

Highland County Community Health Assessment 2025



HIGHLAND COUNTY
Healthcare
Collaborative



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**Highland County
Health Department**

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A note from Kathi Edrington, CEO of Adena Health

Dear community members and partners,

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

At Adena, we believe that creating a healthier Highland 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 Highland County.

In partnership,



Katherine Edrington
President and CEO
Adena Health

Acknowledgements

The Highland County Health Collaborative'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 Highland County community in participating in interviews and providing input during the survey and public comment process was invaluable for this assessment.

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Executive Summary

What is the Highland County Community Health Assessment?

A Community Health Assessment (CHA) is a comprehensive and systematic data collection and analysis process designed to inform communities of top health needs and priorities to drive effective planning that results in positive change. Evidence-based practice shows that multisector collaboration and shared ownership in assessment, planning, investment, implementation, and evaluation are essential for improving community health. The Highland County Health Coalition completed its last assessment in 2022.



**HIGHLAND COUNTY
COMMUNITY
HEALTH SURVEY**

We want to hear from you!

Take the Highland County Community Health Survey and help shape the future of health in Highland County. The survey is 10-15 minutes. Your feedback is anonymous and helps improve services like healthcare, mental health, transportation, and more.

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2025 CHA Survey Flyer

For the 2025 assessment, the Highland County Health Collaborative utilized NACCHO's Mobilizing for Action through Planning and Partnerships (MAPP) 2.0.

How has 2025 CHA Has Been Strengthened?

The 2025 Community Health Assessment (CHA) builds on past efforts with several important improvements. The Highland County Health Collaborative played a central role in designing the survey, ensuring that questions reflected the priorities and perspectives of the community. A total of 642 surveys were collected—representing a larger and more diverse sample than ever before—thanks to a robust outreach strategy that included social media campaigns, Facebook posts, public notices, and paper copies distributed throughout the community to maximize participation.

Along with community input, updated demographic, socio-economic, and health outcomes data were incorporated to provide a more complete picture of local health. Guided by the MAPP 2.0 framework, the 2025 CHA emphasizes equity, community context, and continuous improvement. These enhancements make a stronger, more inclusive tool for understanding community needs and guiding collaborative action to improve health in Highland County.

Highland County Population Health and Well-being

Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.

Highland County is faring slightly worse than the average county in Ohio for Population Health and Well-being, and slightly worse than the average county in the nation

Key Findings

The 2025 Community Health Assessment (CHA) process included a review of prior assessments as well as updated Robert Wood Johnson (RWJ) County Health Rankings to identify trends impacting public health in Highland County. Analysis of the RWJ data shows that both Health Outcomes and Health Factors for Highland County continue to rank in the lowest quartile statewide.

RWJ Rankings	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Health Outcomes	79	78	78	80	81	79	74	66	69	66	67	68
Health Factors	77	82	81	82	73	70	67	76	82	77	75	67

Health Factor rankings have shown steady improvement, reaching a ranking of 67 in 2025, which represents the best Health Factors score for Highland County in over a decade.

In addition to RWJ County Health Rankings data, the CHA process incorporated community input on forces of change affecting Highland County, feedback on the functioning of the local public health system, and identification of community themes and strengths. Information gathered through these assessments provides an essential foundation for the CHA and informs multiple public health system planning efforts.

Alongside primary survey data, secondary data for Highland County was collected and reviewed to further assess current community health conditions. This data supports a deeper analysis of trends and disparities affecting the county.

While much of the data remains consistent with findings from the 2022 assessment and plan, several notable changes were identified. Highland County's population continues to remain essentially unchanged. According to the US Census Bureau, Highland County's median household income of \$62,008 remains below the Ohio median of \$71,389. Lower income levels are associated with higher poverty prevalence, increased chronic disease burden, and reduced access to timely preventive health care, contributing to ongoing health disparities within the community.

Following the collection and summarization of primary and secondary data across the CHA assessment categories, findings were analyzed to identify opportunities to improve the health of Highland County. The results of this analysis form the remainder of this CHA report and will guide development of the Highland County Community Health Improvement Plan (CHIP).

The following areas were identified as significant health needs for the Highland County community:

- Chronic Disease
- Illegal Substance Abuse
- Tobacco Use
- Mental Health
- Obesity, Physical Inactivity, and Poor Nutrition
- Infant Mortality

Purpose and Overview

Introduction

The concept of health is inherently multi-faceted, particularly when viewed through a community lens. At the individual level, health can be measured through the presence or severity of illness, engagement in behaviors that pose health risks, and the duration of those behaviors. It can also be assessed by asking individuals to report their own perceptions of their overall well-being.

At the community level, health status is determined by collecting and aggregating data from individuals to identify patterns and trends. Common measures include morbidity (incidence and prevalence of disease) and mortality (death rates). Socioeconomic data is also incorporated, as these factors shape the environments in which people live, work, and learn. A community's level of health is often best understood by comparing it to similar populations or by evaluating changes in health indicators over time.

Everyone in a community has a stake in health. Poor health carries significant costs—individuals may struggle to maintain employment, while employers experience increased absenteeism and rising health care expenses. Entire communities can face economic challenges when large groups of residents are unwell. Because of these broad impacts, addressing the social, environmental, economic, and behavioral determinants of health benefits the whole community.

Health status is strongly influenced by socioeconomic characteristics. Variations in income, education, and employment—along with factors such as literacy, language, and culture—can lead to differing levels of health and disease risk. Race and culture also influence health outcomes in complex ways.

Gathering information directly from residents is a vital component of any Community Health Assessment. Surveys allow community members to identify the health issues they see as most pressing and to share their ideas for effective solutions. Understanding these perspectives helps shape programs and services that more accurately reflect community needs.

In addition to collecting direct population health data, the assessment process incorporates tools that identify forces of change, community strengths, community challenges, and other contextual factors that indirectly influence health outcomes. By integrating these insights, the

CHA helps build a comprehensive picture of health in Highland County and guides strategic planning to improve population health.

Highland County Health Collaborative

The Highland County Health Collaborative is a community-based group whose efforts are aimed at improving the quality of life for residents of Highland County. There is representation from the following agencies:

Adena Health System
Bright Local Schools
City of Hillsboro
Fairfield Local Schools
Greenfield Exempted Village School District
HealthSource of Ohio
Highland County Chamber of Commerce
Highland County Emergency Management Agency
Highland County Health Department
Highland County Sheriff's Office
Highland District Hospital
Highland Health Providers
Hillsboro City Schools
Hillsboro Post Acute
Laurels of Hillsboro
Lynchburg Clay Local School District
Paint Valley ADAMH Board
Southern State Community College
Village of Greenfield

For the 2025 Community Health Assessment, the Highland County Health Collaborative utilized the Mobilizing for Action through Planning and Partnerships (MAPP 2.0) framework, a community-driven planning process developed by the National Association of County and City Health Officials (NACCHO). MAPP 2.0 guides communities through a structured, data-informed approach to understand local health needs, assets, and opportunities for improvement.

This collective information allows the community to identify and prioritize the most significant public health issues and ensures that decisions are informed by data and community input. The

results of the 2025 CHA will serve as the foundation for developing the Community Health Improvement Plan (CHIP) and guiding future strategic planning efforts

Mobilizing Action for Planning and Partnership

Process

The MAPP 2.0 process is a nationally recognized framework that guides communities in improving public health through collaboration, data-driven planning, and continuous action. It is structured around three core phases:

Phase 1: Build the Foundation

Phase 2: Tell the Community Story

Phase 3: Continuously Improve the Community

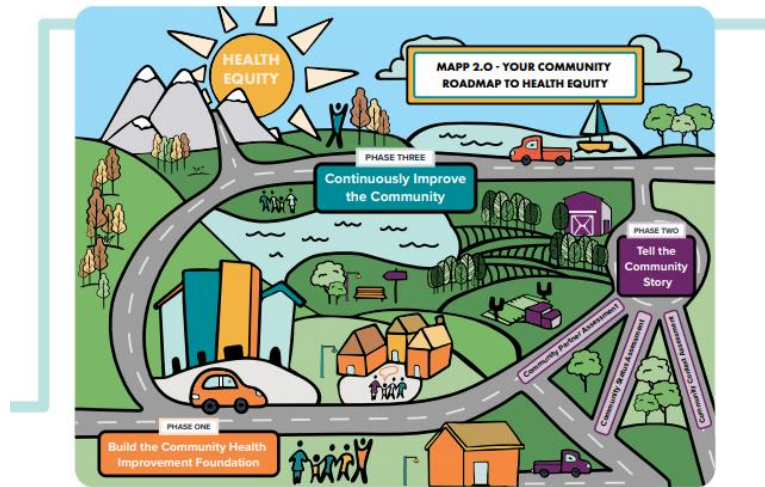
During Phase 1, community leaders and stakeholders build partnerships and engage residents to ensure shared ownership of health initiatives.

In Phase 2, quantitative and qualitative data are collected to understand community health needs, strengths, and priorities. Finally, phase 3 focuses on developing and implementing strategies to address key health issues, while monitoring progress and adjusting actions as needed. The cyclical nature of MAPP 2.0 ensures that communities can continually reassess priorities and strengthen public health outcomes over time.

In Phase 3, community partners work together to identify key areas where improvement is needed, map out specific strategies to address those issues, and work together to improve health conditions in the community.

Methods

Quantitative and qualitative methods were used to collect information for this assessment. The data for this report reflects only Highland County, Ohio. Quantitative data collected includes demographic data for the county's population, vital statistics such as birth and death rates, and disease prevalence for the county. Qualitative data for this report was collected to provide



Use this graphic, or create your own, to share the steps of the MAPP 2.0 process with your community.

MAPP Roadmap

greater insight into the issues experienced by the population. Data includes opinions expressed from a widely distributed community health survey - which received 642 responses.

Source

Primary and secondary data sources were used as part of the needs assessment and came from both internal and external sources. Internal data came from within the health system/hospital (patient population data) and external from outside the health system/hospital (county and state). The primary data gathered includes new information that may be used to investigate and help solve a problem. An example of this would be the percentage of survey participants who ranked obesity as a top 10 health problem. Secondary data are the statistics and other data already published or reported to government agencies. An example of this would be rates of childhood obesity.

Secondary Data: Publicly- Available Statistics

Existing data were 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. 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 and then mapped utilizing GIS technology to create a visual on health resource gaps in the community. This was also compared with local health system population health data to identify disparities in resource availability.

While data at the national and state level are generally available for community health-related indicators, local data - from counties and cities - are less accessible and sometimes less reliable. Some data from publicly available sources also typically lags by at least two years because it takes time for reported data to be received, reviewed, approved, analyzed, and prepared for presentation.

Primary Data: Community Input

Primary methods used in the assessment process for collecting input from the community was a community survey. Paper copies were distributed throughout the community, and an electronic version was accessible through a QR code and direct survey link.

Community Questionnaire

The survey was designed to collect broad community input on health priorities in Highland County. It required approximately 10–15 minutes to complete, and all responses were

anonymous. To encourage participation, a separate entry form was available for prize drawings to local grocery stores, gas stations, and restaurants. A total of 642 responses were collected.

Distribution methods were selected to maximize community reach and included both digital and hard copy options. Digital dissemination was conducted through social media and the use of a survey QR code, which increased accessibility and convenience, particularly for younger and more technology-oriented respondents. Social media outreach was further strengthened with paid Facebook promotion posts to expand visibility and engagement across the community.

Hard copy surveys and survey flyers were distributed by community partners at a wide range of public locations, including local food banks, social service agencies, community health clinics, the public health department, hospitals, physician offices, grocery stores, gas stations, schools, and libraries.



2025 Survey Flyer with QR Code

Limitations

Conducting community health assessments and other MAPP assessments in a rural community can be challenging and may result in limitations affecting data collection, the reliability of survey results, and the ability of the health department to use these results to guide future activities. For the 2025 CHA Survey, the following limitations were identified:

- **Limited male participation:** Interaction from male members of the community was lower than expected, potentially influencing the representativeness of the data.
- **Reliance on online survey tools:** While convenient, online surveys may have excluded residents without reliable internet access or devices.
- **Low literacy levels:** Some community members may have experienced difficulty understanding survey questions, affecting response accuracy.
- **Potential oversampling of health department clients:** Individuals already connected to health services may have been more likely to encounter and complete the survey, which could skew results.
- **Verification of residency:** The survey relied on self-reported residency, limiting the ability to confirm all respondents were actual Highland County residents.
- **Geographic dispersion:** Rural populations are often spread across large areas, which can make outreach and survey completion more difficult.
- **Time and accessibility constraints:** Work, caregiving, or other responsibilities may have limited participation among some residents.
- **Cultural or social barriers:** Privacy concerns, distrust of public agencies, or language barriers may have influenced willingness to participate.
- **Survey fatigue:** Repeated survey requests within the community may have led to lower response rates or incomplete responses.
- **Underrepresentation of certain groups:** Populations such as the elderly, non-English speakers, or low-income residents may have been underrepresented.
- **Seasonal variations:** Participation may vary depending on the time of year, which could affect the overall sample.

These limitations should be considered when interpreting survey results and planning future health department initiatives in Highland County.

2025 Data Collection and Review

In 2025, the Highland County Health Collaborative collected a wide range of data to complete the Community Health Assessment (CHA), drawing from both primary and secondary sources and incorporating qualitative and quantitative information.

Qualitative data included surveys, key stakeholder interviews, and public comment. A total of 642 surveys were collected from the general public. Survey distribution and public comment opportunities were made available both electronically—via social media and online platforms—and in paper form at local healthcare and social service sites. Partner agencies further supported outreach by sharing surveys and encouraging participation.

Quantitative data encompassed demographic, socio-economic, health status, health behavior, health outcomes, and related factors. Sources included the Ohio Department of Health, the U.S. Census Bureau, the Ohio Development Services Agency, the Highland County Health Department, local law enforcement, the Adena Health System, and the Ohio Department of Job and Family Services, among others. CHA survey data were also analyzed to provide new insights on tobacco use, the relationship between tobacco use and poverty, and the impact of poverty on health outcomes.

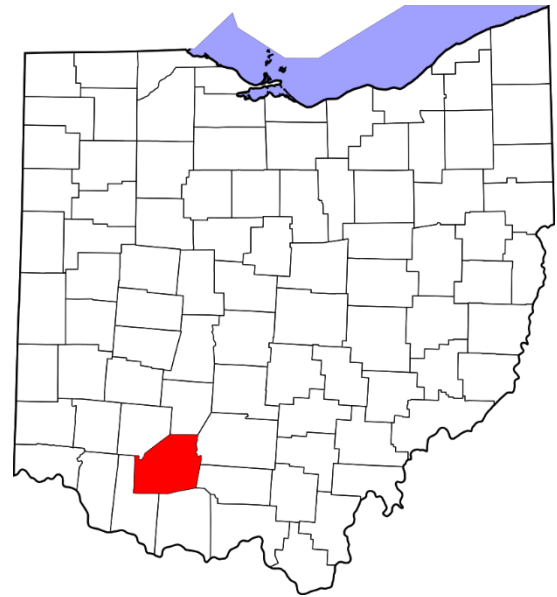
By combining multiple data sources and methods, the 2025 CHA provides a comprehensive picture of the health status, needs, and priorities of Highland County residents.

In addition to community-based surveys, the HCHD conducted a series of focus group discussions with the community. Common themes, comments, and input from these groups are summarized below.

Community Profile: Highland County, Ohio

Highland County is a predominantly rural county in south-western Ohio and is one of the state's 32 Appalachian counties. The county spans 553 square miles, with only about six percent developed for residential, commercial, or industrial uses (Ohio Development Services Agency, 2020). More than 32 percent of the land is forested, and roughly 60 percent is used as farmland or pasture.

Hillsboro is the largest city in Highland County, with a population of 6,481, and serves as the county's primary employment center. The local economy is largely service based, with major sectors including transportation, trade, and utilities. Education, healthcare, leisure and hospitality services are also key sources of jobs. A comprehensive listing of local health and social service providers is available in the 2025 Highland County Community Resource Directory at www.highlandhelps.org.



Ohio Map with Highland Highlighted

Highland County has a total population of 43,317 (U.S. Census Bureau, 2020) and is part of Ohio's 2nd Congressional District. The county reflects demographic and economic trends common across the Appalachian region, characterized by lower educational attainment and constrained economic diversification and growth opportunities.

About 14.6% of families live below the federal poverty level, and the median household income is \$62,008. Educational attainment is also lower than state and national averages, with only about 15.6% of residents holding a four-year college degree or higher.



Populations and People

Total Population

43,317

[P1](#) | 2020 Decennial Census



Employment

Employment Rate

56.9%

[DP03](#) | 2023 American Community Survey 5-Year Estimates



Business and Economy

Total Employer Establishments

733

[CB2300CBP](#) | 2023 Economic Surveys Business Patterns



Income and Poverty

Median Household Income

\$62,008

[S1901](#) | 2023 American Community Survey 5-Year Estimates



Housing

Total Housing Units

19,005

[B25002](#) | 2023 American Community Survey 5-Year Estimates



Families and Living Arrangements

Total Households

16,814

[DP02](#) | 2023 American Community Survey 5-Year Estimates



Education

Bachelor's Degree or Higher

15.6%

[S1501](#) | 2023 American Community Survey 5-Year Estimates



Health

Without Health Care Coverage

8.9%

[S2701](#) | 2023 American Community Survey 5-Year Estimates



Race and Ethnicity

Hispanic or Latino (of any race)

424

[P9](#) | 2020 Decennial Census

County Health Rankings

The economic and educational challenges experienced in Highland County and the broader Appalachian region are closely associated with poorer health outcomes. Many Appalachian Ohio counties, including Highland County, consistently rank among the least healthy in the state. The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute's *2025 County Health Rankings* report describe the health outcomes of Highland County residents and the community conditions that influence those outcomes.

In this report, Ohio ranks relatively low nationally on overall health outcomes. Within the state, all 88 counties are ranked on both health outcomes (such as length and quality of life) and health factors (such as health behaviors, clinical care, social and economic conditions, and the physical environment). Highland County ranks 68th out of 88 counties for health outcomes and 67th for health factors. Rates of death from heart disease, lung cancer, and chronic lower respiratory disease are higher than the state and national averages, reflecting the burden of chronic disease in the community.

Highland County's health rankings have remained relatively stable in recent years, with no major shifts in overall placement. However, there have been modest improvements in several underlying health factors. Access to healthcare has improved in some respects, and socio-economic indicators such as employment and educational attainment have shown incremental gains, along with some improvements in health behaviors. These changes have contributed to a gradual improvement in the county's health factor ranking and suggest the potential for better health outcomes over time.

