



Ohio County Healthcare

Ohio County, Kentucky

2025–2028

Community Health Needs Assessment

Approved by Board: September 8th, 2025



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Executive Summary

Ohio County Healthcare (“OCH” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Health Care (“Ovation”) to assist in determining the health needs of the local community and an accompanying implementation plan to address the 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 2022 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 was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The Significant Health Needs in Ohio County identified by this assessment are:

- Healthcare: Access and Affordability
- Mental and Behavioral Health
- Chronic Disease Prevention and Treatment

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment

Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment 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.

Organizational Benefits

- Identify health disparities and social drivers to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member's perceptions of health care in the region
- Support community organizations for collaborations

CHNA Process

1



Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

2



Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

3



Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

4



Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

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 through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses 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 community members cooperating in this study are displayed in the CHNA report appendix.

All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

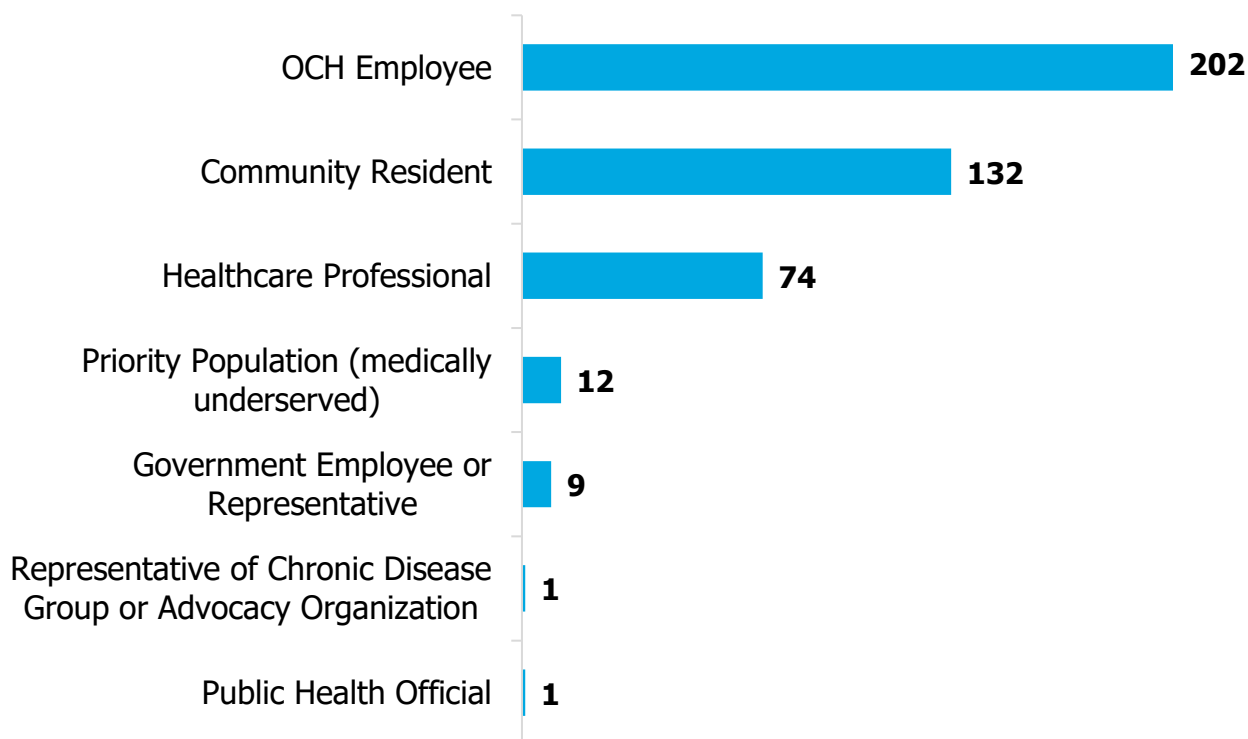
- County Health Rankings 2025 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC

A standard process of gathering community input was utilized. 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 economic, racial, and geographically diverse population. Three hundred thirty-two (332) survey responses from community members were gathered during June 2025, a 182% increase in responses compared to the 2022 community survey.

Community Input

Input was obtained from the required three minimum federally required 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. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.

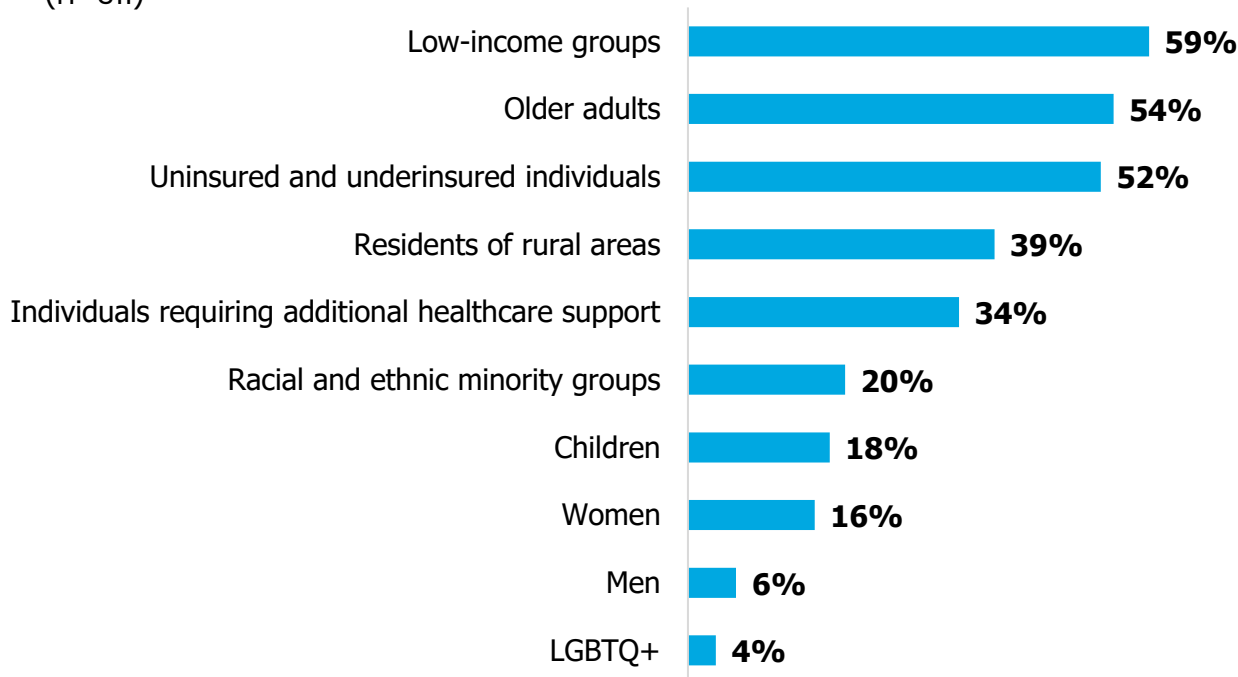
Survey Question: Please select all roles that apply to you (n=331)



Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community ("Priority Populations") would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing health care, etc.) in your community? (n=311)



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were low-income groups, older adults, and un/underinsured individuals.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Affordable Health
Care

Lack of
Transportation

Access to Local
Providers

Input on 2022 CHNA

The Hospital considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by OCH since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2022 CHNA are listed below with a selection of survey responses.

- Access to Mental Healthcare
- Access to Healthcare
- Substance Misuse



Impact of Actions to Address the 2022 Significant Health Needs

- OCH has expanded services and recruited new providers allowing for greater access, with an emphasis on behavioral health and primary care including Internal Medicine, Emergency Medicine, and Gynecology.
- The addition of the Mobile Access Clinic (MAC) has allowed for widespread outreach of both health education and clinical services to underserved communities in and around the Ohio County area.
- OCH's participation at various community events has provided increased access to preventative screenings for multiple chronic conditions, including hypertension and diabetes.
- In 2025, OCH launched a foundation to assist with securing funds for hospital-based needs including the development of a secondary financial assistance program.

Community Served

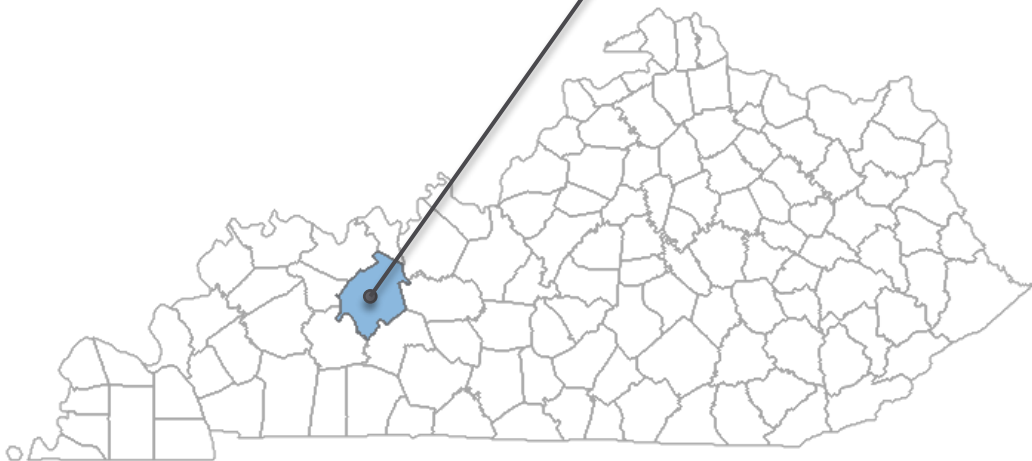
For the purpose of this study, the service area is defined as Ohio County in Kentucky. The data presented in this report uses this county-based service area to present population health data wherever possible. Geographically, OCH is located in the Central Area of Ohio County and is the only hospital.

