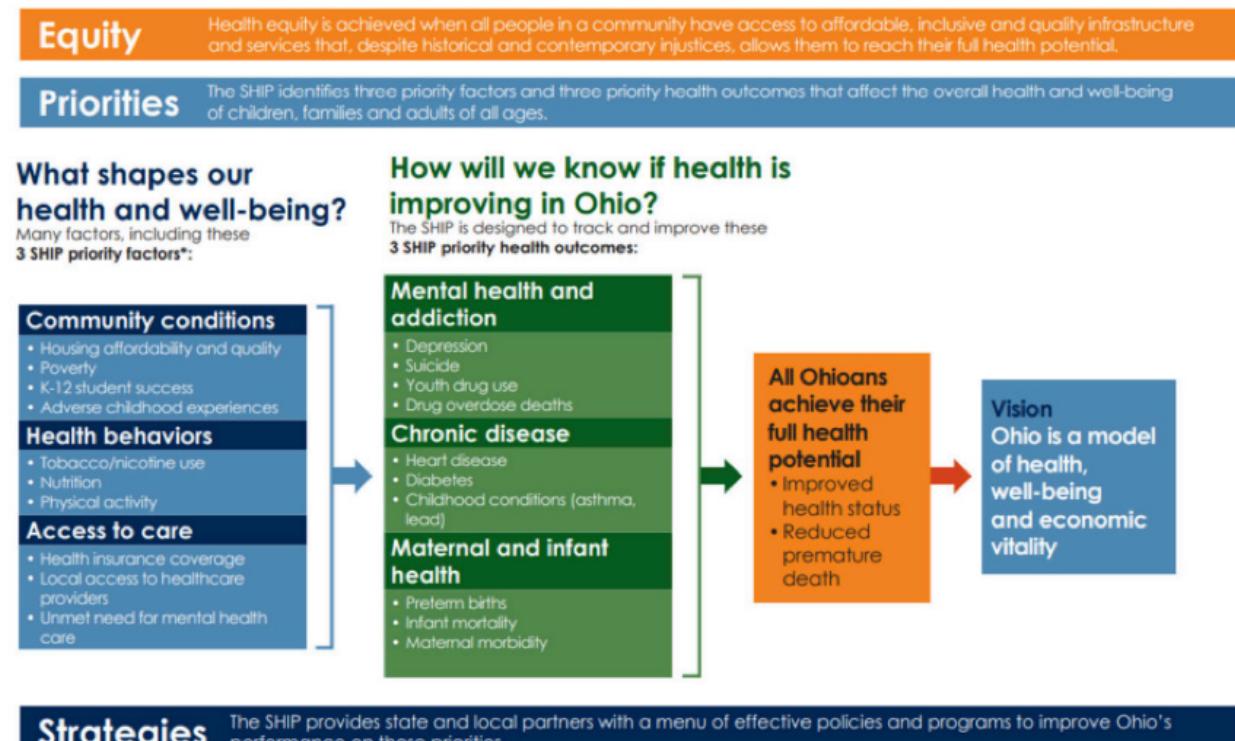


Figure 2: Ohio 2020-2022 State Health Improvement Plan Framework

Together, Healthy People 2030 and Ohio's SHIP provide frameworks that support this CHNA's focus on both outcomes and upstream drivers of health. Using these frameworks enhances the relevance and comparability of community health priorities, strengthens alignment with state and national objectives, and supports collaborative planning and evaluation.

Defining the population served provides essential context for interpreting the data, identifying disparities, and understanding the community health needs examined throughout this assessment.

Community Served

For purposes of this Community Health Needs Assessment, the community served by Adena Health is defined as Ross County, Ohio. This geographic definition reflects the primary service area of Adena Health facilities and programs, the population most likely to utilize hospital services, and the jurisdiction in which community health improvement efforts are coordinated.

Ross County includes both urban and rural communities and is designated as part of Ohio's Appalachian region. This definition was used consistently throughout data collection, analysis, and interpretation to ensure that findings accurately reflect the health needs, disparities, and assets of the population served.

Public Availability

This Community Health Needs Assessment is made widely available to the public in accordance with Internal Revenue Code §501(r). The final report is posted on the Adena Health website and the Ross County Health District website and will remain publicly accessible until the completion and publication of the subsequent Community Health Needs Assessment.

Printed copies of the report are available upon request at no cost. Requests may be made by contacting Adena Health or the Ross County Health District.





SECTION 2: SUMMARY AND OVERVIEW OF FINDINGS

Overview of Findings

The 2025 survey process yielded similar data as previous assessments. The health factors perceived in the community remained relatively unchanged with community concerns being related to economic opportunity, education, employment, mental health, substance use and basic needs of food insecurity and housing. County health rankings data was also process included. County Health Rankings & Roadmaps compares the health of counties within each state using standardized measures of health outcomes and health factors. Health factors reflect the social, economic, behavioral, clinical, and environmental conditions that influence health and help explain differences in life expectancy and quality of life across communities.

Health outcomes for Ross County stayed the same since the last assessment. Health factors have worsened. Some of this is attributed to gains lost in the post pandemic climate of the community, where social factors have worsened for many.

County Health Rankings												
Ross County, Ohio												
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Outcomes	81	81	74	81	74	76	77	77	77	77	78	76
Factors	69	72	64	64	65	56	55	49	56	72	73	71

Table 1: Ross County Health Rankings - 2014-2025

Existing data was collected from all applicable local, state, and federal agency sources, including public health agencies (e.g., Ohio Department of Health, Ohio Department of Job and Family Services, U.S. Department of Labor, U.S. Census Bureau). That data included demographics, economic and health status indicators, and service capacity/availability. Local data on health infrastructure, including an inventory of all healthcare providers, nutrition, fitness, and social support was also taken, as part of the public health system review. Additional mapping data from the CDC on social vulnerabilities were also compared with local health system population health data to identify disparities in resource availability.

Several indicators in this assessment are reported using multi-year rolling averages and are updated annually by national and state data systems. As a result, numeric values may vary slightly across sections depending on the most recent available data year. Where applicable, values are presented as ranges or trends to accurately reflect persistent patterns rather than single-year fluctuations.

Public Input and Comment

Meaningful community input was a central component of the 2025 Ross County Community Health Needs Assessment and was used to validate quantitative findings and inform priority setting. Community perspectives were collected through a countywide public survey, stakeholder interviews, and facilitated focus groups to ensure representation across age groups, sectors, and lived experiences.

A total of 693 community surveys were completed by Ross County residents age 18 and older. Surveys were distributed through both electronic and paper formats to increase accessibility, including outreach through health care sites, community organizations, social service agencies, libraries, food distribution locations, schools, and public events. Responses reflected a broad range of perspectives related to quality of life, access to care, health behaviors, and barriers to well-being.

In addition to the survey, stakeholder interviews and focus groups were conducted with approximately 80 participants, including local business leaders, community partners, and area high school students. These discussions provided qualitative insight into community strengths, emerging challenges, and gaps in services not fully captured through quantitative data alone. Youth focus groups were intentionally included to elevate youth voice and better understand factors affecting mental health, access to care, and community connectedness among adolescents.

Who Responded

Total Surveys: 693

Gender: 77.5% female; 20.7% male, 1% non-binary

Race: 92.7% White; 3.9% Black; 0.7% Hispanic; Less than 1% Asian; 2% other

Education: 39.5% four-year degree or higher; 17.12% Associates degree; 39.7% high school diploma or GED and/or some college; 3.5% no high school diploma

Household Income: 24.97% earning \$100,000 or more; 37.22% earning less than \$50,000; 18.25% earning less than \$25,000



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 Ross County.

Health Outcomes

- Most residents report fair to good health
- Chronic conditions are common
- Mental health and substance use are prevalent

Health Trends

- Mental health concerns worsening
- Substance use is a top issue
- Limited access to providers

Social Factors

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

Health Education Needs

- Mental health and coping skills
- Substance use prevention
- Nutrition and chronic disease management

Figure 3: Community perspective on 2025 Ross County survey

SECTION 3: ASSESSMENT FRAMEWORK AND METHODOLOGY

This section outlines the CHNA process utilized by the Partners for a Healthier Ross County to craft this document.

Partners for a Healthier Ross County

Partners for a Healthier Ross County is a longstanding, multi-sector community health coalition established in 1996 to improve the health and quality of life of Ross County residents through collaborative, data-driven action. The coalition brings together diverse stakeholders united by a shared commitment to addressing critical health challenges, reducing health disparities, and improving access to care and social supports across the community.

In 2016, Partners for a Healthier Ross County completed the county's first collaborative Community Health Assessment and Strategic Plan, marking a transition from individual agency assessments to a coordinated, countywide approach to community health improvement. This collaborative structure is formalized through a Memorandum of Understanding (MOU) and is guided by a steering committee and senior advisory council, ensuring representation from key sectors that influence health outcomes.

The coalition's membership includes healthcare providers, public health agencies, educational institutions, nonprofit organizations, local government, businesses, and community representatives. This broad participation strengthens the assessment and planning process by incorporating diverse expertise, perspectives, and resources. Partners also convene focused workgroups around priority health areas—such as mental health, nutrition, and health equity—to support targeted strategies and coordinated implementation efforts.

Partners for a Healthier Ross County utilizes the Mobilizing Action for Planning and Partnerships (MAPP) framework developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) to guide community health assessment and planning activities. This structured, data-driven process includes a comprehensive community health needs assessment, analysis of community trends and assets, identification of gaps and opportunities, and prioritization of key public health issues. Findings from this assessment informed the 2020 Community Health Improvement Plan (CHIP) and will directly guide development of the 2026 Ross County Community Health Improvement Plan.

Grounded in the values of commitment, engagement, communication, and respect, Partners for a Healthier Ross County envisions a community in which all residents are empowered to achieve their fullest physical and mental potential in a safe and healthy environment. Through sustained collaboration, accountability, and evidence-informed decision-making, the coalition continues to serve as a cornerstone for coordinated community health improvement in Ross County.

The following agencies and organizations are represented on the Partners for a Healthier Ross County:

- Adena Health
- Chillicothe & Ross Public Library
- City of Chillicothe
- Hope Clinic of Ross County
- Hope Partnership Project
- Hopewell Health Center
- Ohio University–Chillicothe
- Paint Valley ADAMH Board
- Ross County Board of Developmental Disabilities / Pioneer Center
- Ross County Community Action Commission
- Ross County Health District
- Ross County Parks District
- Scioto Paint Valley Mental Health Center
- United Way of Ross County
- Veterans Administration Hospital of Chillicothe

CHNA Process

As with previous assessments, the Partners for a Healthier Ross County 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 690 public surveys were completed in addition to focus groups and stakeholder review opportunities.

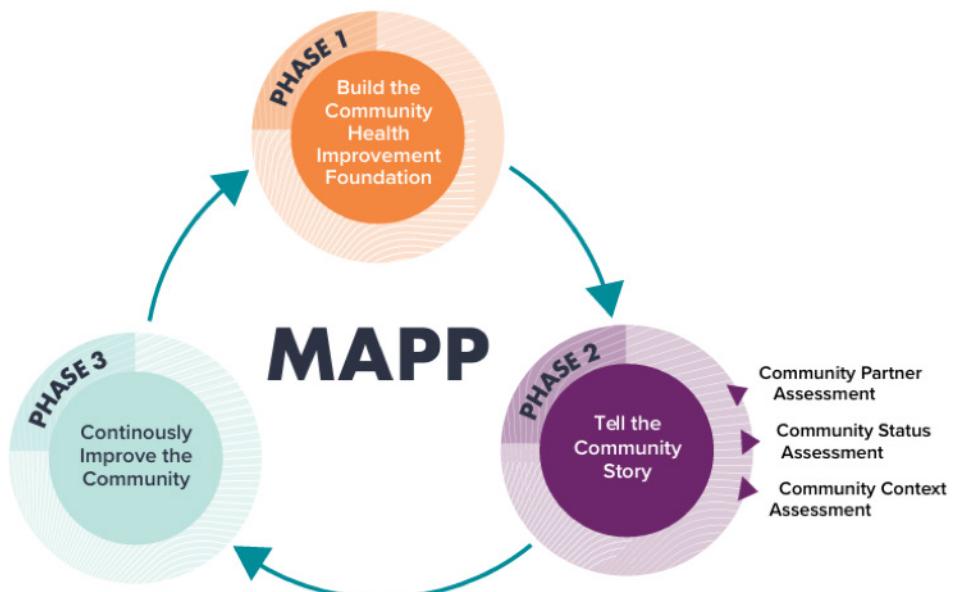


Figure 4: NACCHO MAPP 2.0 Process

Community Assessments

The 2025 Community Health Needs Assessment was completed through a comprehensive process of data collection and evaluation utilizing the MAPP process. The data for the report reflects Ross County. Both qualitative and quantitative data were collected from primary and secondary sources. Data was collected in a total of four categories (Figure 5): Community Themes and Strengths; Local Public Health System; Community Health Status; and Forces of Community Change.

The information was systematically compiled and assessed by the Partners steering committee, in collaboration with hospital and public health work teams, to determine and prioritize specific health-related needs. The published assessment resulting from these efforts is intended to inform decision-makers and funders about the challenges Ross County faces in improving community health, as well as the priority areas where support is most needed.

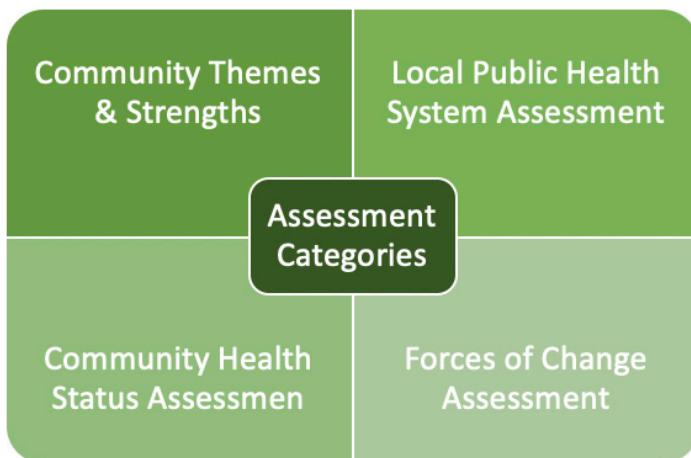


Figure 5: 2025 Ross CHNA Assessment Categories

Methods

Quantitative and qualitative methods were used to collect information for the assessment. Quantitative data includes demographic data for the county's population, vital statistics such as birth and death rates, and disease prevalence for the county. Qualitative data was collected provides greater insight to the issues experienced by the population. Data includes opinions expressed from a widely distributed community health survey - which received 693 responses - as well as community stakeholder interviews and focus groups.

Data Sources

Primary and secondary data sources were used as part of the needs assessment and came from both internal and external sources.

Primary methods used in the assessment process for collecting input from the community were a survey, focus groups, and stakeholder interviews. Secondary data includes statistics and other data already published or reported to government agencies. An example is rates of childhood obesity.

Data was collected from all applicable local, state, and federal agency sources, including public health agencies (e.g., Ohio Department of Health, Ohio Department of Job and Family Services, U.S. Department of Labor, U.S. Census Bureau). This data included demographics, economic and health status indicators, and service capacity/availability.

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 questionnaire was developed for the public, which asked respondents about the most important health needs, common barriers, and habits they used to maintain their own personal health. The survey was distributed in paper copy by member agencies and community partners to a variety of locations in Ross County where the groups of interest would best be reached. Those include local food banks, social service providers, community health clinics, the public health department, and Adena Health locations. In addition, the survey was made available broadly through an electronic survey. Notices about the online version with its link were posted on member

agency's websites, social media pages, and emailed to members of local business, government, civic groups, schools, and universities. Answers from the paper surveys received were entered to the electronic survey by Adena Health and Ross County Health District staff.

Stakeholder Interviews/Focus Groups

An interview script was developed for the community which asked participants their opinions about the community's strengths, major challenges, and resources needed to improve the health of the community. Five stakeholders completed this assessment. There were also 80 participants in the focus groups, which included area students and business leaders. Responses were then reviewed for themes and consensus results.

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 Ross County Health District.

Of the 693 surveys received, 657 responses from Ross County residents and met inclusion criteria to be incorporated into the final analysis.

In addition to the public survey, focus groups were conducted with local business leaders and area high school students to capture perspectives that may not be fully represented through survey methods alone. These discussions provided qualitative insight into workforce-related health concerns, economic and housing pressures, youth mental health, substance use, and barriers to opportunity, and helped contextualize survey findings within lived community experience.

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 Ross 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 Ross County and the surrounding southern Ohio region continue to shape health outcomes for residents. Southern Ohio counties, including Ross County, consistently rank among the least healthy counties in the state, reflecting long-standing structural challenges. 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 influence future health.

In the 2025 County Health Rankings, Ohio continues to perform poorly relative to other states on key population health measures. 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 2025, Ross County ranks 76th of 88 counties for health outcomes and 71st of 88 counties for health factors, placing the county in the bottom quartile statewide. These rankings are driven primarily by premature mortality, mental distress, injury deaths, economic insecurity, tobacco use, and physical inactivity—areas where Ross County continues to experience elevated risk.

Ross County's health outcomes ranking has remained relatively stable over the past several years, reflecting persistent challenges related to premature mortality and quality of life. Mortality rates associated with heart disease, lung cancer, and chronic lower respiratory disease remain above state and national averages. These outcomes represent the cumulative effects of health behaviors, access to care, and broader social and economic conditions over time and typically change slowly.

Health factors rankings worsened after 2022, declining from the mid-50s to the low-70s

beginning in 2023. This shift reflects a combination of methodological updates to the County Health Rankings model and post-pandemic changes in underlying conditions affecting counties across Ohio. Increased emphasis on measures related to economic stability, housing and childcare costs, workforce participation, mental health, substance use, and social connectedness disproportionately affected rural and Appalachian counties such as Ross County, where these challenges remain prevalent. While improvements have occurred in select areas, they have not been sufficient to offset broader social and economic pressures.

Clinical care represents a relative strength for Ross County. In the 2023 County Health Rankings, the most recent year in which Ohio county-level Clinical Care sub-rankings were published, Ross County ranked 7th out of 88 counties statewide, placing it in the top decile for access to and quality of health care. This performance reflects comparatively strong insurance coverage, provider availability, and delivery of selected preventive and outpatient services. Investments in health care infrastructure and service access have contributed positively to this domain.

Despite strong clinical care performance, improvements in overall health outcomes have been limited. This reflects the County Health Rankings framework, which emphasizes that clinical care accounts for only a portion of what influences population health. Social and economic conditions, health behaviors, and environmental factors—areas where Ross County continues to rank poorly—exert a greater influence on long-term outcomes such as premature death and quality of life.

The additional data presented in this assessment builds upon these findings to identify priority health needs for Ross 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. This data, combined with community input, guide the prioritization process and inform the development of targeted, collaborative strategies to improve health and well-being across Ross County.

County Health Rankings Ross County, Ohio													
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
Outcomes	81	81	74	81	74	76	77	77	77	77	78	76	
Factors	69	72	64	64	65	56	55	49	56	72	73	71	

Table 2: Ross County, Ohio Health Rankings 2014-2025

Ross County continues to experience poorer health outcomes compared to most Ohio counties, particularly related to premature mortality, chronic disease, and mental health. While clinical care represents a relative strength, persistent social, economic, and behavioral factors remain key contributors to the county's priority health needs and limit overall improvements in population health.

This table consolidates all County Health Rankings-related outcome and driver metrics into one authoritative reference to ensure internal consistency, methodological transparency, and defensibility for IRS, hospital boards, and state reviewers.



Core Population Health & County Health Rankings Metrics						
Health Outcomes Rank (of 88)	76	—	—	2025	Bottom quartile statewide; driven primarily by premature mortality and quality-of-life indicators	
Health Factors Rank (of 88)	71	—	—	2025	Reflects worsening social & economic conditions, mental health, injury risk, and health behaviors	
Clinical Care Rank (of 88)	7	—	—	2023	Relative system strength; does not offset poor outcomes driven by non-clinical factors	
Life Expectancy	~73 years	~75–76	~77–78	2020–2024 (multi-year)	Consistently 2–4 years lower than state and national benchmarks	
Premature Death (YPLL <75 per 100,000)	~11,000–12,000	~9,400	~8,000	2022–2024	Central driver of poor outcomes ranking; reflects excess early mortality	
Premature Age-Adjusted Mortality (<75)	~560 per 100,000	~450	~390	2024	Indicates worsening early death risk among working-age adults	
Suicide Death Rate (age-adjusted)	17.5 per 100,000	14.7	14.1	2023	Persistent behavioral health crisis despite slight year-to-year decline	
Drug Overdose Death Rate (age-adjusted)	66.5 per 100,000	39.0	31.3	2023	Major contributor to injury deaths and premature mortality	
Injury Deaths (overall)	Elevated	—	—	2023–2024	Driven by overdoses, motor vehicle crashes, and falls	
Adults with Frequent Mental Distress	Elevated	—	—	2023–2024	Key factor influencing both outcomes and factors rankings	
Adult Smoking Prevalence	23.5%	~18%	~13%	2023	Major driver of cancer, COPD, and cardiovascular mortality	
Adult Obesity Prevalence	~42%	~38%	~34%	2023	Sustains chronic disease and diabetes burden	
Physical Inactivity	~29%	~24%	~23%	2023	Linked to obesity, cardiovascular disease, and diabetes	
Data Interpretation Note: Metrics shown 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 may vary slightly by reporting year. Values are presented as ranges where appropriate to accurately reflect persistent trends rather than single-year fluctuations.						

COMMUNITY PROFILE

Ross County, Ohio

Ross County is in rural south-central Ohio and is one of the state's 32 designated Appalachian counties. Covering approximately 688.5 square miles, Ross County (Figure 6) is among the largest counties in Ohio by geographic area and is characterized by a predominantly rural landscape.

Much of the county consists of forested and agricultural land, with relatively limited residential, commercial, and industrial development. These land-use patterns influence transportation access, service availability, economic opportunities, and access to health care across the county.

Ross County has an estimated population of approximately 76,000 residents and has experienced modest population decline in recent years.



Figure 6: Ross County, Ohio

Chillicothe, the county seat, is the largest population center and serves as the hub for employment, health care services, education, and social supports. Outside of Chillicothe, many residents live in smaller towns or unincorporated areas, where access to services, healthy food, and transportation may be more limited.

As part of the Appalachian region, Ross County shares several demographic and socioeconomic characteristics commonly associated with Appalachian communities, including lower educational attainment, limited economic diversification, and higher rates of poverty compared to state and national averages. These factors are closely linked to health outcomes and contribute to disparities in chronic disease, behavioral health conditions, and access to preventive care.

Geographic size, rural settlement patterns, and socioeconomic conditions all play an important role in shaping health in Ross County. Residents in rural areas may face longer travel distances to health care providers, fewer transportation options, and reduced access to specialty services. These challenges, combined with economic and social stressors, underscore the importance of coordinated, community-based approaches to improving health outcomes.

Community Assets

As part of understanding the conditions that influence health and quality of life, Ross County's assets are described using a community capitals framework. This approach recognizes that health is shaped not only by medical care, but also by natural, cultural, social, economic, and structural resources within a community. The following sections summarize key community capitals as they relate to current conditions in Ross County.

Natural Capital

Ross County possesses significant natural capital, characterized by a largely rural landscape that includes forested land, farmland, waterways, and diverse wildlife habitat. These natural assets contribute to environmental quality, agricultural productivity, and access to outdoor recreation—factors that support physical activity, mental well-being, and overall community health.



A key component of Ross County's natural capital is the Ross County Park District, which manages and maintains multiple parks, preserves, and natural areas throughout the county. Park District properties provide residents with accessible opportunities for walking, hiking, nature observation, and outdoor recreation across both urban and rural settings. These spaces support daily physical activity, social interaction, and stress reduction, particularly for residents who may have limited access to private recreational facilities or public transportation. The Park District also engages in land stewardship and environmental education, deepening community connections to the natural environment while promoting healthy behaviors.

In addition to locally managed parks, Ross County also benefits from the Ohio state park and forest system. Portions of state-managed recreation and conservation lands—including segments of forested areas and trail networks—extend into or near Ross County, providing expanded opportunities for outdoor activity such as hiking, fishing, boating, and nature study. The presence of state lands complements local park resources by offering larger tracts of continuous natural area that support regional tourism and attract outdoor recreation visitors from across central Ohio. This configuration reflects how Ross County's natural capital combines local accessibility with regional ecological assets.

Parks and natural areas—whether managed at the township, county, or state level—are important for promoting chronic disease prevention and mental health. Access to green space and outdoor recreation is strongly associated with increased physical activity and reduced risk factors for cardiovascular disease, diabetes, and obesity. Natural settings also support psychological well-being by reducing stress, lowering symptoms of anxiety and depression, and enhancing social connection through shared recreational experiences.