At the same time, significant gaps in healthcare access remain. Highland County has a partial Medically Underserved Area (MUA) designation and a partial Medically Underserved Population (MUP), reflecting limited provider availability, barriers for people with Medicaid coverage, and geographic isolation in more rural areas. The county is designated as a Health Professional Shortage Area (HPSA) for primary care, oral health, and mental health services.

Opportunities for improvement include reducing premature deaths related to unintentional injuries such as drug overdoses and motor vehicle crashes, strengthening social support and mental health services, and further improving health behaviors such as tobacco and alcohol use. Local partners, including mental health agencies and coalitions, have begun discussions about more centralized and coordinated pathways to care; continued work in these areas will be important to achieving long-term gains in health outcomes for Highland County residents.

RWJ Rankings	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Outcomes	79	78	78	80	81	79	74	66	69	66	67	68
Health Factors	77	82	81	82	73	70	67	76	82	77	75	67

Highland County’s RWJ Health Rankings indicate gradual improvement in both Health Outcomes and Health Factors over the past decade. While Health Outcomes have remained relatively stable with modest fluctuations, Health Factors have shown marked improvement since 2022, reaching their strongest ranking in 2025. This divergence suggests that recent efforts to address upstream determinants of health are beginning to take hold; however, corresponding improvements in health outcomes may lag due to the long-term nature of chronic disease, socioeconomic conditions, and access-related challenges. Continued focus on sustaining and expanding improvements in Health Factors is likely to yield stronger health outcomes in future years.

Highland County Community Conditions - 2025

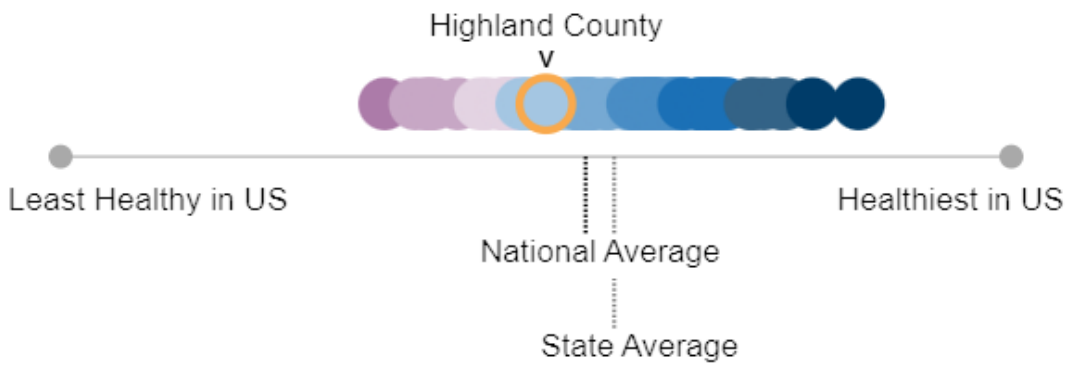


Diagram summarizes data released on 03/19/2025

Highland County is faring slightly worse than the average county in Ohio for Community Conditions, and slightly worse than the average county in the nation.

Highland County Community Conditions Graphic

Highland County Population Health and Well-being - 2025

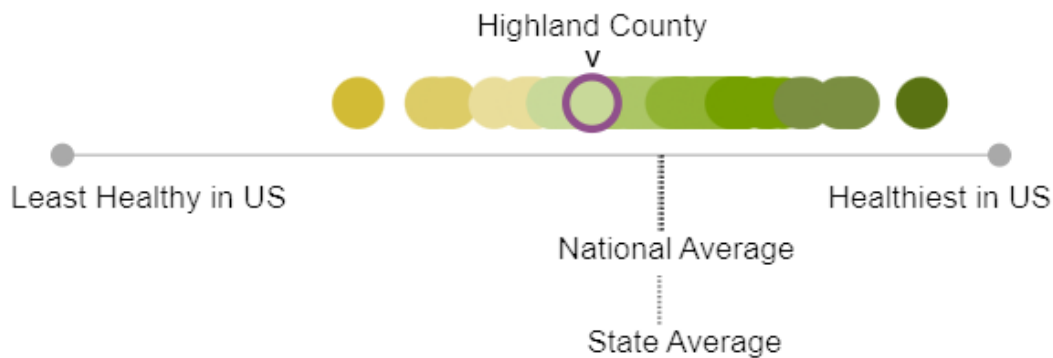


Diagram summarizes data released on 03/19/2025

Highland County is faring slightly worse than the average county in Ohio for Population Health and Well-being, and slightly worse than the average county in the nation.

Highland County Community Conditions Graphic

Demographic Characteristics

A profile of Highland County and its residents was developed using publicly available data, including vital statistics, economic indicators, and education data. Because social and economic conditions influence health in complex ways, this data is best interpreted alongside community input and public opinion (presented in the next section) to provide a clearer picture of the county's overall health. The following tables describe the population with a focus on diversity and demographic characteristics.

The total population of Highland County in 2025 is estimated at 43,317, representing a very small increase—less than 1%—from the 2010 Census count of 43,589. Overall, Highland County has experienced relatively stable, nearly level population growth over time.

Highland County, Ohio has limited diversity among its population, with more than 94.6% of residents being white (non-Hispanic). The median age of Highland County residents is 40.8 years old. In addition, 14% of the population under 65 years old reported a disability.

Housing

The average household size in Highland County is slightly larger in comparison to households across Ohio but smaller than the U.S. average. This is also true for the percentage of households with children under the age of 18 years. Nearly three quarters of the population (73%) of Highland County resides in a rural area. This is a significantly larger portion of the population than in other parts of Ohio or the U.S. More than half (60%) of children under the age of 18 are being raised by grandparents or other family members, which is significantly higher than the state and national averages.

Housing affordability pressures affect renters, with more than four in ten renters spending 30% or more of income on housing, limiting resources for healthcare and other basic needs.

Housing		
i Housing Units, July 1, 2024, (V2024)	19,060	146,770,711
i Owner-occupied housing unit rate, 2019-2023	73.2%	65.0%
i Median value of owner-occupied housing units, 2019-2023	\$157,000	\$303,400
i Median selected monthly owner costs - with a mortgage, 2019-2023	\$1,190	\$1,902
i Median selected monthly owner costs -without a mortgage, 2019-2023	\$456	\$612
i Median gross rent, 2019-2023	\$757	\$1,348
i Building Permits, 2024	121	1,478,000
Families & Living Arrangements		
i Households, 2019-2023	16,814	127,482,865
i Persons per household, 2019-2023	2.55	2.54
i Living in the same house 1 year ago, percent of persons age 1 year+ , 2019-2023	89.7%	87.3%
i Language other than English spoken at home, percent of persons age 5 years+, 2019-2023	3.2%	22.0%

U.S. Census Bureau 2020 Census

Education, Employment, Industry, Occupations, Income and Poverty

The Highland County region has many of the same socio-economic conditions prevalent in other parts of the Appalachian region. Educational attainment is considerably lower than in other parts of Ohio and U.S., particularly for advanced education. Median individual and family income is also significantly lower, with more than 14% of individuals living below the poverty level. Roughly 20% of children live below the poverty level. The following provides a breakdown of education, employment, industry, occupations, income and poverty for Highland County and how it compares with the rest of Ohio and the U.S. Educational attainment is closely linked to employment opportunities, income potential, health literacy, and long-term health outcomes. Economic indicators reflect these educational disparities. Median household and per capita incomes in Highland County are significantly lower than Ohio and U.S. averages. While unemployment rates are relatively low, a large share of residents are not participating in the labor force, which may reflect disability, caregiving responsibilities, or limited employment opportunities.

Poverty affects more than one in seven residents, with nearly one in five children living below the federal poverty level. Poverty rates are markedly higher among certain racial and ethnic groups, underscoring persistent inequities that influence access to care, housing stability, nutrition, and overall health.

Education		
High school graduate or higher, percent of persons age 25 years+, 2019-2023	86.9%	89.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2019-2023	15.6%	35.0%
Health		
With a disability, under age 65 years, percent, 2019-2023	13.3%	9.1%
Persons without health insurance, under age 65 years, percent	△ 9.5%	△ 9.6%
Economy		
In civilian labor force, total, percent of population age 16 years+, 2019-2023	59.2%	63.0%
In civilian labor force, female, percent of population age 16 years+, 2019-2023	54.9%	58.7%
Total accommodation and food services sales, 2022 (\$1,000) (c)	74,336	1,196,315,575
Total health care and social assistance receipts/revenue, 2022 (\$1,000) (c)	195,499	3,330,304,719
Total transportation and warehousing receipts/revenue, 2022 (\$1,000) (c)	29,504	1,316,303,546
Total retail sales, 2022 (\$1,000) (c)	573,335	6,974,691,329
Total retail sales per capita, 2022 (c)	\$13,203	\$20,928
Education		
High school graduate or higher, percent of persons age 25 years+, 2019-2023	86.9%	89.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2019-2023	15.6%	35.0%

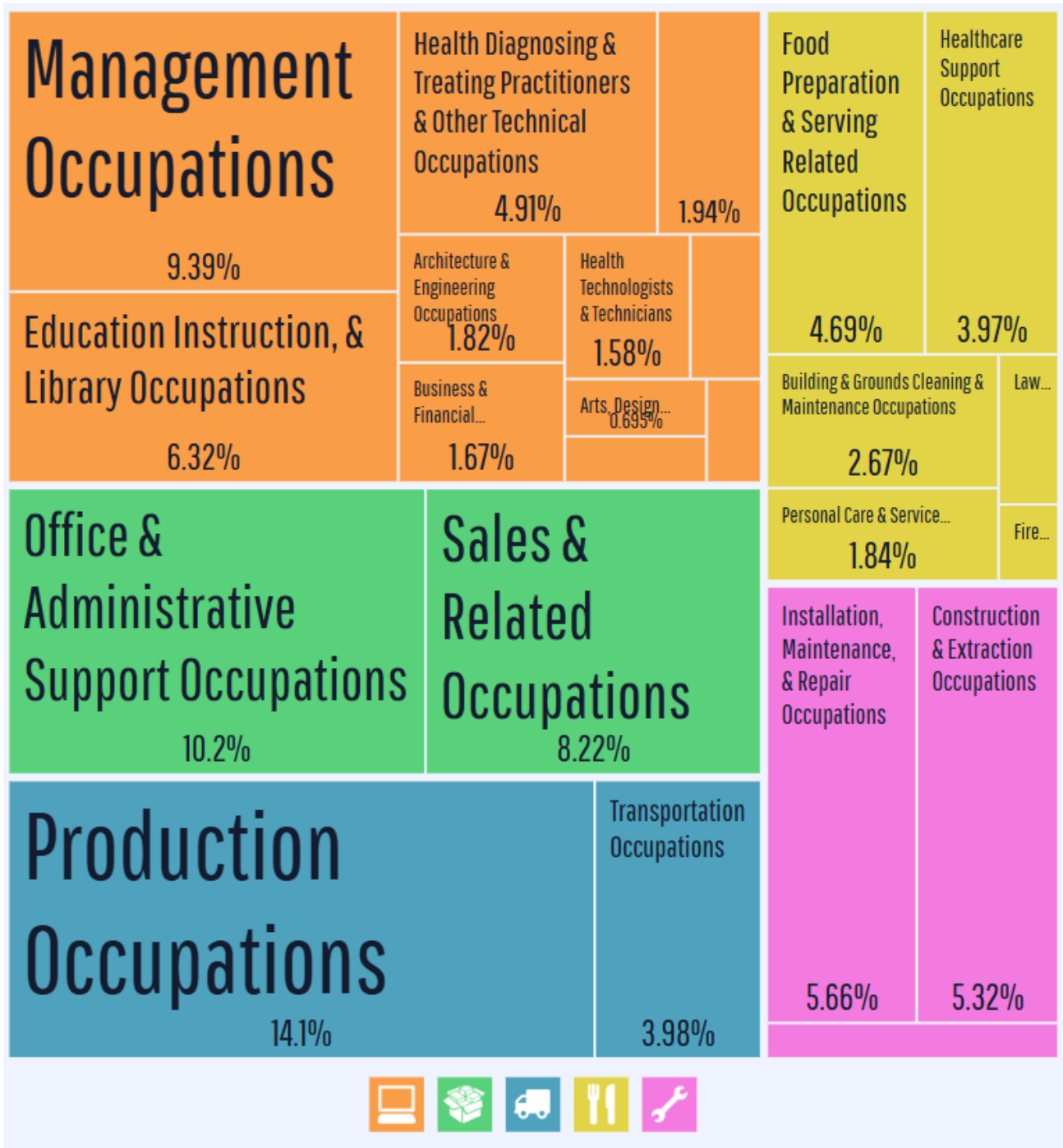
U.S. Census Bureau 2020 Census

The chart below illustrates the distribution of occupations among Highland County residents. The largest occupational groups are **Production Occupations (14.1%)**, **Office & Administrative Support Occupations (10.2%)**, and **Management Occupations (9.39%)**, reflecting a workforce concentrated in manufacturing, administrative, and leadership roles. Other notable groups include **Sales & Related Occupations (8.22%)** and **Education, Instruction, & Library Occupations (6.32%)**.

Smaller proportions of the workforce are employed in specialized or technical fields, including **Health Diagnosing & Treating Practitioners (4.91%)**, **Food Preparation & Serving Related Occupations (4.69%)**, and **Construction & Extraction Occupations (5.32%)**.

This distribution highlights a workforce heavily reliant on **production, administrative, and service-oriented jobs**, which may influence economic stability, access to health benefits, and occupational health risks within the county. Limited representation in high-earning or highly specialized occupations could contribute to economic disparities and affect community health outcomes.

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U.S. Census Bureau 2020 Census Data

Community Survey – Key Findings

Demographics and Social Determinants of Health

The 642 survey respondents represent a specific cross-section of the Highland County community. Below is a summary of the primary demographic data:

Age and Gender

- Gender: The survey was overwhelmingly completed by women, who represent 86.8% of the respondents. Men made up 12.8%.
- Age: Instead of specific ages, respondents were grouped into ranges. The most frequent participants were in the 65–74 and 45–54 age brackets, indicating a mature respondent base.

Geography and Housing

- Housing conditions in Highland County present a mixed picture. Homeownership rates exceed state and national averages, and housing costs are generally lower. However, affordability challenges persist, particularly for renters. More than four in ten renters spend 30% or more of their income on housing, limiting resources available for healthcare, transportation, food, and other basic needs.
- Severe housing problems affect more than one in ten households, and while the number of individuals experiencing homelessness is relatively small, housing instability remains an important risk factor for poor health, delayed care, and increased emergency service use.
- Primary Locations: Nearly half of the respondents live in Hillsboro (317 people). Other major residential areas include Greenfield, Leesburg, and Lynchburg. Approximately 16% of respondents indicated they do not live within a specific town or village.
- Townships: Liberty Township was the most represented (157 respondents), though a significant number (131) were unsure of their specific township.
- Home Ownership: A strong majority of respondents are homeowners (74.1%), while 16.2% rent. A small percentage (approximately 7%) live with friends or family members.

Household and Family Structure

- Marital Status: Most respondents are Married (61.8%), followed by single/never married (13.1%) and divorced (12.5%).

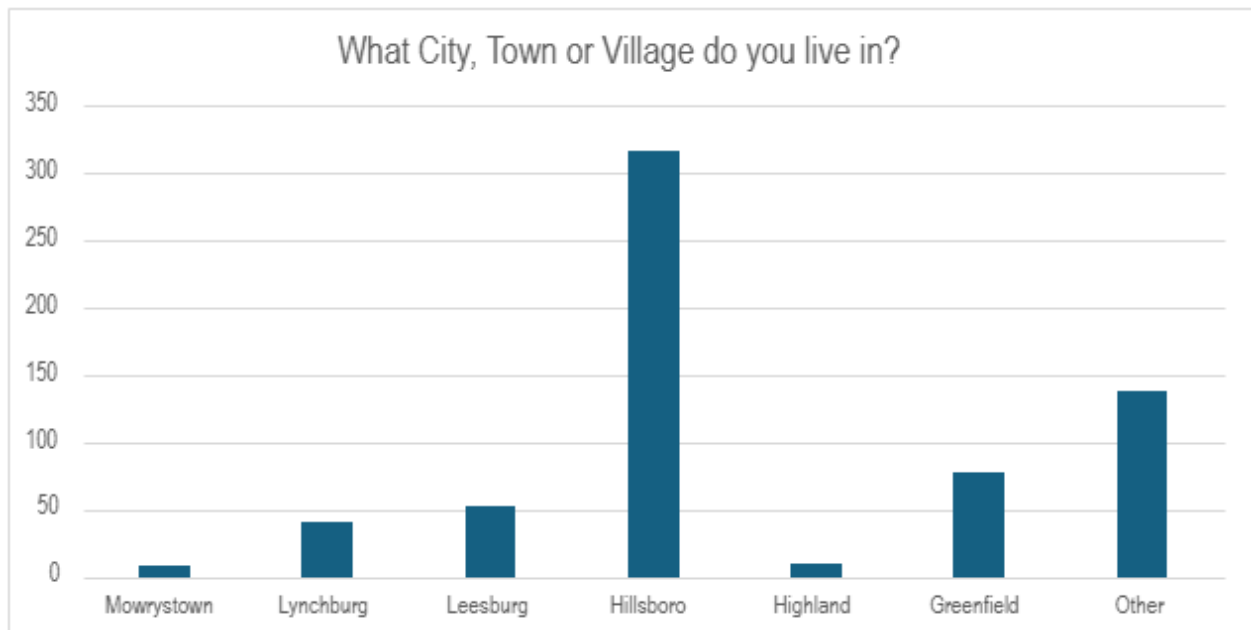
- Household Size: The average household consists of 3 people, with sizes ranging from 1 to 10 residents.