Service Area

Ohio County, Kentucky

Total Population: **23,626**

ZIP Code	City
42320	Beaver Dam
42328	Centertown
42333	Cromwell
42338	Dundee
42343	Fordsville
42347	Hartford
42349	Horse Branch
42354	Mc Henry
42361	Olaton
42369	Rockport
42370	Rosine



Source: County Health Rankings 2025 Report

Service Area Demographics

	Ohio County	Kentucky
Demographics		
Total Population	23,626	4,526,154
Age		
Below 18 Years of Age	24%	23%
Ages 19 to 64	57%	59%
65 and Older	19%	18%
Race & Ethnicity		
Non-Hispanic White	93%	82%
Non-Hispanic Black	1%	8%
American Indian or Alaska Native	0%	0%
Asian	0%	2%
Native Hawaiian or Other Pacific Islander	0%	0%
Hispanic	5%	5%
Gender		
Female	50%	50%
Male	50%	50%
Geography		
Rural	76%	41%
Urban*	24%	59%
Income		
Median Household Income	\$55,512	\$61,099

Notes: *Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units
Source: County Health Rankings 2025 Report

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



332 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



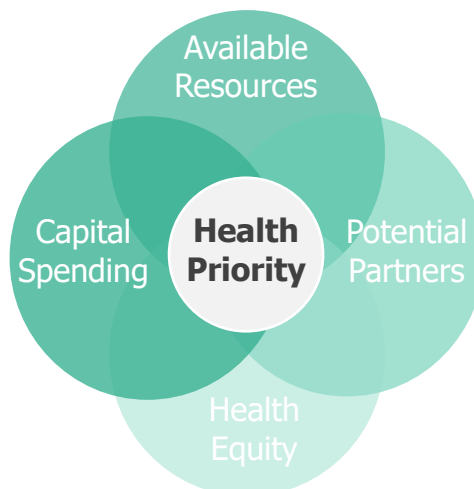
Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



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 prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), 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 breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Ranked Health Priorities

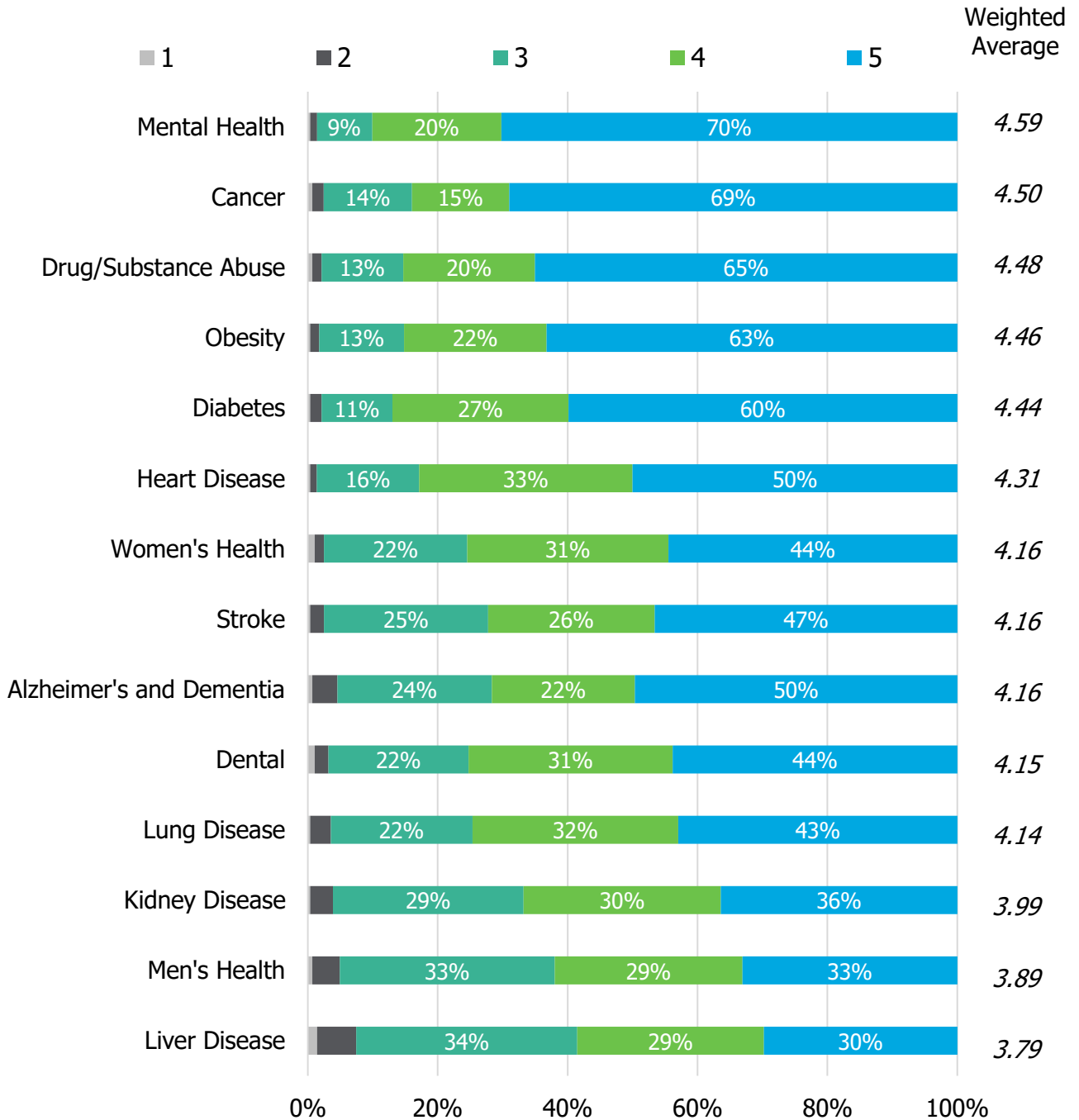
The health priority ranking process included an evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions 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. The results of the health priority rankings are outlined below:

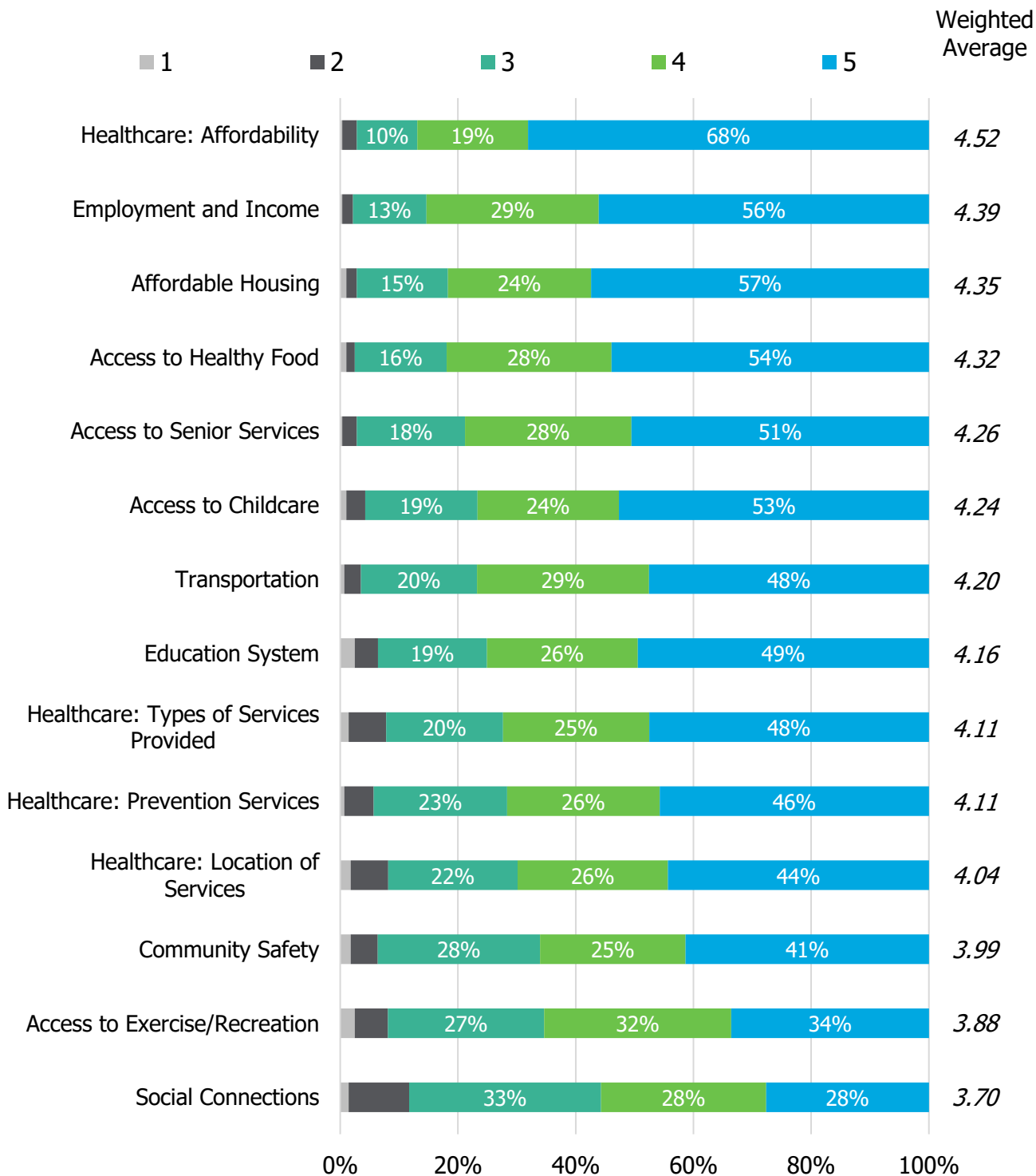
Health Factors

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



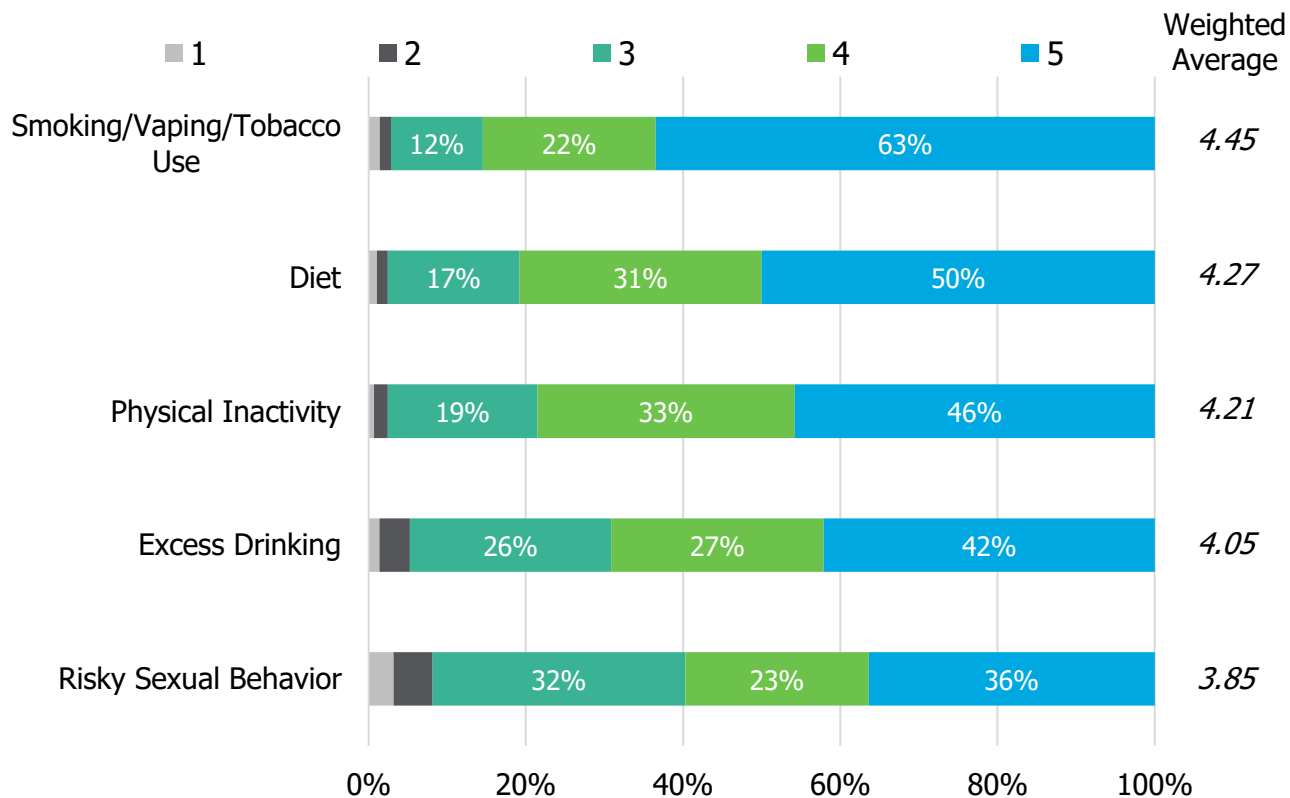
Community Factors

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



Behavioral Factors

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



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Mental Health	4.59	90.1%
Healthcare: Affordability	4.52	86.9%
Cancer	4.50	84.0%
Drug/Substance Abuse	4.48	85.3%
Obesity	4.46	85.2%
Smoking/Vaping/Tobacco Use	4.45	85.5%
Diabetes	4.44	87.0%
Employment and Income	4.39	85.4%
Affordable Housing	4.35	81.7%
Access to Healthy Food	4.32	81.9%
Heart Disease	4.31	82.9%
Diet	4.27	80.8%
Access to Senior Services	4.26	78.8%
Access to Childcare	4.24	76.7%
Physical Inactivity	4.21	78.5%
Transportation	4.20	76.8%
Alzheimer's and Dementia	4.16	71.7%
Stroke	4.16	72.2%
Women's Health	4.16	75.4%
Education System	4.16	75.1%
Dental	4.15	75.3%
Lung Disease	4.14	74.7%
Healthcare: Prevention Services	4.11	71.6%
Healthcare: Types of Services Provided	4.11	72.3%
Excess Drinking	4.05	69.1%
Healthcare: Location of Services	4.04	69.9%
Kidney Disease	3.99	66.8%
Community Safety	3.99	66.1%
Men's Health	3.89	62.0%
Access to Exercise/Recreation	3.88	65.4%
Risky Sexual Behavior	3.85	59.7%
Liver Disease	3.79	58.5%
Social Connections	3.70	55.7%

Note: *Aggregating Health Factors, Community Factors, and Behavioral Factors together to identify overall Top Needs Needs

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Ohio County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of Ohio County to neighboring counties in Kentucky can be found in the report appendix.

Behavioral Health

Mental Health

Mental health was the #1 community-identified health priority with 90% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Ohio County is 22.0 which is higher than the Kentucky average (CDC Final Deaths 2023).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of access to 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 County	Kentucky
Suicide Mortality Rate per 100,000 (2023)	22.0	17.5
Poor Mental Health Days past 30 days (2022)	5.8	5.0
Population per 1 Mental Health Provider (2023)	1,969:1	320:1

Source: CDC Final Deaths, County Health Rankings 2025 Report

Drug, Substance, and Alcohol Use

Drug / substance abuse was identified as the #4 priority with 85% of survey respondents rating it as an important factor to address in the community. Additionally, 69% of respondents think excessive drinking and 85% think that smoking and tobacco use are major issues in the community.

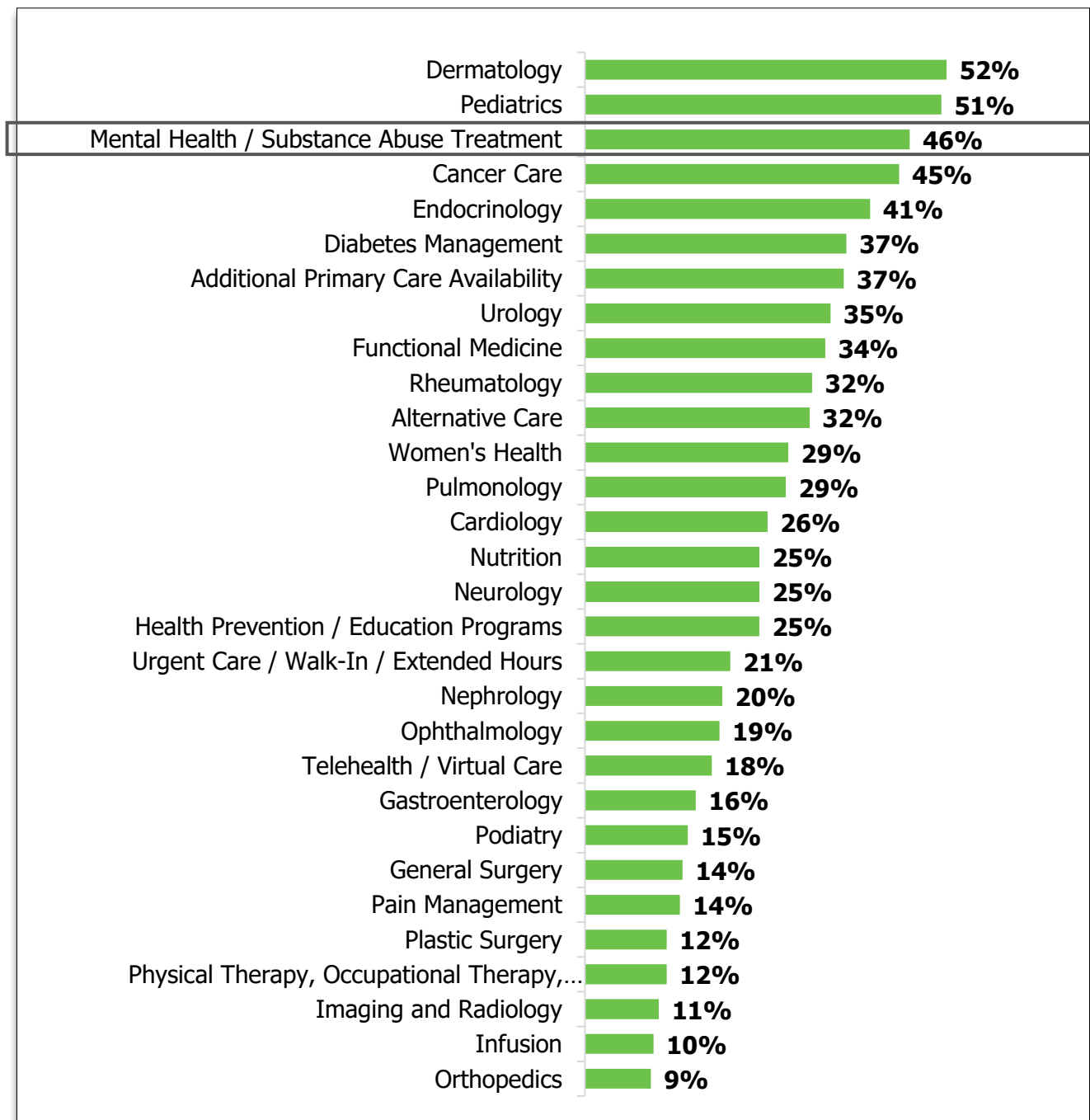
Ohio County's rate of excessive drinking is the same as Kentucky's (both 15%) and its smoking rate is higher than the state's (22% and 16% respectively).

	Ohio County	Kentucky
Drug-Related Overdose Deaths per 100,000 (2020-2022)	n/a	49.9
Excessive Drinking (2022)	15%	15%
Alcohol-Impaired Driving Deaths (2017-2021)	29%	26%
Adult Smoking (2022)	22%	16%

Source: County Health Rankings 2025 Report

In the community survey, respondents were asked to identify what health care services and programs they would like to see available in their community. Forty-six percent (46%) of survey respondents said they would like to see more mental health and substance use disorder (SUD) treatment available in Ohio County.

Survey Question: What additional services/offerings would you like to see available in Ohio County? (select all that apply)



