



2021 Community Health Needs Assessment

TABLE OF CONTENTS

<u>Introduction</u>	<u>3</u>
Executive Summary	3
Mission Statement	3
Information on Data Collection	4
<u>Demographics</u>	<u>5</u>
Population of Service Area	5
Ethnicity	6
Age Distribution	7
<u>Socioeconomic Factors</u>	<u>7</u>
Income	7
Poverty	8
Insurance Payer Mix	10
Employment	11
Education	12
<u>Methodology</u>	<u>13</u>
Assessment	14
<u>Priority Health Needs</u>	<u>16</u>
Access to Care	17
Mental Health/Addiction	19
Affordable Health Care	28
<u>Barriers to Health Care</u>	<u>31</u>
Access to Healthcare	31
Mental Health/Addiction	34
Affordable Health Care	36
<u>Resources</u>	<u>38</u>
<u>Attachments</u>	<u>39</u>
A. Service Area Map	40
B. Needs Assessment – Group Invitation Letter	41
C. Needs Assessment – Discussion Questions	46
D. Letter to Amish Families	47

INTRODUCTION

Executive Summary

Ohio Hills Health Centers (OHHHC) was established as a private, non-profit healthcare organization in 1973. It is chartered in the State of Ohio and is recognized as a 501 (c) (3) organization by the Internal Revenue Service. In 1973, the agency began as part of a larger founded health program and maintained a limited profile in the western part of Belmont County. The agency was awarded a Rural Health Initiative grant in 1976 and from there it developed into a Community Health Center.

As a Community Health Center, Ohio Hills Health Centers (OHHHC) is required by the Health Resources Services Administration (HRSA) to conduct Community Health Needs Assessments every three years and to adopt strategies to meet community health needs identified through the assessment. Ohio Hills Health Centers is a not-for-profit, charitable organization and is committed to caring for our communities. While motivated to comply with the regulations, OHHHC also has a sincere desire to identify and better understand the current health status and community health needs. OHHHC is committed to actively work to improve the health of all residents within our service area. The Community Health Needs Assessment collects data and actively solicits feedback from area residents and organizations on the most significant needs and challenges we face today in healthcare.

Mission Statement

The Community Health Needs Assessment is aligned with Ohio Hills Health Centers' Mission Statement:

Ohio Hills Health Centers is a non-profit health care operation organized by communities in eastern Ohio to promote healthy lifestyles and to provide comprehensive treatment and preventative services for area residents. The primary focus is to provide prompt, courteous and affordable healthcare that is responsive and sensitive to individual needs.

Ohio Hills Health Centers is founded on the philosophy that the delivery of health care to the entire community and all its subgroups, including the medically indigent segment, is possible and practicable in a framework which does not separate subsets from total population and offers treatment regardless of economic status, gender, race, nationality, geographic or religious background, or political philosophy.

In the exercise of delivering adequate healthcare to all segments of the patient populations, appropriate standards and procedures must be enforced to protect the welfare of the patient.

Information on Data Collection

The data was drawn from state and national sources and provides measures/indicators of the health and wellbeing of the population in the counties within the OHHC service area. OHHC worked with community representatives and healthcare professionals in the area to analyze the current health needs of the region. The information was derived from a data driven, facilitated planning approach.

The top three health-related issues identified as part of the 2021 OHHC Community Health Needs Assessment include:

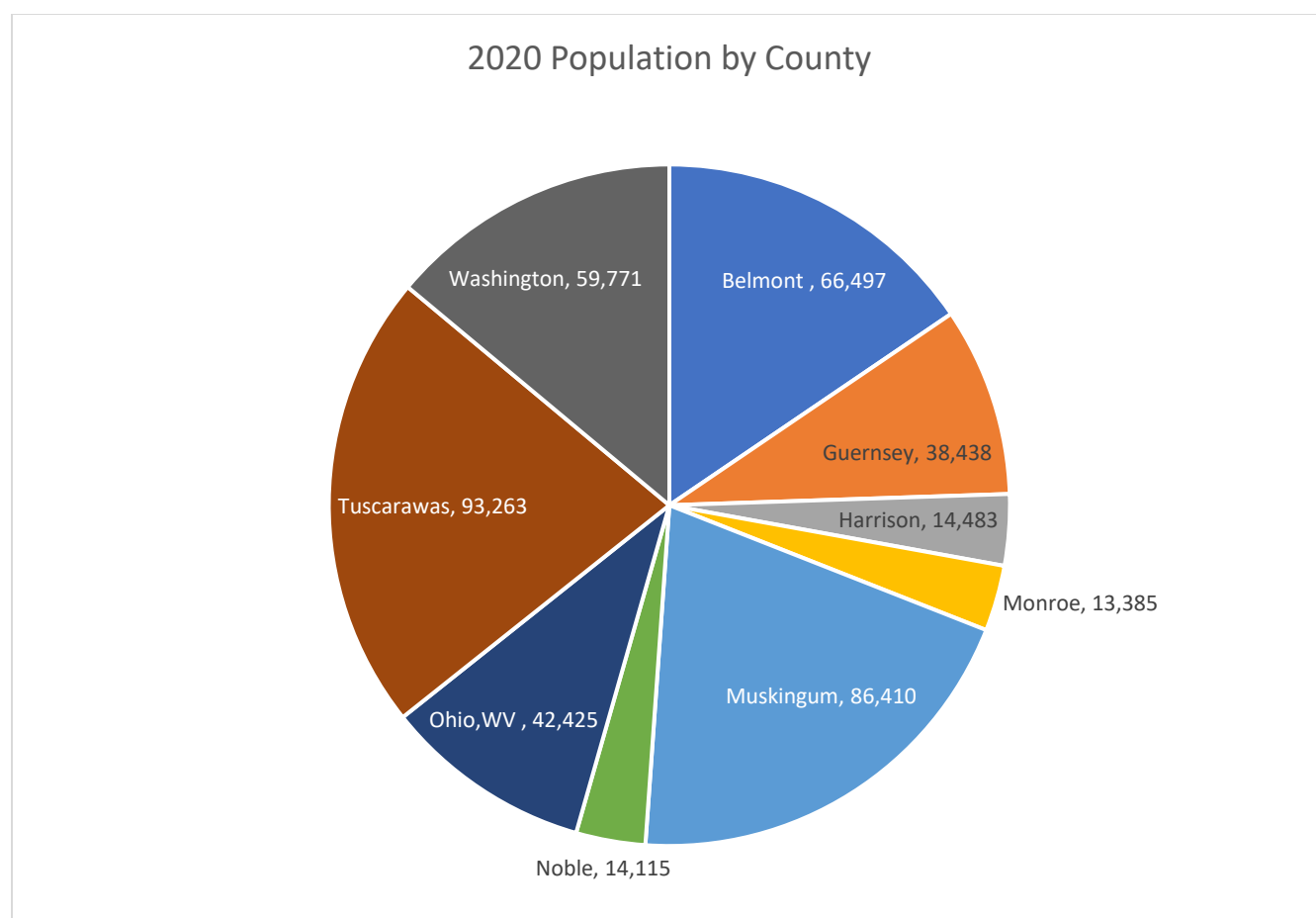
- **Access to Care**
- **Mental Health/Addiction**
- **Affordable Health Care**

These top priority needs will serve as a foundation for an implementation plan to meet the community health needs. The implementation plan will be integrated into Ohio Hills Health Centers Strategic Plan and considered adopted when reviewed and approved by the OHHC Board of Trustees. Once approved, it will be made widely available to the community via print, social media, and the Ohio Hills Health Centers webpage www.ohiohillshealthcenters.com.

DEMOGRAPHICS

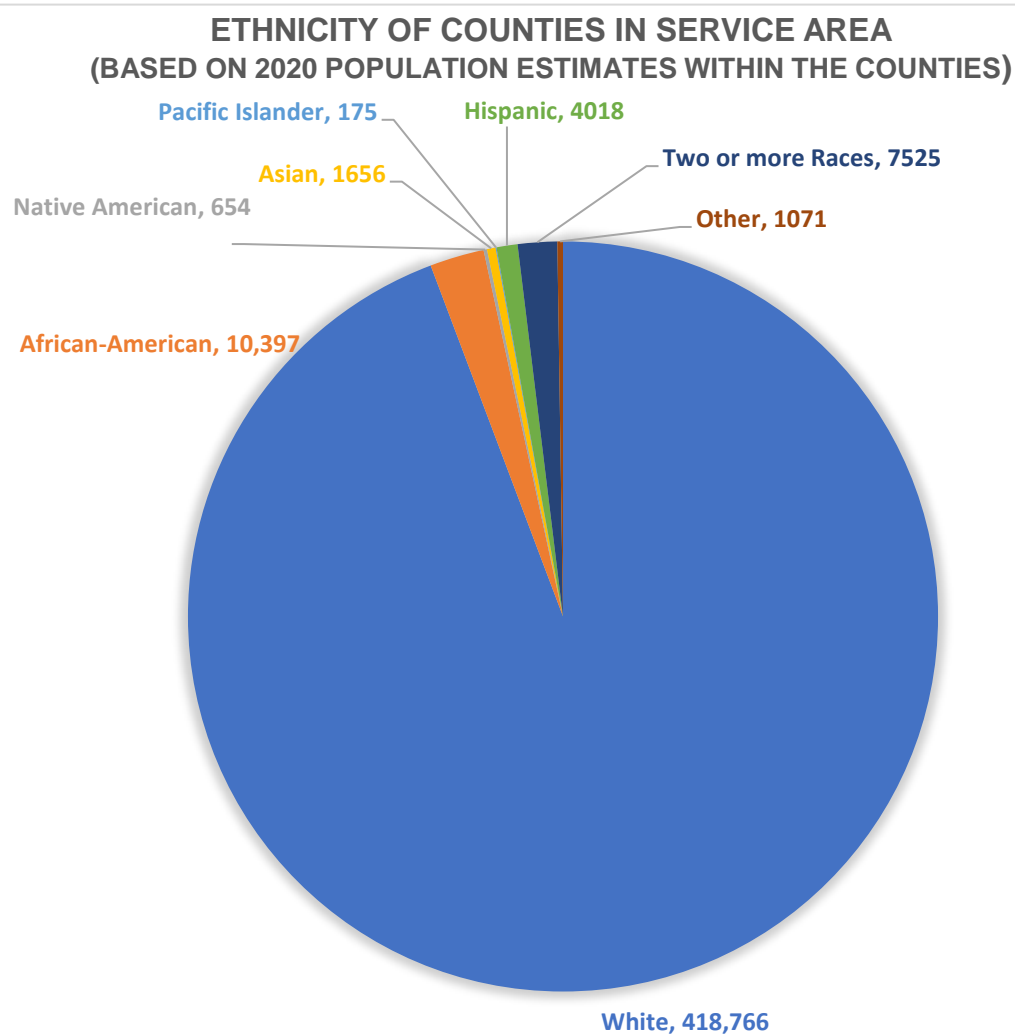
Population of Service Area -Ohio Hills Health Centers Service Area

The service area of Ohio Hills Health Centers encompasses portions of southeastern Ohio and parts of adjacent West Virginia. This includes approximately 2,795.03 square miles, covering parts of seven (7) Ohio counties: Belmont, Guernsey, Harrison, Muskingum, Monroe, Noble, and Tuscarawas, and Ohio County in West Virginia. (See ATTACHMENT A) The service area includes a combined population of 428,523 persons (<https://data.census.gov>). This area, which is part of the Appalachian Region, has rolling to rugged terrain and is marked by areas of farmland and coal mines. A major east-west interstate highway (I-70) bisects the area.