Socioeconomic Indicators

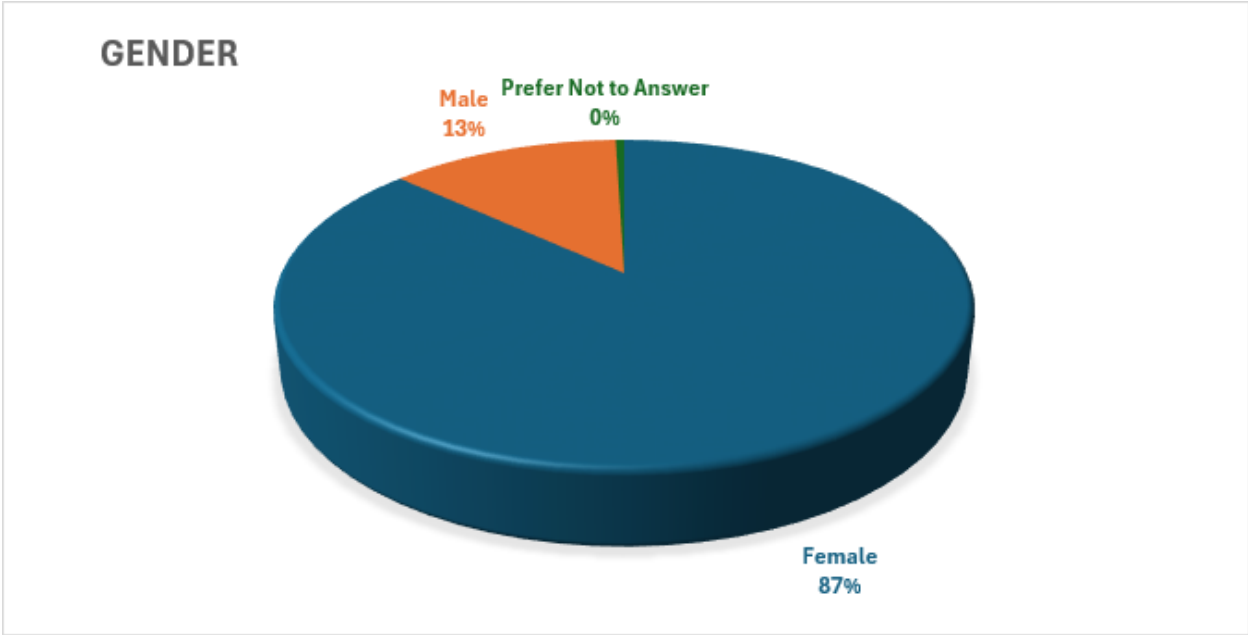
- **Race:** The respondent group is predominantly White (96.3%). Other represented groups include American Indian/Alaska Native, Black or African American, and Asian, though each makes up less than 1% of the total.
- **Education:** The respondent group is well-educated, with over 60% having completed some form of higher education:
 - Some college or associate degree: 39.2%
 - Bachelor’s or Graduate/Professional degree: 30.5%
 - High School Diploma/GED: 19.6%

This demographic profile suggests that the data primarily reflects the perspectives of white, married, female homeowners in their middle-to-senior years, particularly those living in and around Hillsboro.

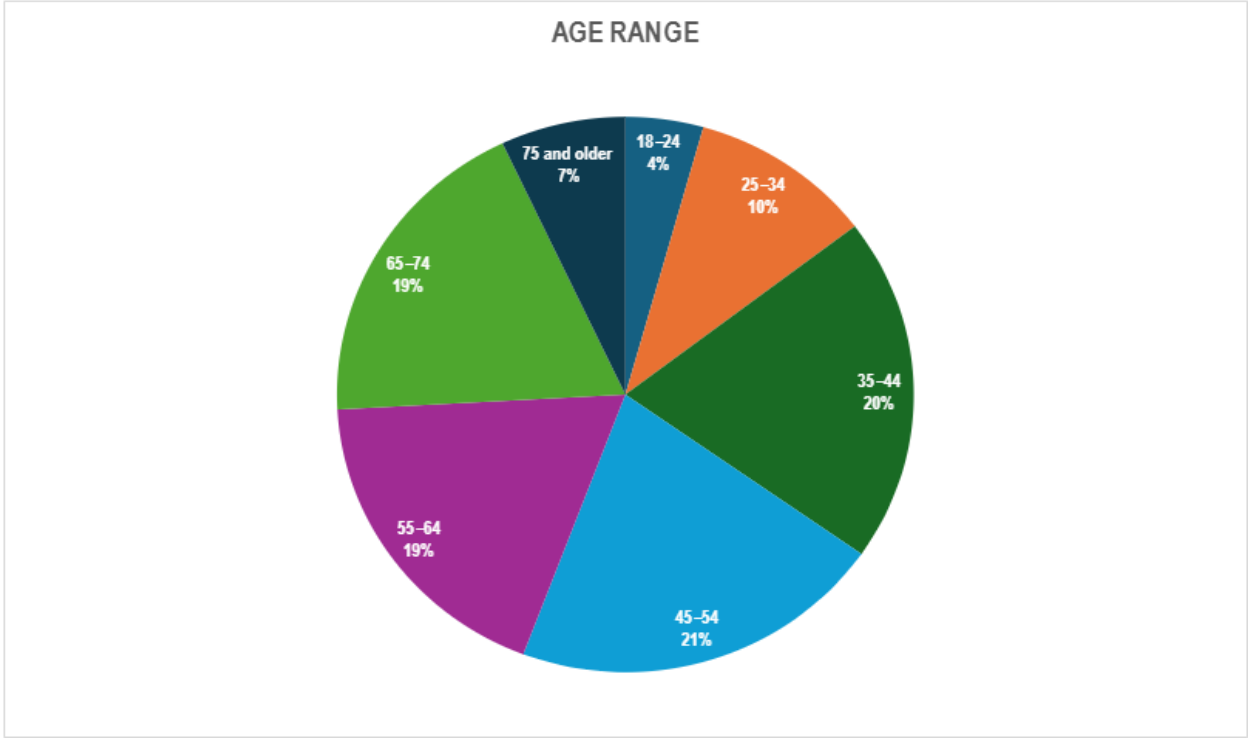
Economic and educational disadvantage remain persistent, with lower income levels, lower educational attainment, and higher poverty rates—especially among children—than state and national averages.



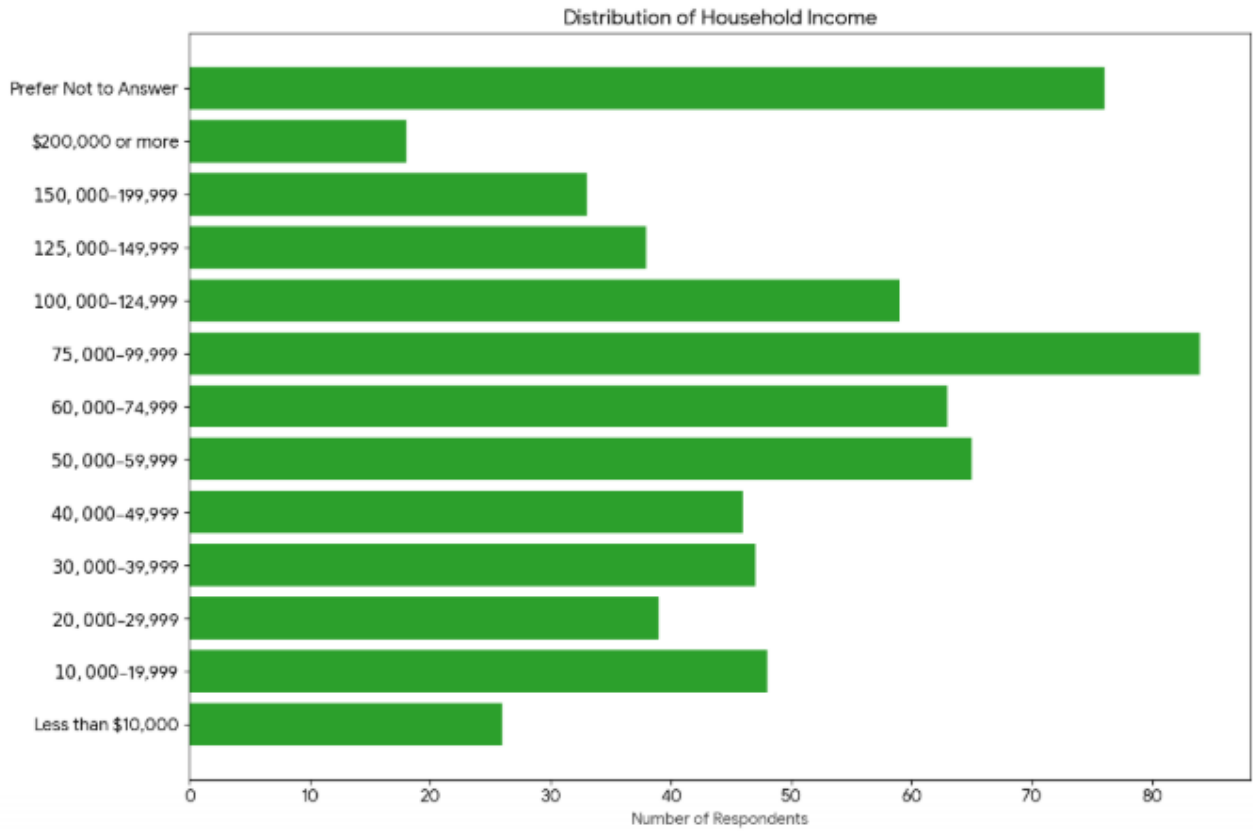
Highland County CHA, 2025
Respondent Breakdown, Residence Location



Highland County CHA, 2025
Respondent Breakdown, Gender



Highland County CHA, 2025, Respondent Breakdown, Age



Highland County CHA, 2025, Respondent Breakdown, Household Income

Income Distribution Summary

Income Range	Count	Percentage (%)
Less than \$10,000	26	4.05%
\$10,000–\$19,999	48	7.48%
\$20,000–\$29,999	39	6.07%
\$30,000–\$39,999	47	7.32%
\$40,000–\$49,999	46	7.17%
\$50,000–\$59,999	65	10.12%
\$60,000–\$74,999	63	9.81%
\$75,000–\$99,999	84	13.08%
\$100,000–\$124,999	59	9.19%
\$125,000–\$149,999	38	5.92%
\$150,000–\$199,999	33	5.14%
\$200,000 or more	18	2.80%
Prefer Not to Answer	76	11.84%

*Highland County CHA, 2025
Respondent Breakdown, Income Distribution*

Community Sentiment

The survey included six qualitative statements designed to gauge how residents feel about life in Highland County. The analysis of these responses reveals clear strengths and weaknesses in community perception.

Public Safety: A Major Strength

Highland County is overwhelmingly viewed as a safe place to live. Approximately 70% of respondents agreed or strongly agreed with this statement, while less than 5% disagreed. This represents the highest positive sentiment across all categories.

Family and Aging: Generally Positive

- **Raising Children:** Over 58% of residents feel Highland County is a good place to raise children, citing factors like schools and play areas.
- **Aging in Place:** Approximately 51% feel it is a good place to grow old, though negative sentiment here is slightly higher (17%) than for raising children (10%), likely due to transportation and specialized service needs for the elderly.

Economic Opportunity: The Primary Concern

Economic outlook is the most significant area of dissatisfaction. Only 22% of respondents feel there is "plenty of economic opportunity." In contrast, 44% disagreed or strongly disagreed—representing the highest negative sentiment in the survey. This aligns with other data showing high levels of financial stress and a strong correlation between low income and health risks.

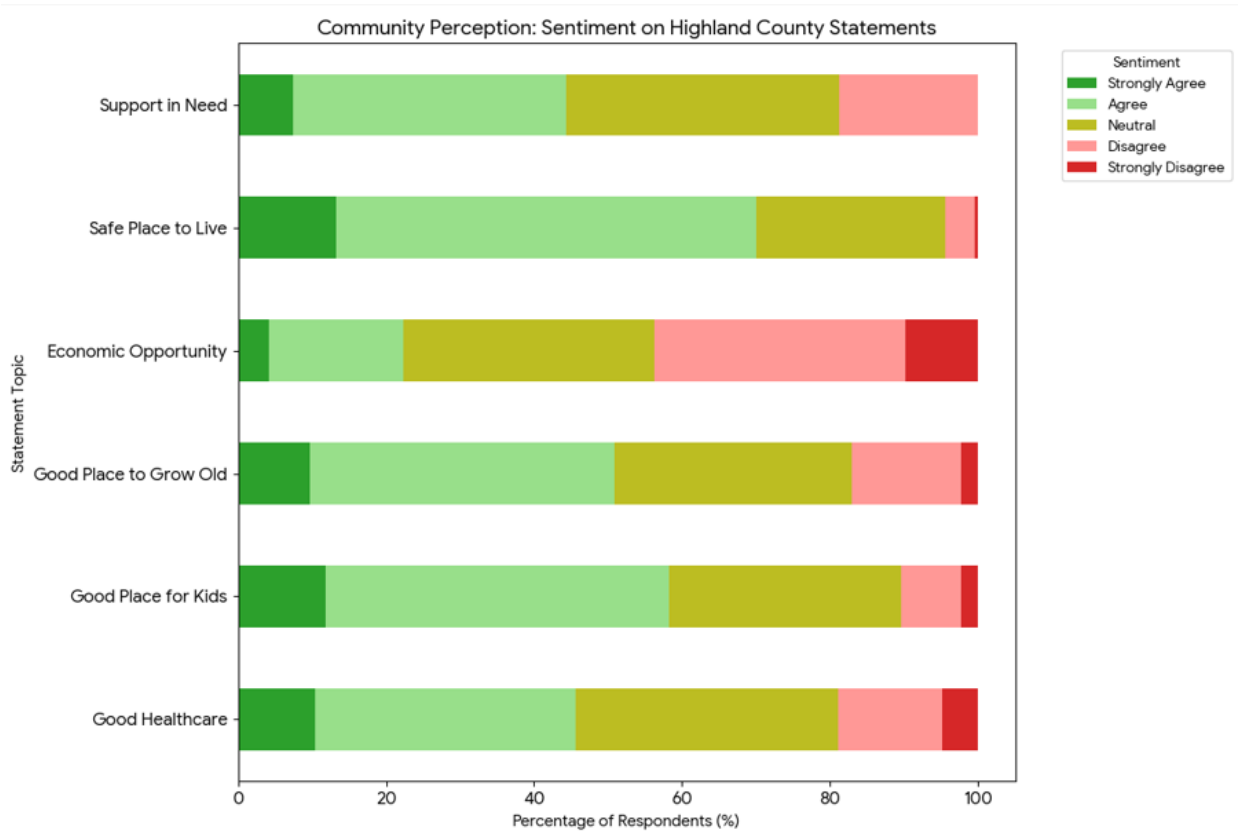
Healthcare and Social Support: Mixed Reviews

- **Healthcare:** Residents are split on healthcare quality and availability. While 45% are satisfied, a significant 35% remain neutral, and 19% are dissatisfied.
- **Social Support:** Similarly, about 44% feel there is plenty of help during times of need, but a matching 37% are neutral, suggesting that social safety nets (faith outreach, neighbors, organizations) may not be equally visible or accessible to everyone in the county.

Sentiment Summary Table

Statement Topic	Positive Sentiment (Agree/Strongly Agree)	Negative Sentiment (Disagree/Strongly Disagree)
Safe Place to Live	70.0%	4.4%
Good Place for Kids	58.2%	10.4%
Good Place to Grow Old	50.9%	17.1%
Good Healthcare	45.7%	18.9%
Support in Need	44.4%	18.8%
Economic Opportunity	22.3%	43.8%

Highland County CHA, 2025
Respondent Breakdown, Community Sentiment



Highland County CHA, 2025
Respondent Breakdown, Community Perception

Leading Causes of Death

The leading causes of death, particularly premature death, as well as illness, and injury are indicators to the primary health challenges facing a population in a particular region. They can also indicate what health risk factors are most prevalent among a population. The life expectancy of a Highland County resident is 74.8 years of age which is lower than the average age of an Ohioan (75.7 years of age).

Cause of Death (age-adjusted rate per 100,000 population)	HIGHLAND COUNTY ¹	OHIO ²	U.S. ²
Heart diseases	192.2	193.4	166.5
Cancer (malignant neoplasms)	185.1	159.2	144.1
Accidents (unintentional injuries)	75.4	76.3	59.6
COVID-19	68.2	56.7	48.9
Chronic lower respiratory diseases	65.7	42.9	35.4
Cerebrovascular diseases (stroke)	58.9	45.8	39.1
Diabetes	34.5	27.4	23.6
Alzheimer's disease	31.1	34.1	30.0
Influenza and pneumonia	25.0	12.2	11.6
Septicemia	16.0	13.0	9.9

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

Top 5 Leading Causes of Death (All Genders)	HIGHLAND COUNTY 2024
Heart diseases	111
Malignant neoplasms (Cancer)	92
Diabetes mellitus	36
Cerebrovascular diseases	42
Chronic lower respiratory diseases	47

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

Top 10 Leading Causes of Death for Females	HIGHLAND COUNTY 2024
Heart diseases	56
Malignant neoplasms (Cancer)	46
Cerebrovascular diseases	24
Chronic lower respiratory diseases	24
Diabetes mellitus	13
Accidents (unintentional injuries)	9
Alzheimer's disease	8
Influenza and pneumonia	8
COVID-19	8
Nephritis, nephrotic syndrome and nephrosis	7

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

Top 10 Leading Causes of Death for Males	HIGHLAND COUNTY 2024
Heart diseases	55
Malignant neoplasms (Cancer)	46
Diabetes mellitus	23
Chronic lower respiratory diseases	23
Cerebrovascular diseases	18
Accidents (unintentional injuries)	16
Septicemia	10
Influenza and pneumonia	7
Chronic liver disease and cirrhosis	6
Alzheimer's disease	5

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

Premature Death

The premature death rate in Highland County, Ohio is considerably higher (540) than Ohio (450) as well as the U.S. (390). Some related factors, like suicide, infant and child mortality contribute. Rates for these factors are much higher than state and national statistics.

Additional Length of life (not included in summary)	Highland County	Ohio	United States
Life Expectancy	73.8 ‡	75.7 ‡	77.6 ‡
Premature Age-Adjusted Mortality	540 ‡	450 ‡	390 ‡
Child Mortality	80 ‡	60 ‡	50 ‡
Infant Mortality	8 ‡	7 ‡	6 ‡

RWJ 2025 County Health Rankings, Highland County, Length of Life

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences have been shown to be a strong indicator for other mental health, behavioral health, and physical health risks. The HCHD CHA survey collected ACEs information from participants.

Roughly **39.4%** of respondents reported experiencing at least one adverse childhood experience (ACE), while **60.6%** selected "None of the above."