Chronic Diseases

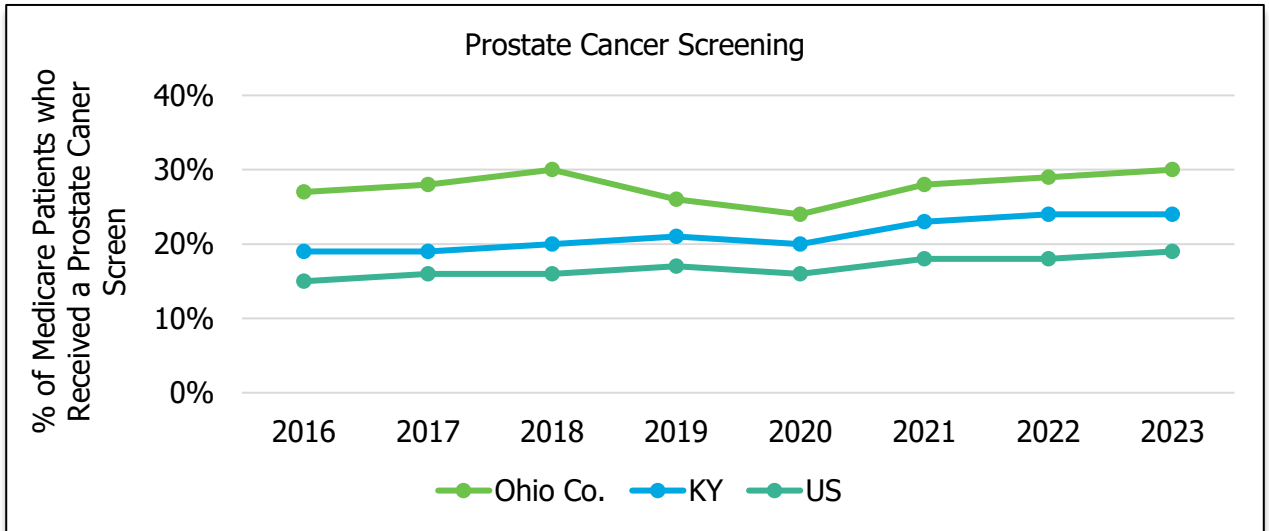
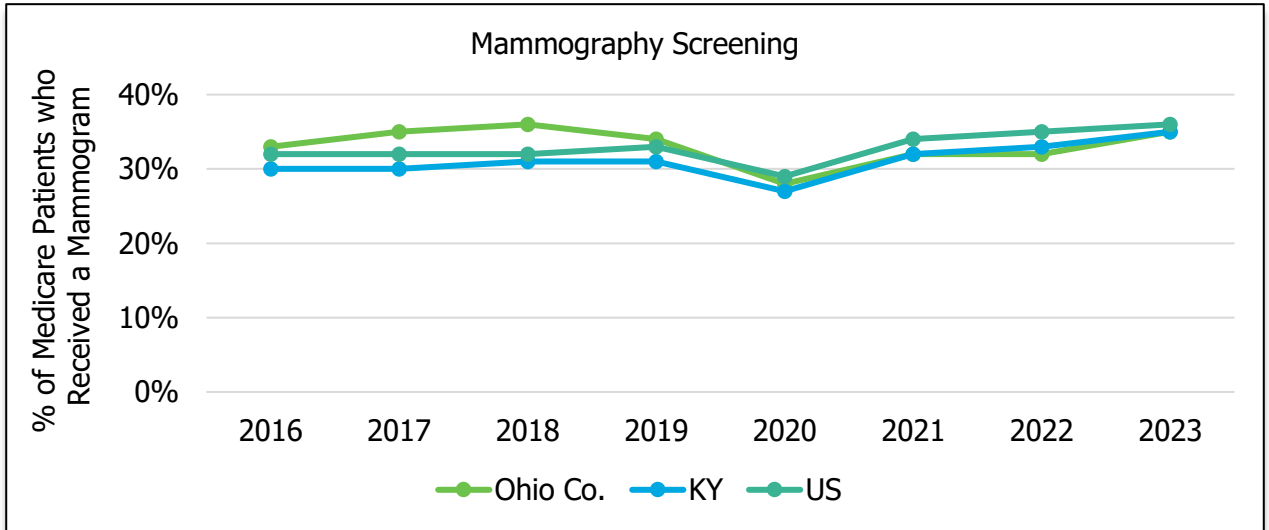
Cancer

Cancer was identified as the #3 community health issue with 84% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in Ohio County (CDC Final Deaths). While Ohio County has a higher cancer mortality rate than the state, it has a lower incidence rate, signifying challenges related to diagnosis, treatment, or health care access. In the community survey, 45% of respondents said they would like to see additional access to cancer care in Ohio County (see graph on pg. 19).

Rates of Medicare enrollees (women age 65+) in Ohio County who have received a mammogram in the past year are similar to the Kentucky average and to the US overall. These rates have remained relatively stable over the past decade with a dip downward during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Ohio County has had a slightly higher prostate cancer screening rate in the past year compared to both the state and the US.

	Ohio County	Kentucky
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	431.7	460.4
Cancer Mortality Rate per 100,000 (2023)	267.4	208.2

Source: CDC, National Cancer Institute

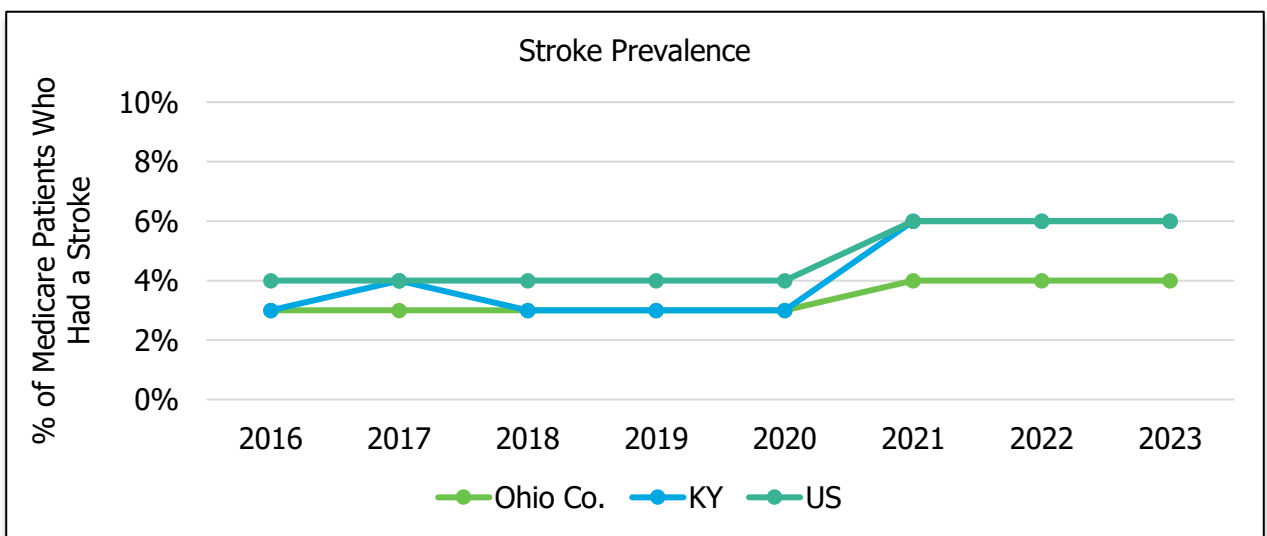
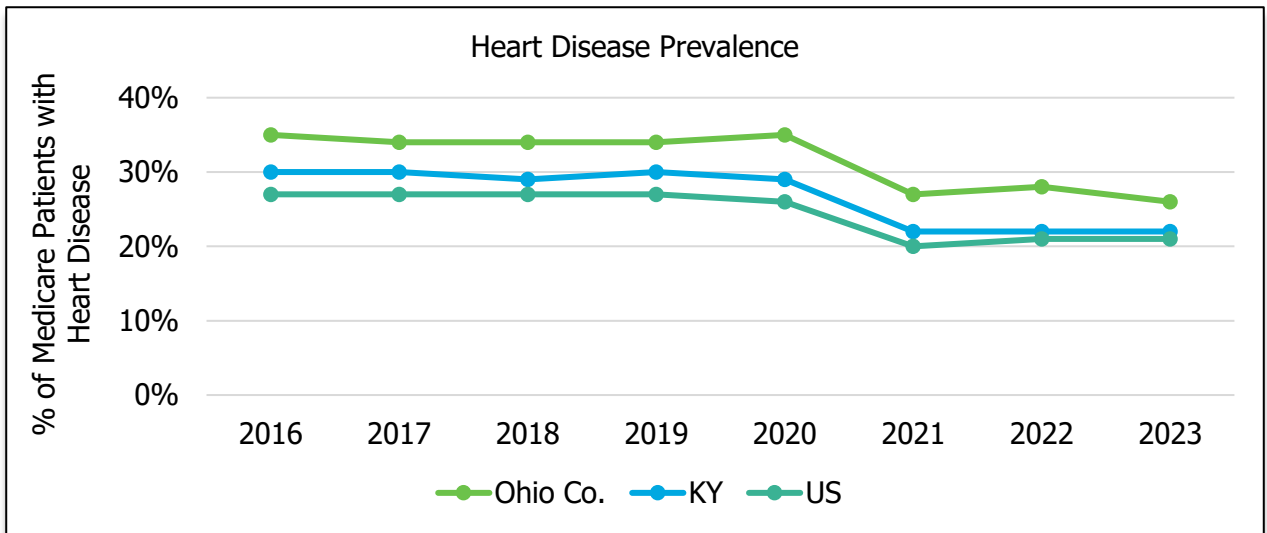


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cardiovascular Health

Heart disease is the leading cause of death in Ohio County and the county has a mortality rate higher than the state (267.4 compared to 208.2 per 100,000 respectively). Stroke is the 4th leading cause of death in Ohio County and has a mortality rate higher than the state (56.8 compared to 43.9 per 100,000 respectively) (CDC Final Deaths).

In the Medicare population, Ohio County has a higher prevalence of heart disease and a lower prevalence of stroke than the National average. Additionally, it is important to evaluate health disparities in the community for cardiovascular health outcomes, as racial and ethnic minority groups are more likely to die of heart disease than their white counterparts (CDC).



Note: There was a change in the algorithm of reported data in 2021

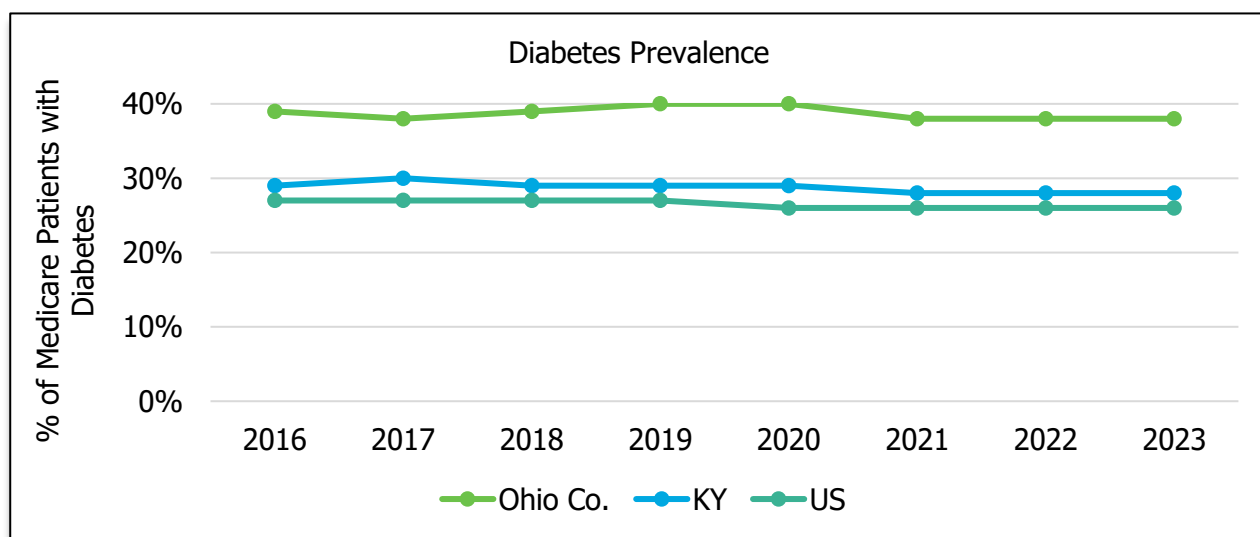
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

The prevalence of diabetes in Ohio County is lower than Kentucky but the county sees a higher diabetes mortality rate (CDC Final Deaths). When evaluating the Medicare population, Ohio County has a higher prevalence of diabetes compared to the state and US with rates remaining stable over the past decade.