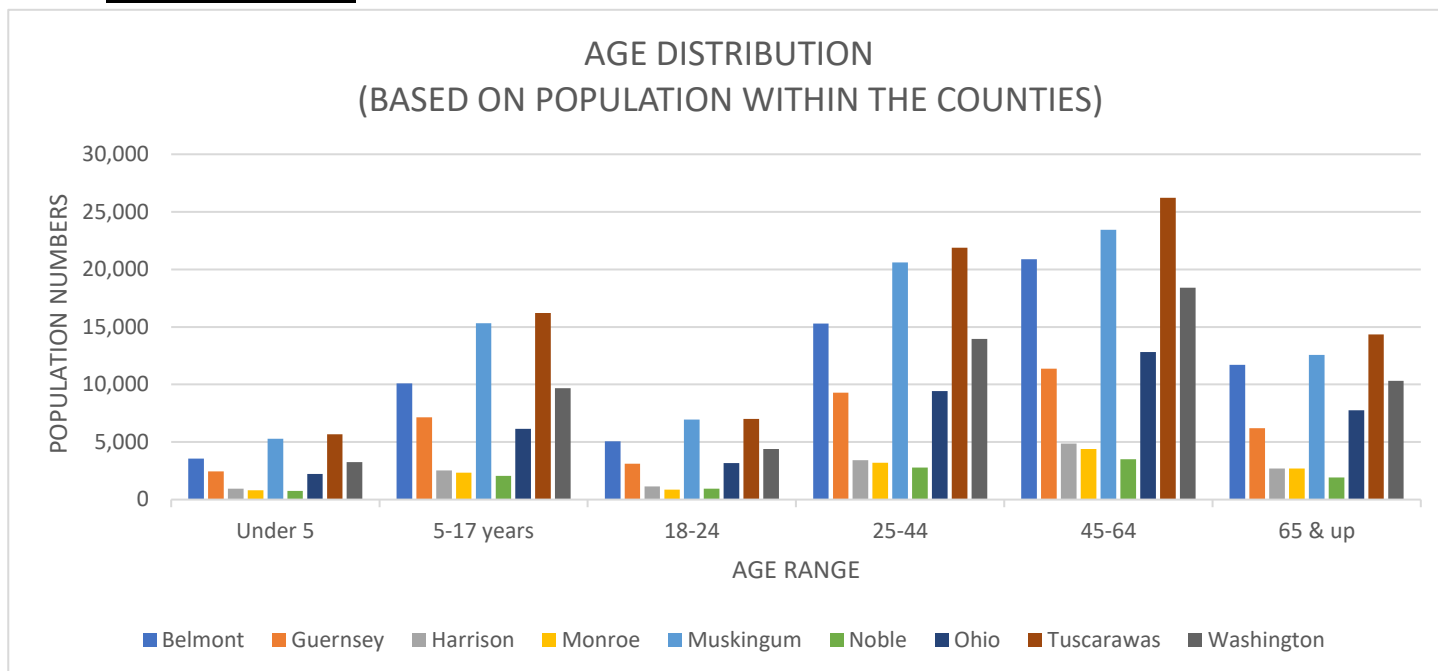
Data Source: <https://data.census.gov>

Ethnicity



Data Source: <https://suburbanstats.org>

Age Distribution



Data Source: <https://suburbanstats.org>

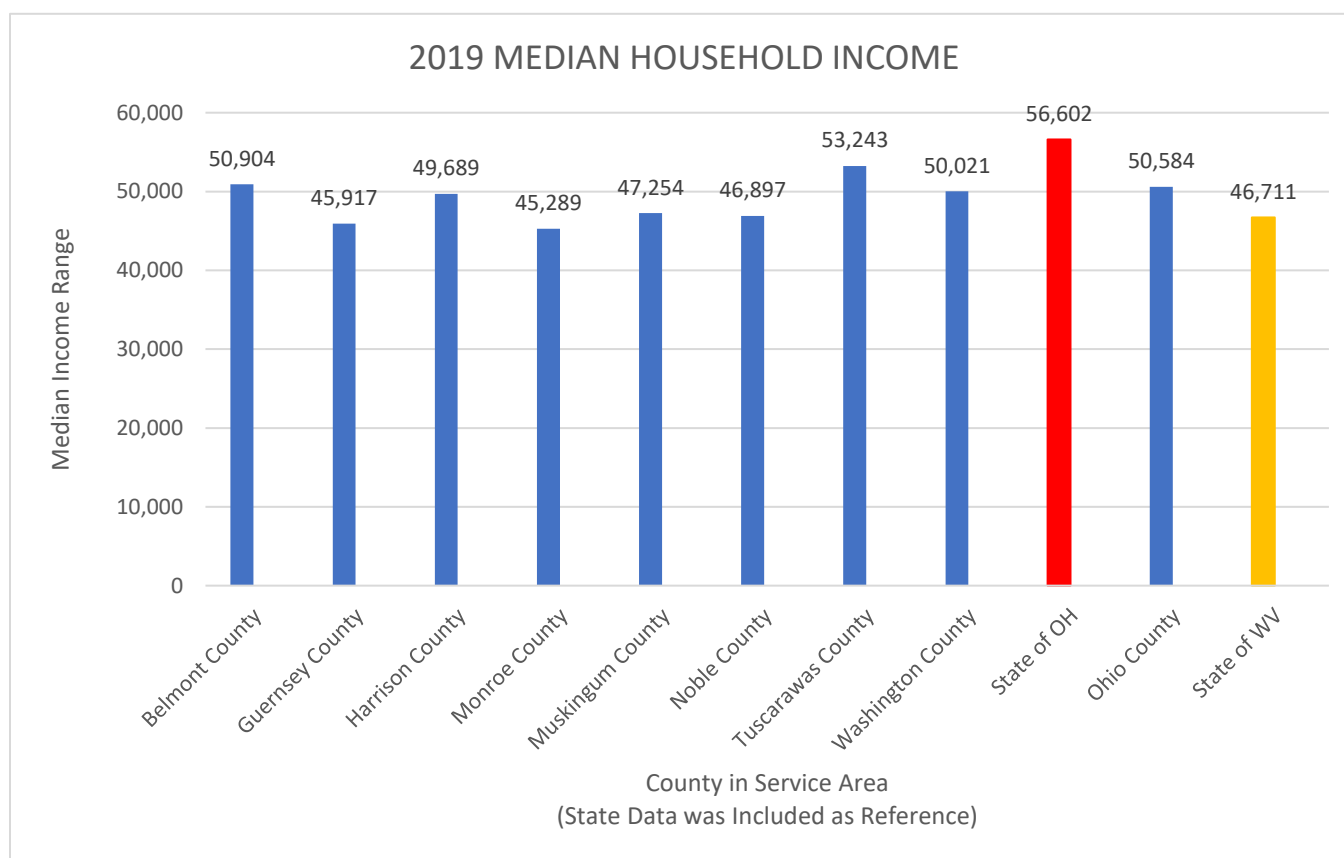
SOCIOECONOMIC FACTORS

Many factors integrate to affect the health of individuals and communities. Individuals are generally unable to directly control many of these determinations of health. Influential factors include:

- Income
- Poverty Level
- Insurance Payer Mix
- Employment
- Education

Income

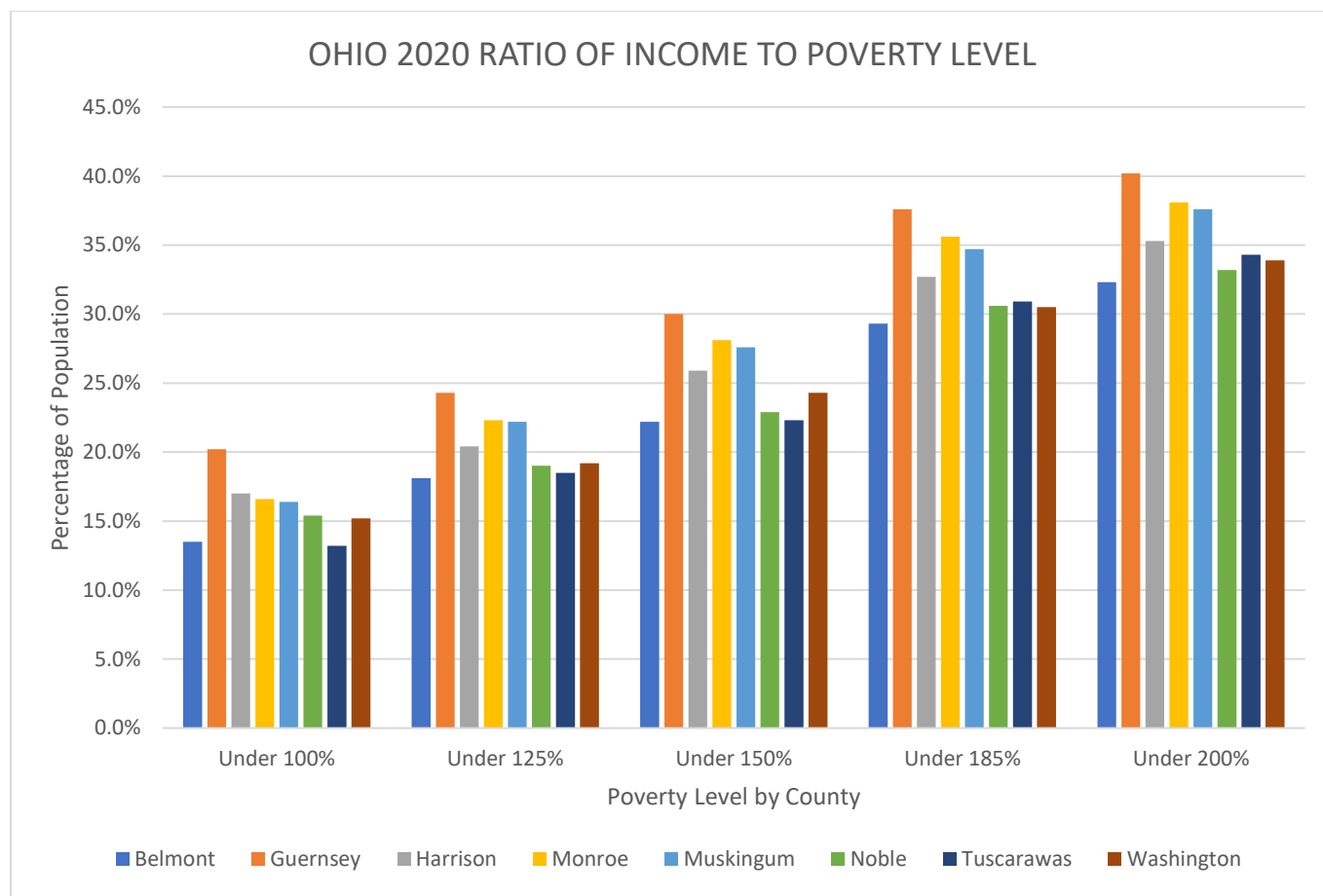
Income can impact health directly, as well as indirectly. Directly, income can influence such things as nutritional choices, living circumstances, access to healthcare, prescription medications, and compliance with treatment plans. Indirectly, there is a correlation between income and social relationships, which may contribute to poor health. Area counties fall below the state median income.



Data Source: <https://www.census.gov/quickfacts/fact/table/US/PST045219>

Poverty Level

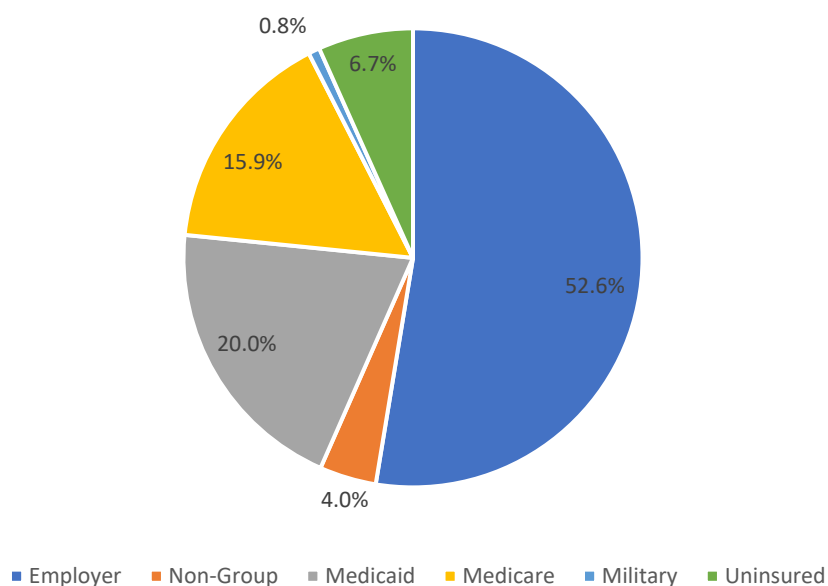
High rates of poverty, combined with insurance payer mix, which includes a high percentage of area residents who have no insurance, or depend on Medicare or Medicaid, may be an obstacle to both patients served, as well as Ohio Hills Health Centers. Poverty level may affect access, availability, and utilization of services.



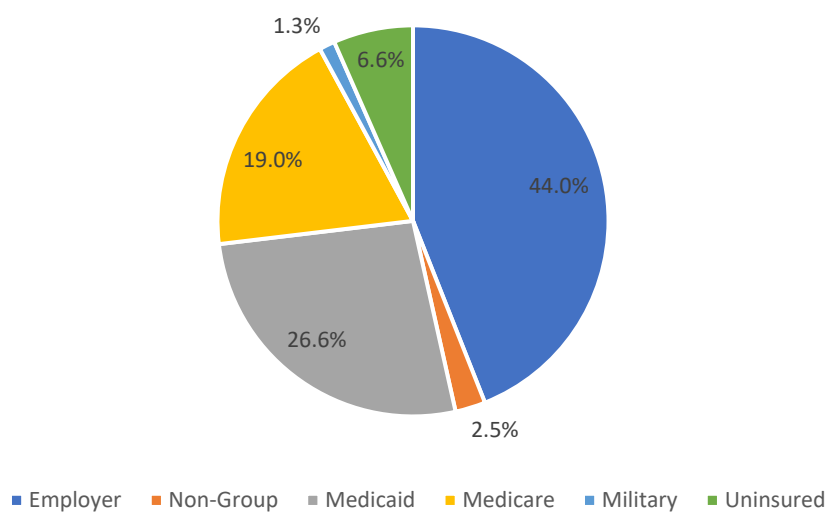
Data Source: <https://www.development.ohio.gov/files/research/p7005.pdf>

Payer Mix

2019 OHIO HEALTH INSURANCE PAYER MIX



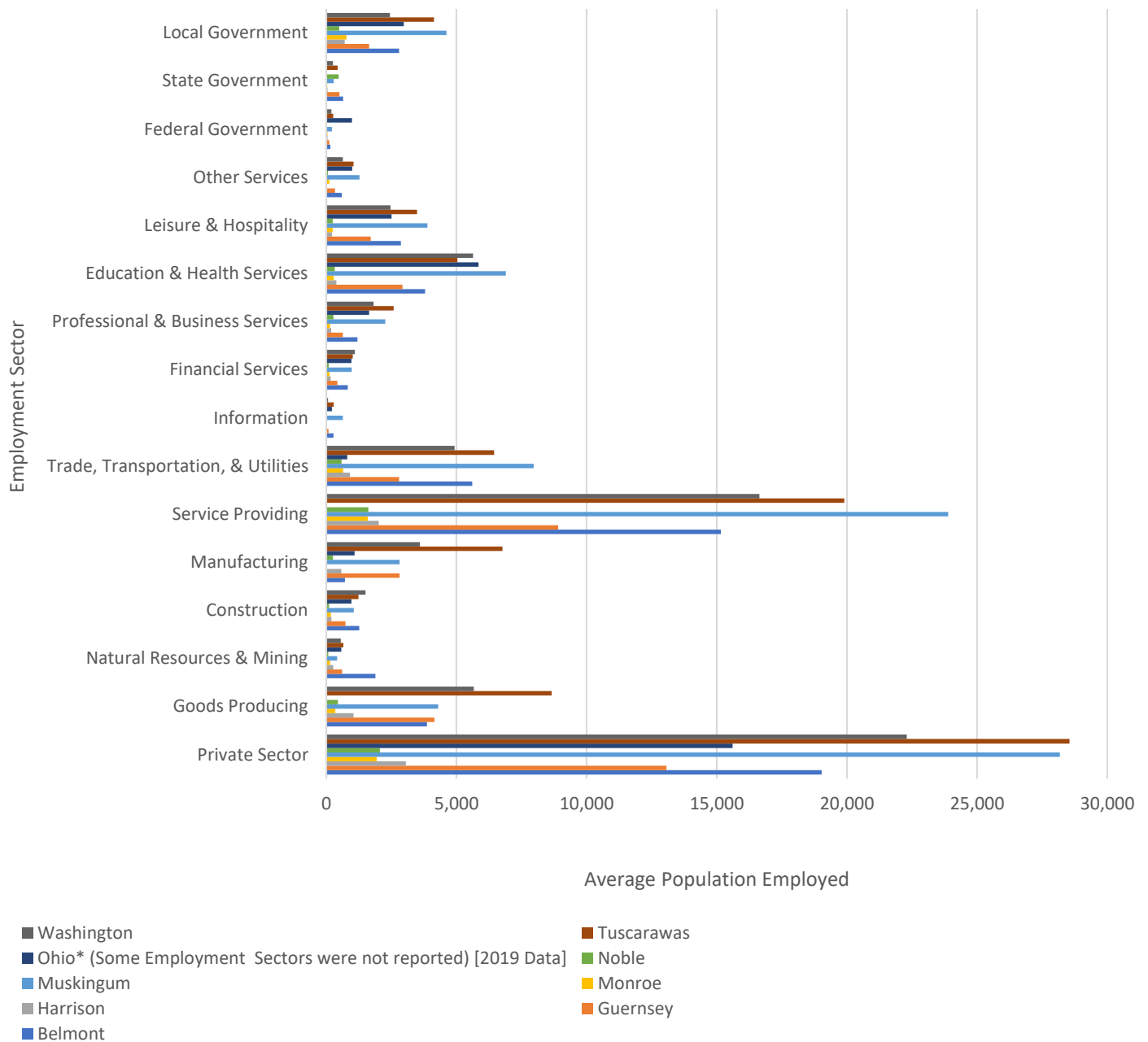
2019 WEST VIRGINIA HEALTH INSURANCE PAYER MIX