Most Common Experiences:

1. Emotional abuse (swearing, insults, humiliation): **22.1%** (142 responses)
2. Food insecurity (not enough to eat/money for food): **16.5%** (106 responses)
3. Financial/Utility instability (inability to pay bills): **14.3%** (92 responses)

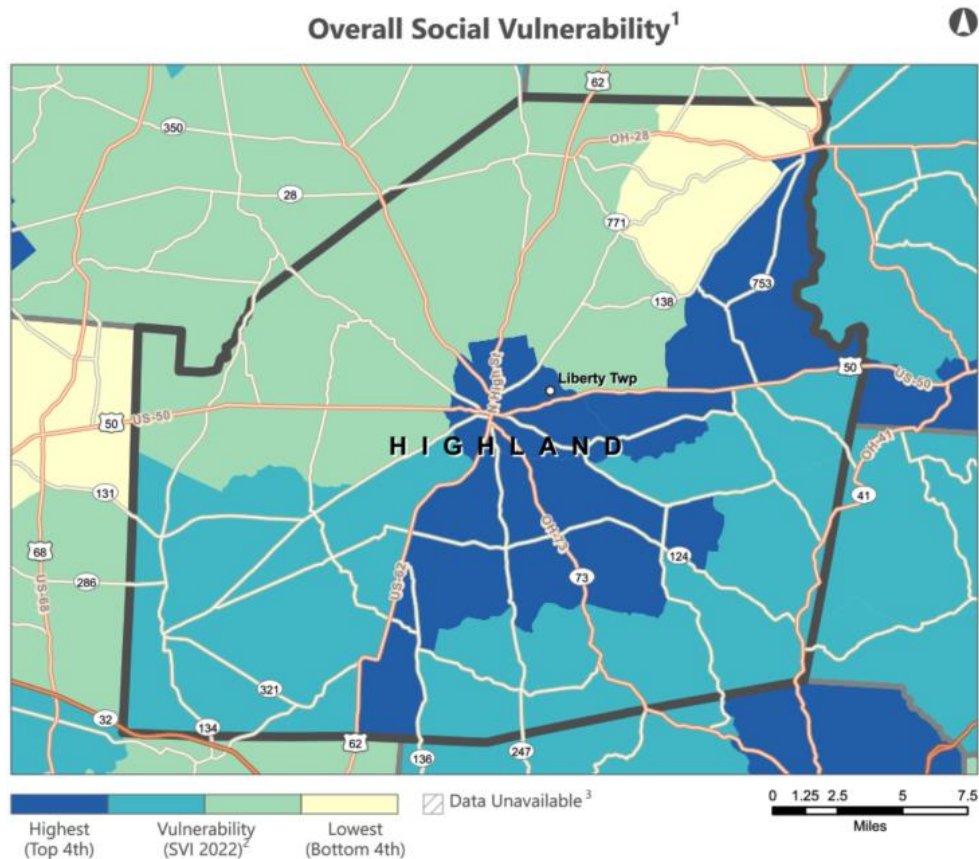
Experience	Count	Percentage (%)
None of the above	389	60.59%
Someone in your home swearing at you, insulting you, etc.	142	22.12%
Not having enough to eat or money to buy food	106	16.51%
Inability to pay bills / Involuntary utility termination	92	14.33%
Someone in your home pushing, hitting, or throwing things	83	12.93%
Someone in home who drinks too much or uses drugs	80	12.46%
Victim of a crime (physical/sexual assault, robbery, etc.)	77	11.99%
Unwanted sexual contact from someone you know	61	9.50%
Homelessness and/or unstable housing	48	7.48%
Discrimination (gender, race, religion, etc.)	39	6.07%
House fire or natural disaster	35	5.45%

*Highland County CHA, 2025
Respondent Breakdown, ACEs*

Access to Care

The Highland County community has the benefit of two critical access hospitals (Highland District Hospital and the Adena Greenfield Medical Center) serving the broader community. The critical access hospital and all other hospital facilities in the region have emergency departments. The community also has two federally qualified health centers.

Social vulnerability analysis indicates that access barriers are not uniformly experienced across the county. Higher-vulnerability areas—most notably Liberty Township (including Hillsboro) and rural townships such as Penn, New Market, Washington, Marshall, and Dodson—experience compounded challenges related to economic conditions, aging populations, disability, and transportation limitations. These overlapping factors shape preventive service use, chronic disease management, avoidable hospital utilization, and overall population health.



CDC/ATSDR Social Vulnerability Index 2022, Highland County

Preventable Utilization and System Strain

Highland County reports a higher rate of preventable hospital stays among the Medicare population compared to Ohio and the United States. As with Ross County, preventable hospitalizations in Highland County are closely associated with social vulnerability, particularly in Liberty, Penn, Marshall, and Dodson Townships.

Residents in these areas are more likely to experience transportation limitations, fixed incomes, limited caregiver support, and difficulty navigating healthcare systems, increasing the likelihood of delayed care and avoidable hospital use. These patterns suggest that gaps in outpatient access—rather than excessive service utilization—drive higher-cost care.

Healthcare Service Access

Highland County has a partial medically underserved area (MUA) designation, as well as a partial medically underserved population (MUP). This is due to the limited number of providers, those who access healthcare with Medicaid and the geographic isolation experienced in the more rural areas of the county. The area is considered a healthcare provider shortage area (HPSA) for primary care, oral health and mental health due to limited access for services.

Insurance coverage is relatively high, but children are insured at lower rates than state and national benchmarks, indicating potential enrollment and retention gaps for families.

Healthcare workforce shortages are a primary access barrier, with significantly fewer primary care, dental, and behavioral health providers per resident compared to Ohio and the U.S. Preventable hospitalizations among Medicare beneficiaries exceed state and national rates, suggesting gaps in primary care access, chronic disease management, and care coordination. Preventive service utilization is uneven: routine checkups and cancer screenings are generally comparable to regional benchmarks, while vaccination rates, dental visits, and comprehensive well-child visits lag.

Transportation, geography, and service availability—not insurance alone—drive access challenges, particularly for older adults, Medicaid populations, and residents with chronic or behavioral health conditions.

Healthcare Access & Quality	HIGHLAND COUNTY	OHIO	U.S.
Adults who have had a Routine Checkup (in past year) ¹	77.6%	79.0% (Appalachian Ohio Regional Value)	76.1%
Adults with a Usual Source of Health Care ²	82.7%	n/a	84.7%
Adults with Health Insurance ³	88.9%	91.2%	88.0%
Adults without Health Insurance ³	7.4%	6.4% (Appalachian Ohio Regional Value) ¹	10.8%
Children with Health Insurance ³	89.7%	95.3%	94.6%
Persons with Private Health Insurance Only ³	n/a	54.6%	54.7%
Persons with Public Health Insurance Only ³	42.7%	38.0%	36.3%
Persons without Health Insurance ³	8.9%	6.4%	8.6%
Preventable Hospital Stays: Medicare population (discharges per 100,000) ⁵	3,558	3,269	2,769
Primary Care Physicians ⁴	3,610:1	1,330:1	1,330:1
Non-Physician Primary Care Provider Rate (providers per 100,000) ⁴	71	149	213
Mental Health Providers ⁴	420:1	290:1	300:1
Dentists ⁴	2,070:1	1,530:1	1,360:1

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

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

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

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

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

Preventive and Routine Care

Preventive care utilization in Highland County is mixed. Adult routine checkups and cancer screening rates are generally comparable to regional benchmarks; however, vaccination rates among Medicare beneficiaries and dental visit rates lag behind state and national averages. Among children, fewer than one-third of Medicaid-participating students completed a comprehensive well-child visit. As observed in Ross County, this gap is most pronounced in higher-vulnerability communities, where families face overlapping barriers related to transportation, appointment availability, economic pressures, and limited digital access.

Immunizations & Infectious Diseases	HIGHLAND COUNTY	OHIO	U.S.
Age-Adjusted Death Rate due to Influenza and Pneumonia ¹	25.0	12.1	n/a
Flu Vaccinations: Medicare population (percent received in past year) ²	35.0%	50.0%	3.0%
Pneumonia Vaccinations: Medicare population (percent received in past year) ²	7.0%	9.0%	9.0%
Tuberculosis Death Rate ³	1.4	1.4	n/a

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

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

Source 3: Tuberculosis Data and Surveillance, Ohio Department of Health, Infectious Diseases

Access Implications

Access to care in Highland County is constrained less by insurance coverage and more by workforce shortages, transportation limitations, service availability, and care coordination gaps, particularly in Liberty, Penn, New Market, Washington, Marshall, and Dodson Townships. These constraints disproportionately affect older adults, individuals with chronic or behavioral health conditions, children enrolled in Medicaid, and residents living in higher-vulnerability areas. Improving access will require place-based, equity-focused strategies that strengthen primary and behavioral healthcare capacity, improve transportation and navigation supports, and

reduce non-clinical barriers in the communities experiencing the greatest vulnerability.

Transportation and Access

Transportation barriers significantly shape access to healthcare and essential services in Highland County. While vehicle ownership rates are comparable to state averages, long commute times and limited public transportation options reflect the county's rural geography. Nearly 80% of workers drive alone to work, and public transit use is negligible.

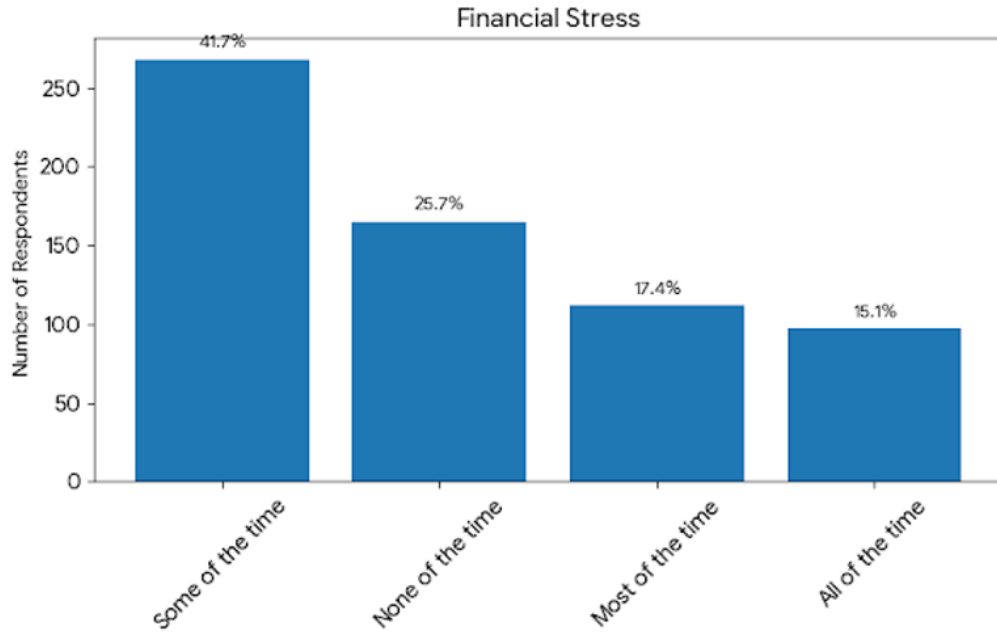
These transportation patterns create barriers for residents without reliable vehicles, older adults, individuals with disabilities, and families managing multiple appointments. Transportation challenges can contribute to missed appointments, delayed care, and reliance on emergency services.

Digital Access

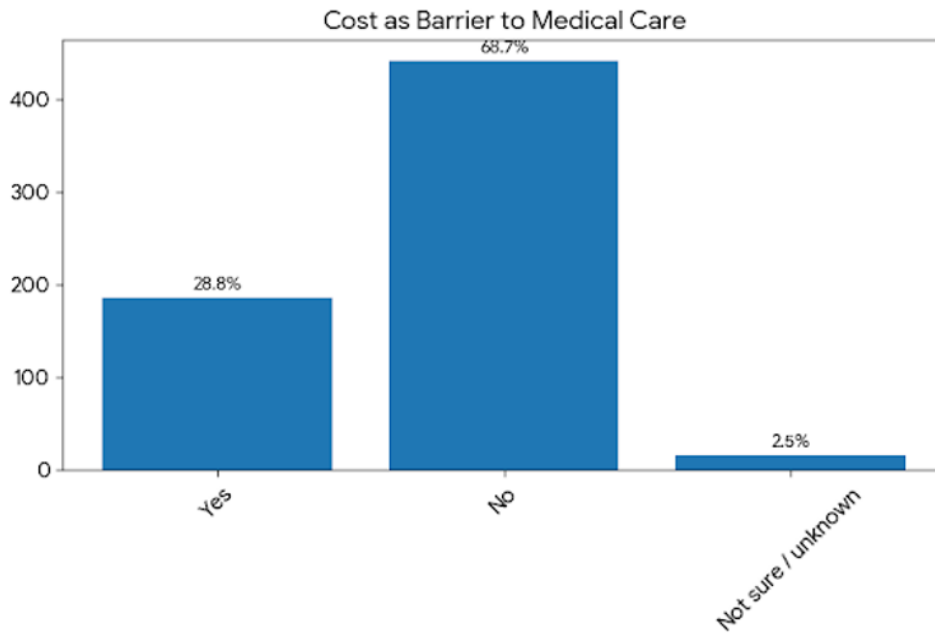
Access to reliable internet remains below state and national levels. Limited broadband access affects not only education and employment opportunities, but also access to telehealth, online appointment scheduling, health information, and virtual support services. Digital inequities increasingly shape healthcare access, particularly in rural communities.

2025 CHA Survey Access to Care Results

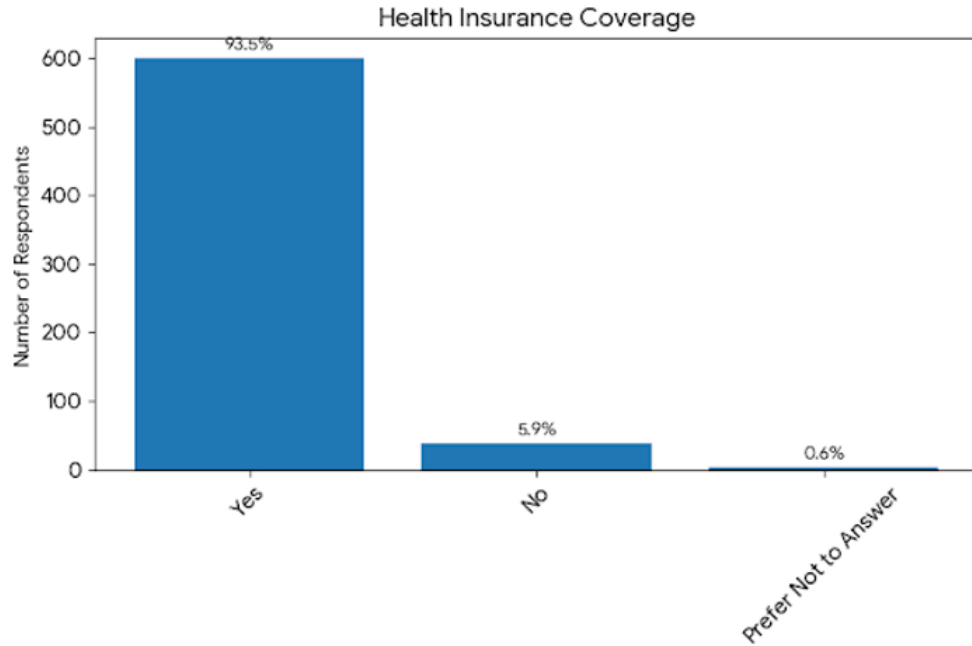
CHA Survey participants also provided insight into access to medical care and access to care.



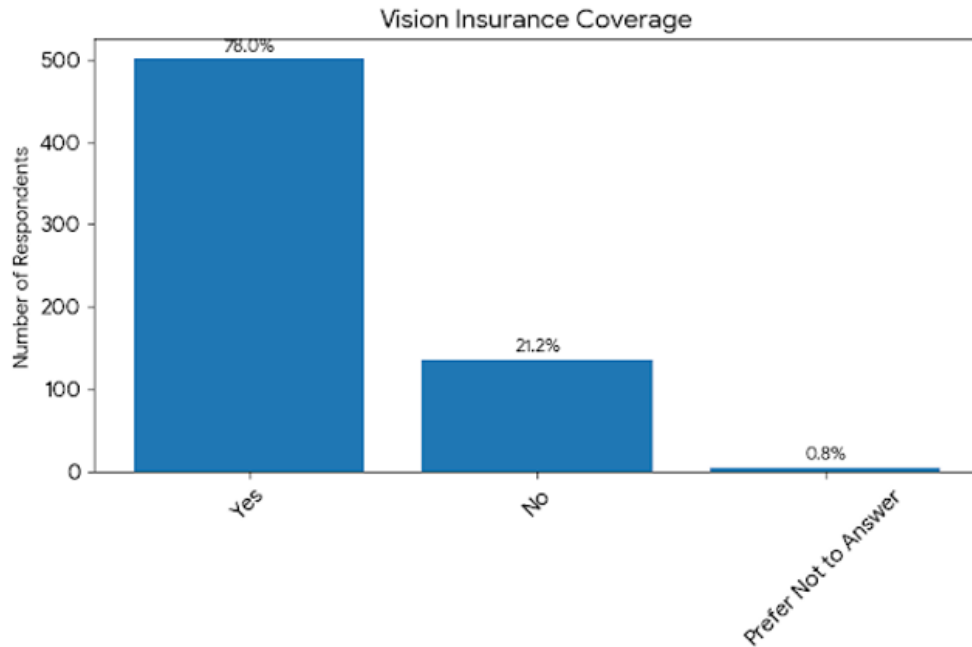
Highland County CHA, 2025
Respondent Breakdown, Access to Care Barriers



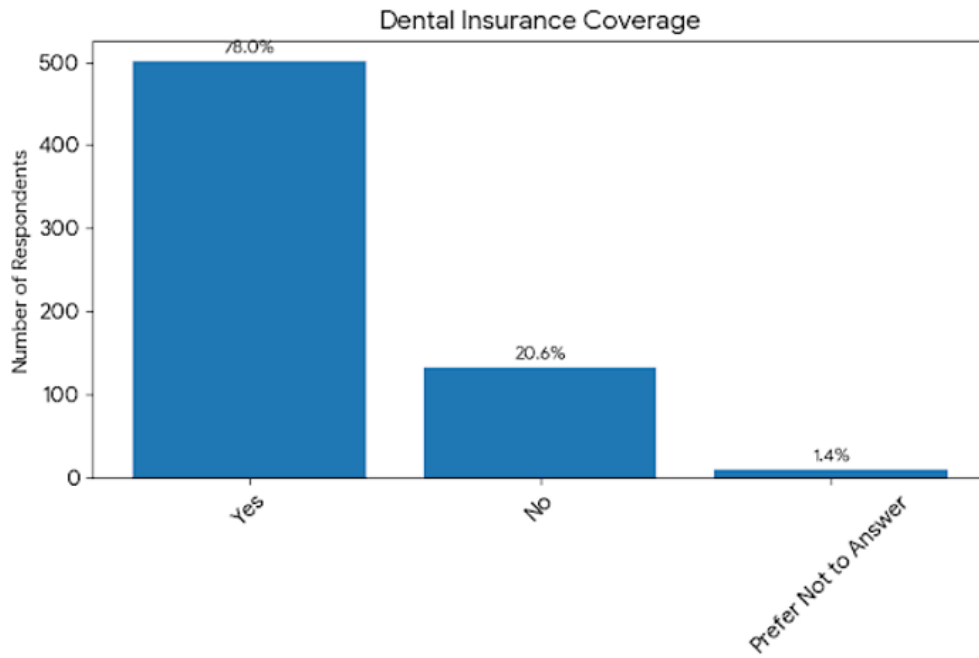
Highland County CHA, 2025
Respondent Breakdown, Access to Care Barriers



