Ohio County Healthcare 2022

Community Health Needs Assessment

Approved by Board on September 12th, 2022

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A Message to Our Community

Dear Community Member:

At Ohio County Healthcare (OCH), we have spent more than 56 years providing high-quality compassionate healthcare to the communities of Western KY. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan of how OCH will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs. Ohio County Healthcare will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area. I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Shellie Shouse, CEO

Executive Summary

Ohio County Healthcare ("OCH" or the "Hospital") performed a Community Health Needs Assessment (CHNA) together in partnership with QHR Health ("QHR") to determine the health needs of the local community and an accompanying implementation plan to address these identified health needs.

This CHNA report consists of the following information:

1) a definition of the community served by the Hospital and a description of how the community was determined;
2) a description of the process and methods used to conduct the CHNA;
3) a description of how the Hospital solicited and considered input received from persons who represent the broad interests of the community it serves;
4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts
5) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors as well as the broad community was performed to review and provide feedback on the prior CHNA, and to ascertain the continued relevance of previously identified needs. Additionally, the group reviewed the data gathered from secondary sources to support the determination of the Significant Health Needs of the community.

The 2022 Significant Health Needs identified for Ohio County are:

- Access to mental Health Care Services
- Access to Health Care
- Substance Misuse

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources as well as collaboration with other local organizations/agencies. Metrics are included for each health need to track progress.

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process

1 Identification of Local Experts

Develop a list of contacts representing individuals with specific knowledge of local health needs.

2 Community Survey

Launch of surveys to assess significant health needs and progression towards improvement.

3 Data Analysis

Review of relevant data resources to provide quantitative feedback on the local community.

4 Implementation Planning

Facilitation of session with CHNA team to build plans and finalize the CHNA report.

Process and Methods used to Conduct the Assessment

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data.
- Augmentation of data with community opinions.
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members.

Data Collection and Analysis

The Hospital relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Area residents were asked to note if they perceived that the opportunities and issues identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- *Stratasan*
- *www.countyhealthrankings.org*
- *www.worldlifeexpectancy.com*
- *Bureau of Labor Statistics*
- *NAMI*
- *SAMHSA – Behavioral Health Barometer, Kentucky, Volume 6*
- *Zillow Home Value Index*
- *Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*
- *American Diabetes Association*
- *National Cancer Institute*
- *Center for Housing Policy*
- *Health Affairs: Leigh & Du*
- *AAFP*

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically diverse population. 167 survey responses from community members were gathered between June and July 2022.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. Most respondents agreed with the findings, with only a handful of comments critiquing the data. A list of all needs was developed based on findings from the analysis. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

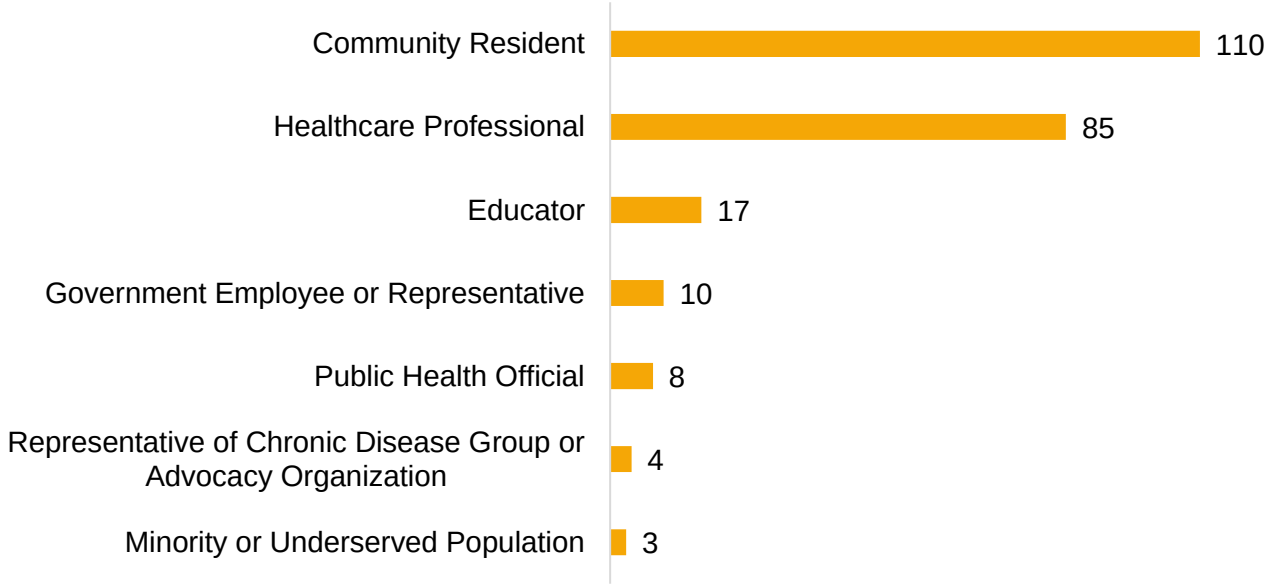
The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them. This plan was developed through a series of work sessions where relevant stakeholders from the Hospital and other community organizations were present.

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Participants self-identified into the following classifications:

1) **Public Health Official**
2) **Government Employee or Representative**
3) **Minority or Underserved Population**
4) **Chronic Disease Groups**
5) **Community Resident**
6) **Educator**
7) **Healthcare Professional**
8) **Other** (please specify)

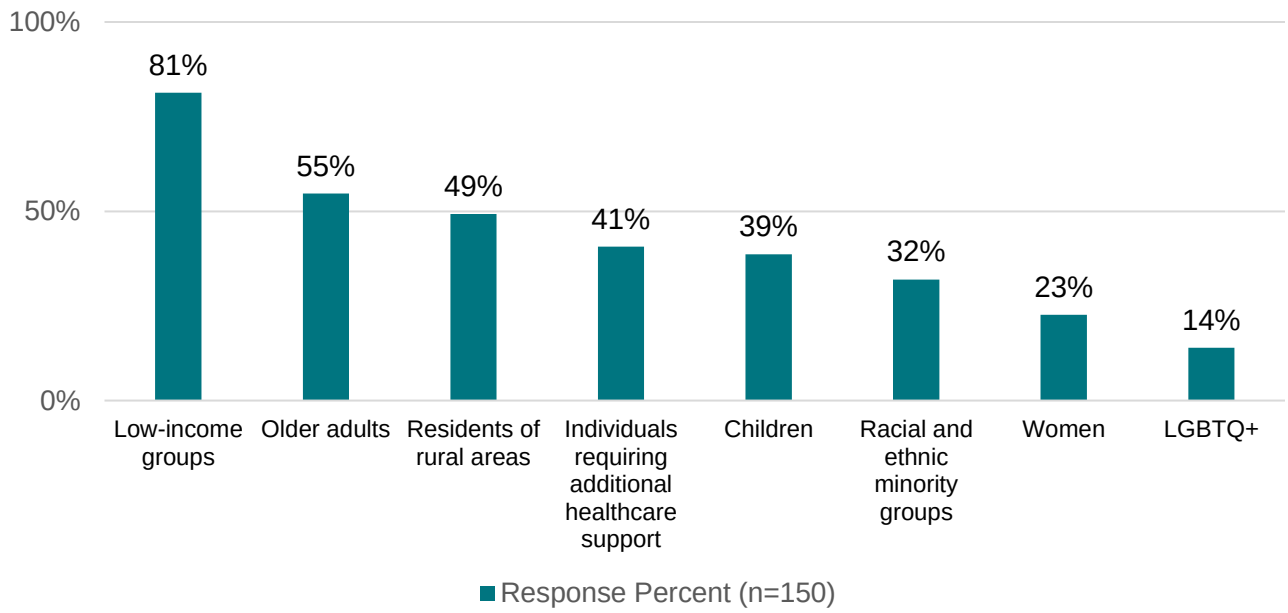
Survey Question: Please select all roles that apply to you (n=165)



Input on Priority Populations

Information analysis augmented by local opinions showed how Ohio County compares to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") would benefit from additional focus and elaborate on their key needs.

Survey Question: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)



- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following "take-away" bulleted comments:
  - The top three priority populations identified by the local experts were low-income groups, older adults, and residents of rural areas.
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Transportation
    - Health education/literacy
    - Affordable healthcare

Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regards to OCH"s 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:

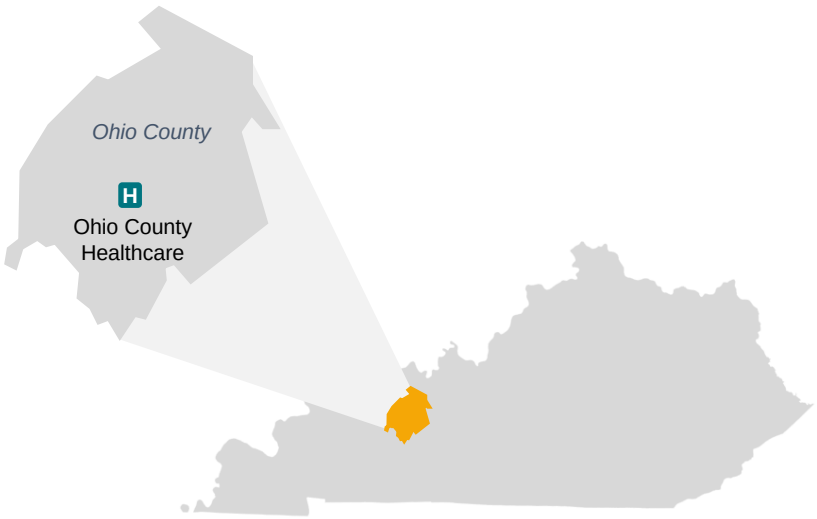
Community Served

For the purpose of this study, OCH defines its service area as Ohio County in Kentucky which includes the following Zip codes:

42320 – Beaver Dam	42328 – Centertown	42333 – Cromwell	42338 – Dundee
42343 – Fordsville	42347 – Narrows	42347 – Hartford	42349 – Horse Branch
42354 – McHenry	42361 – Olaton	42369 – Rockport	42370 – Rosine

During 2021, OCH received 83% of its Medicare inpatients from this area.

Ohio County Demographics



Current Population :
23,701

Age

	Ohio County	Kentucky
0 – 17	*22.9%*	*21.3%*
18 – 44	*32.0%*	*34.8%*
45 – 64	*25.5%*	*25.8%*
65 +	*19.7%*	*18.1%*

Source: Stratasan, ESRI (2022)

Race/Ethnicity

	Ohio County	Kentucky
White	*92.6%*	*82.0%*
Black	*0.7%*	*8.1%*
Asian & Pacific Islander	*0.2%*	*1.8%*
Other	*6.5%*	*8.2%*
Hispanic*	*4.2%*	*4.6%*

*Ethnicity is calculated separately from Race

Education and Income

	Ohio County	Kentucky
Median Household Income	*$51,522*	*$57,014*
Some High School or Less	*13.7%*	*11.3%*
High School Diploma/GED	*45.4%*	*34.2%*
Some College/ Associates Degree	*25.6%*	*27.9%*
Bachelor's Degree or Greater	*15.3%*	*26.7%*

Source: Stratasan, ESRI (2022)

Community Health Characteristics

The data below provides an overview of Ohio County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. These statistics were included for reference in the CHNA survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit https://www.countyhealthrankings.org.

