



Community Health Needs Assessment

November 2019

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Authors

S. Kimberly Jones, MAS, GPC, Adena Health System
Nichole Smith, BS, SIT, Pike County General Health District

Secondary Data Collection

Josh Garrett, MPH

GIS Mapping

Greg Rouse, Ross County Soil and Water

Additional Assessment Support (Survey Processing)

Linda Rigsby, LPN, Public Health Nurse, Pike County General Health District
Mona Minor, RN, Director of Nursing, Pike County General Health District
Autumn Osborn, Public Health Nurse, Pike County General Health District
Heather Taylor, Receptionist, Pike County General Health District

Design and Publishing (Adena Health System)

Susan Wollebeck, VP Marketing and Brand, Adena Health System
Mike McCorkle, Director, Marketing, Adena Health System
Chad DeBoard, Creative Consultant, Adena Health System
Jennifer Caplinger, Graphic Design Coordinator, Adena Health System



How has the 2019 CHA been improved since the last assessment?

The 2019 CHA improves upon the 2017 CHA with the following additions:

- More in-depth assessment of the public health system including GIS mapping
- Additional survey questions and data on social factors like interpersonal violence, housing, transportation, income and education that impact health
- Increased engagement of the community via survey, public commenting periods and stakeholder interviews

EXECUTIVE SUMMARY

What is the Pike County Community Health Assessment?

A community health assessment (sometimes called a CHA), also known as community health needs assessment (sometimes called a CHNA) is a comprehensive and systematic data collection and analysis process designed to inform communities on top health needs and priorities to drive effective planning that results in positive change. Evidence based practice indicates multisector collaborations should support shared ownership of all phases of community health improvement, including assessment, planning, investment, implementation, and evaluation to realize healthy communities. The Pike County Health Coalition completed its last assessment in 2015. The previous assessment was reviewed and updated in 2019 with additional data sets added to improve community knowledge and capacity to improve health.

How was the CHA developed?

For the 2019 assessment, the Pike County Health Coalition utilized the Center for Disease Control (CDC) and National Association of City and County Health Officials' (NACCHO) Mobilizing Action through Planning and Partnership (M.A.P.P) processes. M.A.P.P. is a six-phase process that guides the assessment of the community's health needs and development of a community health improvement plan (CHIP). The assessment portion of this process includes a four part strategy focused on collecting qualitative and quantitative data from both primary and secondary sources to identify community themes and strengths, community health status and forces of change in the community, as well as assess the local public health system. More than 600 public surveys, five local stakeholder interviews, were conducted and demographic, socio-economic, health outcomes and factors data were also obtained to create the assessment.

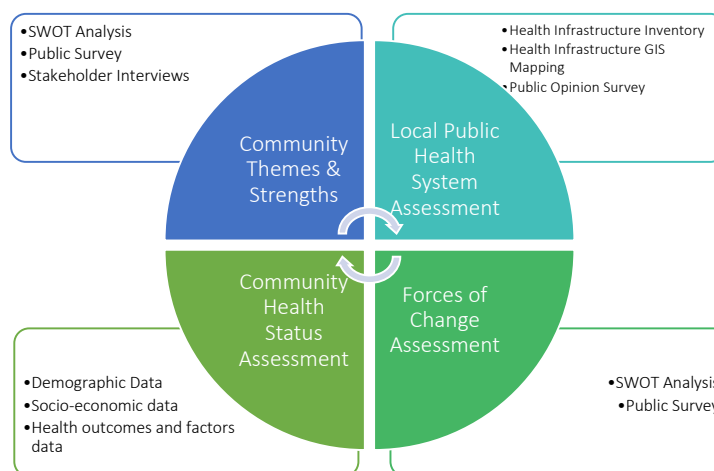


Figure 1: MAPP Four-Part Comprehensive Assessment Process

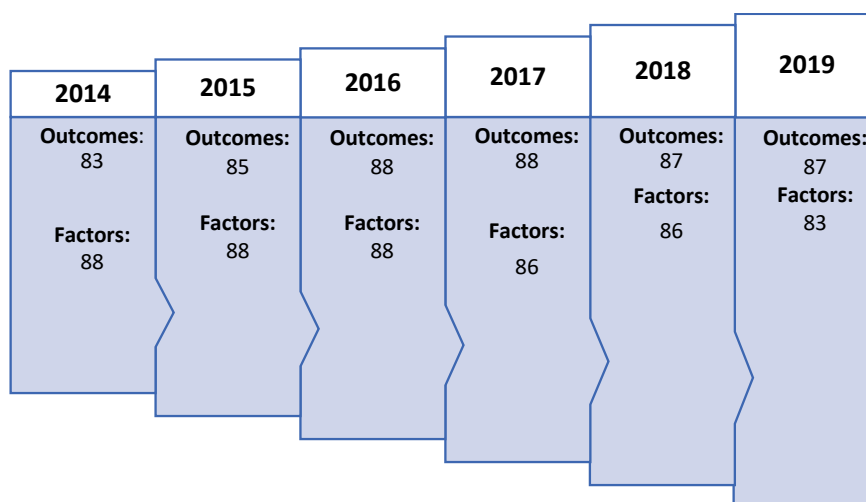


Figure 2: 2014-2019 County Health Rankings

Key Findings

The 2019 CHA process included review of the assessment completed 2017, as well as current County Health Rankings to outline any trends impacting public health. Health outcomes for Pike County continue to be in the very lower quartile of the state in 2019. However, health

factors showed improvement for the first time (Figure 2) signaling that some movement, particularly around clinical services and community resources, was starting to have some impact. Top causes of death remained the same, as did public perception of quality of life issues, health behaviors and top environmental factors.

Highlights of 2019 Community Health Assessment (CHA)

Top health challenges Pike County Residents:

- Obesity
- Back/joint pain
- Depression
- High Blood Pressure

Top health topics that are most important to Pike County families:

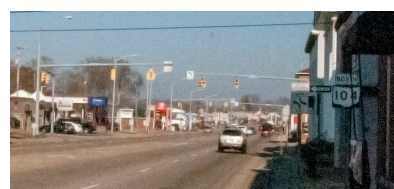
- Drug Abuse
- Cancer
- Obesity
- Mental health
- Stress

Top Pike County Cancer diagnosis:

- Breast
 - Skin
 - Melanoma
 - Cervical
- *No cancer support group offered*
**Most diagnosed between the ages of 45-65*

Understanding of Important Health Habits

- Doing some form of exercise
- Not smoking
- Eating fruits & vegetables
- Brushing & flossing teeth



Most Notable Changes

- Years of life lost continued to increase between 2010-2017.
- Adult obesity continued to increase between 2010-2015 at 37% as compared to Ohio at 32%.

A variety of programs that promote health are coordinated for both adults and youth in Pike County Ohio. Table 1 coordinated in provides a summary of programs promoted in 2016-2019, as well as their engagement and reach.

Other significant data points:

- Most children eat out 1-2x week
- Most children spend up to 2 hours exposed to an electronic device i.e. tv, tablet, phone
- 63% of parents would like children to be have more information on nutrition/exercise
- 93% of parents would like additional information on drug & alcohol prevention to school age children

Table 1: Public and Community Health Promotion Programs

2016-2019 Public and Community Health Promotion Programs	
Car Seat Program-Ohio Buckles Buckeye Program (Pike County General Health District)	63 car seat in 2018
Project Period (Pike County General Health District)	200 packs to schools in 2019
Baby Box Program (Pike County General Health District)	12 baby boxes received in 2018
Safe Communities Event (Pike County General Health District)	8 events and 2 kickoffs
My Plates Program (Pike County General Health District)	Educated 386 students 2018
Smoke-Free Home Pledge Program (Pike County General Health District)	Educated 82 students 2018
Hidden In Plain Sight Program (Pike County General Health District)	Held 4 events w/96 community participants
Walk With A Doc (OSU Extension-Pike County, Adena Health System, Southern Ohio Medical Center and Valley View Health Center)	103 unique participants
Healthy Kids Summer Fun Challenge (with Pike County Libraries)	879 unique participants in 2017, 2018, 2019
Cooking Matters Program (OSU Extension and Adena Health System)	32 total participants in 2018 and 2019
My Plate Education (Pike Healthy Living Initiative)	386

TOP ACCOMPLISHMENTS SINCE THE 2016 CHA

Pike County Drug Coalition completed and started deployment a substance use disorder resource guide for the community.

Data on overdoses and resource guide deployment is recorded and reported monthly at the drug coalition meetings.

OHYES! Survey Instrument will be deployed in two school districts (Scioto Valley and Western) in 2020.

Four community HIPS events have been held since 2018 with 96 total participants.

Tobacco cessation resource guide completed in 2018 and deployed across the community.

Family smoke free home contracts completed in 2018 and offered to all Pike County School districts with 82 total families participating, with more contracts to be deployed in 2019-2020 school year.

MyPlate program guides and plates completed in 2017 and deployed in all Pike County School District 3rd grade classes with a total of 386 students served since 2018.





PURPOSE AND OVERVIEW

Introduction

The term "health" embodies a multi-faceted concept, particularly from a community perspective. An individual's health is measured by the presence and/or severity of illness; whether or not they engage in behaviors that are a risk to their health, and if so, the length of time the behavior has occurred. It can also be measured by asking individuals to report their personal perception of their overall health. The health of an entire community is measured by collecting and compiling individual data. Commonly used measurements of population health status are morbidity (incidence and prevalence of disease) and mortality (death rates). Socioeconomic data is usually included as it relates to the environment in which individuals live. A particular population's level of health is usually determined by comparing it to other populations, or by looking at health related trends over time.

Everyone in a community has a stake in health. Poor health is costly to people trying to maintain employment, and employers pay for it via high rates of absenteeism and higher health insurance costs. Whole communities can suffer economic loss when groups of citizens are ill. As a result, everyone benefits from addressing social, environmental, economic, and behavioral determinants of health.

Health status is closely related to a number of socioeconomic characteristics. Individuals of various socioeconomic status show different levels of health and incidence of disease, while race and culture matter in complex ways. Social and economic variables that have been shown to impact health include income, education, and employment, as well as literacy, language, and culture.

Health literacy is a concept that links a person's level of literacy with their ability to understand and act upon health information and, ultimately, to take control of their health. Individuals with poor health literacy are at risk for poor health outcomes when important health care information is communicated using medical jargon and unclear language that exceed their literacy skills. These individuals can have issues reading and comprehending materials such as prescription bottles, educational brochures, and nutrition labels, thus they are more likely to have higher rates of complications than people who are more literate.

A comprehensive community health needs assessment can provide a better understanding of a population's health needs. Provisions of the Patient Protection and Affordable Care Act (ACA) requires all 501(c) (3) health systems operating one or more hospitals, as well as federally qualified health centers (FQHC's) to complete one every three years. All public health districts are required to complete health needs assessments every five years. The purpose is to provide the health continuum in a community with a foundation for their community health planning and to provide information to policymakers, provider groups, and community advocates for improvement efforts, including the best ways to direct health-related grants and appropriations.



Obtaining information and views from community members is one of the most important aspects of the community health needs assessment. This involves surveying a percentage of the community to determine which health problems are most prevalent and to solicit their ideas concerning strategies to address these problems. It also explores the factors that impact the design of programs and services to effectively address the identified health problems on a broader scope.

The U.S. Department of Health and Human Services established four overarching health goals for the year 2020:

1. *Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.*
2. *Achieve health equity, eliminate disparities, and improve the health of all groups.*
3. *Create social and physical environments that promote good health for all.*
4. *Promote quality of life, healthy development, and healthy behaviors across all life stages.*

To achieve these goals a comprehensive set of objectives were established (Healthy People 2020), with 26 leading health indicators arranged into 12 topics used to set priorities and measure health over a 10-year period. These indicators, selected on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as health issues for the public, influenced the development of the Pike County Health Collaborative's 2019 Community Health Needs Assessment.

PIKE COUNTY HEALTH COALITION

The Pike County Health Coalition is a collaborative, community-based group whose efforts are aimed at improving the quality of life for residents of Pike County. The coalition will continue its collaboration to complete an updated assessment and strategic plan in 2019. The coalition, organized with a memorandum of understanding (MOU), is structured with a steering committee and subcommittees focused on specific health priorities. There is representation from the following agencies:

Pike County General Health District, Adena Health System, Valley View Health Center, Community Action Committee of Pike County, OSU Extension-Pike County, Pike Healthy Lifestyle Initiative (PHLI), Pike County Job and Family Services, Pike County Senior Center, Pike County Children's Services, the Recovery Council, Southern Ohio Medical Center, Paint Valley ADAMH, Pike County YMCA, Pike County Sheriff's Department, Pike County Partnership Against Domestic Violence, Ross-Pike Educational Services District.

U. S. Department of Health and Human Services Health People 2010 Leading Health Indicator Topics

Access to Health Services

Clinical Preventative Services

Environmental Quality

Injury and Violence

Maternal, Infant and Child Health

Mental Health

Nutrition, Physical Activity, and Obesity

Oral Health

Reproductive and Sexual Health

Social Determinants

Substance Abuse

Tobacco

The coalition efforts are driven by a vision of a community where everyone has knowledge of and access to health and wellness resources. Keeping in mind the values of respect, trust, inclusiveness, engagement and communication, the Pike County Health coalition is mission-focused to raise awareness and ultimately improve the health and wellness of the residents of Pike County through the ongoing cooperation and focus of its community leaders, local health care providers, and citizens. By working through socioeconomic issues of Pike County residents, this will be achieved.

For the 2019 CHA, the Pike County Health Coalition utilized the data-driven Mobilizing Action for Planning and Partnership (M.A.P.P.) process developed by the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control (CDC). This six-phase process includes a four-part community health needs assessment, as well as an in-depth analysis of current community trends, gaps, and resources with which to comprehensively evaluate the current state of health in Pike County and to prioritize key public health issues. This data will be used to develop the community health strategic plan.

Planning Process

The 2019 Community Health Needs Assessment was completed through a comprehensive process of data collection and evaluation utilizing the M.A.P.P. process. The data for this report reflects only Pike County. Both qualitative and quantitative data were collected from primary and secondary sources. Data was collected in a total of four categories (Figure 3): Community Themes and Strengths; Local Public Health System; Community Health Status; and Forces of Community Change. This information was compiled and evaluated by the Pike Health

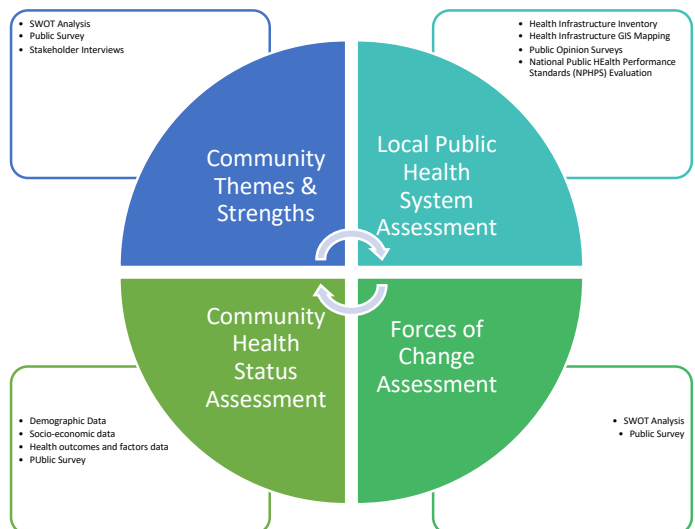


Figure 3: MAPP Four-Part Comprehensive Assessment Process

Coalition hospital and public health work teams in order to finalize specific health-related priorities. The published assessment completed as part of these efforts is intended to inform decision makers and funders about the challenges Pike County faces in improving community health, and the priority areas where support is most needed. The information is also intended to be useful as a planning tool for community organizations.



Methods

Quantitative and qualitative methods were used to collect information for this assessment. 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 as a whole. In addition, an inventory of all the community's health related infrastructure was taken and mapped utilizing GIS technology. Qualitative data for this report was collected to provide greater insight into the issues experienced by the population. Data includes opinions expressed from a widely distributed community health survey - which received more than 600 responses - as well as community stakeholder interviews and two community focus groups.

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). These 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 were a community survey, key stakeholder interviews and community focus groups.

Community Questionnaire

A questionnaire was developed for the general public, which queried respondents about the most important health needs, common barriers, and habits they used to maintain their own personal health (*See Appendix*). The survey was distributed in hard copy by member agencies and community partners to a variety of locations in Pike County where the groups of interest would best be reached. These included local food banks, social service providers, community health clinics, public health department, and Adena Health System physician offices. In addition, the survey was made available broadly through an electronic Survey Monkey. Notices about the online version with its link were posted on member agency's websites, social media pages, published via social media emailed to members of local business, government, civic groups, schools, and universities. All of the hard-copy survey data was entered into the electronic Survey Monkey by Health Department and Adena Health System staff.

Stakeholder Interviews

An interview script was developed for the community leaders in the public private sector, which asked participants their opinions about the community's strengths, major challenges and what is needed to improve the health of the community (*See Appendix*). A total of five stakeholders were interviewed by two to three representatives from the Pike Health Coalition work team. Responses were then reviewed for themes and consensus results.

Focus Groups

An interview script was developed to guide facilitation of two community focus groups held in Pike County. One focus group was held at the Shyville Senior Living Apartments in Piketon Ohio. The other focus group was held at the Scioto Paint Valley Mental Health Center in Waverly, Ohio. Each cohort was provided voluntary option to participate in the group and asked the same questions related to their health experiences and what they believed was needed in the community to improve health. Notes were taken to document the conversations and later utilize to identify themes from participant responses.

2016 CHIP PROGRESS REPORT

The Pike County Health Coalition completed its last collaborative community health needs assessment (CHNA) in 2016. As part of the 2016 CHA, the coalition identified great need around a number of health issues in the Pike County community. However, the group decided, due to limited capacity of participating agencies, to focus on three specific issues where they could build infrastructure and programming that would impact top health concerns. This included improving systems, creating collaborations and seeking resources to increase community capacity to improve health.

Process

The Community Health Improvement Plan (CHIP) was developed in cooperation with The Pike County Health Coalition (PCHC). Due to consistently low ratings in the County Health Rankings over the last five years, the Pike County General Health District has been working with PCHC to develop priorities and strategize desired outcomes.

The Pike County General Health District integrated a framework with the PCHC to distinguish CHIP priorities. The Mobilizing for Action through Planning and Partnerships (MAPP) framework is

a community-driven strategic planning tool for improving community health. The six MAPP phases are organizing, visioning, assessments, strategic issues, goals/strategies, and action cycle.

Priorities

On August 25, 2017, a small group from the PCHC came together to set priorities for the CHIP and to fulfill a grant deliverable. The Pike County General Health District was instrumental during this process and county priorities were aligned with the State Health Improvement Plan (SHIP). These priorities were also based upon the survey that Pike County residents completed as part of the Community Health Assessment. The SHIP priorities consisted of the following: mental health and substance abuse, chronic disease, and maternal and infant health.

After deciding to align with the SHIP priorities, the following health factors were selected:

- Drug Abuse
- Tobacco
- Obesity

Based upon the SHIP and CHA, it was decided that these three priorities would be the focus of the 2017 CHIP (Figure 4).

After selecting the priorities, three subcommittees were formed from the PCHC to focus their efforts on making progress in each of these areas. The Pike County Drug Abuse Prevention and Re-entry Coalition would take on the drug abuse priority, the Smoking Cessation Committee would lead the smoking priority, and the Pike Healthy Lifestyle Initiative would spearhead the obesity priority. Each subcommittee would have a member from the Pike County General Health District to guide, monitor, and assist in the development of the strategies necessary to measure performance of the priorities. The following outlines the specific goals and objectives developed around each priority, as well as the progress that has been made to date in each area.

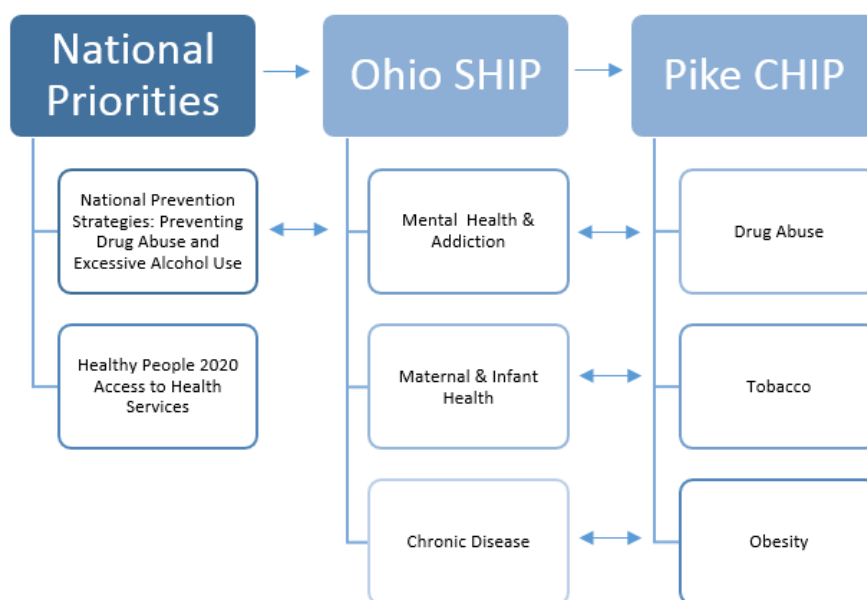


Figure 4: Pike County CHIP Health Priorities - 2017

PROGRESS: Drug Abuse

Priority #1: Drug Abuse The drug abuse epidemic is of national, state, and local concern. Drug abuse negatively impacts our community socially, economically, genetically, and environmentally.				
Goal 1: Reduce drug abuse in Pike County residents.				
Key Measure(s): Increase the percentage of adolescents who never use illicit drugs. Local Data Source: Pike County Community Health Assessment				
Objectives	Measure	Action Steps	Timeframe	Progress To Date
Objective 1: Implement a resource guide and distribute among the residents of Pike County.	1) # of guides distributed Baseline 0 2) Goal: Reach 10% of Pike County residents with resource guide. Population 28,709. Reach 2,870 citizens. Baseline 0 3) Data Source: PCGHD social media analysis, newspaper circulation, etc. as percentage of total population	1) Develop resource guide. 2) Share and educate community partners on resource guide. 3) Establish plan for distribution of guide 4) Develop timeline for reporting back and data analysis	Start: Jan. 1 st 2018 End: Dec. 31 st 2020	Resource guide completed in 2018 and currently in distribution across the community. Communication plan still in development. Data is recorded and reported monthly at the drug coalition meetings.
Objective 2: Implement PRIDE survey or similar instrument in the Pike County School Districts.	1) # of surveys completed Baseline: 0 2) Goal: Receive surveys from 60% of 7th graders enrolled in county schools Baseline 0 3) Data Source: Surveys returned from schools	1) Determine survey instrument to be used 2) Contact Pike County School Districts and educate partners 3) Have students complete and collect surveys 4) Analyze data	Start: Jan. 1 st , 2019. End: Dec. 31 st , 2020.	OHYES! Survey Instrument selected in 2018. Two school districts (Scioto Valley and Western) have agreed to deploy survey in 2020.