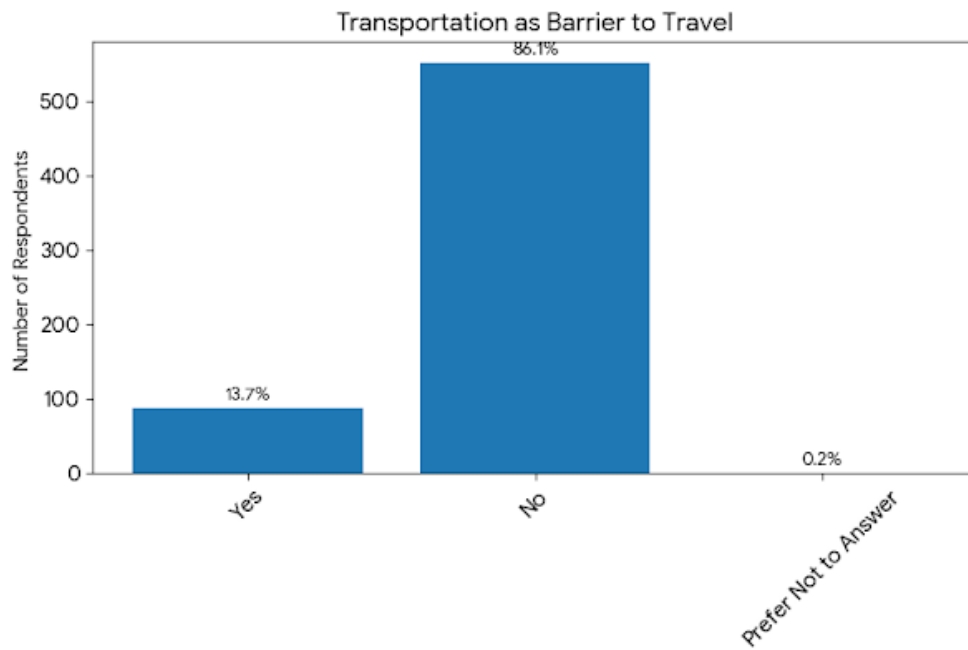
*Highland County CHA, 2025
Respondent Breakdown, Access to Care Barriers*



*Highland County CHA, 2025
Respondent Breakdown, Access to Care Barriers*



*Highland County CHA, 2025
Respondent Breakdown, Access to Care Barriers*



*Highland County CHA, 2025
Respondent Breakdown, Access to Care Barriers*

Chronic Disease

Survey respondents were asked to identify the most significant health issues that face Highland County.

The Top 10 Most Common Reported Health Issues:

1. **Overweight:** 44.4% (285 respondents)
2. **High Blood Pressure:** 39.6% (254 respondents)
3. **Mental Health Disorders** (Depression, Anxiety, etc.): 35.2% (226 respondents)
4. **Arthritis:** 29.8% (191 respondents)
5. **High Cholesterol:** 27.1% (174 respondents)
6. **Asthma:** 15.1% (97 respondents)
7. **Pre-diabetes:** 15.0% (96 respondents)
8. **Kidney/Bladder Issues:** 14.3% (92 respondents)
9. **Diabetes:** 13.6% (87 respondents)
10. **C.O.P.D.:** 8.7% (56 respondents)

Chronic Health Burden (Conditions per Person)

This distribution shows that multi-morbidity (having multiple chronic conditions) is common in Highland County:

- **0 Conditions:** 13.9% (89 respondents)
- **1 Condition:** 19.8% (127 respondents)
- **2 Conditions:** 18.8% (121 respondents)
- **3 Conditions:** 16.0% (103 respondents)
- **4+ Conditions:** 31.5% (202 respondents)

Metabolic Health: Three of the top five conditions (Overweight, High Blood Pressure, and High Cholesterol) are often interrelated, suggesting a significant portion of the community may be at risk for cardiovascular events.

High Burden Group: Over 18% of the community is managing 5 or more chronic conditions simultaneously, which likely correlates with higher healthcare utilization and financial stress.

Cancer Prevention: Highland County lags behind the state and nation in most preventative cancer screenings. Ongoing community efforts have led to an increase in mammogram access in recent years in the overall population, though Medicare population mammogram utilization rates continue to be below the national average.

	HIGHLAND COUNTY	OHIO	U.S.	Year
Cervical Cancer Screening: 21-65¹	79.9%	80.3% (Appalachian Ohio Regional Value)	82.8%	2020
Mammogram in Past 2 Years: 50-74¹	75.4%	74.0% (Appalachian Ohio Regional Value)	76.5%	2022
Mammography Screening: Medicare Population²	40.0%	51.0%	39.0%	2023

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

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

Sexually Transmitted Infections Disease Rate

In comparison to state and national benchmarks, Highland County exhibits significantly lower incidence and prevalence rates for most common sexually transmitted infections. The county's rates for Chlamydia (159.0 per 100,000), Gonorrhea (50.7), and Syphilis (2.3) are substantially lower than both the Ohio and U.S. averages. Similarly, the HIV/AIDS prevalence rate in Highland County (75.7) is significantly lower than the state rate (217.1). However, the data reveals a

critical public health outlier regarding Hepatitis C; the county's rate of 94.5 per 100,000 population exceeds the state average of 74.2 and is drastically higher than the national rate of 1.5. This suggests that while traditional STI rates remain low, Highland County faces a disproportionate burden of Hepatitis C compared to state and national levels

Sexually Transmitted Infection	HIGHLAND COUNTY	OHIO	U.S.
Chlamydia Incidence Rate (rate per 100,000 population) ¹	159.0	464.2	492.2
Gonorrhea Incidence Rate (rate per 100,000 population) ¹	50.7	168.8	179.5
HIV/AIDS Prevalence Rate (rate per 100,000 population) ¹	75.7	217.1	n/a
Syphilis Prevalence Rate (rate per 100,000 population) ¹	2.3	16.4	15.8
Hepatitis C (rate per 100,000 population) ²	94.5	74.2	1.5

Source 1: Ohio Department of Health, 2019-2023 Ohio Infectious Disease Status Report

Source 2: Ohio Department of Health, 2023 Ohio Hepatitis C: Surveillance Summary

Cancer Deaths

An average of 116 cancer deaths occurred each year among Highland County residents from 2018 through 2022.

The 2018-2022 cancer mortality rate in Highland County was 193.9 per 100,000 population, compared with the Ohio rate of 161.1 per 100,000 and the U.S. rate of 146.0 per 100,000.

Cancer mortality rates among males were higher than the rates among females in Highland County, Ohio, and the United States from 2018 to 2022.

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

	HIGHLAND COUNTY	OHIO	U.S.
Total	193.9	161.1	146.0
Male	232	194.2	173.2
Female	165.2	137.8	126.4
White	194.4	161.3	147.5
Black	240.4	174.7	163.4

Top Five Cancers by Percentage of New Cancer Cases

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

Type of Cancer	Percentage
Lung & Bronchus	19.5%
Breast (Female)	12.2%
Prostate	10.6%
Colon & Rectum	8.6%
Melanoma of the Skin	5.3%

Lung and bronchus cancer was the leading cause of cancer incidence in Highland County from 2018 to 2022, accounting for 19.5% of cancer cases, followed by female breast cancer, prostate cancer, colon and rectum cancer, and melanoma of the skin.

Together, the top five cancers accounted for 56% of all new invasive cancer cases.

Top Five Cancers by Percentage of Cancer Deaths

Percentage of Cancer Deaths by Site/Type for the Top Five Cancers in Highland County, 2018-2022

Type of Cancer	Percentage
Lung & Bronchus	33.8%
Colon & Rectum	9.7%
Breast (Female)	6.0%
Pancreas	5.5%
Non-Hodgkin Lymphoma	4.3%

Lung and bronchus cancer was the leading cause of cancer mortality in Highland County from 2018 to 2022, accounting for 33.8% of cancer deaths, followed by colon and rectum cancer, female breast cancer, pancreatic cancer, liver and non-Hodgkin lymphoma.

Together, the top five cancers accounted for 59% of all cancer deaths.

Cancer Sites/Types

Table 1. Average Annual Number and Age-Adjusted Cancer Incidence and Mortality Rates by Site/Type in Highland County, Ohio, and the United States, 2018-2022

	Incidence				Mortality			
	Highland County		Ohio	U.S.	Highland County		Ohio	U.S.
	Cases	Rate	Rate	Rate	Deaths	Rate	Rate	Rate
All Sites/Types	279	481.3	471.1	444.6	116	193.9	161.1	146.0
Bladder	12	19.9	21.5	18.8	3	5.0	4.9	4.1
Brain and Other CNS	3	5.8	6.5	6.3	<2	*	4.5	4.4
Breast (Female)	34	114.4	133.0	129.8	7	23.6	20.2	19.3
Cervix	2	10.8	7.8	7.5	<2	*	2.3	2.2
Colon and Rectum	24	42.8	38.2	36.4	11	19.2	13.9	12.9
Esophagus	4	6.7	5.8	4.5	3	5.6	4.8	3.7
Hodgkin Lymphoma	<1	*	2.6	2.5	<2	*	0.3	0.3
Kidney and Renal Pelvis	12	21.5	18.2	17.3	3	5.6	3.8	3.4
Larynx	2	2.8	3.6	2.9	<2	*	1.1	0.9
Leukemia	8	13.4	12.9	14.1	5	7.8	6.3	5.9
Liver and Intrahepatic Bile Duct	4	7.6	7.6	8.6	3	4.7	6.2	6.6
Lung and Bronchus	54	86.1	63.3	53.3	39	63.2	39.8	32.4
Melanoma of the Skin	15	29.2	27.0	22.7	<2	*	2.4	2.0
Multiple Myeloma	3	5.7	6.4	7.1	<2	*	3.2	3.0
Non-Hodgkin Lymphoma	11	19.6	18.8	18.5	5	8.7	5.5	5.0
Oral Cavity and Pharynx	10	18.5	12.9	12.0	3	4.5	2.9	2.6
Ovary	2	7.8	9.8	10.1	<2	*	5.8	6.0
Pancreas	6	10.4	14.1	13.5	6	10.5	12.1	11.2
Prostate	29	96.6	120.7	113.1	5	18.3	19.3	19.0
Stomach	3	5.5	5.7	6.3	<2	*	2.2	2.7
Testis	2	9.5	5.9	5.7	<2	*	0.3	0.3
Thyroid	4	9.0	14.1	12.9	<2	*	0.5	0.5
Uterus	10	33.8	30.4	27.8	<2	*	5.4	5.2

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

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

CNS = Central Nervous System.

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

The total for all sites/types in Highland County includes an average of 22 new cases and 17 deaths from other types of cancer (not shown).

Trends

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

Cancer mortality rates were variable in Highland County and declined 12% in Ohio from 2013 to 2022. It is important to note that cancer incidence and mortality rates at the county level are often variable from

year to year, particularly for counties with small populations.

	HIGHLAND COUNTY VALUE	OHIO	U.S.
Cancer: Medicare Population	10.0%	12.0%	12.0%

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

	HIGHLAND COUNTY VALUE	APPALACHIAN OHIO REGIONAL VALUE	U.S.	YEARS
Adults with Cancer	8.1%	8.2%	7.00%	2021
Adults with Cancer (Non-Skin) or Melanoma	9.5%	9.6%	8.20%	2022

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

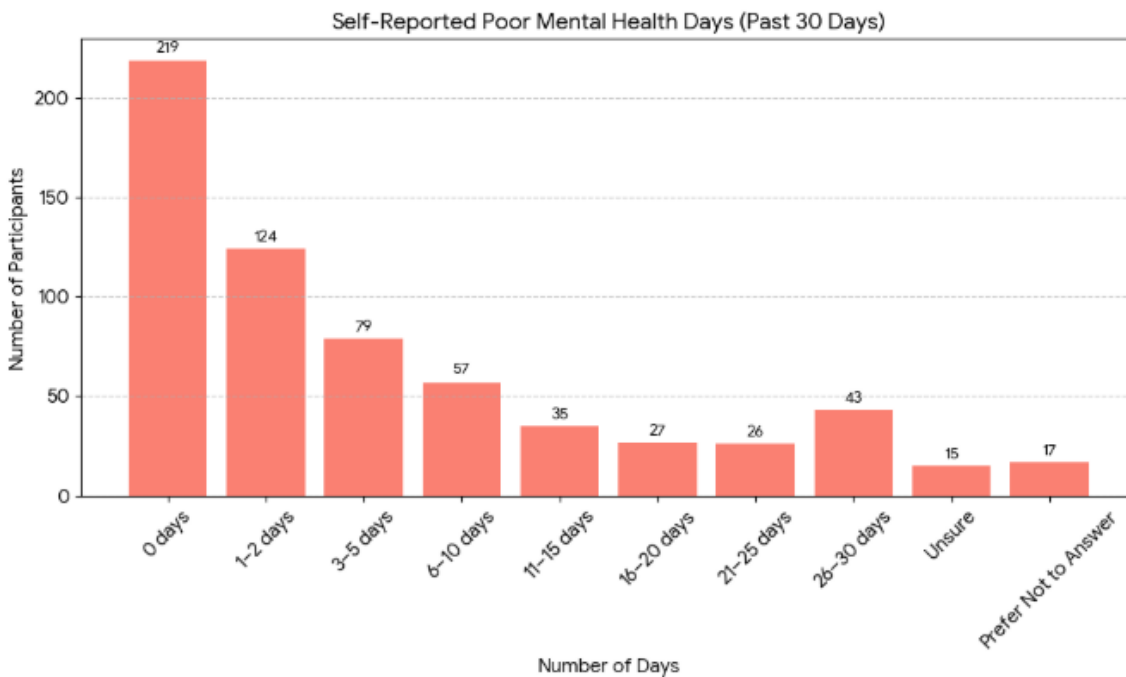
Mental Health

With over 1 in 3 respondents reporting a mental health disorder, this is the third most prevalent health issue, surpassing traditional chronic diseases like diabetes or asthma.

The distribution of survey responses shows that while "0 days" is the most common single response, over a third of the community is struggling with poor mental health for 6 or more days every month:

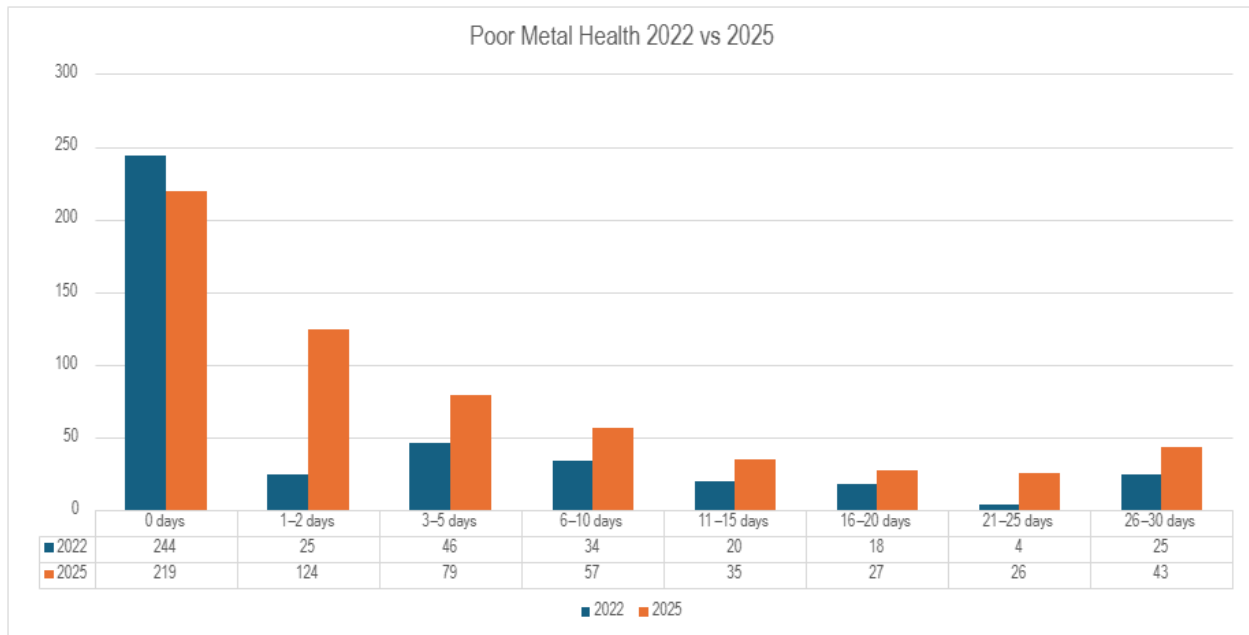
- **0 Days:** 219 participants (34.1%)
- **1–5 Days:** 203 participants (31.6%)
- **6–20 Days:** 119 participants (18.5%)
- **21–30 Days:** 69 participants (10.7%)
- **Unsure / No Answer:** 32 participants (5.0%)

The standalone chart below illustrates this distribution, highlighting that roughly 1 in 10 respondents are experiencing poor mental health for nearly the entire month (21–30 days).



Highland County CHA, 2025
Respondent Breakdown, Mental Health Days

In comparison with responses to a similar question in 2022, community members reported more poor mental health days across every category.



*Highland County CHA, 2025
Respondent Breakdown, Poor Mental Health Days*

A review of secondary data from CDC and other national level surveys supports local CHA survey results. Mental health indicators in Highland County reveal a higher burden of psychological distress compared to both regional and national benchmarks. With 28.4% of adults reporting a lifetime depression diagnosis and an average of 6.9 poor mental health days per month, Highland County exceeds both the Appalachian Ohio regional values and U.S. averages across these metrics. Furthermore, the prevalence of individuals experiencing poor mental health for 14 or more days a month (21%) underscores the significant impact of mental health challenges on the daily lives of residents. Interestingly, while general rates of distress are higher, the percentage of the Medicare population receiving treatment for depression (14.0%) is lower than both the regional (18.0%) and national (17.0%) figures, potentially suggesting a gap in access to or utilization of formal mental health services for this demographic.

