





2022 Ohio County CHNA Survey

Introduction

Thank you for taking the time to complete this survey! A Community Health Needs Assessment (CHNA) will help the healthcare community of Ohio County determine the health needs of your community.

This survey will ask you to do the following:

- Provide your opinion of the last CHNA performed in 2019
- Rank the health needs of your community
- Describe the impact of COVID-19 on your community

Your responses to this survey will help the leaders in the Ohio County healthcare community make decisions to improve the lives of the community.

You can take this survey from anywhere using your smart phone. Just scan this QR Code:



https://www.surveymonkey.com/r/OhioCounty2022CHNASurvey

Community Role of Participant

	1.	Please select all roles that apply to you.
() Co	mmunity Resident
() Pul	blic Health Official
() Go	vernment Employee or Representative
() Mir	nority or Underserved Population
() Re	presentative of Chronic Disease Group or Advocacy Organization
() He	althcare Professional
() Edi	ucator

Your Opinion of Populations in Need

	Which groups would you consider to have the greatest health needs in your community? (please select all that apply)
() Rac	ial and ethnic minority groups
() Low	-income groups
() Resi	idents of rural areas
() Wor	men
() Child	dren
() Olde	er adults (65+)
() Indiv	viduals requiring additional healthcare support
()LGB	BTQ+
What do	o you believe to be some of the needs of the groups selected above?

Review and Feedback on 2019 Significant Health Needs

The previous Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) identified *Mental Health, Substance Abuse: Alcohol, Tobacco and Other Drugs, and Healthy Lifestyles: Exercise and Nutrition Education* as the most significant needs to focus on.

Please provide specific feedback about each Significant Health Need including your observation on any actions taken by the Ohio County healthcare community to address this need since 2019.

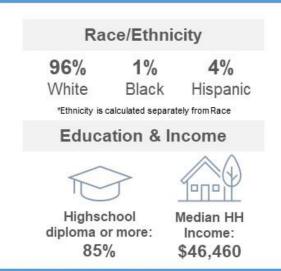
3.	Please share what you have seen done by your healthcare community to address Mental Health.
4.	Please share what you have seen done by your healthcare community to address
	Substance Abuse: Alcohol, Tobacco, and Other Drugs.
5.	Please share what you have seen done by your healthcare community to address Healthy Lifestyles.

County Statistics

The Ohio County Statistics page provides key demographics and significant health data findings to assist you in completing this survey.

Ohio County Statistics



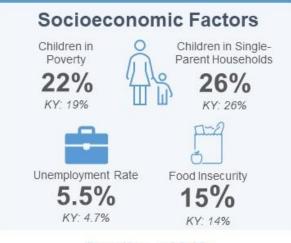


Factors that influence the health of the community

Health Behaviors







4,799 People per Primary Care Provider (Compared to 1,536 in KY) 3,983

Healthcare Access

People per Dentist (Compared to 1,519 in KY)





People per Mental Health Provider (Compared to 388 in KY)

Average number of physically and mentally unhealthy days in the past 30 days 5.5 5.6 Poor Physical Health Days KY Ohio Co.

Suicide Rate: 16.0
Compared to 17.7 in KY

Sources: Stratasan, countyhealthrankings.com Bureau of Labor Statistics

6. Do you believe the above data accurately reflects your community today?	
() Yes, the data accurately reflects my community today	
() No, the data does not reflect my community today	
Comments on your answer or the above data:	

Ranking the Health Needs of the Community

The health needs of the community can be broken into three categories:

- Health factors diseases, health conditions, and the physical health of the population
- Community Factors community conditions that might impact health status
- Individual factors individual choices or circumstances that affect health outcomes

Each category is broken into factors below. Please rate the importance of addressing each factor in your community on a scale of 1 to 5.