Beyond formal park lands, the county's broader landscape—including agricultural fields, forested tracts, waterways such as the Scioto River and Paint Creek, and scenic rural corridors—further contribute to quality of life. These environments support clean air and water, local food systems, and habitats for wildlife, while offering additional venues for outdoor activity and recreation that bolster community health.

Overall, Ross County's combination of locally managed park facilities, access to portions of Ohio's state park system, and extensive natural landscapes provides a robust foundation for physical activity, mental well-being, and environmental sustainability. These natural assets are essential elements of community health and contribute meaningfully to long-term quality of life.

Cultural Capital

Ross County has a rich cultural history that continues to shape community identity and regional recognition. Chillicothe, Ohio's first capital city, is home to significant historic and cultural resources, including sites associated with early statehood and Indigenous history.

In 2023, the Hopewell Ceremonial Earthworks, several of which are located in Ross County, were designated a UNESCO World Heritage Site, recognizing their global cultural significance. This designation highlights the area's deep pre-historic roots and elevates Ross County's role in preserving and sharing Indigenous heritage. These cultural assets support tourism, community pride, and economic activity, while also contributing to social cohesion and a shared sense of place.

Ross County is part of Ohio's Appalachian region, and local culture reflects the values and traditions of Appalachia, including strong ties to place, family, and community institutions. While the county's population is relatively homogeneous compared to state and national averages, cultural identity and historical continuity remain defining characteristics of the community.

The faith community is a significant part of cultural life in Ross County. According to recent religious census data, there are dozens of religious congregations representing a wide range of Christian traditions, including non-denominational churches. Overall, local religious adherent data reflects hundreds of congregational sites serving the area.

These congregations serve as centers of community life by providing spiritual support, social connection, and a range of volunteer and service activities. Many churches partner with local nonprofit organizations — including health and social service providers — to offer food assistance, health education, community outreach, and support for vulnerable residents. Faith-based organizations also contribute to social support structures, especially in rural areas of the county where formal services may be less accessible. Through worship services, small groups, volunteer projects, and advocacy, the faith community strengthens social ties and enhances the county's capacity to address community needs.

Human Capital

Ross County's human capital includes educational institutions, workforce development programs, and civic and philanthropic organizations that support resident capacity and opportunity. Ohio University-Chillicothe serves as a regional higher education resource, providing access to associate and bachelor's degree programs, workforce training, and lifelong learning opportunities for both traditional and nontraditional students.

Career and technical education play an important role in building workforce readiness in Ross County. The Pickaway-Ross Career & Technology Center (PRCTC) serves high school students and adults across Ross County and surrounding areas, offering career pathways in health care, skilled trades, manufacturing, information technology, public safety, and other in-demand fields. Adult education and credentialing programs provide opportunities for reskilling and upskilling, supporting employment and economic mobility for residents.

Additional workforce development efforts are supported through partnerships with local employers, economic development organizations, and regional workforce agencies. These programs focus on aligning training opportunities with local labor market needs, strengthening employer pipelines, and addressing barriers to employment such as transportation, credential access, and workforce participation.

Educational attainment in the county has gradually improved over time; however, disparities persist and continue to influence economic stability and health outcomes. Lower levels of educational attainment are associated with higher unemployment, lower income, and poorer health outcomes. Continued investment in education, job training, and workforce readiness remains critical to strengthening human capital, supporting economic resilience, and improving long-term health and well-being for Ross County residents.

Social Capital

Social capital in Ross County is supported by a broad network of community organizations, faith-based institutions, volunteer groups, and civic associations that foster connection, trust, and mutual support. These social networks are key components of the Social and Community Context domain of the CDC and ODH Social Determinants of Health framework and serve as important protective factors for physical health, mental health, and overall well-being.

According to County Health Rankings & Roadmaps, Ross County has approximately 10 associations per 10,000 residents, reflecting the presence of civic, faith-based, and community organizations that support engagement and collaboration. These associations contribute to community connectedness, reduce social isolation, and support collective action to address local needs.

Community-based organizations serve residents across the lifespan and address population-specific needs. Senior-focused programs and organizations provide opportunities for social interaction, nutrition support, physical activity, and service coordination for older adults, helping to reduce isolation and support aging in place. Youth-serving organizations, including Big Brothers Big Sisters, Paper City Mentoring, and other mentoring and after-school initiatives, promote positive youth development, educational engagement, and social-emotional health. These efforts directly support long-term health outcomes by strengthening resilience, educational attainment, and social support systems.

Arts, culture, and recreation further enhance social capital by creating shared spaces and experiences that bring residents together. Community theater, performing arts, and cultural programming in Chillicothe and surrounding areas provide opportunities for creative expression, civic participation, and social connection. Access to cultural and recreational activities contributes to mental well-being, quality of life, and community pride.

Local media outlets are an important component of Ross County's social infrastructure and support both the Social and Community Context and Health Care Access and Quality domains of SDOH. Print, radio, and digital platforms—including the Chillicothe Gazette, local radio stations, and online community media—play a critical role in disseminating information related to public health, community events, emergency communications, and available services. Increased use of social media by community organizations, health agencies, and local governments has expanded the reach of health education, outreach, and engagement efforts, particularly among working-age adults and younger populations.

Together, these formal and informal social networks strengthen community resilience and enhance Ross County's capacity to address health needs through collaboration, communication, and shared action. Strong social capital supports prevention efforts, improves access to information and services, and plays a critical role in advancing health equity across the community.

Political Capital

Ross County benefits from active local governance and civic leadership, including elected officials, county and municipal boards and commissions, and advocacy and service organizations. These entities play a central role in shaping local policy, land use and development decisions, infrastructure planning, and the allocation of public and private resources that directly influence community health, access to services, and economic opportunity.

Political capital in Ross County is further strengthened through participation in regional and state initiatives that support economic development and community revitalization. As part of Ohio's Appalachian region, the county is eligible for and has participated in Appalachian-focused funding and planning efforts, including projects supported through the Appalachian Community Grant Program (ACGP) administered by the Ohio Development Services Agency. ACGP investments have supported community and economic development priorities such as downtown revitalization, infrastructure improvements, workforce and site development, and projects intended to strengthen long-term regional competitiveness. These investments indirectly support health by improving economic stability, employment opportunities, and the built environment.

Local governance structures—including the Board of County Commissioners, municipal leadership in Chillicothe, and planning and development commissions—provide mechanisms for cross-sector collaboration and public input. Partnerships among local government, economic development organizations, health systems, nonprofit agencies,

and residents have supported coordinated approaches to community improvement, grant pursuit, and implementation of strategic initiatives.

Collectively, these governance and leadership structures enhance Ross County's capacity to advocate for external resources, align local priorities with state and regional strategies, and implement policies that address social determinants of health. Strong political capital supports accountability, coordination, and sustained investment in initiatives that improve community health and well-being.

Built Capital

Ross County's built capital includes transportation networks, public utilities, schools, health care facilities, historic structures, and community spaces that support daily living and access to essential services. Chillicothe serves as the county's primary service hub, concentrating on health care, education, social services, employment, and civic infrastructure. In contrast, residents in more rural areas may face challenges related to distance, transportation availability, and service access, which can affect timely access to care, employment opportunities, and healthy food.

Health care infrastructure and public facilities play a central role in supporting community health; however, geographic dispersion and limited public transportation options present ongoing barriers for some residents—particularly older adults, individuals with disabilities, and households without reliable transportation. These factors influence access to preventive care, chronic disease management, and social services.

Housing is a critical component of the built environment and a key driver of health outcomes. Overall, housing in Ross County remains relatively affordable compared to state and national averages. Recent estimates place the median home value below the Ohio average, while current market data show median home sale prices that vary by location and housing type.

Median gross rent remains comparatively modest; however, affordability must be considered in the context of local incomes and housing quality.

Despite relative affordability, state, regional, and Continuum of Care (CoC) housing analyses identify persistent challenges related to aging housing stock, housing quality, and the availability of safe, affordable units, particularly for low- and moderate-income households. Older housing is more likely to require repairs and upgrades and may present health risks such as poor indoor air quality, energy inefficiency, and environmental hazards. These conditions can strain household finances and negatively affect physical and mental health. Housing cost burden is an ongoing concern. A meaningful share of Ross County households—especially renters—spend 30% or more of their income on housing costs, limiting resources available for food, health care, transportation, and other necessities. A smaller but important subset of households experience severe cost burden, spending more than 50% of income on housing, which increases the risk of housing instability and homelessness. These pressures are most pronounced among households with fixed or lower incomes.

Ross County has undertaken efforts to strengthen built capital through redevelopment initiatives, land banking, infrastructure investment, and housing improvement strategies. Local and regional partnerships focused on revitalization, housing rehabilitation, and community development support neighborhood stability and livability. Continued investment in housing quality, affordability, transportation, and infrastructure remains essential to addressing built environment barriers and advancing health equity across the county.

Governance

Governance in Ross County is supported by a multi-layered system of county, municipal, and township leadership that provides the framework for decision-

making, coordination, and accountability across the community. County government is led by a three-member Board of County Commissioners, which is responsible for fiscal oversight, infrastructure investment, land use and development, and coordination of countywide services. Municipal governance in the City of Chillicothe and other incorporated areas oversees local planning, utilities, public safety, and community development.

Township governance plays a critical role in supporting health access and emergency services in rural and unincorporated areas of Ross County. Each township is governed by an elected board of township trustees and a fiscal officer, consistent with Ohio law. Townships are responsible for maintaining local roadways, supporting or providing fire and emergency medical services, and overseeing certain land use and infrastructure functions. Given Ross County's large geographic size and rural settlement patterns, township-managed roads and services directly affect residents' ability to access health care, pharmacies, food resources, and social services.

Fire and emergency medical services (EMS) provided or supported at the township level are essential components of the local health system, particularly for residents who live farther from hospitals, urgent care centers, and specialty providers. Response times, equipment availability, and staffing capacity at the township level can influence outcomes for medical emergencies, injuries, and behavioral health crises. Township investments in emergency services therefore play an important role in protecting health and safety across rural areas of the county.

Township governments also influence rural health through decisions related to road maintenance, signage, and winter weather response, which affect safe travel to medical appointments and emergency care.

In addition, township participation in regional emergency planning and coordination with county agencies supports preparedness for public health emergencies, severe weather events, and other disruptions that disproportionately impact rural residents.

Ross County is further supported by boards, commissions, and advisory bodies focused on planning, transportation, housing, and community development, which help align township, municipal, and county priorities. Governance capacity is strengthened through participation in regional and state initiatives, including Appalachian-focused planning and funding programs that support infrastructure, emergency services, housing, and economic development.

Effective governance across county, municipal, and township levels enables cross-sector collaboration among local governments, public health agencies, health care systems, schools, nonprofit and faith-based organizations, and emergency responders. These coordinated efforts are essential to addressing rural health access challenges, improving emergency response capacity, and advancing health equity throughout Ross County.

Demographic Characteristics

A profile of Ross County and its residents was developed using publicly available data sources, including vital statistics and key demographic, economic, and education indicators. These measures provide an objective baseline for understanding community conditions and population health trends.

Because health is shaped by a complex interaction of social, economic, and environmental factors, quantitative indicators alone do not fully capture community needs. To support CHNA planning and priority setting, this data is interpreted alongside community input and public opinion findings presented in the next section.

The tables that follow summarize population characteristics, including diversity and demographic composition, to provide context for understanding health needs, disparities, and opportunities for improvement in Ross County. See also the Key Demographic Takeaway report in the Appendix.

Population Size and Growth Trends

Ross County's population is estimated at 76,046 residents, reflecting a 2.6% decline since 2010. While Ohio and the United States experienced population growth over the same period (+2.3% and +9.2%, respectively), Ross County has experienced a gradual population decrease. This trend is consistent with patterns observed across many rural and Appalachian counties and has implications for workforce availability, tax base, service demand, and long-term community sustainability.

Population decline can also influence health system capacity, school enrollment, and economic opportunity, particularly when paired with an aging population and outmigration of younger adults.

Year	Ross County	Ohio	U.S.
2010	78,064	11,536,504	308,745,538
2020	77,093	11,617,527	320,635,163
2024 (est.)	76,046	11,799,448	340,110,988
Percent Change	-2.6%	2.3%	9.2%

Source: U.S. Census Bureau, 2019; 2024

Information was found from Table PEPANNRES: Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2019

QuickFacts Ross County, Ohio. (2024). Census.gov | U.S. Census

Bureau. <https://www.census.gov/quickfacts/fact/table/rosscountyohio/HSG445223>

Table 4: Ross County, Ohio Population Patterns

Age Distribution and Aging Population

Ross County's population is concentrated in the working-age adult group (25–64 years), which accounts for approximately 54% of residents. However, the county is experiencing a gradual aging trend. Adults aged 65 and older now represent 16.6% of the population, an increase from 15.4% reported in 2019, and closely mirrors the Ohio average.

This aging demographic has important implications for chronic disease prevalence, disability rates, transportation needs, caregiving demand, and access to health services, particularly in rural areas where service availability may be limited.

Veterans and Disability

Ross County has a higher proportion of veterans (8.7%) compared to Ohio (7.6%) and the United States (7.1%). Veterans may have unique health needs related to physical injury, mental health, and access to specialized services.

Disability prevalence in Ross County is substantially higher than state and national levels, affecting 20.4% of residents of any age, compared with 14.0% in Ohio and 12.7% nationally. Disability prevalence is especially high among adults aged 65 and older (45.0%), which reinforces the need for accessible health care, transportation, housing, and supportive services.

Race, Ethnicity, and Gender

Ross County's population remains less racially and ethnically diverse than Ohio and the United States overall. Approximately 90.2% of residents identify as White, compared with 80.5% statewide and 70.4% nationally. African American residents represent 5.7% of the population, making them the largest racial minority group in the county, though this proportion remains well below state and national averages.

Hispanic or Latino residents account for 1.3% of the population, and Asian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander populations each represent less than 1%. While diversity is limited in size, even small populations may experience disproportionate health burdens, underscoring the importance of equity-focused planning.

Ross County has a slightly higher proportion of males (52.2%) than females (47.8%), which differs from state and national patterns and may influence workforce composition, injury risk, and chronic disease profiles.

Table 5: Breakdown of population by age, sex, race, ethnicity and Veteran status

	Ross County 2021	Ross County 2023	Ohio 2023	United States 2023
Age				
0-17	21.1%	20.6%	21.6%	21.7%
18-24	7.5%	8.0%	8.9%	9.1%
25-44	26.1%	25.5%	26.1%	26.9%
45-64	27.7%	27.2%	24.3%	24.6%
65+	17.6%	18.7%	19.1%	17.7%
Median Age	41.6%	40.4	39.9	39.2
Sex				
Male	52.6%	51.7%	49.3%	49.5%
Female	47.4%	48.3%	50.7%	50.5%
Race & Ethnicity				
White	88.6%	88.7%	76.5%	58.2%
Black / African American	5.7%	5.3%	12.1%	12.0%
Native / Pacific Islander	N/A	0.2%	0.1%	0.5%
Asian	N/A	0.5%	2.4%	5.8%
More than One Race	N/A	3.7%	3.9%	3.9%
Other	N/A	0.2%	0.4%	0.5%
Hispanic	N/A	1.4%	4.6%	19.0%
Veteran Status				
Population with Veteran Status	N/A	7.2%	6.5%	6.1%

Source: American Community Study, 2023; N/A – Data Unavailable

Households, Families, and Living Arrangements

Ross County households average 2.44 persons, slightly higher than the Ohio average but smaller than the national average. Approximately 26.8% of households include children under age 18, similar to state and national patterns.

Notably, female-headed households with children (7.5%) are more common in Ross County than in Ohio and the U.S. These households often face higher economic strain and increased risk of food insecurity and housing instability, which are important considerations for maternal and child health planning.

Marriage rates in Ross County are similar to statewide averages, though the county reports higher rates of divorce among males and a growing share of never-married adults, reflecting broader social and economic shifts.

	Ross County 2021	Ross County 2023	Ohio 2023	United States 2023
Average Household Size	2.3	2.5	2.3	2.5
Households with one or more individuals under 18 years of age	28.1%	26.6%	27.0%	28.8%
Households with an individual 65 years or older living alone	13.8%	12.3%	13.3%	11.6%
Owner-occupied housing units	68.0%	69.1%	67.1%	65.2%
Renter- occupied housing unites	32.0%	30.9%	32.9%	34.8%

Table 6: 2021 & 2023 Ross County household data compared to Ohio and the United

Implications for Community Health

Together, these demographic trends—population decline, aging, limited racial diversity, higher disability prevalence, and household vulnerability—shape current and future health needs in Ross County. These characteristics influence demand for chronic disease management, behavioral health services, maternal and child health supports, transportation access, and workforce development.

Understanding who lives in Ross County and how population characteristics are changing provides essential context for interpreting health outcomes, identifying disparities, and guiding priorities addressed later in this Community Health Needs Assessment.

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:

1. Socioeconomic status,
2. Household characteristics,
3. Racial & ethnic minority status/language,
4. 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 4 shows the CDC/ATSDR Social Vulnerability Index (SVI).

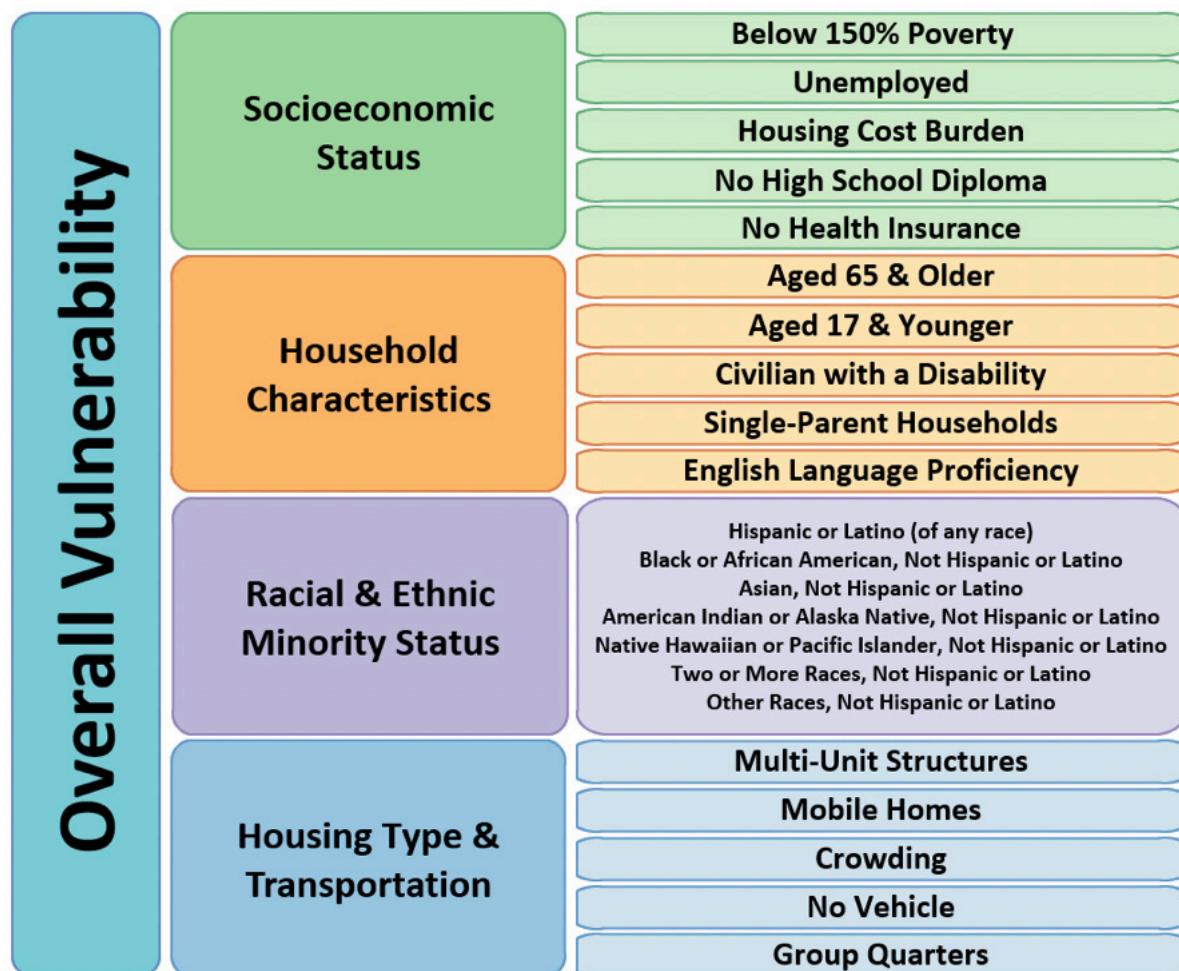


Figure 7: CDC/ATSDR Social Vulnerability Index (SVI) (Source: CDC)

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.

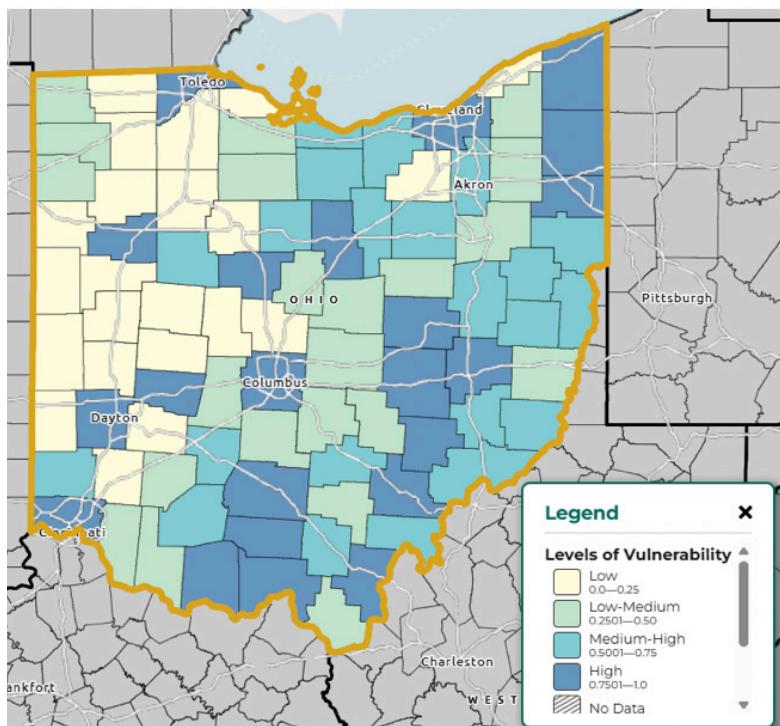


Figure 8: Ohio Social Vulnerability Map (Source: CDC)

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.

Ross 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. In Ross County, the highest levels of vulnerability are observed in the eastern region of the City of Chillicothe and in the south-central rural areas of the county, as indicated in dark blue.

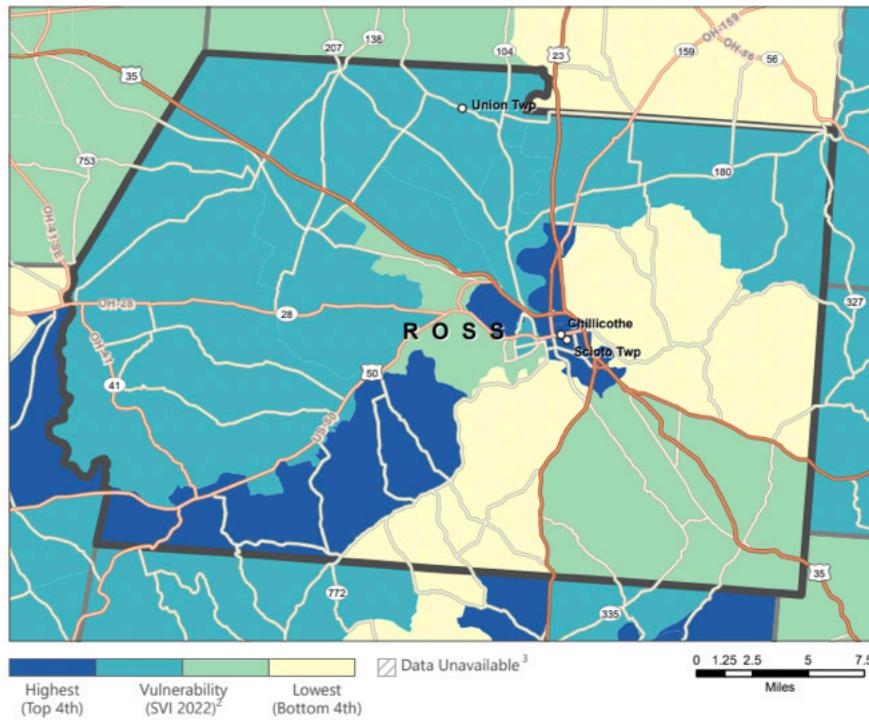


Figure 9: CDC Areas of Social Vulnerability for Ross County, Ohio

Social Determinants Driving Risk and Outcomes

Social and economic conditions play a critical role in shaping health risks and influencing the effectiveness of prevention and treatment efforts in Ross County. Indicators of financial strain and material hardship remain elevated and contribute to ongoing disparities in health outcomes. For example, 22.9% of children experience food insecurity (compared to 20.1% in Ohio and 18.4% nationally), and more than half of renter households (51.1%) spend 30% or more of their income on housing, reflecting widespread housing cost burden.