	Ohio County	Kentucky
Diabetes Mortality Rate per 100,000 (2023)	34.0	29.8
Diabetes Prevalence (2023)	38%	28%

Source: CDC Final Deaths, County Health Rankings 2025 Report



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

Obesity and Unhealthy Eating

In Ohio County, adults have higher rates of obesity than in Kentucky on average. Additionally, the county sees higher rates of physical inactivity than the state, as well as lower rates of access to exercise opportunities (proximity to a park or recreation facility). Obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development and other chronic diseases (American Diabetes Association).

	Ohio County	KY
Adult Obesity (2022)	40%	38%
Limited Access to Healthy Foods (2019)	3%	10%
Physical Inactivity (2022)	29%	25%
Access to Exercise Opportunities (2023)	38%	70%

Source: County Health Rankings 2025 Report

Health Care Access

Access & Affordability

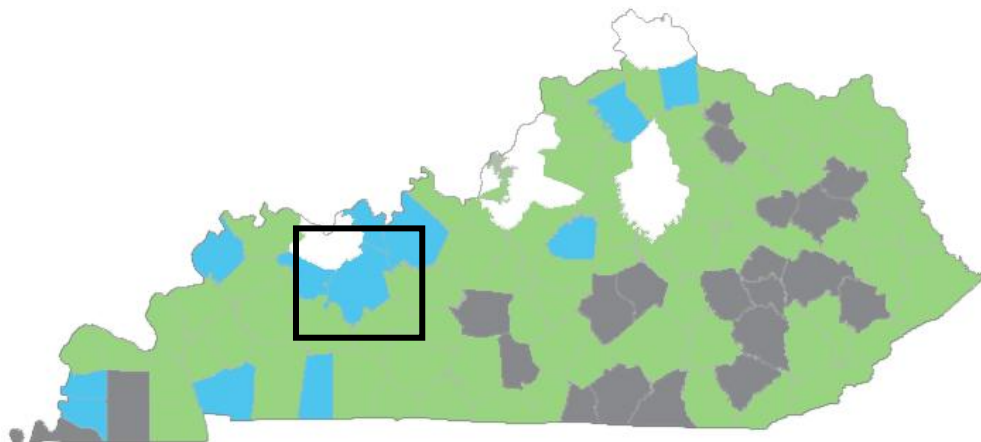
Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. In the community survey, 37% of respondents said they would like to see additional primary care availability in the county. Ohio County has a lower household income than the Kentucky average and also has a lower uninsured population than the state. Additionally, Ohio County has less access to primary care physicians, mental health providers, and dentists as shown in the following provider ratios and health professional shortage areas (HPSA).

	Ohio County	KY
Uninsured Population (2022)	9%	13%
Median Household Income (2022)	\$55,512	\$61,099
Population per 1 Primary Care Physician (2022)	4,738:1	1,601:1
Population per 1 Dentist (2022)	3,921:1	1,502:1

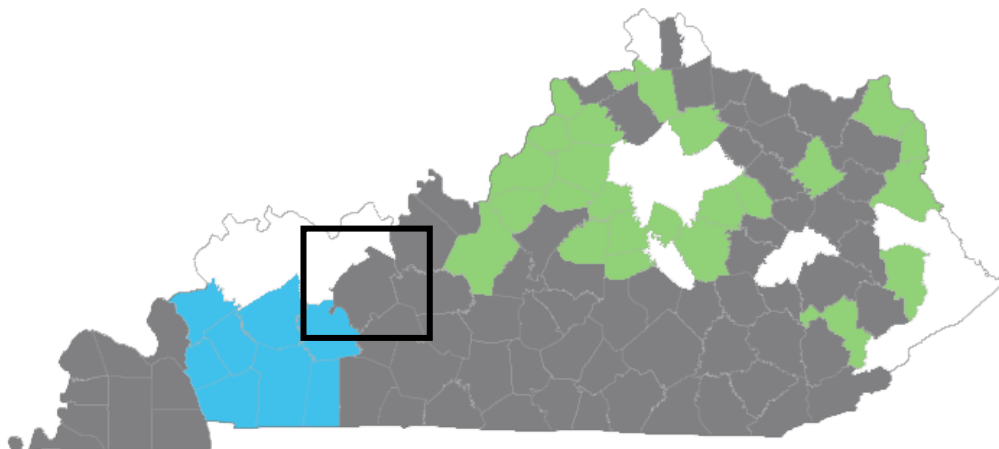
Source: County Health Rankings 2025 Report




Kentucky Health Professional Shortage Areas (HPSA)

Primary Care



Mental Health



-  HPSA Population: *a shortage of services for a specific population subset within an established geographic area*
-  Geographic HPSA: *a shortage of services for the entire population within an established geographic area*
-  High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: data.hrsa.gov

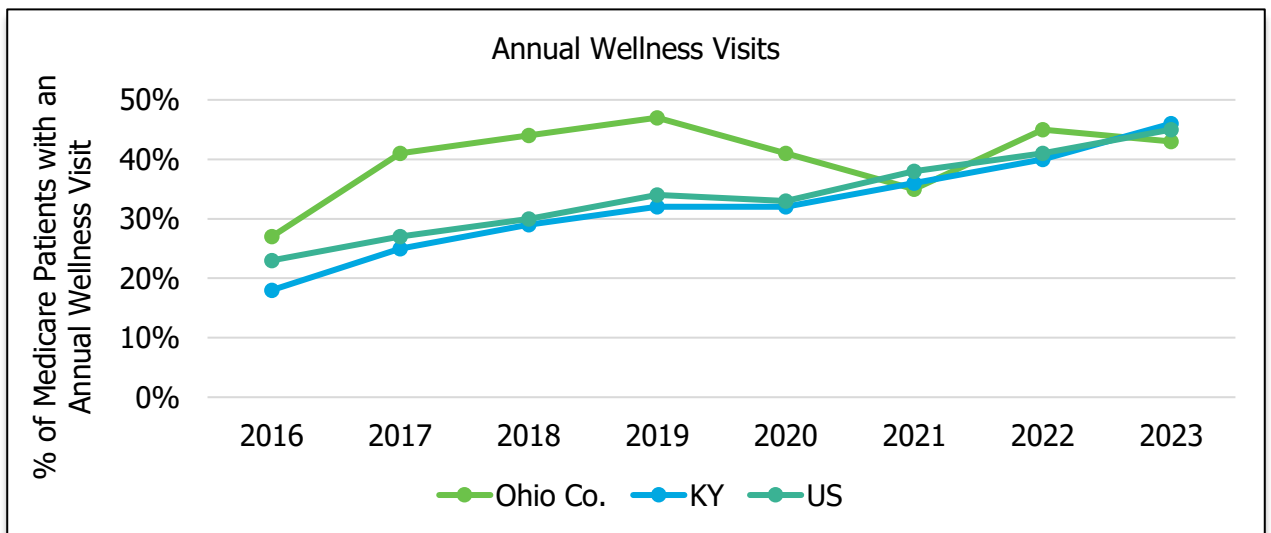
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on health care systems by preventing unnecessary hospital stays and costly care. In the community survey, 25% of respondents said they would like to see additional health prevention and education programs available in the community (see graph on pg. 19).

Ohio County has lower annual mammography screening and lower flu vaccine adherence rates than the state. The county also sees higher rates of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions). The rate of annual wellness visits in Ohio County has historically been higher than the state but has fallen below the state average in more recent years.

	Ohio County	Kentucky
Preventable Hospital Stays per 100,000 (2022)	4,257	3,336
Mammography Screening (2022)	42%	43%
Flu Vaccination (2022)	40%	46%

Source: County Health Rankings 2025 Report



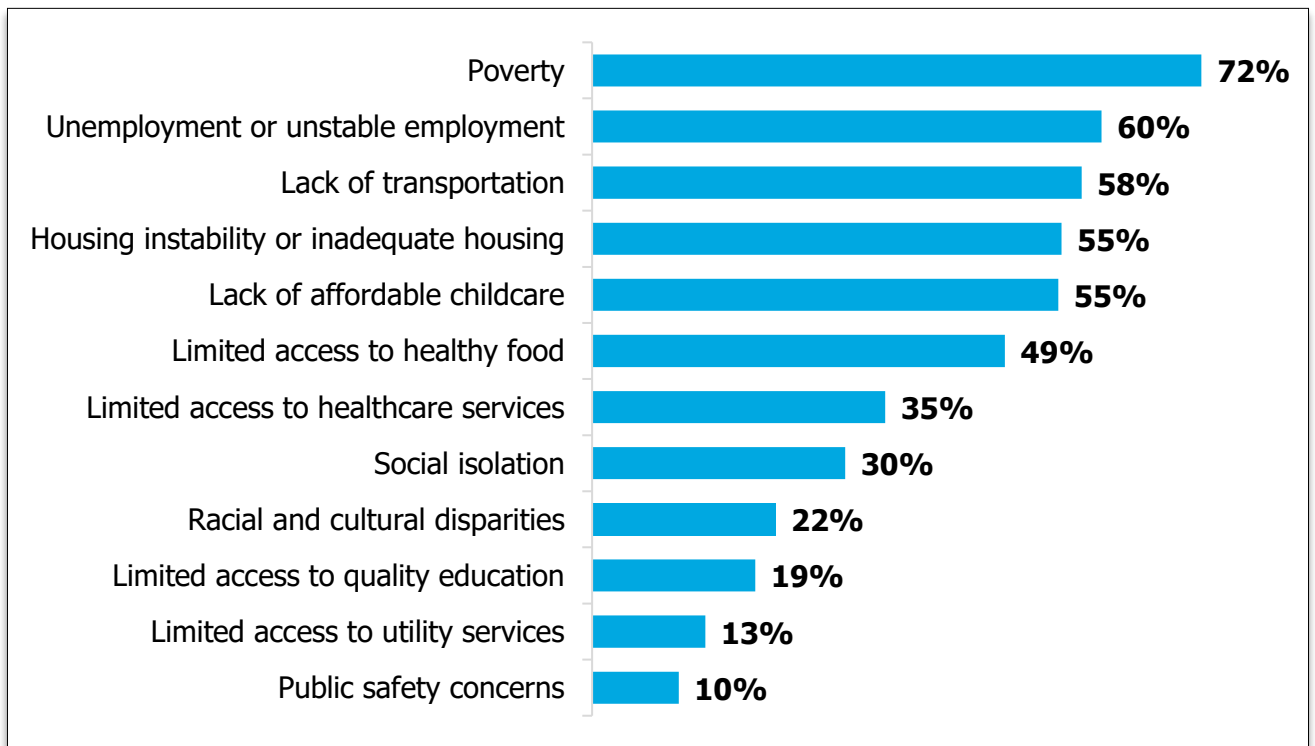
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to health care, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the health of people in Ohio County. The top SDoH identified was poverty with 72% of survey respondents identifying it as negatively impacting the health of the community, followed by childcare, poverty, and racial/cultural disparities.