Objective 3: Implement HIPS program.	1) # of participants Baseline: 0	1) Contact stakeholders in community for participation. 2) Develop pre and post tests 3) Explore funding options to support sustainability. 4) Monitor program for success	Start: Jan. 1 st , 2019. End: Dec. 31 st , 2020.	Four community events have been held since 2018 with 96 total participants.
	2) Goal: 250 parents/guardians participate Baseline: 0			
	3) Date Source: Pre and post-tests returned			

PROGRESS: Tobacco

Priority #2: Tobacco Tobacco use continues to create unhealthy lifestyles for the residents of Pike County. Health risks associated with smoking and tobacco use include cancer, heart disease, low birth weight babies, and stroke. These health conditions are among the top health challenges for Pike County residents.				
Goal 1: Reduce tobacco rates in adults for Pike County residents.				
Key Measure(s): Decrease the smoking rates in adults from 34.6% to 29.6%. Local Data Source: Pike County Community Health Assessment				
Objectives	Measure	Action Steps	Timeframe	Progress
Objective 1: Implement a resource guide for tobacco cessation to distribute among Pike County residents.	1) # of guides distributed Baseline 0 2) Goal: Reach 10% of Pike County residents with resource guide. Population 28,709. Reach 2,870 citizens. Baseline 0 3) Data Source: PCGHD social media analysis, newspaper circulation, etc. as percentage of total population	1) Develop resource guide. 2) Share and educate community partners on resource guide. 3) Establish plan for distribution of guide 4) Develop timeline for reporting back and data analysis	Start: Jan. 1 st 2018 End: Dec. 31 st 2020	Resource guide completed in 2018 and deployed across the community.
Objective 2: Implement a smoke free home contract for parent/students and families.	1) # of contracts returned Baseline 0 2) Goal: Receive contracts from 60% of 5th graders enrolled in county schools Baseline 0 3) Data Source: Number of contracts returned	1) Develop contract 2) Contact Pike County School Districts and educate partners 3) Have students complete and collect contracts 4) Incentive for returned contracts	Start: Jan. 1 st , 2017. End: Dec. 31 st , 2020.	Contract completed in 2018 and offered to all Pike County School districts with 82 total participants. Contracts to be redeployed in 2019-2020
Objective 3: Implement a yearly six week smoking cessation class from The American Lung Association's Freedom From Smoking program with nicotine replacement directives.	1) # of participants Baseline 0 2) Goal: 5 residents participate 3) Data Source: Number of residents tobacco free & feedback from program	1) Determine the need for the program 2) Share event with community 3) Have interested residents complete program 4) Feedback & successful completion for program	Start: July. 1 st , 2019 End: Dec. 31 st , 2020.	

PROGRESS: Obesity

Priority #3: Obesity Obesity is a growing problem in Pike County. Exercise and nutrition were identified as key topics of interest by the residents of Pike County.				
Goal 1: Reduce the obesity rate in Pike County.				
Key Measure(s): Decrease the obesity rate by 29.1% to 25.1%. Local Data Source: Pike County Community Health Assessment				
Objectives	Measure	Action Steps	Timeframe	Progress
Objective 1: Improve, increase, and sustain the current MY PLATES program among Pike County 3 rd students.	1) # of students participated Baseline: 0	1) Develop a program guide.	Start: March, 1 st 2018	Program guide completed in 2017 and deployed in all Pike County School District 3 rd grade classes with a total of 386 students served since 2018.
	2) Goal: 60% of 3rd graders complete program Baseline: 0	2) Educate 3 rd grade teachers and students on program guide.	End: Dec. 31 st 2020	
	3) Data Source: Tracking form, number of student participants	3) Distribute and implement guide.		
Objective 2: Develop a Nutritional/Activity resource guide for the residents of Pike County.	1) # of guides distributed Baseline 0	1) Develop resource guide.	Start: Jan. 1 st , 2018.	Nutritional and activity resources guide for Pike County residents is still in development.
	2) Goal: Reach 10% of Pike County residents with resource guide. Population 28,709. Reach 2,870 citizens. Baseline 0	2) Share and educate community partners on resource guide.	End: Dec. 31 st , 2020.	
	3) Data Source: PCGHD social media analysis, newspaper circulation, etc. as percentage of total population	3) Establish plan for distribution of guide 4) Develop timeline for reporting back and data analysis		

COMMUNITY PROFILE

Pike County, Ohio

Pike County is located in rural, south central Ohio (Figure 2) and is one of Ohio's 32 Appalachian counties. The county covers 444 square miles, of which only about five percent is used for residential, commercial or industrial purposes (Ohio Development Services Agency 2018). Over 64% of the land is forested and another 9% is farmland. The remaining 15% is pasture.

Pike County is rich in natural resources, particularly timber which contributes to the leading industrial sector for the county, goods producing services. In addition, the local healthcare system, senior living and care facilities and the local school systems provide the most employment opportunities in the county.

The population of Pike County is 28,067 (U.S. Census Bureau 2018). Approximately 4,270 live in the county seat, Waverly. It is part of the 2nd Congressional District and contains the population patterns and distinct economic conditions inherent of the Appalachian region of the U.S. These include challenges such as low educational attainment, limited economic diversification and growth.

Poverty levels are considerably high in the region with more than 14% of families living below the federal poverty level. Approximately 55% of households in Pike County earn less than \$50,000 per year. Educational attainment is also considerably lower than the state and national averages with approximately 13% having a four year college degree or higher.



Figure 5: Pike County, Ohio

Community Snapshot

Population: 28,067 (population declining)

Percent with four year college degree or higher: 13%

Median household income: \$43,562

Families living below poverty level: 14%

Median gross rent: \$665

2018 Unemployment Rate: 5.8%

Largest industrial sector: Goods Producing, 8,287 jobs (top three sectors natural resources, mining, construction)

2019 Data Review

The Pike County Health Coalition collected a variety of data during 2019 to complete the Community Health Assessment (CHA). This data included both qualitative and quantitative data from both primary and secondary sources.

Qualitative data included survey, key stakeholder interviews and public data was offered via the Pike County General Health District social media sites. Internet and social media sites were utilized to post the survey and public comment information. Both electronic and paper copies of the surveys were collected at local healthcare and social service delivery sites, as well as via social media sharing from Partners agencies. All paper copies of the survey were input into the electronic system by employees of the Pike County General Health District and the Adena Health System. In-person interviews were completed for the stakeholder interviews. The interviewees were determined

by the Steering Committee considering their involvement and association with Pike County Health Coalition and their related perspective. More than 600 surveys were collected from the general public. Response to both primary and secondary.

Quantitative data included demographic, socio-economic, health status, health behavior, health outcomes and factors data from multiples sources. These sources included the Ohio Department of Health, the U.S. Census Bureau, and the Ohio Development Services Agency, as well as the local Pike County General District, local law enforcement, the Adena Health System, and the Ohio Department of Job and Family Services, among others. In addition, new data, including a health inventory and life expectancy mapping, as well as GIS mappings were included in this assessment. Life expectancy data by census was also collected and mapped as part of this portion of the data collection (Figure 6).

COUNTY HEALTH RANKINGS

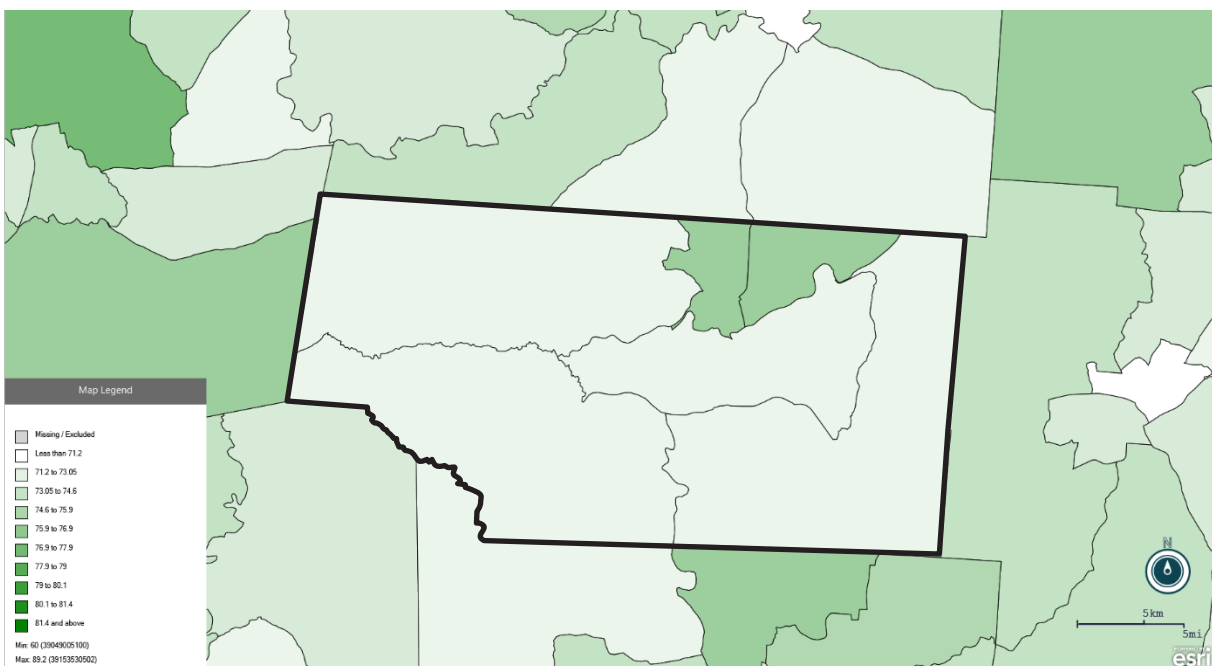


Figure 6: Life Expectancy by Census Tract, Pike County, Ohio

COUNTY HEALTH RANKINGS

The economic and educational challenges experienced in Pike County and the surrounding region have been correlated to declining health. Many southern Ohio counties, including Pike County, are considered some of Ohio's unhealthiest. A 2019 report published by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, County Health Rankings: Mobilizing Action Toward Community Health outlines the health outcomes and factors impacting health of Pike County residents.

In overall positive health outcomes, the State of Ohio ranked low nationally. All 88 counties in Ohio were then ranked both related to health outcomes and health factors. Rates of death from heart disease, lung cancer, and pulmonary-respiratory disease are all above state and national averages. Pike County is currently ranks 87th out of 88 counties for health outcomes and 83rd for health factors, which is an improvement over recent years.

Pike County has stayed relatively the same over the last several years in terms of health outcomes and health factors and haven't shown significant

improvement. Access to healthcare has improved. Socio-economic conditions such as employment and educational attainment have also improved slightly. Clinical care is now performing very well and has Pike ranked 44th in the state of Ohio. All of which have improved overall ranking for health factors and would indicate eventual improvements in health outcomes. Opportunities exist to improve early death related to accidents (drug overdoses and traffic fatalities), as well as improving social support, mental health and health behaviors like drinking and smoking.

What is most notable in the 2019 public survey are the significant additions to the survey.

Additional data sets regarding health behaviors and experiences were added to the 2019 CHA. In addition, inventory of the health continuum, including GIS mapping, was also added for the assessment to provide a visual for resource disparities. Focus groups and stakeholder interviews were also added to broaden community input on the health needs of the community. The public health system was also evaluated utilizing the National Public Health Performance Standards Assessment.

2014	2015	2016	2017	2018	2019
Outcomes: 83	Outcomes: 85	Outcomes: 88	Outcomes: 88	Outcomes: 87	Outcomes: 87
Factors: 88	Factors: 88	Factors: 88	Factors: 86	Factors: 86	Factors: 83

Figure 7: 2014-2019 County Health Rankings, Pike County, Ohio

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Pike (PK) 2019 Rankings

County Demographics

	County	State
Population	28,270	11,658,609
% below 18 years of age	23.8%	22.3%
% 65 and older	17.6%	16.7%
% Non-Hispanic African American	1.0%	12.5%
% American Indian and Alaskan Native	0.6%	0.3%
% Asian	0.3%	2.3%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	1.1%	3.8%
% Non-Hispanic white	95.3%	79.1%
% not proficient in English	0%	1%
% Females	50.2%	51.0%
% Rural	74.2%	22.1%

	Pike County	Error Margin	Top U.S. Performers ^	Ohio	Rank (of 88)
Health Outcomes					87
Length of Life					87
Premature death	12,400	10,900-13,900	5,400	8,500	
Quality of Life					81
Poor or fair health **	19%	18-19%	12%	17%	
Poor physical health days **	4.3	4.1-4.5	3.0	4.0	
Poor mental health days **	4.4	4.2-4.6	3.1	4.3	
Low birthweight	9%	8-10%	6%	9%	
Additional Health Outcomes (not included in overall ranking)					
Life expectancy	73.4	72.3-74.5	81.0	77.0	
Premature age-adjusted mortality	580	530-630	280	400	
Child mortality	70	40-110	40	60	
Infant mortality	10	6-15	4	7	
Frequent physical distress	13%	13-14%	9%	13%	
Frequent mental distress	14%	14-15%	10%	14%	
Diabetes prevalence	13%	10-17%	9%	12%	
HIV prevalence	81		49	213	
Health Factors					83
Health Behaviors					85
Adult smoking **		23-25%	14%	23%	
Adult obesity		32-44%	26%	32%	
Food environment index	7.1		8.7	6.7	
Physical inactivity	29%	23-35%	19%	25%	
Access to exercise opportunities	48%		91%	84%	
Excessive drinking **		16-17%	13%	19%	
Alcohol-impaired driving deaths		7-25%	13%	33%	
Sexually transmitted infections	191.4		152.8	520.9	
Teen births		46-58	14	26	
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	17%		9%	15%	
Limited access to healthy foods	7%		2%	7%	
Drug overdose deaths	46	33-63	10	37	
Motor vehicle crash deaths	23	17-30	9	10	
Insufficient sleep	39%	37-40%	27%	38%	
Clinical Care					44
Uninsured		7-9%	6%	7%	
Primary care physicians			1,050:1	1,300:1	
Dentists	2,570:1		1,260:1	1,620:1	
Mental health providers			310:1	470:1	
Preventable hospital stays			2,765	5,135	
Mammography screening	37%		49%	41%	
Flu vaccinations			52%	47%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	9%	8-11%	6%	8%	
Uninsured children	4%	3-6%	3%	4%	
Other primary care providers	2,827:1		726:1	1,161:1	
Social & Economic Factors					85
High school graduation	89%		96%	85%	
Some college		40-54%	73%	65%	
Unemployment			2.9%	5.0%	
Children in poverty		22-39%	11%	20%	
Income inequality	4.6	4.0-5.3	3.7	4.8	
Children in single-parent households	42%	32-52%	20%	36%	
Social associations	10.3		21.9	11.2	
Violent crime	82		63	293	

	Pike County	Error Margin	Top U.S. Performers ^	Ohio	Rank (of 88)
Injury deaths		94-129	57	82	
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth			4%	6%	
Median household income	\$43,500	\$38,000-49,000	\$67,100	\$54,100	
Children eligible for free or reduced price lunch	74%		32%	39%	
Residential segregation - Black/White	67		23	69	
Residential segregation - non-white/white	31		15	58	
Homicides	8	4-13	2	6	
Firearm fatalities	18	12-27	7	12	
Physical Environment					36
Air pollution - particulate matter **	10.5		6.1	11.5	
Drinking water violations	No				
Severe housing problems		15-21%	9%	15%	
Driving alone to work	84%	80-88%	72%	83%	
Long commute - driving alone	37%	32-43%	15%	30%	
Additional Physical Environment (not included in overall ranking)					
Homeownership	69%	65-72%	80%	66%	
Severe housing cost burden	11%	8-13%	7%	13%	

^ 10th/90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data

Demographic Characteristics

A profile of Pike County and its residents was formulated by collecting publicly available data such as vital statistics, economic, and education data. Research shows that sociological and economic factors affect health in complicated ways, so it is understood that this information must be reviewed with public opinion data (provided in the next section) to develop a clear understanding of the state of health of a particular community. The following tables describe the population in relation to diversity.

Population Size and Growth

The current total population of Pike County is estimated at 28,067. This is a more than 2% decline since 2010. This is significantly less growth than what is currently seen in Ohio as a whole and across the U.S.

Age, Sex, Ethnicity, Immigration, Veterans Disability Status

Pike County, Ohio has limited diversity among its population, with more than 95% of residents being white/Caucasian. Approximately 17% of the population is over the age of 65. The veteran population is comparable to the rest of Ohio at approximately 8%. More than 22% of the population has a disability which is considerably higher than Ohio (14%) and the rest of the U.S. (13%).



Table 2: Pike County Ohio Population Patterns

Year	Pike County	Ohio	U.S.
2010	28,709	11,536,504	308,745,538
2015	28,244	11,617,850	320,742,673
2018 (est.)	28,067	11,689,442	327,167,434
Percent Change	-2.24%	1.33%	5.97%

Source: U.S. Census Bureau, 2018

Information was found from Table PEPANNRES: Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2018

Table 3: Pike County, Ohio Population, Age, Race and Gender

Population Demographics		Pike	Ohio	U.S.
Age	Total Population	Percent	Percent	Percent
	0-17 Years	23.5%	22.6%	22.9%
	18-24 Years	8.0%	9.4%	9.7%
	25-44 Years	23.9%	24.9%	26.4%
	45-64 Years	27.9%	27.3%	26.1%
	65 years or more	16.8%	15.9%	14.9%
Race & Ethnicity	Total Population	Percent	Percent	Percent
	African American	1.2%	12.3%	12.7%
	Asian	0.1%	2.0%	5.4%
	Hispanic	1.0%	3.6%	17.6%
	American Indian/ Alaska Native	0.4%	0.2%	0.8%
	Native Hawaiian/ Pacific Islander	0.0%	0.03%	0.2%
	White	95.9%	81.9%	73.0%
	Other	.4%	0.9%	4.8%
	Two or more races	2.0%	2.7%	3.1%
Gender	Total Population	Percent	Percent	Percent
	Male	49.8%	49.0%	49.2%
	Female	50.2%	51.0%	50.8%
Foreign Born	Total Population	0.2%	4.3%	13.4%
Veterans	Total Population	8.2%	8.4%	7.7%
Disabilities	Total Population	Percent	Percent	Percent
	Any age	22.5%	13.8%	12.6%
	Under the age of 18	8.8%	5.0%	4.2%
	Ages 18-64 years of age	22.7%	11.9%	10.3%
	Over the age of 65	41.7%	34.8%	35.5%

Source: U.S. Census Bureau; 2013-2017 American Community Survey

Household and Location

The average household size in Pike 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 (74.2%) of Pike 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. Half (50%) of children under the age of 18 are being raised by grandparents or other family members.

Table 4: Pike County, Ohio Household Information

Families and Living Arrangements	Size and Status	Pike County	Ohio	U.S.
Households₁	Total Households	11,033	4,633,145	118,825,921
	Average Household Size	2.52	2.44	2.63
	Families With Children (under 18 years of age)	25.6%	26.7%	28.2%
	Children Raised by Grandparents/Other Family (under 18 years of age)	50.1%	44.0%	35.5%
	Female Led Households With Children (under 18 years of age)	5.3%	7.2%	6.8%
Marital Status₂	Never Married Males	30.8%	35.0%	36.3%
	Never Married Females	20.1%	29.0%	30.1%
	Now Married Males	48.1%	49.7%	49.9%
	Now Married Females	49.5%	46.5%	46.6%
	Divorced Males	14.1%	10.9%	9.5%
	Divorced Females	16.7%	13%	12.1%
Location₃	Urban	25.8%	77.9%	80.7%
	Rural	74.2%	22.1%	19.3%

Source: U.S. Census Bureau, 2013-2017 ₁

Source: 2013-2017 American Community Survey (US Census Bureau) ₂

Source 3: U.S. Census Bureau, 2010 Decennial Census

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 Pike County resident is 73.4 years of age which is lower than the average age of an Ohioan (77 years of age) or those that live in some of the U.S.'s healthiest communities (81 years of age).

Premature Death

The premature death rate in Pike County Ohio is considerably higher (12,400) than Ohio (8,500) as well as the U.S. (5,400). Some related factors, like suicide, infant and child mortality contribute. Rates for these factors are much higher than state and national statistics.

Table 5: Premature Death in Pike County, Ohio

	Pike County	Ohio	U.S.
Premature death rate	12,400	8,500	5,400
Suicide	21	13.5	13.1
Infant Mortality	10	6	4
Child Mortality	70	60	60

Source: County Health Rankings, 2019

Leading Causes of Death

The three leading causes of death in Pike County are heart disease, cancer (all kinds), chronic lower respiratory diseases and unintentional injuries. The rate of death for each of these conditions is significantly higher than state and national averages.

Table 6: Leading Causes of Death in Pike County

Age-Adjusted Cause of Death (rate per 100,000)	Pike County ₁	Ohio ₁	U.S. ₁	2016-2017 Pike County ₂ (crude rate per 100,000)
Heart Disease	207.0	187.5	167.7	272.9
Cancer	186.5	171.2	159.4	246.3
<i>Trachea, Bronchus and Lung Cancer</i>	65.9	44.1	40.9	85.1
<i>Prostate Cancer</i>	N/A	12.2	7.8	Unreliable
<i>Colorectal Cancer</i>	N/A	11.1	14.3	
<i>Breast Cancer</i>	N/A	12.2	11.4	Unreliable
Unintentional Injury	80.0	56.3	43.2	101.0
Chronic Lower Respiratory Diseases	88.7	48.9	41.2	125.8
Stroke	40.9	40.9	37.0	49.6
Diabetes	20.1	25.4	24.4	Unreliable
Total Death Rate	1,055.0	824.9	730.4	1,283.0

Source: Centers for Disease Control and Prevention, 2012-2017, CDC Wonder, 2012-2017, obtained from:
<https://wonder.cdc.gov/>

POPULATION HEALTH

The prevalence of certain health conditions as well as disease can provide insight to leading causes of death in a population in a particular region. They can also indicate what health behaviors are most prevalent among a population.

Obesity and Related Issues

More than 38% of Pike County's adult residents are considered obese. Obesity rates are considerably higher than state (32%) and national averages (31%). The percentage of the population with other health conditions – diabetes, high cholesterol, high blood pressure and heart disease – is also higher than state and national averages.

Table 7: Obesity, Diabetes, Blood Pressure and Heart Disease in Pike County

Illness and Disease	Pike County	Ohio	U.S.
Obese ²	38%	32%	31%
Diabetes ³	13%	12%	9%
High Cholesterol	35%	37%	22%
High Blood Pressure	33%	28%	23%
Heart Disease	50%	48%	47%

Source: Centers for Disease Control and Prevention, 2016

Source 2: 2015 BRFSS Data, as compiled by County Health Rankings, 2019

Source 3: CDC, Diabetes Atlas, 2015

Respiratory Issues

Pulmonary and respiratory issues are also prevalent in Pike County. More than 23% of the population experiences asthma, which is considerably higher than state (13.8%) and national (13.4%) averages. COPD prevalence is also considerably higher than state and national averages.

Table 8: Asthma and COPD in Pike County

Illness and Disease	Pike County	Ohio	U.S.
Asthma	23.3%	14.2%	8.3%
COPD	11.5%	7.6%	6.4%

Source: Center for Disease Control and Prevention, 2016

Source: Ohio Department of Health Vital Statistics 2016

Cancer

Of all cases of cancer in Pike County, breast cancer, lung and prostate cancer are most often reported. The rate of breast cancer occurrence in Pike County (134.1) is higher than state (126.2) and national (126) averages. The rates of prostate cancer, while one of the leading cancers, are less than state and national averages. The incidences of lung and cervical cancer however are considerably higher than state and national averages.