Data Source: <https://www.kff.org/other/state-indicator/total-population/>

Employment

2018 COUNTY EMPLOYMENT IN THE INDUSTRIAL SECTOR

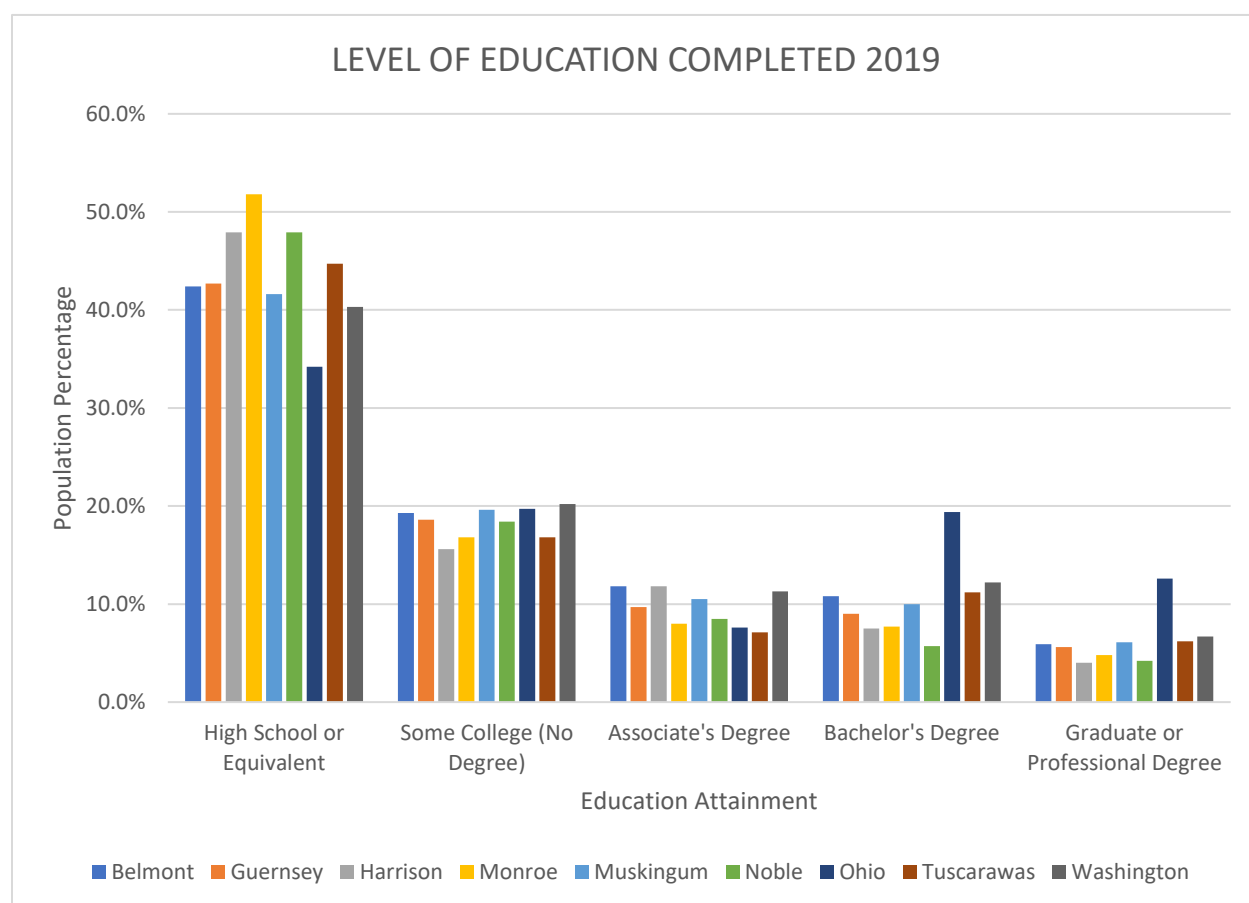


Data Sources: <https://development.ohio.gov/files/research/....pdf> (County Profiles) and <https://business.wvu.edu/files/d/7addfbc4-758e-44f9-b1c0-c3bdab7e2154/ohio-1.pdf>

Education

Education is relevant because low levels of literacy may be a barrier to the understanding and use of health education materials. Education level may prevent or minimize patient adherence to medical advice. This project focuses on the average education level which measures the percentage of the population who may or may not have completed specific educational milestones.

Per Healthy People 2030, “People who don’t understand health information are less likely to get preventive health care and more likely to have health problems. Health care providers can help people understand health information, like instructions for care, by asking them to describe how they’ll follow the instructions in their own words.” 26.6 percent of adults aged 18 years and over reported that a health care provider asked them to describe how they will follow instructions in 2017. The target is 32.2 percent.



Data Source: <https://data.census.gov/>

Most significant causes of Morbidity and Mortality- Ohio 2019

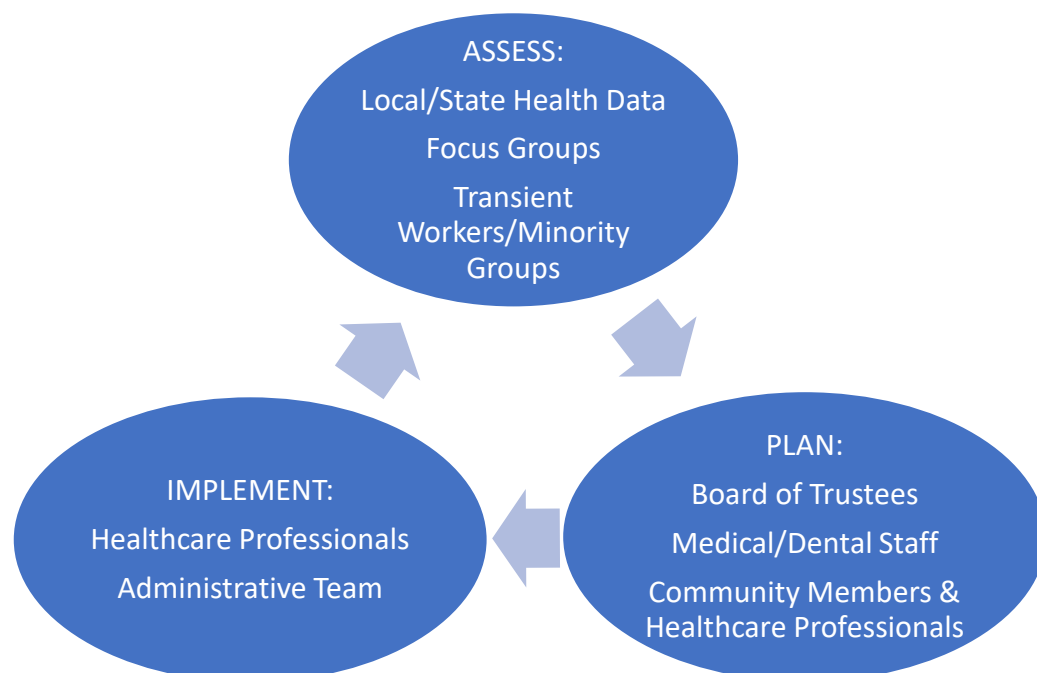
Leading Causes of Death

1. Heart Disease
2. Cancer
3. Accidents
4. Chronic Lower Respiratory Diseases
5. Stroke
6. Alzheimer's Disease
7. Diabetes
8. Kidney Disease
9. Influenza/Pneumonia
10. Septicemia

CDC.gov 2019

METHODOLOGY

Ohio Hills Health Centers is committed to identifying and understanding the current health status and community health needs of the area. OHHC is dedicated to working to improve the health of all residents within our service area. The following model depicts the Community Health Needs Assessment as an ongoing process.



Assessment

Ohio Hills Health Centers utilized national, state and local sources to collect pertinent health data. The data was reviewed and analyzed to identify priority concerns. Data sources included, but are not limited to:

- U.S. Census Bureau, <http://www.census.gov/>
- OMEGA, <http://www.omegadistrict.us/contact.htm>
- Ohio Department of Development, County Profiles <http://development.ohio.gov/>
- The Henry J. Kaiser Family Foundation: <http://kff.org/statedata/>
- Ohio Department of Health: <http://www.odh.ohio.gov/healthStats/vitalstats/deathstat.aspx>.
- Data USA, <https://datausa.io/>
- Suburban Stats, <https://suburbanstats.org/>
- Health Resources and Service Administration, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
- County Health Rankings, <http://www.countyhealthrankings.org>
- CDC, www.cdc.gov

Ohio Hills Health Centers Community Health Needs Assessment involved collecting information from a variety of sources to understand health needs, risk factors, barriers to care and the type of healthcare and supportive services needed in the service area (ATTACHMENT A). Five focus groups were conducted to discuss what community representatives viewed as the most prevalent health concerns/needs within the community and a mailing was sent out to area Amish residents for their input.

- 🍎 Barnesville: 11 participants
- 🍎 Caldwell: 9 participants
- 🍎 Freeport: 8 participants
- 🍎 Quaker City: 8 participants
- 🍎 Woodsfield: 11 participants
- 🍎 Amish Families: 3 participants

Each focus group was conducted in the same manner with Ohio Hills Health Centers Administration members leading the sessions. Participants were provided a packet containing information regarding the services Ohio Hills Health Centers provides. The data collected was not shared with the other focus groups so not to sway feelings, concerns, or perceptions based on pre-existing data. After general introductions, participants were provided with an overview of the Community Health Needs Assessment process (ATTACHMENT C). The importance of open dialogue was encouraged in an open, low stress, no fault environment. The moderator explained that while there are many similarities among the communities, each had some unique characteristics.

To provide adequate feedback to the groups, Ohio Hills Health Centers pledged to share the **2021 Community Health Needs Assessment Report** upon completion.

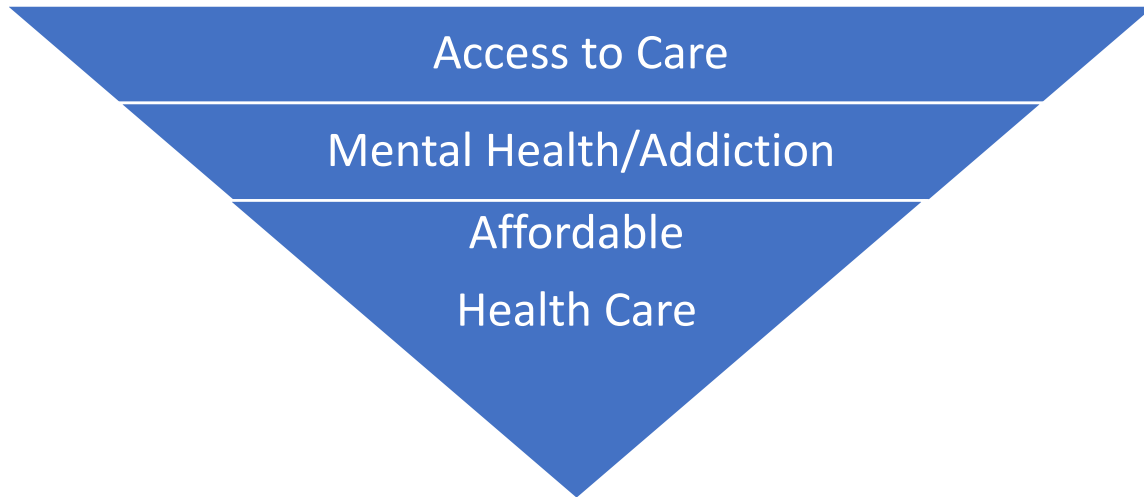
The following Forum questions were asked at each of the Focus Group meetings:

1. In your opinion, what are the most prevalent health concerns/needs within this community?
2. Can you rank them in order of importance?
3. What, in your opinion, do you consider to be the greatest barriers to patient healthcare access in the community?

Participants were then provided with an overview of services provided by Ohio Hills Health Centers, and the economic benefits provided to our service area.