Survey Question: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):



Transportation Challenges

Access to reliable transportation plays a key role in the overall health of a community, as it directly impacts individuals' ability to receive necessary medical care and maintain consistent employment. Older adults, residents of rural areas, and low-income individuals are disproportionately impacted by persistent transportation challenges, which can often lead to missed or delayed care, and unnecessary Emergency Room utilization (Rural Health Information Hub). Over 50% of Ohio County residents cite a long commute to work (over 30 minutes) and have limited public transportation options to and from essential services.

	Ohio County	KY
Driving Alone to Work	84%	78%
Long Commute – Driving Alone	51%	31%

Source: County Health Rankings 2025 Report, Rural Health Information Hub

Access to Healthy Food

Sufficient access to healthy food is a key driver of community health outcomes, particularly as it relates to prevalence of chronic conditions and obesity. When individuals and families are unable to access nutrient-rich foods on a consistent basis, they experience long-term negative effects on health outcomes and child development. (Healthy People 20230). Residents in rural, low-income, and/or minority communities often experience greater challenges with accessing healthy foods than the total population. Ohio County currently has a Food Insecurity Rate of 16%, which is the same as the state of Kentucky as a whole.

	Ohio County	KY
Limited Access to Healthy Foods	3%	6%
Food Insecurity	16%	16%
Food Environment Index	7.8	6.6

Source: County Health Rankings 2025 Report; Healthy People 2030

Definitions

Limited Access to Healthy Foods: *Percentage of population who are low-income and do not live close to a grocery store.*

Food Insecurity: *Percentage of population who lack adequate access to food.*

Food Environment Index: *Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).*

Income, Employment, and Education

Income, employment, and education play a role in the community’s ability to afford health care and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people’s ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Ohio County	Kentucky
High School Completion (2018-2022)	84%	89%
Some College – includes those who had and had not attained degrees (2023)	53%	63%
Unemployment (2023)	5.6%	3.0%
Children in Poverty (2022)	20%	20%

Source: County Health Rankings 2025 Report, U.S. Bureau of Labor Statistics

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 U.S. 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 Equity



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 Equity
Mental Health	✓	✓	✓	✓
Healthcare: Affordability	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Drug/Substance Abuse	✓	✓	✓	✓
Obesity	✓	✓	✓	✓
Smoking/Vaping/Tobacco Use	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Employment and Income	✓	✓		✓
Affordable Housing	✓	✓		✓
Access to Healthy Food		✓	✓	✓

Implementation Plan

Implementation Plan Framework

Based on the findings of the Community Health Needs Assessment, Ohio County Healthcare identified three top community health priorities: (a) Healthcare: Access and Affordability, (b) Mental and Behavioral Health, (c) Chronic Disease Prevention and Treatment. These priorities were determined through a combination of community input, health data analysis, and facilitated conversations with hospital stakeholders. This plan outlines goals and objectives, and summarizes existing programs that support each priority, ensuring continued alignment with the hospital's current work and a path forward to improving access and outcomes.



Healthcare: Access and Affordability

Goal: Continue to expand service offerings and financial assistance initiatives to ensure all community residents can access the care they need.



Mental and Behavioral Health

Goal: Strengthen the mental and behavioral health of Ohio County residents through growth of services and workforce, educational programs, and support systems.



Chronic Disease Prevention and Treatment

Goal: Improve community health outcomes through targeted screening, education, and care management programs.

Healthcare: Access and Affordability

OCH Services and Programs Committed to Respond to This Need

- OCH has a mobile access care unit “MAC” which brings routine care including annual wellness visits, vaccination outreach, back to school physicals, sports physicals, and acute / chronic treatment to underserved communities, local schools, and community events.
- OCH has developed a foundation to enhance the hospital’s ability to meet the needs of community residents and employees.
- OCH offers free screenings (Blood pressure, Diabetes, Skin Cancer, Pain Management, and Behavioral Health etc.) at various community events.
- OCH has developed a grant department to secure additional funds and increase access to care including telehealth equipment which aids in addressing transportation issues
- OCH participates in the 340b Drug Pricing program, allowing them to ensure low-income patients receive their prescribed medications at an affordable price
- OCH invested in new organization-wide electronic medical records system for better connection between inpatient and outpatient service lines and facilities
- OCH offers smoking and vaping cessation services to patients

Goals and Future Actions to Address this Significant Health Need

Goal: Continue to expand service offerings and financial assistance initiatives to ensure all community residents can access the care they need.

- Evaluate options to support affordable childcare for employees and community residents
- Partner with Kentucky Hospital Association in their “Food is Medicine” campaign
- Explore potential solutions for transportation services to and from appointments
- Utilize new telehealth and screening tools to expand free and reduced rate screenings into new specialties

Impact of Actions and Access to Resources

- Increased community knowledge and utilization of programs aimed at removing financial and logistical barriers to receiving care
- Strengthen partnerships with other organizations to further OCH’s commitment to connecting community members to local healthcare offerings.

Healthcare: Access and Affordability

Other Local Organizations Available to Respond to This Need

- Kentucky Cancer Program - <https://www.kcp.uky.edu/>
- Kentucky Hospital Association - <https://www.kyha.com/>
- HART-Supported Living Program - <https://www.chfs.ky.gov/agencies/dail/pages/hslp.aspx>
- Stroke Care Network: <https://scnetwork.ukhc.org/>
- Ohio County Health Coalition <https://ochcares.com/CRG>
- Green River District Health Department <https://healthdepartment.org/>
- Audubon Area Community Services <https://www.audubon-area.com/>

Mental and Behavioral Health

OCH Services and Programs Committed to Respond to This Need

- BRIDGE program for behavioral assessment/treatment in the Emergency Department
- OCH established formal mental and behavioral health program with licensed practitioners
- New mental health screening tools implemented across the organization
- OCH coordinates annual Mental Health Resource Fair to provide educational and clinical offerings.
- TMS (Transcranial Magnetic Stimulation) therapy offered at OCH for depression treatment
- Robust pain management program onsite at OCH
- SANE-certified nurses working in the Emergency Department
- OCH offers 6 free behavioral health visits through Employee Benefits program

Goals and Future Actions to Address this Significant Health Need

Goal: Strengthen the mental and behavioral health of Ohio County residents through growth of services and workforce, educational programs, and support systems.

- Seek additional funding/legislative support for expansion of behavioral health programs
- Utilize MAC unit to bring mental health screening services to underserved communities
- Expand telehealth/remote offerings for mental and behavioral health services through the OCH network of providers
- Provide educational assistance/learning and development opportunities to employees pursuing degrees in behavioral health delivery
- Expand grief support offerings through grant programs
- Evaluate feasibility of program for mental health nurse practitioner students to gain clinical hours at OCH locations

Impact of Actions and Access to Resources

- Expanded access to mental and behavioral health services in Ohio County and surrounding areas.
- Reduced Emergency Department visits for mental and behavioral health conditions

Mental and Behavioral Health

Other Local Organizations Available to Respond to This Need

- RiverValley Behavioral Health - <https://www.rvbh.com/>
- Ohio County Health Coalition - <https://ochcares.com/CRG>
- Fathers House Recovery Center - <https://www.fhrecovery.com/>
- Ohio County Agency for Substance Abuse Policy (ASAP) - <https://justice.ky.gov/Boards-Commissions/kyasap/Pages/default.aspx>
- Ohio County School System - <https://www.ohio.kyschools.us/>
- Green River District Health Department - <https://healthdepartment.org/>

Chronic Disease Prevention and Treatment

OCH Services and Programs Committed to Respond to This Need

- OCH participation in Accountable Care Organization and Population Health Program
- Chronic Care Management Program to support patients in navigating their conditions
- Case Management professionals to assist with follow-up calls, scheduling, discharge planning, etc.
- OCH Health Equity Committee helps inform strategies around care access and delivery
- Increased preventative screening capabilities at OCH locations (Lab, Radiology, etc.)
- On-site infusion center at OCH for regularly scheduled treatment for chronic conditions
- Comprehensive cardio-pulmonary rehab program with licensed staff to educate patients on safe exercise and fitness programs
- OCH engages in various community outreach screening initiatives, including Women's Health Yearly Screening program
- OCH currently has multiple Internal Medicine and Family Medicine physicians, as well as Advanced Practice Providers on staff to manage chronic conditions for local patients

Goals and Future Actions to Address this Significant Health Need

Goal: Improve community health outcomes through targeted screening, education, and care management programs

- Participate in KHA's "Food is Medicine" program to promote healthy lifestyle and diet choices
- Grow nutritionist and diabetic education programs offered at OCH
- Expand at-home monitoring of chronic conditions for patients
- Increase cardiac health screening programs
- Add low dose CT lung screens to preventive health offerings
- Grow telehealth offerings to additional service lines to expand access to chronic care management
- Partner with local farmers market to educate on healthy diet choices and expand access to fresh foods
- Broaden service offerings, specifically geared towards Men's Health programs

Impact of Actions and Access to Resources

- Decreased onset and prevalence of chronic diseases in the Ohio County Community
- Education provided to the local community on healthy food and lifestyle choices

Chronic Disease Prevention and Treatment

Other Local Organizations Available to Respond to This Need

- Ohio County Family Wellness Center <https://ohiocountyfwc.com/>
- Kentucky Cancer Program - <https://www.kcp.uky.edu/>
- Ohio County Health Coalition - <https://ochcares.com/CRG>
- Center for Disease Control - <https://www.cdc.gov/index.html>

Appendix

Community Data Tables

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 Leading Causes of Death are listed in the tables below in Ohio County's rank order. Ohio County's mortality rates are compared to the Kentucky state average, and whether the death rate was higher (red), or lower (green) compared to the U.S. average.