Housing instability further compounds these challenges. During the January 2025 Point-in-Time Count, 148 individuals were identified as experiencing homelessness in Ross County. Food insecurity, housing cost burden, and homelessness are widely recognized upstream factors that increase the risk of chronic disease, behavioral health crises, and delayed or avoidable care by limiting access to stable environments, nutritious food, transportation, and consistent healthcare engagement.

Together, these social determinants contribute to the population health profile observed in Ross County, including elevated rates of chronic disease, preventable illness, and premature mortality—particularly among older adults and individuals experiencing economic instability. While these outcomes are influenced by individual behaviors and social conditions, they are also shaped by system-level factors such as healthcare availability, affordability, and care coordination. The following section examines access to care in Ross County, including provider capacity, insurance coverage, healthcare utilization, and preventive service access, to better understand how the healthcare system interacts with social conditions to influence population health outcomes.

Health Related Drivers of Care

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, and environmental conditions that influence health outcomes, contribute to health disparities, and affect access to care, particularly for Medicaid-eligible, Medicare, rural, and other vulnerable populations.

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 conditions and material needs that shape health risks, healthcare utilization, and health equity in Ross County. 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 health and community-based solutions. Accordingly, this assessment examines conditions across key SDOH/HRDOH domains, including economic stability, education and workforce readiness, housing stability, food access and nutrition security, transportation, neighborhood and built environment, and social vulnerability. By evaluating these domains together, the assessment identifies priority health needs and illustrates how overlapping social and environmental factors contribute to preventable disease burden, disparities in access to care, and premature mortality in Ross County.

Education, Workforce Readiness, and Economic Opportunity

Educational attainment and workforce readiness emerge as foundational drivers of health in Ross County and represent a priority health need due to their downstream impact on income stability, health literacy, insurance coverage, and healthcare access.

In 2022, 11.1% of adults age 25 and older in Ross County lacked a high school diploma, exceeding the Ohio average, while only 16.2% held a bachelor's degree or higher—nearly half the state rate. Lower educational attainment limits access to higher-wage employment, increases reliance on public assistance, and reduces the ability to navigate healthcare systems, understand preventive care recommendations, and manage chronic conditions effectively.

Community focus group findings reinforced these patterns, with employers identifying persistent gaps in career exposure, soft skills, and credentialing pathways. These gaps contribute to unstable employment, higher turnover, and limited access to employer-sponsored health insurance. As a result, educational and workforce readiness gaps function as upstream drivers of economic insecurity and unmet healthcare needs, elevating the risk of stress-related illness, behavioral health concerns, and delayed care.

Employment, Income Stability, and Poverty

Economic stability is a central determinant of health and a priority health need in Ross County due to its strong association with mental health burden, chronic disease prevalence, and healthcare utilization patterns.

Although Ross County's unemployment rate is comparable to state and national averages, nearly 47% of residents ages 16 and older are not participating in the labor force, a proportion substantially higher than Ohio and U.S. benchmarks. Elevated rates of non-participation reflect structural barriers including disability, caregiving responsibilities, limited transportation access, and childcare affordability. These conditions reduce household earning capacity, increase financial stress, and limit access to consistent health coverage—particularly for working-age adults and families.

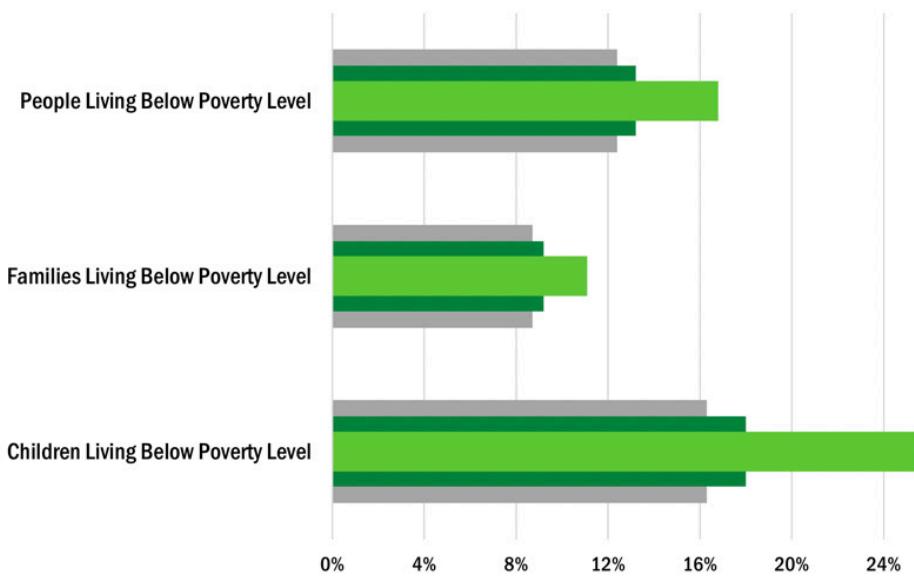
According to the most recent American Community Survey data, the median family income in Ross County is \$95,520, which is approximately \$5,200 higher than Ohio and slightly below the U.S. median. However, this figure masks broader economic strain. The median household income in Ross County (\$59,819) is more than \$10,000 lower than Ohio (\$69,680) and nearly \$20,000 lower than the United States (\$78,538), indicating that many households

experience substantially fewer financial resources than their state and national counterparts. Ross County also has a higher proportion of individuals living below the federal poverty level compared to both Ohio and the U.S.

Child poverty is particularly pronounced, with more than one in four children in Ross County living below the poverty level. Poverty increases the likelihood of food insecurity, housing instability, and delayed or foregone medical care, contributing to higher rates of chronic disease, mental health challenges, and preventable hospital utilization. Community stakeholders further described a persistent “benefits cliff,” in which families exceed income eligibility thresholds for assistance yet remain unable to afford necessities, reinforcing cycles of economic vulnerability despite employment.

These economic conditions directly shape healthcare utilization patterns, particularly reliance on emergency and publicly financed care.

There is a higher percentage of people, children, and families living below the poverty level in Ross County than Ohio and the United States.



Source: U.S. Census Bureau, American Community Survey, 2019-2023
Figure 10: Ross County, Ohio, and the United States poverty level percentages.

Family income includes only individuals related by blood, marriage, or adoption within the household. Household income includes all individuals in a housing unit aged 15 and over.

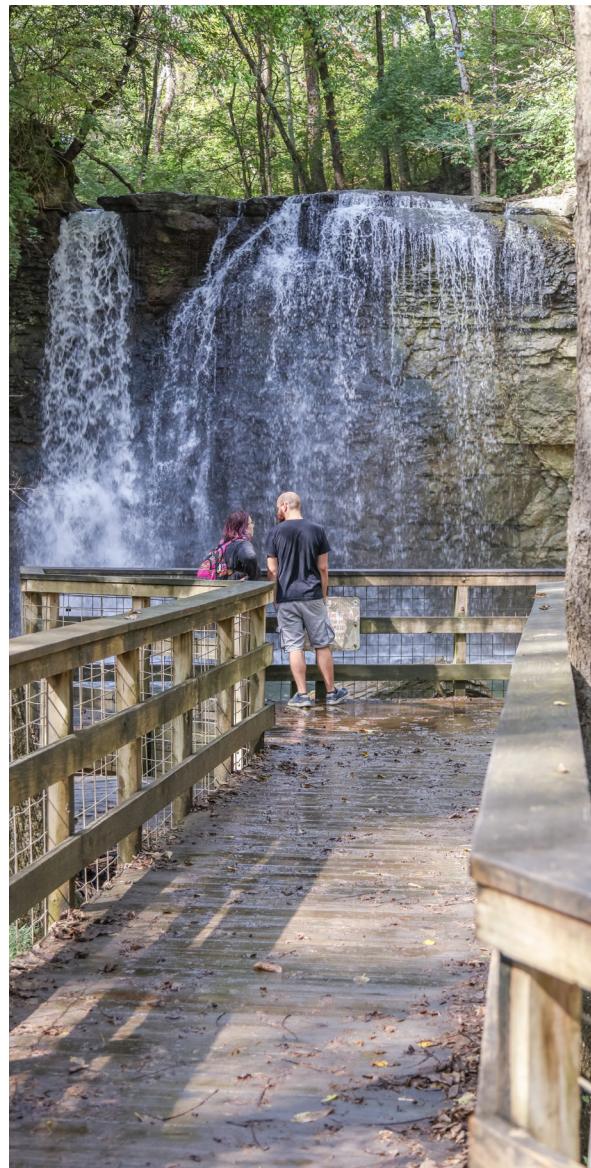
Transportation Access and the Built Environment

Transportation barriers represent a need due to their role in limiting access to healthcare services, employment, healthy food, and opportunities for physical activity.

In Ross County, 6.9% of households lack access to a vehicle, and public transportation options are extremely limited. These barriers disproportionately affect older adults, individuals with disabilities, and low-income residents, increasing missed appointments, delayed care, and reliance on emergency services. Long commute times further reduce time available for preventive care, physical activity, and family support, compounding chronic disease risk.

Transportation is further complicated in the county between those in the city limits of Chillicothe and those who are not. Within the city limits, Chillicothe Transit has more than 10,000 riders per month. There are fixed bus routes and a resource for curb-to-curb transit options. Outside the city, transportation options are significantly limited and those who need transit typically have access to public transportation resources one day per week into Chillicothe where most resources (medical, pharmacy, shopping, county services, etc.) are located.

The built environment also limits opportunities for healthy behaviors. Only 63% of residents have adequate access to exercise opportunities, well below



state and national benchmarks. Limited access to safe, affordable places for physical activity contributes to higher rates of obesity, cardiovascular disease, and poor self-reported health, reinforcing preventable disease patterns observed in the county.

Housing Stability and Environmental Conditions

Housing affordability and stability are a health focus given their well-documented relationship with chronic stress, poorer mental health outcomes, and higher rates of emergency and acute healthcare utilization. Although homeownership rates are relatively high, more than half of renters in Ross County spend 30% or more of household income on housing, placing them at risk for housing instability. Housing cost burden is linked to increased emergency department use, interruptions in continuity of care, and adverse mental health outcomes. Older housing stock further increases exposure risks, including lead hazards that disproportionately affect children and contribute to long-term developmental and educational impacts.

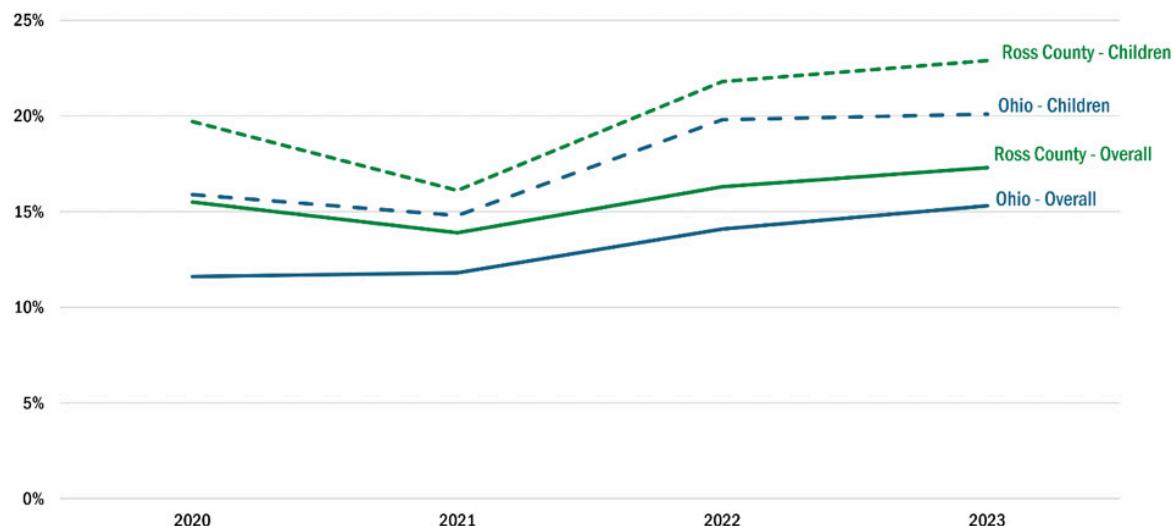
Community input consistently identified limited affordable housing as a barrier to workforce retention and family stability, underscoring the intersection between housing conditions, economic opportunity, and health outcomes.

Food Access and Nutrition Security

Given its prevalence and its documented impact on chronic disease, mental health, and child development, food insecurity is a priority health need in Ross County.

In 2022, 16.1% of residents experienced food insecurity, exceeding state and national averages, while more than 20% of children were food insecure. Nearly one in five households relied on SNAP benefits, reflecting ongoing economic strain and limited access to affordable, nutritious food. Food insecurity increases the risk of diabetes, cardiovascular disease, depression, and poor academic outcomes for children and is also associated with higher healthcare utilization, increased emergency department use, and greater long-term healthcare costs due to delayed preventive care and poor chronic disease management. Collectively, these factors contribute to persistent health disparities and elevated healthcare spending in the community.

Ross County has a higher overall percentage of food insecure people and a higher percentage of food insecure children than Ohio.



Source: Feeding America, Map the Meal Gap, 2020 – 2023
Figure 11: Food security rate by age for Ross County and Ohio.

Social Vulnerability and Health Equity

Ross County's high overall Social Vulnerability Index (SVI) score of 0.7931 reflects the cumulative impact of socioeconomic disadvantage, housing instability, and transportation limitations. Social vulnerability refers to a community's capacity to prepare for, respond to, and recover from adverse events, including public health emergencies, natural disasters, and economic disruptions. Communities with higher social vulnerability often have fewer financial resources, limited access to transportation and healthcare, and greater housing instability, which can intensify health risks and slow recovery following crises.

In Ross County, geographic concentrations of vulnerability—particularly in eastern Chillicothe and south-central rural areas—identify populations at increased risk for poor health outcomes, reduced access to services, and diminished resilience during public health emergencies or periods of economic instability. These overlapping vulnerabilities amplify existing health disparities and contribute to higher rates of preventable illness and healthcare utilization.

Consistent with CMS and ODH guidance, these findings underscore the need for place-based, equity-focused strategies that address multiple, interconnected drivers of health—such as income, housing, transportation, and access to care—rather than isolated conditions, in order to improve health outcomes and strengthen community resilience.

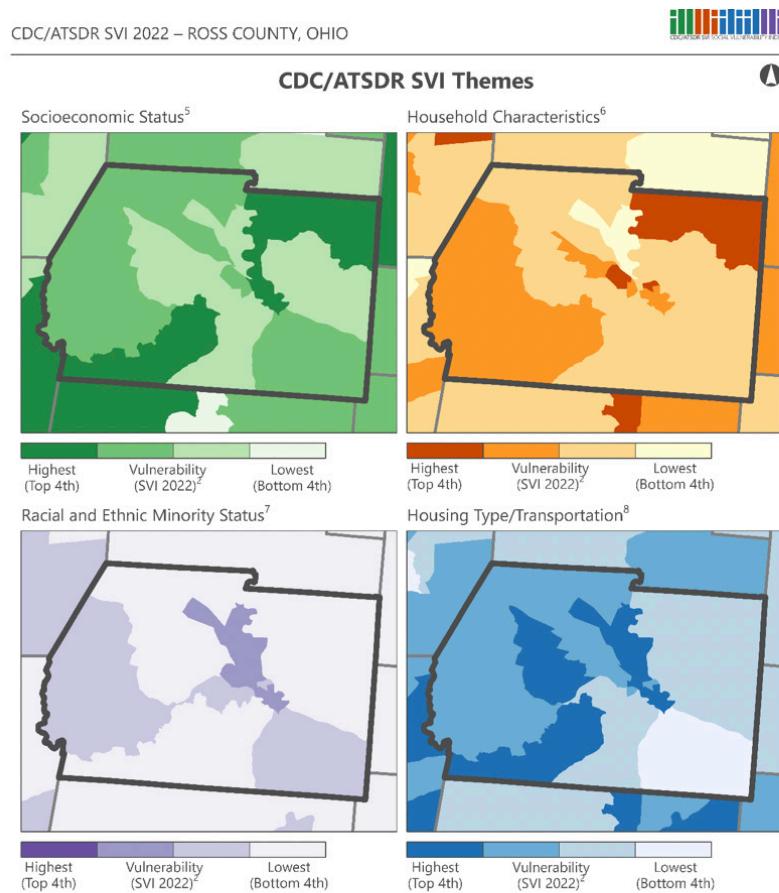


Figure 12: 2022 Ross County Social Vulnerability Index Themes

Integrated Implications for Priority Health Needs

Collectively, the social and environmental conditions in Ross County interact to reinforce a set of interrelated priority health needs: economic instability, workforce readiness gaps, transportation barriers, housing affordability challenges, food insecurity, and concentrated social vulnerability. These drivers contribute directly to the county's elevated burden of chronic disease, mental health conditions, substance use, preventable hospital utilization, and premature mortality. Addressing these upstream factors through coordinated, multisector approaches is essential to meeting ODH and CMS expectations and improving population health outcomes in Ross County.



SECTION 6. HEALTH OUTCOMES & POPULATION HEALTH

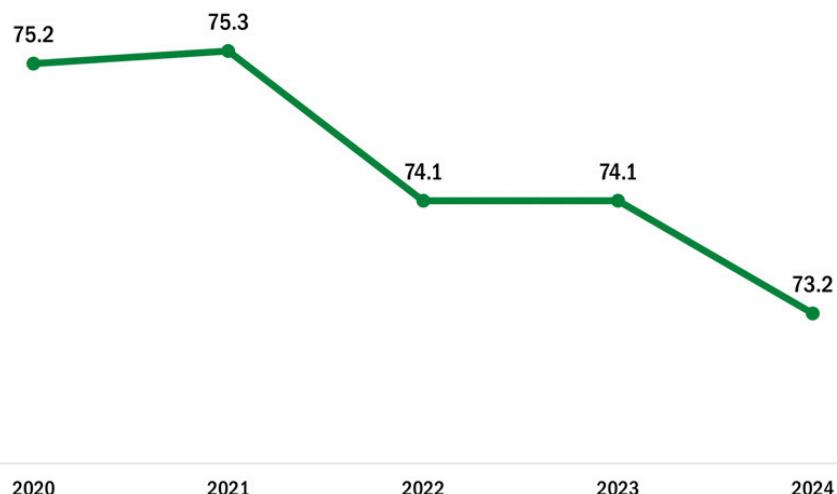
Vital Statistics and Mortality Overview

Vital statistics—including life expectancy, premature mortality, and leading causes of death—provide critical insight into the health status and risk environment of Ross County residents. Collectively, these indicators show that Ross County continues to experience shorter life expectancy and higher mortality rates than Ohio and the United States, driven largely by preventable chronic disease, injury, substance use, and behavioral health conditions.

Life Expectancy

Life expectancy in Ross County is approximately 73 years, based on the most recent multi-year estimate, which remains 2–4 years lower than Ohio and U.S. benchmarks. Minor variation across sources reflects differences in reporting years and rolling averages, but all available estimates consistently show a significant life expectancy gap. The downward trend reflects cumulative impacts of chronic disease burden, unintentional injury, substance use, and suicide, as well as disruptions to prevention and treatment access during and after the COVID-19 pandemic.

Since 2021, the life expectancy in Ross County continues to decrease reaching a low of 73.2 years in 2024.



Source: Robert Woods Foundation County Health Ranking Roadmap, 2020 – 2024
Figure 13: Life expectancy in Ross County continues to decrease.

Premature Death

Premature death—measured as years of potential life lost before age 75—remains a significant concern in Ross County. Recent County Health Rankings estimates show approximately 11,000–12,000 years of potential life lost per 100,000 population in Ross County, exceeding Ohio and U.S. benchmarks and underscoring persistent premature mortality risk. This rate exceeds both Ohio (9,400) and the United States (8,000).

Premature age-adjusted mortality increased from approximately 520 to 560 deaths per 100,000 residents under age 75 in recent years, indicating worsening early mortality trends despite stable infant and child death rates. This is compared to a premature age-adjusted mortality rate of 450 in Ohio and 390 nationally. While infant and child mortality rates in Ross County remain comparable to or slightly better than state averages in recent years, premature deaths among working-age adults continue to drive overall disparities.

	Ross County 2022	Ross County 2024	Ohio 2024	United States 2024
Premature Death Rate (years of life lost to deaths of people under age 75, per 100,000 people)	10,400	11,100	9,400	8,000
Premature Age-Adjusted Mortality (number of deaths among residents under age 75 per 100,000 population)	520	560	450	390
Child Mortality (number of deaths among residents under age 20 per 100,000 population)	49.3	50	60	50
Infant Mortality (number of deaths within 1 year of birth per 1,000 live births)	6.2	7	7	6

Source: University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps 2022, 2024

Table 7: 2021 & 2023 Ross County premature death rates compared to Ohio and the United States

Infant Mortality

Infant mortality in Ross County has continued to decrease since 2021 and consistently remained lower than the Ohio infant mortality rate.

	Ross County (per 1,000 live births)	Ohio (per 1,000 live births)
2021	6.9	7
2022	6.4	7.1
2023	6.1	7.1

Source: Ohio Department of Children & Youth, Infant Mortality Annual Report 2021, 2022, 2023

Table 8: Infant mortality rate (per 1,000 live births) 2021-2023

Leading Causes of Death

From 2019 through 2024, the leading causes of death in Ross County have remained largely consistent, with heart disease and cancer accounting for the greatest number of deaths each year. Heart disease, cancer, unintentional injury, chronic lower respiratory disease, and COVID-19 were identified as the top five leading causes of death in Ross County in 2023. All five of the top causes had higher mortality rates in Ross County than Ohio or the United States. In 2024, the top causes of death included:

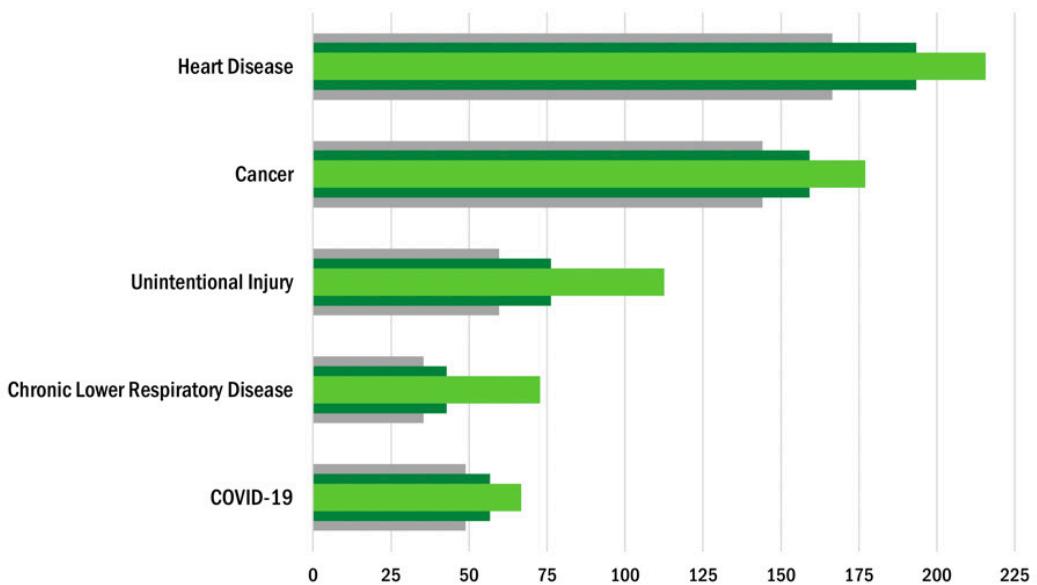
1. Heart disease
2. Malignant neoplasms (cancer)
3. Unintentional injuries
4. Chronic lower respiratory disease
5. Cerebrovascular disease (stroke)

Mortality rates for each of these causes are higher in Ross County than in Ohio and the United States, highlighting persistent chronic disease and injury risk. COVID-19 was among the top five causes during peak pandemic years and has declined in rank more recently, though its long-term health impacts remain evident.

Premature death (Years of Potential Life Lost before age 75) varies by reporting year and County Health Rankings rolling average methodology. Values presented reflect the most recent available estimates for each reporting year and consistently indicate excess premature mortality relative to Ohio and the United States.

The top 5 causes of death in **Ross County** had higher age-adjusted rates per 100,000 than **Ohio** or the **United States**.