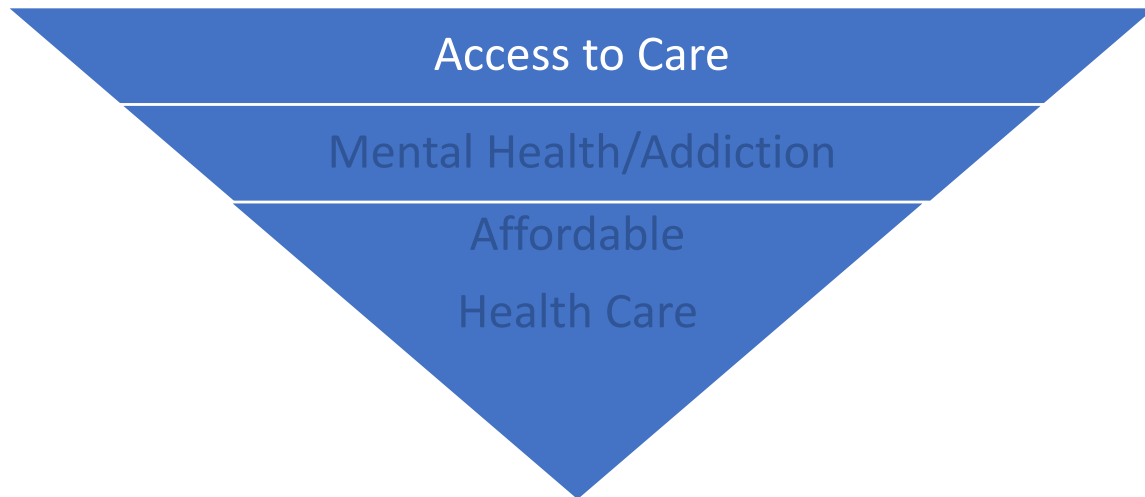
In addition to the Focus Groups, a paper survey (ATTACHMENT C) was distributed to Amish households to assess their utilization of local health services and to determine their needs. The Amish population preferred to utilize paper surveys, so they could be distributed and discussed among the community. The Amish families expressed an interest in having access to a good general practitioner, affordable health care and childcare.

The information, from the Focus Groups and paper surveys, was compiled and prioritized according to the number of individuals impacted by the problem: the severity of the problem: including risk or morbidity and mortality: and the ability for Ohio Hills Health Centers to impact the problem. It was the consensus that there is a great need for a shift from treating disease, such as diabetes mellitus or heart disease, to treating the root cause of the disease, such as diet and exercise.

TOP THREE (3) PRIORITY NEEDS:**Priority Health Needs**

In 1979 the Surgeon General published a report entitled “Healthy People: The Surgeon General’s Report on Health Promotion and Disease Prevention.” Similar reports have followed with the most recent being Healthy People 2030. The report sets national objectives and establishes monitoring tools for measuring effectiveness. The report will serve as a framework for planning, implementing, and evaluating the success of the Ohio Hills Health Centers project.

This section presents a summary of the identified priority health needs for Ohio Hills Health Centers. For each area, data is provided to support the identified need.



Access to health care was the number one need identified by community members in all of the focus groups. Specifically, community members requested expanded health center hours, transportation options, increased access to health, dental and behavioral health providers and to specialists.

Many people in the United States don't get the health care services they need. About 1 in 10 people in the United States don't have health insurance. (Berchick, E.R., Hood, E., & Barnett, J.C. Health Insurance Coverage in the United States: 2017) People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need.

Often people don't get recommended health care services, such as cancer screenings, because they don't have a primary care provider to provide an assessment and a referral. Other times, it's because patients live too far away from health care providers who offer the needed services. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

Delaying medical care can negatively impact health and increase the cost of care. People who can't get the care they need may have more preventable complications, hospitalizations, emotional stress, and higher costs. Strategies to increase insurance coverage rates and improve health information technology may help reduce delays in care and improve outcomes.

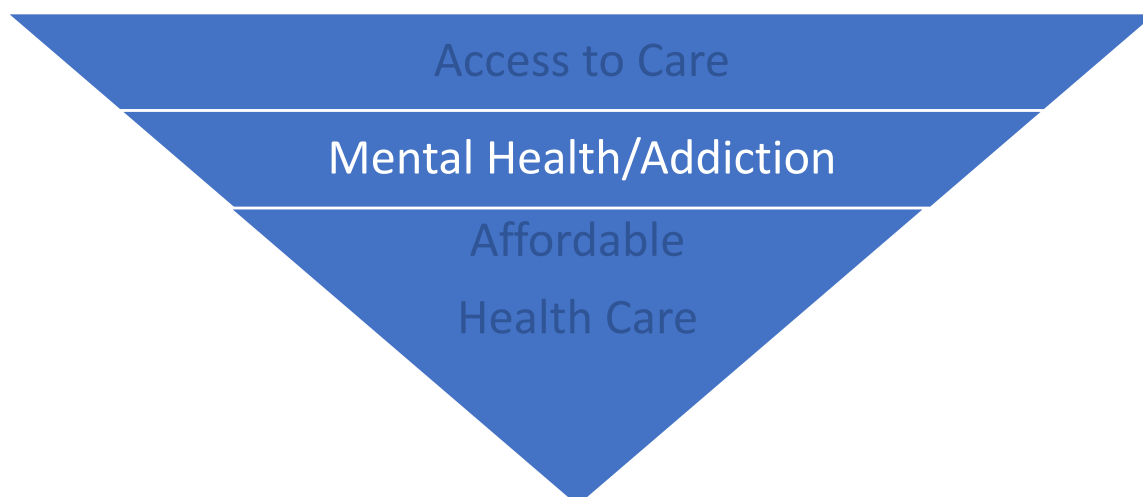
Having a primary care provider (PCP) is important for maintaining health and preventing and managing serious diseases. PCPs can develop long-term relationships with patients and coordinate care across the health care spectrum. Strategies like team-based care and innovative payment methods are promising approaches for improving access to primary care. OHHC offers a Patient Discount Program and has a Certified Application Counselor available to assist patients to navigate the Insurance Marketplace, Medicaid, and Medicare.

Healthy People 2030 focuses on improving health by helping people get timely, high-quality health care services. Access to healthcare was not the only issue raised as many individuals expressed concerns over access to dental care. Oral diseases cause pain and disability for millions of people in the United States, and some are linked to other diseases — like diabetes, heart disease, and stroke. Regular visits to the dentist can help prevent oral diseases and related problems, but many area residents haven't been to the dentist in the last year. This is understandable when dental care is not readily available or if you are unable to afford dental care. Almost all of the area dentists do not accept Medicaid. OHHC does offer dental services in Barnesville and Freeport and accepts Medicaid.

The Health and Resources and Service Administration considers all five of the counties where OHHC has health centers (Belmont, Guernsey, Harrison, Monroe and Noble) as Medically Underserved Areas and all five counties are also Health Professional Shortage Areas for primary health, dental and mental health.

The growth and development of Urgent Care medicine and after-hours clinics is a nationwide trend. More and more community members are wanting medical care to be convenient and to accommodate their work or school schedules. The COVID-19 pandemic and the shortage of medical personnel have exacerbated the access to health care in our region and in the nation. There are reports of five to six hour waits in area emergency departments and Urgent Cares that are filled to capacity and no longer accepting patients. The Focus Groups indicated area residents would like to have routine health care more readily available beyond the standard 9 am-5 pm model.

Insurance companies encourage their insured participants to utilize these settings as opposed to the hospital emergency room. The extended hours, immediate availability, and cost savings of Urgent Care provide convenience and affordability for patients. As this type of medical setting grows, the public is learning it may be a better choice over the Emergency Room for their immediate, nonlife-threatening health care needs. Community members are pursuing options which make health care more accessible.



Mental Health/Addiction

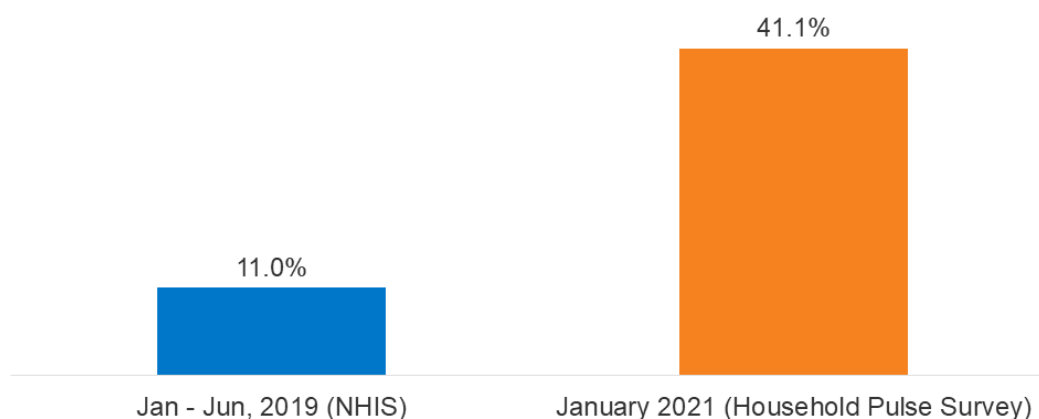
While the direct health impact of COVID-19 has dominated the news, participants in the Focus Groups gave concrete examples of the significant toll COVID-19 has had on the Mental Health and Substance Abuse of area residents. The stress and anxiety of the pandemic, lost wages and social isolation have had a negative impact on area residents, particularly those who were already struggling with mental health and addiction issues.

The COVID-19 pandemic, the resulting economic recession and the fear of the unknown have negatively affected many people's mental health and created new barriers for people already suffering from mental illness and substance use disorders. During the pandemic, about 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent, up from one in ten adults who reported these symptoms from January to June 2019 (Figure 1). A KFF Health Tracking Poll from July 2020 also found that many adults are reporting specific negative impacts on their mental health and well-being, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus. As the pandemic wears on, ongoing and necessary public health measures expose many people to experience situations linked to poor mental health outcomes, such as isolation and job loss. (KFF, The Implications of COVID-19 for Mental Health and Substance Use, February 2021.)

<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

Figure 1

Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021



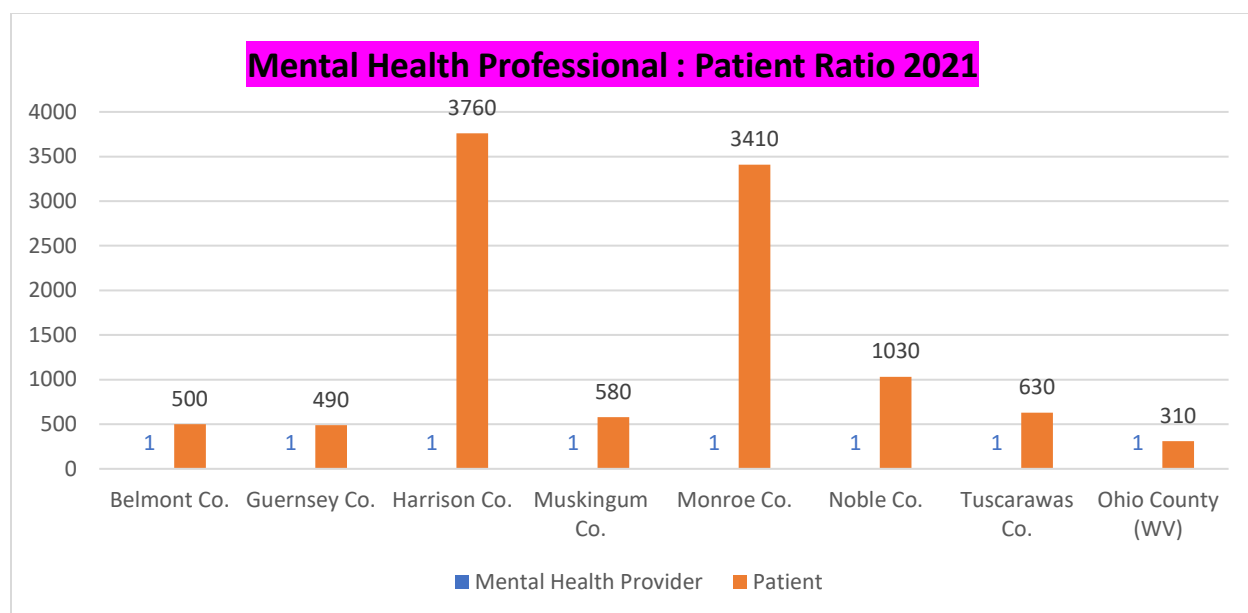
NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.

SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see: <https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>

KFF

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

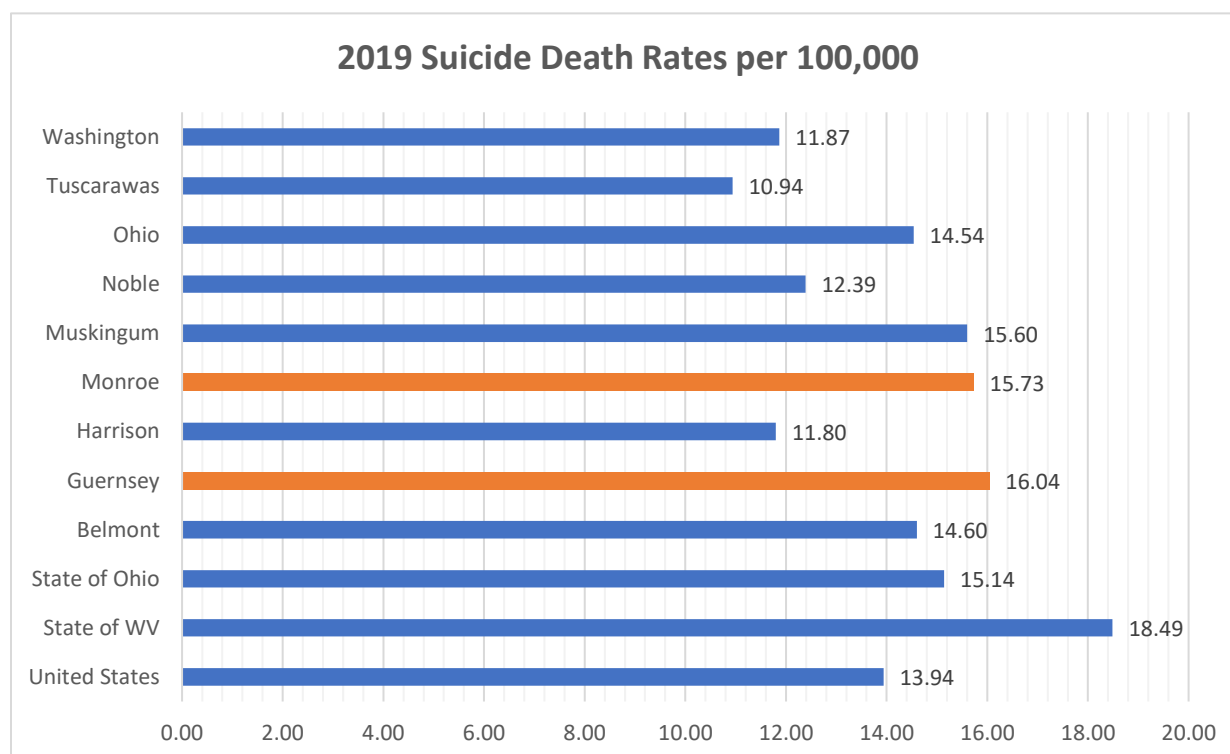
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need. (Healthy People 2030)



Data Source: <http://www.countyhealthrankings.org>

Suicide

According to World Life Expectancy, suicide is ranked 14th in leading causes of the death in the State of Ohio. Guernsey County is ranked 8th and Monroe County is ranked 10th out of 88 counties having the highest rates of suicide. Suicide is ranked 15th in leading cause of death in West Virginia, with Ohio County ranked 42nd out of 55 counties.