	Ohio County	Kentucky	U.S.
Heart Disease	267.4	208.2	168.9
Cancer	186.5	180.4	145.4
Chronic Lower Respiratory	60.5	58.7	35.9
Cerebrovascular Disease (Stroke)	56.8	43.9	39.8
Accidents	50.4	86.4	59.7
Diabetes	34.0	29.8	23.9
Alzheimer's	32.0	31.9	30.8
Kidney	24.7	20.3	13.4
Blood Poisoning	23.6	17.6	10.0
Suicide	22.0	17.5	13.9
Pneumonia	17.6	13.6	10.7
Homicide	15.3	12.3	7.6
Liver	10.1	16.1	13.1

Source: CDC (2023)

County Health Rankings

	Ohio	Kentucky	US Overall
Length of Life			
Premature Death*	● 11,567	11,687	8,400
Life Expectancy*	● 73	75	77
Quality of Life			
Poor or Fair Health	● 24%	20%	17%
Poor Physical Health Days	● 5.0	4.5	3.9
Poor Mental Health Days	● 5.8	5.0	5.1
Low Birthweight*	● 9%	9%	8%
Health Behaviors			
Adult Smoking	● 22%	16%	13%
Adult Obesity	● 40%	38%	34%
Limited Access to Healthy Foods	● 3%	10%	6%
Physical Inactivity	● 29%	25%	23%
Access to Exercise Opportunities	● 38%	70%	84%
Excessive Drinking	● 15%	15%	19%
Alcohol-Impaired Driving Deaths	● 29%	26%	26%
Drug Overdose Deaths*	N/A	50	31
Sexually Transmitted Infections*	● 259	407	495
Teen Births (per 1,000 females ages 15-19)	● 39	24	16
Clinical Care			
Uninsured	● 9%	13%	10%
Primary Care Physicians (MDs & DOs)	4738:1	1601:1	1,330:1
Other Primary Care Providers (APPs)	945:1	523:1	710:1
Dentists	3921:1	1502:1	1,360:1
Mental Health Providers	1969:1	320:1	300:1
Preventable Hospital Stays*	● 4,257	3,336	2,666
Mammography Screening	● 42%	43%	44%
Flu Vaccinations	● 40%	46%	48%
Social & Economic Factors			
High School Completion	● 83.8%	88.5%	89%
Some College	● 53%	63%	68%
Unemployment	● 6%	3%	3.6%
Children in Poverty	● 19.8%	20.2%	16%
Children in Single-Parent Households	● 28%	25%	25%
Injury Deaths*	● 85.6	110.4	84
Child Care Cost Burden (% of HHI used for childcare)	● 28%	25%	28%
Child Care Centers (per 1,000 under age 5)	● 4	5	7
Physical Environment			
Severe Housing Problems	● 10%	14%	17%
Long Commute - Driving Alone (> 30 min. commute)	● 51%	31%	37%
Severe Housing Cost Burden (50% or more of HHI)	● 10%	12%	15%
Broadband Access	● 81%	87%	90%

*Per 100,000 Population

Key (Legend)

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

Source: County Health Rankings 2025 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative 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 organizations
- 3) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 4) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 5) **Priority Population** – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
- 6) **Health Care Professional** – Individuals who provide health care services or work in the health care field with an understanding / education on health services and needs.
- 7) **Other** (please specify)

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2025 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	June 2025	2013-2024
CDC Final Deaths	15 top causes of death	July 2025	2023
Bureau of Labor Statistics	Unemployment rates	July 2025	2023
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	June 2025	2022
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	July 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	July 2025	2005
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	July 2025	2019
Healthy People 2030	Food Insecurity	August 2025	2020
Human Resources & Services Administration – data.hrsa.gov	HPSA designated areas	July 2025	2023
Center for Housing Policy	Impacts of affordable housing on health	July 2025	2015
Economic Policy Institute	Childcare costs	July 2025	2020
Rural Health Information Hub	Transportation to Support Rural Healthcare	August 2025	2005-2023
Health Affairs: Leigh, Du	Effects of low wages on health	July 2025	2022

Survey Results

Based on 332 survey responses gathered between May and June 2025.

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

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
OCH Employee	61.0%	202
Community Resident	39.9%	132
Healthcare Professional	22.4%	74
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+)	3.6%	12
Government Employee or Representative	2.7%	9
Public Health Official	0.3%	1
Representative of Chronic Disease Group or Advocacy Organization	0.3%	1
	Answered	331
	Skipped	1

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	96.1%	318
Choose to not disclose	2.1%	7
Black or African American	0.6%	2
American Indian or Alaska Native	0.6%	2
Hispanic or Latino	0.3%	1
Asian or Asian American	0.0%	0
Native Hawaiian or other Pacific Islander	0.0%	0
Other (please specify)	1.2%	4
	Answered	331
	Skipped	1

Q3: Age group

Answer Choices	Responses	
18-24	6.0%	20
25-34	19.6%	65
35-44	19.6%	65
45-54	19.6%	65
55-64	18.4%	61
65+	14.8%	49
Choose to not disclose	2.1%	7
	Answered	332
	Skipped	0

Q4: What ZIP code do you primarily live in?

Answer Choices	Responses	
42320	34.0%	113
42347	25.6%	85
42328	4.2%	14
42349	4.2%	14
42261	3.9%	13
42343	3.3%	11
42301	3.0%	10
42378	2.4%	8
42376	2.4%	8
42303	2.4%	8
42333	2.1%	7
42366	1.5%	5
42361	1.2%	4
42330	0.9%	3
42721	0.9%	3
42348	0.9%	3
42104	0.9%	3
42754	0.6%	2
42354	0.6%	2
42345	0.6%	2
All Others (1 response each)	4.2%	14
	Answered	332
	Skipped	0

Q5: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing health care, etc.) In your community? (Please select your top 3 responses if possible)

Answer Choices	Responses	
Low-income groups	58.5%	182
Older adults	54.0%	168
Uninsured and underinsured individuals	52.4%	163
Residents of rural areas	38.9%	121
Individuals requiring additional healthcare support	34.4%	107
Racial and ethnic minority groups	19.9%	62
Children	18.0%	56
Women	16.1%	50
Men	6.1%	19
LGBTQ+	3.5%	11
	Answered	311
	Skipped	21

What do you believe to be some of the needs of the groups selected above?

- Lack of Health Care Opportunities
- They need a job that provides insurance.
- They need indigent care for people to help pay their bills. Healthcare is ridiculously high!
- Elderly people who live in rural areas sometimes cannot afford or have the transportation to get to providers in this area.
- Lack of knowledge of available resources
- I always believe that women's health could be further studied, we have come such a long way in our women's health and I can't wait for more changes.
- I think they need healthcare to be easier to access. Specifically probably bringing our mobile clinic to them.
- Affordable medication and health equipment to keep patients chronic conditions as normal as possible
- Biggest needs that are unaddressed is our immigrant population especially with the current administration in not seeking out healthcare due to fear of deportation
- Basic primary care needs. Many do not have a PCP or understand the importance of having a PCP.
- Just being able to access/transportation to office visits and the need of receiving help if they are low income or unable to secure insurance
- Health illiterate and do not have the funds or understanding to seek care in a timely manner before they are forced to due to worsening health concerns.
- Good Doctors who are accepting new patients

- Communicate; Need to learn and use the language spoken here
- Perimenopause support for women and hormone support for female teens
- Lower cost health insurance provided by employers. I pay nearly \$1000 from paychecks each month for my husband to be insured.
- Having access to and transportation to local providers. Provision of free clinics for the uninsured.
- Something to fix the gap between what insurance covers and the balance due. Example my work insurance paid \$12 on a prescription and left a \$948 balance.
- More physical activity and atv safety education
- Getting to and from the Dr
- Financial limitations, healthcare education, transportation, housing, digital divide (broadband access/affordability), poverty, limited employment opportunities, and limited affordable childcare outside of 7am-5pm, Monday through Friday.
- Transportation to and from Dr. appointments, Medication assistance to afford co-payments at the beginning of the year until deductible are met. Food assistance for population that are in the middle class where they make too much to receive assistance, but not enough to afford proper food.
- Patient Health concerns not being important to medical provider. Shortage of health care providers
- Pediatric care and overall broader options for the low income community who might not be able to transport to larger cities for specialty services.
- Regular visits to check health. Someone to contact for immediate concerns.
- If I combine 'older adults' and 'Individuals requiring addtl h/c support', It seems to me that our older residents that may need more in home care, therapy, etc. care have too limited time. Needs to be extended to really get people back into better renewed health.
- People WITH insurance. The cost we have to pay on top of the insurance premium is ridiculous. Low income have medical cards, which pays for everything. I go without care usually, because of the cost.
- Women are often misdiagnosed. Individuals requiring additional Healthcare and support face delays in getting care because of insurance denying needed services or requiring PAs. Uninsured or underinsured people may fail to seek care because of the expense of Healthcare, even after insurance pays for their portion.
- Specialty in mental disorder including Eating disorders.
- Only option for healthcare in the county for children is quick care or emergency room. All which cost more especially if you're not on state funded and only have private insurance in a community that has a high poverty level. More geriatric care is needed older folks get sent to nursing homes, they need more access to advocacy! What are they eligible, getting access to care they need. I've known several that have no idea what they qualify for and what can be available to them, more qualified state that can help coordinate individuals and get them the care and assistance they need or at the very least point them in the right direction.

