



2018 Community Health Needs Assessment

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Executive Summary

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

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

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

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

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

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

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

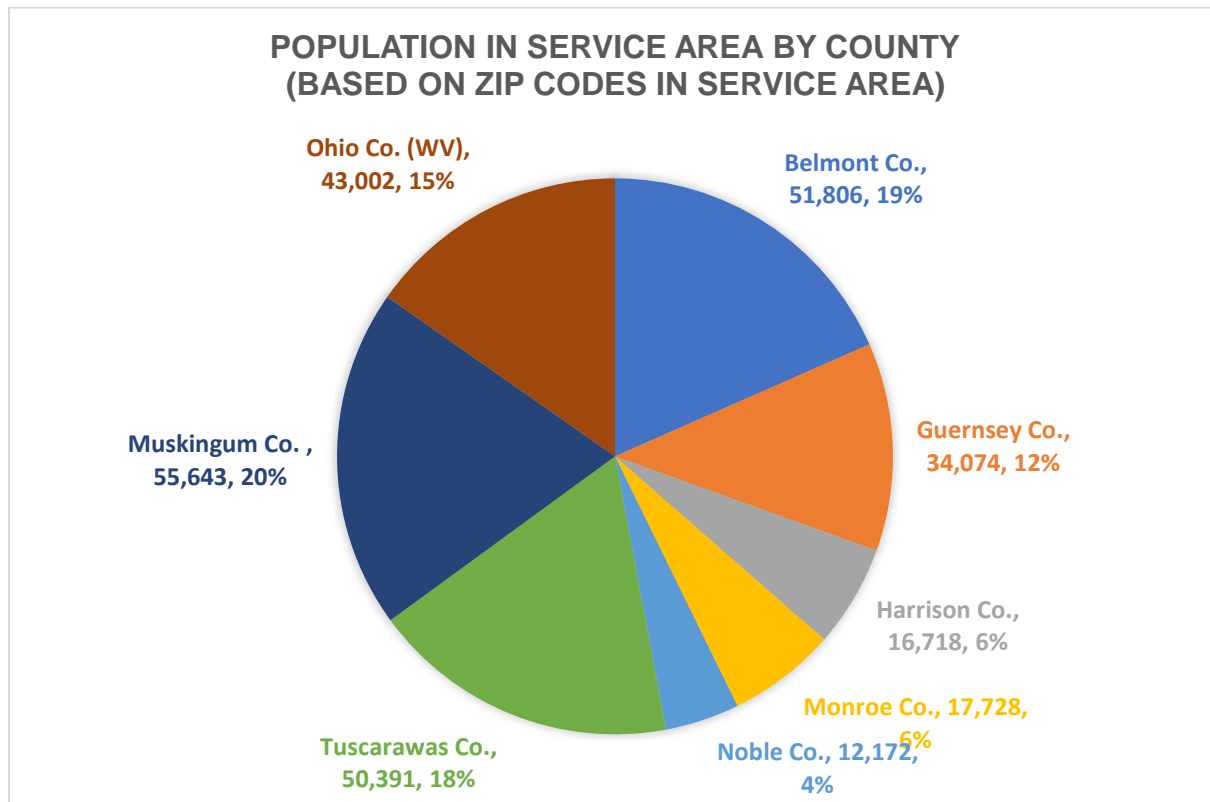
The top three health-related issues identified as part of the 2018 OHHS Community Health Needs Assessment include:

- **Mental Health, Drugs and Substance Abuse**
- **Availability of Urgent Care/Extended Hours Facility**
- **Lifestyle and Chronic Disease Management**