Data Source: <http://www.worldlifeexpectancy.com/>

Drugs

Addiction experts say the increase in overdose deaths was largely driven by the increased presence of the powerful synthetic opioid fentanyl in the U.S. Other contributors include problems related to the coronavirus pandemic, such as increased isolation and job losses.

More than 93,000 people died of drug overdoses in the U.S. in 2020, a nearly 30% surge from 2019 and the most ever recorded in a single year, according to recently released data by the Centers for Disease Control and Prevention. Ohio is the state with the sixth most drug overdose deaths per capita in 2020. There were 45 fatal overdoses per 100,000, or a total of 5,215 drug overdose-related deaths.

Experts believe that the prevalence of fentanyl is driving the surge in overdose deaths, as well as the COVID-19 pandemic, which has left many Americans isolated and unable to find support. Synthetic opioids such as fentanyl accounted for nearly two-thirds of those deaths. According to the Ohio Department of Health, fentanyl was involved in 76% of overdose deaths in 2019, often in combination with other drugs.

EMTs and the coroner's office also correlated an increase in overdoses with the receipt of COVID stimulus checks. Unfortunately, some of those who suffer from addiction when they received the windfall of extra income used it to fuel their addiction rather than to offset daily expenses.

© 2015 Pearson Education, Inc. or its affiliate(s). All rights reserved.



9

Substance Abuse

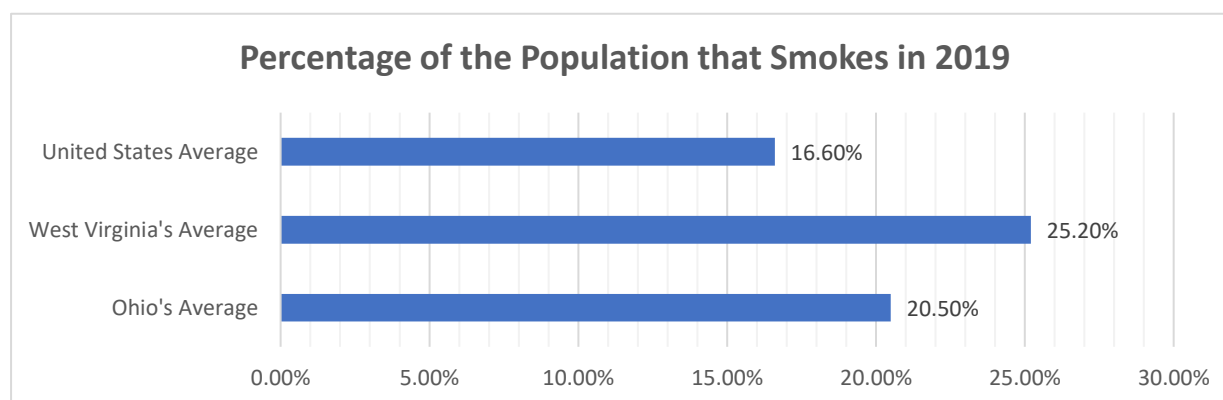
Current behaviors are determinants of future health and can cause significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Tobacco Use

According to the CDC in 2019: 34.1 million people or 14% of all adults were current cigarette smokers. More than 6 million Americans are living with a disease caused by smoking. Nearly 480,000 deaths are caused by smoking and 41,000 deaths are related to second-hand smoke exposure. The use of tobacco causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.

Tobacco and its use come with a cost, not only on the consumer but on the United States. According to the CDC: Total economic cost of smoking is more than \$300 billion a year, including nearly \$225 billion in direct medical care for adults and more than \$156 billion in lost productivity due to premature death and exposure to secondhand smoke.

The CDC states that in 2021 states will collect a record \$27.2 billion from tobacco taxes and legal settlements but will only spend \$740 million. That is only 2.7% of the funds spent on prevention and cessation programs. Currently, not a single state funds tobacco control programs at CDC's "recommended" level. Only three states (Alaska, California, and Maine) provide 70% of recommended funding. There are 28 states and the District of Columbia who spending less than 20% of what the CDC recommends. The only state, Connecticut, refuses to allocate any state funds for tobacco use prevention and cessation. "Spending 12% (i.e., \$3.3 billion) of the \$27.5 billion would fund every state tobacco control program at CDC-recommended levels".



Data Source: <https://www.worldlifeexpectancy.com/>

West Virginia leads the nation in percentage of the population that smokes, and Ohio is ranked sixth.

The Toll of Tobacco (May 18, 2021)

Toll of Tobacco	Ohio	West Virginia	United States
High School Students Who Smoke	4.9% (30,000)	13.5% (11,800)	4.6% (700,000+)
Male High School Students Who Smoke Cigars	9.7%	13.5%	5.4%
High School Students Who Use E-Cigarettes	29.8%	35.7%	19.6%
Kids (Under 18) Who Become New Daily Smokers Each Year	4,000	700	235+
Adults Who Smoke	20.8% (1,895,700)	23.8% (341,100)	14%
Cancer Deaths Attributable to Smoking	30.1%	32.6%	480,000+

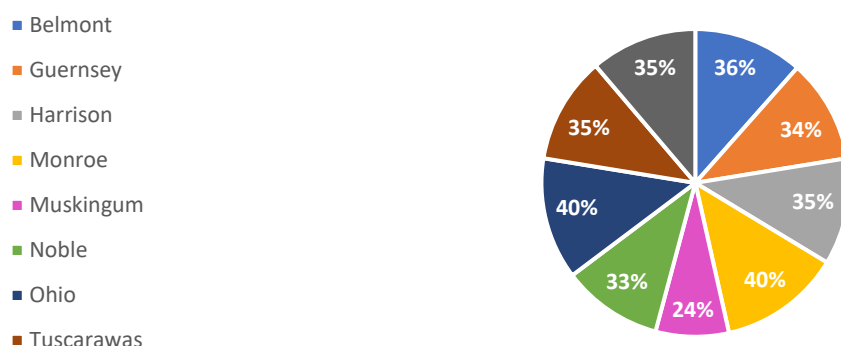
Data Source: www.tobaccofreekids.org

Tobacco Free Kids reports that “smoking kills more people than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides combined, with thousands more dying from spit tobacco use.” Also, according to Tobacco Free Kids, the Tobacco Industry spends nearly \$8.2 billion on marketing its products nationwide. Research shows, kids are three times more sensitive to the advertising of tobacco products. Approximately 1/3 of underage smoking experiments are a result of tobacco company advertising and not to peer pressure. As a result, of the children who become daily smokers, 1/3 will die as a result, and the others that live will lose a decade of life because of their smoking.

Alcohol

The CDC reports that one in ten adults who participate in excessive alcohol consumption will have an alcohol related death between the ages of 20-64 years. As well as economic loss, excessive alcohol or heavy drinking is associated with “the development of chronic diseases and other serious problems, including alcohol use disorder and problems with learning, memory, and mental health.” Some of the Chronic Conditions include liver diseases, cancers of the oral cavity and gastrointestinal system; heart disease and stroke; unintentional injuries e.g., motor vehicle crashes, falls; and intentional injuries e.g., homicide and suicide. According to the CDC: Excessive alcohol use is responsible for about 95,000 deaths in the United States each year.

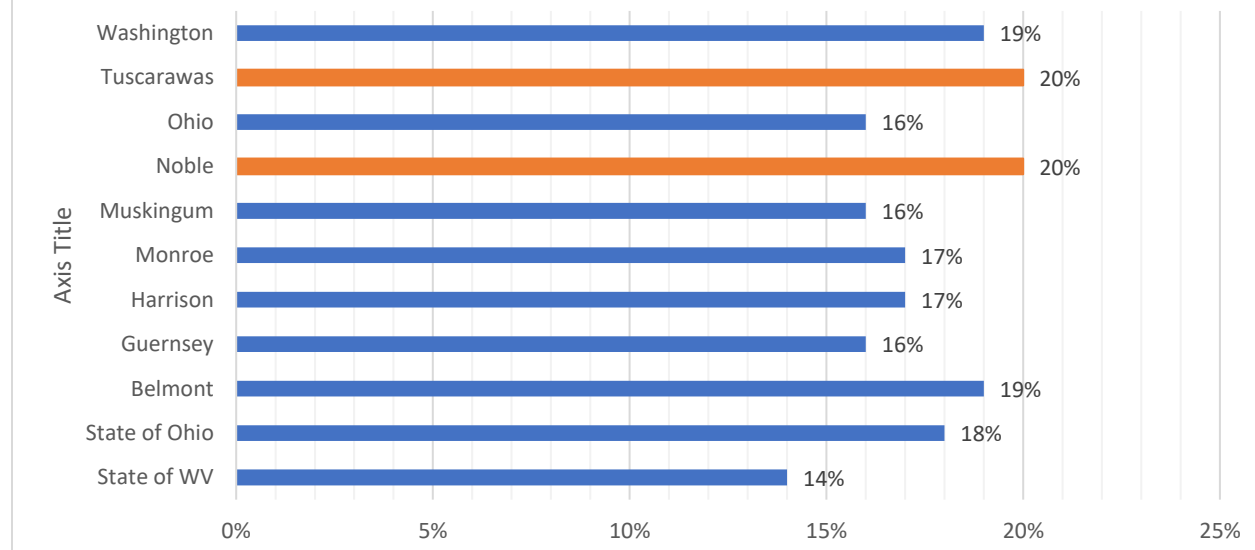
Percentage of Driving Deaths Due to Alcohol Impairment in 2019



Data Source: <https://www.countyhealthrankings.org/app?/>

Excessive alcohol consumption includes binge drinking or heavy drinking. According to the CDC “Heavy drinking is defined as consuming 8 or more drinks per week for a woman or 15 or more drinks per week for a man. Binge drinking is defined as consuming 4 or more drinks on an occasion for a woman or 5 or more drinks on an occasion for a man.” Almost half of the excessive alcohol use deaths are related to binge drinking. Nearly one in six people binge drink on a weekly basis. Reportedly, $\frac{3}{4}$ of the excessive alcohol usage cost is related to binge drinking.

Percentage of the Population in 2019 that Participates in Excessive Alcohol Consumption



Data Source: <https://www.countyhealthrankings.org/app/>

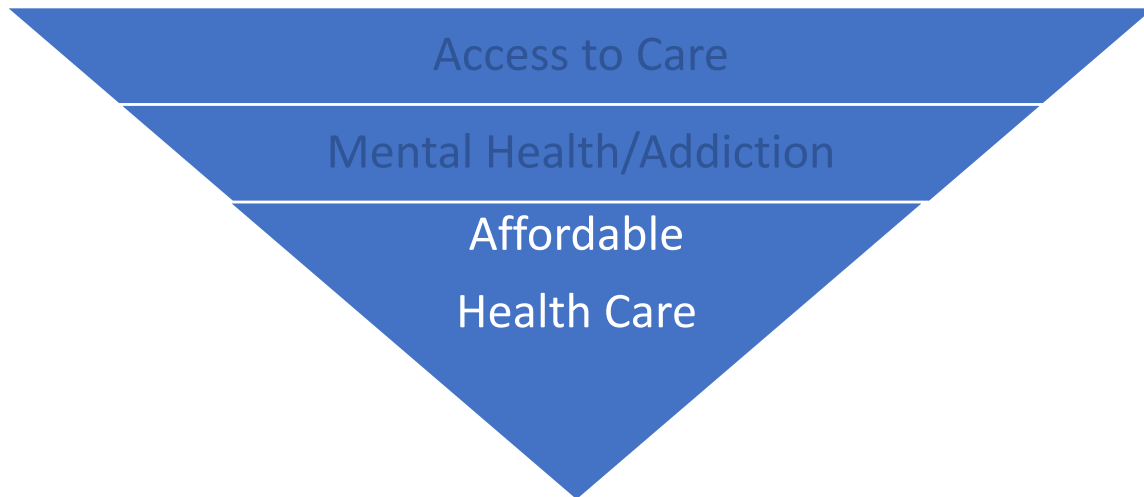
In the United States, alcohol is the most frequently accessed substance among young people. Traditionally, male high school students had higher rates of alcohol consumption, but as of 2019, female high school students became more likely to ingest excessive amounts of alcohol compared to that of the male cohort. In addition to the health concerns of adults, youth who participate in excessive alcohol consumption may also experience problems with education, social life, and/or legal issues, as well as an increased risk of suicide, changes in brain development or memory issues, and a higher likelihood of using other substances.