7. 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
	(Not at	all)			(Extremely)
Alzheimer's and Dementia	()	()	()	()	()
Cancer	()	()	()	()	()
Dental	()	()	()	()	()
Diabetes	()	()	()	()	()
Drug/Substance Abuse	()	()	()	()	()
Heart Disease	()	()	()	()	()
Kidney Disease	()	()	()	()	()
Liver Disease	()	()	()	()	()
Lung Disease	()	()	()	()	()
Mental Health	()	()	()	()	()
Obesity	()	()	()	()	()
Stroke	()	()	()	()	()
Women's Health	()	()	()	()	()
Other (please specify):					

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

	1 (Not at all)	2	3	4 (Ex	5 <u>(tremely)</u>
Access to Childcare	()	()	()	()	()
Access to Exercise/Recreation	()	()	()	()	()
Access to Healthy Food	()	()	()	()	()
Access to Senior Services	()	()	()	()	()
Affordable Housing	()	()	()	()	()
Community Safety	()	()	()	()	()
Education System	()	()	()	()	()
Employment and Income	()	()	()	()	()
Health care Services: Affordability	()	()	()	()	()
Health care Services: Physical Presence	()	()	()	()	()
Health care Services: Prevention	()	()	()	()	()
Social Connections	()	()	()	()	()
Social Support	()	()	()	()	()
Transportation	()	()	()	()	()
Other (please specify):					

9.	Please rate the importance of addressing each ir	ndividual	factor	on a se	cale of 1	(Not at
	all) to 5 (Extremely)					
		1	2	3	1	5

	1	2	3	4	5
	(Not at a	ll)			(Extremely)
Diet	()	()	()	()	()
Excess Drinking	()	()	()	()	()
Livable Wage	()	()	()	()	()
Physical Inactivity	()	()	()	()	()
Risky Sexual Behavior	()	()	()	()	()
Smoking/Vaping/Tobacco Use	()	()	()	()	()
Other (please specify):					

Impact of COVID-19

10. Overall, how much has the COVID-19 pandemic affected you and your household?
() No impact, no change
() Some impact, does not change daily behavior
() Noticeable impact, has changed daily behavior
() Significant daily disruption, reduced access to needs
() Severe daily disruption, immediate needs unmet
Other (please specify)
11. What has been negatively impacted by the COVID-19 pandemic in your community? (Please select all that apply)
() Employment
() Poverty
() Housing
() Access to healthcare services
() Public safety
() Food security
() Nutrition
() Social support systems
() Education
() Transportation
() Childcare
() Racial and cultural disparities
Other (please specify)
12. Have you or your family delayed using any of the following healthcare services during the COVID-19 pandemic? (Please select all that apply)
() All types of healthcare services
() Primary care (routine visits, preventative visits, screenings)
 Specialty care (care and treatment of a specific health condition that require a specialist)
() Elective care (planned in advance opposed to emergency treatment)
() Urgent care/Walk-in clinics
() Emergency care (medical services required for immediate diagnosis and treatment o

medical condition)
 Inpatient hospital care (care of patients whose condition requires admission to a hospital)
() None of the above
() Other (please specify)
13. How can healthcare providers continue to support the community through the challenges of COVID-19? (Please select all that apply)
() Serving as a trusted source of information and education
() Posting enhanced safety measures and process changes to prepare for your upcoming appointment
() Offering alternatives to in-person healthcare visits via teleHealth or virtual care
 () Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)
 Sharing local patient and healthcare providers stories and successes with the community
() Other (please specify)
14. COVID-19 has led to an increase in virtual and at-home healthcare options, including teleHealth, telephone visits, remote monitoring, etc. What options do you believe would benefit the community most? (Please select all that apply)
() Video visits with a healthcare provider
() Telephone visits with a healthcare provider
() Virtual triage screening option before coming to clinic/hospital
 () Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)
() Smartphone app to communicate with a healthcare provider
() Patient portal feature of your electronic medical record to communicate with a
healthcare provider
() Other (please specify)

	What healthcare services/programs will be most important to supporting community lealth as we move into the future? (Please select all that apply)
) Addressing cultural needs and practices impacting health care access, care delivery and outcomes
() Addressing patient language and communication needs
() Ensuring convenient and affordable healthcare access points
() Primary care
() Specialty care
() Urgent care/Walk-in clinics
() Emergency care
() Women's health
() Pediatrics/children's health
() Elder/senior care
() Chronic disease management programming
() Mental health
() Substance abuse services
() EMS/Paramedic Service
() Other (please specify)
	Please share resources and solutions that would support you and the community during ne COVID-19 pandemic and in the future.
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Thank you for taking the time to complete this survey!

Your opinions are valuable and will guide the healthcare community in Ohio County in their plans for the future and the benefit they provide to the community.

The completed Community Health Needs Assessment with the results of this survey will be posted on each facility's website once complete.