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

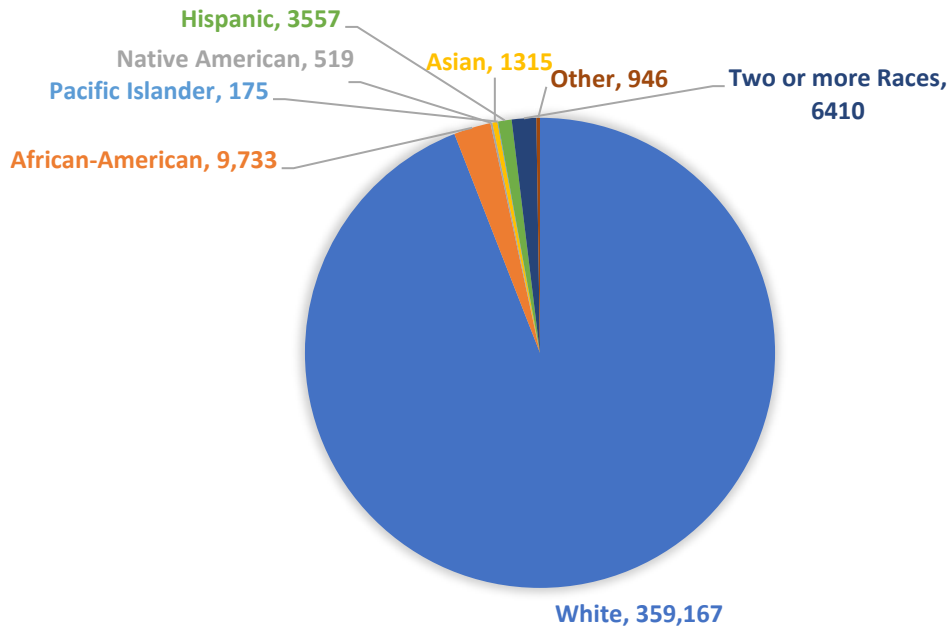
Ohio Hills Health Services Service Area

The area to be served by the proposed project is in southeastern Ohio and parts of adjacent West Virginia. The area encompasses approximately 2,795.03 square miles, covering parts of seven (7) Ohio counties: Belmont, Guernsey, Harrison, Muskingum, Monroe, Noble, and Tuscarawas, and Ohio County in West Virginia. (See ATTACHMENT A) The service area includes a combined population of 281,534 persons (<https://factfinder.census.gov>). This area, which is part of the Appalachian Region, has rolling to rugged terrain and is marked by areas of farmland and coal mines. A major east-west interstate highway (I-70) bisects the area. A north-south state road (Route 800) provides a direct linkage to the agency's four (4) community health centers. The service area map highlights important characteristics of the service area target population, and detailed analysis of the service area target population including the gas and oil transient population.



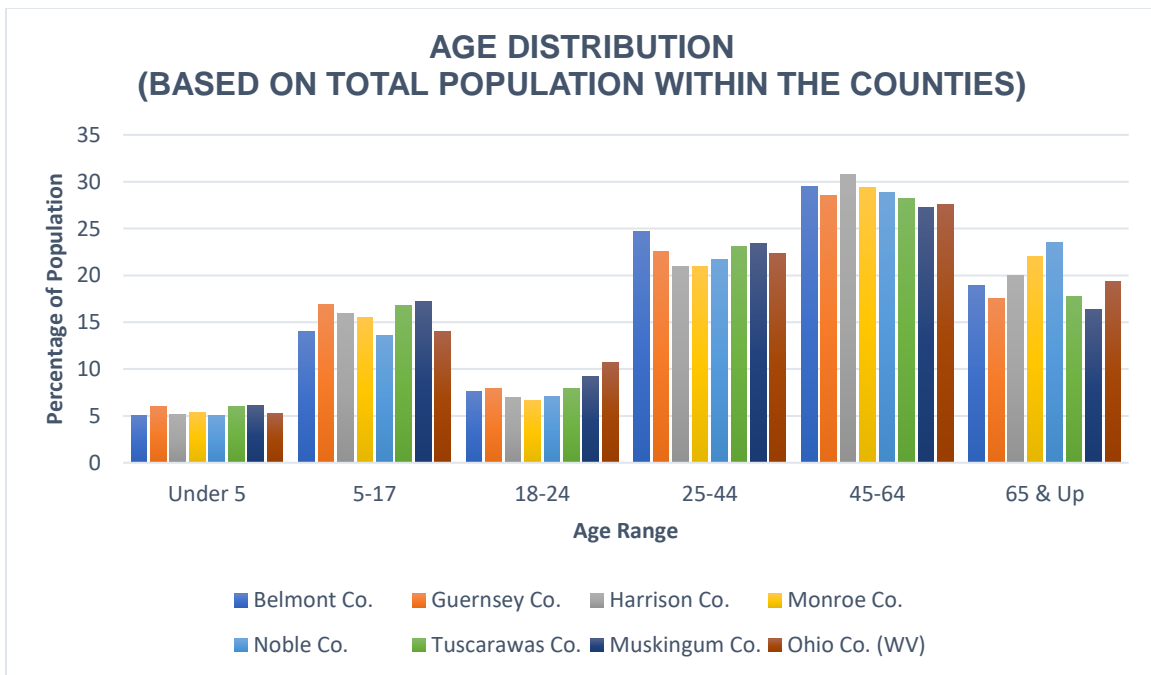
Data Source: <https://factfinder.census.gov>