2019 Youth Alcohol Report

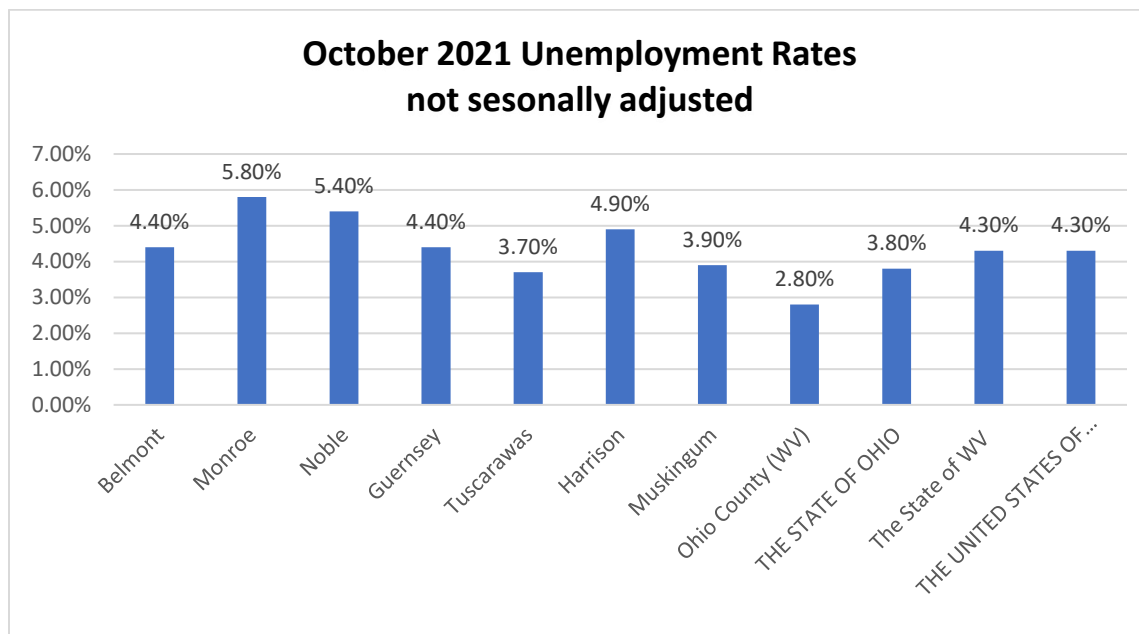
In the last 2 Weeks - 30 days	Drank Alcohol	Participated in Binge Drinking	Drove After Drinking	Rode with a Driver who Drank
Young People Aged 12-20	19%	11%	N/A	N/A
8th Grade Students	8%	4%	N/A	N/A
12th Grade Students	29%	14%	N/A	N/A
Young People in General	29%	14%	5%	17%

Data Source: <https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>

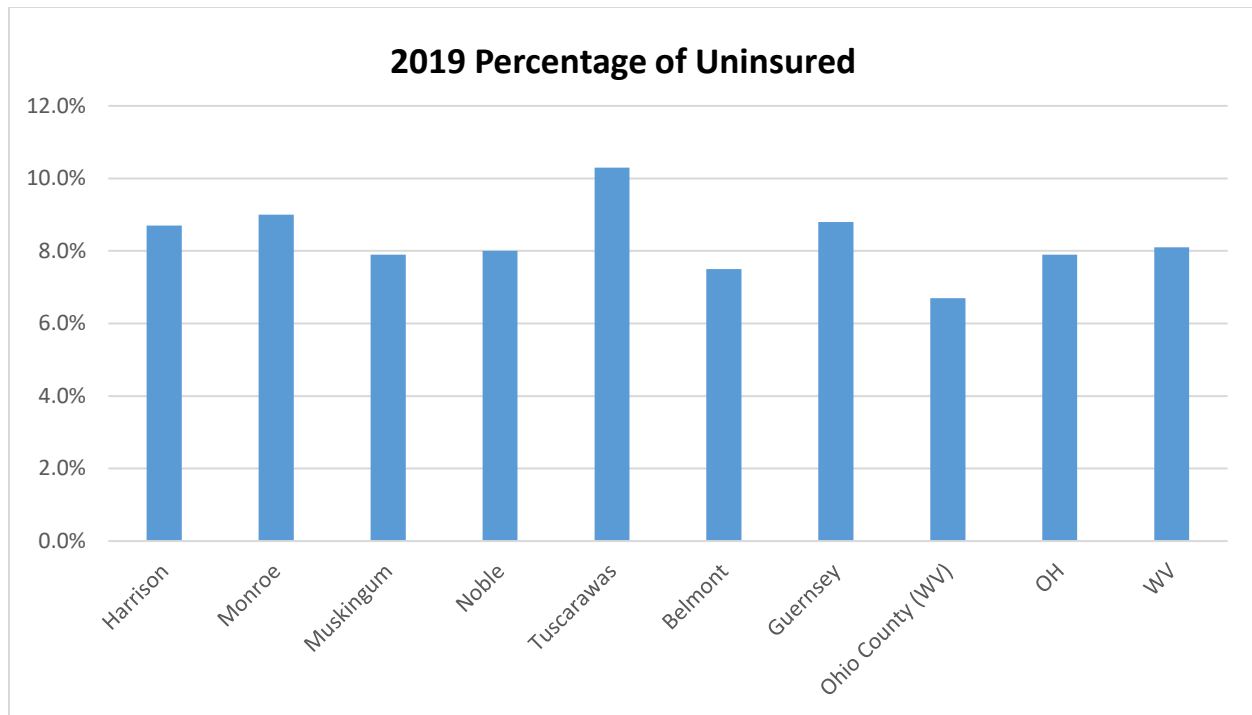
Excessive alcohol consumption can be an even higher risk for people who are underage than those who are of the legal drinking age. Youth who start binge drinking at a younger age may have worse outcomes than those who start in adulthood. Research also shows a correlation between households who have adults who drink excessive amounts of alcohol and children who consume excessive amount of alcohol. Finally, communities who have higher binge drinking rates among adults are more likely to have higher rates of underage drinking. The CDC also reports, excessive underage “drinking is responsible for more than 3,500 deaths among people under the age of 21 each year.”



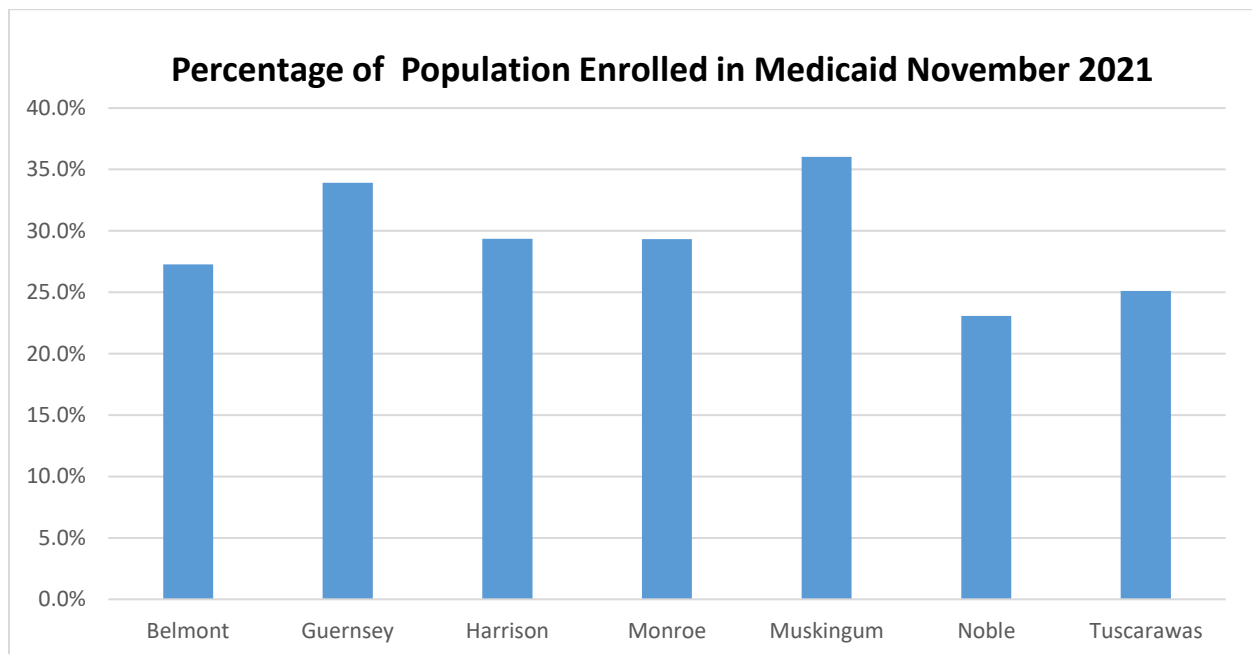
Overwhelmingly participants in the focus groups indicated that cost was one of the main reasons they were unable to access health and dental care. While having no insurance is an issue for approximately 8% of the population just as significant is the segment of the population who is under insured. These are individuals who have insurance, but also have high deductibles. They may have coverage for catastrophic events but are unable to afford routine and preventative medical care.



Data Source: <https://ohiolmi.com/docs/LAUS/Ranking.pdf>

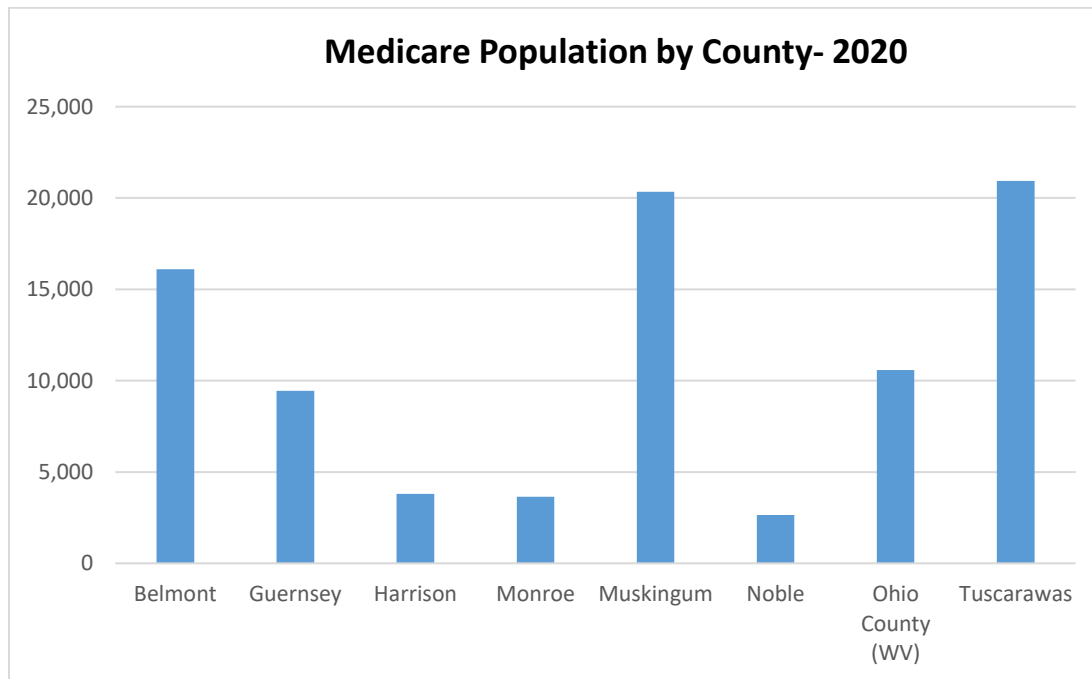


Data Source: https://www.census.gov/data-tools/demo/sahie/#/?s_statefips=54



Data Source: Ohio Department of Medicaid

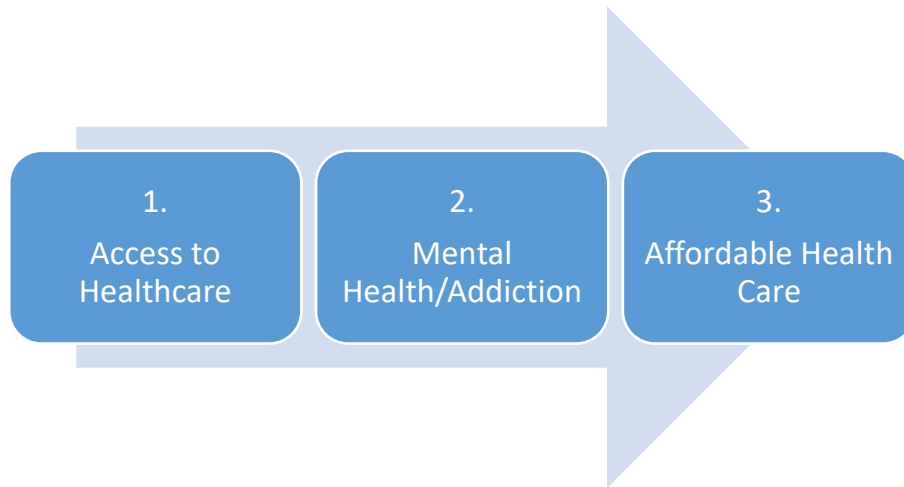
<https://analytics.das.ohio.gov/t/ODMPUB/views/MedicaidDemographicandExpenditure/WhoWeServe?%3AisGuestRedirectFromVizportal=y&%3Aembed=y>



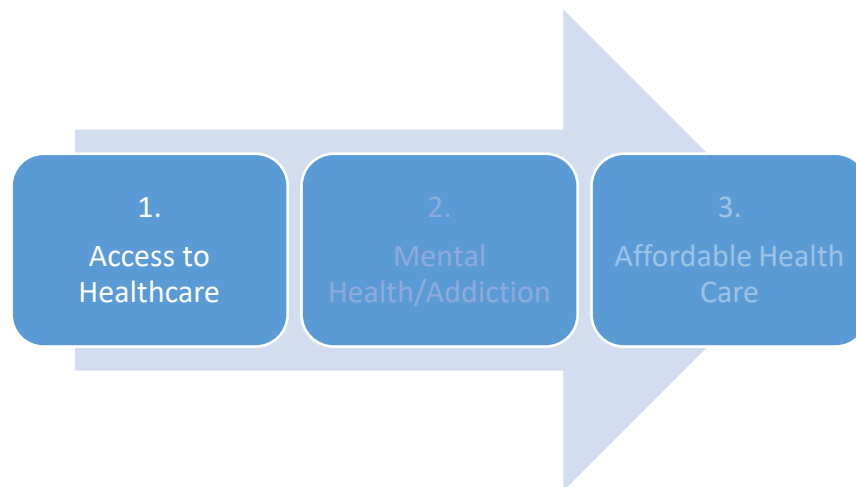
Data Source: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html>

Ohio Hills Health Centers offer a Patient Discount Program and provides assistance with prescriptions. A certified application counselor is on staff who can assist with applications for Medicaid, Medicare and Health Insurance through the Marketplace. However, what became apparent during the focus groups was that unfortunately very few of the focus group participants were aware of these services, how to access them or how they worked.