Table 9: Pike County Cancer Incidence Rates per 100,000 (2011-2015)

Forms of Cancer	Pike County	Ohio	U.S.
Breast Cancer	134.1	126.2	126.0
Cervical	15.5	7.6	7.4
Lung Cancer	92.6	69.3	54.6
Colon and Rectum	42.5	41.7	39.4
Prostate	75.2	108.0	112.6
Ovarian	10.8	11.4	11.6
Testicular	5.6	5.6	5.7
Oral Cavity & Pharynx	10.0	11.7	11.3
Larynx	7.6	4.1	3.0
Esophagus	5.9	5.1	4.2
Brain	5.6	6.9	6.4

Source: Ohio Department of Health County Cancer Profile 2017

Source: Ohio Department of Health, Ohio Cancer Atlas 2019, obtained from:

https://odh.ohio.gov/wps/wcm/connect/gov/9047e9b6-2e98-4f9a-b7fa-d3ffd6397b20/Ohio+Cancer+Atlas+2019.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-9047e9b6-2e98-4f9a-b7fa-d3ffd6397b20-mEhAtCQ

Sexually Transmitted Disease

The overall rate of occurrence for sexually transmitted disease in Pike County, Ohio is considerably lower than state and national averages.

Table 10: Pike County Sexually Transmitted Diseases

Sexually Transmitted Diseases	Pike County	Ohio	U.S.
Chlamydia (rate per 100,000)	191.4	520.9	497.3
Gonorrhea (rate per 100,000)	28.4	176.4	174.0
HIV prevalence (rate per 100,000)	97.7	217.6	365.5
Hepatitis C (rate per 100,000)	N/A	1.6	1.0
Hepatitis A (rate per 100,000)	N/A	0.3	0.6

Source: Centers for Disease Control and Prevention, National Centers for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2016, obtained from: <https://www.cdc.gov/nchhstp/atlas/index.htm>

Maternal Health

The rate of low birth weights in Pike County are comparable to the state average. The rate of smoking during pregnancy is significantly higher (27.7%) than the rest of Ohio (14.4%). The number of women receiving prenatal care within their first trimester of pregnancy is considerably lower (60.1%) than the rest of Ohio (83%).

Table 11: Maternal Health in Pike County

Maternal Health	Pike County	Ohio
Low Birth Weight	7.7%	7.1%
Very Low Birth Weight	N/A	1.5%
Pre-term Birth	10.6%	6.5%
First Trimester Prenatal	60.1%	83%
Unmarried	51.1%	43%
Smoking During Pregnancy (2016) ²	27.7%	14.4%

Source: Ohio Department of Health, Data Warehouse 2017

Source 2: Ohio Department of Health, Ohio State Health Assessment: obtained from:

https://analytics.das.ohio.gov/t/ODHPUB/views/SHA_DRAFT_Domain_PopHealth/10_PopHealth?linktarget=self&isGuestRedirectFromVizportal=y&embed=y

Birth Rate

The crude rate of birth in Pike County is similar to the state average and slightly below national average. The rate of teen births per 100,000 is significantly higher than the state and national rates.

Table 12: Birth Rates in Pike County

	Pike County	Ohio	U.S.
Birth Rates			
Total Births	350	136,890	3,855,500
Teen Birth Rates (Ages 15-19)	61.3	38.5	18.8
Crude Birth Rate	12.4	11.8	12.0

Source 2: CDC Wonder, 2017 Natality

Source Ohio Department of Health, Vital Statistics 2016

Child Health

A total of 260 children were screened for lead exposure in 2016 with 2.3% testing with elevated blood levels.

Table 13: Child Health in Pike County

	Pike County	Ohio	U.S.
Child Health			
Children lead screened	260	169,547	N/A
Percentage of those with elevated blood levels	2.3% (6/260)	3% (4707/169547)	N/A

Source: Ohio Department of Health, Data Warehouse 2017

Oral Health-Children

Oral health problems for children in Pike County are higher than the rest of state. More than 20% of children have untreated cavities.

Table 14: Oral Health for Children in Pike County

	Pike County	Ohio	U.S.
Oral Health			
Percentage of children with untreated cavities	38.4%	17%	15%
Percentage of children with one or more dental sealants	67.2%	49%	43%
Percent of children with a history of tooth decay	63.5%	51%	43.1%

Source: Ohio Department of Health, 2015-2016

Source: Centers for Disease Control, 2016

Health Behaviors

The prevalence of certain health behaviors can serve as early indicators for a number of health conditions and diseases, as well some causes of death. Nutrition, fitness, and other behaviors for Pike County were researched from public health information, as well as surveyed within the population. According to data from the Centers for Disease Control, more than 28% of Pike County residents are not engaging in enough physical. Alcohol consumption is not as high as other parts of Ohio and the U.S. but smoking prevalence continues to be higher.

Table 15: Health Behaviors in Pike County

Health Behaviors	Pike County	Ohio	U.S.
Physical Inactivity	28.7% (2015)	25%	19%
Fruit/Vegetable Consumption Not Consuming Fruit Daily, 2017	N/A	37.7%	36.6%
Not Consuming Vegetables Daily, 2017	N/A	18.7%	18.1%
Excessive Drinking	17%	19%	13%
Current Smokers	24%	22.5%	16.3%

Source: CDC BRFSS Data, as compiled by County Health Rankings, 2019

Injury

Accidental death is a leading cause of death in Pike County. Closer review reveals drug overdoses and traffic fatalities being the majority of those deaths. Local data is collected through the Pike County Coroner's Office, Pike County General Health District and the local State Highway Patrol Outpost.

Drug Overdose Deaths

Drug overdose deaths continue to be the leading accidental death cause in Pike County Ohio, although community-wide deployment of Narcan has decreased deaths over the last few years. The following table shows the number of deaths since 2016.

Table 16: Unrestrained Traffic Fatalities, Pike County, Ohio

Overdose Fatalities	2016	2017	2018
Opioid Related	3	12	14
Non-opioid related	6	4	5
Total	9	16	19

Source: Ohio Public Health Information Warehouse, Ohio Department of Health

Traffic Safety

In 2016 through 2018, traffic fatalities contributed to accidental death. Most fatalities were due to drivers not wearing seat belts. This trend appears to be continuing with 50% of traffic fatalities involving unbelted drivers in 2018. Preliminary data from the Ohio State Highway Patrol indicates that as of 2019 the trend is continuing to worsen.

Table 17: Unrestrained Traffic Fatalities, Pike County, Ohio

Fatalities	2016	2017	2018
Restrained	0	3	3
Unrestrained	3 (100%)	3(50%)	3(50%)
Total	3	6	6

Source: Ohio State Highway Patrol, 2019

ACCESS TO HEALTHCARE

The Pike County community has one critical access hospital (Adena Pike Medical Center) serving the broader community and is within approximately 25 mile radius of two regional medical centers – Adena Regional Medical Center to the North and Southern Ohio Medical Center to the South. A regional medical center dedicated to serving veterans (Chillicothe VA Medical Center) is also located twenty five miles to the North. The critical access hospital and all other facilities in the region have emergency departments, as well as inpatient psychiatric units. The community also has three community health clinics and a free clinic located at the Pike County General Health District.

Healthcare System Utilization

There is one hospital in Pike County, Adena Pike Medical Center. The 25 bed facility has a Critical Access Hospital designation and provides emergency services. The following provides information utilization of services at the local hospital.

Table 18: Local Hospital Utilization

Services	2018 Utilization
Inpatient Hospital Utilization	125
Emergency Department Utilization	424

Source:

IP/ED Discharges - OHA Insight, CY 2018

Population - 2010 US Census Data

US Utilization - Analysis of American Hospital Association Annual Survey data, 2016, for community hospitals.

US Census Bureau: National and State Population Estimates, July 1, 2016.

Healthcare Service Access

Pike 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.

Table 19: Healthcare Availability in Pike County

Service Access	MUA/MUP	HPSA Primary Care	HPSA Oral Health	HPSA Mental Health
Pike County	Partial	Whole Low Income Population, and Facilities	Whole Low Income Population and Facilities	Geographic Area and Facilities

Source: U.S Department of Health of Health and Human Services, *Health Professional Shortage Area Find*, 2019

Healthcare Provider Access: Primary, Oral and Mental Health Care

Pike County has limited capacity to provide healthcare services. There are currently 3,130 patients for every primary care provider. There are 2,570 patients for every dentist. The number of mental health providers has increased to improve access to mental and behavioral health services. There is now a provider for every 240 patients in Pike County. This ratio is better than Ohio (470:1) and nearing some of the top U.S. performers.

Table 20: Healthcare Provider Access in Pike County

Provider Access	Pike County	Ohio	U.S.
Patient to Provider Ratio			Top U.S. Performers
Primary Care ₁	3,130:1	1,300:1	1,050:1
Oral Health Care ₂	2,570:1	1,620:1	1,260:1
Mental Health Care ₃	240:1	470:1	310:1

Source 1: Area Health Resource File, 2016, as compiled by County Health Rankings and Roadmaps, 2019

Source 2: Area Health Resource File, 2017, as compiled by County Health Rankings and Roadmaps, 2019

Source 3: CMS, National Provider Identification, 2018, as compiled by County Health Rankings and Roadmaps, 2019

Insurance Coverage

More than 10% of the total Pike County population does not have health insurance which is higher than the state average (7.4%) but comparable to the national average. Less than 4% of children in the county do not have insurance which is lower than both the state and national averages that are around 5%. More than half of children in Pike County access healthcare services with Medicaid, which is close to 20% higher than state and national rates.

Table 21: Health Care Insurance Coverage in Pike County

Healthcare Access	Pike County	Ohio	U.S.
Insurance			
Total population without health insurance (under age 65) ₁	10.3%	7.4%	10.5%
Children without health insurance (under the age of 19) ₂	3.4%	4.6%	5.7%
Medicaid			
Insured population using Medicaid ₁	32.4%	21%	20.6%
Children under 18 using Medicaid ₁	54.3%	36.8%	38.6%
Medicaid Births ₂	61.9%	51.8%	47.8%

Source: U.S. Census Bureau, 2013-2017 ₁,

Source: Child and Family Health Services, Ohio Department of Health 2017 ₂

PUBLIC HEALTH AND PREVENTION

A Communicable Disease is an illness caused by microorganisms, such as bacteria, viruses, parasites, and fungi. The route of transmission varies by disease and may include direct contact with contaminated body fluids or excretions, contact with contaminated objects, inhalation of contaminated airborne particles, ingestion of contaminated food or water, or transmission from an animal or vector (re: arthropod) carrying the microorganism (CDC, 2019).

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

The Pike General Health District is responsible for the surveillance and investigation of over 100 different communicable diseases that are reported through a variety of reporting sources including laboratories, physicians, hospitals, infection preventionists, school nurses, or any individual having knowledge of a person suffering from a disease expected to be communicable. Diseases are entered in the Ohio Disease Reporting System (ODRS) by the health department's Infectious Disease Case Manager. This provides immediate access for ODH to document the distribution of disease in Ohio and to assist in identifying disease outbreaks occurring across the state (ODH, 2015).

When communicable diseases are investigated and are determined to be a threat to people and communities in Pike County, the Pike General Health District implements control measures, through health education / awareness, enforcement actions, and interventions to help reduce the spread of communicable diseases. This can be done through a variety of measures and in many times is done with cooperation from our local healthcare network and community stakeholders. Table 22 provides a summary of reports.

Table 22: Communicable Disease Reports 2016-2018, Pike County, Ohio

Pike County Communicable Disease Report	2016	2017	2018
Babesiosis	0	0	0
Chlamydia infection	52	52	68
Ehrlichiosis-Ehrlichia chaffeensis	3	3	3
Gonococcal infection	8	11	23
Haemophilus influenzae (invasive disease)	2	5	2
Hepatitis A	1	0	32
Hepatitis B (including delta) - acute	2	0	1
Hepatitis B (including delta) - chronic	16	9	12
Hepatitis C - acute	4	1	6
Hepatitis C - chronic	164	129	118
HIV/AIDS	0	1	2
Influenza-associated hospitalization	7	24	30
Lyme Disease	0	1	0
Meningitis - aseptic/viral	1	1	1
Meningitis - bacterial (Not N. meningitidis)	0	2	0
Mumps	0	0	0
Pertussis	1	1	0
Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	8	0	3
Varicella	2	3	2
West Nile virus disease (also current infection)	0	0	0

A variety of programs that promote health are coordinated for both adults and youth in Pike County Ohio. Table 1 coordinated in provides a summary of programs promoted in 2016-2019, as well as their engagement and reach.

Table 23: Public and Community Health Promotion Programs 2016-2019

2016-2019 Public and Community Health Promotion Programs	
Car Seat Program-Ohio Buckles Buckeye Program (Pike County General Health District)	63 car seat in 2018
Project Period (Pike County General Health District)	200 packs to schools in 2019
Baby Box Program (Pike County General Health District)	12 baby boxes received in 2018
Safe Communities Event (Pike County General Health District)	8 events and 2 kickoffs
My Plates Program (Pike County General Health District)	Educated 386 students 2018
Smoke-Free Home Pledge Program (Pike County General Health District)	Educated 82 students 2018
Hidden In Plain Sight Program (Pike County General Health District)	Held 4 events w/96 community participants
Walk With A Doc (OSU Extension-Pike County, Adena Health System, Southern Ohio Medical Center and Valley View Health Center)	103 unique participants
Healthy Kids Summer Fun Challenge (with Pike County Libraries)	879 unique participants in 2017, 2018, 2019

Public Health Funding

To provide public health services in Pike County, the financial support of the community is necessary. Funding sources for the health district include: grants, contracts, fees for services, and the most important being a potential 1 mill tax levy. A one mill health tax levy would generate approximately \$457,857.00 and completely remove the financial burden from the municipalities (\$228,929.00 — 1/2 mill).

Public Health Workforce and Accreditation

According to the Ohio Revised Code, each local health district in Ohio must become accredited by July 1st, 2020. Failure to become accredited can result in loss of state and federal funds along with the potential of being absorbed by an accredited health district. The PCGHD applied for accreditation June 1, 2018, along with the eight required work plans.

The Pike County General Health District is in the stage of collecting over 220 documents to submit to the Public Health Accreditation Board by February 28, 2020, while implementing the work plans. The accreditation process is a very time demanding, labor intensive, and expensive process that will require a total team effort to become accredited.

SOCIAL AND ECONOMIC ENVIRONMENT

The Pike County region has many of the same socio-economic conditions prevalent in other part 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 lower. The following provides a breakdown of education, employment, industry, occupations, income and poverty for Pike County and how it compares with the rest of Ohio and the U.S.

Education

Nearly 20% of the adults in Pike County have not graduated from high school. This percentage is higher than both Ohio (10.2%) and national (12.6%) averages. Thirteen percent of the population holds a Bachelor's degree or higher, which is significantly lower than state and national averages.

Table 24: Pike County, Ohio Educational Attainment

Education Level (persons 25 years of age or older)	Pike County	Ohio	U.S.
No High School Diploma	19.7%	10.2%	12.6%
High School Graduate	41.4%	33.6%	27.3%
Some college, no degree	18.7%	20.5%	20.8%
Associate Degree	7.2%	8.5%	8.3%
Bachelor's Degree or Higher	13.2%	27.2%	30.9%

Source: U.S. Census Bureau, 2013-2017

Employment

The unemployment rate in Pike County (5.1%) is higher than the rest of Ohio and the U.S. average. However, nearly half of the population is not in the workforce. This is higher than the state and national averages (36%).

Table 25: Pike County Employment Data

Employment Status	Pike County	Ohio	U.S.
Civilian Labor Force (16 years of age or older)	51.1%	63.1%	63.0%
Employed _a	46.0%	59.1%	58.9%
Unemployed _a	5.1%	4.1%	4.1%
Not in the workforce _a	48.9%	36.8%	36.6%

Source: U.S. Census Bureau, 2013-2017

Industry and Occupations

The private sector provides the majority of the employment opportunities in Pike County with the service sector providing more than 80% of those opportunities. Professional and business services provide the majority (35%) of the service sector jobs, while trade, transportation, and utilities occupations (25%), and education and health services (23%) also provide significant opportunities. The private sector also provides 1,439 jobs in Pike County.

Table 26: Pike County Economics

Industrial Sector	Occupations	Average Employment
Private Sector		8,287
<i>Goods Producing</i>	Natural Resources and Mining	45
	Construction	468
	Manufacturing	1,083
<i>Service Providing</i>	Trade, Transportation and Utilities	1,659
	Information	36
	Financial Services	260
	Professional and Business Services	2,354
	Education and Health Services	1,560
	Leisure and Hospitality	636
	Other Services	186
Public Sector		1,439
	Federal Government	62
	State Government	90
	Local Government	1,287

Source: Ohio Development Services Agency, 2017

Income & Poverty

The per capita, median, and mean household incomes in Pike County are considerably lower than the state and U.S. averages. Poverty rates are also higher than the state and national average. More than 27% of children are living at or below 100% of the Federal Poverty Level (FPL).

Table 27: Pike County Income and Poverty Data

Income & Poverty	Pike County	Ohio	U.S.
Income			
Per Capita Income ₁	\$21,983.00	\$29,011.00	\$31,177.00
Median Household Income ₁	\$43,562.00	\$52,407.00	\$57,652.00
Poverty			
Individuals Below Poverty Status (FPL 100%) ₁	20%	14.9%	14.6%
Children (under 18 years) Below Poverty Status (FPL 100%) ₁	27.1%	21.3%	20.3%
Children Eligible for Free/Reduced Lunch	57.1% ₂	44.9% ₃	52.1% ₃

Source 1 - U.S. Census Bureau, 2013-2017

Source 2 - National Center for Educational Statistics 2015-2016, as compiled by 2018 County Health Rankings

Source 3 - National Center for Education Statistics, 2015-2016, obtained from:

https://nces.ed.gov/programs/digest/d17/tables/dt17_204.10.asp?current=yes

Crime

The rate of both property crime and violent crime in Pike County is significantly less than the rest of Ohio and the U.S.

Table 28: Crime in Pike County

Violent Crime	Pike County	Ohio	U.S.
Property Crime (rate per 100,000 population)	1127.6	2419.1	2362.2
Violent Crimes (rates per 100,000 population)	116.6	297.5	382.9

Source: Federal Bureau of Investigation 2017

PHYSICAL ENVIRONMENT

Information on environmental and community factors - food, air, water, housing and crime - can provide insight into many of the underlying issues that impact the health of a community. Data on food and housing access and security, air and water quality, and safety was collected to inform on the basic needs of Pike County residents.

Air Quality

Ambient air quality monitoring is currently not established in Pike County, Ohio, and therefore not available for review as part of the 2019 Community Health Needs Assessments. Some toxics release inventory emissions inventory (TRI) is available from the EPA to provide some insight into what pollutants are disposed of and/or emitted in the community by local industry, as well car emissions etc. Currently, nitrate compounds disposal information is available for review.

Table 29: Toxics Release Inventory, Pike County, OH 2017

Chemical	Total On-site Disposal or Other Releases	Total Off-site Disposal or Other Releases	Total On- and Off-site Disposal or Other Releases
NITRATE COMPOUNDS	36,000.00	0	36,000.00
Total	36,000.00	0	36,000.00

Source: Environmental Protection Agency, 2017

Water Quality

Only water quality reports for the Village of Waverly were available for this assessment. Sampling tests for bacteriological (coliform), radioactive contaminants (pCi/L), inorganic contaminants (lead, fluoride, copper, nitrate, barium), synthetic organic contaminants including pesticides and herbicides, volatile organic contaminants (trihalomethanes and haloacetic acids), and residual disinfectants (chlorine). The Village of Waverly Water Department did not receive any violations in 2017.

Table 30: Waverly City Water Quality Reports, 2018

SOURCE OF WATER INFORMATION	CONTAMINANTS (UNITS)	MCLG	MCL	LEVEL FOUND	RANGE OF DETECTION	VIOLATION	YEAR SAMPLED	TYPICAL SOURCE OF CONTAMINATION
<p>THE VILLAGE OF WAVERLY HAS TREATED AND TESTED WATER AT ITS PRESENT LOCATION ON 220 EAST SINCE 1969. THE WATER PLANT RECEIVES ITS WATER FROM THE TEAYS VALLEY AQUIFER BY WAY OF THREE 10 FOOT DEEP WELLS. THE RAW WATER IS APPROXIMATELY AT A HARDNESS OF 400 PPM OR 23.4 GRAINS PER GALLON WITH A PH OF 7.2. THE WATER IS PUMPED TO A TANK CALLED A CLARIFIER. THERE IT IS MIXED WITH A LIME SLURRY WHICH RAISES THE PH TO AROUND 10.5. THIS IN TURN REDUCES THE HARDNESS TO AROUND 120-160 PPM OR 7.0 -10.5 GRAINS PER GALLON. FROM THE CLARIFIER IT IS GRAVITY FED TO A RECARBONATION TANK. HERE IT IS MIXED WITH CARBON DIOXIDE. THIS STABILIZES THE WATER TO A PH OF AROUND 8.5. THIS WATER IS THEN RUN THROUGH RAPID SAND FILTERS TO ELIMINATE ANY PARTICLES LEFT OVER FROM THE TREATMENT PROCESS. THEN IT GRAVITY FEEDS TO A 200,000 GALLON CLEARWELL. CHLORINE AND FLUORIDE ARE ADDED FOR BACTERIA AND TEETH RESPECTIVELY. HIGH SERVICE PUMPS THEN PUMP THE FINISHED PRODUCT TO OUR 1.5 MILLION GALLON WATER TOWER ON GRANDVIEW AVE. FROM THERE IT IS PUMPED BY BOOSTER PUMPS TO OUR 1.1 MILLION GALLON WATER TANK ON 220 WEST. BOTH TANKS THEN GRAVITY FEED WATER TO RESIDENTS AND COMMERCIAL SITES FROM BOTH TANKS. WHILE THIS PROCESS IS GOING ON, PLANT PERSONNEL ARE RUNNING TESTS ON THE WATER IN OUR CERTIFIED LAB TO ENSURE WE MEET ALL OF EPA'S GUIDELINES IN THE YEAR OF 2017. THIS MEANT THE TREATMENT AND TESTING OF JUST OVER 2.5 MILLION GALLONS OF WATER FOR OUR COMMUNITY.</p> <p>WHO DO I CALL? PUBLIC PARTICIPATION AND COMMENTS ARE ENCOURAGED AT REGULAR MEETINGS OF THE VILLAGE COUNCIL. THESE MEETINGS TAKE PLACE EVERY 1ST AND 3RD TUESDAY OF THE MONTH AT THE STUDIO LOCATED AT 201 WEST NORTH ST. ALL OTHER QUESTIONS MAY BE ANSWERED AT THE FOLLOWING NUMBERS: BILLING 937.4638 TREATMENT 937.4639 DISTRIBUTION 937.6100</p> <p>THE FOLLOWING IS A LIST OF THE AVERAGES FOR THE YEAR OF THE DIFFERENT PARAMETERS OF THE VILLAGE OF WAVERLY WATER: HARDNESS: 149 PPM OR 9.7 GRAINS PER GALLON TOTAL ALKALINITY: 53 PPM PH: 8.6</p> <p>WEB SITES OF INTEREST CITY OF WAVERLY: www.cityofwaverly.net OHIO EPA: www.epa.state.oh.us STATE OF OHIO: www.ohio.gov</p>	INORGANIC CONTAMINANTS							
	LEAD	0	AL-0.0155 MGL	0.0000 MGL	N/A	NO	2017	CORROSION OF HOUSEHOLD PLUMBING SYSTEMS
	OF 20 SAMPLES, 0 WAS FOUND TO HAVE LEAD LEVELS IN EXCESS OF LEAD ACTION LEVEL OF 15 PPB							
	COPPER	1300	AL-1.300 MGL	0.0127 MGL	N/A	NO	2017	CORROSION OF HOUSEHOLD PLUMBING SYSTEMS
	OF 20 SAMPLES, 0 WAS FOUND TO HAVE COPPER LEVELS IN EXCESS OF THE ACTION LEVEL OF 1300 PPB							
	TOTAL COLIFORM BACTERIA (TC)	0	1	0	N/A	NC	2017	NATURALLY PRESENT IN THE ENVIRONMENT
	FECAL COLIFORM/E. COLI	0	1	0	N/A	NC	2017	HUMAN AND ANIMAL FECAL WASTE
	FLUORIDE (PPM)	4mg/l	4 mg/l	1.02 mg/l	.80 - 2.00 mg/l	NC	2017	EROSION OF NATURAL DEPOSITS. WATER ADDITIVE THAT PROMOTES STRONG TEETH. DISCHARGE FROM FERTILIZER AND ALUMINUM PLANTS
	NITRATE (PPM)	10mg/l	10 mg/l	0.410 mg/l	N/A	NC	2017	RUNOFF FROM FERTILIZER USE. EROSION OF NATURAL DEPOSITS
	BARIUM (PPM)	2mg/l	2 mg/l	.00792 mg/l	N/A	NC	2016	DISCHARGE OF DRILLING WASTES. DISCHARGE FROM METAL REFINERIES. EROSION OF NATURAL DEPOSITS.
	ARSENIC (PPB)	0	10 ug/l	BDL < 3.00 ug/l	0 - 3.00 ug/l	NO	2017	EROSION OF NATURAL DEPOSITS; RUNOFF FROM ORCHARDS; RUNOFF FROM GLASS AND ELECTRONICS PRODUCTION WASTES.
	RADIOLOGICAL CONTAMINANTS							
	COMBINED RADIUM (PCIL)	0	5	<1 PCIL	N/A	NO	2010	EROSION OF NATURAL DEPOSITS
	ALPHA EMITTERS (PCIL)	0	15	<3 PCIL	N/A	NO	2010	EROSION OF NATURAL DEPOSITS
	RESIDUAL DISINFECTANTS							
	TOTAL CHLORINE (PPM)	MRDL=4	MRDL=4	1.65 mg/l	1.00 - 2.00 mg/l	NO	2017	WATER ADDITIVE TO CONTROL MICROBES
	VOLEATILE ORGANIC CONTAMINANTS							
	TRICHALOMETHANES (PPB)	N/A	80 ug/l	26.99 ug/l	21.91 - 32.07 ug/l	NO	2017	BY-PRODUCT OF DRINKING WATER CHLORINATION
	HALOACETIC ACIDS (PPB)	N/A	60 ug/l	2.034 ug/l	1.571 - 2.497 ug/l	NO	2017	BY-PRODUCT OF DRINKING WATER CHLORINATION