ETHNICITY OF COUNTIES IN SERVICE AREA (BASED ON TOTAL POPULATION WITHIN THE COUNTIES)



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

AGE DISTRIBUTION (BASED ON TOTAL POPULATION WITHIN THE COUNTIES)



Data Source: <https://datausa.io/>

Socioeconomic Factors

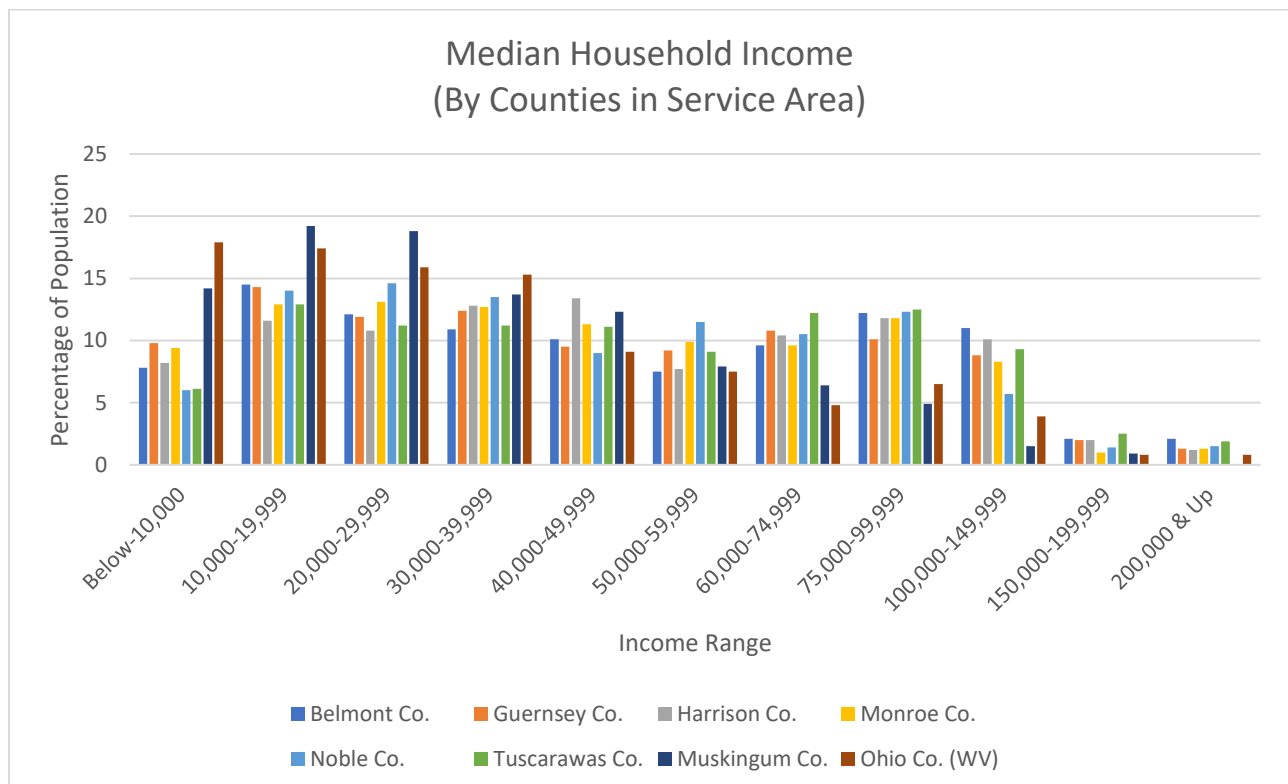
Many factors integrate to affect the health of individuals and communities. Individuals are generally unable to directly control many of these determinations of health.