Age-adjusted rates per 100,000

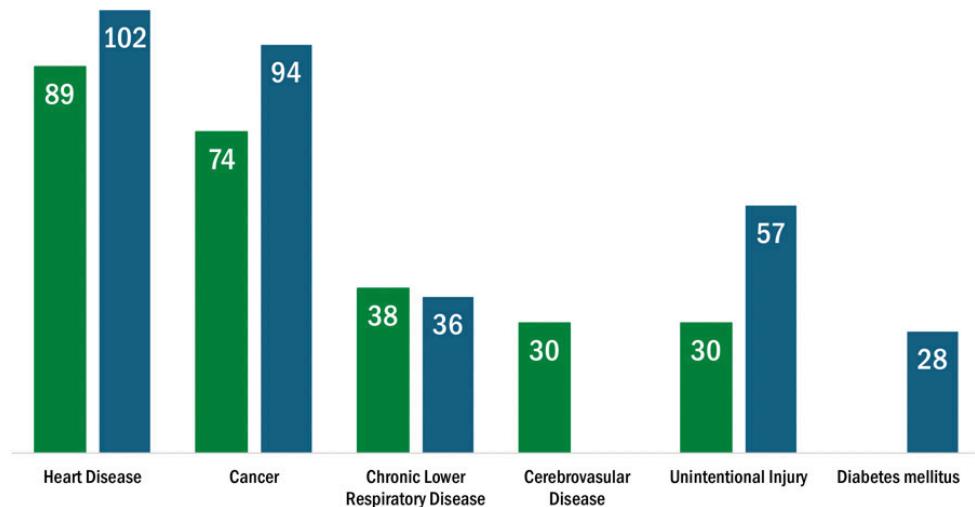


Source: Ohio Department of Health, DataOhio Portal, Mortality, 2019-2023

Figure 14: Top 5 causes of death in Ross County, Ohio, and the United States, 2021 – 2023

Sex-specific patterns show that cancer is the leading cause of death among males, while heart disease is the leading cause among females. Diabetes appears more prominently among male deaths, while cerebrovascular disease ranks higher among females, underscoring the need for sex-responsive prevention and treatment strategies.

In 2023, the leading cause of death in **Female Ross Countians was Cancer while Heart Disease was the leading cause for **Males**.**



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

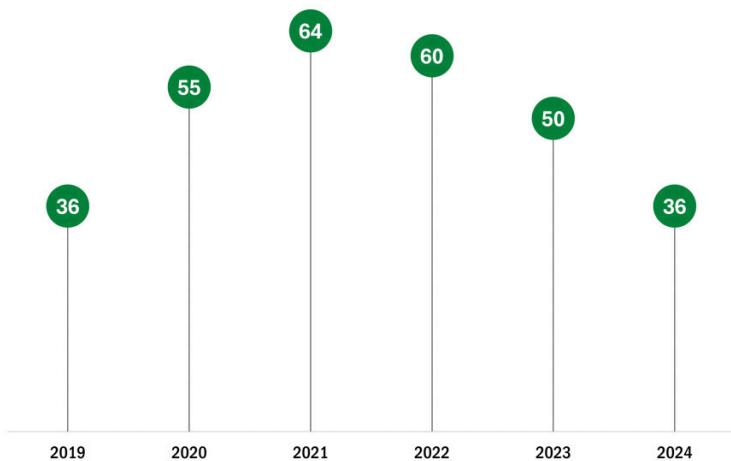
Figure 15: Top 5 Causes of death in Ross County by sex

Unintentional Injury and Drug Overdose

Unintentional injury deaths in Ross County are driven primarily by drug overdoses, motor vehicle crashes, and falls. While overdose deaths declined after 2017 due to expanded naloxone access and community prevention efforts, rates increased again during the COVID-19 pandemic as treatment access was disrupted.

In 2023, the age-adjusted unintentional drug overdose death rate in Ross County was 66.5 per 100,000 population, significantly higher than Ohio (39.0) and more than double the U.S. rate (31.3). Elevated overdose mortality is a major contributor to Ross County's poor injury death and premature mortality rankings within the County Health Rankings framework. Motor vehicle fatalities also remain elevated, particularly among unbelted drivers and alcohol-related crashes, contributing to the county's excess injury

Overdose fatalities peaked in 2021 and have been declining since.



Source: 2024 Ross County Overdose Fatality Annual Report
Figure 16: Unintentional overdose deaths, 2019 - 2024.

Suicide

Suicide continues to be a critical contributor to premature death in Ross County. The age-adjusted suicide rate declined slightly from 19.4 in 2022 to 17.5 in 2023, yet remains well above Ohio (14.7) and the United States (14.1). Although suicide rates declined modestly between 2022 and 2023, Ross County's rate remains consistently above state and national levels, indicating persistent behavioral health risk.

Males experience disproportionately higher suicide mortality than females, and elevated risk is observed among young adults (ages 15–24) and older adults (65+). These patterns align with broader behavioral health indicators showing higher prevalence of depression, frequent poor mental health days, and limited access to behavioral health providers.

Figure 17: Age-adjusted suicide death rate for Ross County compared to Ohio and the United States

	Ross County ¹ 2022	Ross County ² 2023	Ohio ³ 2023	United States ³ 2023
Age-adjusted suicide death rate per 100,000 population	19.4	17.5	14.73	14.1

¹Source: 2022 Ohio Department of Health Ohio Suicide Report

²Source: 2023 Ohio Department of Health Ohio Suicide Report

³Source: Center for Disease Control Suicide Data and Statistics, 2023

Cancer Mortality

Cancer incidence and mortality in Ross County exceed state and national benchmarks. From 2018–2022, the age-adjusted cancer mortality rate was 186.8 per 100,000, compared to 161.1 in Ohio and 146.0 nationally. Lung and bronchus cancer is the leading cause of cancer death, accounting for over 30% of cancer mortality, reflecting high smoking prevalence and chronic respiratory disease burden. Colorectal cancer mortality also exceeds state and national averages, while breast and prostate cancer mortality are closer to benchmark levels, suggesting opportunities for improved screening and early detection.

Summary Implications related to vital statistic for the 2025 CHNA

Overall, Ross County's vital statistics point to persistent and widening gaps in life expectancy and premature mortality, particularly among adults of working age. Preventable chronic disease, substance use, injury, and behavioral health conditions continue to drive excess mortality. These findings reinforce the need for CHNA priorities focused on chronic disease prevention, mental health and substance use treatment, injury prevention, and equitable access to preventive and primary care services.

Population Health

Ross County's current population health profile shows a pattern of excess premature mortality alongside elevated chronic disease and behavioral health risk factors. Life expectancy in Ross County is approximately 73 years, which trails Ohio (75.2) and the U.S. (77.1) and aligns with a substantially higher premature death burden (~11,000–12,000 YPLL per 100,000 (recent years) vs. 9,700 in Ohio and 8,400 in the U.S.). This gap reflects the combined impact of chronic disease, substance-related injury deaths, and mental health conditions—each of which meets IRS Schedule H's intent for identifying “significant health needs” due to their scale, severity, and contribution to avoidable illness and early death.

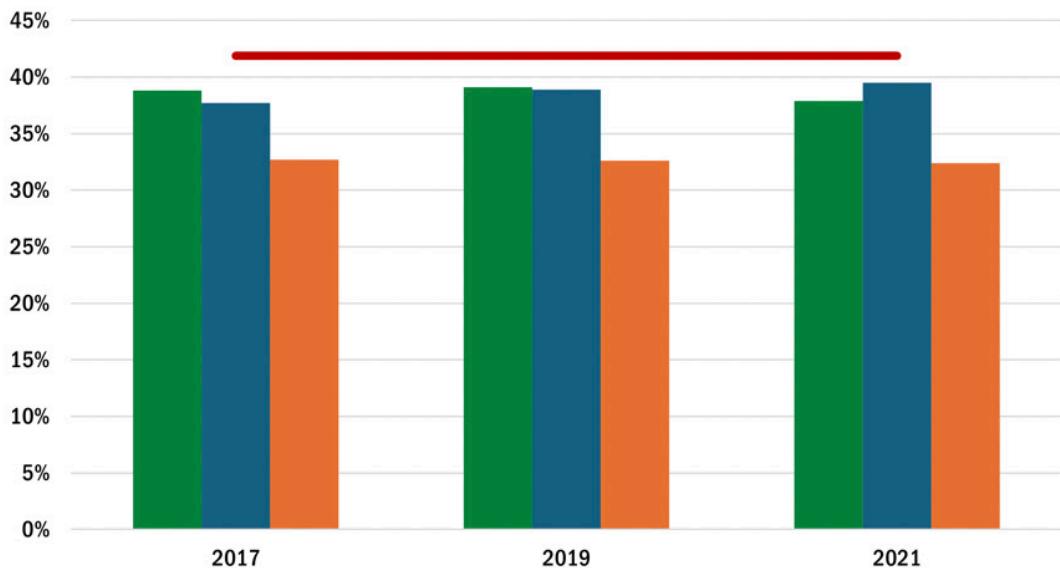
Chronic Disease Prevention and Management

Ross County's leading health risks strongly align with the county's chronic disease mortality burden. Adults experiencing obesity are 42% (vs. 38% Ohio; 34% U.S.), and 29% report no leisure-time physical activity (vs. 24% Ohio; 23% U.S.).

These risks are compounded by community conditions that affect prevention and self-management: only 72.2% of residents have access to exercise opportunities (vs. 84.2% Ohio; 84.1% U.S.) and just 30.3% live within a half mile of a park (vs. 59.6% Ohio).

Having high blood pressure can increase an individual's risk of heart disease and stroke. Healthy People 2030, the nation's plan for improving health and well-being across the country, has set a goal for the prevalence of high blood pressure in adults to be less than 41.9%. When looking at the prevalence of high blood pressure in Ross County for 2017, 2019, and 2021 it is already lower than the Healthy People 2030 target. While Ross County is below the Healthy People 2030 benchmark, it is still higher than that of the United States. Cardiovascular disease prevalence when compared to national benchmarks: 9.3% of adults report coronary heart disease and 4.3% report a prior stroke (vs. 6.8% and 3.6% U.S., respectively).

Ross County, the Ohio Appalachian Region, and the United States are below the Healthy People 2030 target for high blood pressure prevalence.



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

Figure 18: Prevalence of high blood pressure in Ross County, the Ohio Appalachian Region, and the United States, 2017 - 2021

Diabetes remains a major contributor to avoidable death: 10.6% of adults (20+) have diabetes and the age-adjusted diabetes death rate is 50.7 per 100,000.

Ross County's high obesity and inactivity—paired with limited access to exercise opportunities—creates sustained risk for cardiovascular disease and diabetes, reinforcing chronic disease prevention and management as a top CHNA priority.

Tobacco, Respiratory Disease, and Cancer

Tobacco use remains a major, modifiable driver of disease. Adult smoking is 23.5% in Ross County vs. 12.9% nationally, and 13.2% report e-cigarette/vaping use.

Respiratory disease burden is correspondingly high: 11.5% of adults have COPD and 11.7% have current asthma (vs. 6.8% and 9.9% U.S.), and the age-adjusted death rate due to chronic lower respiratory disease is 72.8 per 100,000. Cancer outcomes also indicate a significant health need. Ross County's overall cancer incidence rate is 520.9 per 100,000 (vs. 471.1 Ohio; 444.6 U.S.), and the cancer mortality rate is 186.8 per 100,000 (vs. 161.1 Ohio; 146.0 U.S.).

	Ross County 2023	Ohio 2023	United States 2023
Adults with COPD ¹	11.5%	11.4% (Appalachian Ohio Regional Value)	6.8%
Adults with Current Asthma ¹	11.7%	11.4% (Appalachian Ohio Regional Value)	9.9%
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases (per 100,000 people) ²	72.8	43.0	N/A

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

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

Table 9: Chronic Lower Respiratory Disease statistics for Ross County, Ohio, and the United States.

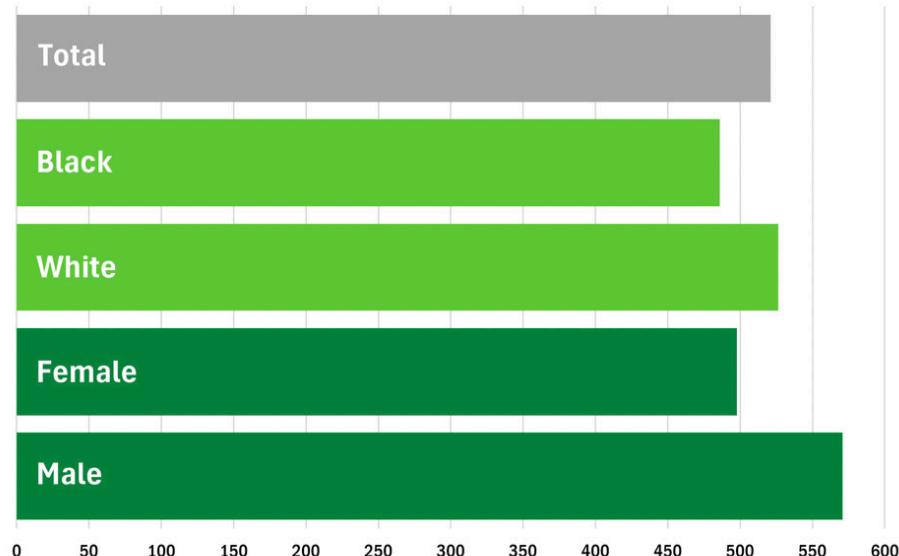
Lung and bronchus cancer is the leading cause of cancer mortality, accounting for 30.3% of cancer deaths (2018–2022). Smoking prevalence and high COPD/asthma rates mirror the county's elevated lung cancer and respiratory mortality burden, supporting tobacco cessation and early detection as high-impact CHNA strategies.

Cancer

Cancer remains a leading cause of death in Ross County. The top five cancers for death in Ross County are lung & bronchus (30.3%), pancreas (8.3%), colon & rectum (7.5%), female breast cancer (4.9%), and leukemia (4.6%). This is consistent when compared to the cancer fatalities for the state of Ohio apart from leukemia, for Ohio this is replaced by prostate cancer. When looking at new invasive cancer cases the top five cancers in Ross County are lung & bronchus (19%), female breast cancer (11.5%), prostate (10.0%), colon & rectum (8.10%), and melanoma of the skin (6.4%). These five cancers accounted for 55% of all new invasive cancer cases.

Cancer rates in Ross County are higher among males than females and white individuals than black individuals.

Average annual age-adjusted cancer incidence rate, 2018 - 2022

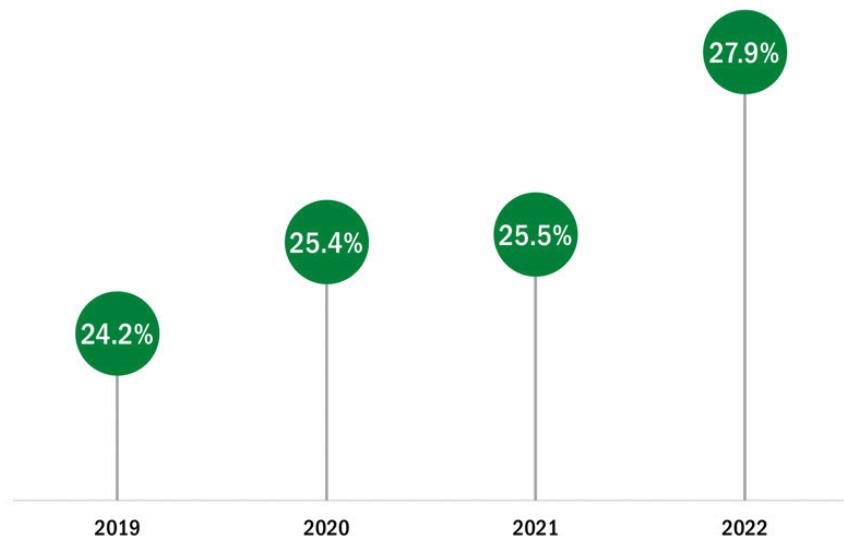


Source: Ohio Department of Health, Ross County Cancer Profile, 2025
Figure 19: Ross County cancer rates by sex and race

Mental Health, Suicide, and Substance Use

Behavioral health indicators in Ross County reflect both increasing prevalence and high severity of outcomes. From 2019 to 2022, the percentage of adults diagnosed with depression increased by 3.7 percentage points, alongside a rise in the average number of poor mental health days reported per month. In 2019, Ross County adults reported an average of 5.6 poor mental health days, which increased to 6.6 days by 2022, exceeding state and national benchmarks. Overall, 27.9% of adults in Ross County report having been diagnosed with depression, and 21.1% report experiencing 14 or more days of poor mental health in the past month, compared to 15.8% nationally.

The percentage of Ross County adults diagnosed with depression has continued to increase since 2019.



Source: Centers for Disease Control and Prevention, PLACES compiled by Appalachian Children Coalition Child & Family Health Data
Figure 20: Percentage of Ross County adults diagnosed with depression 2019 - 2022.

While the prevalence of mental health conditions has increased, mental health provider capacity has also improved. The ratio of residents to mental health professionals declined from 340:1 in 2019 to 200:1 in 2022, and further to 180:1 by 2024, indicating progress in workforce availability. However, outcome measures suggest that increased provider supply has not yet translated into improved population-level mental health outcomes.

Suicide mortality remains a critical concern. Ross County's crude suicide rate of 32.7 deaths per 100,000 population is more than double the rate for Ohio (15.0) and the United States (14.5), reflecting the severity of unmet behavioral health needs. Substance use further compounds this burden, with an age-adjusted unintentional drug overdose death rate of 66.5 per 100,000, substantially higher than Ohio (39.0) and more than twice the national rate (31.3).

*Ohio Department of Health, Ross County Cancer Profile
Ohio Department of Health, Ohio Cancer Profile, 2023
Ohio Department of Health, Ross County Cancer Profile 2025*

Ross County has one of the highest unintentional drug overdose death rates in Ohio. With a rate of 72.8 per 100,000, Ross County has the 7th highest death rate in Ohio, with the top six also being rural Appalachian counties. According to the 2024 Ross County Overdose and Suicide Fatality Review Board annual report, fentanyl continues to be the primary substance found in unintentional overdose deaths.

Collectively, rising depression prevalence, increasing poor mental health days, persistently high suicide mortality, and an exceptionally elevated overdose death rate demonstrate a severe behavioral health burden in Ross County. These indicators clearly justify prioritizing mental health promotion, crisis response, substance use treatment, harm reduction, and prevention strategies as core focus areas of the 2025 Community Health Needs Assessment.

Communicable Disease and Prevention

A communicable disease is an illness caused by microorganisms, such as bacteria, viruses, parasites, and fungi. The route of transmission varies by disease and may include direct contact with contaminated body fluids or excretions, contact with contaminated objects, inhalation of contaminated airborne particles, ingestion of contaminated food or water, or transmission from an animal or vector (re: arthropod) carrying the microorganism.

Communicable diseases that are of high public health concern are reportable to the Ross County Health District (RCHD) for surveillance and investigation. Most reportable diseases can spread rapidly and cause outbreaks resulting in widespread and potentially severe illness in the community. In Ohio, those diseases are reported to local health district according to the Ohio Administrative Code (OAC) Chapter 3701-3 (OAC, 2019).

The communicable diseases in the table below had the highest number of confirmed cases in Ross County in 2024, not including sexually transmitted infections. All the diseases included had more cases in 2024 than in 2023 with the greatest increase being in influenza associated hospital cases that increased 393.75% from 2023 to 2024.

Table 10: Top 5 infectious diseases in 2024 for Ross County, Ohio.

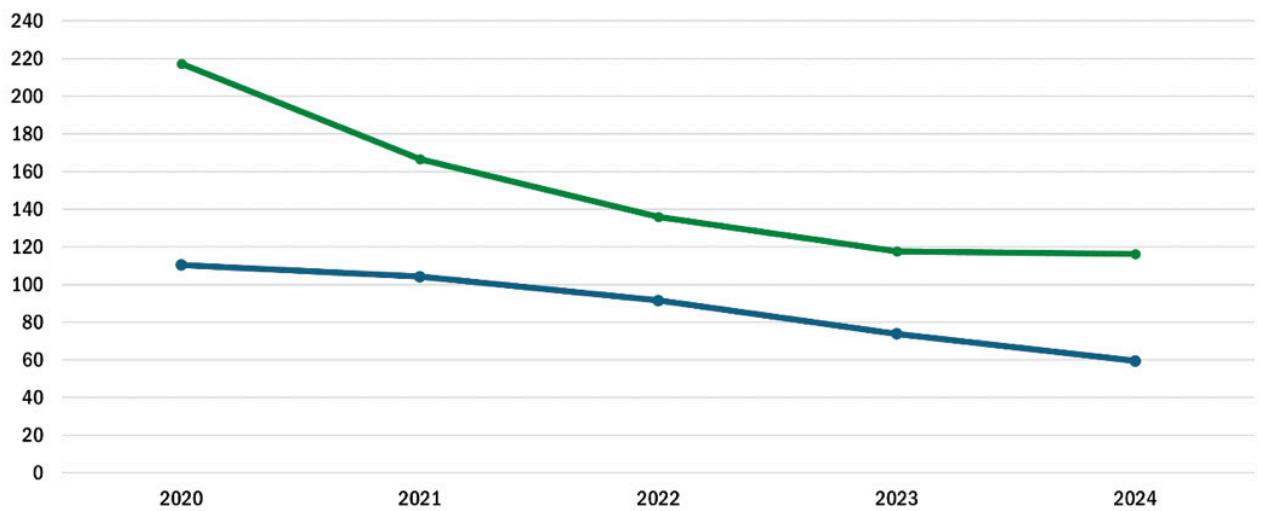
	2020	2021	2022	2023	2024
Hepatitis C - chronic	158	137	110	94	96
Influenza-associated hospitalization	94	2	81	16	79
Campylobacteriosis	16	26	16	34	37
Hepatitis B (including delta) - chronic	22	22	20	16	20
Salmonellosis	3	8	12	10	16

Source: Ohio Disease Reporting System, Ross County 2020 – 2024.

In 2024, Ross County had 96 hepatitis C with a rate of 116.3 per 100,000. This rate is significantly higher than that of Ohio at 59.4 per 100,000. Since 2020, the hepatitis C incidence rate has decreased 46.45% in Ross County. While hepatitis C incidence rates are declining in Ross County, they continue to be significantly higher than the incidence rate of Ohio.

Hepatitis C incidence rates are declining in Ross County but are still significantly higher than Ohio.

Incidence rates per 100,000



Source: Ohio Department of Health 2020-2024 Ohio Infectious Disease Status Report: Hepatitis C
Figure 21: Hepatitis C incidence rates in Ross County and Ohio, 2020 - 2024.

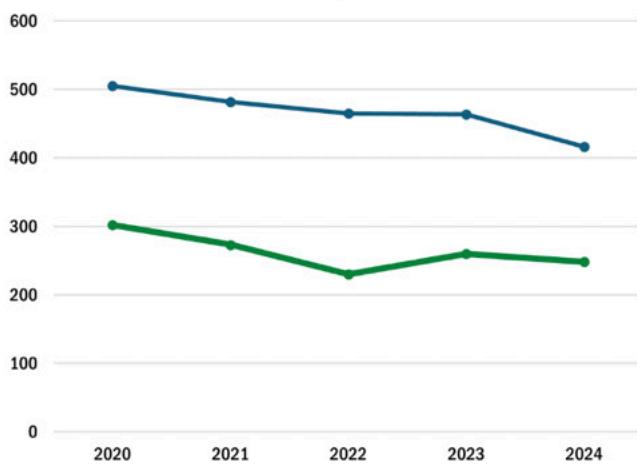
Sexually Transmitted Infections (STI)

The incidence and prevalence rates for chlamydia, gonorrhea, and Syphilis are all lower in Ross County than the state average and have been continuing to decrease. The HIV/AIDS prevalence rate in Ross County is significantly less than the state rate. In 2023 the HIV/AIDS rate for Ross County was 92.8 per 100,000 and Ohio was 217.1 .

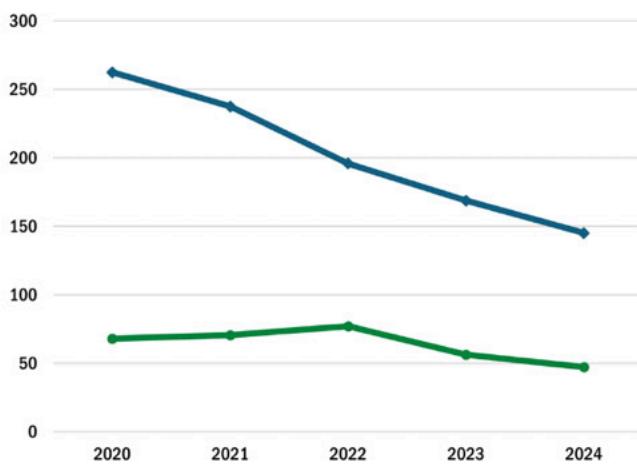
STI rates in Ross County are decreasing and are lower than Ohio.