Source: Village of Waverly Water Department, Retrieved from <http://www.cityofwaverly.net/Downloads/2017%20CCR.pdf>

Food Access and Insecurity

The food insecurity experienced by Pike County residents is slightly higher (16%) than Ohio and the U.S. as a whole. Nearly one quarter of Pike County households (24.1%) receive SNAP benefits, which is considerably higher than the rest of Ohio (14.2%) and the U.S. (12.6%). There is also less access to grocery stores for Pike County residents.

Table 31: Food Access in Pike County

Food Access	Pike County	Ohio	U.S.
Food Security			
Food Insecure Population ₁	16.0%	14.5% ¹	12.9% ¹
Households receiving SNAP ₂	24.1%	14.2%	12.6%
Number of Food Pantries	10		
Grocery Store Access (establishment rate per 100,000 population) ₂	28.28	29.01	29.72
Fast Food Access (establishment rate per 100,000) ₂	106.04	163.91	172.30

Source 1: Map the Meal Gap, 2019, Food Insecurity Rate, 2017, as obtained from:

https://public.tableau.com/profile/feeding.america.research#!/vizhome/2017StateWorkbook-Public_15568266651950/CountyDetailDataPublic

Source 2: U.S. Census Bureau, 2013-2017 American Community Survey

Housing: Characteristics and Access

While Pike County has a larger percentage of home owners (68.7%) than the rest of Ohio (66.1%) and the U.S. (63.8%), there is a significantly lower rate of HUD housing available to the low income population. Median gross rent is lower than the state and national averages but there nearly the same number of households burdened with the cost of housing (more than 30% of household income). More than 59% of the 12,748 housing units in Pike County are owner occupied.

Table 32: Housing Characteristics Pike County

Housing Characteristics	Pike County	Ohio	U.S.
Rent Average (Table DP04)	\$665	\$764	\$982
Mortgage Average – Average Monthly Owner Cost with Mortgage (Table DP04)	\$1,051	\$1,247	\$1,515
Average Home Value – Owner-occupied units (Table DP04)	\$100,100	\$135,100	\$193,500
Homeownership (Table DP04)	68.7%	66.1%	63.8%
Number of Rentals (Table DP04)	3,448 (31.3%)	1,572,672 (33.9%)	42,992,786 (36.2%)
Average Gross Rent (Table DP04)	\$665	\$764	\$982
Average Home Age	1981 ₂	1967 ₃	1970

Source 1: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Source 2: Ohio Development Services Agency, Pike County Profile 2018, as obtained from:

<https://development.ohio.gov/files/research/C1067.pdf>

Source 3: Ohio Development Services Agency, Ohio Profile 2018, as obtained from:

<https://development.ohio.gov/files/research/C1001.pdf>

Built Environment and Community Resources

Pike County has many resources that impact the health of the community. In 2019 an inventory of these resources was conducted. The results from the inventory were then also mapped utilizing a geographic information system (GIS) provided by the Ross County Soil and Water Department. The mapping (below) provides a visual to demonstrate the limited resources available to 74% of the county's residents living in the rural county areas.

Access to grocery stores that sell fresh fruits and vegetables, fitness facilities other than parks and social support services are very limited to Pike County's rural residents. Access to convenience marts, including those selling alcohol and tobacco products, is much more prevalent making healthier choices more challenging. In addition, there is very limited access to childcare and transportation resources.

Table 33: Health Infrastructure Inventory for Pike County, OH

Health Element	Resource	Total inventoried
Fitness	Parks	9
	Fitness Facilities	9
	Athletic Complexes	11
Nutrition	Food Banks	10
	Fresh Produce Drops	11
	Fast Food Restaurants	34
	Grocery (fresh food)	6
	Grocery (frozen, canned only)	14
	Convenience Stores	31
Wellbeing	Churches	47
	Clubs	6
	Community Centers	6
	Shelters	2
	Social Support and Safety Net	14
	Licensed Childcare Providers	5
Healthcare	Emergency Management Services	8
	Emergency and Urgent Care Services	3
	Dental Services	10
	Primary and Specialty Care Services	10
	Mental Health Services	8
	Hearing Services	2
	Optometric Services	7
	Skilled Nursing Facilities	4
	Pharmacies	8
	Schools/Childcare programs	18

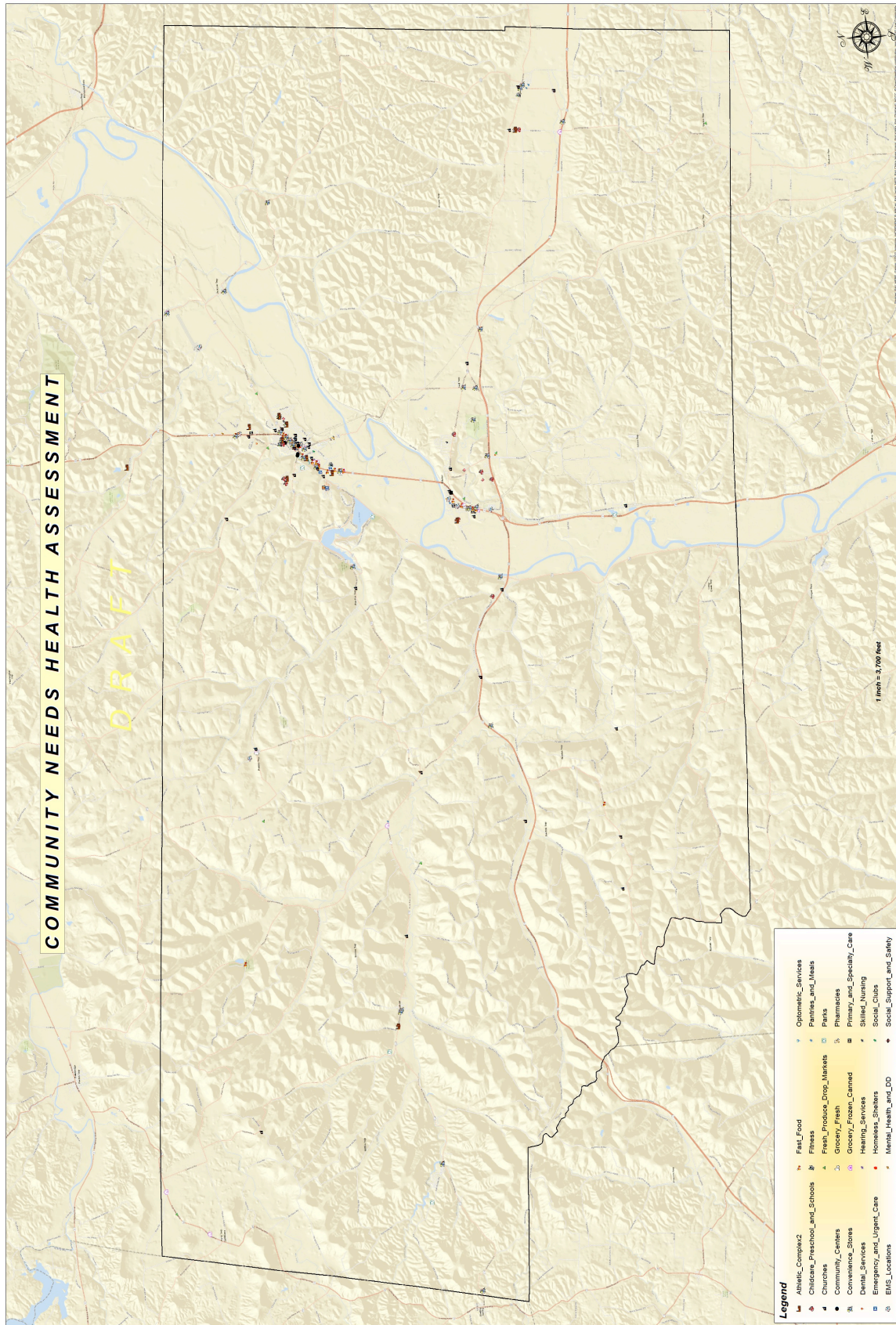


Figure 8: GIS Mapping of Health Resources and Infrastructure, Pike County, Ohio

Community Input

Multiple methods of community input were sought for this community health assessment to inform the process. It is important to note that not all rural communities, particularly those that are Appalachian, have the understanding of the relevance or importance of providing input to the community health assessment process, so it can be difficult to obtain via some routes such as public comment.

PUBLIC SURVEY SUMMARY

As part of the assessment process, the Pike County Health Coalition engaged the broader community in a public survey to gain more insight into a variety of factors that may be impacting the health of the community, as well as to ask for feedback about what the community needs to improve overall health. In addition to asking general questions regarding demographics, education, income and social factors, additional questions regarding environmental factors, health behaviors, and top community health needs are also asked.

The survey was made available for one month in both electronic and paper form. The link to the electronic copy of the survey was shared on multiple social media and web sites.

A copy of the full survey response summary is located in the Appendix. The following highlights the most significant findings from the survey. The raw survey data will be made available to the public for in-depth analysis of specific topics of interest.

Survey Response Snapshot

Total Surveys: 613

Gender: 79% Female; 21% Male

Race: 97% White; 0.5% Black; 1% American Indian or Alaska Native; 0% Hispanic; Less than 1% Asian; 1% Other

Education: 24% 4 year degree or higher; 11% Associates Degree; 58% High School Diploma or GED and/or some college; 7% No High School Diploma

Household Income: 9% earning \$100,000 or more; 59% earning less than \$50,000; 37% earning less than \$30,000 per year

Children in the Home Younger than 18 years of Age: 40% Yes; 60% No

Marital Status: 12% single; 56% married; 7% widowed; 10% separated; 6% member of unmarried couple

Employment Status: 59% employed; 4% self-employed; 1% unemployed; 6% homemaker; 9% disabled; 14% retired.

Insured Status: 95% insured; 5% uninsured; 19% insured by Medicaid; 23% insured by Medicare; 50% insured by employer

Environmental Factors

Environmental factors do have a significant impact on individual health and public health in general, and they are wide ranging and diverse. A variety of questions related to personal and community factors were asked to identify critical indicators that may impact health.

The most significant findings for environmental issues in Pike County included drug abuse, poverty and mental health issues. Most believe drug abuse, cancer, obesity, and mental health are the primary health issues in the community.

Those reporting barriers to healthcare in the Pike County community indicated the cost of care was the most significant. Those that are unemployed indicated that health related issues were a highly contributing reason to their unemployment.

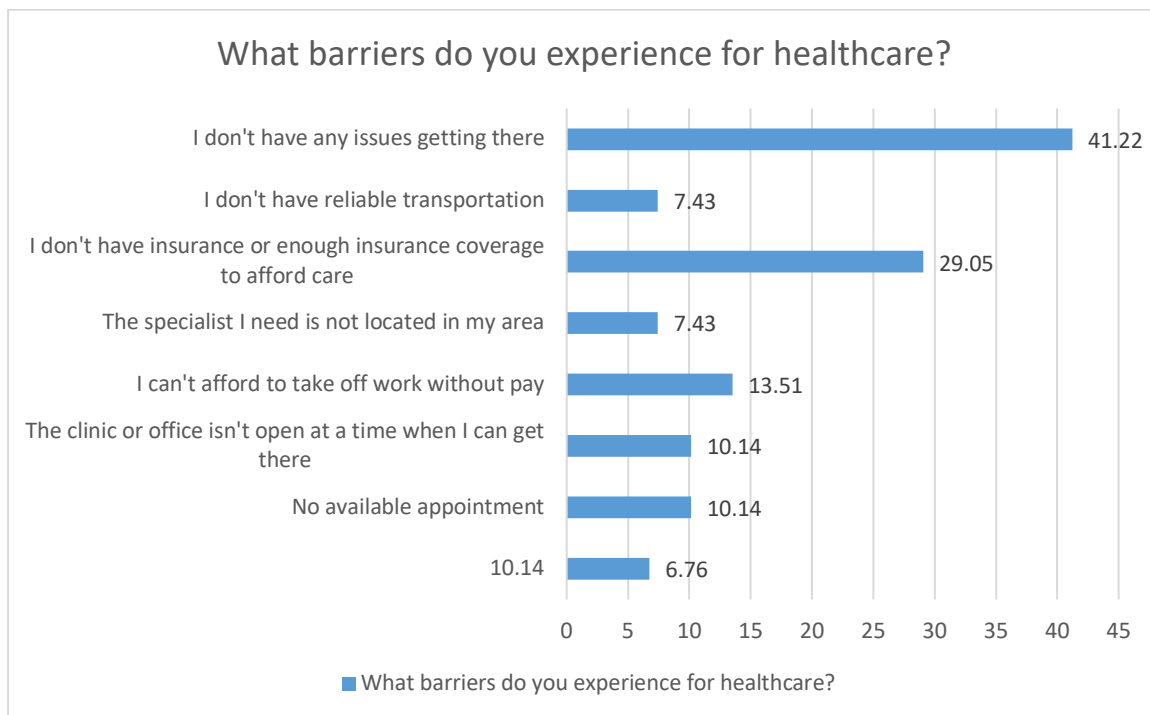


Figure 9: 2019 Pike County Public Survey Results- Barriers to Healthcare

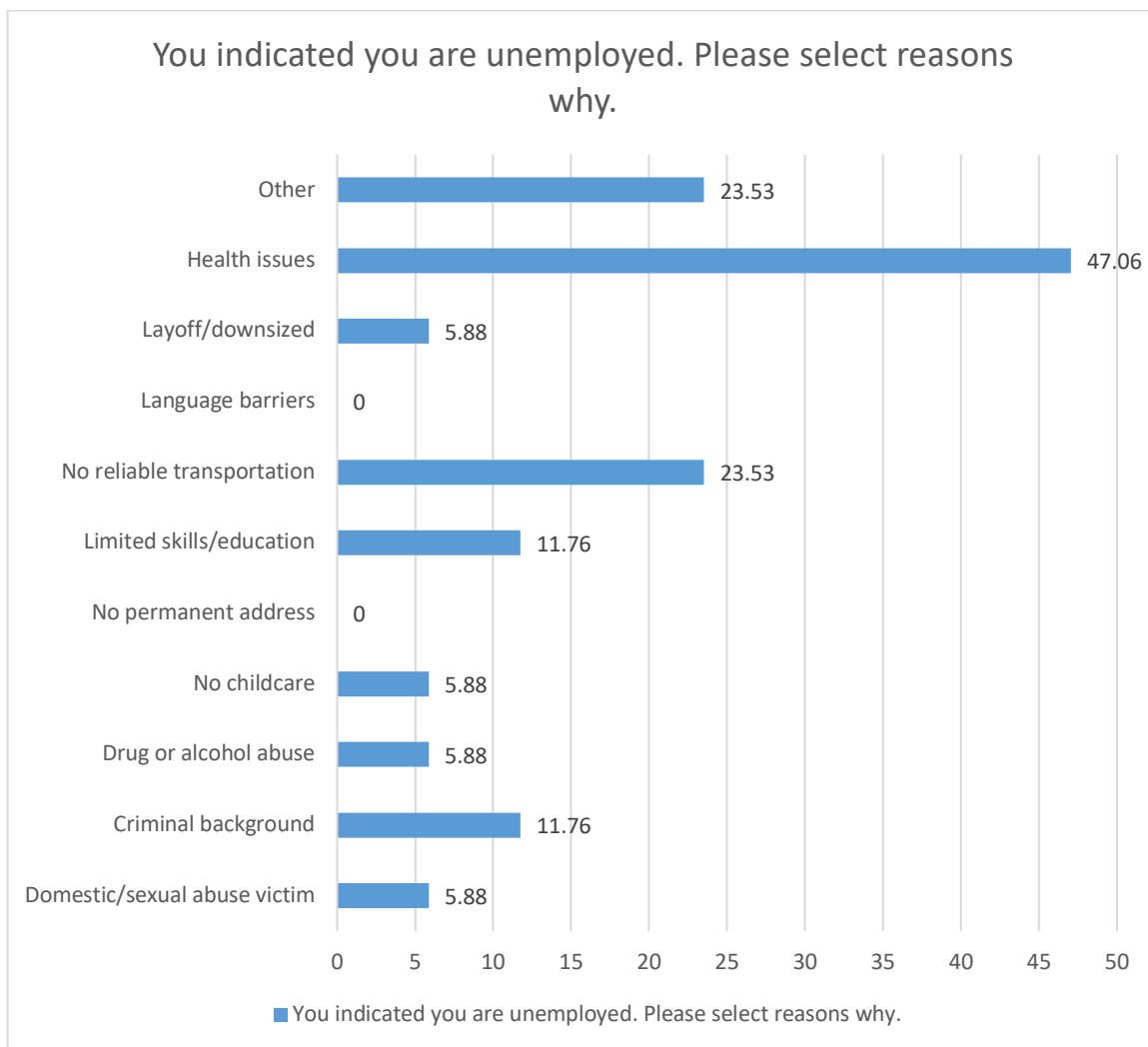


Figure 10: 2019 Pike County Public Survey Results- Unemployment

Health Behaviors and Experiences

Survey respondents were also asked to report on their own health behaviors and what they experience as members of a broader community.