Influential factors include:

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

Income

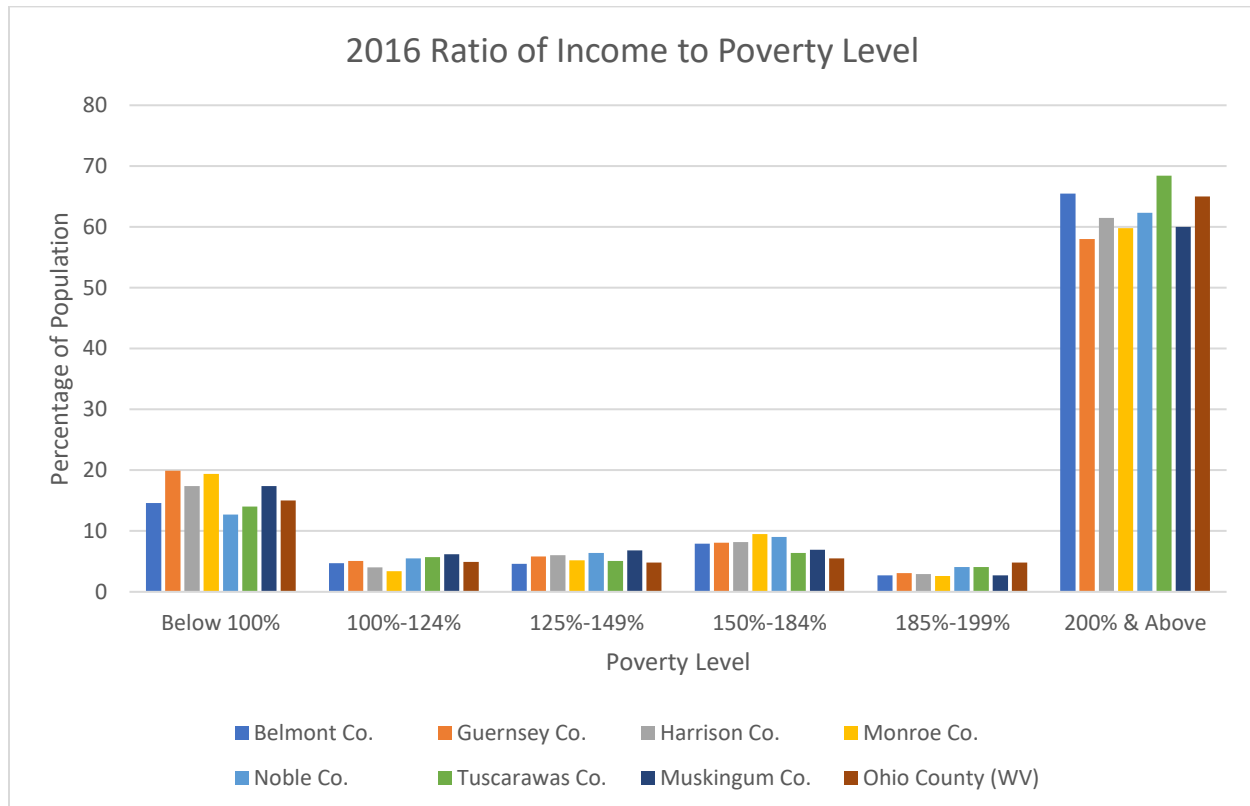
Income can impact health directly, as well as indirectly. Directly, income can influence such things as nutritional choices, living circumstances, access to healthcare, prescription medications, and compliance with treatment plans. Indirectly, there is a correlation between income and social relationships,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



Data Source: <https://datausa.io/>

Poverty Level

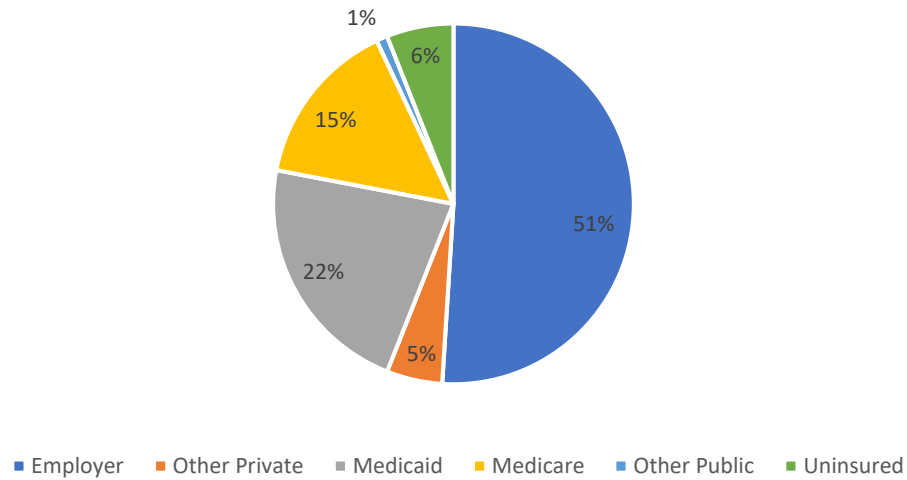
High rates of poverty, combined with insurance payer mix, which includes a high percentage of area residents who have no insurance, or depend on Medicare or Medicaid, may be an obstacle to both patients served, as well as Ohio Hills Health Services. Poverty level may affect access, availability, and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