Health Status Indicators

Health Behaviors

Teen Births *per 1,000*	Adult Smoking	Physical Inactivity	Adult Obesity	Driving Deaths Involving Alcohol	Excessive Drinking
46	**26%**	**34%**	**35%**	**27%**	**16%**
KY: 29	*KY: 25%*	*KY: 32%*	*KY: 36%*	*KY: 25%*	*KY: 18%*

Quality of Life

Suicide Rate: 16.0

Per 100,000
Compared to 17.7 in KY

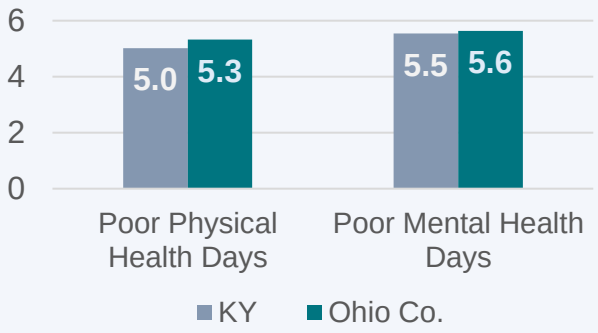
Poor or Fair Health: 24%

Compared to 22% in KY

Low Birthweight: 8%

Compared to 9% in KY

Average number of physically and mentally unhealthy days in the past 30 days



Source: County Health Rankings 2022 Report, worldhealthranking.com (2020)

Socioeconomic Factors

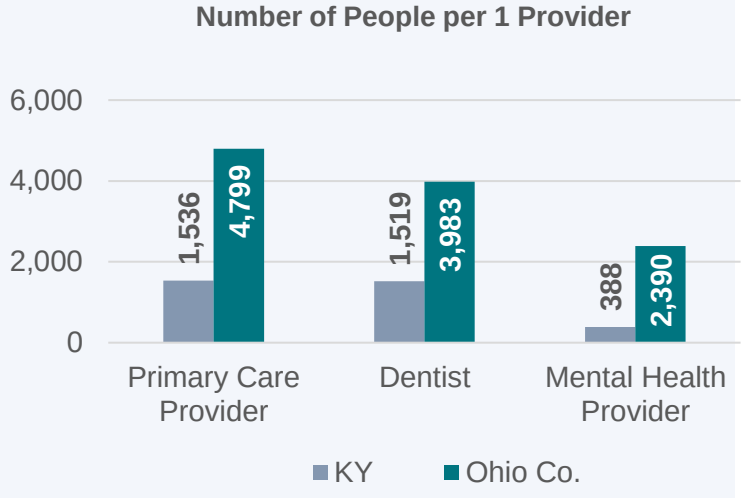
Income Inequality*	Unemployment	Children in Single Parent Households	Children in Poverty	Violent Crime *per 100,000*	Injury Deaths *per 100,000*
4.0	**5.5%**	**26%**	**22%**	**122**	**85**
KY: 5.0	*KY: 4.7%*	*KY: 26%*	*KY: 19%*	*KY: 222*	*KY: 101*

Access to Health

Uninsured: 5.2%
Compared to 5.5% in KY

Preventable Hospital Stays: 5,827
Per 100,000
Compared to 5,028 in KY

Access to Exercise Opportunities: 32%
Compared to 66% in KY



Physical Environment

Air Pollution (µg/m³)	Severe Housing Problems**	Driving to Work Alone	Broadband Access
9.2	**12%**	**84%**	**75%**
KY: 8.7	*KY: 14%*	*KY: 81%*	*KY: 82%*

Source: County Health Rankings 2022 Report, Bureau of Labor Statistics (2021), Stratasan, ESRI (2022)
*Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

167 surveys completed by community members

75 Health Coalition members gathered to discuss community needs

Evaluate

Evaluate indicators based on the following factors:

- Worse than benchmark
- Identified by the community
- Impact on health disparities
- Feasibility of being addressed

Select

Select priority health needs for implementation plan

Community Survey Data

This process included evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the external social determinants that influence community health.
- Personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. Results of the health priority rankings are outlined below:

Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Drug/Substance Abuse	4.84
Mental Health	4.80
Obesity	4.59
Diabetes	4.54
Cancer	4.53
Heart Disease	4.44
Dental	4.40
Women's Health	4.33
Lung Disease	4.30
Stroke	4.27
Alzheimer's and Dementia	4.18
Kidney Disease	4.04
Liver Disease	3.98
Other (please specify)	See appendix

Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Healthcare Services: Affordability	4.64
Affordable Housing	4.56
Employment and Income	4.55
Education System	4.49
Healthcare Services: Prevention	4.47
Access to Childcare	4.45
Access to Healthy Food	4.45
Transportation	4.43
Community Safety	4.40
Healthcare Services: Physical Presence	4.39
Access to Senior Services	4.36
Social Support	4.2
Access to Exercise/Recreation	4.14
Social Connections	4.01
Other (please specify)	See appendix

Personal Factors

Survey Question: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Livable Wage	4.56
Diet	4.38
Smoking/Vaping/Tobacco Use	4.32
Excess Drinking	4.22
Risky Sexual Behavior	4.19
Physical Inactivity	4.16
Other (please specify)	See appendix

Overall health priority ranking (top 10 highlighted)

Answer Choices	Weighted Average of Votes (out of 5)
Drug/Substance Abuse	4.84
Mental Health	4.80
Healthcare Services: Affordability	4.64
Obesity	4.59
Affordable Housing	4.56
Livable Wage	4.56
Employment and Income	4.55
Diabetes	4.54
Cancer	4.53
Education System	4.49
Healthcare Services: Prevention	4.47
Access to Childcare	4.45
Access to Healthy Food	4.45
Heart Disease	4.44
Transportation	4.43
Dental	4.40
Community Safety	4.40
Healthcare Services: Physical Presence	4.39
Diet	4.38
Access to Senior Services	4.36
Women's Health	4.33
Smoking/Vaping/Tobacco Use	4.32
Lung Disease	4.30
Stroke	4.27
Excess Drinking	4.22
Social Support	4.20
Risky Sexual Behavior	4.19
Alzheimer's and Dementia	4.18
Physical Inactivity	4.16
Access to Exercise/Recreation	4.14
Kidney Disease	4.04
Social Connections	4.01
Liver Disease	3.98

Evaluation & Selection Process

Worse than Benchmark Measure

Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages

Identified by the Community

Health needs expressed in the online survey and/or mentioned frequently by community members

Feasibility of Being Addressed

Growing health needs where interventions are feasible, and the Hospital could make an impact

Impact on Health Disparities

Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Drug/Substance Abuse	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Healthcare Services: Affordability	✓	✓	✓	✓
Obesity	✓	✓	✓	✓
Affordable Housing		✓		✓
Livable Wage	✓	✓		✓
Employment and Income	✓	✓		✓
Diabetes	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Education System	✓	✓		✓

Overview of Priorities

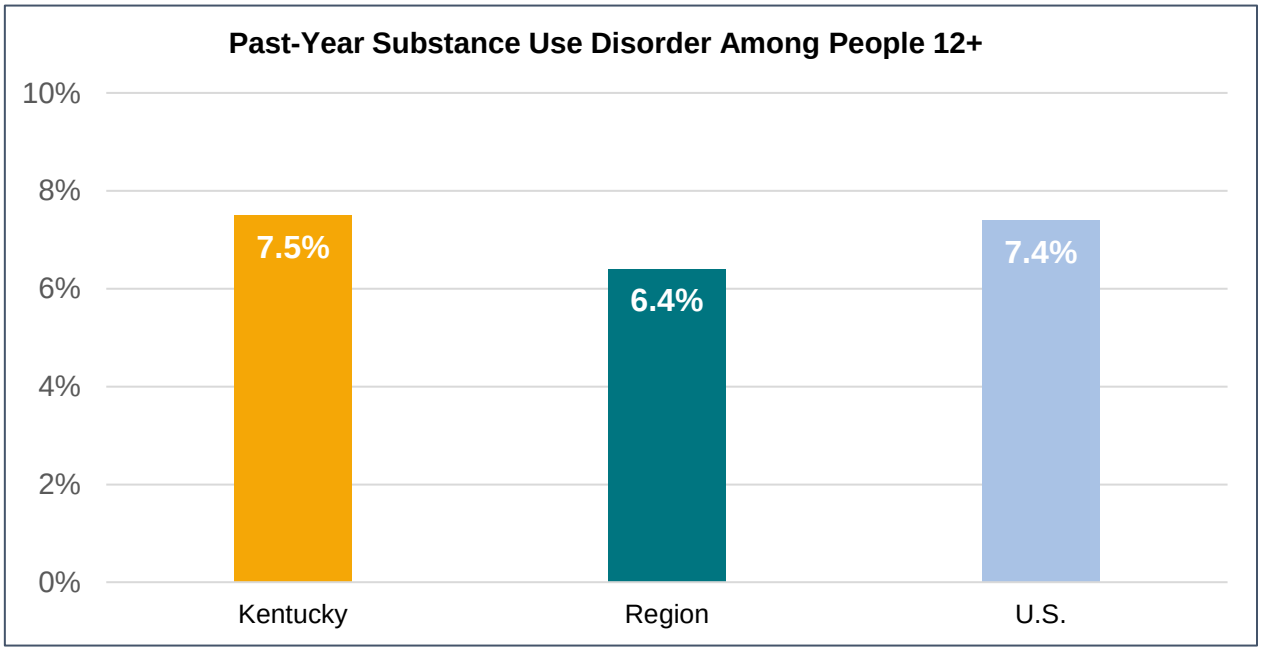
Drug/Substance Abuse

Drug and substance abuse was identified as the #1 health priority with 86.5% of survey respondents rating it as extremely important to be addressed. Drug and substance abuse was identified as a top health priority in 2019.

Ohio County has higher rates of adult smoking and driving deaths with alcohol involvement compared to Kentucky. Kentucky has a higher past-year substance use disorder percentage compared to other regional states but has a similar percentage to the U.S.

	Ohio Co.	Kentucky
Adult smoking	26%	25%
Driving deaths with alcohol involvement	27%	25%
Excessive drinking	16%	18%

Source: County Health Rankings (2018-2020)



Source: SAMHSA (2019)
Note: Region states include Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Mental Health

Mental health was the #2 community-identified health priority with 83.5% of respondents rating it as extremely important to be addressed in the community. Mental Health was identified as a top health priority in the 2019 CHNA report. Suicide is the 11th leading cause of death in Ohio County and ranks 59th out of 120 counties (with 1 being the worst in the state) in Kentucky for suicide death rate (World Life Expectancy).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce (NAMI).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Ohio Co.	Kentucky
Average number of mentally unhealthy days (past 30 days)	5.6	5.5
Number of people per 1 mental health provider	2,390	388
Suicide death rate (*per 100,000*)	16.0	17.7