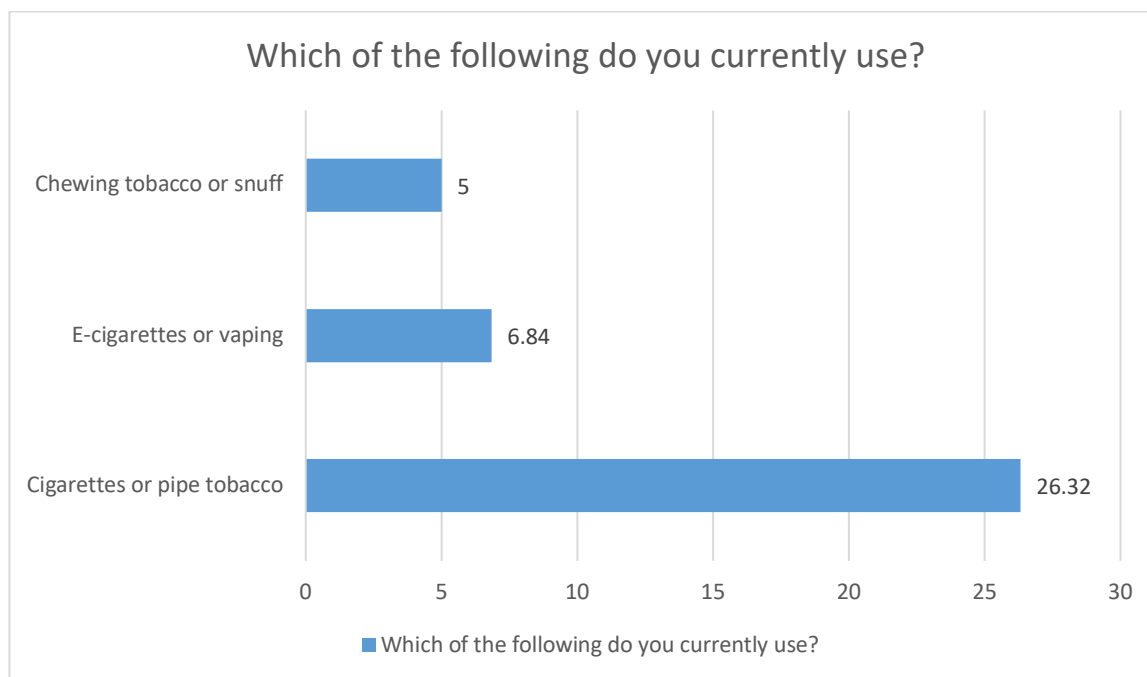


Figure 11: 2019 Pike County Public Survey Results- Tobacco and Vaping Behaviors



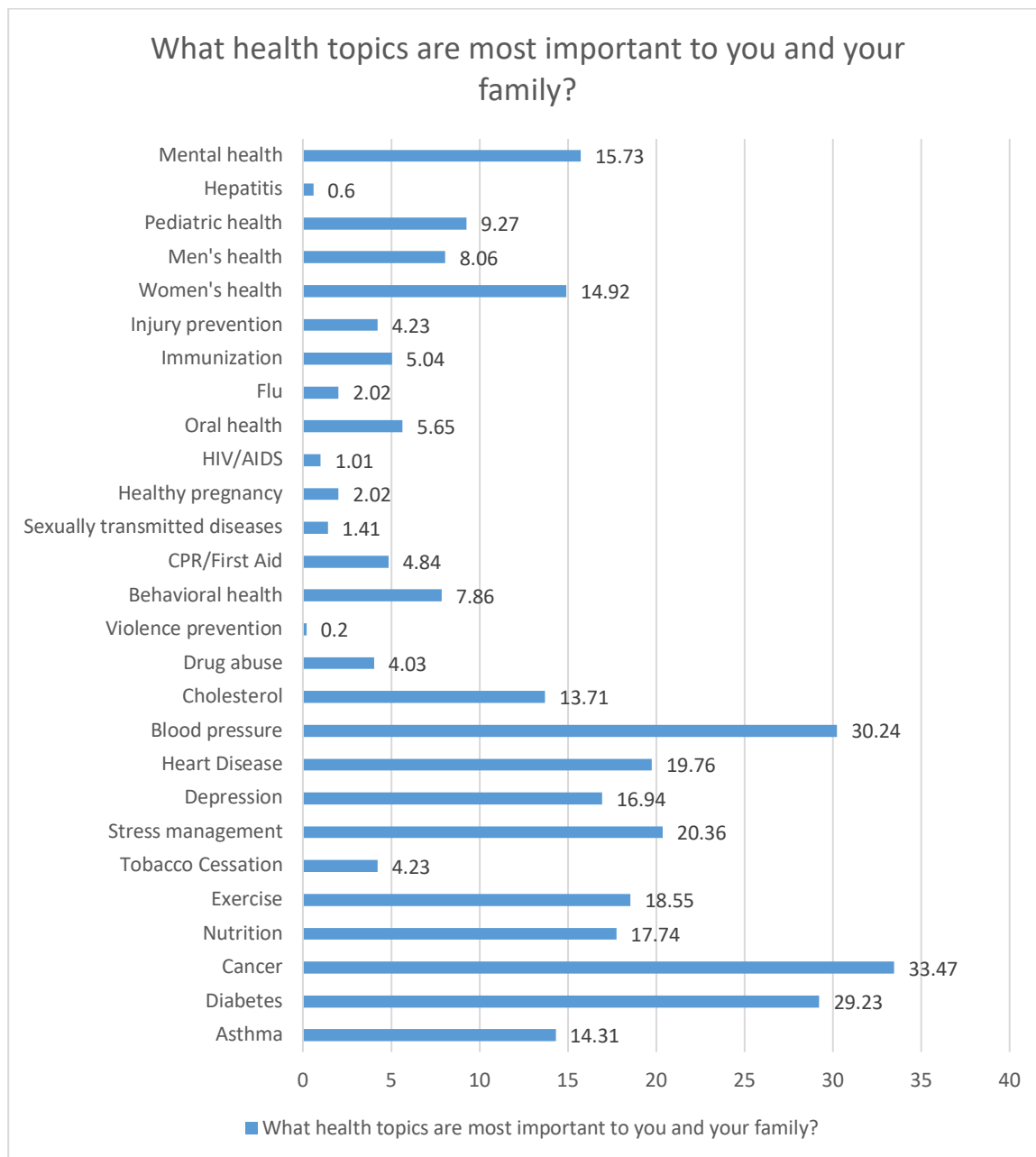


Figure 12: 2019 Pike County Public Survey Results- Health Topic Education Needs

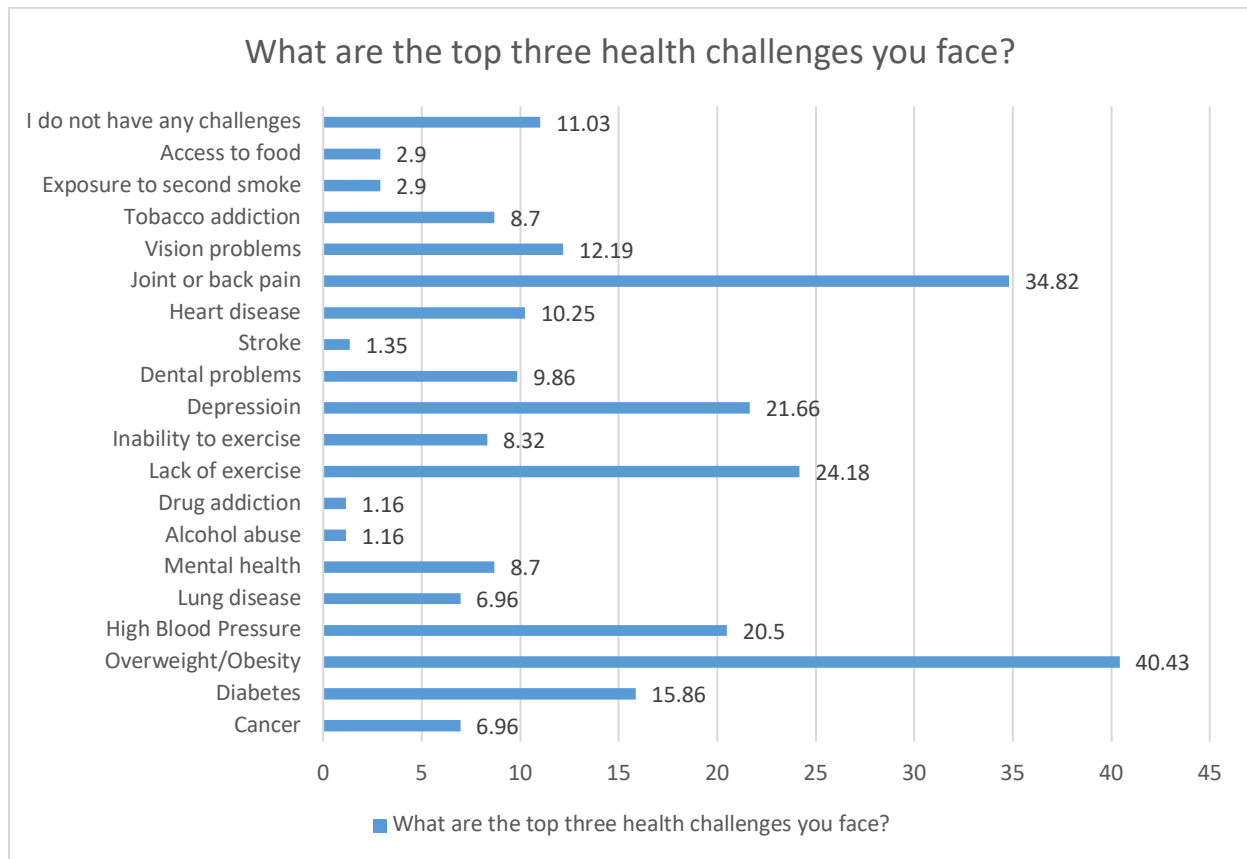


Figure 13: 2019 Pike County Public Survey Results- Health Challenges

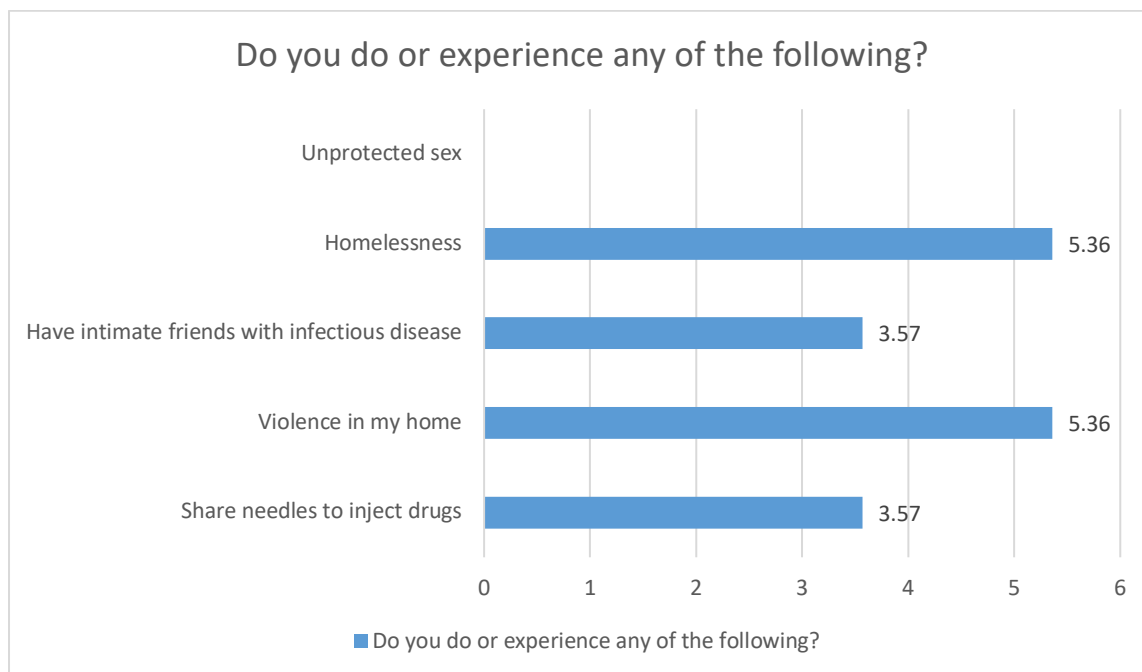


Figure 14: 2019 Pike County Public Survey Results- Health Risks

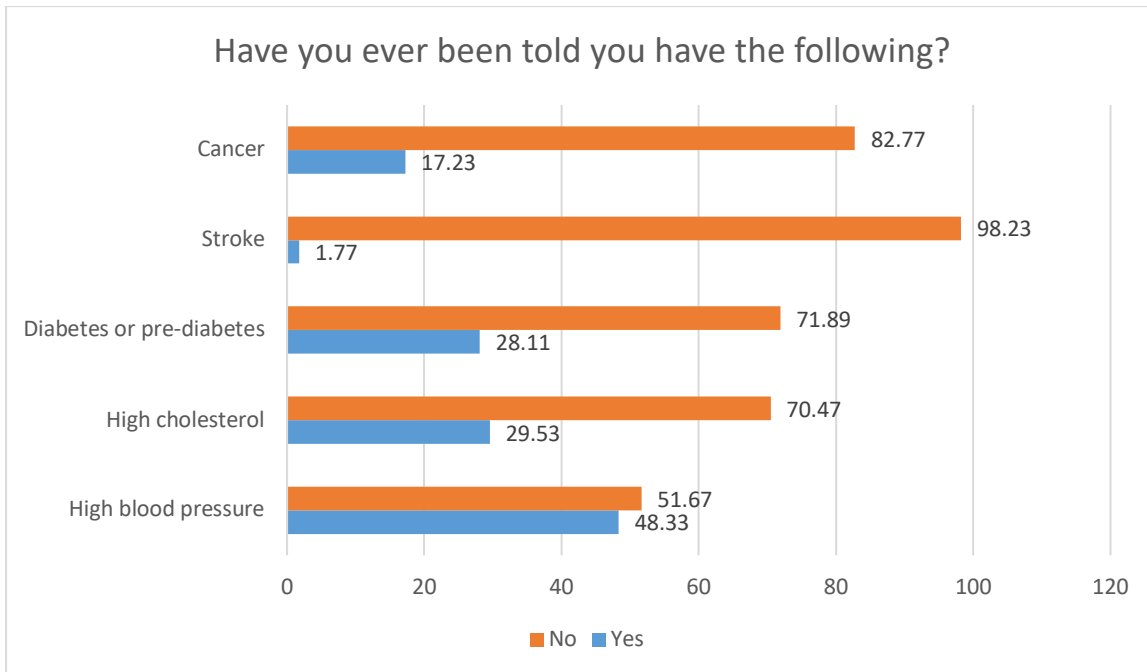


Figure 15: 2019 Pike County Public Survey Results- Diseases and Health Conditions

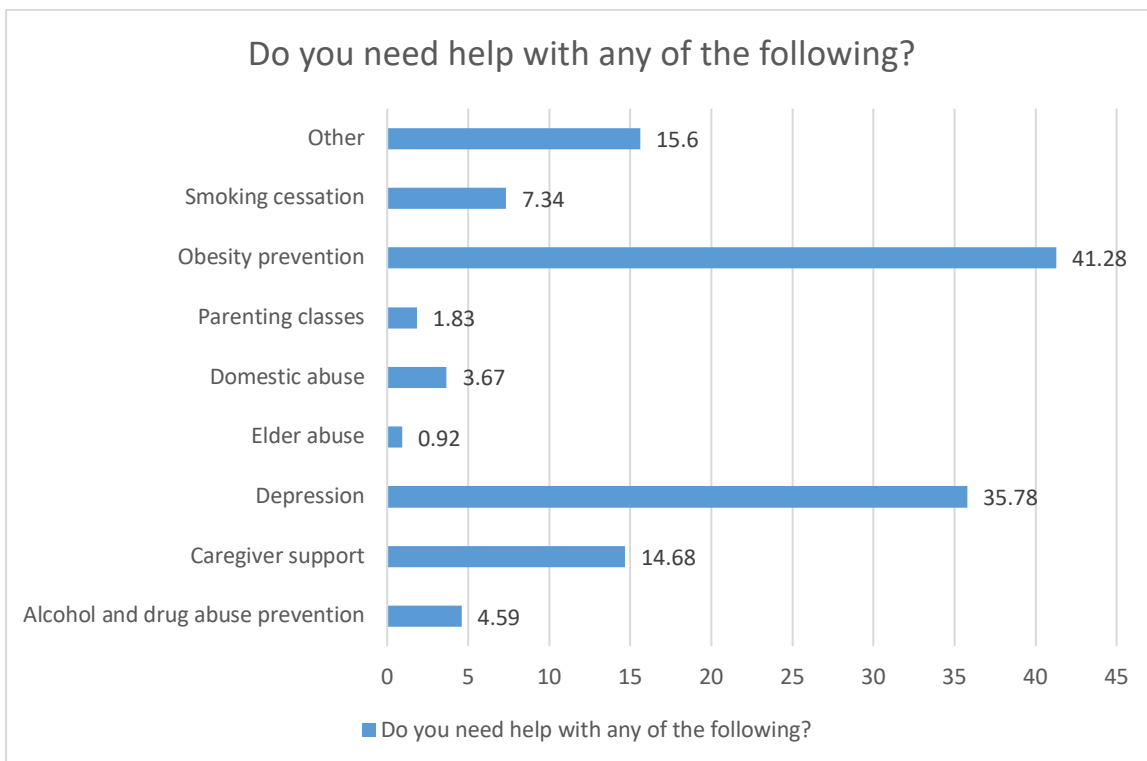


Figure 16: 2019 Pike County Public Survey Results- Health Resource Needs

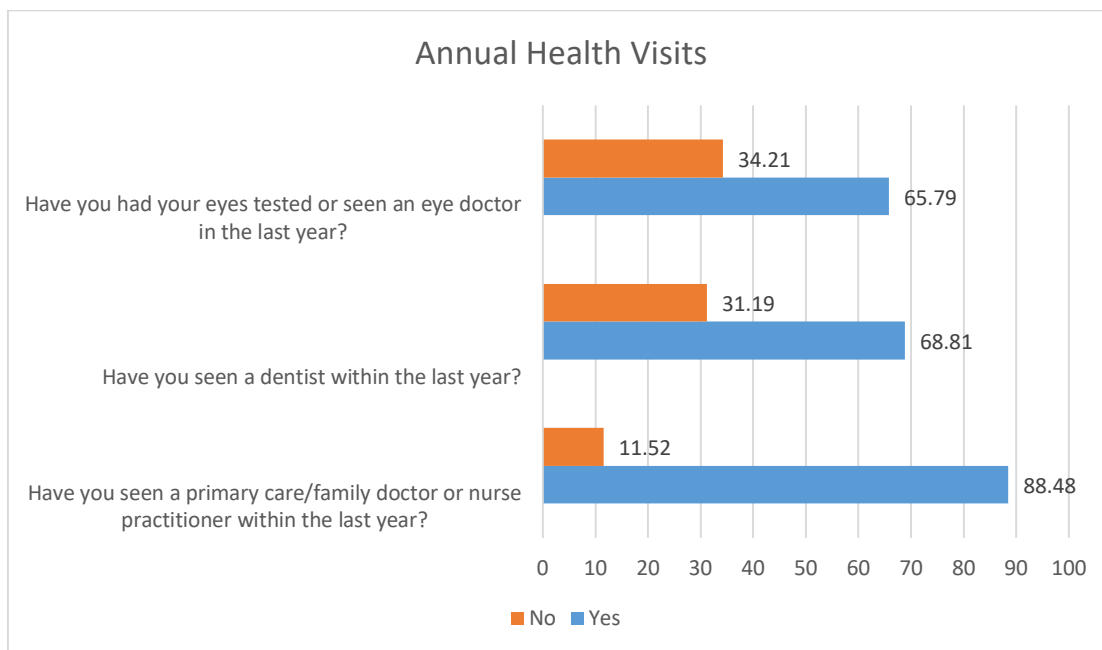


Figure 17: 2019 Pike County Public Survey Results- Annual Health Visits

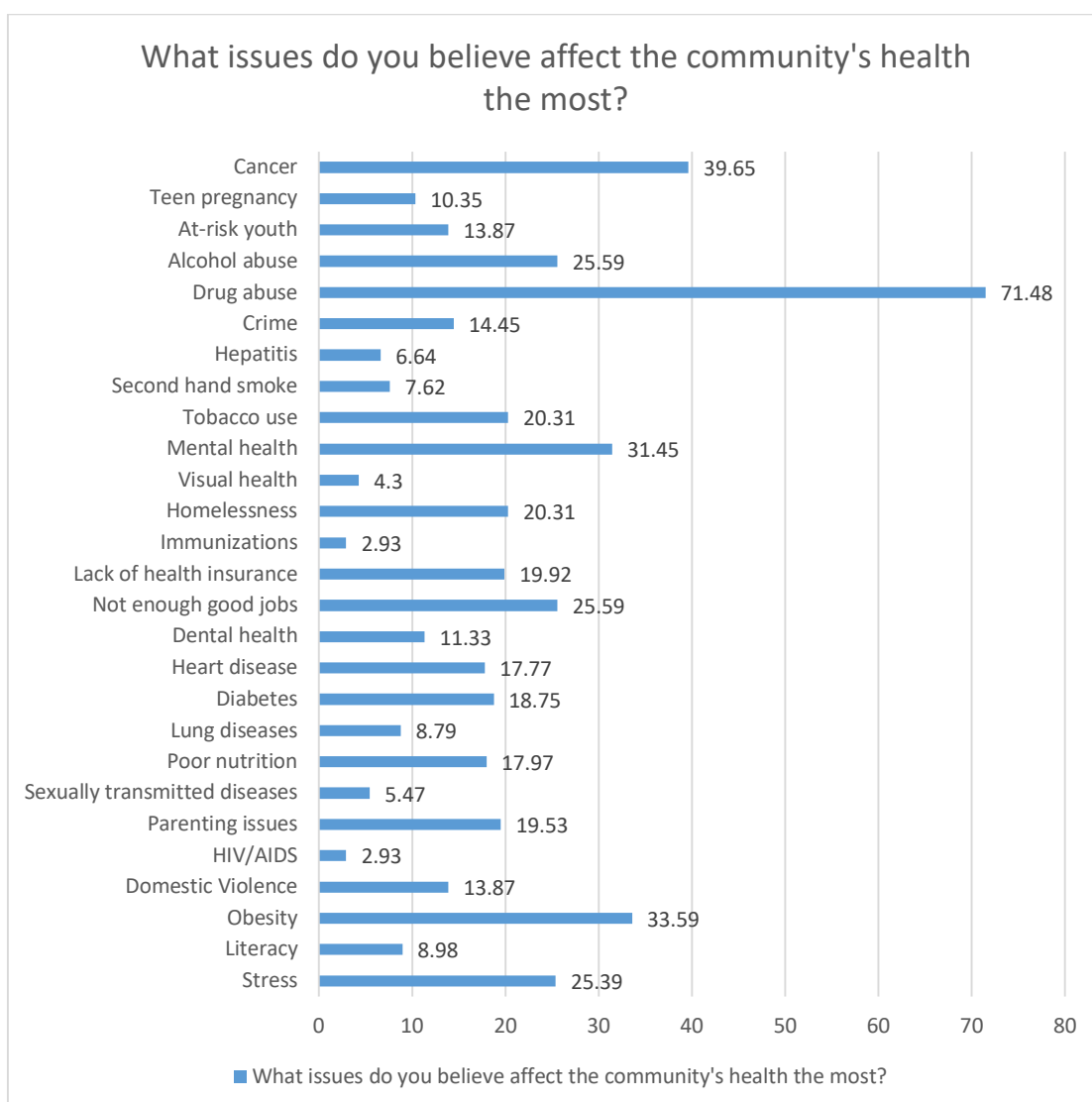


Figure 18: 2019 Pike County Public Survey Results- Health Resource Needs of the Community

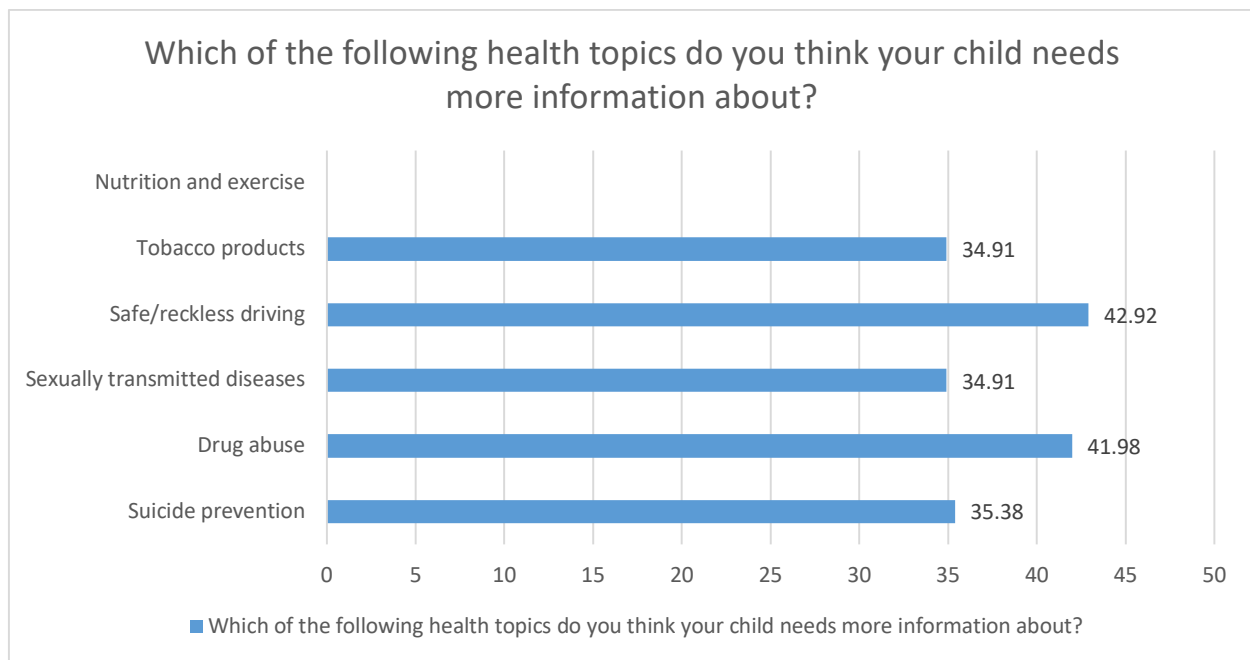


Figure 19: 2019 Pike County Public Survey Results- Health Resource Needs of Youth

Quality of Life Indicators

Survey respondents were also asked questions related to quality of life in Pike County. These included questions on community conditions such as safety and resources. It also included questions related to personal experiences, including experiences of trauma.