Mental Health	HIGHLAND COUNTY	OHIO	U.S.
Adults Ever Diagnosed with Depression ¹	28.4%	26.3% (Appalachian Ohio Regional Value)	20.7%
Depression: Medicare Population (Treated in the Past Year) ²	14.0%	18.0%	17.0%
Poor Mental Health 14+ Days (Mental Health was not Good 14 or More Days in the Past Month) ¹	21%	19.9% (Appalachian Ohio Regional Value)	15.8%
Average Number of Poor Mental Days in the Past 30 Days) ³	6.9	6.1	5.1

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

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

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

Suicide

The suicide mortality data for Highland County reveals a significant and urgent public health crisis, with rates drastically exceeding state and national averages. The total suicide rate in Highland County is 54.3 per 100,000 population, which is more than 3.6 times higher than the Ohio rate (15.0) and the U.S. rate (14.5).

A demographic breakdown highlights two particularly high-risk groups within the county:

- Male Residents: The suicide rate for males in Highland County is a staggering 105.1 per 100,000, nearly four times the state (24.6) and national (23.2) averages for men.
- Older Adults (Ages 65-74): This age group shows a critical spike, with a rate of 103.9 per 100,000, compared to just 14.9 in Ohio and 15.4 in the U.S.

These figures indicate that suicide is a disproportionate cause of death in the county, specifically affecting men and seniors at extreme rates. These findings necessitate immediate

integration into the Community Health Improvement Plan, with a focus on targeted mental health outreach, crisis intervention for men, and social isolation support for the elderly

Suicide Deaths by Demographics (crude rate per 100,000 population)	HIGHLAND COUNTY	OHIO ²	U.S. ²
Female	n/a	5.6	6.0
Male	105.1	24.6	23.2
14 and younger	n/a	1.8	1.3
15-24	n/a	15.2	14.1
25-34	n/a	20.2	18.6
35-44	n/a	20.1	18.3
45-54	n/a	19.6	18.8
55-64	n/a	17.6	18.1
65-74	103.9	14.9	15.4
75-84		17.7	19.3
85 and older		19.7	21.8
Total Suicide Rate	54.3	15.0	14.5

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

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

Tobacco Use

1. High Overall Tobacco Burden:

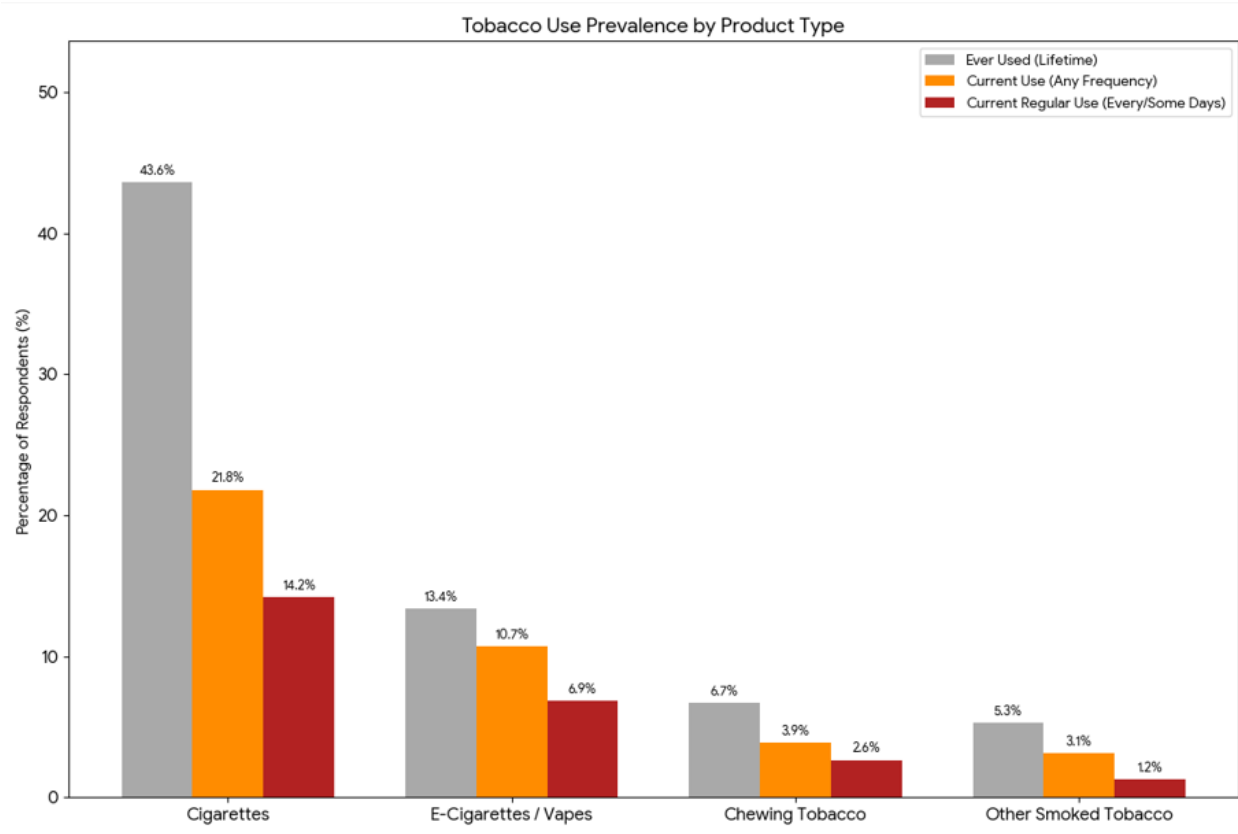
- a. 27.7% of the surveyed population currently uses some form of tobacco product. This is significantly higher than many national averages (often around 12-15% for smoking).
- b. 47.8% of respondents reported *never* using a tobacco product in their lifetime.

2. Cigarettes vs. Vaping:

- a. **Cigarettes:** Remains the most common product, with 21.8% current users.
- b. **Vaping/E-Cigarettes:** The second most common product, with 10.7% current users.
- c. **Dual Use is Common:** There is a significant overlap. Analysis found that 60.9% of individuals who vape also smoke cigarettes. This suggests that vaping in this community is often used *in addition* to smoking (dual use) rather than purely as a replacement or cessation tool.

3. Frequency of Use:

- a. The majority of users are regular users (using "Every Day" or "Some Days") rather than occasional or experimental use.
- b. For cigarettes, 65% of current users smoke regularly.
- c. For vapes, 64% of current users vape regularly.



*Highland County CHA, 2025
Respondent Breakdown, Tobacco Use by Product Type*

Tobacco Users

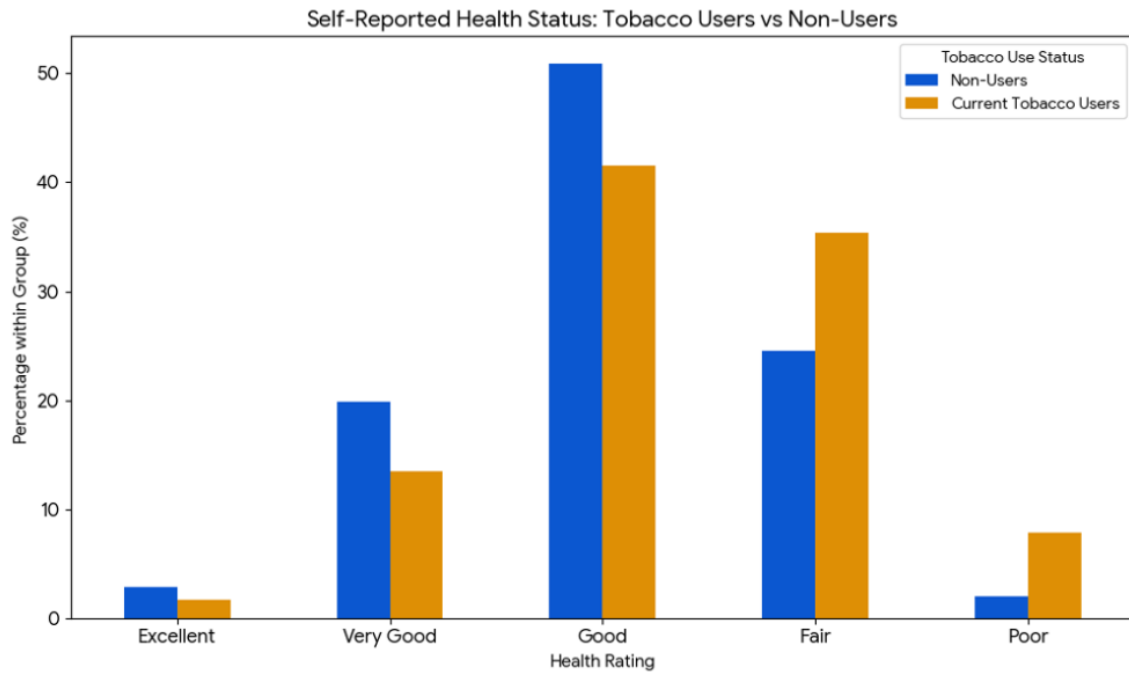
Tobacco users consistently report lower levels of general health compared to non-users. Tobacco users also reported less income per household than non-tobacco users. These factors can have significant impacts on personal health.

Lower "Excellent/Very Good" Ratings: Non-users are significantly more likely to rate their health as "Very Good" or "Excellent" (combined ~22.6%) compared to tobacco users (combined ~15.2%).

Higher "Fair/Poor" Ratings: Tobacco users are much more likely to report "Fair" or "Poor" health. Specifically, tobacco users are 4 times more likely to rate their health as "Poor" (7.9% vs. 1.9%) than non-users.

Health Rating	Non-Tobacco Users (%)	Current Tobacco Users (%)
Excellent	2.8%	1.7%
Very Good	19.8%	13.5%
Good	50.9%	41.6%
Fair	24.6%	35.4%
Poor	1.9%	7.9%

*Highland County CHA, 2025
Respondent Breakdown,
Health vs. Tobacco Use Rate*



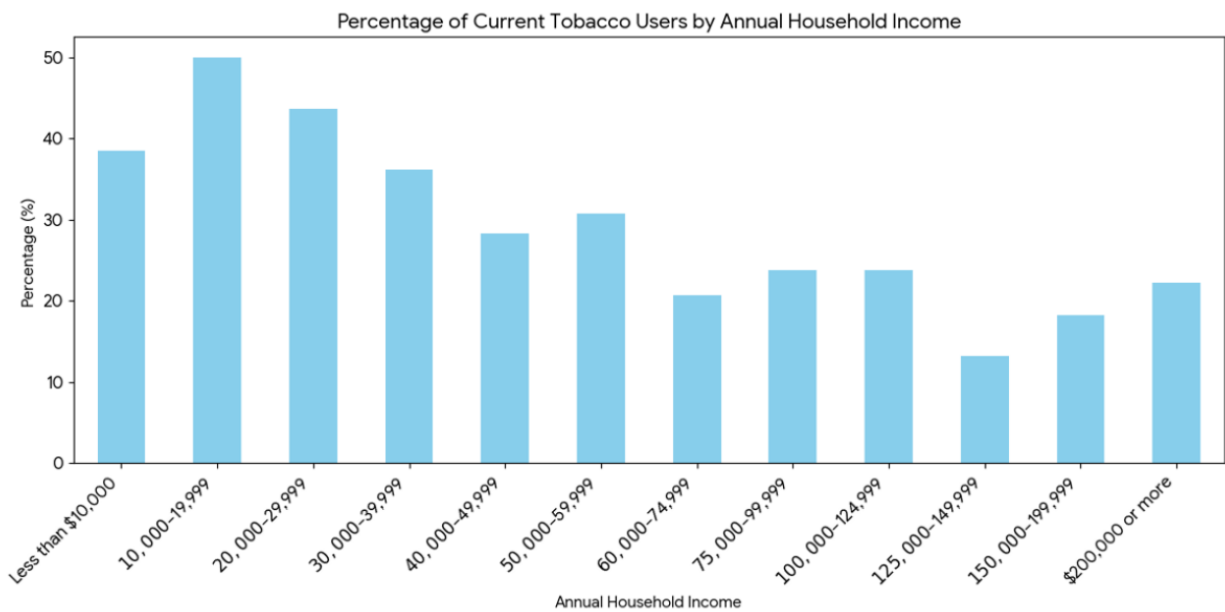
*Highland County CHA, 2025
Respondent Breakdown,
Health Status Tobacco Users vs. Non-users*

Based on survey responses, the following observations can be made.

The "Fair" Health Gap: There is a 10-point gap in the "Fair" category, with 35.4% of tobacco users selecting this rating compared to only 24.6% of non-users.

Current tobacco use in the community is strongly associated with lower self-reported health outcomes, with users being notably more represented in the "Fair" and "Poor" health categories.

Finally, there is a negative correlation between income and tobacco use, meaning that as household income increases, the likelihood of current tobacco use generally decreases.



*Highland County CHA, 2025
Respondent Breakdown, Tobacco vs. Income*

Illegal Substance Use

The analysis of substance abuse within the community reveals significant data regarding both lifetime usage and current habits. Of the 642 total respondents, approximately 27.4% (176 people) reported having used illicit drugs at some point in their life.

The most widely reported substance used in a lifetime is Marijuana/Cannabis, followed by Cocaine and Opiates.

Substance	Count (Ever Used)	% of Total Respondents
Marijuana / Cannabis	164	25.5%
Cocaine	44	6.9%
Opiates (Non-prescribed)	38	5.9%
Hallucinogens (LSD, etc.)	37	5.8%
Methamphetamine	32	5.0%
Heroin	16	2.5%
Fentanyl	13	2.0%

*Highland County CHA, 2025
Respondent Breakdown, Substance Abuse Rates, Ever Used*

Current use is defined as respondents who indicated they use the substance "Rarely," "Some Days," or "Every Day." Marijuana remains the most prevalent currently used substance, with a significant portion of those who have ever used it continuing to do so.

Substance	Count (Currently Using)	% of Total Respondents
Marijuana / Cannabis	103	16.0%
Opiates (Non-prescribed)	11	1.7%
Cocaine	6	0.9%
Methamphetamine	6	0.9%
Hallucinogens	6	0.9%
Fentanyl	6	0.9%
Heroin	5	0.8%

*Highland County CHA, 2025
Respondent Breakdown, Current Substance Abuse Rates*

The survey also captured data on the long-term impact of substance use:

- **Substance Abuse Treatment:** 30 respondents (4.7%) reported having received treatment for drug or alcohol abuse in their lifetime.
- **Overdose History:** 10 respondents (1.6%) reported having experienced an overdose.

Key Substance Abuse Trends

- **Marijuana Dominance:** Marijuana is the primary illicit substance used in the community, with a current usage rate (16%) that far exceeds all other categories combined.
- **Opiate and Fentanyl Concerns:** While the raw numbers for current Heroin and Fentanyl use are low (5–6 individuals), these represent active users in the surveyed population, highlighting a localized need for harm reduction and crisis intervention.
- **Treatment Gap:** The number of people who have ever used illicit drugs (176) compared to those who have received treatment (30) suggests that while many may experiment or

Demographics: County

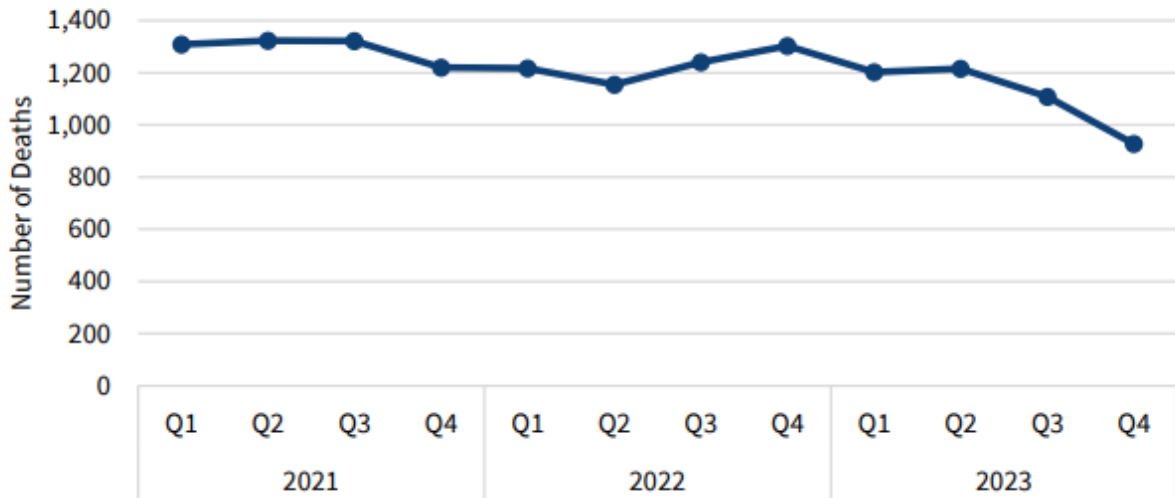
Table 8. Number and Age-Adjusted Rate of Unintentional Drug Overdose Deaths by County, Ohio, 2014-2023

County ¹	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2023 Rate ²	2020-2023 Rate ²
Ohio	2,531	3,050	4,050	4,854	3,764	4,028	5,017	5,174	4,915	4,452	39.0	43.5
Highland	12	9	6	13	5	13	14	18	20	6	.	36.6

ODH 2023 Unintentional Drug Overdose Report

Overall, drug overdose deaths have decreased across Ohio.

Figure 2. Number of Unintentional Drug Overdose Deaths by Quarter, Ohio, 2021-2023



ODH 2023 Unintentional Drug Overdose Report

Obesity, Physical Inactivity, and Nutrition

Obesity and Related Issues

Based on the survey data, several significant trends emerge regarding obesity, physical activity, and nutrition in Highland County.

Obesity and Weight Status

The survey respondents show a high prevalence of obesity and overweight status. After calculating BMI (Body Mass Index) from reported heights and weights, the distribution is as follows:

- **Obese: 52.6%**
- **Overweight: 28.6%**
- **Healthy Weight: 17.7%**
- **Underweight: 1.1%**

Approximately 81.2% of respondents fall into the overweight or obese categories. Additionally, 105 respondents explicitly mentioned that a doctor had told them they have obesity.