Rate per 100,000 people

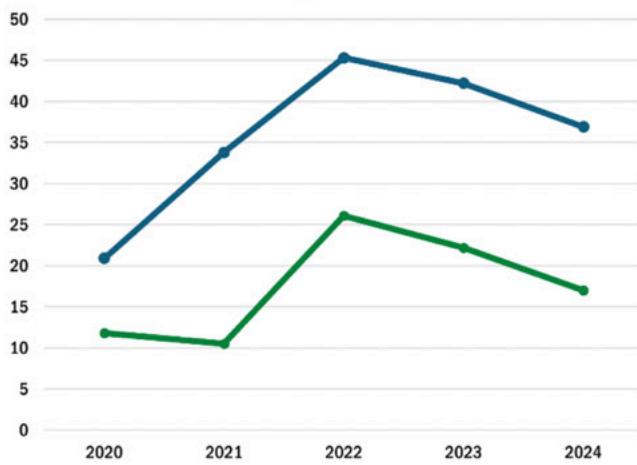
Chlamydia¹



Gonorrhea²



Syphilis³



¹Source: Ohio Department of Health 2020-2024 Ohio Infectious Disease Status Report: Chlamydia

²Source: Ohio Department of Health 2020-2024 Ohio Infectious Disease Status Report: Gonorrhea

³Source: Ohio Department of Health 2020-2024 Ohio Infectious Disease Status Report: Syphilis

Figure 22: STI rates in Ross County compared to Ohio, 2020 - 2024

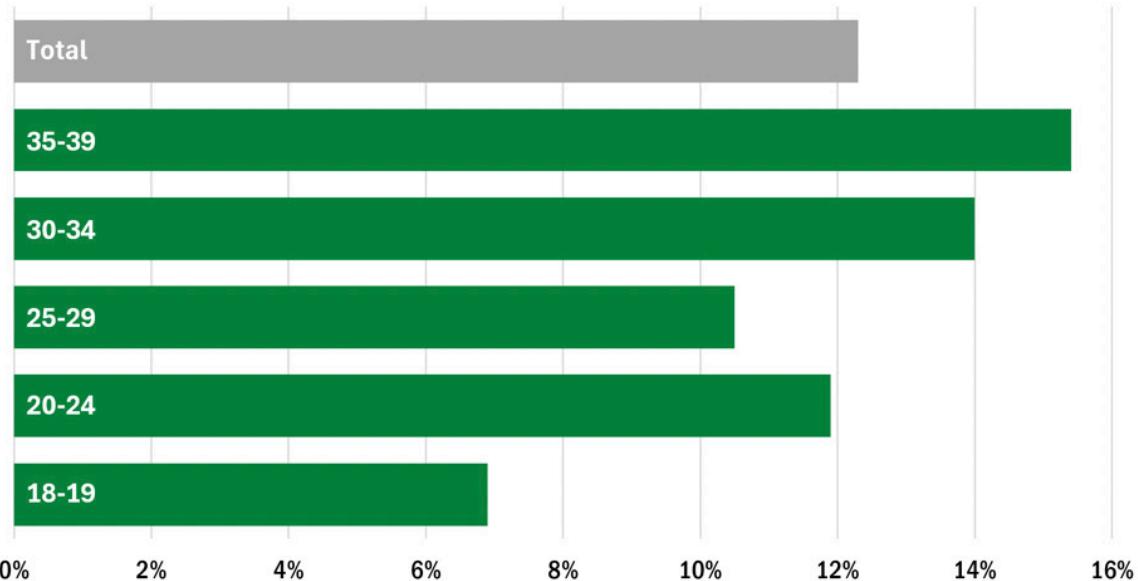
Ohio Department of Health, HIV in Ohio, 2023

Maternal, Infant, and Child Health

Maternal and infant indicators show a mixed picture of progress and continuing risk. Early prenatal care is 66.5% (vs. 75.3% U.S.), and 13.9% of mothers smoked during pregnancy—nearly double the state rate and nearly four times the U.S. rate.

The percentage of preterm births in Ross County has continued to increase since 2020 reach 12.3% in 2022. This is higher than Ohio and the United States with a percentage of 10.8% and 11.4% respectively. The percentage of low-birth-weight children has decreased since 2019 when it reached 10.1% reaching 8.7% in 2022 which is the same for Ohio and only slightly greater than the United States at 8.4%. In 2022 13.9% of Ross County mothers smoked during pregnancy. That is significantly higher than the state percentage of 7.9% and almost four times the United States at 3.7% .

In 2022 the 12.3% of births in Ross County were preterm with mothers aged 35-39 having the highest percentage.

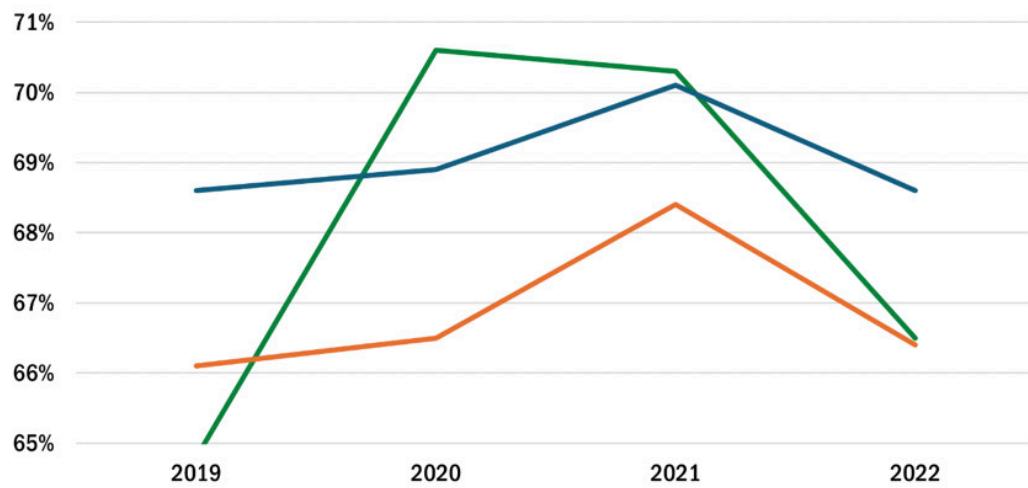


Source: Ohio Department of Health, Vital Statistics, 2019 - 2022, as compiled by Appalachian Children Coalition, Appalachian Ohio Child & Family Health Data

Figure 23: 2022 Ross County preterm births by maternal age.

Children's health data (Medicaid-participating students) suggests high behavioral health need and capacity gaps in schools. In 2023–2024, 42.5% of students had "any behavioral health condition" (vs. 30.9% Ohio), alongside lower school staffing ratios for counselors, psychologists, and social workers. High maternal smoking and lower early prenatal care rates elevate risk for adverse birth outcomes, while the high prevalence of pediatric behavioral health conditions indicates a need for strengthened family supports and school-based services.

Ross County, the Appalachian Region of Ohio, and Ohio has seen a decline in the percentage of mothers who received early prenatal care.



Source: Ohio Department of Health, Vital Statistics, 2019 - 2022, as compiled by Appalachian Children Coalition, Appalachian Ohio Child & Family Health Data
Figure 24: Percentage of mothers who received early prenatal care, 2019-2022.

Physical Environment

The physical environment influences health outcomes, access to care, and quality of life in Ross County. Environmental conditions—including air and water quality, transportation systems, housing characteristics, access to physical activity, and exposure to environmental hazards—shape chronic disease risk, injury, mental health, and healthcare utilization. Consistent with guidance from the Centers for Medicare & Medicaid Services (CMS), the Ohio Department of Health (ODH), and the Centers for Disease Control and Prevention (CDC), physical environment conditions are recognized as key health-related drivers of health (HRDOH), particularly for rural, low-income, older adult, and medically vulnerable populations.

Environmental Quality and Exposure

Drinking water quality in Ross County meets regulatory standards. Public water systems serving Ross County and the City of Chillicothe reported no health-based drinking water violations in recent years, indicating compliance with the Safe Drinking Water Act and reducing risk for waterborne illness. Reliable access to safe drinking water remains a foundational public health protection, particularly for households with children, older adults, and individuals with chronic health conditions.

Air quality presents a continued area of concern. Average daily fine particulate matter (PM2.5) levels in Ross County are comparable to or slightly higher than state averages and exceed national benchmarks. Exposure to elevated PM2.5 is associated with increased risk of asthma, chronic lower respiratory disease, cardiovascular disease, and premature mortality. These environmental exposures may contribute to the county's elevated burden of respiratory and cardiovascular conditions and higher rates of preventable hospitalizations.

Environmental exposure risks are also influenced by housing age and condition. Nearly one-quarter of housing units in Ross County were built prior to 1950, increasing the potential for lead-based paint and other environmental hazards. Although the number of identified lead-hazardous properties is limited, the presence of older housing stock underscores the ongoing need for lead screening, housing maintenance, and environmental health protections for children and pregnant individuals.

Built Environment and Physical Activity

The built environment in Ross County presents both assets and challenges related to physical activity and healthy living. While the county benefits from parks, trails, and natural resources, access to structured exercise opportunities remains lower than state and national benchmarks. Approximately two-thirds of residents have adequate access to exercise opportunities, compared to more than three-quarters statewide and nationally.

Limited access to safe and convenient places for physical activity contributes to higher rates of physical inactivity, obesity, diabetes, and cardiovascular disease observed in the county. These constraints disproportionately affect residents in rural areas, lower-income communities, older adults, and individuals without reliable transportation, and may also influence mental health and social connectedness.

Transportation and Mobility

Transportation infrastructure is a critical component of the physical environment and a key determinant of access to healthcare, employment, food resources, and social services. Ross County is highly dependent on personal vehicles, with many residents driving alone to work and minimal public transportation options available. While the proportion of households without a vehicle is slightly lower than state and national averages, transportation barriers remain significant for certain populations, including older adults, individuals with disabilities, and low-income households.

Long commute times and reliance on personal vehicles may limit access to preventive care, specialty services, and behavioral health treatment. Transportation challenges identified through community input are consistent with patterns of delayed care, missed appointments, and increased reliance on emergency services.

Safety, Injury, and Environmental Stressors

The physical environment also influences injury risk and community safety. Ross County experiences higher rates of motor vehicle crash mortality than the state and nation, reflecting rural roadway conditions, longer travel distances, and limited alternative transportation options. Environmental and infrastructure factors—including road design, lighting, and emergency response access—contribute to injury risk and outcomes, particularly in rural areas.

Climate and weather-related stressors are an emerging environmental consideration. Ross County experiences extreme heat days and heavy precipitation events, which increase risks for heat-related illness, cardiovascular stress, respiratory complications, and disruptions to transportation and essential services. These impacts disproportionately affect older adults, outdoor workers, and individuals with chronic disease.

Implications for Community Health

Overall, physical environment conditions in Ross County interact with social and economic factors to influence health outcomes and healthcare utilization. While the county benefits from safe drinking water and natural assets, challenges related to air quality, transportation access, built environment limitations, and environmental exposure contribute to chronic disease burden, injury risk, and health disparities. Addressing physical environment factors through cross-sector strategies represents an important opportunity to improve population health and advance health equity in Ross County.





SECTION 7. HEALTH SYSTEM & ACCESS TO CARE

Access to Care in Ross County

Access to care is a critical system-level factor influencing health outcomes in Ross County and shapes how effectively individuals can prevent disease, manage chronic conditions, and respond to acute health needs. Access encompasses not only the availability of healthcare providers and facilities, but also affordability, insurance coverage, transportation, care coordination, and the ability to navigate the healthcare system.

In Ross County, access to care challenges interact with social and economic conditions to influence healthcare utilization and outcomes. While overall insurance coverage is relatively high and the county benefits from a strong healthcare infrastructure, residents continue to experience barriers to timely and appropriate care—particularly for behavioral health, oral health, specialty services, and preventive care. These barriers are more pronounced among older adults, rural residents, individuals with disabilities, and publicly insured populations.

Understanding access to care requires examining both capacity and performance. The sections that follow review provider supply and workforce trends, healthcare utilization and preventable hospitalizations, insurance and network considerations, and access to preventive services. Together, these indicators provide insight into how the healthcare system functions for Ross County residents and identify opportunities to strengthen access, reduce avoidable utilization, and improve population health outcomes.

Healthcare Delivery System and Care Options

Ross County residents have access to a range of healthcare settings, including Adena Regional Medical Center, a 261-bed regional hospital providing emergency services, inpatient and outpatient care, cancer services, cardiology, orthopedics, and women's and children's services.

The county is also served by the Chillicothe VA Medical Center, which offers emergency services and inpatient psychiatric care for eligible veterans. Additional access points include a federally qualified health center (FQHCs), a medical residency clinic, and one free clinic, supporting access to primary care, behavioral health services, and limited specialty care for uninsured and underinsured populations.

Despite the availability of multiple care settings, community stakeholders report continued reliance on emergency departments for conditions that could be addressed in outpatient settings. This pattern reflects barriers related to appointment availability, transportation, cost of care and prescriptions, inflexible work schedules, and challenges navigating healthcare systems.

Provider Access, Workforce Trends, and Clinical Care Performance

Provider availability and workforce capacity are foundational components of access and are examined first. Ross County performs well in statewide comparisons for clinical care. In the 2023 County Health Rankings, the most recent year in which Ohio county-level Clinical Care sub-rankings were published, Ross County ranked 7th of 88 counties. This is reflective of Ross County's strengths in insurance coverage, access to care, and recent gains in provider capacity.

Provider workforce trends show improvement in several key areas. Between 2020 and 2024, the primary care physician-to-population ratio improved from 1,760:1 to 1,510:1, indicating an increased supply of primary care providers, though the ratio remains less favorable than state and national benchmarks. Access to mental health providers also improved substantially over the same period, with ratios declining from 240:1 in 2020 to 180:1 in 2024, outperforming Ohio and U.S. averages and reflecting investments in behavioral health capacity.

In contrast, access to oral health services has worsened. The dentist-to-population ratio increased from 1,640:1 in 2020 to 1,740:1 in 2024, signaling a growing shortage of licensed dental providers. Oral health indicators further underscore this gap, particularly among older adults: 20.9% of residents age 65 and older have had all natural teeth extracted, and only 55.3% of adults report visiting a dentist in the past year. These trends identify oral health as a persistent and growing access challenge in the county.

While Ross County's strong clinical care ranking reflects overall system capacity, provider participation in Medicaid and Medicare Advantage networks, rural geography, and limited specialty availability reduce the full impact of these strengths for certain populations.

Table 11: Ratio of Ross County residents to licensed healthcare providers.

	2020	2021	2022	2023	2024
Primary Care Physicians	1760:1	1640:1	1700:1	1700:1	1510:1
Dentists	1640:1	1600:1	1590:1	1710:1	1740:1
Mental Health	240:1	220:1	200:1	190:1	180:1

1760:1 – there are 1760 Ross County residents per 1 licensed provider

Source: University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2020 – 2024

Healthcare Utilization and Preventable Hospitalizations

Healthcare utilization patterns provide important insight into how well the healthcare system is meeting the needs of Ross County residents. Utilization data reflect not only individual health status, but also the accessibility, coordination, and effectiveness of outpatient and preventive services. When barriers to timely primary care, behavioral health services, or care coordination exist, residents are more likely to rely on emergency departments or experience avoidable hospitalizations.

Preventable hospitalizations—often measured through ambulatory care-sensitive conditions—serve as a key indicator of system performance. Elevated rates suggest gaps in access to effective outpatient care, chronic disease management, and preventive services. Examining utilization patterns alongside access measures helps clarify how social conditions, provider capacity, and insurance coverage translate into real-world healthcare use.

The following section reviews healthcare utilization and preventable hospitalization trends in Ross County to identify areas where strengthening primary care, preventive services, and care coordination may reduce avoidable utilization and improve population health outcomes.

Youth Access to Care

Access to care during childhood and adolescence plays a critical role in shaping lifelong health outcomes. Timely preventive services, routine primary care, oral health care, and behavioral health support are essential for early identification of health needs, management of chronic conditions, and promotion of healthy development.

In Ross County, youth access to care reflects both strengths and gaps within the healthcare and community systems. While many children have contact with primary care providers, challenges remain related to completion of recommended well-child visits, access to behavioral and oral health services, transportation, and availability of school-based and community-based supports. These barriers can delay prevention and early intervention, contributing to avoidable health and educational impacts.

The following section examines patterns of healthcare access and utilization among children and adolescents in Ross County, highlighting opportunities to strengthen preventive care, improve coordination between healthcare and schools, and support youth health and well-being across the community.

Youth Healthcare Utilization in Ross County

In 2023, Ross County children demonstrated mixed patterns of healthcare utilization compared to Ohio. A higher percentage of Ross County children saw a primary care physician within the past year (79.7% vs. 71.7%) and within the past two years (91.4% vs. 85.7%). Emergency department use and overnight hospital stays were also lower than Ohio averages. However, despite higher rates of primary care contact, a smaller share of Ross County children completed a comprehensive well-child visit (38.1%) compared to Ohio (43.2%). This suggests potential barriers to preventive care, such as appointment availability, scheduling challenges, or limited awareness of recommended well-child visit guidelines.

Table 12: 2023 Ross County children's healthcare interactions

	Ross County 2023	Ohio 2023
Comprehensive Well-Child Visit	38.1%	43.2%
Primary Care Physician Visit	79.7%	71.7%
Primary Care Physician Visit, within 2 Years	91.4%	85.7%
Dental Care Visit	41.6%	41.8%
Dental Care Visit, within 2 Years	58.1%	56.7%
Trip to Emergency Room	26.4%	31.6%
Overnight Stay at General Hospital	1.4%	1.7%

Source: Ohio Department of Education and Workforce, Ohio Healthy Students Profiles 2023-2024.

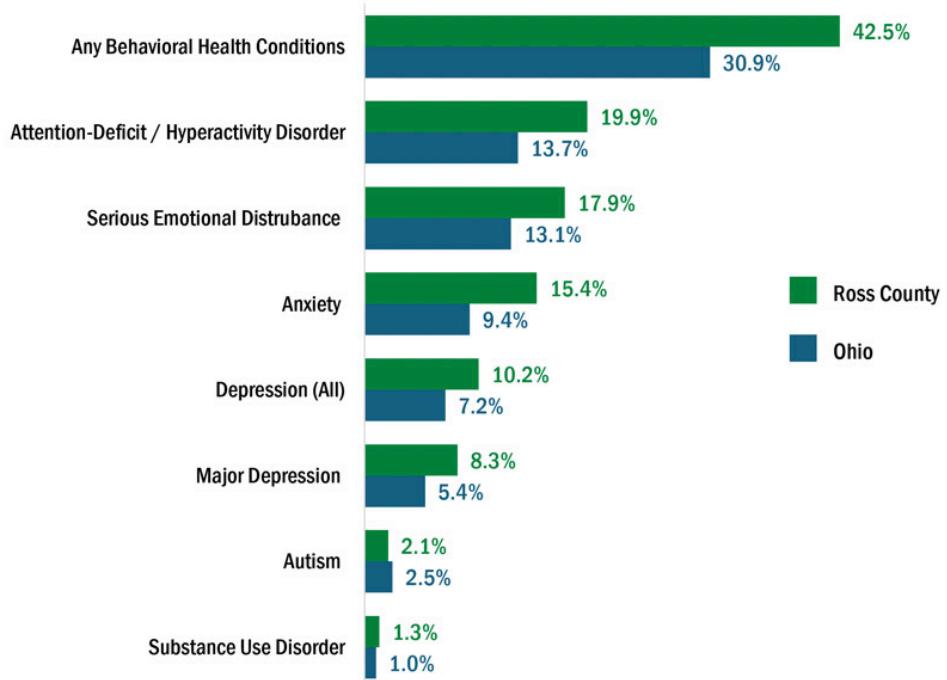
Youth Behavioral Health Access

Behavioral health access is a particularly important component of preventive care for children and adolescents. Early identification and treatment of mental and emotional health concerns can mitigate long-term impacts on academic achievement, social development, and overall well-being. Access to timely behavioral health services during youth also reduces the likelihood of crisis-level care and more intensive interventions later in life.

In Ross County, access to youth behavioral health services is shaped by a combination of provider availability, school-based capacity, referral pathways, and family-level barriers such as transportation and affordability. While schools and community partners play a critical role in identifying and supporting youth behavioral health needs, limited staffing and service availability can constrain timely access to care. These access challenges interact with broader social and economic stressors, contributing to unmet needs among children and adolescents.

Subsequent sections of this assessment examine youth behavioral health outcomes and community-identified concerns in greater detail. Together, these findings underscore the importance of strengthening early, preventive behavioral health access as part of a comprehensive strategy to support youth health and long-term population well-being.

From 2023 - 2024, 42.5% of children in Ross County had a behavioral health condition.



Source: Ohio Healthy Student Profiles, 2023 -2024
Figure 25: Behavioral health conditions in Ross County children

Behavioral health access represents a significant area of need for Ross County youth. A larger percentage of Ross County children have documented behavioral health conditions compared to Ohio. At the same time, Ross County schools have fewer behavioral health staff per student than the state average, including counselors (0.23 per 100 students vs. 0.26 in Ohio), psychologists (0.09 vs. 0.13), and social workers (0.04 vs. 0.05). This mismatch between student need and school-based behavioral health staffing suggests an opportunity to expand behavioral health supports within local school systems to improve early identification, access to care, and continuity of services.

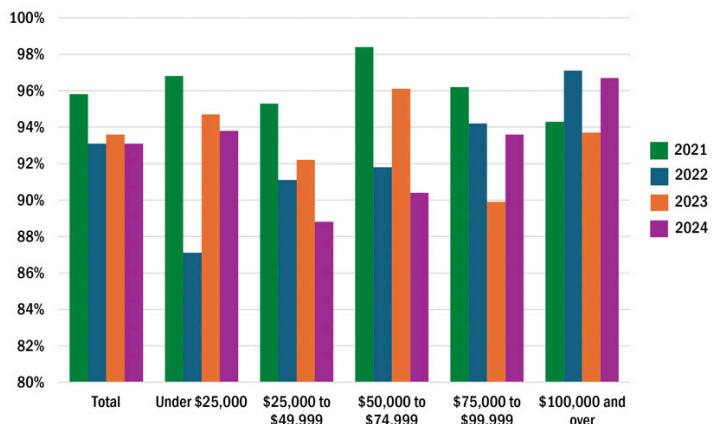
These findings highlight the importance of strengthening preventive pediatric care and expanding school-based behavioral health capacity as part of Ross County's access-to-care strategy.

Insurance Coverage, Medicare, and Network Adequacy

Ross County maintains higher overall insurance coverage than the United States, with approximately 93% of residents insured in 2024, despite a 2.7% decline in coverage since 2021. Coverage losses occurred across nearly all income groups except households earning \$100,000 or more, with the largest declines among households earning \$50,000–\$74,999—an income group that often experiences affordability strain despite being insured.

Public insurance plays a central role in healthcare access. Nearly half of children in Ross County rely on Medicaid, and Medicare beneficiaries account for a substantial share of healthcare utilization. Medicare Advantage (managed care) plans now represent a growing share of Medicare enrollment statewide, making network adequacy a key determinant of access for older adults.

The total percentage of Ross Countians with health insurance has declined since 2021; however, the percentage of households whose income is \$100,000 and over that are insured has increased since 2021.



Source: United States Census Bureau, American Community Survey, 2021 – 2024
 Figure 26: Percentage of insured individuals by household income, 2021 – 2024

While Medicare Advantage plans can improve care coordination and offer supplemental benefits, network limitations in rural and semi-rural communities such as Ross County can restrict access to in-network primary care providers, specialists, dentists, and behavioral health professionals. Limited network availability may require beneficiaries to seek care outside the county, experience longer wait times, or delay care altogether. Prior authorization requirements and provider turnover further complicate access for beneficiaries managing multiple chronic conditions.

These factors, combined with transportation barriers and limited appointment availability, likely contribute to the county's elevated rate of preventable hospitalizations among Medicare beneficiaries.

Preventive Care Access and System Implications

Preventive care is a cornerstone of population health and plays a critical role in reducing avoidable illness, disability, and premature mortality. Effective preventive services—including routine screenings, immunizations, chronic disease monitoring, and health education—support early identification of health risks and reduce reliance on emergency and inpatient care.

In Ross County, patterns of preventive care access highlight both system strengths and persistent gaps. While insurance coverage is relatively high and many residents report having a usual source of care, preventive service utilization varies across populations and service types. Barriers such as transportation challenges, workforce shortages, appointment availability, health literacy, and competing social and economic demands continue to affect timely access to preventive services, particularly for older adults, rural residents, and publicly insured populations.