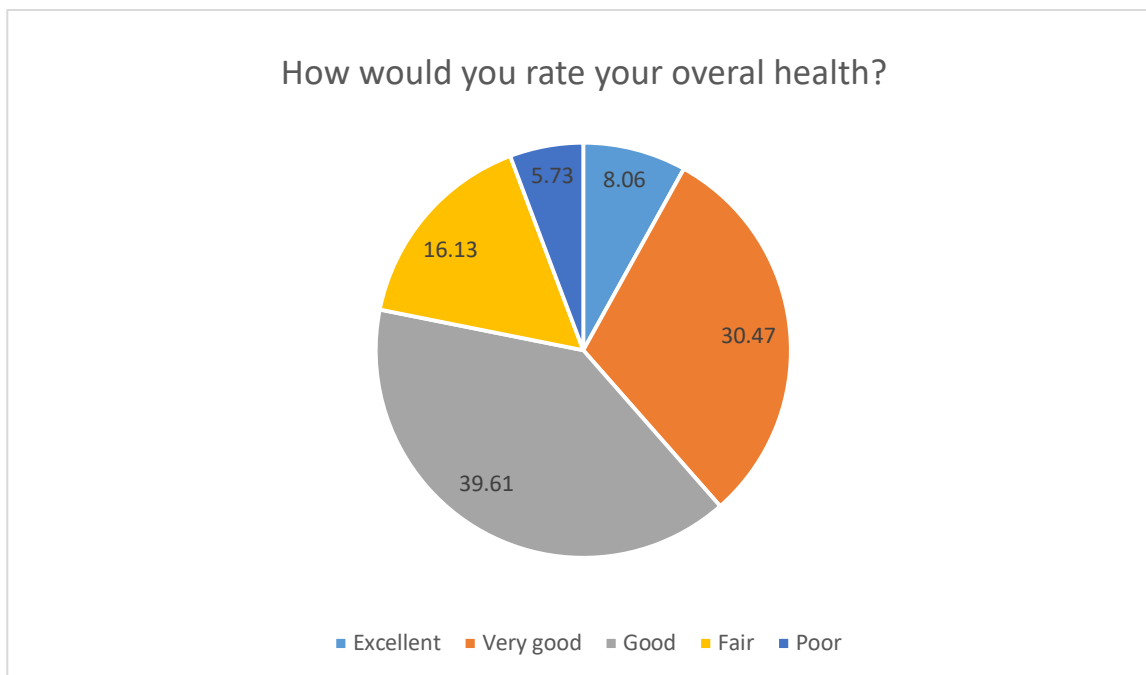


Figure 20: 2019 Pike County Public Survey Results- Health Status

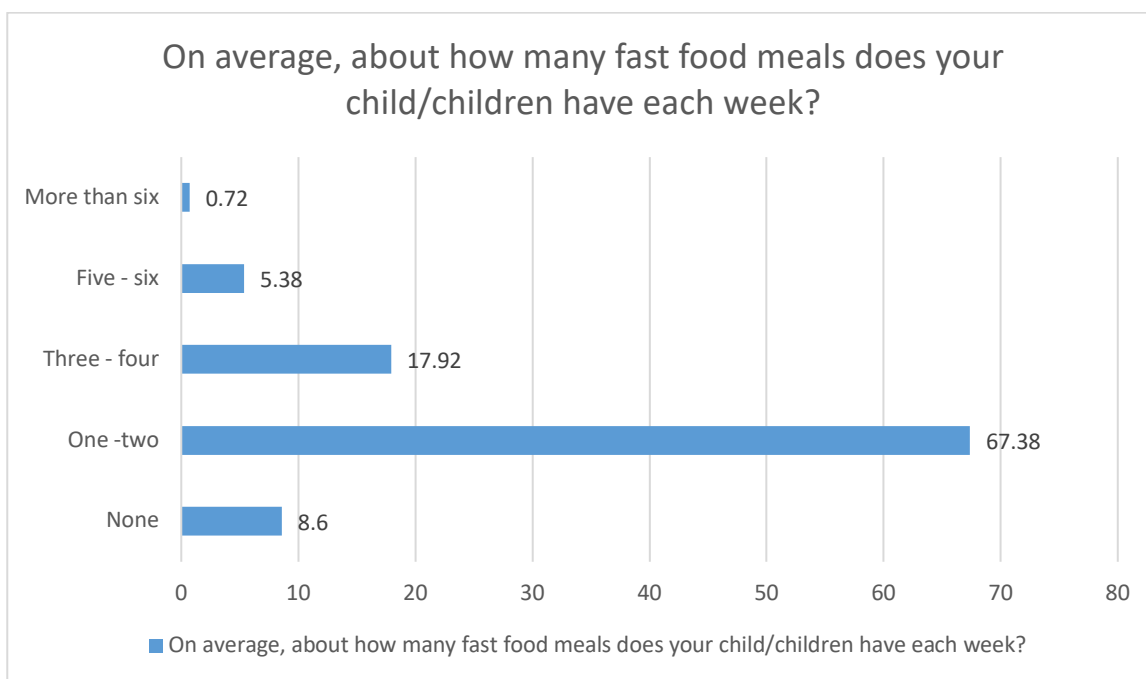


Figure 21: 2019 Pike County Public Survey Results- Family Nutrition Behaviors

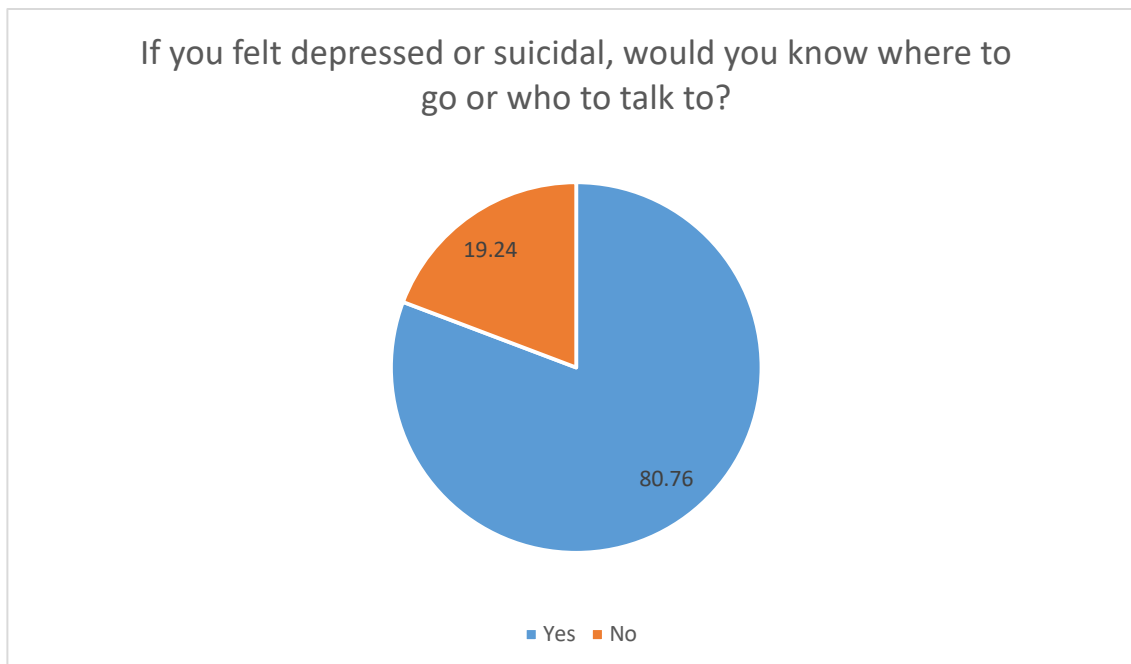


Figure 22: 2019 Pike County Public Survey Results- Mental Health, Resource Awareness

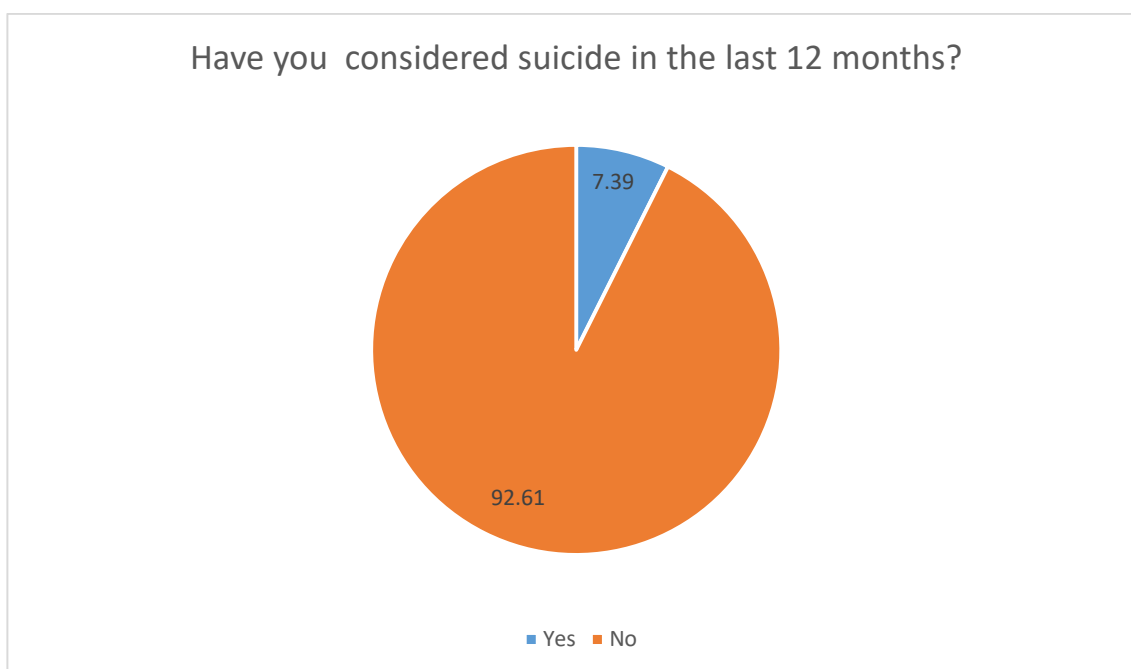


Figure 23: 2019 Pike County Public Survey Results- Mental Health, Suicidal Thoughts

The Pike County Community was engaged as part of the community health assessment process in a variety of ways. In addition to the broad community survey that was deployed, stakeholder interviews with local community leaders were conducted to gain input on top health priorities and needs in the community. Focus groups with community members were also held to obtain more information.

Respondents to the community survey indicated that social media and direct mail were their preferred methods of receiving community health related information.

Which format do you prefer to receive public health information?

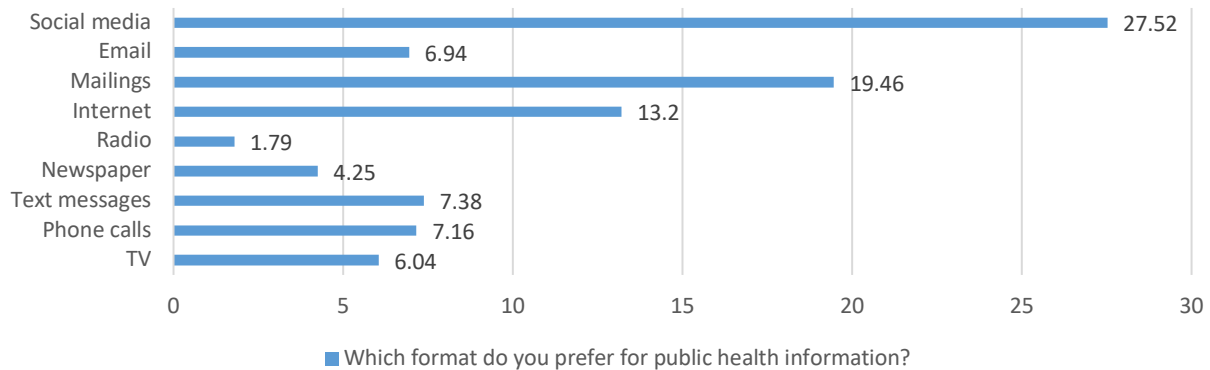


Figure 23: 2019 Pike County Public Survey Results- Public Health Information Needs

Community members also provided insight into what they believe are affecting the community's health the most. Most indicated that substance use disorder was a key issue. Cancer, obesity and mental health were also identified as key issues.



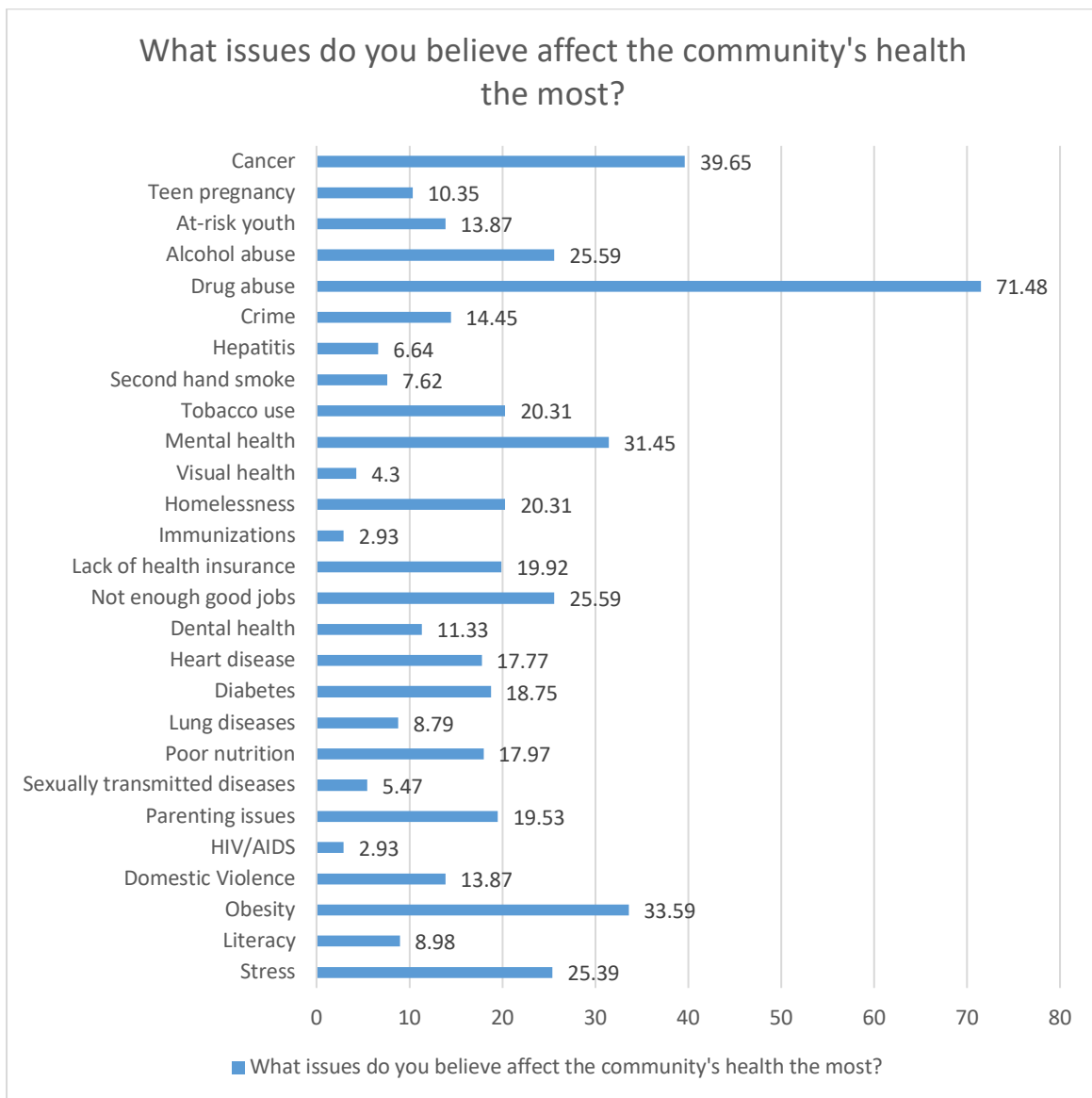


Figure 24: 2019 Pike County Public Survey Results- Community Health Impactors

Stakeholder Interview Summary

A total of five community stakeholders were interviewed for the 2019 Community Health Assessment (roster available in the Appendix). These included individuals from government agencies, education, healthcare and social services. Each were asked a series of question (see Appendix) regarding the current state of community health, and what they believed was necessary to improve health.

Several themes emerged from these conversations, including an improved effort at

reaching children with health messages, as well as addressing mental health among both adults and children.

The education sector reported a great deal of poverty related issues, as well as mental health for many students that are victims of the region's substance use disorder epidemic. The education system continues to be challenged with mitigating the many behavioral issues of students from families in distress. The issues noted were poor school performance and attendance, disciplinary issues, chronic hunger and lack of parental engagement. Working

with non-immediate family members who have custody of the children were also mentioned as challenging issues. Additional resources and education for school staff was mentioned as help that was needed.

In speaking with leadership from the local mental health system, collaboration was identified as a key issue among agencies that was continuing to improve but also still an area of opportunity. Data sharing to understand need for staffing and community concerns was also noted as a key area of opportunity. Crisis services were also discussed as part of improving the health continuum, including a crisis summit that was scheduled to gain more insight to mental health continuum gaps and needed resources.

Focus Group Summary

Two focus groups were held in September of 2019 as part of the Pike County Community Health Assessment. The first group was held with a group living at the Shyville Senior Living Development in Piketon, Ohio. The other was held at the Scioto Paint Valley Mental Health Clinic in Waverly, Ohio. Both groups were volunteers from those either living and/or receiving services from the organizations who had been provided information regarding the focus group prior to the event. Members of the Pike County Health Coalition, Kim Jones the Adena Health System and Nichole Smith of the Pike County General Health District facilitated the group.

Both focus groups were informed on the purpose of the focus group, and provided information on confidentiality and anonymity regarding input. A list of questions (See Appendix) were

provided and all participants were encouraged to provide additional information regarding their personal health, health practices and healthcare experiences.

The group questionnaire engaged the participants in conversation regarding healthcare, their health and healthcare experiences, as well as their opinions on what resources they believe are needed for the population.

The first focus group was held at the Shyville Senior Living Development and had a total of four participants. Each participant was age 55 or older and offered information regarding their current, as well as life-long experience with health.

Through the facilitation of the questions, the group noted several key points as a collective group. These included a collective feeling of not being of value anymore and not having extended community involvement (living facility is outside village districts). All noted that transportation is a significant issue to their friends and neighbors for many services.

In addition, most noted they felt seniors, even though they knew they were a significant part of the community population, were cast aside due to the drug epidemic. Many felt too much money was provided for addicts even though there was a higher population of seniors needing support for healthcare, mental health and caring for a second family in some cases.

The second focus group was held at the Scioto Paint Valley Mental Health Center. The participants in this group were participants in a weekly support group and given the voluntary option of participating in an additional group.

A total of 25 participants agreed to be a voluntary part of the group. They were asked the established list of questions regarding health beliefs, practices and experiences. This group had a collective experience with mental health and substance use disorder. Age, gender, race and

socio-economic experience was reported across the spectrum.

Members of the second group reported multiple times their history of mental health and/or substance use disorder made getting even general healthcare difficult once their provider

learned of their history. Although most indicated they had been able to find a more patient, accepting provider, it took time to find the right one. In addition, the second group also reported additional resources to become healthy are needed as they work to integrate into the community again.

EVALUATION OF 2017 ASSESSMENT

In October of 2019, the Pike County Health Coalition convened a work team to review the 2017 assessment and work accomplished from the community health improvement plan (CHIP) that was developed from that assessment. The work team focused on reviewing new data sets to identify any changes since the last assessment in 2016, as well as determine if any of the previous strategies, goals and objectives needed to be revised or adjusted.

Forces of Change

The Pike County Health Coalition also completed a SWOT analysis as part of the Forces of Change analysis portion of the health assessment. This exercise relates to what is currently occurring or emerging in the Pike County community that may impact the health of the community or the local public health system. This information was categorized and summarized by strengths, weaknesses, opportunities, and threats (SWOT) in Figure x.

While two areas focused on in the last assessment such as smoking prevention and cessation and substance use disorder have continued to make advancements with funding and projects, other areas including obesity and diabetes prevention and mental health efforts – complex and non-emergent issues- continue to struggle to get engagement and support. After consideration of what has been accomplished, as well as what opportunities are emerging, the work team completed SWOT analysis.