Physical Activity Levels

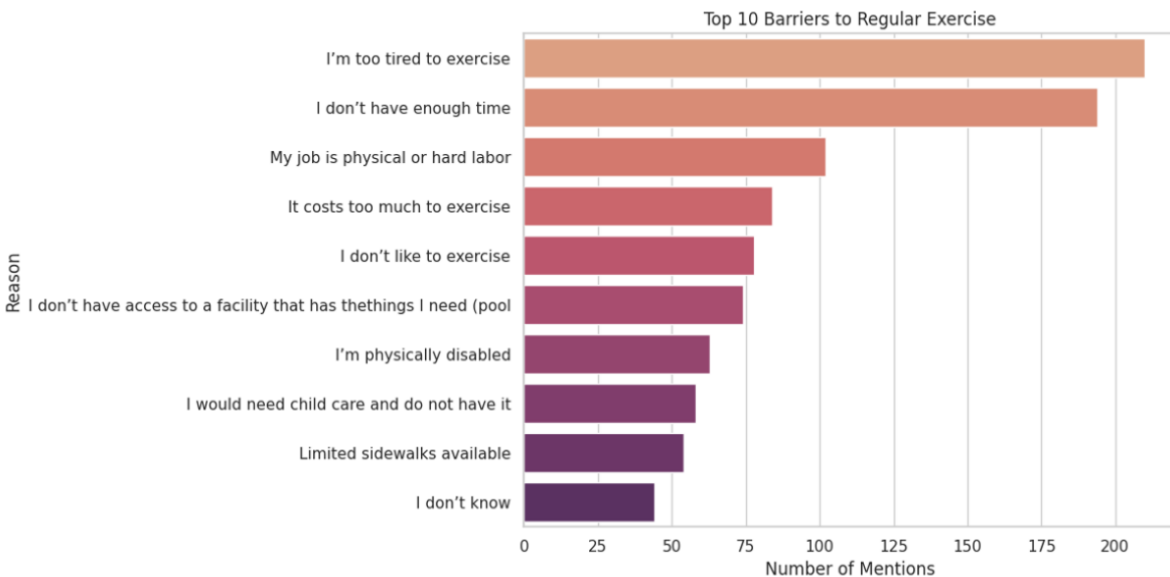
Physical activity levels are notably low, with a significant portion of the population reporting no regular exercise outside of their job.

- **Exercise Frequency:**
 - **None/No exercise: 37.7%**
 - **1–3 days/week: 45.0%**
 - **4+ days/week: 17.3%**
- **Correlation with BMI:** There is a clear trend between lack of exercise and obesity. 43% of respondents in the obese category report that they do not exercise at all, compared to only 24.7% of those at a healthy weight. Those at a healthy weight are more than twice as likely to exercise 4 or more days a week (30.9%) than those in the obese category (13.3%).

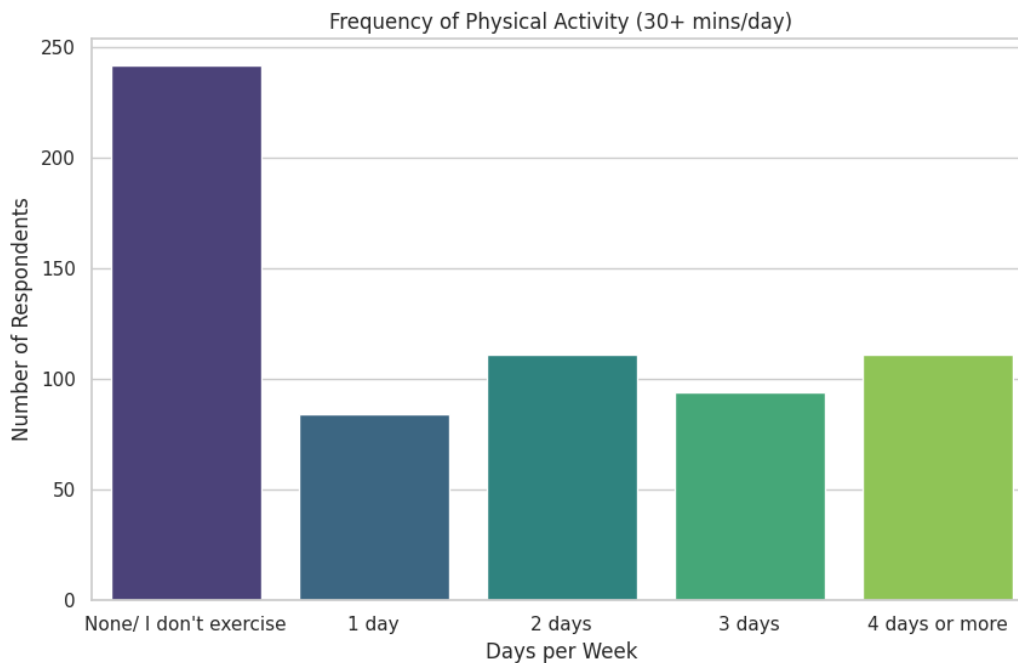
Barriers to Exercise

When asked why they do not exercise for at least 30 minutes a day, the most common barriers cited were:

1. **Fatigue:** "I'm too tired to exercise" (210 mentions).
2. **Time Constraints:** "I don't have enough time" (194 mentions).
3. **Work Demands:** "My job is physical or hard labor" (102 mentions).
4. **Financial/Access Barriers:** "It costs too much" (84 mentions) and "Lack of access to facilities like a pool or track" (74 mentions).
5. **Infrastructure:** 54 respondents cited a "lack of sidewalks" as a reason they do not exercise.



*Highland County CHA, 2025
Respondent Breakdown, Barriers to Exercise*



*Highland County CHA, 2025
Respondent Breakdown, Frequency of Physical Activity*

Nutrition and Food Security

Food insecurity remains a significant challenge in Highland County, particularly for families with children. Child food insecurity exceeds state and national levels, and a notable share of food-insecure children are likely ineligible for federal nutrition assistance programs. While SNAP participation among households with children is substantial, it does not fully offset local need.

High rates of free and reduced-price lunch eligibility among students further reflect economic strain among families. Food insecurity is closely associated with chronic disease risk, poor mental health, developmental challenges in children, and higher healthcare utilization, making nutrition security a critical driver of both health outcomes and healthcare costs.

Nutrition trends are linked to food access and security within the county:

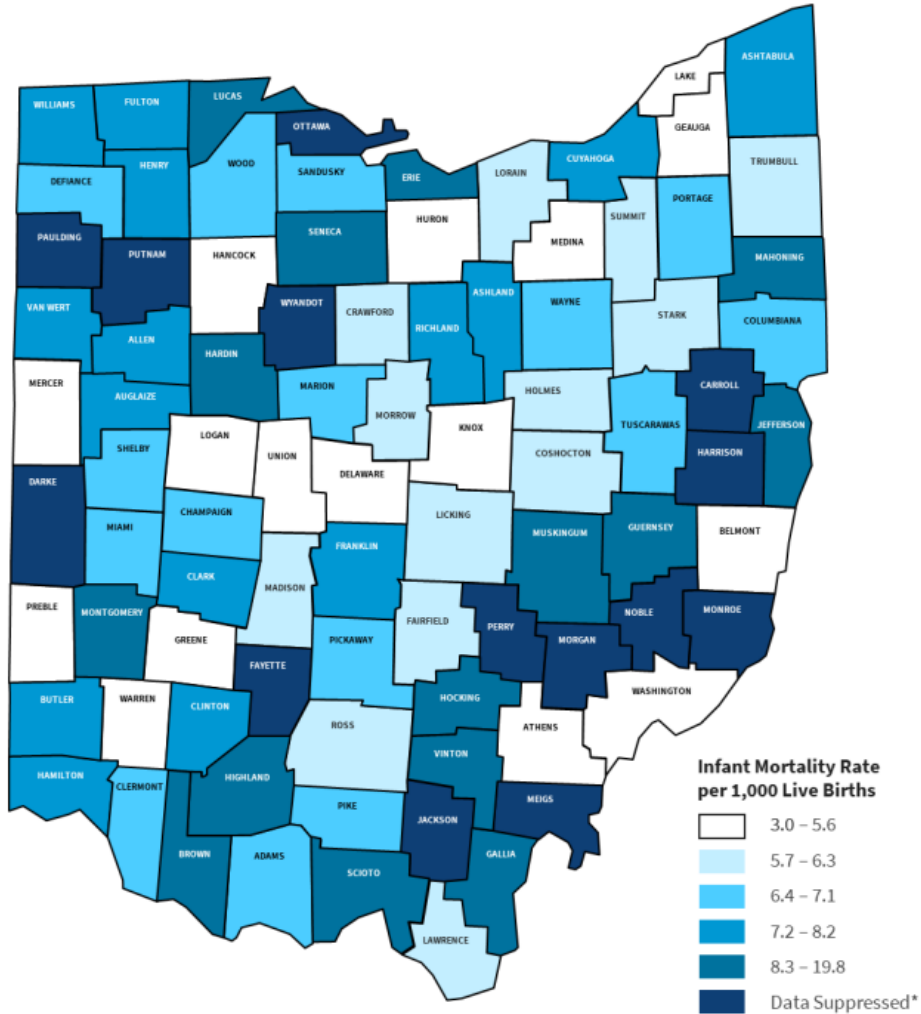
- **Food Assistance: 18.7% of all respondents** received food stamps (SNAP) or WIC in the past 12 months.

- **Food Pantry Usage:** While the majority did not use a food pantry, those who did had mixed reviews on the healthiness of the options:
 - **Healthy options:** Used by those who noted the pantry provided "mostly healthy" or "some healthy" options.
 - **Nutritional Quality:** A small segment of the population depends on these pantries, and their perception of the nutritional value (availability of fruits and vegetables) varies, which can impact overall community nutrition.
- **Economic Trend:** Interestingly, the usage of food stamps was slightly higher among respondents in the "Healthy Weight" (21%) and "Underweight" (40%) categories compared to the "Obese" (16.6%) category, suggesting that food insecurity in the county affects residents across all weight statuses, potentially pointing to "food deserts" or the low cost of calorie-dense, nutrient-poor foods.

Infant Mortality

Ohio's Five-Year Infant Mortality Rate by County (2019 – 2023)

See Appendix A for Ohio five-year infant mortality rates by county and race.



ODH 2023 Child Fatality Annual Report, 5-year Mortality Rate

In general, Ohio scores poorly in many aspects of infant mortality.

SUMMARY TABLE

Refer to each individual section for more info on each measure.

	Preterm birth	Infant mortality	Low-risk Cesarean	Adequate PNC*	Severe maternal morbidity	Maternal mortality
Measure	11.0%	7.2	26.5%	79.8%	93.4	25.4
Rank	37th of 52	48th of 52	30th of 52	14th of 52	26th of 47	29th of 48
Direction†	Worsened†	Worsened	Worsened†	Improved	Worsened	Worsened
HP2030 Target	9.4% of live births	5.0 deaths per 1k births	23.6% of low-risk births	80.5% of live births	64.4 per 10K hospital deliveries	15.7 deaths per 100k births

Note: *Measure differs from inadequate PNC. Adequate is presented to align with Healthy People 2030 target. Rank determined for all states with available data with 1 being the best. †Denotes statistically significant change from prior year (P <0.05). See [Technical Notes](#) for details.

March of Dimes 2025 Report Card, Child Fatality, Highland County

2025 March of Dimes Report Card: The State of Maternal and Infant Health for American Families. March of Dimes. 2025. <https://www.marchofdimes.org/reportcard>

Focus Group Results

Participating Groups

The following groups provided feedback during the assessment process:

- Highland County Board of Health
- Highland County Democratic Party
- Highland County Health Care Administration (Key Stakeholders)
- Highland County Senior Citizens Center
- Fairfield Local High School Focus Group (Minutes reflect community members/Democratic Party perspectives)

Summary Statements by Group

Highland County Board of Health

The Board expressed significant concern regarding the **fragmentation of care** and poor communication between providers, which leads to patient frustration. Key priorities identified include the need for expanded, affordable **transportation** (notably the FRS bus) and addressing the health barriers faced by **homeless individuals**.

Highland County Democratic Party

This group linked poor community health directly to **economic strain** and financial hardship. They highlighted unique **infrastructure concerns**, such as failing rural sewage systems, and emphasized the dangers of **vaccine misinformation** and a general lack of scientific literacy in the community.

Highland County Health Care Administration

Administrators acknowledged a strong commitment to the community but identified **major gaps in mental health** and social support. They reported emerging risks from **vaccine hesitancy** (e.g., measles) and noted that many residents are living in extreme conditions, such as **sheds without plumbing**, which severely complicates healthcare delivery.

Highland County Senior Citizens Center

Seniors reported the highest levels of **satisfaction**, noting they can generally manage chronic conditions and access providers in a timely manner. However, they identified **financial barriers**—specifically the cost of prescriptions and co-pays—as a reason for delaying care, and noted that **stigma** remains a hurdle for senior mental health.

Community Health Perspectives (Fairfield/Democratic HQ)

Participants characterized the community's health as "average" but noted a concerning **reactive approach** to healthcare, where residents only seek help once symptoms appear. They identified **tobacco and vaping** as normalized behaviors among youth and cited **housing instability** as a primary driver of physical and mental stress.

Cross-Cutting Themes & Key Findings

The following issues were identified consistently across multiple focus groups:

Mental Health

- **Provider Shortage:** There is a significant lack of mental health professionals, particularly those specializing in substance use, trauma, and youth care.
- **Systemic Gaps:** Participants noted a lack of inpatient facilities and a fragmented intake process that forces patients to repeat their histories multiple times.
- **Stigma:** Social stigma remains a major barrier, preventing residents—especially older adults—from seeking necessary care.

Access Barriers

- **Specialty Care:** Residents must frequently travel outside the county for specialized medical services, leading to delays in diagnosis and treatment.
- **Transportation:** The limited availability, restricted hours, and high cost of the limited public transportation system create significant hurdles for those without personal vehicles.

Financial Burden

- **Underinsured Status:** High deductibles, co-pays, and the burden of high-deductible health plans (such as HSAs) leave many with insufficient coverage.
- **Delayed Care:** Financial strain causes individuals to delay or entirely forgo medical treatments, prescriptions, and preventative screenings.

Social Determinants

- **Housing and Homelessness:** Concerns include a lack of stable housing, families living in structures without plumbing or electricity, and reports of families being banned from local shelters.
- **Food Insecurity:** Many residents struggle to afford nutritious food due to rising grocery costs and rely heavily on SNAP and local food pantries.
- **Youth and Family Support:** There is a documented need for more affordable, high-quality childcare and positive community activities for youth.

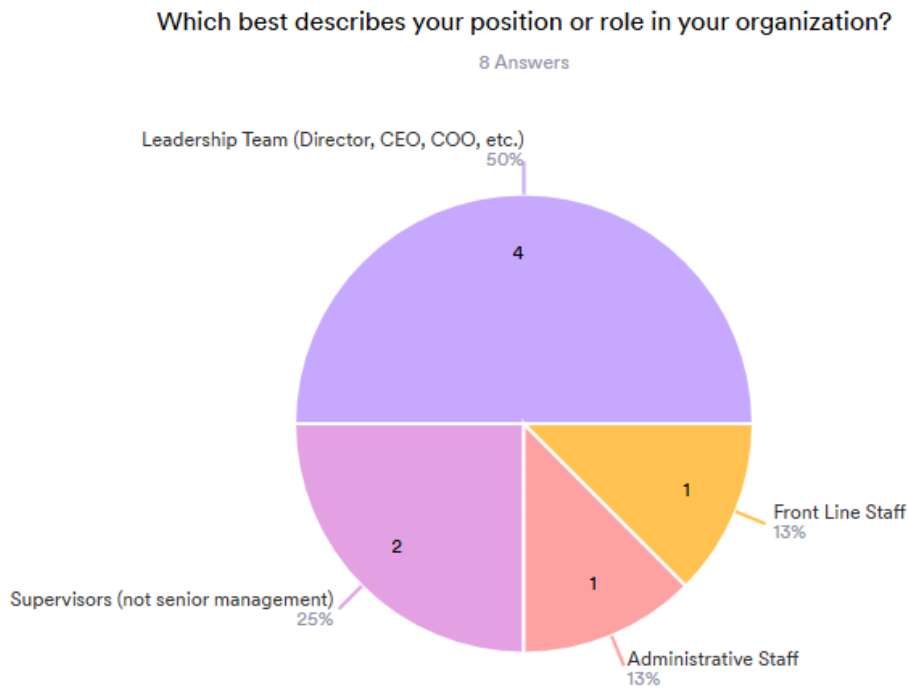
Education

- **Misinformation:** Widespread misinformation regarding vaccine safety and effectiveness is contributing to a resurgence of preventable diseases.
- **Health Literacy:** There is a critical need for better community education regarding nutrition, exercise, and the management of chronic conditions like diabetes and cardiovascular disease.

While Highland County benefits from strong community partnerships, the healthcare system faces a "cycle of unmet needs" driven by economic pressure and infrastructure gaps. Future efforts should prioritize **integrating mental health services**, expanding **transportation options**, and building **community trust** to combat health misinformation.

Healthcare Systems Assessment

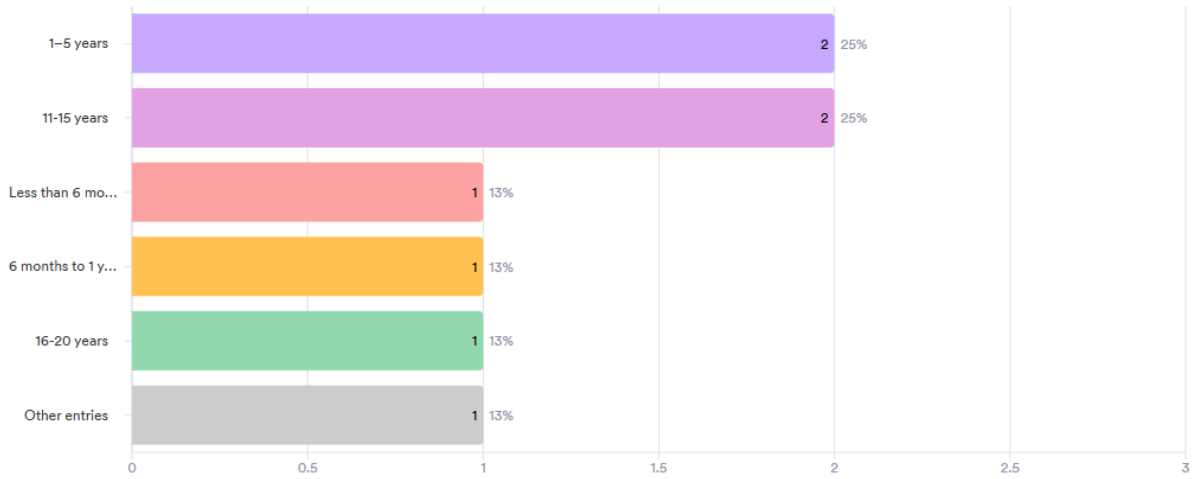
The Healthcare Systems Assessment is meant to measure the effectiveness of the public health and healthcare system in the community. Questions were selected from a large group of potential assessment areas and aimed at measuring specific public health system components that are reflected in both the HCHD Strategic Plan and in the Highland County Community Health Improvement Plan.



*Highland County Healthcare System Assessment 2025
Respondent Breakdown,
Agency Role*

How long have you been working at your organization?

8 Answers



Highland County Healthcare System Assessment 2025
Respondent Breakdown, Agency Length of Service

What are your organization's most valuable resources and strongest assets (e.g. things that make your organization great)?