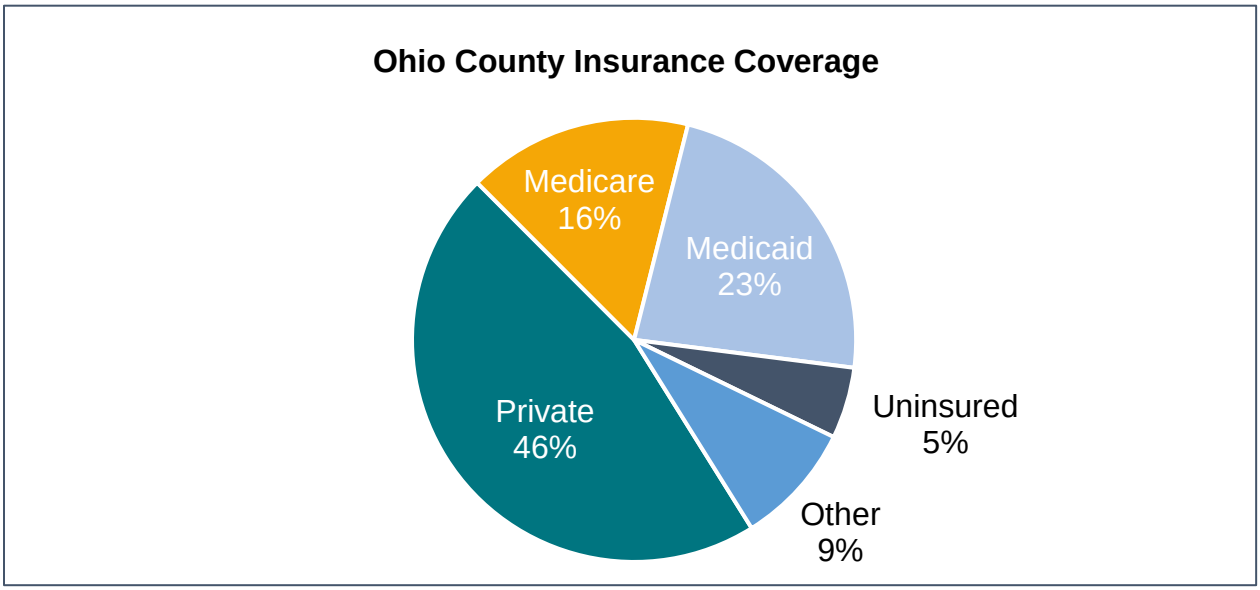
Source: County Health Rankings (2019, 2021), worldlifeexpectancy.com (2020)

Healthcare Services: Affordability

Affordability of healthcare services was the #3 identified health need in the community with 71.1% of survey respondents rating it as extremely important to be addressed. Approximately 5% of Ohio County's population is uninsured, falling slightly below the Kentucky average (Stratasan, ESRI). Additionally, low-income groups were identified as the top priority population in the community making the affordability of healthcare services an important need.

	Ohio Co.	Kentucky
Uninsured	5.2%	5.5%
Median household income	$51,522	$57,041

Source: Stratasan, ESRI (2022)



Source: Stratasan, ESRI (2022)

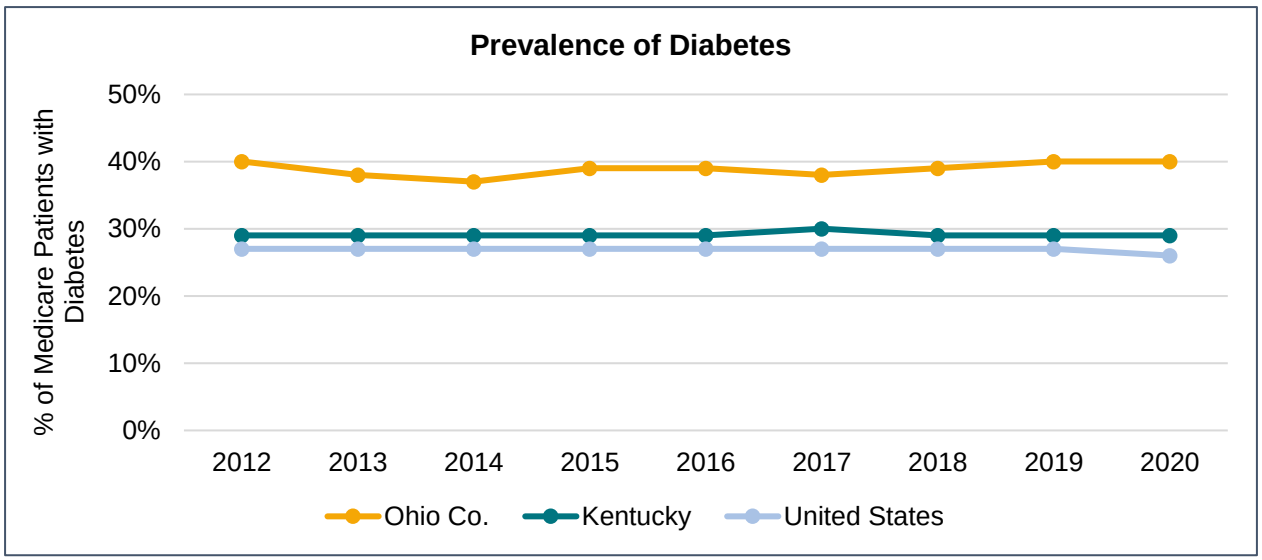
Obesity and Diabetes

Obesity was the #4 health priority identified in the community survey with 68% of respondents rating it as extremely important to address in the community. Diabetes was identified as the #8 health priority with 65.0% of respondents rating it as extremely important to address. Diabetes is the 8th leading cause of death in Ohio County and ranks 26th out of 120 counties (with 1 being the worst in the state) in Kentucky for diabetes death rate (World Life Expectancy).

Ohio County has a higher rate of diabetes mortality compared to Kentucky. Ohio County is similar to state rates for adult obesity and physical inactivity. Both are well-established risk factors for type 2 Diabetes development (American Diabetes Association). In the Medicare population, Ohio County has a higher prevalence of diabetes than Kentucky and the U.S.

	Ohio Co.	Kentucky
Diabetes mortality (*per 100,000*)	35.1	27.7
Adult obesity	35%	36%
Physical inactivity	34%	32%

Source: worldhealthranking.com (2020), County Health Rankings (2019)



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

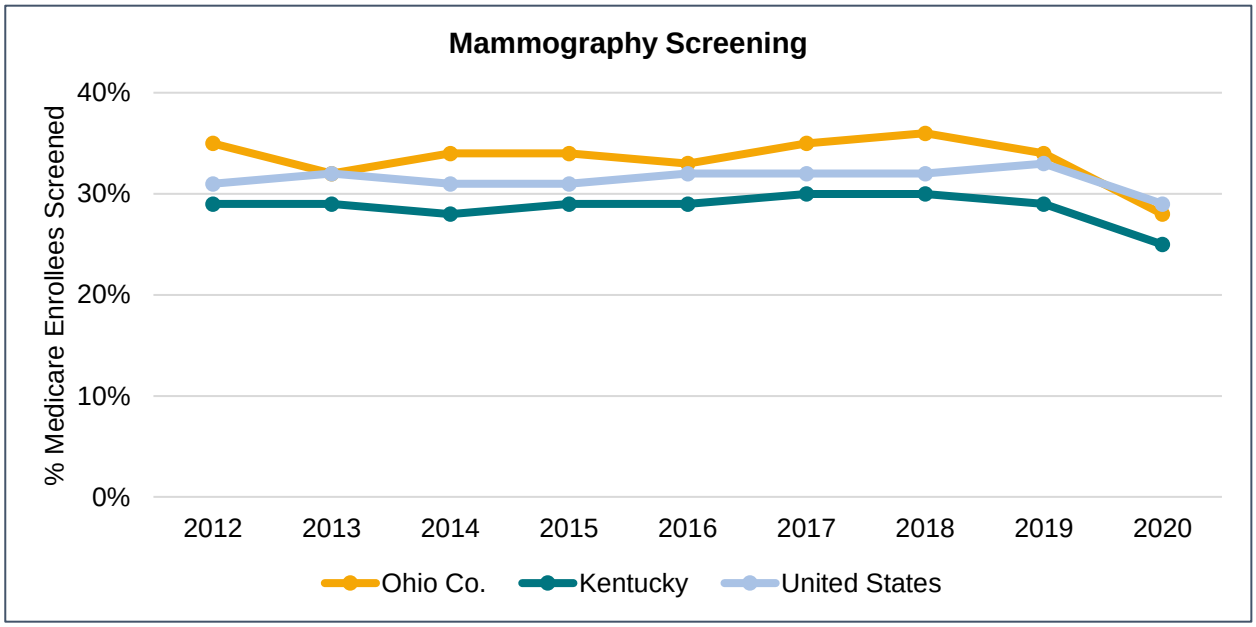
Cancer

Cancer was identified as the #9 health priority with 67.0% of survey respondents rating it as extremely important to be addressed. Cancer is the 2nd leading cause of death in Ohio County and ranks 39th out of 120 counties (with 1 being the worst in the state) in Kentucky for cancer death rate (World Life Expectancy).

Ohio County has higher cancer mortality and lower incidence rates than Kentucky. Additionally, 28% of Medicare enrollees (women age 65+) in Ohio County received a mammogram in 2020 and this percentage has been decreasing in recent years.

	Ohio Co.	Kentucky
Cancer mortality (*per 100,000*)	219.3	177.3
Cancer incidence (*per 100,000*)	497.1	517.8

Source: worldhealthranking.com (2020), National Cancer Institute (2014-2018)



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Social Determinants of Health

Affordable housing, livable wage, employment and income, and education system were all ranked in the top 10 priority list from the community survey. All these factors can be seen as social determinants of health because of their effect on health outcomes and healthcare access.

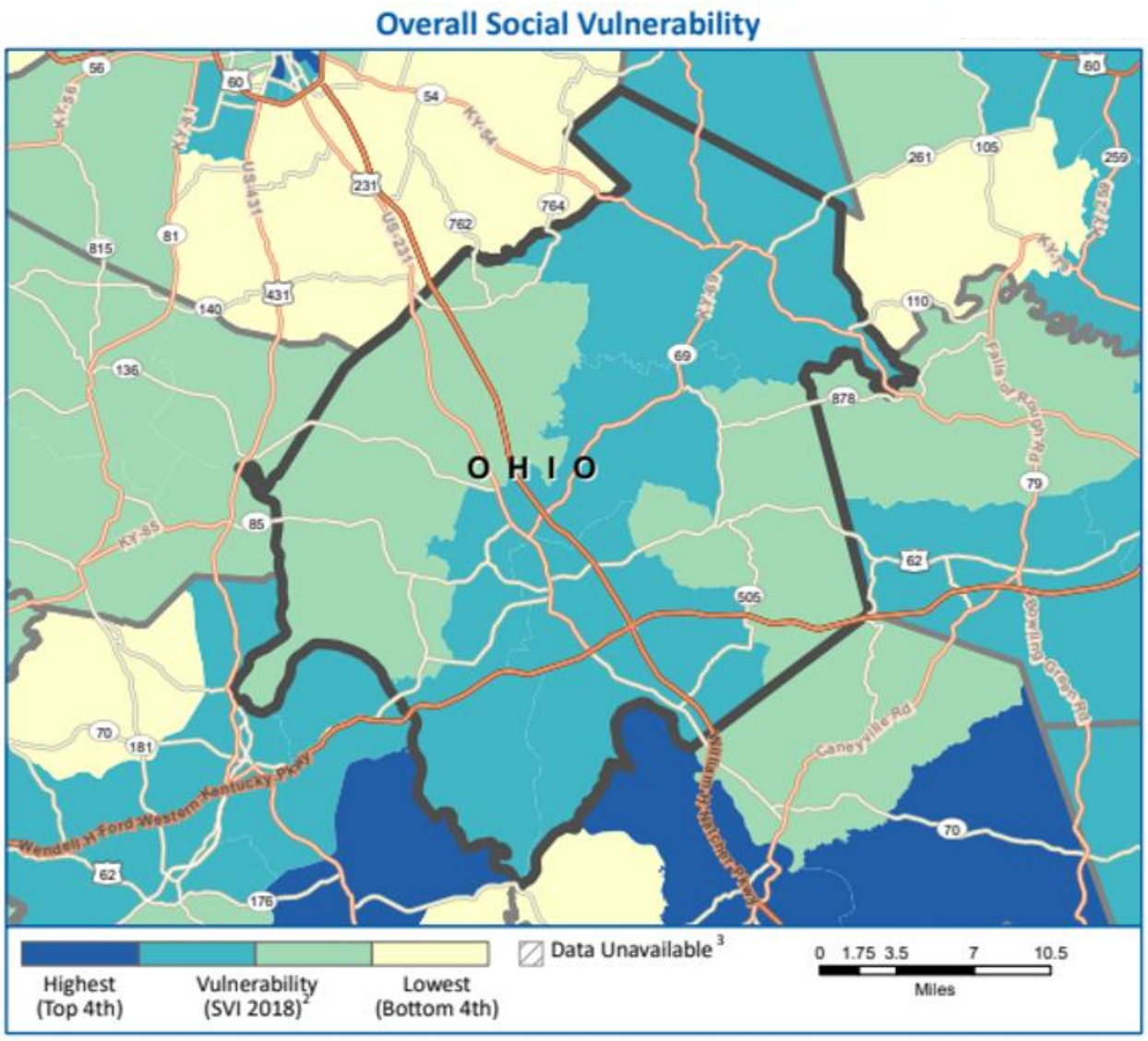
Livable wage and employment and income play a role in the community's ability to afford healthcare and impact health outcomes. These social factors can impact health status by affecting mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and having access to health insurance (HealthAffairs). Education influences health disparities through access to job opportunities, health insurance, stable housing, and healthy lifestyles (AAFP). Additionally, there is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes like mental illnesses, exposure to environmental hazards, and limited funds to afford healthcare (Center for Housing Policy).