TOP THREE (3) BARRIERS TO HEALTHCARE



Residents in rural areas are more likely to travel long distances to access healthcare services. This can be a significant burden in terms of both time and money. In rural communities with aging populations and individuals with chronic conditions that require multiple visits to outpatient facilities, the lack of reliable transportation is a barrier. Health insurance affordability and/or accessibility is the reason why many individuals are more likely to delay healthcare or go without the necessary healthcare or medication (<https://www.raconline.org/topics/healthcare-access>).



Access to Healthcare

Rural residents often encounter barriers to healthcare that limit their ability to obtain the care they need. In order for rural residents to have sufficient access, necessary and appropriate healthcare services must be available and obtainable in a timely manner. Even when an adequate supply of healthcare services exists in the community, there

are other factors to consider in terms of healthcare access. For instance, to have good healthcare access, a rural resident must also have:

- Means to reach and use services, such as transportation to services that may be located at a distance, and the ability to take paid time off of work to use such services
- Confidence in their ability to communicate with healthcare providers, particularly if the patient has poor health literacy
- Trust that they can use services without compromising privacy
- Belief that they will receive quality care
- Affordability (Barrier 3)

(Healthy People 2020)

Transportation

Rural populations are more likely to have to travel long distances to access healthcare services, particularly subspecialist services. This can be a significant burden in terms of travel time, cost, and time away from the workplace. In addition, the lack of reliable transportation is a barrier to care.

Our region does not have public transportation and because the residents in our region are older and poorer than the state and nation as a whole, many individuals do not have access to reliable vehicles. This is a significant problem particularly if they have to travel out of the area to access specialty care or health care in the evenings or weekends.

Transportation is one of the primary barriers impacting the accessibility of medical services in rural areas. Transportation limits access to specialized care professionals or facilities due to the distances area residents must travel to access the necessary care.

Access to Specialist

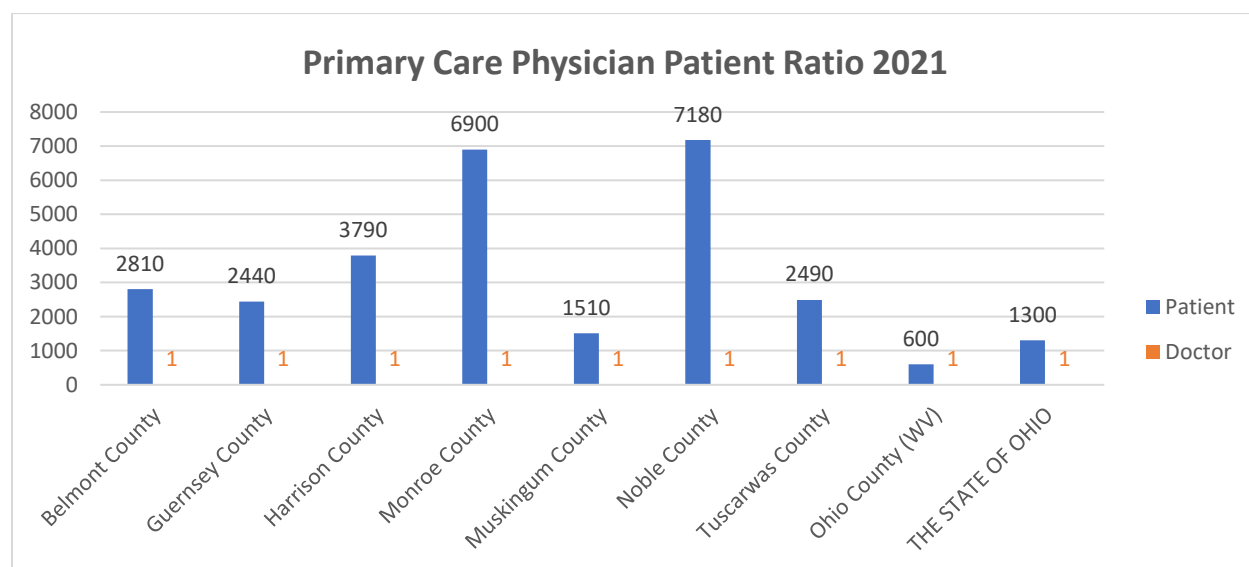
Due to lower service demand specialists generally cluster in more urbanized areas with larger populations to support their practice, resulting in fewer rurally located specialists and thus greater reliance on primary care providers. Access to healthcare services is critical to good health, yet rural residents face a variety of access barriers.

People living in rural areas have worse health outcomes than their urban counterparts do. Living in a rural region was associated with a 40 percent higher preventable hospitalization rate and a 23 percent higher mortality rate, compared to urban residence. Having one or more specialist visits during the previous year was associated with a 15.9 percent lower preventable hospitalization rate and a 16.6 percent lower mortality rate for people with chronic conditions. Access to specialists accounted for 55 percent and 40 percent of the rural-urban difference in preventable hospitalizations and mortality, respectively. (Health Affairs, 2019)

Telehealth is a viable option to eliminate some of the access barriers that rural residents experience. Telehealth can assist healthcare providers in expanding access to and improve the quality of rural healthcare. Telehealth became a more prominent mode of providing healthcare during the COVID-19 pandemic, when patients and providers sought to decrease in-person contact for routine visits. The main barrier to telemedicine is access to reliable broadband or satellite since live video requires high-speed, high-quality connections on all devices. This is particularly true in rural areas, where 39 percent—23 million people—lack access to 25 Mbps/3 Mbps service. Rural areas are more expensive to serve with broadband, due to smaller populations being served over greater distances. Ohio Hills Health Centers is prepared and willing to provide telehealth appointments, however unfortunately for many of our patients the lack of access to broadband prevents this from being a viable option at this time.

Challenge of Recruiting Health Professionals

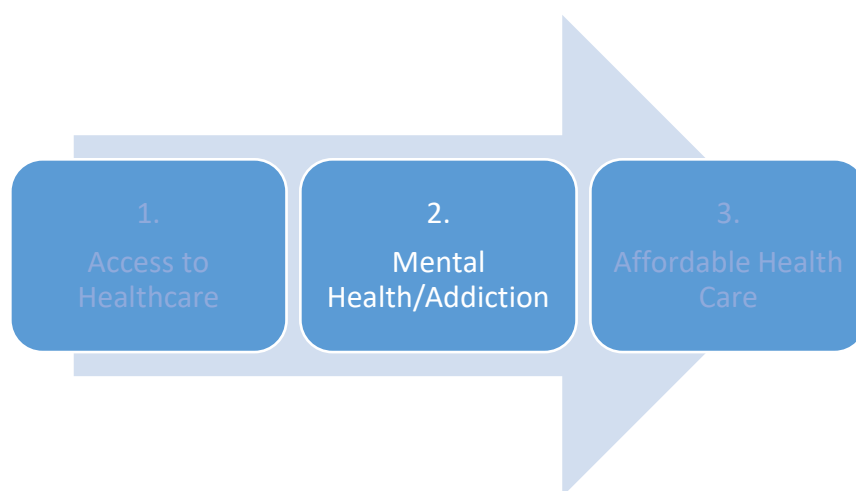
Fewer medical students are choosing primary care careers which means the existing shortage in underserved rural areas will worsen, contributing to a deterioration of health outcomes, a widening of health disparities, and a rising price tag on the cost of healthcare. Many physicians would prefer to reside in a more urban area where salaries are higher, there is greater professional support and increased educational and cultural opportunities.



Data Source: Countyhealthrankings.org

Evening hours/Expanded hours/Walk-In Service

The Focus Groups continually expressed the desire for an Urgent Care or after-hours clinic in the service area. Many expressed the needs for increased appointment availability and/or walk-in clinic type options. Ohio Hills Health Centers offers early morning appointments at 4 of our health centers and evening hours are available 4 days a week in Barnesville and Woodsfield. Walk-ins are welcome at all of our centers if scheduling allows. Additional extended hours are being explored at all of our health centers and the addition of Saturday hours are also being explored.



Barriers to Mental Health and Addiction Treatment in Rural Areas

Rural individuals face unique challenges when attempting to receive effective treatment for serious mental illness and mental health conditions. Barriers unique to individuals in rural areas include the following.

Access to mental health providers and services is a challenge in rural areas. As a result, primary care physicians often fill the gap and provide mental health services while facing their own barriers, such as adequate financial reimbursement or lack of time with patients. As of March 2021, 58.44% of Mental Health Professional Shortage Areas were located in rural areas. (Rural Health Information Hub, 2021)

Lack of Anonymity When Seeking Treatment

Anonymity and privacy are particularly challenging in rural communities. Because of societal stigma, community members may be embarrassed if friends or family members find out they are seeking mental health treatment. A provider may be a friend or associate, which also may make an individual reluctant to reach out for help because of the lack of

anonymity. Individuals may fear being seen walking into a mental health clinic and this fear may deter them from seeking help.

Shortages of Mental Health Workforce Professionals

The United States' workforce shortages in addiction and mental healthcare are greatest in rural and low-income areas. These provider shortages may lead to rural patients being put on long waitlists in order to receive necessary care.

One of the main issues resulting from the shortages of mental health providers is that 60% of mental healthcare visits are through a primary care provider versus specialty care. Without appropriate integration of mental health services, primary care alone may not provide the specific treatment necessary for individuals with a mental health condition.

Transportation to Care

In rural settings, not all individuals have access to reliable transportation to healthcare and this problem specifically impacts the most vulnerable, including low-income communities and disabled individuals. Rural community members are more likely than urban residents to rely on automobiles as a means of transportation, meaning rural residents without automobiles are more isolated from proper treatment. There are fewer mental health providers than primary care providers in network plans, meaning community members have to travel farther for mental healthcare. Mental healthcare services may be inaccessible without access to transportation.

Substance Use Disorder Services

Despite a growing need, there is a definite lack of substance use disorder services offered in many rural communities across America.

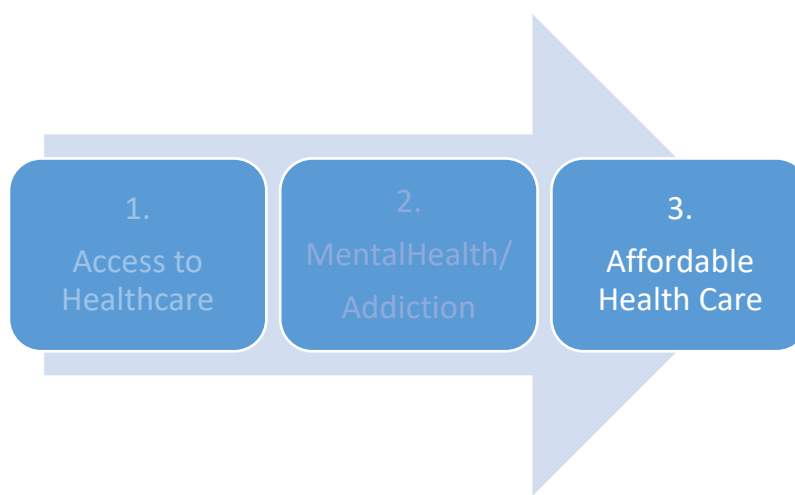
A 2015 *American Journal of Drug and Alcohol Abuse* article, Rural Substance Use Treatment Centers in the United States: An Assessment of Treatment Quality by Location, reports that rural substance use disorder treatment centers had a lower proportion of highly educated counselors, compared to urban centers. Rural treatment centers were found to offer fewer wraparound services and specialized treatment tracks. Detoxification is an initial step of substance use disorder treatment that involves managing acute intoxication, withdrawal, and minimizing medical complications.

A 2009 Maine Rural Health Research Center research and policy brief, *Few and Far Away: Detoxification Services in Rural Areas*, found that 82% of rural residents live in a county without a detox provider. The lack of detox providers in rural areas creates a barrier to care that could result in patients forgoing or delaying needed treatment. In lieu of a detox provider in a rural community, the local emergency room or county jail, although not the most appropriate location for detoxification services, must often serve as a substitute.

Access to medication-assisted treatment (MAT) is also limited in rural communities. What's MAT Got to Do with It? Medication-Assisted Treatment for Opioid Use Disorder in Rural America provides an overview of MAT, an evidence-based

treatment for opioid use disorder, with information on the science behind the disorder and how three medications for opioid use disorder work.

Focus group participants reported very limited access to area inpatient detox and treatment programs. Individuals seeking detox or inpatient services often had to travel several hours out of the area- again presenting additional barriers regarding transportation and limiting family involvement for support.



Affordable Health Care

A significant barrier to accessing healthcare, dental care and mental health and addiction services is the financial means to pay for services. Area residents may be uninsured, under insured or have Medicaid. Many area providers particularly for dental and mental health and addiction services do not accept Medicaid.

Regarding mental healthcare one of the main barriers to treatment in rural areas is the cost. of Some insurance companies do not cover certain mental health services making these services too expensive for a patient to pay out of pocket. Other times, individuals in rural communities may not have health insurance, which can also make healthcare costly.

Behavioral health providers may choose not to work in rural areas due to billing restrictions for certain provider types under Medicaid, Medicare, and private insurance. Behavioral health staff may not always be reimbursed for the services they provide to patients, because not all types of clinicians are reimbursable under all insurance plans. Further, reimbursement rates for mental health services, especially under Medicaid and private insurance, are often low, making it difficult to recruit and retain providers in rural areas, where Medicaid enrollment is higher.

Knowledge Regarding Resources Available

Ohio Hills Health Centers offers several options to make healthcare more affordable. However, the focus groups made it apparent that most community members were not familiar with our Patient Discount Program, Prescription Assistance and the availability of our Certified Application Counselor who can assist with Medicaid, Medicare and Marketplace Insurance applications. Community education is essential to make area residents aware of the resources which are available.