From a system perspective, gaps in preventive care access are closely linked to higher rates of preventable hospitalizations and increased healthcare utilization. Strengthening preventive care delivery, improving care coordination, and addressing non-clinical barriers are essential strategies for improving health outcomes, enhancing system efficiency, and reducing avoidable healthcare costs. The indicators presented in this section provide insight into where targeted system-level improvements may yield the greatest impact.

Gaps and Opportunities

Despite strong overall clinical care performance, Ross County faces persistent access challenges, including:

- High preventable hospitalization rates among Medicare beneficiaries
- Oral health provider shortages and low dental utilization
- Medicare Advantage and Medicaid network adequacy limitations
- Affordability barriers, including prescription drug costs
- Transportation and geographic barriers in rural areas
- Gaps in preventive service utilization

Elevated preventable hospital stays and workforce shortages—particularly in oral and behavioral health—signal the need for improved care coordination, workforce development, and expanded access to preventive services. Opportunities exist to build on Ross County’s clinical care strengths by strengthening primary care and dental workforce capacity, improving Medicaid and Medicare Advantage provider participation, enhancing care navigation for Medicare beneficiaries, expanding prescription affordability supports, and increasing community-based preventive outreach. Addressing these gaps has the potential to reduce avoidable hospitalizations, improve health equity, and better align system capacity with community health needs.



SECTION 8. COMMUNITY INPUT FINDINGS

2025 Review of Public Comment and Community Survey Input

Public input collected for the 2025 Community Health Needs Assessment reaffirmed many of the core concerns identified in the 2022 assessment, while also providing greater clarity on the social and economic conditions driving health outcomes in Ross County. Through the 2025 public survey and associated outreach efforts, residents consistently identified housing affordability, mental and behavioral health, substance use, economic opportunity, and access to affordable healthcare as the issues most affecting quality of life.

Although most respondents rated their overall health as good or excellent, a substantial proportion reported persistent stressors related to cost of living, mental health needs, and access to timely and affordable care. Respondents emphasized the need for expanded mental health counseling and support groups, higher-paying employment opportunities, more affordable housing options, and prevention-focused education related to substance use and youth mental health. These themes reflect a continued shift toward recognizing upstream social determinants as central drivers of community health.

Public Survey Data Findings

To assess continuity, change, and progress over time, community input from the 2025 Community Health Needs Assessment was compared with findings from the 2022 assessment. This comparison allows for identification of health issues that have remained persistent, intensified, or emerged more prominently across assessment cycles. Examining trends across multiple data points strengthens the validity of priority selection by demonstrating sustained community concern rather than isolated or short-term issues.

The following sections summarize key areas where community-identified priorities in 2025 align with, build upon, or expand the concerns expressed in 2022. Together, these findings provide a longitudinal view of community needs and confirm that many of the most pressing health challenges in Ross County—particularly those related to mental and behavioral health, substance use, housing stability, economic opportunity, and chronic disease—remain unresolved and continue to impact population health and health equity.

Table 13: Survey respondent demographics (n = 609).

Survey Respondent Demographics	Count	Percentage
Age		
18-24	14	2.30%
25-34	107	17.57%
35-44	115	18.88%
45-54	135	22.17%
55-64	135	22.17%
65+	103	16.91%
Sex		
Male	80	13.14%
Female	513	84.24%
Prefer Not to Say	9	1.48%
Other	7	1.15%
Race & Ethnicity		
White or Caucasian	567	93.10%
Black or African American	25	4.11%
American Indian or Alaska Native	2	0.33%
Asian or Asian American	3	0.49%
Hispanic or Latino	3	0.49%
Other	9	1.48%
Household Income (last year before taxes)		
Less than \$14,999	20	3.28%
\$15,000 - \$24,999	23	3.77%
\$25,000 - \$34,999	41	6.72%
\$35,000 - \$44,999	52	8.52%
\$45,000 - \$54,999	40	6.39%
\$55,000 - \$64,999	39	6.39%
\$65,000 - \$74,999	55	9.02%
\$75,000 - \$99,999	82	13.44%
\$100,000 - \$124,999	79	12.95%
\$125,000 - \$149,000	64	10.49%
\$150,000 - \$199,000	35	5.74%
\$200,000 - \$249,999	15	2.46%
Greater than \$250,000	14	2.30%
Prefer not to say	51	8.36%
Residing Township		
Buckskin (South Salem)	9	1.48%
Colerain (Adelphi)	10	1.64%
Concord (Frankfort)	32	5.25%
Deerfield (Clarksburg)	5	0.82%
Franklin	7	1.15%
Green (Kingston)	35	5.75%
Harrison	7	1.15%
Huntington	30	4.93%
Jefferson	5	0.82%
Liberty	13	2.13%
Paint	6	0.99%
Paxton (Bainbridge)	13	2.13%
Scioto (Chillicothe)	264	43.35%
Springfield	24	3.94%
Twin	24	3.94%
Union	107	17.57%
I do not know	18	2.96%

Mental and Behavioral Health

Mental health emerged as a top concern in both assessments. In 2022, more than 40% of adult respondents reported depression or anxiety, with limited utilization of mental health specialists. In 2025, mental health again ranked among the most frequently cited quality-of-life issues and service gaps, with respondents calling for expanded counseling options and improved access. Across both assessments, younger adults and lower-income households consistently reported higher mental health burden, indicating a persistent and unresolved need.

60% of survey respondents indicated feeling anxious in the past year.

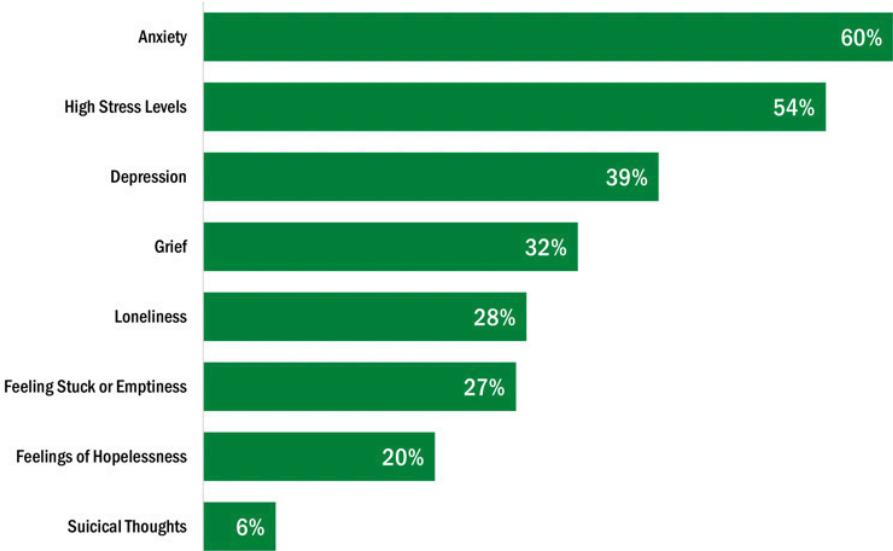


Figure 27: Reported mental health experiences in the past year (n = 430).

Those who made \$100,000 - \$124,000 had the highest percentage of individuals with Anxiety and those who made \$35,000 to \$44,999 had the highest percentage of individuals with Depression.

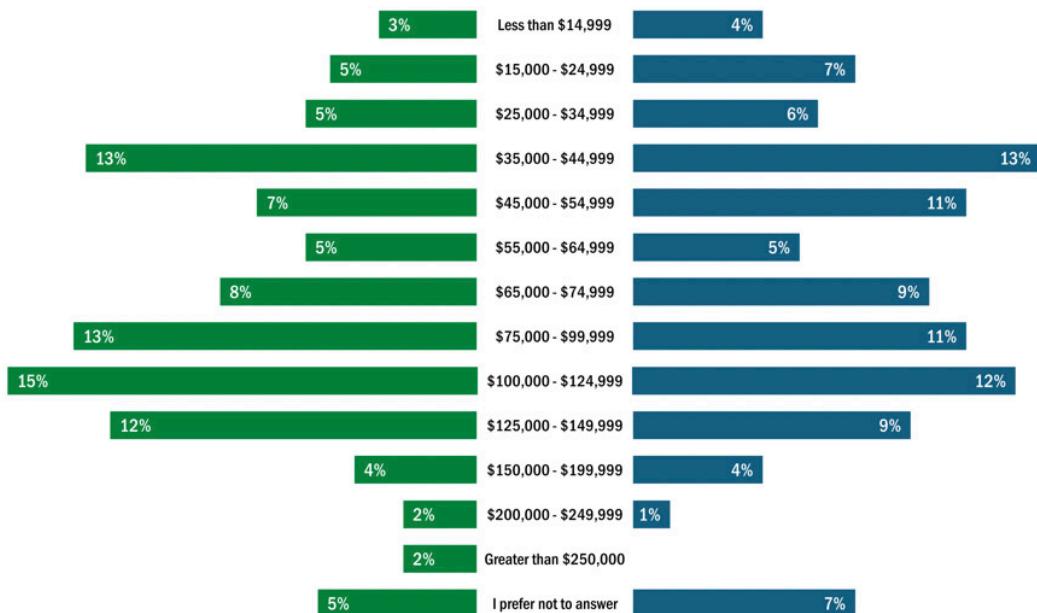


Figure 28: Depression and Anxiety broken down by annual income (anxiety n = 256, depression n = 169).

Adverse experiences are difficult, harmful, or otherwise scary events that happen to someone. These experiences can affect their physical and mental health outcomes.

Over a quarter of survey respondents have experienced someone in their home swearing, insulting, putting them down, or humiliating them.

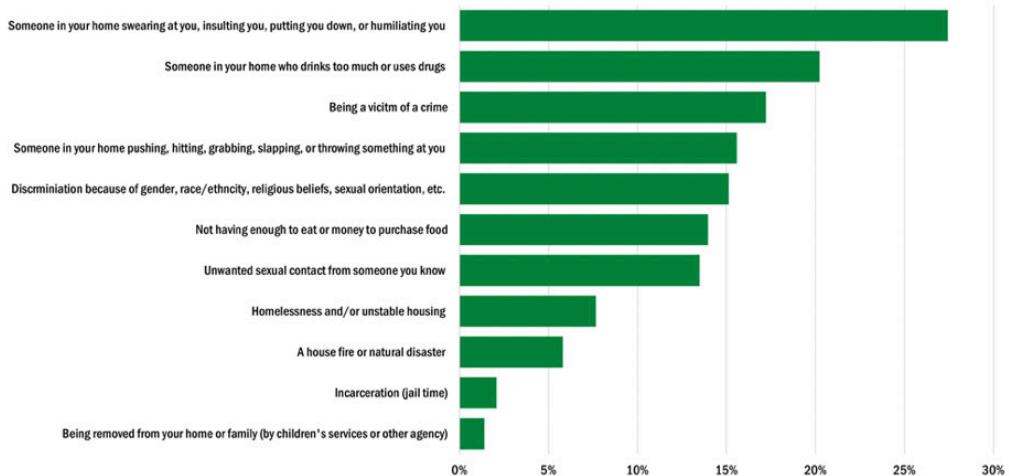


Figure 29: Adverse experiences of survey respondents (n = 430).

Substance Use and Prevention

Substance use was identified as a major community issue in both 2022 and 2025. The 2022 survey highlighted ongoing alcohol, tobacco, and marijuana use, alongside low rates of treatment engagement. In 2025, substance use remained one of the most frequently selected community concerns and education priorities, particularly for youth. Respondents continued to emphasize prevention, early intervention, and recovery supports, suggesting limited progress in reducing community impact since the prior assessment.

3.3% of survey respondents reported having naloxone administered on them in order to reverse an overdose.

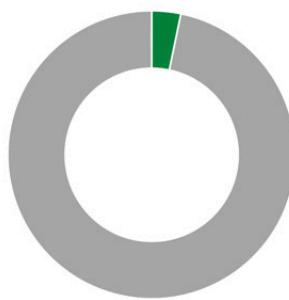


Figure 30: Percent of survey respondents who have been revived by naloxone.

2.8% of survey respondents reported experiencing an overdose.

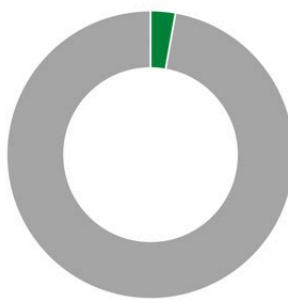


Figure 31: Percent of survey respondents who have experienced an overdose.

3.5% of survey respondents have received treatment for substance use (alcohol or drugs).



Figure 32: Percent of survey respondents who have received treatment for substance use.

Housing Affordability and Stability

Housing challenges were present in both assessments but emerged more prominently in 2025. In 2022, nearly one-quarter of respondents reported difficulty paying for housing, with disproportionate impact among families with children and lower-income households. In 2025, homelessness and inadequate housing options ranked as the most frequently cited quality-of-life issue, and affordable housing was the top service improvement identified. This progression indicates that housing instability has intensified and is now recognized as a primary health and economic concern.

In the survey, 71.97% respondents indicated they own their home and 18.2% rent. 72.46% do not struggle paying for housing. Those who pay \$1,001 - \$1,500 had the highest percentage of individuals who struggle paying for housing (32%).

83% of survey respondents pay \$1,500 or less per month for rent / mortgage.

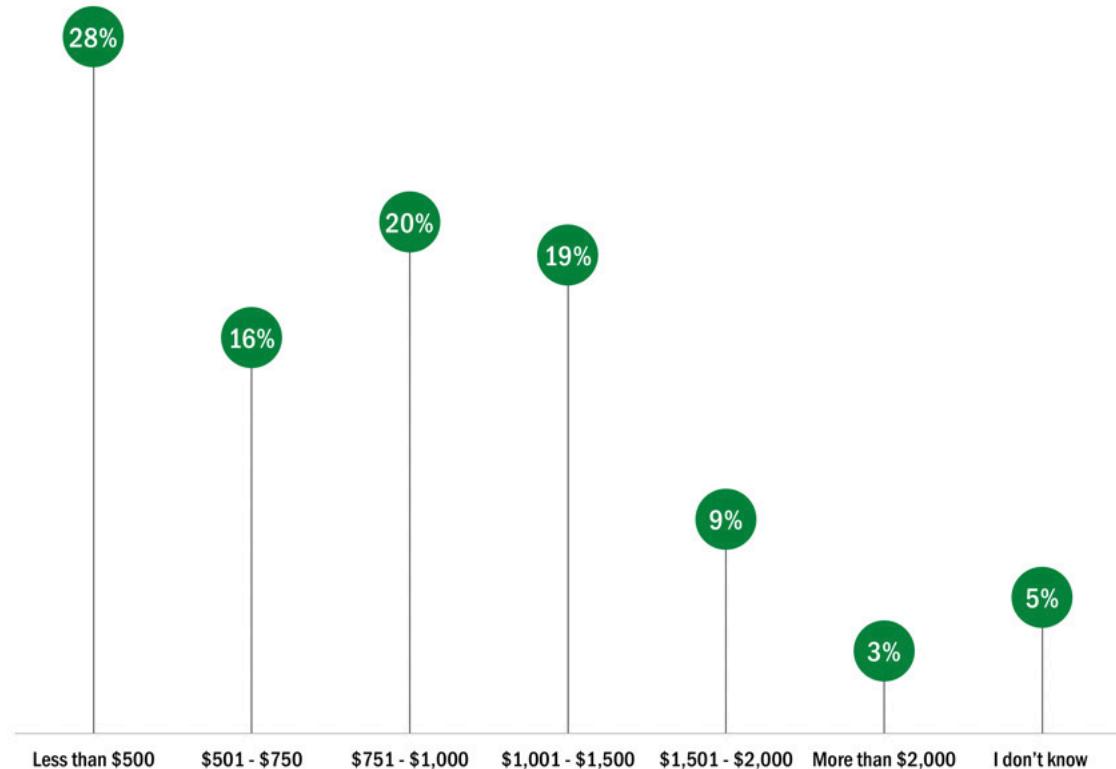


Figure 33: How much respondents pay per month for their mortgage or rent (n = 610).

Inadequate housing was identified the top issue affecting quality of life in Ross County.

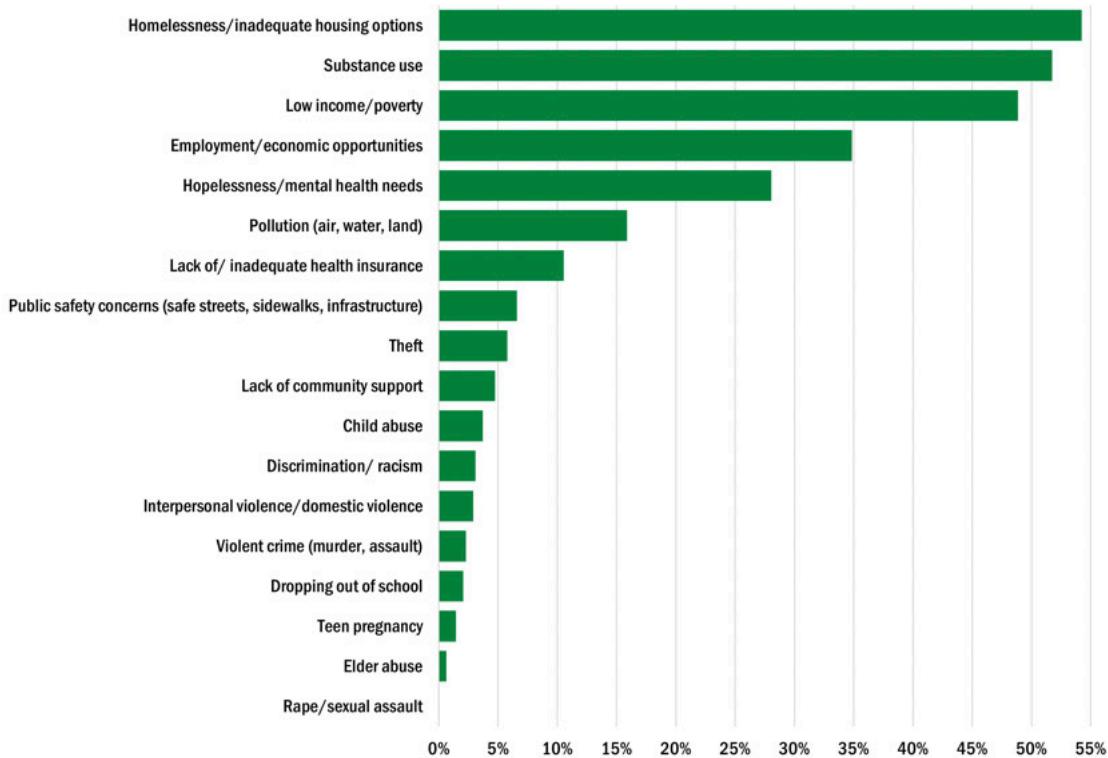


Figure 34: Issues affecting quality of life in Ross County (n = 485).

Housing was identified as the top service that needs improvement in Ross County.

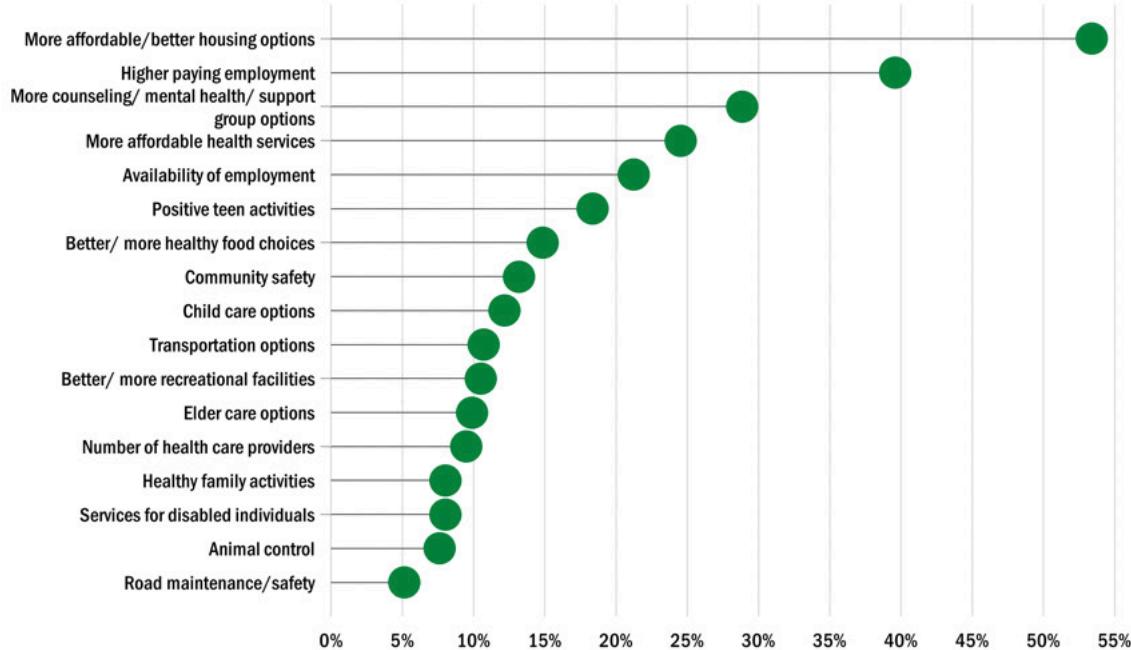


Figure 35: Services that need improvement in Ross County (n = 485).

Economic Opportunity and Income Stability

Economic pressure was a consistent theme across both assessments. In 2022, income level was strongly associated with worse health outcomes, higher chronic disease prevalence, housing instability, and substance use. In 2025, respondents more explicitly identified low wages, lack of higher-paying jobs, and economic opportunity as barriers to health and stability. This reflects growing awareness of income as a foundational determinant influencing access to housing, healthcare, nutrition, and mental well-being.

Respondents who reported making less than \$14,999 had the highest report of being in poor health, while those who made \$150,000 - \$199,000 and greater than \$250,000 had the highestest reports of being in excellent health condition.

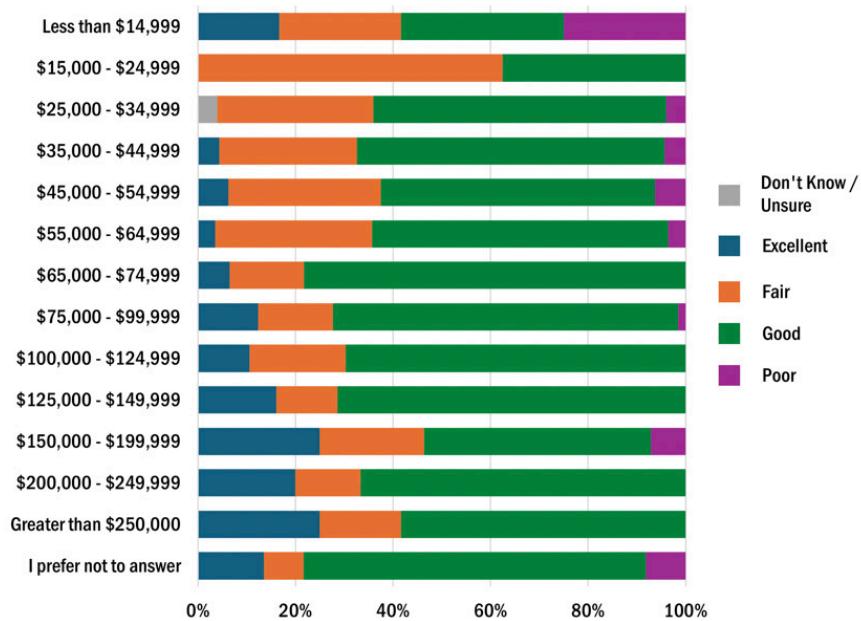


Figure 36: Reported health status by annual income (n = 484).

A majority of survey respondents think Ross County is a good place to raise children but that it lacks economic opportunity.

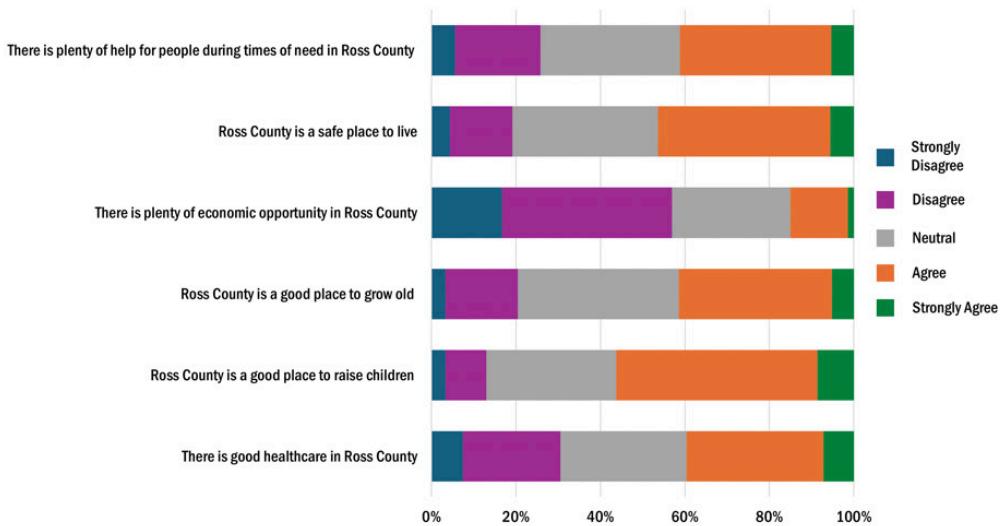


Figure 37: Perceptions of Ross County (n = 485).