	Ohio Co.	Kentucky
Severe housing cost burden*	10%	11%
Severe housing problems**	12%	14%
Homeownership	78%	68%
Median home value	$133,566	$197,413
Median household income	$51,522	$57,014
High school graduation	86%	89%
Children eligible for free & reduced lunch	64%	56%
Broadband access	75%	82%
Unemployment	5.5%	4.7%
Income inequality***	4.0	5.0
Children in poverty	22%	19%
Children in single parent households	26%	26%

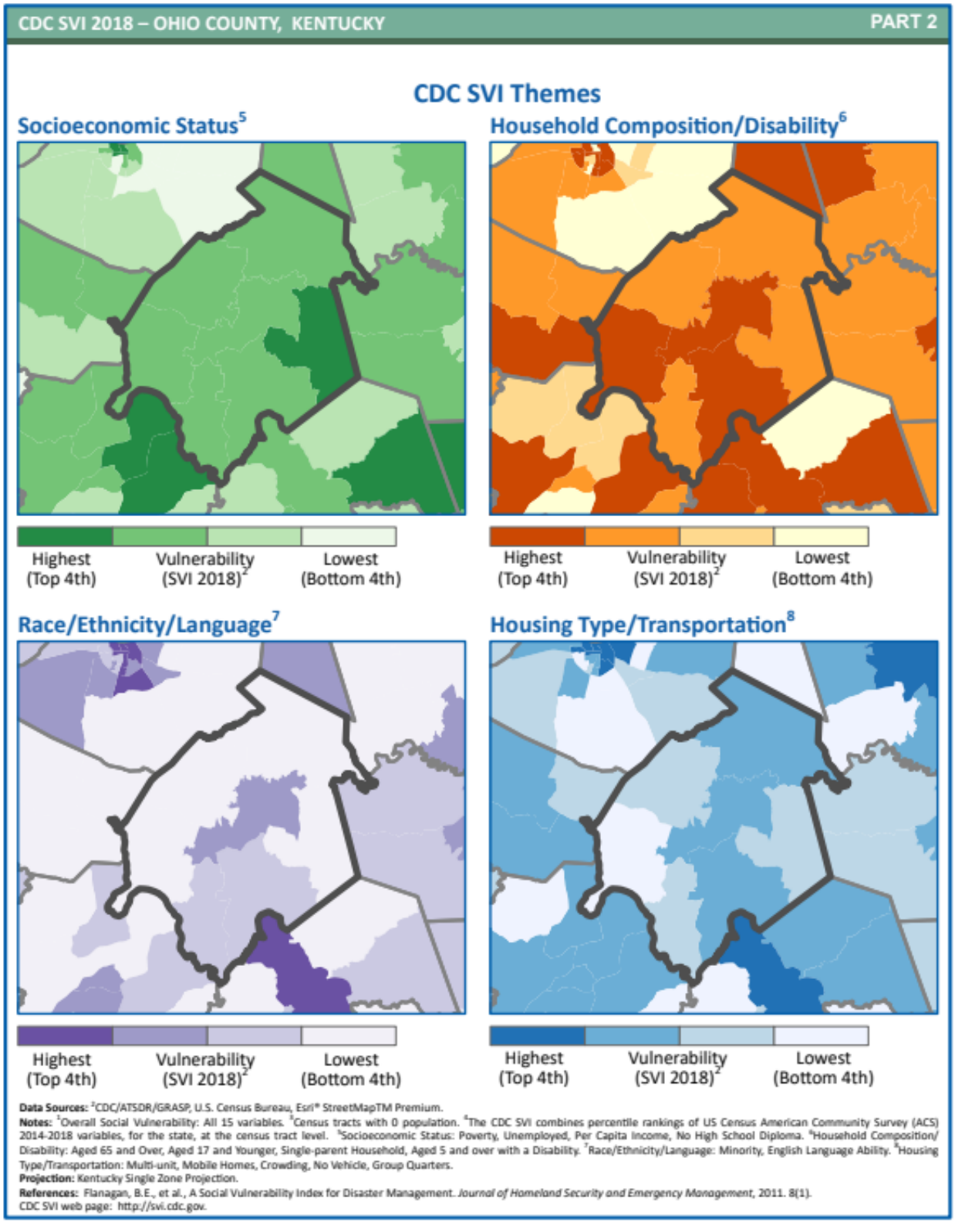
Source: County Health Rankings (2016-2020), Zillow (2022), Stratasan ESRI (2022), Bureau of Labor Statistics (2021)
**Percentage of households that spend 50% or more of their household income on housing*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*
****Ratio of household income at the 80th percentile to income at the 20th percentile*

Social Vulnerability

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks. The areas in dark blue are the areas with the highest vulnerability, the light blue areas are the second highest social vulnerability, while the light green is the third:



Source: CDC's Social Vulnerability Index



Source: CDC's Social Vulnerability Index

Implementation Plan Strategy

Planning Process

To identify the significant health needs to focus on in the community, facilitated work sessions were held to discuss current resources, future programming, and potential partnerships among the Ohio County Health Coalition organizations. Two work sessions were conducted with local stakeholders to determine how local healthcare organizations and OCH can work together to address the significant health needs in the community.

From these sessions, the following priorities were developed:

Access to Mental Health Care Services

Priority areas:

- Provider recruitment
- Education of available services
- Mental health first-aid training

Access to Health Care

Priority areas:

- Service lines - *Mental Health, Diabetes/Obesity, Cancer*, Women's Health, Heart Disease
- Investment in facilities and equipment
- Barriers to accessing care
    - Transportation
    - *Affordability*
    - Social Determinants of Health - *Livable Wage, Employment, Education, Affordable Housing*

Substance Misuse

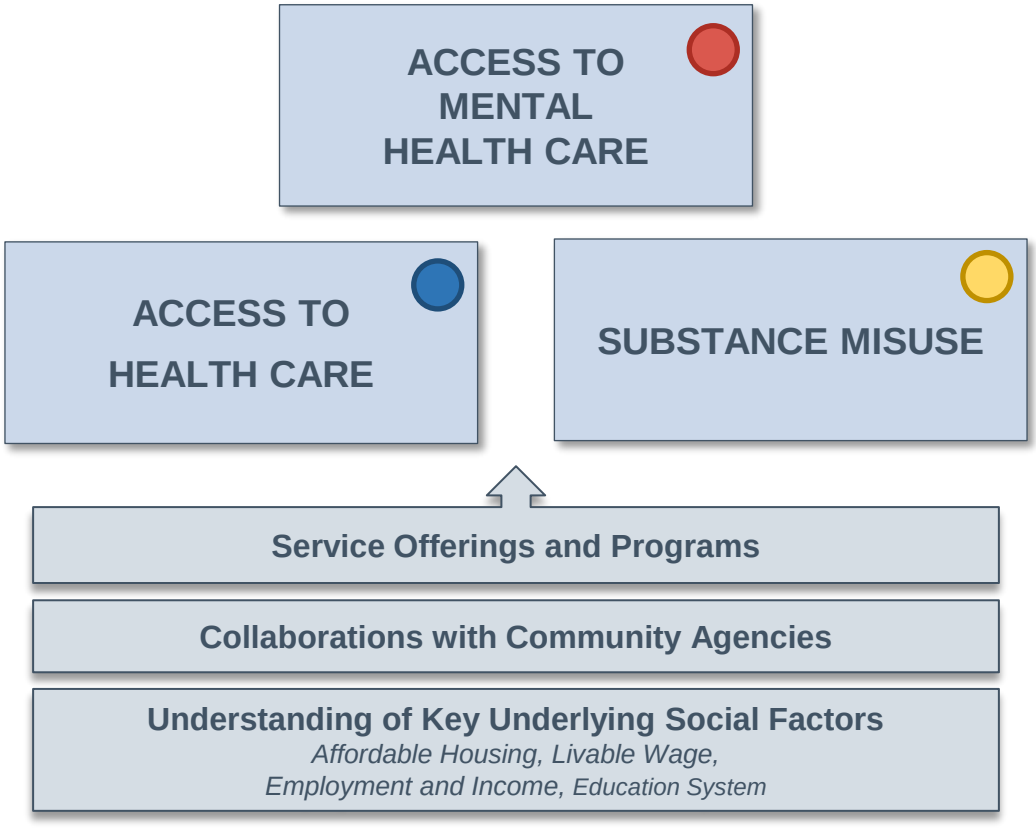
Priority areas:

- Education
- Treatment
- Prevention

Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into key groups in order to adequately address the health needs with available time and resources and based on the priorities set forth by the Ohio County Health Coalition.

- Drug/Substance Abuse
- Mental Health
- Healthcare Services Affordability
- Obesity
- Obesity
- Cancer



Access to Mental Health Care

The Hospital services, programs, and resources available to respond to this need include:

- Employ licensed mental health providers to provide outpatient services through Ohio County Behavioral Health, a division of Ohio County Healthcare
- Provide educational assistance and/or preceptor / clinical opportunities for employees who are pursuing behavioral health degrees.
- Mental health care provider section on the Community Resource Guide.
- Strong referral partnerships with several mental healthcare facilities throughout Kentucky to provide inpatient and outpatient treatment for OCH patients.
- Depression screenings are performed during annual wellness exams.
- Sexual Assault Nurse Examiners (SANE) process established in the emergency department (ED).
- OCH employees are active board members with the Ohio County ASAP, a local division of the Kentucky Agency for Substance Abuse Policy.
- OCH works collaboratively with Ohio County ASAP Board to provide in-school Mental Health First Aide Training to all certified teachers within the Ohio County School System and fund other community-wide mental health initiatives.

The impact of actions taken since the immediately preceding CHNA:

- A telehealth program was started in local schools to provide behavioral health services to students.
- The Mobile Access Unit provides mental health screening.
- A behavioral health program was established with a licensed mental health professional.
- A pediatric grief support group was established.
- Telehealth visits are now available in the ED for initial assessments of patients.
- Staff are educated on the United Way 211 hotline to connect patients with local resources and services.
- Establishment of Zulresso Infusion Therapy program for the treatment of post-partum depression.
- Addition of treatment of Perinatal Mood Disorders to GYN Clinic services.
- OCH employees are active participants in the Ohio County Mental Health Coalition including participation and sponsorship of the annual Suicide Awareness Walk.
- Establishment of Camp Hope – a grief support camp lead by mental health providers for youth who have suffered a significant loss.