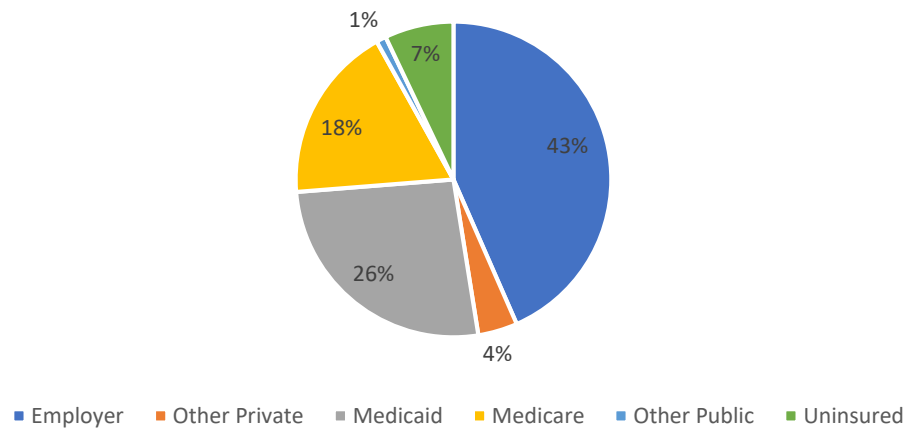
Data Source: <http://development.ohio.gov>