Strengths

- Established health continuum coalition
- Strong coalition and activity around obesity prevention (PHLI)
- Local health system collaboration
- Developing efforts around mental health and substance use disorder

Weaknesses

- Economic challenges of the community
- Appalachian culture (fatalistic)
- Limited capacity of health and social service agencies (human resources, funding and expertise)
- Limited knowledge and understanding of evidence based practice by community and community leaders
- Follow up and follow through on projects and collaborative efforts
- Transportation options
- Limited participation of local officials in community efforts like health coalition
- Stigma around issues like mental health and substance use disorder
- Limited personal capacity of many agency leaders

Opportunities

- Broader engagement of health coalition
- Stronger substance use disorder coalition and broader efforts
- Funding for health priorities
- Stronger tobacco prevention coalition
- Evaluation of health related services
- Structured public health communication
- Public input for developing policies around health
- Structure for inter-agency referral and cooperation
- Technology resources
- Training on critical health topics
- Research partnerships among agencies

Threats

- Funding availability
- Political issues around some health priorities like substance use disorder
- Volatility of community leadership
- Volatility of health continuum collaboration
- Hopelessness among community members that things can improve
- Negative attention community has received because of Rhoden Family murders, Sheriff's indictment, embezzlement in public agencies
- Limited economic and educational diversity of the population

The Pike County Health Coalition, during their regularly scheduled meeting, also reviewed information on the local public health system. The coalition reviewed an assessment that analyzed the 10 essential public health functions in Pike County. The assessment was completed by the Pike County General Health district utilizing the National Public Health Performance Standards Assessment. The assessment score the local system at 70.4 based on the public health system's capacity to:

- Monitor health status to identify and solve community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships and action to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable

- Assure competent public and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

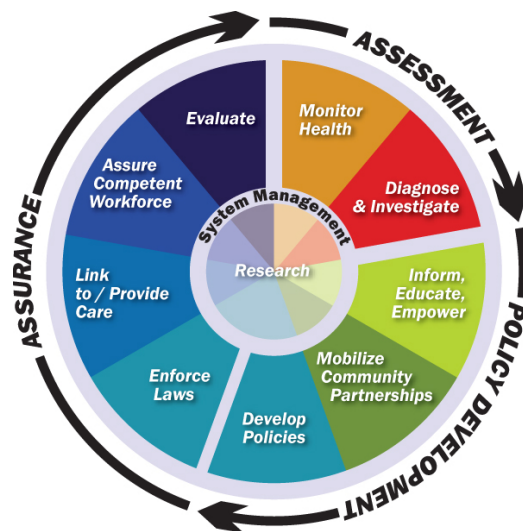


Figure 25: Essential Public Health Functions

Table 35: Assessment of the Pike County Public Health System, 2019

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	62.5	4.7	75.0
1.1 Community Health Assessment	66.7	10.0	100.0
1.2 Current Technology	58.3	2.0	50.0
1.3 Registries	62.5	2.0	75.0
ES 2: Diagnose and Investigate	54.2	6.3	83.3
2.1 Identification/Surveillance	58.3	7.0	75.0
2.2 Emergency Response	54.2	7.0	100.0
2.3 Laboratories	50.0	5.0	75.0
ES 3: Educate/Empower	52.8	7.7	66.7
3.1 Health Education/Promotion	58.3	8.0	100.0
3.2 Health Communication	50.0	8.0	50.0
3.3 Risk Communication	50.0	7.0	50.0
ES 4: Mobilize Partnerships	62.5	5.5	62.5
4.1 Constituency Development	50.0	5.0	50.0
4.2 Community Partnerships	75.0	6.0	75.0
ES 5: Develop Policies/Plans	50.0	5.8	81.3
5.1 Governmental Presence	25.0	1.0	50.0
5.2 Policy Development	50.0	4.0	75.0
5.3 CHIP/Strategic Planning	75.0	9.0	100.0
5.4 Emergency Plan	50.0	9.0	100.0
ES 6: Enforce Laws	33.3	5.3	58.3
6.1 Review Laws	25.0	4.0	50.0
6.2 Improve Laws	25.0	4.0	25.0
6.3 Enforce Laws	50.0	8.0	100.0
ES 7: Link to Health Services	84.4	7.0	87.5
7.1 Personal Health Service Needs	75.0	7.0	100.0
7.2 Assure Linkage	93.8	7.0	75.0
ES 8: Assure Workforce	43.2	3.0	81.3
8.1 Workforce Assessment	25.0	3.0	100.0
8.2 Workforce Standards	66.7	3.0	100.0
8.3 Continuing Education	50.0	3.0	50.0
8.4 Leadership Development	31.3	3.0	75.0
ES 9: Evaluate Services	35.4	5.3	66.7
9.1 Evaluation of Population Health	31.3	3.0	75.0
9.2 Evaluation of Personal Health	50.0	10.0	75.0
9.3 Evaluation of LPHS	25.0	3.0	50.0
ES 10: Research/Innovations	41.7	3.7	41.7
10.1 Foster Innovation	50.0	3.0	50.0
10.2 Academic Linkages	50.0	3.0	50.0
10.3 Research Capacity	25.0	5.0	25.0
Average Overall Score	52.0	5.4	70.4
Median Score	51.4	5.4	70.8

Summary of Key Findings

While most of the data continues to be consistent with the 2017 assessment and plan, several changes can be noted. First, the population of Pike County continues to decline. In migration continues to increase but it isn't yet offsetting the decrease in the older population as of 2019. The rates of poverty and unemployment have continued to improve. However, more than 50% of families in Pike County still earn less than \$50,000 per year. This can be correlated to the more than half families below the poverty level (53%) being run by of single female households. Teen pregnancies also continue to rise. As does those reporting experiencing some mental health or substance use/abuse issue.

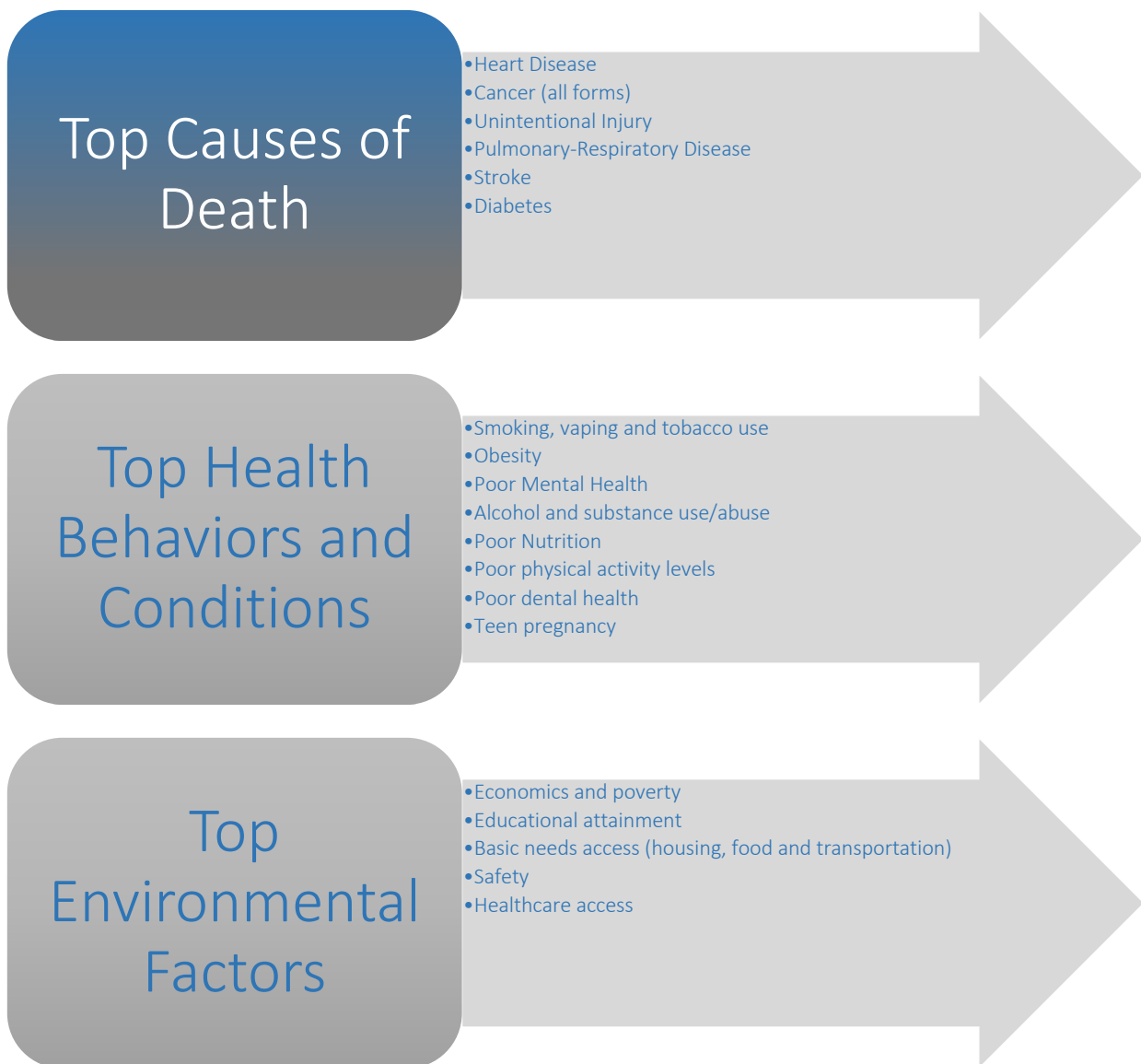


Figure 26: Summary of Top Pike County Health Findings, 2019

After three years of various projects for data collection, there are still gaps across the Pike County rural continuum. A need for real-time and forecasting health data continues to be a need for rural communities, particularly those in the rural communities of Ohio.

After the primary and secondary data was collected and summarized from each of the four assessment categories, the results were then analyzed to identify the opportunities to improve the health of Pike County. The top mortality causes, health behaviors, and related environmental factors that resulted from the prevalence data collected and summarized (Figure 27) are listed. The list is very similar to the list created in 2017.



Figure 27: Top Health Priorities for Pike County, Ohio

Conclusions and Next Steps

As health outcomes and factors in Pike County, Ohio have not changed since the last assessment, collaboration will be necessary around top health issues to have impact in the community. Data from this assessment will be useful for the community as they develop and plan community infrastructure that drives positive health outcomes.

Next steps for the Pike County Health Coalition will be to utilize this assessment to complete a community health improvement plan. Following the M.A.P.P process, data will be further analyzed and prioritized, as well compared to what was accomplished in the last plan. Metric driven goals can then be developed to further the efforts around improving priority health issues.



Figure 28: CHIP Planning Process Using MAPP



PIKE COUNTY COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Summary

In 2019, the Pike County General Health District, in partnership with the Adena Regional Medical Center, combined efforts on the community health assessment. The partners utilized a framework known as MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a community driven strategic planning process to assist communities in prioritization for public health issues, identify community resources, and take action to improve conditions for healthier living. MAPP features four distinct assessments that result in a comprehensive view of the community. This report focuses on the results of one of these assessments. This report focuses the results from the Community Themes and Strengths Assessment (CTSA).

To coordinate the CTSA, PCGHD conducted two focus groups applying a standard questions set. The populations that were targeted to evaluate feedback on the most pressing health issues in Pike County were recovering substance abusers and low-income senior citizens. The participants provided their opinions and concerns about the community resources, gaps, needs, and barriers. The sessions consisted of two different groups of individuals: Fifteen recovering substance abusers and four low-income senior citizens.

The common themes that emerged across both of the sessions in Pike County were:

- A lack of awareness of health resources and the barriers to access the information.
- Prevalent stigma of substance abuse and mental health issues in the community.
- A lack of true community partnerships and support to identify policy solutions for advancing health inequities.

Methodology

A total of two focus groups were conducted during a scheduled day in September 2019. A total of 29 people participated. The purpose of these focus groups was to gather feedback about the health equity of residents of Pike County. One focus group was geared toward the stigma of addiction recovery and the other was geared toward low-income seniors. The Pike County Health Coalition was an integral part of determining the focus groups. The coalition members were interested in the health equity and culture aspects of the targeted populations. This would allow key partners the ability to gain resources on providing community resources regarding these issues.

The first focus group held was a small group of four participants from the Shyville Senior Apartments that house low-income senior citizens. The group consisted of one male participant and three female participants. The focus group was held at the Shyville Senior Apartments Common Area. The seniors were not offered any type of incentives for participation. The second focus group held consisted of fifteen participants from Scioto Paint Valley Mental Health Center. The group had more male than female participants. The focus group was held at their facility and facilitators were asked to sign a confidentiality agreement prior to collecting feedback information.

A flyer was made to gain more participants for both focus groups, and was advertised to the entire community via Facebook prior to meeting.

Focus Group Procedures

At the beginning of each focus group, participants were greeted and given a brief overview of the purpose of the focus groups. All participants were all reassured that their responses would remain confidential. Each focus group utilized the same questions. Questions were designed to objectively collect response without bias.

Each focus group was scheduled for two hours to allow adequate time for all responses to be generated. The focus groups lasted around 90 minutes and covered the following topics:

1. What do you and people in your community do to stay well?
2. What do you and people in your community do to treat an illness?
3. What are biggest barriers you and people you know face trying to stay well?
4. How do you feel about healthcare and health care providers?
5. How do you think healthcare staff and providers feel about you?
6. How could your community work together to improve health for everyone?

A brief survey was filled out from the facilitators following the focus groups. The low turnout on participants for the senior groups were uninterested in completing a survey, and the recovering group left the facility during a break session and were not able to complete a survey.

The senior group was captured on an audio recording. Due to the confidentiality agreement for the recovery group, the audio recording was unable to be provided to protect the identities of the patients in attendance. The senior focus group and the recovery group both had a note taker to capture the conversation.

Findings

The following is a summary of the responses to the questions above during the focus groups.

Senior Group

Question #1: What do you and people in your community do to stay well?

Responses for this question from the senior focus group were similar across all questions and had a related theme: access to care, chronic disease management, and social support response. Access to care related responses were regarding the needs to provide transportation to and from provider appointments. Social support related responses were for family and friends support for enhanced mental health. The responses for chronic disease management was how to coordinate treatment and monitor health conditions by minimizing the disease.

Question #2: What do you and people in your community do to treat an illness?

The majority of the responses that were received addressed the following themes: healthy behaviors and chronic disease management. Healthy behaviors responses were related to nutrition and access to physical activities for a healthy lifestyle. Chronic disease related

responses were primarily the need to provide access to care in county to treat chronic disease conditions such as diabetes and high blood pressure.

Question #3: What are biggest barriers you and people you know face trying to stay well?

The responses that were noted the most were the access to information in Pike County. Many of these participants do not seek information in web-based format and prefer to have a physical advertisement to seek additional information on health awareness. Many participants were divided on technology and addressed complications on skills. Other technology barrier gaps mentioned were decreased social interaction and lack of instruction on computer devices. Participant's responses for mental health support for depression and suicide were stated and the need for more community support. The rural location and lack of transportation also provide difficulties for participant's accessibility for provider appointments.



Question #4: How do you feel about healthcare and health care providers?

The responses were similar in they continued to talk about the access to care of specialty providers in the local area. Participants indicated that they must travel outside of the county to obtain specialty services. This can make it difficult to find care if you have a transportation barrier and specialty care can lead to an increase in of out-of-network providers.

Question #5: How do you think healthcare staff and providers feel about you?

Overwhelmingly, all participants were in agreement on the support of their providers and health care staff. Participants felt that providers and health care staff accommodated than to the best of their needs. Participants indicated that they were happy with the care that they are offered from primary care physicians and were supported with treatment options and overall were comfortable with provider care.

Question #6: How could your community work together to improve health for everyone?

This question raised more concerns than all that were asked for the group participants. The participants stated that the community was more concerned about offering programs to the recovery of substance abuse than to their targeted population. The need for stronger support for their needs, for more employment opportunities to improve the addiction crisis, more sidewalks and physical activities for a healthier lifestyle, better engagement from local elected officials, open-minded, and engaged communication for overall public awareness.

Recovery Group

Question #1: What do you and people in your community do to stay well?

Responses for this question from the recovery focus group had a related theme: physician referral from sponsorship recovery counselor, medical treatment out of the county, and self-medicate.

Most of the substance abuse participants are from a rural setting who do not have access to transportation for treatment options. Responding participants will likely obtain transportation from other substance abuse users who are in recovery or have relapsed. This can eventually lead to the substance abuse participant to relapse.

Question #2: What do you and people in your community do to treat an illness?

Responses for participants for this question were common theme: participants are red flagged an unable to find treatment at local care providers, they also seek medical treatment out of the county, and self-medication that eventually may lead to relapse.

Question #3: What are biggest barriers you and people you know face trying to stay well?

The common theme and top responses to this question from participants: labeling, stigma, and stereotype of being a person with substance abuse issue creates a support barrier. The response of the participants for barriers are: lack of transportation, no social support for community sponsorship, and prior medical techniques are no longer being used to treat patients. Many of the participants responded with having an underlying condition prior to becoming a recovering addict, and still have trouble medicating for existing conditions from health care staff and providers.

Question #4: How do you feel about healthcare and health care providers?

The participant responses was divided. Many participants communicated how providers would push medication upon the individual, unable to provide treatment for red flag participants due to previous medical history, and many participants were being seen to essentially manipulate the provider for medication.

Other participants felt that they were being timed by the healthcare staff for treatment. Participants also stated that they tend to “doctor shop” before seeing a primary care physician.

Question #5: How do you think healthcare staff and providers feel about you?

Responses for participants were mutual for this question and were common theme: labeled stigma for substance abuse, and healthcare staff and providers are conflicted on how to provide care for a recovering addict, and provider communication on how prescribed medication.

Question #6: How could your community work together to improve health for everyone?

Overwhelmingly, the top received responses from participants were in agreement and had a related theme: awareness of resources and information, substance abuse stigma, and social support from elected officials and community members.

Participants also stated that a recovery assessment in the recovery process would be advantageous to health care staff and providers. Participant response suggest that health care staff and providers could determine where they are at in their recovery efforts and can improve treatment options from the medical facility.

The participant responses conflicted on the options to improve the health for this targeted population. All were divided on the option for a syringe exchange program, and what options were appropriate to support their support system such as employment, family relationships, and personal development. Participants stated they would like to have more support from the community and community encouragement. Responding participants were in favor of having a community walk for support and recovery to bring the community together and create social support. They were in favor of wellness resources and information for families in recovery.



Discussion

Many identified themes stood out across all questions of the focus groups, but the most compelling topics for Pike County were access to reliable health information and resources, stigma of substance abuse, support for mental health issues, and community support for solutions in health equity and culture. Participants identified supporting circumstances to these influences and how they impact the health of Pike County.

One supporting circumstance that impacts the community is a lack of transportation. For our rural community, lack of transportation creates problems for distance of resources, and makes it difficult to access health care services, food and information access. The current public transportation is not reliable for the community members seeking transport to and from our local rural settings, therefore, creating community barriers for health equities. Many specialty providers are located out of county for routine health care services. This may create obstacles to provide insurance coverage for in-network care. This can make it inaccessible for specialty services for essential health care for chronic disease management, such as, diabetes and heart disease.

Healthy behaviors were also identified from the group as being a benefit of having a healthier lifestyle. Eating healthier foods, having a variety of healthy food options, and affordable physical activities as community options, can improve chronic health diseases. The shortage of wellness resources and community health awareness of those resources will lead to preventable illnesses, such as obesity and poor health outcomes. Encouraging a balanced lifestyle and engaging the community on healthy behavior programs can support not just physical health, but mental and emotional health and result in a healthier community.

Information access can help the community on informed decisions of quality care. It was noted from group participants that not all are advanced

in technology skills. Technology gaps and barriers can lead to digital divide and prevent innovative health practices. The different approaches and strategies of telemedicine can improve quality care in rural settings that lack access to adequate transportation, neglect routine preventative care, and can reduce overall cost of care. Community access centers can help become a critical resource for those without internet access and teach those who are inexperienced on embracing technology advancements in health care.

Social support throughout our community can assist in essential mental health foundations. Both groups gave negative feedback on community social support for all efforts in Pike County. Social support can help residents cope with stress, motivation, and lead people to engage in healthy behaviors. By providing social support, mental health can be improved and change health behaviors early on for children into adulthood to provide efficient behavior treatment. The increased incidence of depression and suicide throughout our community must be an identified need for more social support programs for mental health.

Community members and elected officials must help to implement evidence based strategies specific to rural community settings to change social attitudes of substance abuse stigma. Substance abuse and its impact on the community was the most prevalent theme for all participant groups. In addition to substance abuse influences, the dynamics following the substance abuse epidemic accompany Pike County areas such as unemployment, limited social resources, and healthy family relationships.

The results in this report have limitations. The focus groups were tailored to target only two groups. The results could be much different had there been two more additional focus groups to add supplementary information on community health equity and culture. One focus group was small in size which limited the information provided.

Script

Opening

Thank you for taking the time to meet with us for this discussion group. We appreciate you taking the time to give your opinion and appreciate all the participation.

My name is _____ and I am the Director of Community Health Advancement from Adena Regional Medical Center and my name is _____ and I am the Accreditation Coordinator and Sanitarian In Training from the Pike County General Health District.

Purpose

Every 3 years Pike County does a Community Health Assessment in the community to identify the needs of the community and how we can make improvements to better serve the populations. The Pike County General Health District and Adena Pike Medical Center have combined those efforts and are trying to identify health issues that can improve current health programs and to create new programs that are needed.

Confidentiality/Ground Rules

This is a group sessions that discusses your perception of the community and how you feel on the topics in Pike County. All the information that will be mentioned today will remain confidential and all participant names will not be identified.

Once we finish the process with the Community Health Assessment, we will take your opinions of the topics discusses and report out the information to the community. We will then build from you information and add this to our larger component of the health assessment.

This is a way for us to take your feedback and provide beneficial programs in your community, so the more information that is provided from your opinions and insight will help establish strategies for the community. Does anyone have any questions before we start?

Let's get started.

The first question:

1. What do you and people in your community do to stay well?
2. What do you and people in your community do to treat an illness?
3. What are biggest barriers you and people you know face trying to stay well?
4. How do you feel about healthcare and health care providers?
5. How do you think healthcare staff and providers feel about you?
6. How could your community work together to improve health for everyone?

Closing

I think that we pretty much have concluded our meeting. Thank you all for your time and your information on the following questions. If you have any questions or concerns, or anything else that you would like to add, please contact one of us through the health district or the hospital. Have a great evening.



PIKE COUNTY FORCES OF CHANGE ASSESSMENT

Summary

In 2019, the Pike County General Health District, in partnership with the Adena Pike Medical Center, embarked on a community health assessment with the partnership of the Pike County Health Coalition. The partnership utilized a framework known as the MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This report focuses on the results of one of these assessments, the Forces of Change Assessment (FOCA). To conduct the FOCA, a meeting was held on December 2, 2019, a group of community stakeholders convened to brainstorm their community's forces of change and the threats and opportunities associated with those forces.

The following themes emerged during the discussion about Pike County's Forces of Change:

- Many community agencies and organizations are overwhelmed and underfunded.
- The community needs public input for developing policies around preventive efforts to follow through on program strategies.
- The communities' fatalistic view among community members that items can't improve their quality of life.
- Developing structure for local public health system communication and referral system to provide optimal health equity.

Methodology

The Forces of Change Assessment (FOCA) focuses on identifying forces such as social, economic, political, technological, environmental, scientific, legal, and ethical. This is assessment answers questions such as: “What has occurred recently that may affect our local public health system or community?” and “What trends such as opportunities and threat may occur in the future?”

The Pike County Health Coalition, in partnership with The Pike County General Health District and Adena Pike Medical Center, came together to compose the assessment on December 2, 2019. Twenty community stakeholders participated in the meeting. A complete list of participants, including the organizations they represent, can be found in Appendix A of this report. Prior to the meeting, Pike County General Health District provided a three-page worksheet to the participating Pike County Health Coalition members. The worksheets can be found in Appendix B of this report. These worksheets explains the definition of Forces of Change, provides space to brainstorm ideas, and identifies forces that affect health equity among community stakeholders and residents.

During the meeting, the coalition developed methods to combine members to move to approach consensus on what the Forces of Change for Pike County are and the potential threats and opportunities may be associated with those forces. After the meeting, the worksheets were analyzed and themed by Pike County Health Coalition based on the topic and group discussion from the meeting.

Findings

The forces brainstorm of the worksheets with the group discussion were analyzed by the Pike County General Health District and Adena Pike Medical Center. The following is the summary of the information.

Substance Abuse: There were four forces that related to substance abuse identified, including the associated community issues that result from the issue. The discussion was about the same reoccurrences that continue to be categorized in the seven groups. The discussion was related burden on social programs, including the mental and physical ramifications of the grandparents raising grandchildren when parents are unable due to drug use, increase in violence, and children developing behavior issues. Overall, there is an overwhelming lack of resources to combat the issue. Threats included lack of eligible social programs and workforce shortages. Opportunities included education to policy makers, drug court, increase of treatment providers, and referrals for treatment.

Nutrition & Fitness Improvement: Four forces that were related to nutrition and fitness improvement. The discussion focused on lack of exercise, stress, transportation, and obesity. The group discussed how the community needed more programs to address obesity and the rural access issues for facilities.

Tobacco and Vaping Prevention: Three forces that were related to tobacco and vaping prevention were smoking during pregnancy, chronic disease, and stress. The coalition members discussed the overwhelming topic the leading causes of health behaviors in Pike County are related to chronic health conditions resulting in the top causes of death. The low birth rates and the increase of mothers who continue to smoke and the decrease in the quality of life from continuing to smoke.

The coalition also stated that many of the issues that arise with tobacco and vaping prevention is legislative issues in the community and the decrease in outreach. Many of the decrease in outreach for prevention were related to the funding opportunities that are shifted to the bigger issue of substance abuse in the community to provide directives for cessation.

Mental Health: Three forces that were related to mental health were stress, depression, and chronic health issues. Stress was overwhelming related to the increase in the suicide rate and substance abuse rate in Pike County. Depression also becomes a generational aspect of families that are dependent on the help of social programs formulating the chronic health issues in residents. Many of the coalition members also stated that a lack of adequate resources for mental health services and adequate knowledge of policy makers are issues.