Additionally, the Hospital plans to take the following steps to address this need:

- Conduct a recruitment campaign to add behavioral health counselors and therapists as well as an additional nurse practitioner to provide medication management to patients in the OCH behavioral health program.
- Continue to grow the services provided through the behavioral health program.
- Evaluate the potential of starting a mental health program for nurse practitioner students to get clinical hours while providing care to patients at OCH.

Identified measures and metrics to progress:

- Number of behavioral health providers recruited
- Number of behavioral health unique visits
- Number of referrals to an inpatient behavioral health care center

Partner organizations that may also address this need in the community:

Organization	Contact/Information
Ohio County Health Coalition	https://grrhc.wildapricot.org/
Green River District Health Department	(270) 298-3663 https://healthdepartment.org/
Ohio County Mental Health Coalition	
Ohio County ASAP Board	
Ohio County Schools	http://www.ohio.k12.ky.us/
United Way 211	2-1-1 https://www.uwky.org/211

The Hospital services, programs, and resources available to respond to this need include:

- Mobile Access Unit.
- Financial Assistance Policy.
- Ongoing recruitment efforts to increase access to care for primary and specialty care services.
- Annual free sports physicals for high-school athletes.
- Free colonoscopies for the uninsured or low-income population through grant funding provided by Kentucky Colon Cancer Screening Program.
- OCH supports the efforts of the Ohio County Health Coalition by providing leadership, coordination of coalition activities, and funding.
- Annual employee wellness program with a focus on weight loss programs and activities to increase physical fitness.
- Sponsor of local events that promote physical activity including 5K's, run/walks, sports camps, baseball/softball tournaments, and golf scrambles.
- Staff are available to help patients enroll in programs like Medicaid and Medicare.
- Utilize social media platforms to promote healthy lifestyle education, resources, and activities.

The impact of actions taken since the immediately preceding CHNA:

- A telehealth program was started in local schools to provide health services to students.
- The Mobile Access Unit provides screening services to patients across the county.
- Staff are educated on the United Way 211 hotline to connect patients with local resources and services.
- Start of multi-million dollar surgical department building project to be completed in 2023 that will include the addition of robotic surgical procedures.
- Addition of 3 bed – High Acuity Unit for inpatient treatment of critical care patients.
- Establishment of a Palliative Care Program for treatment of Chronic Care Patients.
- Contract for board-certified Intensivist physician services via tele-medicine to support OCH hospitalist and emergency department services.
- Establishment of Ohio County Behavioral Health offices.
- Establishment of testing, treatment and vaccination services for COVID-19.

Additionally, the Hospital plans to take the following steps to address this need:

- Continue to recruit providers and increase service offerings so patients do not need to travel far for care.
- Increase education and awareness of the services and programs that are available at OCH.
- Hire a grant writer to assist OCH in securing funding for programs at OCH including ones that address the social determinants of health.
- Strengthen healthy living promotion in the community.

Identified measures and metrics to progress:

- Charity care contribution
- Number of patients connected to financial assistance.
- Number of providers recruited

Partner organizations that may also address this need in the community:

Organization	Contact/Information
Ohio County Health Coalition	https://grrhc.wildapricot.org/
Green River District Health Department	(270) 298-3663 https://healthdepartment.org/
Ohio County Schools	https://www.ohio.k12.ky.us/
United Way 211	2-1-1 https://www.uwky.org/211
Ohio Co. Family Wellness Center	(270) 298-4500 http://www.ohiocountyfamilywellness.com/
University of Kentucky Cooperative Extension Services	(270) 298-7441

Substance Misuse

The Hospital services, programs, and resources available to respond to this need include:

- OCH is a smoke-free facility.
- Smoking cessation education and nicotine replacement products are provided to OCH staff free of charge.
- Screening, intervention, and referral into smoking cessation programs available through all Ohio County Healthcare Provider Practices.
- OCH works collaboratively with Ohio County Health Coalition partners to share links via communication channels to the Kentucky Cabinet for Health and Family “Quit Now Kentucky” tobacco cessation program.
- OCH and associated provider offices will continue to follow a controlled substance prescription policy, which includes routine drug testing to ensure proper utilization of controlled substances.
- To ensure proper follow-up management, controlled substances are not prescribed in the Ohio County QuickCare, OCH’s walk-in clinic.
- The Ohio County Pain Clinic is a division of Ohio County Healthcare and employs a board-certified pain and rehabilitation physician and mid-level provider for the treatment of chronic pain patients.
- OCH works collaboratively with Ohio County ASAP Board to provide disposal bags for expired and/or unused medicines.
- OCH works collaboratively with Ohio County ASAP Board to offer prescription drop box locations for unused patient medications.

The impact of actions taken since the immediately preceding CHNA:

- In an effort to promote the disposal of expired and/or unused medications, including controlled substances, OCH collaborated with Ohio County ASAP Board to host medication takeback events for community members to drop off unused medications.

Additionally, the Hospital plans to take the following steps to address this need:

- Start an appropriate prescription monitoring program.
- Establish a process for connecting patients with substance misuse needs to appropriate mental health resources.
- Look to revamp smoking cessation programs.

Identified measures and metrics to progress:

- Reduction in schedule 2 and 4 prescriptions by increasing access to mental health services for substance misuse patients

Partner organizations that may also address this need in the community:

Organization	Contact/Information
Ohio County Health Coalition	https://grrhc.wildapricot.org/
Green River District Health Department	(270) 298-3663 https://healthdepartment.org/
Ohio County Mental Health Coalition	
Ohio County ASAP Board	
United Way 211	2-1-1 https://www.uwky.org/211
Kentucky Cancer Program – Green River	(270) 683-2560 http://www.kycancerprogram.org/

Appendix

Community Data

Community Demographics

Demographic Profile

	Ohio County				Kentucky				US AVG.	
	2022	2027	% Change	% of Total	2022	2027	% Change	% of Total	% Change	% of Total
Population										
Total Population	***23,701***	***23,604***	***-0.4%***	***100.0%***	***4,537,160***	***4,569,772***	***0.7%***	***100.0%***	***3.6%***	***100.0%***
By Age										
00 - 17	5,434	5,511	*1.4%*	*22.9%*	965,305	968,503	*0.3%*	*21.3%*	*0.0%*	*21.7%*
18 - 44	7,575	7,042	*-7.0%*	*32.0%*	1,579,010	1,539,437	*-2.5%*	*34.8%*	*0.3%*	*36.0%*
45 - 64	6,033	5,873	*-2.7%*	*25.5%*	1,172,101	1,131,545	*-3.5%*	*25.8%*	*-4.3%*	*24.9%*
65+	4,659	5,178	*11.1%*	*19.7%*	820,744	930,287	*13.3%*	*18.1%*	*12.8%*	*17.4%*
Female Childbearing Age (15-44)	4,031	3,853	*-4.4%*	*17.0%*	850,538	832,702	*-2.1%*	*18.7%*	*0.0%*	*19.5%*
By Race/Ethnicity										
White	21,943	21,849	*-0.4%*	*92.6%*	3,718,657	3,701,099	*-0.5%*	*82.0%*	*-1.3%*	*61.0%*
Black	166	166	*0.0%*	*0.7%*	366,399	370,707	*1.2%*	*8.1%*	*0.8%*	*12.4%*
Asian & Pacific Islander	48	48	*0.0%*	*0.2%*	80,754	86,383	*7.0%*	*1.8%*	*5.6%*	*6.3%*
Other	1,544	1,541	*-0.2%*	*6.5%*	371,350	411,583	*10.8%*	*8.2%*	*7.8%*	*20.3%*
Hispanic*	1,004	1,004	*0.0%*	*4.2%*	210,497	217,485	*3.3%*	*4.6%*	*3.4%*	*19.0%*
Households										
Total Households	9,271	9,262	*-0.1%*		1,812,027	1,827,307	*0.8%*			
Median Household Income	$ 51,522	$ 56,392			$ 57,014	$ 66,117			*US Avg. $64,730 | $72,932*	
Education Distribution										
Some High School or Less				*13.7%*				*11.3%*		*10.1%*
High School Diploma/GED				*45.4%*				*34.2%*		*27.1%*
Some College/Associates Degree				*25.6%*				*27.9%*		*27.7%*
Bachelor's Degree or Greater				*15.3%*				*26.7%*		*35.1%*

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI (2022)

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Kentucky's Top 15 Leading Causes of Death are listed in the tables below in Ohio County's rank order. Ohio County was compared to all other Kentucky counties, Kentucky state average, and whether the death rate was higher, lower, or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in KY (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Ohio County Compared to U.S.)
KY Rank	Ohio Rank	Condition		KY	Ohio	
1	1	Heart Disease	43 of 120	204.5	262.4	***Higher than expected***
2	2	Cancer	39 of 120	177.3	219.3	***Higher than expected***
4	3	COVID-19	47 of 120	74.2	86.7	***As expected***
3	4	Accidents	86 of 120	87.5	58.7	***As expected***
5	5	Lung	102 of 120	56.2	51.9	***Higher than expected***
6	6	Stroke	116 of 120	42.4	38.5	***As expected***
7	7	Alzheimer's	16 of 120	32.2	38.1	***Higher than expected***
8	8	Diabetes	26 of 120	27.7	35.1	***Higher than expected***
12	9	Flu - Pneumonia	79 of 120	16.3	21.3	***Higher than expected***
13	10	Kidney	97 of 120	16.2	18.3	***Higher than expected***
9	11	Suicide	59 of 120	17.7	16.0	***As expected***
10	12	Blood Poisoning	101 of 120	17.2	11.4	***As expected***
11	13	Liver	74 of 120	17.0	9.8	***As expected***
14	14	Parkinson's	50 of 120	10.8	7.2	***As expected***
16	15	Hypertension	78 of 120	8.1	6.1	***As expected***
15	16	Homicide	88 of 120	9.5	3.6	***As expected***

**County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US*

Source: worldlifeexpectancy.com (2020)

County Health Rankings

	Ohio	Kentucky	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank *(best being #1)*	***33/120***			
- Premature Death*	**9,271**	9,993	8,200	5,400
Quality of Life				
Overall Rank *(best being #1)*	***51/120***			
- Poor or Fair Health	**24%**	22%	17%	12%
- Poor Physical Health Days	**5.3**	5.0	3.9	3.1
- Poor Mental Health Days	**5.6**	5.5	4.2	3.4
- Low Birthweight	**8%**	9%	8%	6%
Health Behaviors				
Overall Rank *(best being #1)*	***36/120***			
- Adult Smoking	**26%**	25%	17%	14%
- Adult Obesity	**35%**	36%	33%	26%
- Physical Inactivity	**34%**	32%	27%	20%
- Access to Exercise Opportunities	**32%**	66%	66%	91%
- Excessive Drinking	**16%**	18%	18%	13%
- Alcohol-Impaired Driving Deaths	**27%**	25%	28%	11%
- Sexually Transmitted Infections*	**208.4**	468.1	327.4	161.4
- Teen Births *(per 1,000 female population ages 15-*	**46**	29	28	13
Clinical Care				
Overall Rank *(best being #1)*	***57/120***			
- Uninsured	**8%**	8%	11%	6%
- Population per Primary Care Provider	**4,799**	1,536	2,070	1,030
- Population per Dentist	**3,983**	1,519	2,410	1,240
- Population per Mental Health Provider	**2,390**	388	890	290
- Preventable Hospital Stays	**5,827**	5,028	4,710	2,761
- Mammography Screening	**45%**	41%	41%	50%
- Flu vaccinations	**40%**	46%	43%	53%
Social & Economic Factors				
Overall Rank *(best being #1)*	***58/120***			
- High school graduation	**82%**	87%	90%	96%
- Unemployment	**7.2%**	6.6%	3.9%	2.6%
- Children in Poverty	**22%**	19%	20%	11%
- Income inequality**	**4.0**	5.0	4.4	3.7
- Children in Single-Parent Households	**26%**	26%	32%	20%
- Violent Crime*	**122**	222	205	63
- Injury Deaths*	**85**	101	84	58
- Median household income	**$48,621**	$54,074	$50,600	$69,000
- Suicides	**19**	17	17	11
Physical Environment				
Overall Rank *(best being #1)*	***115/120***			
- Air Pollution - Particulate Matter (µg/m³)	**9.2**	8.7	9.4	6.1
- Severe Housing Problems***	**12%**	14%	14%	9%
- Driving to work alone	**84%**	81%	81%	72%
- Long commute - driving alone	**39%**	30%	31%	16%