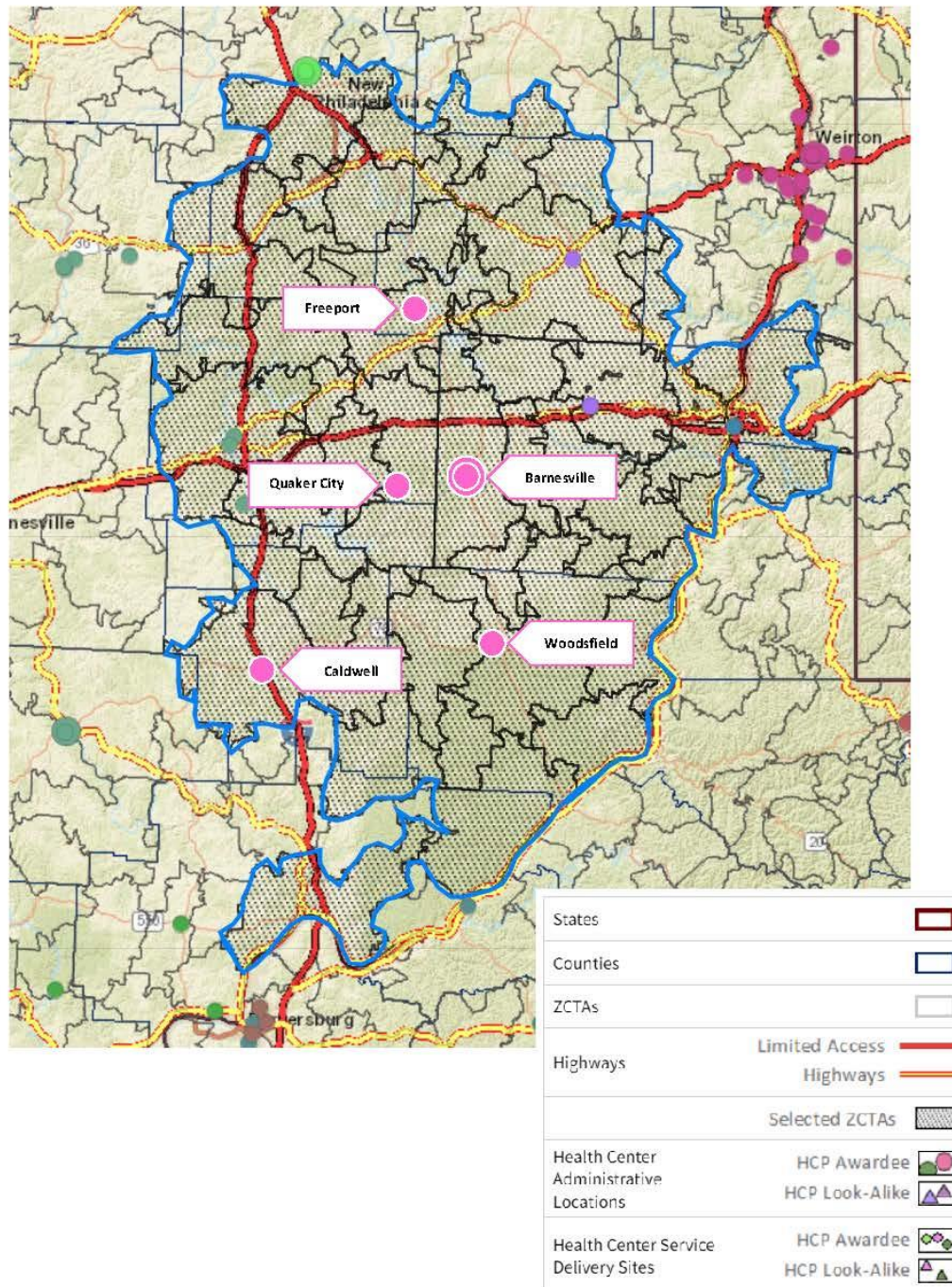
Resources

- U.S. Census Bureau, 2018, <http://www.census.gov/>
- OMEGA, <http://www.omegadistrict.us/contact.htm>
- Ohio Department of Development, County Profiles <http://development.ohio.gov/>
- The Henry J. Kaiser Family Foundation: <http://kff.org/statedata/>
- Ohio Department of Health: <http://www.odh.ohio.gov/healthStats/vitalstats/deathstat.aspx>
- Ohio Department of Health: http://www.odh.ohio.gov/odhprograms/chss/ad_hlth/youthrsk/youthrsk1.aspx
- Suburban Stats, <https://suburbanstats.org/>
- Health Resources and Service Administration, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
- County Health Rankings, <http://www.countyhealthrankings.org>
- CDC, www.cdc.gov
- Ohio Department of Health: (<http://www.odh.ohio.gov/odhprograms/eh/quitnow/Tobacco/Resources/ostats.aspx>)
- Ohio Department of Job and Family Services - Profile of Unemployment <http://ohiolmi.com/>
- Rural Assistance Center: <https://www.raonline.org/topics/healthcare-access>
- <http://www.worldlifeexpectancy.com/usa/ohio-suicide>
- <http://medicaid.ohio.gov/>
- Rural Health Information Hub, 2021, <https://www.ruralhealthinfo.org>
- Tobacco Free Kids, www.tobaccofreekids.org
- Healthy People 2030, <https://health.gov/healthypeople>
- CMS, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html>

Attachments

- A. Service Area Map
- B. Needs Assessment – Group Invitation Letter
- C. Needs Assessment – Agenda
- D. Letter to Amish Families

Attachment A

2021 OHHC Service Area Map

Attachment B



June 11, 2021

Dear Community Leader:

You are invited to participate in Ohio Hills Health Services (OHHS) Community Needs Assessment. You were selected due to your active involvement in the community and your knowledge regarding the needs of area residents.

A community health needs assessment is a critical tool to allow OHHS to deliver effective health services to underserved populations. OHHS is required by the Health Resources Services Administration (HRSA) to complete a community needs assessment every 3 years to assess the unmet health needs for our region including available health resources, economic factors impacting access to health care and demographic information regarding the need and demand for health services.

The Barnesville session is scheduled for Thursday, July 15th from 3-4 PM at the Barnesville Hutton Memorial Library Annex, 611 North Chestnut Street, Barnesville, Ohio 43713. The administrative staff of OHHS will facilitate this session which will last approximately one hour. Refreshments will be provided. Please RSVP to Denise McBurney at 740-239-6447 ext. 1048 or email at dmcburney@ohiohillshealthservices.com by July 8th.

Your input regarding the healthcare needs of area residents is important to us. Thank you for your consideration. I hope that you can attend.

Sincerely,

Jeff Britton, MBA, RRT, RCP
Chief Executive Officer

101 East Main Street • Barnesville, OH 43713
Telephone: (740) 239-OHHS (6447) Fax: 740-425-4076
This institution is an equal opportunity provider.



June 11, 2021

Dear Community Leader:

You are invited to participate in Ohio Hills Health Services (OHHS) Community Needs Assessment. You were selected due to your active involvement in the community and your knowledge regarding the needs of area residents.

A community health needs assessment is a critical tool to allow OHHS to deliver effective health services to underserved populations. OHHS is required by the Health Resources Services Administration (HRSA) to complete a community needs assessment every 3 years to assess the unmet health needs for our region including available health resources, economic factors impacting access to health care and demographic information regarding the need and demand for health services.

The Quaker City session is scheduled for Tuesday, July 13th from 3-4 PM at the Quaker City Baptist Church, 200 Pike Street, Quaker City, Ohio 43773. The administrative staff of OHHS will facilitate this session which will last approximately one hour. Refreshments will be provided. Please RSVP to Denise McBurney at 740-239-6447 ext. 1048 or email at dmcburney@ohiohillshealthservices.com by July 8th.

Your input regarding the healthcare needs of area residents is important to us. Thank you for your consideration. I hope that you can attend.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeff Britton".

Jeff Britton, MBA, RRT, RCP
Chief Executive Officer

101 East Main Street • Barnesville, OH 43713
Telephone: (740) 239-OHHS (6447) Fax: 740-425-4076
This institution is an equal opportunity provider.



June 4, 2021

Dear Community Leader:

You are invited to participate in Ohio Hills Health Services' (OHHS) Community Needs Assessment. You were selected due to your active involvement in the community and your knowledge regarding the needs of area residents.

A community health needs assessment is a critical tool to allow OHHS to deliver effective health services to underserved populations. OHHS is required by the Health Resources Services Administration (HRSA) to complete a community needs assessment every 3 years to assess the unmet health needs for our region including available health resources, economic factors impacting access to health care and demographic information regarding the need and demand for health services.

The Caldwell session is scheduled for Wednesday, July 7th from 3-4 PM in the conference room at the Noble County Health Department, 44069 Marietta Rd, Caldwell, OH 43724. The administrative staff of OHHS will facilitate this session which will last approximately one hour. Refreshments will be provided. Please RSVP to Denise McBurney at 740-239-6447 ext. 1048 or email at dmcburney@ohiohillshealthservices.com by June 30th.

Your input regarding the healthcare needs of area residents is important to us. Thank you for your consideration. I hope that you can attend.

Sincerely,

Jeff Britton, MBA, RRT, RCP
Chief Executive Officer

101 East Main Street • Barnesville, OH 43713
Telephone: (740) 239-OHHS (6447) Fax: 740-425-4076
This institution is an equal opportunity provider.



July 1, 2021

Dear Community Leader:

You are invited to participate in Ohio Hills Health Services (OHHS) Community Needs Assessment. You were selected due to your active involvement in the community and your knowledge regarding the needs of area residents.

A community health needs assessment is a critical tool to allow OHHS to deliver effective health services to underserved populations. OHHS is required by the Health Resources Services Administration (HRSA) to complete a community needs assessment every 3 years to assess the unmet health needs for our region including available health resources, economic factors impacting access to health care and demographic information regarding the need and demand for health services.

The Monroe County session is scheduled for Tuesday, July 27th from 3-4 PM at the Monroe County Public Library, 96 Home Avenue, Woodsfield, Ohio 43793. The administrative staff of OHHS will facilitate this session which will last approximately one hour. Refreshments will be provided. Please RSVP to Denise McBurney at 740-239-6447 ext. 1048 or email at dmcburney@ohiohillshealthservices.com by July 19th.

Your input regarding the healthcare needs of area residents is important to us. Thank you for your consideration. I hope that you can attend.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jeff Britton', is placed above the printed name.

Jeff Britton, MBA, RRT, RCP
Chief Executive Officer

101 East Main Street • Barnesville, OH 43713
Telephone: (740) 239-OHHS (6447) Fax: 740-425-4076
This institution is an equal opportunity provider.



July 6, 2021

Dear Community Leader:

You are invited to participate in Ohio Hills Health Services (OHHS) Community Needs Assessment. You were selected due to your active involvement in the community and your knowledge regarding the needs of area residents.

A community health needs assessment is a critical tool to allow OHHS to deliver effective health services to underserved populations. OHHS is required by the Health Resources Services Administration (HRSA) to complete a community needs assessment every 3 years to assess the unmet health needs for our region including available health resources, economic factors impacting access to health care and demographic information regarding the need and demand for health services.

The Freeport session is scheduled for Thursday, July 29th from 3-4 PM at the Freeport Fire Department, 119 East Main Street, Freeport, Ohio 43973. The administrative staff of OHHS will facilitate this session which will last approximately one hour. Refreshments will be provided. Please RSVP to Denise McBurney at 740-239-6447 ext. 1048 or email at dmcburney@ohiohillshealthservices.com by July 22nd.

Your input regarding the healthcare needs of area residents is important to us. Thank you for your consideration. I hope that you can attend.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Britton".

Jeff Britton, MBA, RRT, RCP
Chief Executive Officer

101 East Main Street • Barnesville, OH 43713
Telephone: (740) 239-OHHS (6447) Fax: 740-425-4076
This institution is an equal opportunity provider.

Attachment C**Ohio Hills Health Services
Community Needs Assessment
Agenda**

I. Welcome, Introductions and Ground Rules- Jeff Britton, CEO

II. Needs Assessment Overview- Jan Chambers, Director of Outreach and Development

- a. Purpose and Objectives
- b. Data Collection methods
- c. Project Timeline and Dissemination plan

III. Moderated Community Discussion- Jeff Britton, CEO

1. In your opinion, what are the most prevalent health concerns/needs within this community?
2. Can you rank them in order of importance?
3. What in your opinion, do you consider to be the greatest barriers to accessing healthcare in the community?

IV. Thank you and Next Steps- Jeff Britton, CEO

Information gathered during the Community Needs Assessment will enable our organization to:

- Assess unmet needs for health services
- Identify the barriers to access healthcare
- Prioritize and develop actions to address the health needs of the communities we serve.

As a Community Health Center, Ohio Hills Health Services (OHHS) is required by the Health Resources Services Administration (HRSA) to conduct a Community Health Needs Assessment every 3 years. OHHS has a sincere desire to identify and understand the community health needs and to actively work to improve the health for all residents within our service area. The Community Needs Assessment collects data and solicits feedback from area residents and organizations on the most significant needs and challenges we face in healthcare. OHHS reviews the health needs identified through the assessment and adopts strategies to address those needs.

Ohio Hills Health Services is a not-for-profit, charitable organization with Health Centers located in Barnesville, Caldwell, Freeport, Woodsfield and Quaker City, Ohio. OHHS offers medical, dental and behavioral health services and is committed to caring for our communities.

Thank you for your participation.

Attachment D

August 3, 2021

Dear XXX,

Ohio Hills Health Centers (OHHC) is required to conduct a Community Needs Assessment every three years to help us determine the healthcare needs in our communities. We would be grateful for your input regarding the healthcare needs in your community as this will assist us to better meet the needs of area residents.

If you could take a moment to answer the following 3 questions. There is not a right or wrong answer. Thank you for sharing your thoughts.

1. In your opinion, what are the greatest healthcare needs within your community?
2. Can you rank them in order of importance?
3. What in your opinion, do you consider to be the greatest barriers to accessing healthcare?

Your input regarding the healthcare needs of area residents is important to us. Please return your response in the enclosed envelope. You may use additional paper if needed. Thank you!

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeff Britton", with a stylized, cursive script.

Jeff Britton, MBA, RRT, RCP
Chief Executive Officer