Q6: 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
Mental Health	1	3	24	56	198	282	4.59
Cancer	2	5	39	43	198	287	4.50
Drug/Substance Abuse	2	4	36	58	186	286	4.48
Obesity	1	4	37	62	179	283	4.46
Diabetes	1	5	31	77	170	284	4.44
Heart Disease	1	3	45	94	143	286	4.31
Alzheimer's and Dementia	2	11	68	63	142	286	4.16
Stroke	1	6	71	72	131	281	4.16
Women's Health	3	4	62	87	125	281	4.16
Dental	3	6	61	89	124	283	4.15
Lung Disease	1	9	62	90	122	284	4.14
Kidney Disease	1	10	83	86	103	283	3.99
Men's Health	2	12	94	82	94	284	3.89
Liver Disease	4	17	96	81	84	282	3.79
Other (please specify)						12	
						Answered	287
						Skipped	45

Comments:

- Pediatric care
- People with disabilities
- All healthcare is necessary...drugs and addictions are brought on by choice...
- Historical factors play a great role in the overall health of the residents of our community and county. Poor, rural agrarian, tobacco, coal mining, literacy and education, distrust of corporate medicine, mindsets are all contributing factors of health conditions in the county.
- Neurological
- Dermatology
- Children
- Urology
- Pediatrician
- Autism spectrum disorder – scale of 5 EXTREMELY

Q7: 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: Affordability	1	7	29	53	192	282	4.52
Employment and Income	1	5	35	82	157	280	4.39
Affordable Housing	3	5	44	69	163	284	4.35
Access to Healthy Food	3	4	44	79	152	282	4.32
Access to Senior Services	1	7	52	80	143	283	4.26
Access to Childcare	3	9	54	68	149	283	4.24
Transportation	2	8	56	83	135	284	4.20
Education System	7	11	52	72	139	281	4.16
Healthcare: Prevention Services	2	14	64	73	129	282	4.11
Healthcare: Types of Services Provided	4	18	56	70	134	282	4.11
Healthcare: Location of Services	5	18	62	72	125	282	4.04
Community Safety	5	13	78	70	117	283	3.99
Access to Exercise/Recreation	7	16	75	90	95	283	3.88
Social Connections	4	29	92	79	78	282	3.70
Other (please specify)	7						
						Answered	286
						Skipped	46

Comments:

- Need to better serve those with disabilities
- Dental care access!!!
- Transportation for some elderly people is needed as it was taken away
- All categories listed are very important. One thing that is not listed is adequate time given to medical professionals to establish a good rapport with their patient and in the administration of high quality healthcare. Thirty minutes should be a minimum time.
- need public transportation & for GRITS to eliminate the hurdles
- Transportation needed. We need dermatology and urology. These are both being referred out completely!
- None currently if you live in a rural area

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

	1	2	3	4	5	Total	Weighted Average
Smoking/Vaping/Tobacco Use	4	4	33	62	179	282	4.45
Diet	3	4	48	88	143	286	4.27
Physical Inactivity	2	5	54	93	130	284	4.21
Excess Drinking	4	11	73	77	120	285	4.05
Risky Sexual Behavior	9	14	91	66	103	283	3.85
Other (please specify)						2	
						Answered	286
						Skipped	46

Comments:

- Illegal drug use seems to be an issue too
- Getting people to talk to one another in face to face conversations, instead of via electronic means is very important for physical health as well as mental health

Q9: Please provide feedback on any actions you've seen taken by OCH to address the 2022 significant health needs in your community and what additional actions you would like to see.

- Multiple locations to go to now for medical attention. Community events the Ohio County participates in to help the residents aware of their care for the residents.
- OCH contributed heavily to increasing and improving mental health services for our community, including helping patients with substance abuse. More services were offered, such as robotic surgeries and other services we had not had in the past, or at least not to the degree we have now. I'd like to see precision medicine incorporated into conventional healthcare.
- Growth in access to care in rural communities - Butler County Family Care Clinic, MAC, opportunities for free screenings, Telehealth options in schools. Growth in Behavioral Health options - Telehealth and in-person, community education through events
- I am a mental health counselor and agree with the need for services in our community. Hiring more providers will help, as the hospital has connection with many people who need or would benefit from services.
- So proud of our rural hospital and the level of care it provides both in general medicine and specialty care. Also encouraged to see the use of the OCH Mobile Unit. Taking medical care to the outlying areas of the state's 5th largest county is definitely helping to address the issues of access and transportation.
- Having access to hospital for surgery and PT have been an amazing asset to our community. We still need pulmonologist and more extended cardiac care here.
- Ohio County Healthcare (OCH) has demonstrated a strong commitment to supporting mental health in the community by maintaining access to mental health care providers. To build on this foundation, there is a clear opportunity to expand these services into local schools, ensuring early intervention and support for youth. Additionally, increasing the availability of providers, evaluations, and telehealth services would greatly enhance convenience and accessibility for residents across the region.
- Community outreach for services offered at OCH, including access to mental healthcare and access to healthcare.
- OCH has worked with our community to provide the following actions:
Improved access to Mental Health Services; MAC is providing access to outlying communities. We are teaming up with Judge Executive to promote substance misuse awareness.
- I have seen positive improvement in access to mental health services. I would like to see a greater emphasis on preventative healthcare services.
-

- For OCH to give felons a chance for employment there is life after felonies and people strive hard to become better individuals. And OCH don't offer job opportunities within the community.
- There have been many mental health providers hired at the Behavioral Health clinic. Also, there has been more providers hired for the outlying clinics so access to healthcare has increased. I would like to see there be a clinic for substance misuse, maybe an MAT clinic started.
- New ortho doctors, surgical wing, Mobile health unit
- The new surgery center is a big improvement to the county...
- OCH is doing an excellent job with expanding services. The possible needs listed in this survey have largely been addressed by OCH. I am proud of our hospital and the services provided.
- The hospital always does yearly evaluation of its workers. But they never evaluate supervisors or managers at the hospital. Very difficult to make changes when you evaluate the low man and woman, but never evaluate the ones who could make changes.
- Opened up a behavioral health group. Would like to see an on-site MD/DO there to continue to expand.
- Growth in mental health options and treatments. Case Management and Social Services early evaluation and collaboration with other facilities to provide resources for substance abuse issues...ER Case Manager Better use of the MAC. Increase focus on population health - more leadership and management ability.
- The new OC Mental health has recently started.
- We now have Mental Health services available to our patients here in the county and they don't have to go elsewhere. I also think with the MAC we are reaching outlying areas with our services!
- Offers the mobile unit in select areas. I feel that it could be used more and in more locations.
- Satellite clinics for specialty services I would think will help patients in rural area benefit. I feel like Behavioral Health office has expanded their services to help the community in what they can offer
- Mobile Mac, tobacco cessation program, increase mental healthcare providers, participating in community service events. Transportation service partnership
- The community could benefit from more pediatricians located within the county. Also more drug and alcohol recovery programs within the community.

Q10: What additional services / offerings would you like to see available in Ohio County? (select all that apply)

Answer Choices	Responses	
Dermatology (Skin)	51.5%	137
Pediatrics (Children's Doctor)	50.8%	135
Mental Health / Substance Abuse Treatment	46.2%	123
Cancer Care	44.7%	119
Endocrinology (Hormone and Diabetes)	40.6%	108
Diabetes Management	37.2%	99
Additional Primary Care Availability	36.8%	98
Urology (Urinary System and Male Reproductive)	35.0%	93
Functional Medicine (Holistic and Preventative Care)	34.2%	91
Rheumatology (Arthritis and Autoimmune Disease)	32.3%	86
Alternative Care (Massage, Chiropractic, Acupuncture)	32.0%	85
Women's Health	29.0%	77
Pulmonology (Lung and Breathing)	28.6%	76
Cardiology (Heart)	25.9%	69
Health Prevention / Education Programs	24.8%	66
Neurology (Brain and Nervous System)	24.8%	66
Nutrition	24.8%	66
Urgent Care / Walk-In / Extended Hours	20.7%	55
Nephrology (Kidney)	19.6%	52
Ophthalmology (Eye)	19.2%	51
Telehealth / Virtual Care	18.1%	48
Gastroenterology (Digestive System/Stomach)	15.8%	42
Podiatry (Foot and Ankle)	14.7%	39
General Surgery	13.9%	37
Pain Management	13.5%	36
Physical Therapy, Occupational Therapy, Speech-Language Therapy (Rehabilitation Services)	11.7%	31
Plastic Surgery	11.7%	31
Imaging and Radiology	10.5%	28
Infusion	9.8%	26
Orthopedics (Bone and Joint)	9.4%	25
Other (please specify)	5.6%	15
	Answered	266
	Skipped	66

Comments

- Genetic based medicine
- Bariatric
- Social and recreational facilities

- Genetic based medicine
- Bariatric
- Social and recreational facilities
- Medication Assisted Treatment for Substance Abuse
- OB
- We need more dental care available in the county. We have little to choose from especially emergency dental and those that accept medical card
- I don't trust your surgeons
- Dental services for individuals on Medicaid insurance
- Alpha Gal
- Prenatal
- Men's Health
- Ways to help homeless get back on feet such as interview clothing, help w/ resumes, finding jobs that will accept them until they have enough income to afford a stable residence
- I would like to see an option available to help with children who have special needs like ADHD and ASD.

Q11: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Poverty	71.8%	183
Unemployment or unstable employment	60.0%	153
Lack of transportation	57.7%	147
Housing instability or inadequate housing	55.3%	141
Lack of affordable childcare	54.9%	140
Limited access to healthy food	48.6%	124
Limited access to healthcare services	34.5%	88
Social isolation	29.8%	76
Racial and cultural disparities	21.6%	55
Limited access to quality education	19.2%	49
Limited access to utility services	13.3%	34
Public safety concerns	10.2%	26
Other (please specify)	4.3%	11
	Answered	255
	Skipped	77

Comments:

- Access to local parks and recreational spaces
- Lack of training for impaired youth and young adults to promote independent living
- NO opportunities for felons in health care at OCH
- Social media taking the place being social and active in society
- Limited access to children with special needs
- Too much access to fast food restaurants
- Sometimes it is more the lack of patient to want "better" than lack of what is available
- Untreated mental health issues and substance abuse
- Limited mental health services w/ long wait times. Limited substance abuse programs. Limited homeless shelters

Q12: Where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Health Care Provider	79.2%	213
Website/Internet	49.8%	134
Hospital	31.6%	85
Workplace	29.7%	80
Family or Friends	29.0%	78
Social Media	28.6%	77
Word of Mouth	21.6%	58
School/College	11.5%	31
Newspaper/Magazine	9.3%	25
Television	6.3%	17
Radio	4.5%	12
Other (please specify)	5.2%	14
	Answered	269
	Skipped	63

Comments:

- Functional medicine & genetics-based doctors virtually
- AI
- Journals
- College
- Medical journals
- Reading and research
- Experts in natural medicine
- Other nurses
- Experience
- Books