Per 100,000 Population

****Ratio of household income at the 80th percentile to income at the 20th percentile***

*****Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities***

Key (Legend)

- Better than KY
- Same as KY
- Worse than KY

Source: County Health Rankings 2022 Report

Detailed Approach

Ohio County Healthcare ("OCH" or the "Hospital") is organized as a not-for-profit organization. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. This study is designed to comply with the standards required of a not-for-profit hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

Project Objectives

OCH partnered with QHR Health ("QHR") to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with the information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the health organizations to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided for those who did not have the means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

> *"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*
>
> *1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
> *2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
> *3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.*
>
> *…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must "solicit" input from these categories and take into account the input "received." The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."*

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this assessment.

To complete a CHNA:

> *"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:*
>
> 1) *A definition of the community served by the hospital facility and a description of how the community was determined;*
> 2) *a description of the process and methods used to conduct the CHNA;*
> 3) *a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
> 4) *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
> 5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*
>
> *… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."*

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comments but did not maintain identification data.

> *"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."*

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

1) **Public Health Official** – Persons with special knowledge of or expertise in public health
2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the Hospital
3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs in the community served by the Hospital facility. Also, in other federal regulations the term Priority Populations, which includes rural residents and LGBT interests, is employed and for consistency is included in this definition
4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
6) **Educator** – Persons whose profession is to instruct individuals on a subject matter or broad topics
7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

   Other (please specify)

The methodology takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed by local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis.

Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in this CHNA report appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
Stratasan	Assess characteristics of the primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	July 2022	2022
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	July 2022	2013-2020
www.worldlifeexpectancy.com/usa-health-rankings	15 top causes of death	July 2022	2020
Bureau of Labor Statistics	Unemployment rates	July 2022	2021
NAMI	Statistics on mental health rates and services	August 2022	2021
SAMHSA – Behavioral Health Barometer, Kentucky, Volume 6	Drug use and health indicators	August 2022	2019
Zillow Home Value Index	Average home value	August 2022	2022
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	August 2022	2020
American Diabetes Association	Type 2 diabetes risk factors	August 2022	2005
National Cancer Institute	Cancer incidence rates	August 2022	2014-2018
Center for Housing Policy	Impact of housing on health	August 2022	2015
Health Affairs: Leigh & Du	Impact of wage on health	August 2022	2018
AAFP	Impact of education on health	August 2022	N.D.

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to Local Expert Advisors and the general community to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and OCH's desire to represent the region's geographically diverse population. Community input from 167 survey respondents was received. Survey responses started on July 1st and ended on July 31st, 2022.

Having taken steps to identify potential community needs, the respondents participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).

The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Survey Results

Due to a high volume of survey responses, not all comments are provided in this report. All comments are unedited and are contained in this report in the format they were received.

Q1: Please select all roles that apply to you.

Answer Choices	Responses	
Community Resident	66.67%	110
Healthcare Professional	51.52%	85
Educator	10.30%	17
Government Employee or Representative	6.06%	10
Public Health Official	4.85%	8
Representative of Chronic Disease Group or Advocacy Organization	2.42%	4
Minority or Underserved Population	1.82%	3
	Answered	165
	Skipped	2

Q2: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)

Answer Choices	Responses	
Low-income groups	81.33%	122
Older adults	54.67%	82
Residents of rural areas	49.33%	74
Individuals requiring additional healthcare support	40.67%	61
Children	38.67%	58
Racial and ethnic minority groups	32.00%	48
Women	22.67%	34
LGBTQ+	14.00%	21
	Answered	150
	Skipped	17

Comments:

- Transportation
- Accessibility, transportation
- Seeing circumstances in our school system
- Access to healthcare and specialties. I hear multiple people waiting on appointments.
- Less language barriers. Transportation. Medicaid providers.
- Housing, internet access, elder care

- Communication and language barriers for racial and ethnic minority groups; some are self pay. Low income groups-access to care; lack of computer training and access; transportation; cell and home phones often not working and unable to reach; attrition and lost to follow up; difficulty with coordination of care, especially complex disease processes, referrals and treatments. Women and children: single parents; foster children, children of divorce-challenges listed as above in low income groups, but added work schedule and lack of family or friend support to make appointments; loss of work days when sick or child is sick. Lack of money to pay for needed medical treatments. Older adults-many of the above, with added memory loss; and lack of family and friend support; decreased ability to perform activities of daily living; transportation issue; computer / technology challenges"
- Pediatric care. Connecting to minority / hispanic community to build relationships so they feel safe getting proper care without barriers. Low income / teaching and knowledge of healthy lifestyle so they don’t over use the system.
- Transportation, access to healthcare for people in rural areas, mental healthcare, substance abuse
- Food, healthcare and education
- Affordable healthcare, availability of care, individuals who need help getting into a specialist quickly. Average wait time is a month.
- More access to healthcare programs. Transportation for healthcare access.
- Reliable transportation, childcare, SUD treatment and recovery housing (fear of coming forward due to children being take away).
- Access to care issues with medications, doctors , medical homes
- Need to feel safe to reach out for health care. Financial assistance. Dental care, especially for migrant children.
- Access to care, transportation, reliable phone/internet, unemployment, unaware of community based resources.
- Lack of access and support.
- Dental. Hearing aides. Exercise groups. Medicine.
- A lot of senior citizens on fixed incomes are having difficulty paying for newer medications prescribed by care providers. They don't know how to go about getting assistance. When they are informed, they often are given a run around consisting of lengthy interviews, only to be told that they don't qualify, because everything they have in savings is just above the maximum asset eligible. They do not know what other medications are available at cheaper prices. Many of these senior citizens are having difficulty with food security, because gasoline and grocery prices have taken a large amount of food budgets.

- Medication assistance. Transportation. Education. Family or social support.
- With the older adults that may not have family to provide transportation or healthcare needs, they have hard time getting around or caring for themselves.
- Transportation to and from appointments
- Access to healthcare facilities, restaurants, wellness center, etc. For individuals with disabilities.
- "Some sort of sliding fee scale for the working ""poor"" -- people with insurance with high deductibles and/or with co-pays that put a financial burden on them to pay what insurance does not pay. More services offered in ohio county for ohio county residents so they don't have to travel to other counties to receive services -- specifically dialysis. This travel creates a hardship financially on the patient as well as the caregiver not to mention the patient physical strain caused by riding in a vehicle for up to an hour one way to receive dialysis.
- Access to care
- There are too many local barriers to employment and housing within these groups. There are limited section 8 properties in ohio county. In outlying areas, there are struggles with transportation to get to jobs.
- The rural areas of no access to internet. Low income groups disabled and elderly in low income apartments do not always have away to get free food at food pantry. No vehicles or dont drive. More volunteers need to help these people such as at riverbend.
- Regular routine checkups and monitoring of discovered needs and health conditions.
- Housing. Awareness of opportunities to improve socioeconomic (thus health) through agencies such as OCTC, unions, etc. For high wage careers. Mental health care. Full-service, drug rehabilitation.
- Need to be educated on health issues
- Access
- Healthcare, health education to help them not get involved in the bad habits there parents often have in this community.
- Access to appropriate food, shelter, running water. Education in priorities.
- Could check every box - access to care (especially mental health care) and preventative health a concern for all
- Medication, food, and housing insecurities.
- Better mental health resources for children and teens. Better transportation for elders and residents in rural areas to health appointments, grocery stores, etc.

- Need for affordable rentals and housing
- Most of these groups do not have health insurance so therefore they do not seek medical care. The older population have limited income and cannot afford medical care even with what insurance they actually do have.
- Low-income rural older adults are living in homes in dire need of repair in our community. Many do not qualify for long-term residential facilities that offer 24-hour nursing with three meals and a safe place to live while other community homes for seniors are just not affordable. These are the people, once they have a health failure, are discovered by home health agencies living in the homes less than ideal and in need of healthcare. What if och had a nurse practitioner that did home visits for their “doctor” visits to not only capture these elderly lacking care yet also getting their voice and their need for safe housing. This is a job I would love to do myself when I get out of school may 2023, angela hudnall.
- Individuals in these groups often have little to no natural supports and transportation to and from medical appointments is the biggest barrier i see. Another issue I see in these groups of individuals is lack of understanding the importance of routine medical care, medication management, etc.
- In rural areas, and low income, they don't have any idea on whom to call or where to call. What doctors take medicare, or medicaid. Is there a discount for those that don't have insurance at all? I feel like the physicians should always keep at least one appointment open daily to accommodate their patients. Or an add on. Quick care is awesome, but of course they charge! Maybe more information put in our local newspaper. Or send out information to homes by mail, or email.
- Many individuals have lack of knowledge or do not have the correct information about healthcare. They lack support and transportation and frequently do not put their health as a priority. This is a culture issue. An example would be allowing and modeling use of tobacco and drugs.
- Clean fresh water. Reliable affordable nutrition. Internet.
- The area is completely absent of any representation of racial and ethnic minority groups aside from one major employer and there is a complete absence and lack of awareness and understanding and support for the LGBTQ+ community in this area, specific to health care and resources where members of the LGBTQ community can feel there are "allies" or support without prejudice or understanding - again, especially within the healthcare systems within ohio county.
- Affordable health care for those that don't qualify for state assistance but can't afford insurance.

- Proper healthcare based on actual medical reasoning and not discrimination based on one's income, sexuality, gender identity, race or pregnancy. Healthcare should be a safe space for these individuals.
- More community resources for the elderly and low income groups. More education on vaccinations for racial and ethnic minority groups.
- Caught right above the income gap to get help but not enough money to be able to make it with cost of living.
- Finacial help, travel, food expenses
- More free programs, there are several things offered to young people on medicaid but not elders with medicare.
- I did not choose any of the above bc i feel that the greatest health need is for the middle class who do not qualify for free or reduced health care. More needs for the working class
- Transportation, home health
- Primary care needs, insurance, better access to transportation
- Olders are on a fixed income. With price going up and their income is not. This does not help them on transportation, food, toilet paper, ect. Low income does not make enough to drive to work with gas prices.
- Many people living in rural area do not have access to quality heathcare or cannot afford it. This is especially true for elderly people. Many are on fixed incomes and medicare does not cover everything. People are more inclined to stray away from getting services due to issues with travel and the cost of both.
- Not everyone is able to receive public assistance or extra help with non covered services. There is a lack of help for low income and especially older adults who have limited incomes with medications. Sometimes medications are the first thing to not be gotten when it comes to food, housing and so forth. Some individuals dont receive assistance and may only be a few dollars away from the cut off income allowance, but it is just enough to keep them from much needed help. Anymore low-income includes working class folks as well.
- Access to affordable medications
- Housing, food, shelter
- Home health options

Q3: Please share what you have seen done by your healthcare community to address Mental Health.