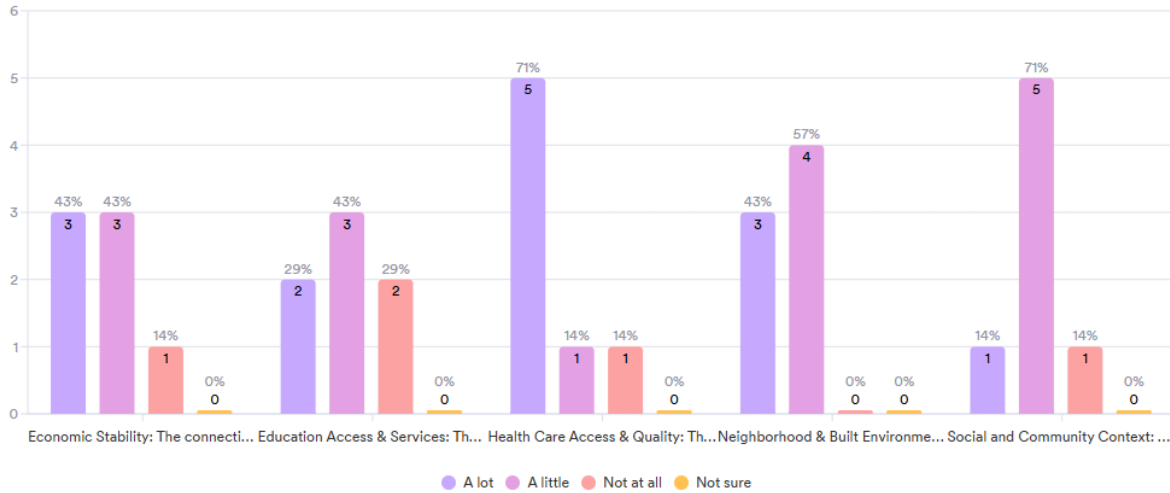
4 Answers - 4 Empty

Data	Answers
The providers that provide exceptional patient care and advocate for their patients beyond the standard of care with the goal of ensuring the patient's health and wellbeing is optimized.	1
Our people and knowledge	1
Provide education and technical training to future health care providers.	1
We are very good at communication, organization, and technology. We also do a good job of being nimble, and being able to quickly adjust our priorities based on problems faced by our community. We also have strong legal authority to address community issues.	1

Highland County Healthcare System Assessment 2025
Respondent Breakdown, Assets

Please rank how much your organization focuses on each of the following Social Determinants of Health: (Options for each: A lot, A little, Not at all, Not sure)

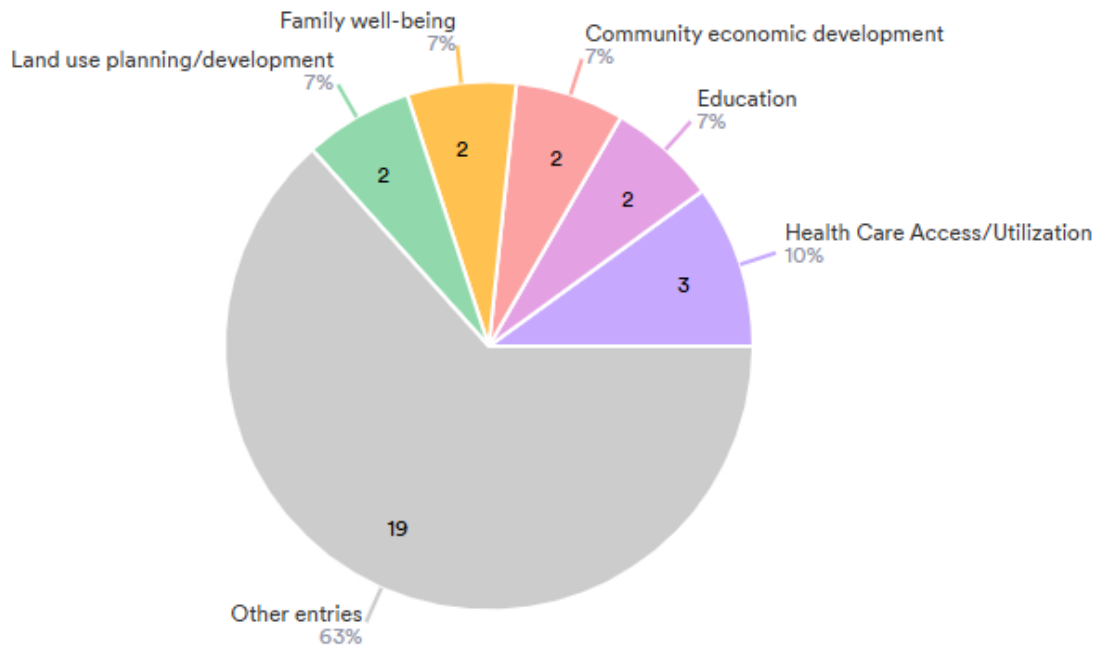
7 Answers- 1 Empty



Highland County Healthcare System Assessment 2025
Respondent Breakdown, Organization Focus

Which of the following categories does your organization work on? (Check all that apply)

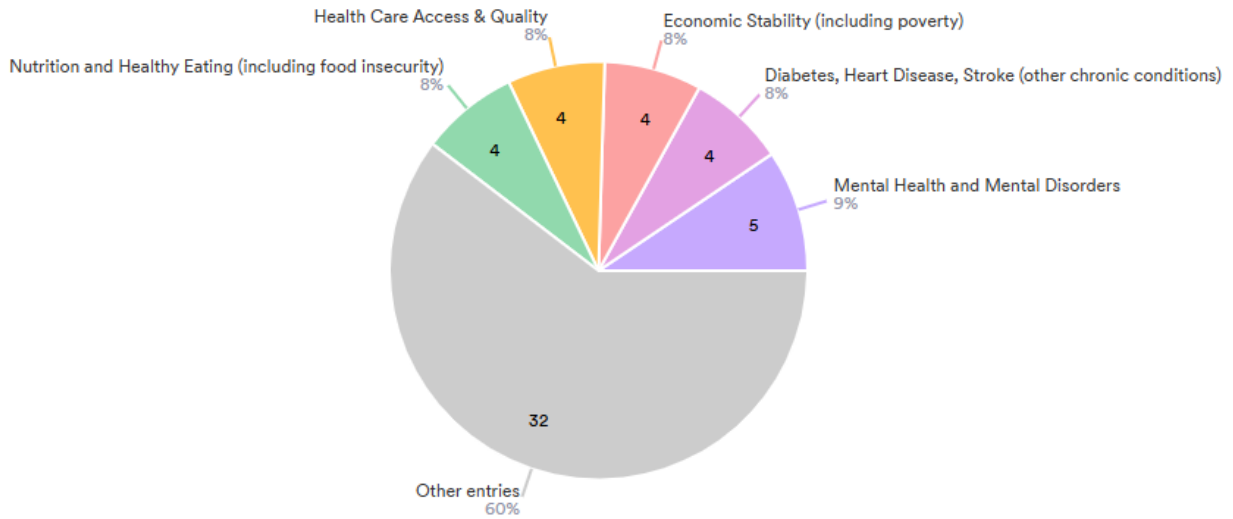
30 Answers- 1 Empty



Highland County Healthcare System Assessment 2025
Respondent Breakdown, Agency Scope of Work

Which of the following health topics does your organization work on? (Check all that apply)

53 Answers- 1 Empty



Highland County Healthcare System Assessment 2025
Respondent Breakdown, Agency Health Scope

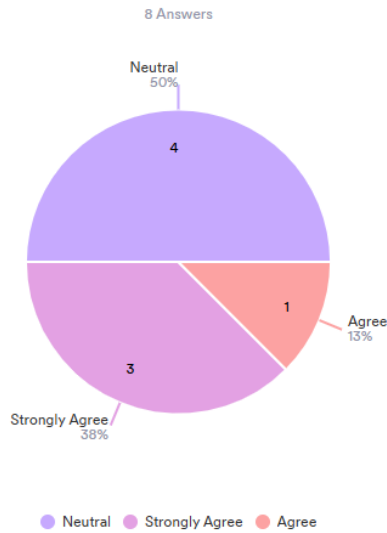
Which of these specific health problems hurt our community the most? Drag the items to show the most important problems from top to bottom.

80 Answers

Data	Answers
10: Maternal and infant health (preterm birth, infant mortality, etc.)	5
2: Mental health problems (like stress, depression, or anxiety)	4
6: Heart disease	4
6: Smoking or tobacco use (pipes, dip, vapes, etc.)	4
9: Access to doctors or health care	4
3: Obesity or being very overweight	4
1: Drug and alcohol use	3
4: Diabetes	3
Other entries	49

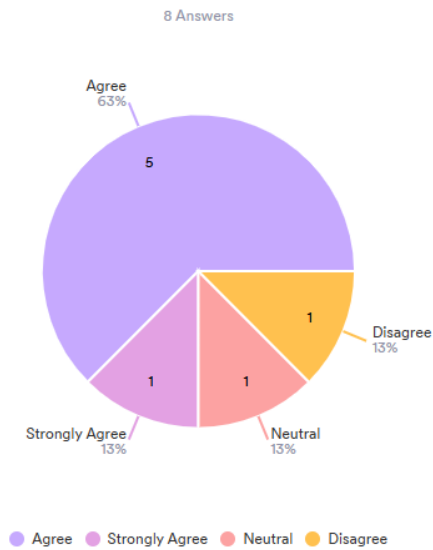
Highland County Healthcare System Assessment 2025
Respondent Breakdown, Health Problems

How do you feel about this statement: "There is good healthcare in Highland County." Consider the quality, number of options, and availability of healthcare in the county.



*Highland County Healthcare System Assessment 2025
Respondent Breakdown, Health Problems*

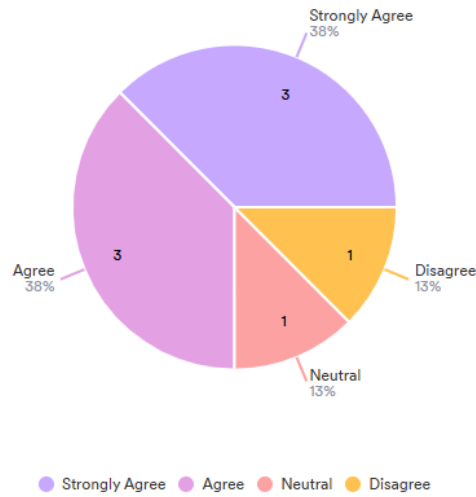
How do you feel about this statement: "Highland County is a good place to raise children?" Consider the quality and safety of the schools, child care programs, afterschool programs, and places to play in the county.



*Highland County Healthcare System Assessment 2025
Respondent Breakdown, Community Perception*

How do you feel about this statement: "Highland County is a good place to grow old?" Consider the county's elder-friendly housing, transportation to medical services, recreation, and services for the elderly.

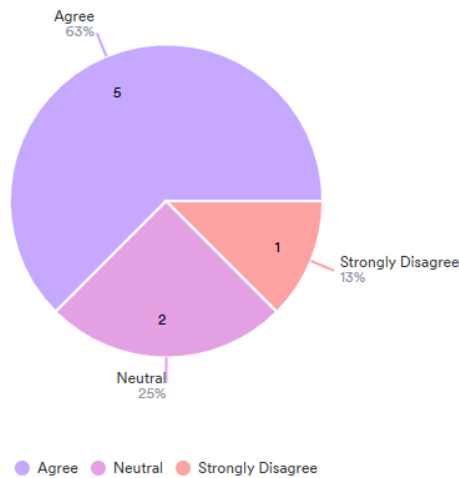
8 Answers



*Highland County Healthcare System Assessment 2025
Respondent Breakdown, Community Perception*

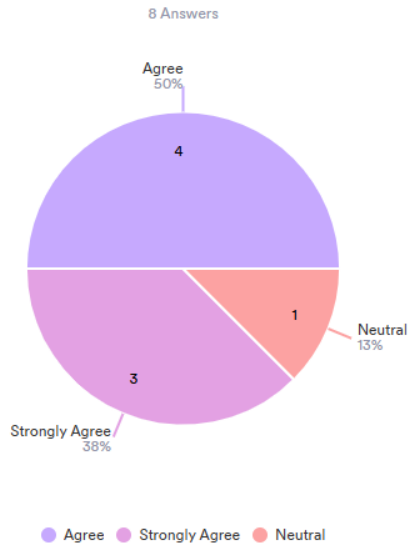
How do you feel about this statement: "There is plenty of economic opportunity in Highland County?" Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in the community.

8 Answers



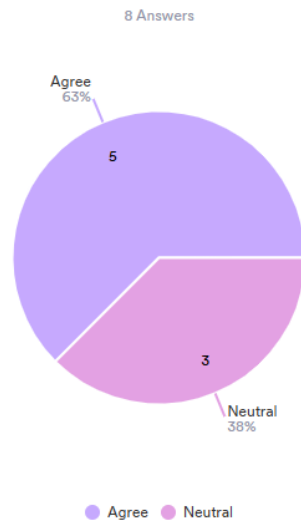
*Highland County Healthcare System Assessment 2025
Respondent Breakdown, Community Perception*

How do you feel about this statement: "Highland County is a safe place to live?". Consider how safe you feel at home, in the workplace, in schools, at playgrounds, at parks, and at shopping centers in the community.



*Highland County Healthcare System Assessment 2025
Respondent Breakdown, Community Perception*

How do you feel about this statement: "There is plenty of help for some people during times of need in Highland County?" Consider social supports in the county such as neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.



*Highland County Healthcare System Assessment 2025
Respondent Breakdown, Community Perception*

Rate the overall healthcare and public health systems in Highland County, with 1 being the worst and 5 being the best. This is not specific to your agency; we want your opinion about the healthcare and public health system as a whole.

7 Answers- 1 Empty



3.57
Avg. Response

7
Responses

Data	Answer	%
★★★★★	1	14%
★★★★☆	3	43%
★★★☆☆	2	29%
★★☆☆☆	1	14%
★☆☆☆☆	0	0%

*Highland County Healthcare System Assessment 2025
Respondent Breakdown, Healthcare System Perception*

Community Health Assessment Key Findings

Based on the data extracted from the survey of 642 residents, here are the summary statements for your identified key areas. These statements combine raw statistics with the socioeconomic context revealed in the report.

Chronic Disease

While the survey highlights specific conditions like obesity, it also reveals a significant "diagnosis gap." While **81.2%** of respondents are overweight or obese, many only report chronic conditions when explicitly told by a professional. With **over 26%** of the population reporting that they "rarely" or "never" exercise and **1 in 5** lacking dental or vision insurance, there is a clear need for increased preventative screenings and management for conditions like hypertension and diabetes.

Illegal Substance Abuse

Substance abuse remains a critical concern, with **27.4%** of the community reporting lifetime illicit drug use. While Marijuana is the most prevalent current substance (**16%**), the data highlights a high-risk group of active Opiate, Heroin, and Fentanyl users. The low ratio of treatment-seekers (**4.7%**) relative to lifetime users suggests that barriers to recovery services—or perhaps the stigma surrounding them—remain a significant hurdle for community health.

Tobacco Use

Tobacco use in the county is heavily driven by socioeconomic factors, with a strong negative correlation to income. Usage peaks at **50%** for those earning under \$20,000 annually, and tobacco users are **4 times more likely** to report their overall health as "Poor." Interventions in this area would likely be most effective if paired with economic support or targeted toward lower-income households.

Mental Health

The community assessment indicates a high "fatigue and stress" burden. "Being too tired" was the **#1 reason** cited for a lack of healthy behaviors (exercise), and the data shows a significant crossover between physical health and mental well-being. With a segment of the population having contemplated self-harm or suicide, mental health emerges as a foundational issue that affects the community's ability to engage in other health improvements.

Obesity, Physical Inactivity, and Poor Nutrition

This is perhaps the most visible health crisis in the data, with **52.6%** of the community meeting the criteria for obesity. Physical inactivity is high, with **37.7%** reporting zero exercise, cited as a result of time poverty and infrastructure gaps (like a lack of sidewalks). Furthermore, nearly

19% of residents rely on food assistance, suggesting that "poor nutrition" may be a result of food insecurity and limited access to affordable, healthy options.

Infant Mortality

Though the raw data focuses primarily on adult behaviors, the high prevalence of **tobacco use, substance abuse, and obesity** among the surveyed population—the majority of whom are women—creates a high-risk environment for infant health. Addressing the maternal health "background noise" (unmanaged chronic disease and nicotine use) is a vital prerequisite for lowering infant mortality rates in the county.

Conclusions and Next Steps

The completion of this report marks the transition from gathering data to implementing change. The next phase of this process is the development of the Community Health Improvement Plan (CHIP). This strategic plan will not simply list problems, but will outline specific, measurable, and time-bound goals to address the key priority areas identified:

1. **Prioritization:** Community stakeholders and public health leaders will convene to rank the identified issues (Chronic Disease, Substance Abuse, Mental Health, Tobacco, Obesity/Nutrition, and Infant Mortality) based on urgency and the feasibility of intervention.
2. **Collaborative Planning:** The CHIP will involve collaboration beyond healthcare providers, including local government, community organizations, school districts, and economic development boards.
3. **Targeted Interventions:** Using the geographic and demographic data from this assessment, resources will be directed toward the populations most at risk, specifically focusing on low-income households and high-density areas.
4. **Policy and Infrastructure:** Efforts will move beyond individual education toward systemic change, such as improving community access to care, enhancing the visibility of social support networks, and expanding access to preventative services.

Highland County possesses a strong foundation of community pride and a shared sense of safety. By addressing the structural barriers to health—namely economic opportunity and accessible infrastructure—we can empower residents to take steps to improve their own health. The forthcoming Community Health Improvement Plan will serve as our roadmap to ensure that Highland County is not just a safe place to live, but a place where every resident has the opportunity to thrive.

Public Availability

This 2025 Highland County Community Health Needs Assessment (CHNA) is made publicly available in accordance with Internal Revenue Code §501(r). The report is available online at: <https://www.adena.org/community-health/overview>. The CHNA was posted on December 31, 2025 and will remain publicly accessible until the next Community Health Needs Assessment is conducted. Printed copies of the report are available upon request at no cost by contacting Adena Health.

CHNA Adoption and Approval

The 2025 Highland County Community Health Needs Assessment was adopted by board of Adena Greenfield Medical Center on February 19, 2026, following review of assessment findings, community input, and identified significant health needs. Adoption of this assessment affirms that the CHNA fulfills the requirements of Internal Revenue Code §501(r) and reflects the health priorities of the Highland County community as identified through a comprehensive, data-driven, and community-engaged process.

Implementation Strategy

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