Chronic Disease and Preventive Health

Chronic disease burden—including obesity, diabetes, cardiovascular conditions, asthma, and cancer—remained high in both assessments, particularly among older adults and lower-income populations.

While many respondents reported regular primary care use in both years, persistent disease prevalence suggests ongoing gaps in prevention, lifestyle supports, and management resources. In 2025, respondents linked these conditions more directly to stress, nutrition, and environmental and economic factors.

Overweight / Obesity was the most common health condition reported by survey respondents.

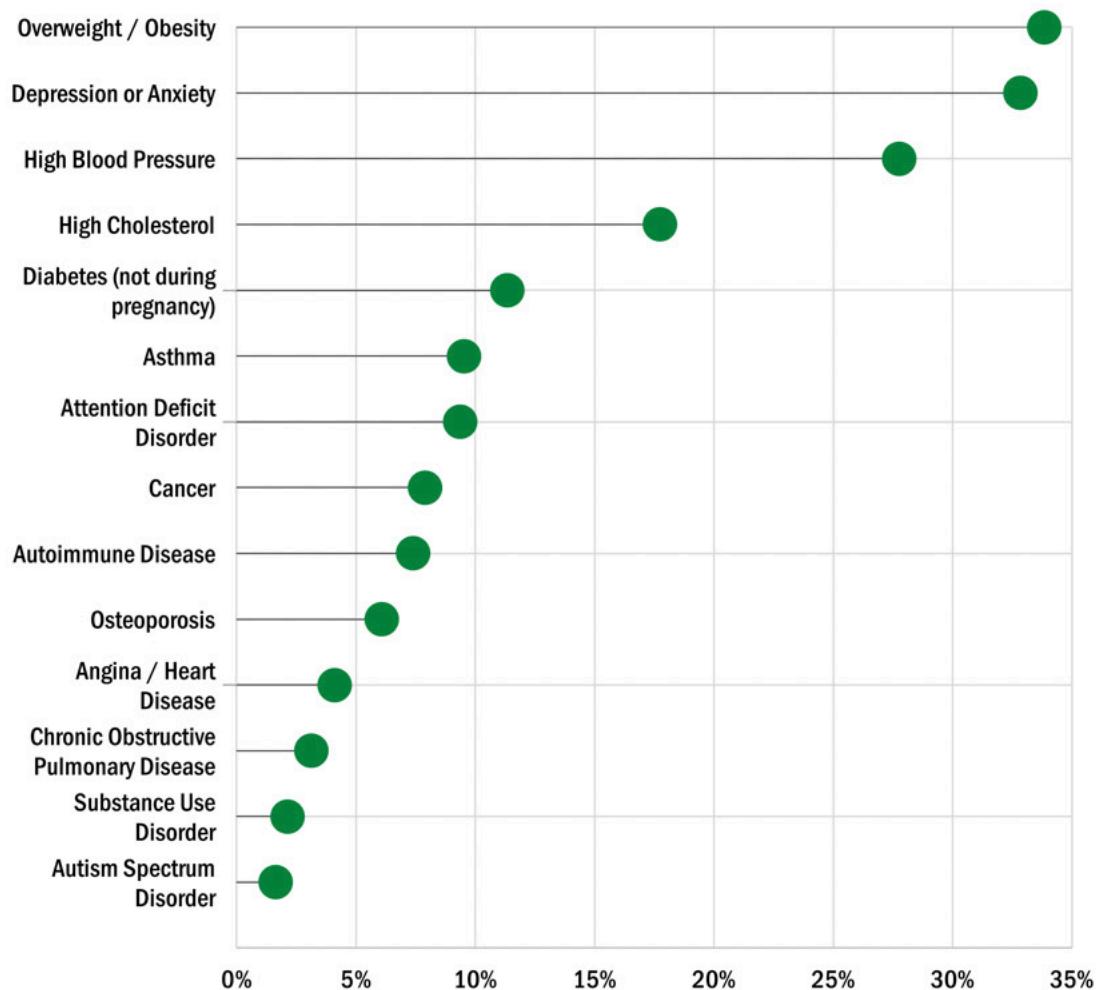


Figure 38: Reported health conditions of survey respondents (n = 609).

Males had a higher percentage of highblood pressure then other sexes while females had the highest percentage of high cholesterol.

Other includes anyone who typed in a response for what sex they identify as and any one who did not want to answer that question

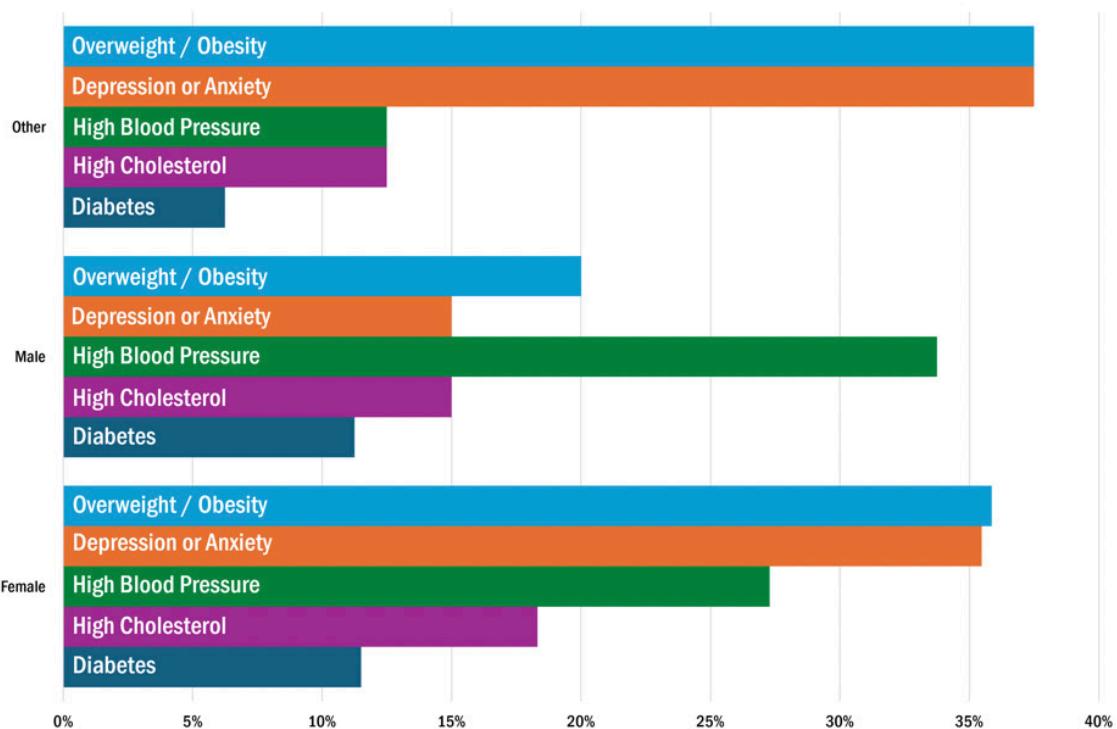


Figure 39: Top 5 reported health conditions by sex (n = 609).

More than half of survey respondents received an annual wellness visit, dental cleaning, and vision screening in the past year.

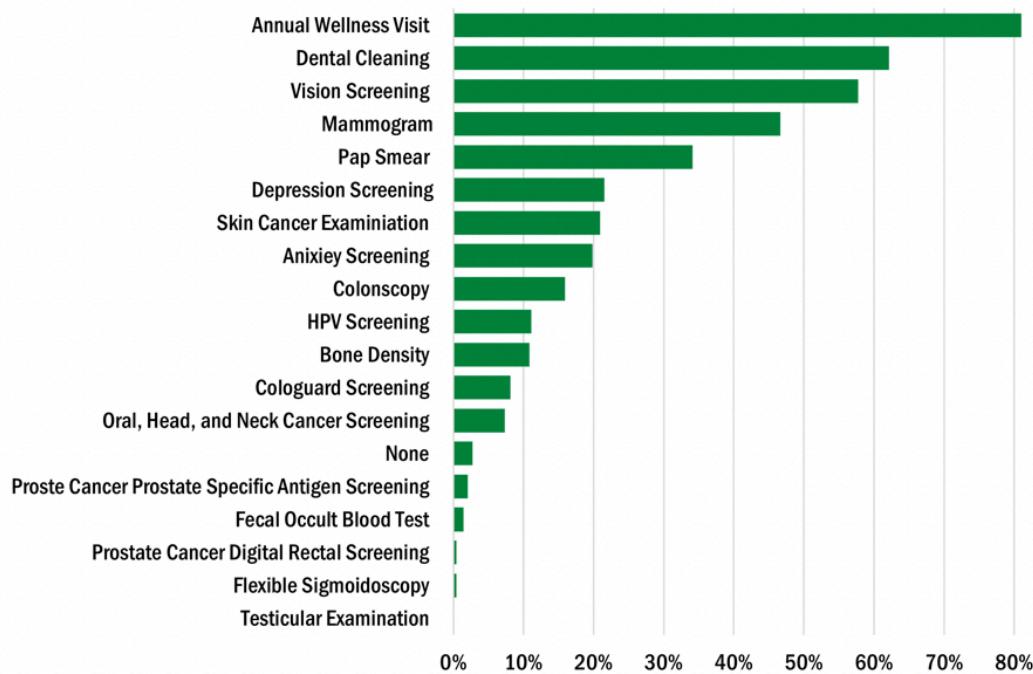


Figure 40: Screenings received in the past year (n = 478).

Hispanic/ Latino and Asian / Asian Americans had the highest percentage of annual wellness visits in the past year.

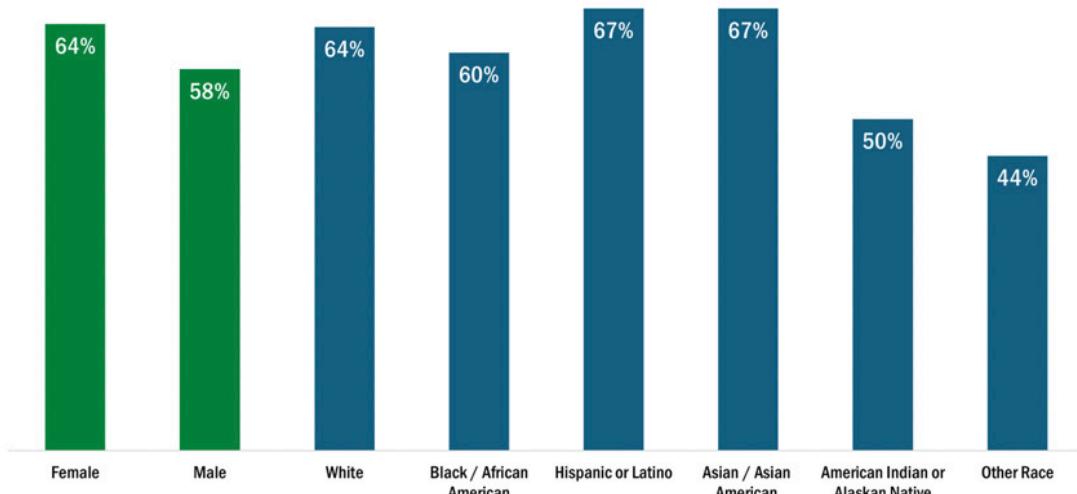


Figure 41: Annual well visits by sex and race (n = 610).

Deductible and co-pays being too high was the primary reason people could not access the care they need.

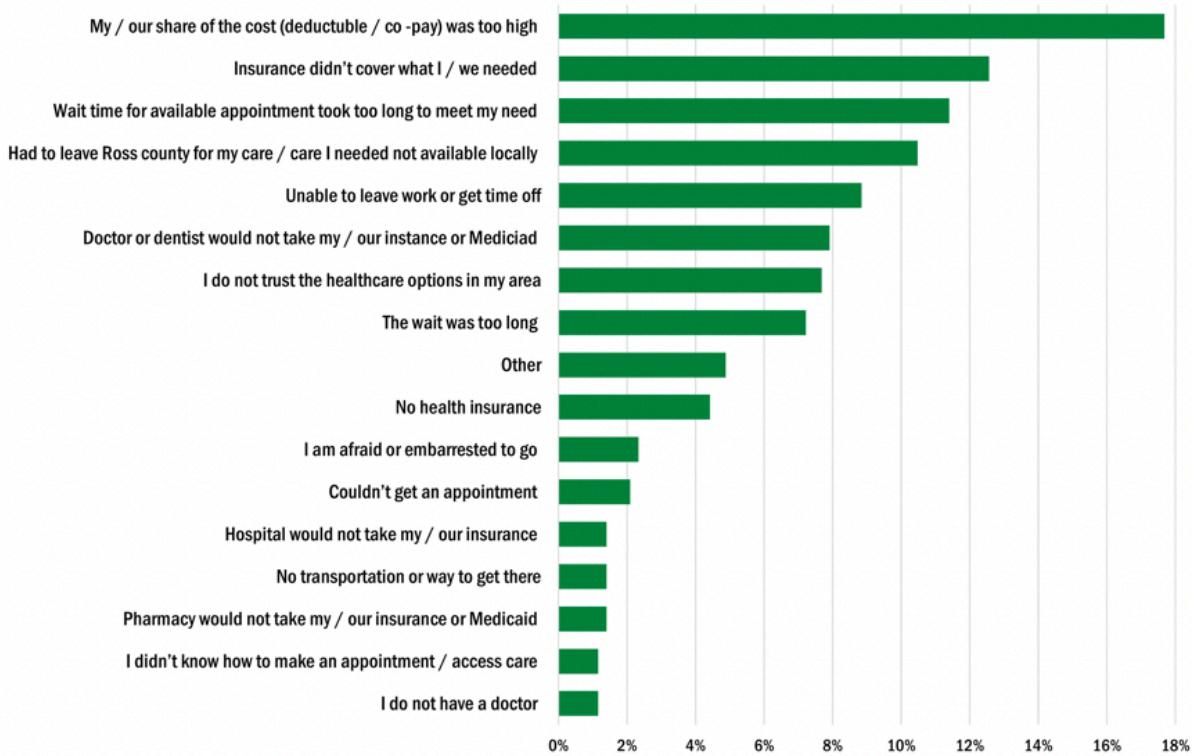


Figure 42: Reasons why people could not access needed care (n = 430).

50% of respondents feel they have a healthy diet while 27% report not eating enough fruits, vegetables, or milk products.



Figure 43: Eating habits of survey respondents (n = 430).

Health Information

As part of our comprehensive community health assessment, respondents provided valuable insights into two key areas: health education needs and preferred information channels. Through our survey, community members identified critical health topics where they felt additional information and resources were needed. Additionally, participants shared their primary sources for accessing health-related information, allowing us to better understand how health communications reach our diverse population. These findings will help shape our health communication strategies and ensure we deliver important health information through the most effective channels for Ross County residents.

The Local Healthcare System was identified as the primary way survey respondents receive health related information.

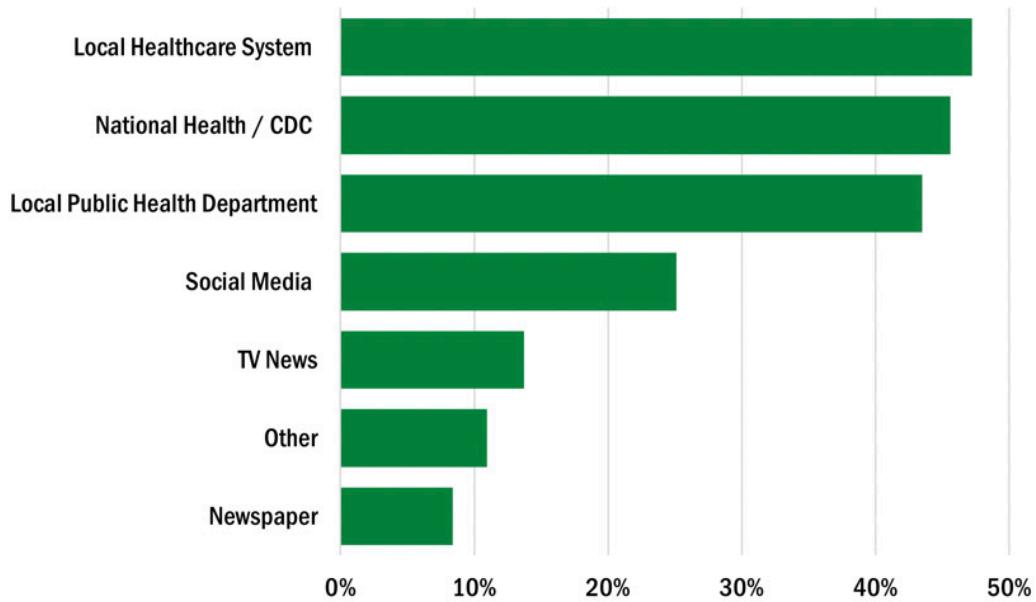


Figure 44: Ways survey respondents receive health related information (n = 430).

Emotional wellness/ coping skills and drug use were identified as top topics that children need more education on.

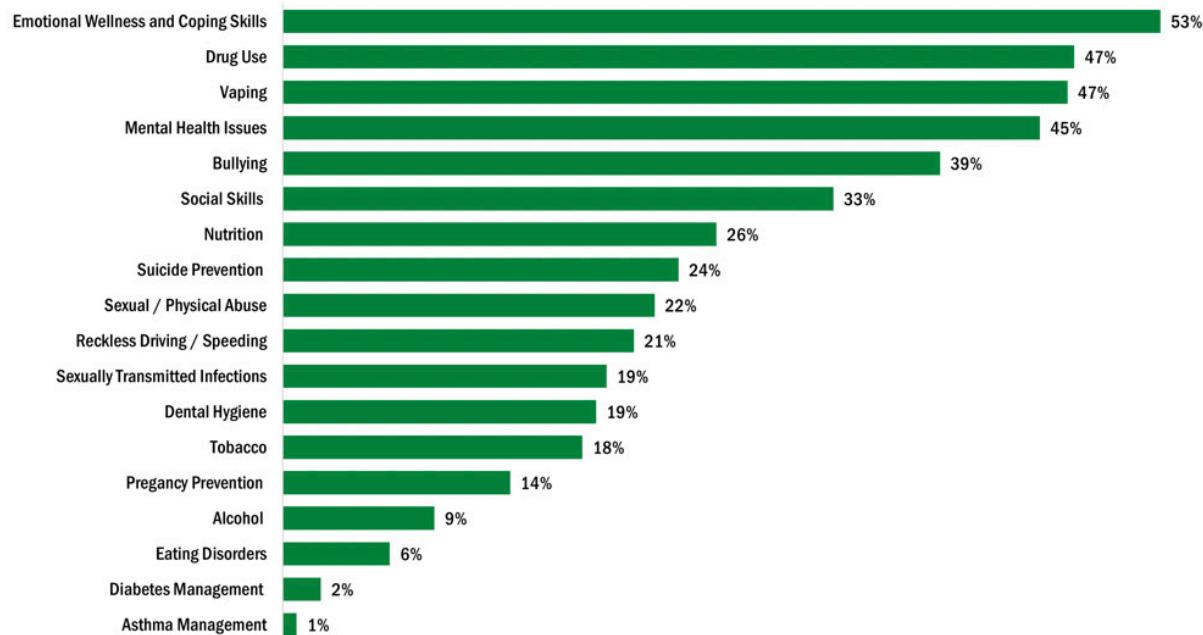


Figure 45: Topics that children in Ross County need more education on (n - 485).

Over one-third of survey respondents think the community needs more education on employment options in Ross County
Top 5 topics the community needs more information about

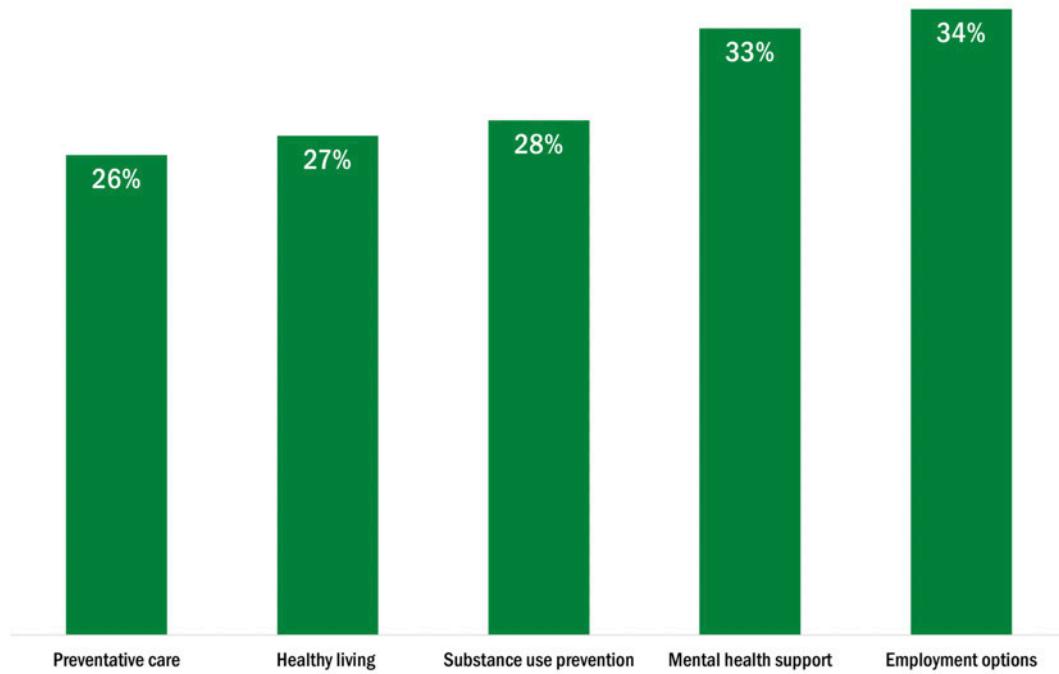


Figure 46: Top five topics that Ross Countians need more information on (n = 485).

Stakeholder Interviews/Focus Groups

An interview script was developed for the community which asked participants their opinions about the community's strengths, major challenges, and resources needed to improve the health of the community. Five stakeholders completed this assessment. There were also 80 participants in the focus groups, which included area students and business leaders. Responses were then reviewed for themes and consensus results.

Triangulation of Data Sources and Community Input

To ensure that identified health needs reflect both objective data trends and lived community experience, findings from multiple data sources were systematically compared and validated through a triangulation process. Quantitative secondary data, primary community input, and stakeholder perspectives were reviewed together to confirm consistency, identify disparities, and support prioritization of significant health needs.

Table 14: Triangulation Summary of Priority Health Needs

Triangulation Summary of Priority Health Needs				
Priority Health Need	Quantitative Data Evidence	Community Survey & Focus Group Input	Stakeholder Validation	Conclusion
Behavioral Health & Suicide Prevention	Elevated rates of depression, frequent mental distress, and suicide mortality exceeding Ohio and U.S. benchmarks; suicide is a leading contributor to premature death	Mental health identified as a top concern by survey respondents; focus groups emphasized youth stress, access barriers, and crisis response gaps	Stakeholders cited increased behavioral health demand, workforce shortages, and need for crisis services	Validated as a significant and high-priority health need
Substance Use & Injury Prevention	Drug overdose death rates substantially higher than state and national averages; unintentional injury a leading cause of death	Substance use repeatedly identified as a major community concern; respondents noted impacts on families, employment, and safety	Stakeholders confirmed ongoing overdose risk despite prevention gains and emphasized harm reduction and treatment access	Validated as a significant and high-priority health need
Chronic Disease Prevention & Management	High prevalence of obesity, smoking, physical inactivity, cardiovascular disease, cancer mortality, and diabetes; contributes to reduced life expectancy	Residents identified chronic illness, weight, and tobacco use as ongoing health challenges	Health partners noted strain on clinical services and need for prevention and self-management support	Validated as a significant and high-priority health need
Access to Care & Transportation	Provider access challenges in rural areas; transportation	Community input highlighted difficulty accessing	Stakeholders emphasized rural geography,	Validated as a significant health need
	barriers identified in SDOH indicators and utilization patterns	appointments, especially behavioral health and specialty care	transportation gaps, and workforce constraints	affecting multiple outcomes
Health-Related Social Needs (HRSN)	Elevated social vulnerability, housing cost burden, food insecurity, and income instability concentrated in specific census tracts	Survey and focus group participants identified housing, food access, and affordability as key stressors	Stakeholders confirmed unmet social needs driving health care utilization and poorer outcomes	Validated as a cross-cutting driver of health inequities

Source – see footnote below.¹²

Interpretation and Use in Prioritization

The triangulation process demonstrated strong alignment between quantitative data trends, community perspectives, and stakeholder experience. Health issues identified through statistical analysis were consistently reinforced by lived experience and professional insight, strengthening confidence in the assessment findings. This alignment informed the identification of significant health needs and guided the prioritization process for the Community Health Improvement Plan.