- OCH employment of provider specialized in mental health evaluation / treatment. Celebrate the childs; depression screenings; discussion of telemedicine and integration with other mental health specialists in owensboro
- The addition of S. Matthews providing behavioral health services. There remains an additional need for more providers with focus on all ages.
- Very little, school employees are supposed to be youth mental health first aid trained.
- Reaching the school age kids through the classroom / and training teachers
- The new 988 call number. Training of many employees.
- Mental healthcare provider
- Educational information available to community including schools
- Added mental health providers.
- Added additional mental health services to the organization to assist the area.
- Susan mathew's providing mental health counseling
- Suicide prevention
- Breaking stigma around mental health through rivervalley, asap, and other community partner efforts
- Our agency started providing telehealth services as an option for care. Additional staff.
- Audubon area community care clinic added a psychiatric mental health aprn.
- Increase in providers. Acceptance of medicaid for mental health services
- More community providers
- Partnering with other providers to offer services.
- More therapy services willing to service ohio county
- Mental health specialist added to team
- Mental health provider added to the hospital
- We now have a mental health provider in our healthcare system.
- Increased access to mental health providers. Community education on suicide prevention.
- I have noticed mental health has been taken more seriously.
- We have purchased a behavior clinic and offer counselling.
- Awareness, social media information, requirement of nurse practitioners focusing on mental health

- Partnered with susan matthews
- Wonderful responses to mental health and more providers are available due to expanded medicaid. However, there are still waiting lists due to the overwhelming need.
- Not aware
- Nothing
- I have seen/am aware of the events hosted at the ohio county park (suicide awareness; grief event)
- Employ more quality mental health officials
- OC healthcare added a mental health professional to it's staff
- They added a mental health nurse practioner.
- Ceu's for teachers, hospital staff in mental health
- Added providers
- Mental health needs to be recognized more within our community. Especially with school aged children.
- I have seven plus years of psych nursing experience. I also served as a hospital manager at river valley. The addition of susan matthews and future of alelea hewitt as psych providers have and will be positive. We also have a freshly graduated counselor working for OCH, bradley dehart that we should offer him a position/office here instead of him setting up in owensboro. The need for mental health care is great in ohio county. This is an underserved field that also can be alleviated by educating our OCH nurse practitioners. The only mental health disorder they cannot serve is ADHD. Those can be referred yet anxiety and depression can be easily managed with our current providers.
- Not aware of anything
- I see that there are more referrals being placed by other providers such as DCBS, medical providers, court system, etc, but there is still a major need not being met and that is the high demand for medication management.
- Susan matthew's practice. Depression screenings during routine provider examinations.
- Mental health awareness shared at high school. Behavioral health providers now practicing at OCH.
- Susan matthews started the behavioral health clinic.
- Och has opened a behavior health clinic.
- More providers here in the county
- None that I have personally seen

- To be honest, mental health is really overlooked in today's world as something to "get over". A lot of people do not understand mental health in my opinion and a lot of people do not treat it or recognize it as a disease that it is. I think our community has done a few more things to encourage others to share their stories or offer support than what has been done in the past. But our suicide rate among our high schoolers have gone up since I was in school since 2014. There is no reason someone as young as a school student should believe that is the only way to solve their problem. It is sad.
- Implementation of susan matthews to provide psych med management has helped address mental health. Unfortunately, the hospital and health care community is still severely lacking mental health therapists and ways to access resources. The hospital should have an LCSW available, especially in the emergency room.
- Mental health providers
- Offering more mental health care provider. Telehealth visits.
- We have several available therapist, but i feel we need more that can work with young kids and troubled teens.
- Provider on staff is currently completing her schooling for mental health and is starting to see and address some of those needs in our community
- Offering those that need mental care that there is someone there to help them out by listening to them
- One community event
- We now have a behavioral health service at OCH. She is licensed in that area and has much experience dealing with behavioral health.
- New practice. More availability is needed to health professionals and counseling
- That is something I feel needs to be addressed more. I know they are trying
- Suicide hotline
- Mental health is not a priority as it should be in our community

Q5: Please share what you have seen done by your healthcare community to address Substance Abuse: Alcohol, Tobacco and Other Drugs.

- ACO smoking and emphasizes on smoking cessation; wellness program. Quit now state collaboration; KASPER and CE; teen conference activities
- There has not been a large focus on this secondary to COVID and the pandemic. The largest focus prior to that has been on the reduction of smoking by going smoke free in OC, which is amazing.
- Support groups counseling edification
- Unused prescription drop off
- Strong ASAP team. Vaping detectors.
- Education information in the schools
- Added a suds component to treatment services and partnered with asap teams.
- Asap helped subsidize a narcotics officer as well as other prevention related issues.
- Programs in schools, day treatment at alternative school. Training for oc sheriff dept
- ASAP coalition, NRT, and drop boxes
- SUD counseling and treatment including vivitrol
- Smoking cessation, navigation to cessation resources, navigation to cancer screening and resources through our pathfinder.
- Asap board has provided funds to various entities to support projects.
- We have an entire programs with these focus areas
- Dare program, warm center henderson ky
- Smoke free facility, pain clinic
- I have noticed it is easier to get information for meetings/help.
- Providers becoming more cautious on prescribing opiods
- Awareness, social media information
- I have not seen any real improvement on these subjects. I do believe that there has been sparse talk about 1-800-quit smoke cessation
- The community response to substance abuse does not start early enough. There is not enough childhood education surrounding this issue. There are resources to deal with it after the fact but prevention is lacking. Schools lack cooperation with agencies getting in to provide ample education.
- Support non smoking establishments. Tobacco cessation classes.

- I'm not aware of work done by the healthcare community to address these needs; while I see an emphasis on tobacco use in the report, the primary concern would be prescription drug abuse and meth.
- Topics of discussions on radio, meetings
- OC pain management
- Not enough done in this area.
- Nothing but promoting alcohol use, and implementing narcan which in my opinion only promotes illicit drug use.
- Im unsure if it is still active in the school systems, but if it isnt, i would love to see the dare program active again. I always enjoyed OC drug free at the high school as well.
- Personally, i have not been involved in assisting these people in need. However, I have asked how often the jail inmates are seen by medical providers. Unless, something is next to an emergency inmates are not given health assessments. This is most unfortunate. In our society do we want reform or punishment? Choosing reform includes health management. Again, I would be willing to serve these incarcerated men and women to actually improve their lives. These people are another untapped source in need of service. I have had the privilege to participate in the yearly middle school's truth or consequences. This program should be expanded to ages younger and older to capture where more assistance is needed
- None. There is little that is being done to address substance abuse in this area.
- Meetings around town
- Like mental health, I think alcohol and substance abuse is definitely over looked too. I also don't think people recognize the seriousness of it. I think a lot of judgement comes with the disease as well. Again, amongst younger people and even in our county, our drug and alcohol rate is through the roof.
- Smoking cessation programs available and being talked about
- Very little to nothing that I can see - perhaps there is a lack of awareness and marketing toward what has been done in this area, if in fact something significant has been accomplished.
- Offer avenues to rehabilitation
- Help with rehabilitation and detox
- I am unaware of direct efforts by the health care community.
- Education
- Promote smoke free community

- I feel there is a lot more that could be done in this area. There are so many kids and teens addicted to something and not enough programs or help for kids with these addictions.
- Our county currently has a drug rehab and our clinic takes care of most of there medical needs
- Children are becoming more and more influenced by tobacco abuse and other substances. By putting out signs that make the facility a non-smoking structure
- Our behavioral health practitioner also offers programs that can help people with these issues.
- Nothing
- Programs in the hs and schools
- They seemed to be trying to help with this issue.

Q5: Please share what you have seen done by your healthcare community to address Healthy Lifestyles.

- Farmer's market; OCH dietician; wellness fairies; wellness program and addition off care gap team; free sports physicals; improved access to care
- Partnerships with FWC and healthy activities that have helped to sponsor.
- Emphasis on healthy choices and mental health
- Lunches provided during summer and during the pandemic to make sure the kids of the community are eating healthy.
- Emphasized activity days in communities.
- Community events as allowed…..Covid
- Cities and county have improved parks and other recreational areas or are in the planning stages.
- Celebrate the child
- Wellness center activities
- More access to mental health counseling. Lock boxes for senior citizens for prescriptions
- Healthy event for families.
- Encourage people to become non-smokers, provide resources related to cancer screening and preventive measures.
- Walking tracks at parks. Promotion of family wellness center.
- Walking groups, covid vaccines

- Nutrition education offered by WIC
- Addition of weight loss surgery at hospital
- Employee wellness program
- More communities becoming “walkable”. Increased physical activity centered events sponsored for public participation. Better facilities.
- I've seen more awareness posters/pamphlets encouraging a more healthy lifestyle
- Quite a few good programs and discounted memberships to wellness center
- Awareness, social media information, state insurance providing more information and focus
- I have personally not seen any programs concerning healthy lifestyles.
- Workshops, 5k's, support of the wellness center
- Vaccinations emphasis, encouraging wellness
- 5k walks
- Supporting local events (ie: 5k), looking forward to the return of the longest day of play
- I exercise daily and eat healthy, when asked by patients, coworkers, neighbors and friends, I use this as a window to educate the importance of these things to health and mental well being.
- There is not much for that either. There is only what the kids get in health class in school.
- Family wellness center and walking trail
- Our community does a great job hosting 5k's and trying to keep our community active.
- I have been involved with the establishment of oc healthy when working at perdue in collaboration with the extension office and oc monitor. When I graduate, I want to re-start a similar program that would be for everyone in the county not just perdue associates and OC monitor subscribers. For those that do not know me. I have a lot of ideas to improve oc’s health. I am willing to be a leader in that mission and would like to work with OCH and their resources to do it.
- Wellness center, the wellness program in the hospital. See the specialist for weight loss. On billboard.
- Promotion of health screenings. Weight loss services, including dietary services & surgical services, offered at OCH.
- Wellness center
- Weight loss programs
- Offer classes to kids about nutrition

- The healthy lifestyle is something I do see encouraged a lot. We have our wellness center that offers a variety of things, we also have our hospital who offer and start a few programs. We have events at our park that can encourage it. I think the encouragement from this is something we do see quite often.
- The Wellness Center has programs, the senior meal program, and food pantries.
- education
- Numerous sponsorships of community activities that involve healthy activities
- By using the awareness of how vegetables that are very nutritious and making them better accessible to get.
- We have a physician that offers a weight loss program to people who qualify. We have an employee who can help people get free colonoscopies if they qualify. We now have 3D mammography which reduces the need for additional imaging and is more sensitive in detecting breast cancer.
- Literature and events promoting it
- Exercise challenges
- I don't have any actual examples but I know there is more for this.
- I feel they have updated their health care by better staffing
- Family Wellness Center programs and running benefits

Q6: Do you believe the above data accurately reflects your community today? (data included in this report)

Answer Choices	Responses	
Yes, the data accurately reflects my community today	73.20%	71
No, the data does not reflect my community today	26.80%	26
	Answered	97
	Skipped	70

Comments:

- Yes, I believe some of the data reflects the community today. Some of the statistics I do have knowledge of or information enough to compare to make an informed decision. I would have thought the average income would have been less, and the number of people without a high school diploma would have been less as well.