Social Factors of Health: Six forces that are interrelated to all the groups. The forces are poverty, unemployment, unlivable conditions, lack of health insurance, literacy, and the rural access to care. This all stems from the fatalistic and hopelessness view that is generationally passed through families throughout the county. The group also discussed the aspects of technological access to rural families that limit educational diversity. The discussion continued to address the lack of employment opportunities. The workforce in the county is limited and many of the residents travel for employment opportunities.

Child Safety: Three forces were related to child safety are overwhelmed schools, grandparents raising grandkids, and an abusive home life. The first force are grandparents raising grandkids that have created generational differences among children. Second, schools are overwhelmed and unable to continue to provide programs to children and to notice if children are living in an abusive home life. Lastly, many safety issues stem from the mental health issues of families resulting in an abusive home life.

Teen Pregnancy Prevention: Four forces were related to teen pregnancy prevention were overwhelmed schools, grandparents raising grandkids, generational issues, and rural access issues in the community. Schools are dealing with multiple behavior issues among all children that they are not able to provide adequate support for educational values, such as teen pregnancy. Grandparents are unable to talk to grandkids about controversial topics such as practicing safe sex. Rural area access to technology and extracurricular activities create barriers to unhealthy behaviors that teens may need that parents are unable to provide without the support of social programs and schools.



Discussion

Several comparable themes arose during the large group discussion about Pike County Forces of Change. The targeted groups that were identified throughout the discussion were elaborated based on the top health priority factors, top causes of death, top causes of environmental health, and top health behaviors. During much of the discussion, the lack of adequate funding and resources were noted consistently throughout the meeting.

The impact on vulnerable populations was noted several times throughout the meeting for children, elderly, mental health disorders, and substance abuse. These groups were also mentioned in several instances during the discussion on mental health issues. There is an increase stress on the vulnerable populations in the community resulting in the increase of the overall mental health issues surrounding the community. Grandparents raising grandkids and the mental health of youth was also prevalent. The schools are increasingly taking on these issues and becoming the safety nets for students who are stricken with poverty, drug abuse, and neglect in the home.

The need for higher quality employment was also a common theme along with how residents can acquire resources provided in our county. The lack of economic development consistently contributes to many of the underlying factors of health increasing the harmful health behaviors among residents.



Appendix A: FOCA List of Participants

Name	Agency
Matt Brewster	Pike County General Health District
Nichole Smith	Pike County General Health District
Ryan Williams	Pike County General Health District
Mona Minor	Pike County General Health District
Tabatha Tong	Pike County General Health District
Linda Rigsby	Pike County General Health District
Ginny Dickerson	Pike County General Health District
Kim Jones	Adena Regional Medical Center
Dave Zanni	Adena Pike Medical Center
Andrea Hendrix	Southern Ohio Medical Center
Cindy Balzer	Southern Ohio Medical Center
Brooke Coriell	Southern Ohio Medical Center
Kevin Shoemaker	Southern Ohio Diversification Initiative
Rita Auton	Pike Healthy Lifestyle Initiative (PHLI)
Tammy Jones	Ohio State University Extension
Sherri Chancey	Pike County Outreach Council
Cynthia Brushart	The Recovery Council
Susan Fish	Bright View Health
Melanie Swisher	Paint Valley ADAMH
Brandi Hawthorne	Community Action Committee of Pike County
Genna Scott	Community Action Committee of Pike County

Appendix B: Worksheets



Forces of Change Brainstorming Worksheet

The following three-page worksheet is designed for MAPP Committee members to use in preparing for the Forces of Change brainstorming session.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

Think about forces of change — outside of your control— that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Also, consider whether or not forces identified were unearthed in previous discussions.

1. Was the MAPP process spurred by a specific event such as changes in funding or new trends in public health service delivery?
2. Did discussions during the Local Public Health System Assessment reveal changes in organizational activities that were the result of external trends?
3. Did brainstorming discussions during the Visioning or Community Themes and Strengths phases touch upon changes and trends occurring in the community?



Forces of Change Brainstorming Worksheet

Using the information from the previous page, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____



Forces of Change Brainstorming Worksheet

Questions to Identify Forces that Affect Health Equity

Pike County Health Coalition's mission is to raise awareness and ultimately improve the health and wellness of the residents of Pike County through the ongoing cooperation and focus of its community leaders, local health care providers, and citizens. In order for the coalition to continue our mission, it is up to us to make sure that health equity is a strategy to meet our goals.

Powerful organized interests develop structures and support policies and practices that can either contribute to health equity or cause health inequities. The following questions can be answered during the Forces of Change Assessment to identify these forces, opportunities, and threats.

1. What patterns of decisions, policies, investments, rules, and laws affect the health of our community?
2. Who benefits from these decisions, policies, investments, rules, and laws?
3. Whom do these decisions, policies, investments, rules, and laws harm?
4. Who or what institutions have the power to create, enforce, implement, and change these decisions, policies, investments, rules, and laws?
5. What interests support or oppose actions that contribute to health inequity?
6. What opportunities exist to influence decisions, policies, investments, rules, and laws to benefit all groups?
7. What forces now and in the future can reinforce health inequity in our community? How can we mitigate or prevent these forces?
8. What forces now and in the future can reinforce health equity in our community? How can we take advantage of these factors?

Appendix C: SWOT

<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • Established health continuum coalition • Strong coalition and activity around obesity prevention (PHLI) • Local health system collaboration • Developing efforts around mental health and substance use disorder 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> • Economic challenges of the community • Appalachian culture (fatalistic) • Limited capacity of health and social service agencies (human resources, funding and expertise) • Limited knowledge and understanding of evidence based practice by community and community leaders • Follow up and follow through on projects and collaborative efforts • Transportation options • Limited participation of local officials in community efforts like health coalition • Stigma around issues like mental health and substance use disorder • Limited personal capacity of many agency leaders
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Broader engagement of health coalition • Stronger substance use disorder coalition and broader efforts • Funding for health priorities • Stronger tobacco prevention coalition • Evaluation of health related services • Structured public health communication • Public input for developing policies around health • Structure for inter-agency referral and cooperation • Technology resources • Training on critical health topics • Research partnerships among agencies 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • Funding availability • Political issues around some health priorities like substance use disorder • Volatility of community leadership • Volatility of health continuum collaboration • Hopelessness among community members that things can improve • Negative attention community has received because of Rhoden Family murders, Sheriff's indictment, embezzlement in public agencies • Limited economic and educational diversity of the population

Appendix D: Forces of Change Chart

GROUP	FORCE OF CHANGE	THREAT	OPPORTUNITY	NOTES
Substance Abuse	Addiction drug changes	Increase in violence	Treatment	Overwhelming lack of resources
			Drug courts	
			More training	
	IV Drug Use	Disease spreads	Vaccinations	
		Workforce shortage	Referrals for treatment	
	Grandparents raising grandchildren	Physical stress	Educate policy makers	
		Ineligible for social programs		
		Lack of technology		
	Increase in Neonatal Abstinence Syndrome	Children developing behavior issues		
GROUP	FORCE OF CHANGE	THREAT	OPPORTUNITY	NOTES
Nutrition & Fitness Improvement	Obesity	Decreased quality of life	Increase outreach and education	Funding for programs
	Transportation	Rural access to facilities	Nutritional classes	
	Stress	Increase in suicide, substance abuse, and dependent on social services		
	Lack of exercise	Rural access issues for transportation or facility access	Educate on community resources	
		Affordability		
GROUP	FORCE OF CHANGE	THREAT	OPPORTUNITY	NOTES
Tobacco & Vaping Prevention	Smoking during pregnancy	Low birth rates	Healthcare system provide tobacco cessation programs	Educational issues and lack of funding resources
	National & state policy changes	Increase cost of products	Educate policy makers on community strategies	
	Second-hand smoke	Co-morbidity		
		Decreased quality of life		
GROUP	FORCE OF CHANGE	THREAT	OPPORTUNITY	NOTES
Mental Health	Stress	Increase in suicide, substance abuse, and dependent on social services	Educate policy makers	Lack of adequate resources

	Depression		Commitment from healthcare system	
	Chronic health issues			
GROUP	FORCE OF CHANGE	THREAT	OPPORTUNITY	NOTES
Social Factors of Health	Poverty	Employment to population ratio	Increase in training and support	Educational issues
	Unemployment			
	Unlivable wage			
	Lack of health insurance/health issues			
	Literacy	Technology	Outreach/education programs	
	Rural area access issue	No Internet access		
GROUP	FORCE OF CHANGE	THREAT	OPPORTUNITY	NOTES
Child Safety	Grandparents raising grandkids	Generational differences	Community & church support	Decrease in public funding in social programs
		Technology deficient		
	Overwhelmed schools			
	Abusive home life	Bullying children	Increase mental health providers & advocacy	
		Increase in suicides		
GROUP	FORCE OF CHANGE	THREAT	OPPORTUNITY	NOTES
Teen Pregnancy	Grandparents raising grandkids	Generational differences	Community & church support	Increase in reliance on social programs and school system
		Technology		
	Rural area access issues	No Internet access or limited, creates communication issues		
	Generational	Hopelessness		
		Lack of support		
	Overwhelmed schools	Funding	Trade school	
		Lack of teacher support & education		



PIKE COUNTY LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Summary

In 2019, the Pike County General Health District, in partnership with the Adena Regional Medical Center and the Pike County Health Coalition, combined efforts on the community health assessment. The partners utilized a framework known as MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a community driven strategic planning process to assist communities in prioritization for public health issues, identify community resources, and take action to improve conditions for healthier living. This recognized best practice was designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the community. This report focuses on the results of one of these assessments. This report focuses on the methodology, results, and discussion from the Local Public Health System Assessment (LPHSA).

The coalition members provided their opinions and concerns about the local public health system. During the assessment the coalition members considered health equity as an external approach to improve the health of the community and to provide strategies for all residents.

Overall, the common themes that emerged across the Local Public Health System in Pike County were:

- Pike County's Local Public Health System is underfunded and under-resourced to address the 10 Essential Public Health Services at an optimal level
- Pike County lacks community engagement from residents in the Local Public Health System to deliver innovative concepts to grow the services of residents.
- The agencies that comprise Pike County's Local Public Health System need to improve their communication within the system

Methodology

The Local Public Health System Assessment (LPHSA) is a method of assessing a community's activity level surrounding the 10 Essential Public Health Services utilizing the National Public Health Performance Standards Assessment (NPHPS).

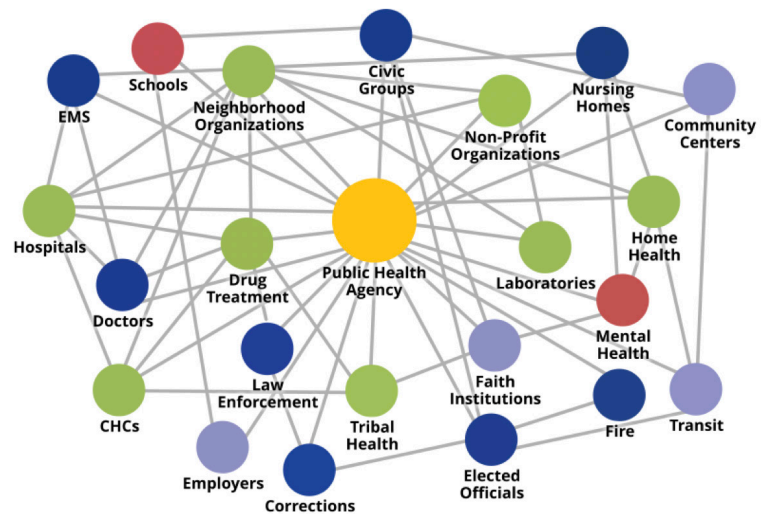
According to the National Public Health Performance Standards (NPHPS), the Local Public Health System Assessment measures how well our local public health system delivers the 10 Essential Public Health Services. This instrument describes what the local public health system would look like if all the organizations, groups, and individuals in the community worked together to ensure essential services and measures the local public health system performance.

It is more than the Pike County General Health District that comprises this role of the local public health system and includes different institutions and organizations, such as:

- Public health agencies
- Recreation and arts-related
- Human service and charity organizations
- Education and youth development organizations
- Public safety agencies
- Healthcare providers
- Economic and philanthropic organizations
- Environmental agencies or organizations

To perform the LPHSA, PCGHD in coordination with the Pike County Health Coalition, reviewed The 10 Essential Public Health Services (EPHS) during an in-person meeting session on July 2019. A health equity focused questionnaire based on NPHPS was administered from the MAPP User's Handbook, and can be found in Appendix A of this report. The group discussed the categorized answers based on 10 EPHS. Pike County General Health District then took the results from the meeting and completed the NPHPS Local Assessment Data Sheets and Report. A small group from the Pike County Health Coalition reconvened and discussed the LPHSA performance scores in October 21, 2019. A power

Figure 1: The Local Public Health System



Source: CDC Centers for Disease Control and Prevention

point presentation was reviewed of the information and was given to participants. A complete list of participants, including the organizations they represent, can be found in Appendix B of this report.

First, the groups reviewed the Performance Scores and then went through each essential service criteria. The facilitator of the meeting asked if they felt the scores reflected the work that was being done in the community and if the information needed to be adjusted. Any adjustments that were obtained was a qualitative data and was entered into the Report Summary Notes Section. This was the first time a performance score was associated with the community performance, so the coalition members felt the information that was entered would be used as baseline data. The group then could review the information next year to accurately reflect the performance scores that were established in the assessment.

The Pike County General Health District Performance Management and Quality Improvement Council met independently and assigned the Agency Contribution Score based on each standard. These scores are all located in the report.

The full results of NPHPS Report, including Performance Scores and Priority Rating are located in a separate document in Appendix C.

Results

A summary of the average Essential Service Performance Score is located in Figure 2. The Performance Scores, Priority Rating, and Agency Contribution Scores can be found in Table 1. Pike County's strongest activity occurs in Essential Service 7, Link to Health Services, this is primarily due to the linkage of people to needed personal health services and assure the provision of health care when otherwise unavailable.

The weakest activity occurs in Essential Service 6, Enforce Laws. This is primarily due to the review and improvement of laws. It is also similar in performance scores to Essential Service 9, Evaluate Services. This is primarily due to the disregard in monitoring of the evaluation of population health and the Local Public Health System.

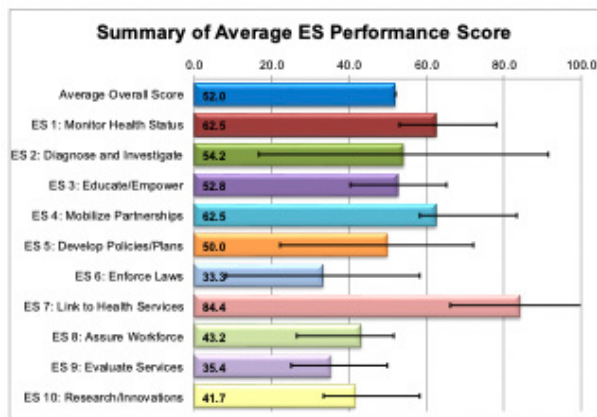
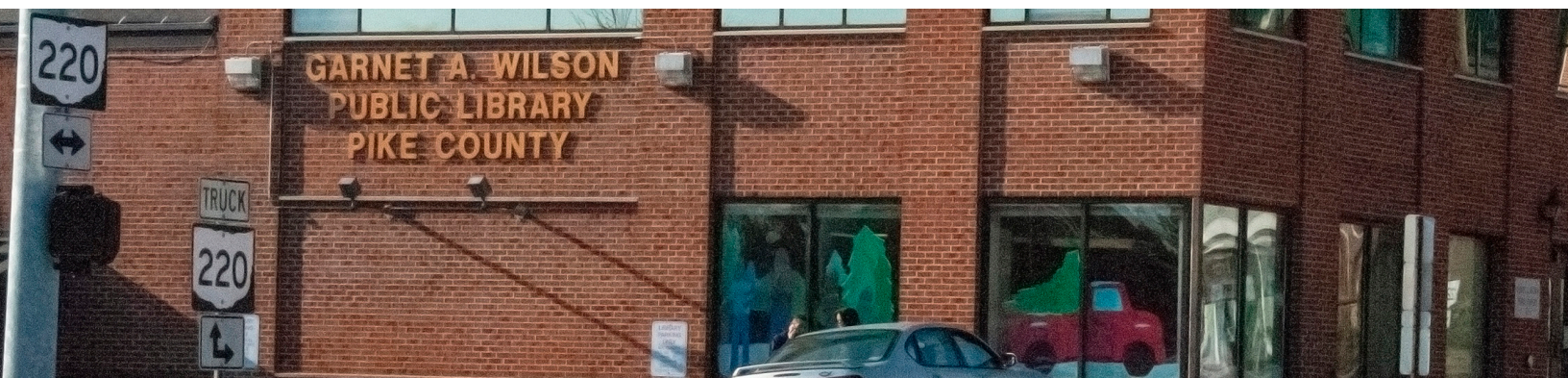


Figure 2: Summary of Average Essential Service Performance Score

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	62.5	4.7	75.0
1.1 Community Health Assessment	66.7	10.0	100.0
1.2 Current Technology	58.3	2.0	50.0
1.3 Registries	62.5	2.0	75.0
ES 2: Diagnose and Investigate	54.2	6.3	83.3
2.1 Identification/Surveillance	58.3	7.0	75.0
2.2 Emergency Response	54.2	7.0	100.0
2.3 Laboratories	50.0	5.0	75.0
ES 3: Educate/Empower	52.8	7.7	66.7
3.1 Health Education/Promotion	58.3	8.0	100.0
3.2 Health Communication	50.0	8.0	50.0
3.3 Risk Communication	50.0	7.0	50.0
ES 4: Mobilize Partnerships	62.5	5.5	62.5
4.1 Constituency Development	50.0	5.0	50.0
4.2 Community Partnerships	75.0	6.0	75.0
ES 5: Develop Policies/Plans	50.0	5.8	81.3
5.1 Governmental Presence	25.0	1.0	50.0
5.2 Policy Development	50.0	4.0	75.0
5.3 CHIP/Strategic Planning	75.0	9.0	100.0
5.4 Emergency Plan	50.0	9.0	100.0
ES 6: Enforce Laws	33.3	5.3	58.3
6.1 Review Laws	25.0	4.0	50.0
6.2 Improve Laws	25.0	4.0	25.0
6.3 Enforce Laws	50.0	8.0	100.0
ES 7: Link to Health Services	84.4	7.0	87.5
7.1 Personal Health Service Needs	75.0	7.0	75.0
7.2 Assure Linkage	93.8	7.0	100.0
ES 8: Assure Workforce	43.2	3.0	81.3
8.1 Workforce Assessment	25.0	3.0	100.0
8.2 Workforce Standards	66.7	3.0	100.0
8.3 Continuing Education	50.0	3.0	50.0
8.4 Leadership Development	31.3	3.0	75.0
ES 9: Evaluate Services	35.4	5.3	66.7
9.1 Evaluation of Population Health	31.3	3.0	75.0
9.2 Evaluation of Personal Health	50.0	10.0	75.0
9.3 Evaluation of LPHS	25.0	3.0	50.0
ES 10: Research/Innovations	41.7	3.7	41.7
10.1 Foster Innovation	50.0	3.0	50.0
10.2 Academic Linkages	50.0	3.0	50.0
10.3 Research Capacity	25.0	5.0	25.0
Average Overall Score	52.0	5.4	70.4
Median Score	51.4	5.4	70.8

Table 1: Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard



Discussion

Overall, the coalition members reiterated that all of the agencies do a fair job in the standards and measures, however an assessment of the Local Public Health System has never been performed. The performance scores are able to provide crucial data information on the services we deliver to the community. All agencies offer linkage to personal health and social services. Essential Service 7, Link to Health Services scored the highest priority among community levels.

During the in-person meeting, there was an overall theme that, while the Public Health System does a good job of meeting the required items within the NPHPS tool, the community lacks some of the resources.

Overall, there were three themes identified during the discussion at the in-person meeting:

1. There is a need for more funding and resources to improve performance in many of the essential services. Funding has always been an issue for more activities to occur for any small community, especially for residents of Pike County, but more services are occurring since the Accreditation mandate.
2. There is a lack of community engagement from residents to be involved in community programs and meetings. Getting outside inspiration from residents is an essential to provide creative ideas and innovative concepts to overall community priorities.
3. There is lack of effective communication between agencies about what it is occurring in Pike County. Many agencies are unaware of the Essential Public Health Services and community activities overall.



Appendix A: NPHPS Coalition Questionnaire



Date: _____

NPHPS ASSESSMENT to CONSIDER HEALTH EQUITY

At what level do we as a local public health system provide? *(Circle only one)*

1. Conduct the community health assessment that includes indicators for monitoring differences in community health and wellness across populations?
a. ☐ No Activity ☐ Minimal ☐ Moderate ☐ Significant ☐ Optimal
2. Do we participate & monitor health inequities throughout our community?
b. ☐ No Activity ☐ Minimal ☐ Moderate ☐ Significant ☐ Optimal
3. Do we provide information about the community health status in the context of health equity and social injustice?
c. ☐ No Activity ☐ Minimal ☐ Moderate ☐ Significant ☐ Optimal
4. Do we provide community members access to community health data and allow them to participate fully in decision-making among different groups?
d. ☐ No Activity ☐ Minimal ☐ Moderate ☐ Significant ☐ Optimal
5. Do we give the community a substantive role in deciding what policies etc. govern community health status?
e. ☐ No Activity ☐ Minimal ☐ Moderate ☐ Significant ☐ Optimal
6. Identify local public health issues that have a disproportionate impact historically marginalized communities?
f. ☐ No Activity ☐ Minimal ☐ Moderate ☐ Significant ☐ Optimal
7. Work to identify laws, policies, and practices that maintain inequitable distribution resources may influence access to personal health services?
g. ☐ No Activity ☐ Minimal ☐ Moderate ☐ Significant ☐ Optimal
8. Conduct assessments related to developing staff capacity and improving organizational functioning to support health equity initiatives?
h. ☐ No Activity ☐ Minimal ☐ Moderate ☐ Significant ☐ Optimal
9. Monitor the delivery of the 10 Essential Public Health Services to ensure that they are equitably distributed?
i. ☐ No Activity ☐ Minimal ☐ Moderate ☐ Significant ☐ Optimal
10. Share information and strategize with other organizations invested in eliminating health inequity?
j. ☐ No Activity ☐ Minimal ☐ Moderate ☐ Significant ☐ Optimal

Appendix B: LPHSA List of Participants

Name	Agency
Nichole Smith	Pike County General Health District
Matt Brewster	Pike County General Health District
Ryan Williams	Pike County General Health District
Mona Minor	Pike County General Health District
Kim Jones	Adena Regional Medical Center
Dave Zanni	Adena Pike Medical Center
Karen Casebolt	Recovery Council
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Brooke Coriell	Southern Ohio Medical Center
Brian Cristi	Paint Valley ADAMH
Peter Balvanz	Ohio Opioid Project (OHOP)
Penny Dehner	Scioto Paint Valley Mental Health Center
Charles Hoy	Pike County Local Foods Committee
Melody Lucas	Community Action Committee of Pike County
Rita Auton	Pike Healthy Lifestyle Initiative
Zachary Dixon	Waverly Police Department
Chelsea Adams	Community Action Committee of Pike County