Data sources for triangulation table

1. County Health Rankings & Roadmaps. (2022–2025). Ross County, Ohio health outcomes and health factors. University of Wisconsin Population Health Institute & Robert Wood Johnson Foundation.
2. Ohio Department of Health. (2019–2024). Mortality, suicide, overdose, and injury surveillance data. Ohio Public Health Information Warehouse (DataOhio).
3. Centers for Disease Control and Prevention. (2023–2024). PLACES: Local data for better health; WONDER mortality data.
4. U.S. Census Bureau. (2023–2024). American Community Survey (ACS) 5-year estimates.
5. Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry. (2022). Social Vulnerability Index (SVI).
6. Ohio Department of Health. (2021–2024). Infant mortality and maternal and child health reports.
7. Partners for a Healthier Ross County. (2025). Ross County Community Health Survey (n = 693).
8. Partners for a Healthier Ross County. (2025). Stakeholder interviews and focus groups, including business leaders and area high school students (approximately 80 participants).
9. National Association of County and City Health Officials. (2022). Mobilizing Action through Planning and Partnerships (MAPP 2.0) framework.
10. U.S. Department of Health and Human Services. (2020). Healthy People 2030 framework and objectives.
11. Ohio Department of Health. (2020–2022). Ohio State Health Improvement Plan (SHIP).



SECTION 9. SIGNIFICANT HEALTH NEEDS & PRIORITIZATION

Validation of 2025 Priority Areas

Significant health needs for Ross County were identified and validated through a structured triangulation process that integrated quantitative data, qualitative community input, and stakeholder review. Quantitative sources included County Health Rankings & Roadmaps, vital statistics, population health indicators, and state and federal datasets. Qualitative input was collected through a countywide community survey, stakeholder interviews, and facilitated focus groups, including intentional engagement with youth and local employers. Priority health needs were validated based on the magnitude of impact, severity of outcomes, presence of disparities, and consistency across multiple data sources, consistent with Internal Revenue Code §501(r) guidance and best practices for community health assessment. This approach ensures that identified needs reflect both measurable population health burden and lived community experience, rather than isolated indicators or short-term trends.

Across data sources, Ross County continues to experience elevated premature mortality, shorter life expectancy, and higher burden of preventable chronic disease, behavioral health conditions, and injury compared to Ohio and national benchmarks. These outcomes are closely linked to underlying social, economic, and environmental conditions, including economic instability, workforce readiness gaps, transportation barriers, housing cost burden, food insecurity, and concentrated social vulnerability. Community input consistently reinforced these findings, highlighting how interconnected social conditions affect daily health, access to care, and quality of life for residents across the county.

Based on this convergence of evidence, the following significant health needs were validated for the 2025 Ross County Community Health Needs Assessment:

- Mental health, suicide risk, and substance use disorders
- Chronic disease prevention and management, including cardiovascular disease, diabetes, cancer, and respiratory disease
- Injury prevention, including unintentional injury and overdose
- Maternal, infant, and child health
- Access to care, preventive services, and healthcare utilization
- Economic stability, workforce readiness, and income security
- Housing stability, affordability, and environmental conditions
- Food access and nutrition security
- Transportation access and the built environment
- Health equity and social vulnerability, including geographically concentrated risk

These priority health needs reflect conditions that are persistent, data-supported, and community-validated, and that contribute most substantially to preventable illness, premature mortality, and disparities in Ross County. Identification of these needs establishes the foundation for subsequent community health improvement planning and resource alignment.



SECTION 10. CHIP LINKAGE & CONCLUSION

2024 Community Health Improvement Plan Progress Report

Following completion of the 2022 Community Health Needs Assessment, Partners for a Healthier Ross County implemented the 2024 Community Health Improvement Plan (CHIP) to address priority areas identified through that assessment. The CHIP focused on coordinated, multi-sector strategies targeting behavioral health, substance use prevention, chronic disease management, access to care, and health-related social needs.

Throughout the implementation period, community partners worked collaboratively to advance evidence-informed strategies aligned with the CHIP priorities. Efforts emphasized prevention, early intervention, care coordination, and addressing upstream drivers of health, with particular attention to populations experiencing elevated social vulnerability. These activities demonstrate sustained commitment to addressing the community's most pressing health challenges and reflect the capacity of local partners to work collectively toward shared goals.

Progress achieved through the 2024 CHIP informed the current assessment and reinforces the importance of continued, coordinated action. Findings from the 2025 Community Health Needs Assessment will guide development of the 2026–2029 Community Health Improvement Plan, ensuring that future strategies build upon prior efforts, respond to evolving community needs, and support measurable improvements in population health and health equity.

Detailed implementation activities from the 2024 CHIP are summarized in Appendix F.

CHIP Priority Areas (2026)

Based on community input and supporting data, the following priority areas are recommended for inclusion in the 2026 Ross County Community Health Improvement Plan:

- **Mental Health and Suicide Prevention**

Improving access to mental health services, reducing stigma, strengthening crisis response, and supporting emotional well-being across the lifespan.

- **Substance Use Prevention, Treatment, and Recovery**

Reducing overdose deaths, expanding treatment and recovery supports, strengthening prevention efforts, and addressing substance use as a community-wide health and safety issue.

- **Housing Affordability and Stability**

Increasing access to safe, affordable housing and reducing housing instability and homelessness as critical drivers of health and workforce stability.

- **Economic Stability and Workforce Readiness**

Supporting education, job readiness, childcare access, transportation, and financial stability to improve health outcomes and reduce stress-related illness.

- **Chronic Disease Prevention and Healthy Lifestyles**

Addressing obesity, diabetes, heart disease, cancer, and respiratory conditions through prevention, physical activity, nutrition, and tobacco and vaping reduction.

- **Youth Health, Safety, and Well-Being**

Strengthening school- and community-based supports for youth mental health, substance use prevention, life skills, and healthy development.

- **Access to Care and Prevention**

Improving care navigation, oral health access, transportation, and preventive service utilization to reduce avoidable hospitalizations and health disparities.



CONCLUSION AND NEXT STEPS

The 2025 Ross County Community Health Needs Assessment provides a comprehensive, data-driven understanding of the factors that influence health and well-being across the county. By integrating quantitative secondary data with a countywide community resident survey and qualitative input from community stakeholders—including business leaders and youth—this assessment identifies the most significant health needs affecting residents and the conditions that shape health outcomes where people live, work, learn, and age.

Findings from this assessment demonstrate that health outcomes in Ross County are strongly influenced by a set of interconnected clinical and non-clinical factors. Behavioral and mental health conditions, substance use and injury, chronic disease burden, access to care challenges, transportation limitations, and health-related social needs consistently emerged as key drivers of preventable illness, premature death, and reduced quality of life. These factors disproportionately affect vulnerable populations, including individuals living in areas of higher social vulnerability, older adults, individuals with disabilities, and households experiencing economic instability. Equity considerations were intentionally incorporated throughout the assessment process to ensure that both analysis and identification of significant health needs reflected disparities in risk, access, and outcomes.

Community input played a central role in validating quantitative findings and contextualizing data trends. Across surveys, focus groups, and stakeholder interviews, residents consistently identified similar concerns, reinforcing the reliability of the assessment and highlighting areas where coordinated, multisector action is most needed. The strong alignment between lived experience and measurable health outcomes strengthens confidence that the identified health needs reflect both community priorities and objective evidence.

Several themes emerged repeatedly through community engagement. Mental and behavioral health concerns—including depression, anxiety, and suicide risk—were cited as having a direct and growing impact on quality of life for both adults and youth. Substance use, particularly opioid- and fentanyl-related overdose, continues to contribute significantly to preventable death and community trauma and was identified as a top concern by residents and employers alike. Chronic disease prevention and healthy lifestyles remain long-standing challenges, with high rates of obesity, diabetes, cardiovascular disease, respiratory illness, and cancer driven in part by tobacco use, limited access to physical activity opportunities, and barriers to preventive care.

Housing affordability and stability emerged as a more prominent concern in 2025 than in prior assessments. Residents reported difficulty securing safe, affordable housing, while employers identified housing availability as a barrier to workforce recruitment and retention. Economic stability and workforce readiness were closely linked to health outcomes, with community input highlighting low wages, childcare costs, transportation barriers, and limited access to life and job-readiness skills as ongoing stressors that contribute to poor mental health, delayed care, and reduced opportunity.

Youth health and well-being surfaced as a cross-cutting priority throughout the assessment. Elevated youth behavioral health needs, combined with limited prevention and school-based support capacity, point to the importance of early, upstream strategies that promote mental health, substance use prevention, and life skills development beginning in childhood and adolescence.

Access to care—including behavioral health, oral health, transportation, and care navigation—was identified as a system-level issue affecting multiple health outcomes. Despite relatively strong clinical care infrastructure in Ross County, residents continue to experience barriers that contribute to preventable hospitalizations and delayed preventive services, particularly among older adults, rural residents, and publicly insured populations.

While not all identified health needs were elevated as primary priorities, each was carefully considered through the assessment and prioritization process. Needs not selected for focused action through the Community Health Improvement Plan will continue to be addressed through existing programs, regulatory responsibilities, or as integrated components of broader community strategies. This approach allows for targeted investment while maintaining a comprehensive and responsive view of community health. This Community Health Needs Assessment establishes a shared foundation for collective action in Ross County. It is intended to guide community partners, policymakers, healthcare providers, and public health leaders in aligning efforts, leveraging resources, and implementing evidence-informed strategies. Findings from this assessment will directly inform the development of the 2026–2029 Community Health Improvement Plan, translating identified priorities into measurable goals, coordinated strategies, and ongoing evaluation.

By grounding future action in robust data, meaningful community engagement, and a clear understanding of local context, Ross County is well positioned to advance health equity, improve population health outcomes, and strengthen the overall well-being of its residents.

Public Availability

This Community Health Needs Assessment is made widely available to the public in accordance with Internal Revenue Code §501(r). The final report is posted on the Adena Health website and the Ross County Health District website and will remain publicly accessible until the completion and publication of the subsequent Community Health Needs Assessment.

Printed copies of the report are available upon request at no cost. Requests may be made by contacting Adena Health or the Ross County Health District.

CHNA Adoption and Approval

This Ross County Community Health Needs Assessment was formally adopted by the Adena Health Board of Trustees, in compliance with Internal Revenue Code §501(r).

This Community Health Needs Assessment satisfies the requirements of Internal Revenue Code §501(r)(3) and applicable guidance issued by the U.S. Department of the Treasury and Internal Revenue Service. The assessment is intended to inform community health planning and does not constitute a guarantee that Adena Health will address all identified health needs.

References and Data Sources

Agency for Toxic Substances and Disease Registry. (2022). CDC/ATSDR Social Vulnerability Index (SVI): Documentation and methodology. Centers for Disease Control and Prevention. <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

Centers for Disease Control and Prevention. (2020–2024). CDC WONDER: Underlying cause of death and mortality data. U.S. Department of Health and Human Services. <https://wonder.cdc.gov>

Centers for Disease Control and Prevention. (2023–2024). PLACES: Local data for better health. U.S. Department of Health and Human Services. <https://www.cdc.gov/places>

County Health Rankings & Roadmaps. (2022–2025). Ross County, Ohio: Health outcomes and health factors. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org>

Internal Revenue Service. (2023). Additional requirements for charitable hospitals; community health needs assessments for charitable hospitals (26 U.S.C. §501(r)). U.S. Department of the Treasury. <https://www.irs.gov>

Mobilizing Action for Planning and Partnerships (MAPP). (2022). MAPP 2.0 framework. National Association of County and City Health Officials. <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>

Ohio Department of Education and Workforce. (2023–2024). Ohio Healthy Students Profiles. <https://education.ohio.gov>

Ohio Department of Health. (2019–2024). Ohio Public Health Information Warehouse (PHIW). <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-public-health-information-warehouse>

Ohio Department of Health. (2020–2022). Ohio State Health Improvement Plan (SHIP). <https://odh.ohio.gov>

Partners for a Healthier Ross County. (2022). Ross County Community Health Assessment. Chillicothe, OH.

Partners for a Healthier Ross County. (2025). Ross County Community Health Survey and community input summary (unpublished data).

U.S. Census Bureau. (2023–2024). American Community Survey (ACS) 5-year estimates. <https://www.census.gov/programs-surveys/acs>

U.S. Department of Health and Human Services. (2020). Healthy People 2030 framework and objectives. Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople>

U.S. Department of Housing and Urban Development. (2025). Point-in-Time (PIT) count: Ross County, Ohio. <https://www.hudexchange.info>

Appendix Listings

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

Appendix B: Key Demographic Takeaways

Appendix C: Population Management and Improving Life Expectancy Summary

Appendix D: High Level Snapshot for Access to Care in Ross County

Appendix E: 2024 Community Health Improvement Plan Progress

Appendix F: Tables and Figures

APPENDIX A: COUNTY HEALTH RANKINGS TREND ANALYSIS (2022–2025)

This appendix summarizes recent trends in key health indicators for Ross County, Ohio. Data are drawn from County Health Rankings & Roadmaps, a nationally recognized source that compiles information from the CDC, 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.

Geographic Benchmark

All comparisons are made against Ohio's 88 counties. When rankings are shown, a lower rank indicates better relative performance compared with other Ohio counties.

Key Health Trends in Ross County

- Premature mortality is increasing. From 2022 to 2025, the number of premature deaths rose steadily, indicating more residents are dying before reaching expected life expectancy.
- Years of Potential Life Lost (YPLL) increased across the period, showing a growing burden of early death linked to chronic disease, injury, and preventable causes.
- Overall population health and well-being remains below the Ohio median, based on comparative County Health Rankings measures.
- Community conditions such as economic stability, access to resources, and environmental factors continue to influence health outcomes and contribute to disparities across the county.

Trend Summary: Ross County, Ohio

Years of Potential Life Lost (rate per 100,000)	10,442.4	11,088.2	12,209.2	Shows how many years of life the community is losing due to early death
Health Outcomes Rank (Ohio)	77 / 88	—*	—**	Summarizes overall health and quality of life compared to other communities
Health Factors Rank (Ohio)	56 / 88	—*	—**	Represents social, economic, and environmental factors that shape health

Measure	2022	2024	2025	Why This Matters to the Community
Premature Deaths (count)	1,473	1,642	1,795	Reflects early deaths linked to chronic disease, injury, and preventable causes

* In 2024, County Health Rankings transitioned from ranked outcomes/factors to national z-score groupings.

** In 2025, County Health Rankings adopted the Health Groups framework (Population Health & Well-being; Community Conditions).

Note: County Health Rankings updated its methodology in 2024 and 2025. Earlier years used ranked outcomes and factors, while later years use national z-scores and health groupings to show relative performance.

What These Trends Mean

Together, these trends suggest that Ross County continues to face challenges related to preventable early death, chronic disease, and the conditions that influence health where people live, work, and age. The data reinforce the importance of community-driven efforts focused on prevention, access to care, economic opportunity, and healthy environments.

APPENDIX B: KEY DEMOGRAPHIC TAKEAWAYS

Population & Growth

76,046 residents

2.6% population decline since 2010

While Ohio and the U.S. grew, Ross County experienced gradual population loss—common in rural Appalachian communities.

Why it matters: Population decline affects workforce availability, school enrollment, service demand, and long-term community sustainability.

Age Profile

54% ages 25–64 (working age)

16.6% age 65+ (growing)

Why it matters: An aging population increases demand for:

- Chronic disease prevention and management
- Transportation and mobility support
- Caregiving, home-based services, and accessible housing

Race, Ethnicity & Gender

• 90% White

• 5.7% Black/African American

• 1.3% Hispanic/Latino

• 52% Male / 48% Female

Why it matters: Although Ross County is less diverse than Ohio and the U.S., smaller racial and ethnic populations may experience disproportionate barriers to care, highlighting the need for equity-focused outreach.

Disability & Veterans

20.4% of residents report a disability, Higher than Ohio (14%) and U.S. (12.7%)

8.7% are veterans (higher than state and national averages)

Why it matters: Higher disability rates increase the need for:

- Accessible health care and facilities
- Reliable transportation
- Supportive housing and social services
- Veterans may have specialized needs related to behavioral health and chronic conditions.

Households & Families

29,080 households

26.8% include children under 18

7.5% female-headed households with children

Why it matters: Single-parent households face higher risks of:

- Economic instability
- Food insecurity
- Housing stress
- Caregiver burden

These conditions are closely tied to mental health and child well-being.

Key Takeaway

Ross County's demographic profile—marked by population decline, aging, higher disability prevalence, and household vulnerability—shapes current and future health needs. These trends reinforce the importance of place-based, equity-focused strategies that address chronic disease, mental and behavioral health, access to care, housing stability, and the broader social determinants of health.

APPENDIX C: POPULATION MANAGEMENT AND IMPROVING LIFE EXPECTANCY SUMMARY

By focusing on chronic disease prevention, behavioral health, substance use, injury prevention, maternal and child health, health equity, and access to care, Ross County can make meaningful progress toward longer lives, healthier families, and a more resilient community. These priorities reflect both the most urgent health needs and the greatest opportunities for impact through coordinated, evidence-based community action.

Chronic Disease Prevention & Management

Why It Matters: Chronic diseases account for the majority of deaths in Ross County.

Key Data Points

- Heart disease & cancer are the top causes of death, with rates above Ohio and U.S. averages
- Cancer mortality: 186.8 per 100,000 — driven largely by lung cancer (30% of cancer deaths)
- Elevated diabetes and chronic respiratory disease linked to smoking, obesity, inactivity, and prevention gaps

CHNA Priority Action: Expand tobacco cessation, cardiovascular health, cancer screening, and diabetes prevention

Mental Health & Suicide Prevention

Why It Matters: Behavioral health conditions contribute to premature death and reduced quality of life.

Key Data Points

- Suicide rate: 17.5 per 100,000 — higher than Ohio and U.S.
- Highest risk groups: males, youth (15–24), and older adults (65+)
- 27% of adults report a depression diagnosis; frequent poor mental health days exceed benchmarks

CHNA Priority Action: Strengthen mental health access, suicide prevention, crisis response, and community support

Substance Use & Injury Prevention

Why It Matters: Unintentional injury is a leading driver of premature death.

Key Data Points

- Drug overdose death rate: 66.5 per 100,000 — more than double the U.S. rate
- Overdose deaths increased during and after COVID-19 disruptions
- Motor vehicle crashes, especially impaired or unbelted driving, remain a major risk

CHNA Priority Action: Prioritize substance use treatment, harm reduction, recovery services, and injury prevention

Maternal, Infant & Child Health

Why It Matters: Early life health shapes lifelong outcomes.

Key Data Points

- Infant mortality has declined and remains below the Ohio average
- Child mortality comparable to state and national rates
- Ongoing economic and social stressors increase risk for families

CHNA Priority Action: Sustain prenatal care access, smoking cessation during pregnancy, and early childhood supports

Health Equity & Social Determinants

Why It Matters: Social conditions strongly influence life expectancy and premature death.

Key Data Points

- Life expectancy: 73.2 years — 2–4 years shorter than Ohio and U.S.
 - Premature death rising, especially among working-age adults
 - Poverty, housing instability, transportation barriers, and workforce stress amplify health risks
- CHNA Priority Action:** Address economic stability, housing, transportation, and access to care through partnerships

Access to Care & Prevention

Why It Matters: Prevention reduces avoidable illness, disability, and death.

Key Data Points

- Ross County experiences higher preventable hospital stays and provider shortages, particularly in behavioral health and dental care.
 - Provider shortages in behavioral health and dental care
 - High insurance coverage, but persistent access barriers to specialty and mental health services
- CHNA Priority Action:** Improve primary, preventive, and specialty care access through workforce and outreach strategies

Source: Ohio Department of Health, County Health Rankings & Roadmaps, CDC

APPENDIX D: HIGH LEVEL SNAPSHOT FOR ACCESS TO CARE IN ROSS COUNTY

Clinical Care Strength

7th of 88 Ohio counties for Clinical Care

(County Health Rankings & Roadmaps)

Ross County performs well overall, with strong insurance coverage and multiple access points across the healthcare system.

Access Barriers

Despite relatively low uninsurance, gaps in access continue to affect outcomes:

- Preventable Hospital Stays (Medicare)

4,004 per 100,000 (Ross)

vs. 3,269 Ohio | 2,769 U.S.

- Indicates gaps in timely outpatient care, care coordination, and chronic disease management.

Provider Capacity Snapshot

Provider Type Residents per Provider

Primary Care 1,510:1

Mental Health 160:1

Dental 1,740:1

Mental health access has improved; oral health shortages persist.

Oral Health Access

20.9% of adults age 65+ have had all natural teeth extracted

55.3% of adults visited a dentist in the past year

Insurance & Medicare Considerations

- ~93% of residents insured (higher than U.S.)
- Medicare beneficiaries account for a large share of utilization
- Medicare Advantage network limitations may restrict access to:
 - Primary care
 - Dental services
 - Specialists
 - Behavioral health

What This Means

High preventable hospital use alongside strong clinical care rankings highlights a disconnect between system capacity and effective access, especially for:

- Older adults
- Rural residents
- Medicare and Medicaid enrollees

Opportunities for Impact

- Strengthen primary care and dental workforce
- Improve Medicare & Medicaid network participation
- Expand care coordination for Medicare beneficiaries
- Increase preventive and oral health access
- Address transportation and affordability barriers

APPENDIX E: 2024 CHIP PROGRESS REPORT (DETAILS)

The Partners for a Healthier Ross County completed its most recent Community Health Improvement Plan (CHIP) in 2024. This plan utilized data and information from the 2022 Community Health Needs Assessment to identify priority areas to focus efforts to improve the health of Ross Countians.

The Partners for a Healthier Ross County identified substance use disorder, mental health, obesity and diabetes prevention, care optimization, and child safety and wellness priority areas in the 2024 CHIP. A workplan was created to set goals and objectives for each of these priorities.

Over are updates for each of the 2024 CHIP priority areas.

Substance Use Disorder		
Goal: Reduce drug overdose deaths between 2024 and 2026		
Implementation of risk reduction vending machines across the county to distribute risk reduction supplies	Implementation of an additional Medication Assisted Treatment access point at McFadden Pharmacy in Bainbridge	Adena Health's Family Centered Recovery program is now allowing support individuals to participate along with the mothers

Mental Health		
Goal: Reduce suicide rate by 10% between 2024 and 2026		
Implementation of mobile crisis team. This crisis team can respond to individuals who are experiencing significant behavior or emotional distress and respond appropriately.	Paint Valley ADAMH crisis center is currently being built. This facility will have the capacity for 8 23-hour observation chairs where individuals will be assessed to coordinate the appropriate level of care.	Adena and Hopewell Health Center have implemented electronic medical record screening tools for anxiety and depression.

Obesity & Diabetes Prevention		
Goal: Increase access to active mobility infrastructure and healthy foods in Ross County		
The Ross County trail system has been expanded by over 3 miles and plans are underway to continue trail expansion and improvements.	Ross County was granted honorable mention status on the application to become a bike friendly community. Work is being done to improve the application to reapply for bike friendly community status.	Fresh produce prescriptions continued to be given out by Adena medical providers, but utilization is low. These prescriptions are for fresh fruits and vegetables and can be redeemed at the Ross County Farmers Market. These prescriptions are to assist individuals with certain conditions such as chronic illness, diabetes, and heart disease who have low access to healthy foods.

Care Optimization		
Goal: Increase utilization to healthcare and social support services by 15% between 2024 and 2026		
The Ross County Community Resource Center is open year-round 24/7, no longer serving as just an emergency shelter – allowing us to serve one of the most vulnerable populations where they are.	Individuals in the Adena Emergency Department for a drug overdose now have the option to be referred to a peer recovery supporter for social support and connection to treatment and other needed resources	Publishing of a regional transportation guidebook. This guidebook outlines transportation assistance programs for workforce, medical, and discretionary transportation in southern Ohio counties.

Child Safety & Wellness		
Goal: Increase utilization to healthcare, social support services, and prevention education by 10% between 2024 and 2026		
Implementation of a youth mobile crisis team. This team can provide immediate behavioral health services at home or at another safe location for children, youth, and young adults 21 and under who are experiencing a mental health crisis.	Over 1000 students have received vaping and drug prevention education in Ross County.	Adena launching onsite school-based clinic locations at 5 Ross County schools and continuing to provide immunizations and other primary care needs at 6 Ross County schools.

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