- I think there is a higher number of smokers than 26%. I do agree with the low percentage of those that participate in physical activity. I agree that there is a large number with mental health needs and the suicide rate is certainly concerning.
- I think things are worse now. We have recently lost 2 dental providers in OC
- We need more wellness programs on vaping for teens, nutrition
- I'm not sure
- I would say it is fairly accurate. The median income is misleading because the upper end income is very upper and spread across a smaller number of people while the lower end income is spread across many more people. This just indicates that the upper income make a substantial amount of money to have an average median income of $46,460. Very misleading statistic.
- I work with an improvised population therefore i would see these numbers as higher than reported. Higher unemployed and higher rate of lower education.
- Single-parent households contributes to children in poverty
- I believe food insecurity is much higher.
- I trust the data provides a reasonable overview of the state of ohio county. There are some concerning points, specifically access and the quality of life.
- I feel this addresses the issues and data
- This needs to be highlighted more.
- Not everyone is truthful about there needs or bad habits.
- I find that food insecurity, income status, and access to much needed healthcare numbers listed above are lower than actual reality.
- I feel that the food insecurity is much higher. Many will not use food bank or ask for help.
- Seems accurate, unsure of the suicide rates/ mental health days.
- Unfortunately, i feel it is about accurate or worse. I know our residents are grossly underserved in access to healthcare. My daughter is in college for dentistry to return back to our community. My daughter-in-law is a pediatric nurse practitioner working outside the county because we do not have pediatricians here. There are so many people in need in OC. I want to be on the forefront in serving them.
- I believe there are more than 4% of hispanic population
- I personally believe that the ohio county numbers presented are underestimated/under reported. Especially in the categories of children in poverty, children in single parent households, and food insecurity.

- Maybe and maybe not. I would think the race (black) would be more in population. Looks like our mental health in ohio county needs more attention. Children in poverty? Schools need to reach out more and let other businesses know what the need is. We have a great community that would help others.
- I feel that the hispanic community is growing rapidly and sometimes there are barriers even with our next talk service
- I think the numbers for food security are still to high, i also believer healthcare access is to low. I agree with suicide rate.
- I feel that the mental illness is higher because of not reported
- There's definitely more than 26% smokers in the county
- Smoking percentage is higher. Unemployment rate higher during covid-19 but might be accurate with more recent data.

Q7: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Drug/Substance Abuse	0	0	2	2	83	96	4.84
Mental Health	0	0	3	3	81	97	4.8
Obesity	0	0	9	9	66	97	4.59
Diabetes	0	0	11	11	63	97	4.54
Cancer	0	1	12	12	65	97	4.53
Heart Disease	0	2	10	10	57	97	4.44
Dental	0	0	15	15	54	97	4.40
Women's Health	0	0	17	17	48	95	4.33
Lung Disease	0	3	19	19	54	96	4.30
Stroke	0	0	20	20	46	96	4.27
Alzheimer's and Dementia	0	3	25	25	48	97	4.18
Kidney Disease	0	7	23	23	41	97	4.04
Liver Disease	0	8	25	25	39	97	3.98
Other (please specify)						3	
						Answered	97
						Skipped	70

Comments:

- HIV/AIDS/STD
- Abortive care
- Pulmonary, Sarcoidoisis

Q8: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Healthcare Services: Affordability	0	1	5	22	69	97	4.64
Affordable Housing	0	1	9	22	65	97	4.56
Employment and Income	0	0	11	22	64	97	4.55
Education System	0	3	10	20	64	97	4.49
Healthcare Services: Prevention	0	1	13	22	60	96	4.47
Access to Childcare	0	0	14	25	58	97	4.45
Access to Healthy Food	0	0	14	25	58	97	4.45
Transportation	0	1	13	26	57	97	4.43
Community Safety	0	3	13	23	58	97	4.40
Healthcare Services: Physical Presence	0	4	11	25	57	97	4.39
Access to Senior Services	0	2	14	27	53	96	4.36
Social Support	1	3	18	29	46	97	4.20
Access to Exercise/Recreation	0	3	23	28	42	96	4.14
Social Connections	1	5	23	31	37	97	4.01
Other (please specify)						1	
						Answered	97
						Skipped	70

Comments:

- A Bus to drive to Medical location

Q9: Please rate the importance of addressing each individual factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Livable Wage	0	0	9	25	63	97	4.56
Diet	0	2	12	30	53	97	4.38
Smoking/Vaping/Tobacco Use	2	5	8	26	55	96	4.32
Excess Drinking	1	4	14	32	46	97	4.22
Risky Sexual Behavior	1	5	20	20	51	97	4.19
Physical Inactivity	0	3	18	36	40	97	4.16
Other (please specify)						2	
						Answered	97
						Skipped	70

Comments:

- Trauma
- Domestic violence and sexual assault

Q10: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Some impact, has not change daily behavior	43.62%	41
Noticeable impact, has changed daily behavior	35.11%	33
No impact, no change	10.64%	10
Significant daily disruption, reduced access to needs	10.64%	10
Severe daily disruption, immediate needs unmet	0.00%	0
	Answered	94
	Skipped	73

Q11: What has been negatively impacted by the COVID-19 pandemic in your community? (Please select all that apply)

Answer Choices	Responses	
Employment	73.03%	65
Education	62.92%	56
Childcare	60.67%	54
Food security	53.93%	48
Social support systems	46.07%	41
Poverty	41.57%	37
Access to healthcare services	41.57%	37
Housing	32.58%	29
Public safety	29.21%	26
Nutrition	25.84%	23
Transportation	21.35%	19
Racial and cultural disparities	12.36%	11
Other (please specify)	6.74%	6
	Answered	89
	Skipped	78

Comments:

- Mental health, depression
- Mental health
- Mental health of the community

Q12: Have you or your family delayed using any of the following healthcare services during the COVID-19 pandemic? (Please select all that apply)

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	30.77%	28
Specialty care (care and treatment of a specific health condition that require a specialist)	18.68%	17
Elective care (planned in advance opposed to emergency treatment)	14.29%	13
All types of healthcare services	13.19%	12
Urgent care/Walk-in clinics	12.09%	11
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	5.49%	5
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	5.49%	5
None of the above	48.35%	44
Other (please specify)	4.40%	4
	Answered	91
	Skipped	76

Comments:

- Dental care
- Routine screenings (mammograms, dental)
- Dental care

Q13: How can healthcare providers continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	78.65%	70
Offering alternatives to in-person healthcare visits via telehealth or virtual care	77.53%	69
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	58.43%	52
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	51.69%	46
Sharing local patient and healthcare providers stories and successes with the community	33.71%	30
Other (please specify)	4.49%	4
	Answered	89
	Skipped	78

Comments:

- Education on natural health; supplements and education assistance
- Addressing the mental health deficits coming out of conflict and separation
- Offering home visits from primary care providers.
- More access to nurse practitioners

Q14: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Telephone visits with a healthcare provider	70.45%	62
Video visits with a healthcare provider	64.77%	57
Smartphone app to communicate with a healthcare provider	56.82%	50
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	52.27%	46
Patient portal feature of your electronic medical record to communicate with a healthcare provder	47.73%	42
Virtual triage/screening option before coming to clinic/hospital	45.45%	40
Other (please specify)	10.23%	9
	Answered	88
	Skipped	79

Comments:

- Some patients don’t have access to virtual care due to not having smart phone.
- The elderly population doesn’t do technology, they need an alternative.
- All are great to represent all audiences
- Access to internet
- Virtual visits are quite lacking in what one is able to do for accurate diagnosis and care. They are probably overused.
- Business as usual
- Insurance doesnt want to pay for televisits
- Waiting in the car instead of waiting room- not because of covid but because of kids

Q15: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Mental health	84.62%	77
Substance abuse services	76.92%	70
Primary care	72.53%	66
Urgent care/Walk-in clinics	67.03%	61
Elder/senior care	63.74%	58
Pediatrics/children's health	60.44%	55
Chronic disease management programming	57.14%	52
Specialty care	52.75%	48
Emergency care	50.55%	46
Women's health	49.45%	45
EMS/Paramedic Service	34.07%	31
Other (please specify)	3.30%	3
	Answered	91
	Skipped	76

Comments:

- Everything is important
- Hospice and palliative care programs
- I would love to see more pediatric involvement in our community

Q16: Please share resources and solutions that would support you and the community during the COVID-19 pandemic and in the future.

- Access to care and daily needs; alternative to in person medical visits; appropriate PPE availability, and training on the proper use of PPE and disinfection. Hot line for goods and services when in short supply; communication and access to PPE and related education.
- In home medical care from mds, nps, pas for people who can’t physically leave their home
- Better ways to share data among partners to fully assist residents.
- Maybe look into a community health worker program, to help reduce readmission rates in hospitals and prevent patients from using the ed unnecessarily.
- Och has been great during covid. With the vax clinics and putting out proper info to folks.
- Mobile clinic for the rural community and also the elderly as they need an alternative to technology based healthcare.
- Food pick ups at local schools/businesses open to all ages, and mobile food drop offs to those who do not have transportation.
- Staggered appointments, extended hours once or twice a month.
- Need increased access to internet to rural communities. Most of ohio county is rural and the access to affordable internet is very limited. Need to bring more physicians to the community. As of today, most of the physicians are not accepting new patients because their case load is full.
- I think having an option to do as much as you can virtual is great during this time.
- Contract with a dialysis provider to provide this service at ohio co hospital -- it can be done, other hospitals provide this service with a contract provider onsite instead of creating even more hardship on these patients and their families by having to go outside of the county.
- Doctors need to spend more time with their patients, reviewing labs and comparing them with past lab results so a possible future health issue can be nipped in the bud instead of waiting until it can only be "dealt with/repaired" instead of preventing it from happening in the first place.
- Information and vaccination availability
- Ohio county healthcare
- Better school program for at home students.
- Children/teen mental health screening and services that start in the school by identifying those in need. Affordable therapy/phsychiatric services to support them and help them overcome mental issues. Support groups for children and parents.

- Work with educational institutions to address behavioral and mental health challenges exacerbated by the events over the last few years. Students are still struggling, not only with grief, but lacking in social skills, empathy, and emotional regulation. Providing services for substance abuse, partnering with the court system for alternatives to jail time. Partnering with daviess county mental health court for a potential partnership in ohio county to address the root motivation of criminal behavior. Further the relationship with OCTC for training - ohio county ATC is an approved instructional site for OCTC to offer certifications - degrees with approved/qualified instructors. Partnering with successful organizations to provide critical needs (ie: housing, food) as a means of addressing the causes of homelessness - wrap-around services. Ohio county health + ohio county library - respected, good foundational structures, etc. For education, prevention of several key concerns.
- Partnering with local community services to better serve the community, have more of a presence in the community, decreasing the ""red tape"" to establishing primary care and the wait time to seeing a primary care provider. Often, patients cannot get in to see their pcp and the patient feels that they have no other choice but to seek healthcare at other locations such as quick care or the emergency department. Further bogging down the system, leading to fractionated care and in turn increasing morbidity and mortality. Patients often choose to simply stay at home which can lead to negative patient outcomes. Healthcare organizations must streamline their processes to provide safe effective healthcare services that are easily accessible by the patient. Furthermore, increasing access to healthcare services will serve to have a positive effect within the community. Further decreasing morbidity and mortality, leading to increased positive patient outcomes.
- The billboards, newspaper, email, or home mail.
- Better education
- Combating misinformation.
- Mental health resources for students, companion for elders even if it is telehealth.
- Being able to obtain larger grants to continue keeping the doors of rural hospitals like oc healthcare open
- Free or cheap covid testing so everyone can be tested and seek the medical attention they need without all the high cost to do so, when there is already so much financial strain
- Urgent care