Payer Mix

Payer Mix: Health Insurance Coverage of Ohio's Total Population

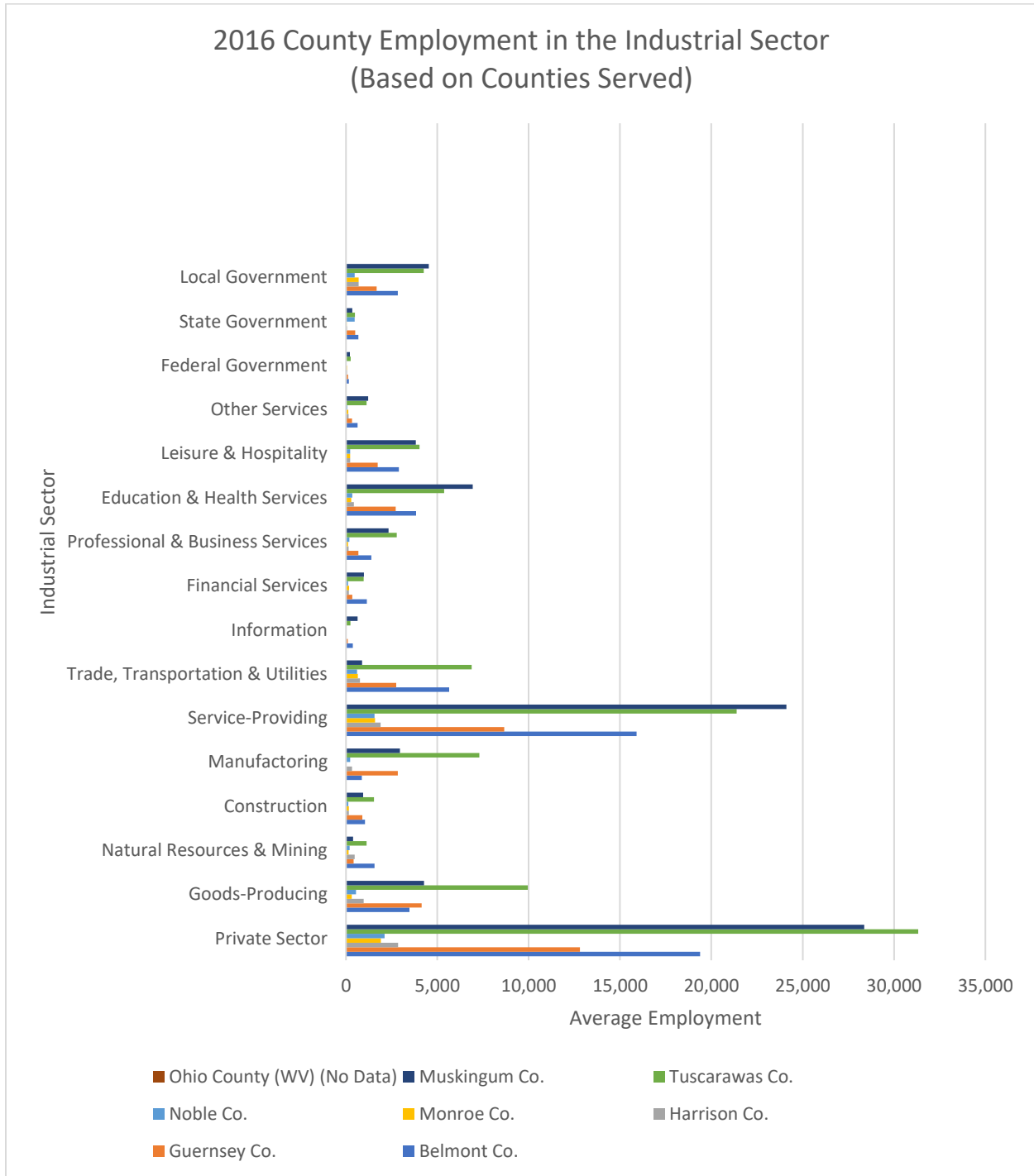


Payer Mix: Health Insurance Coverage of West Virginia's Total Population



Data Source: <https://www.kff.org>

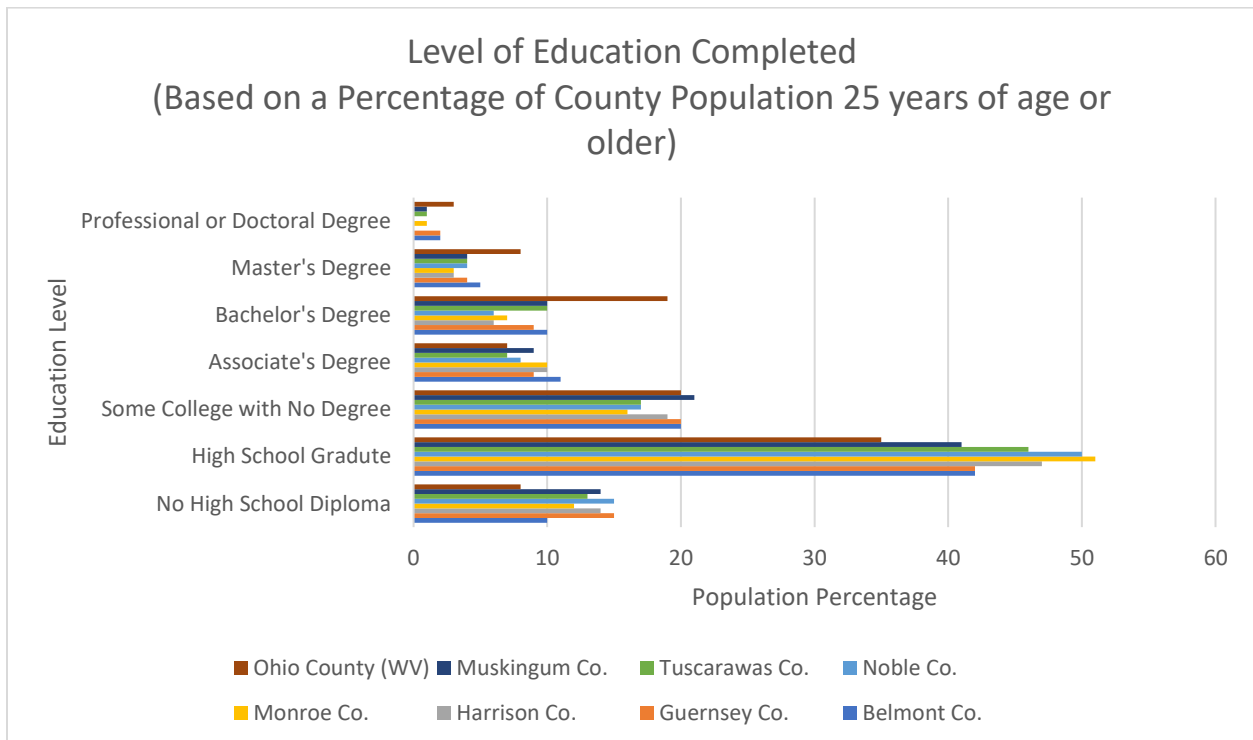
Employment



Data Source: County Profiles <https://development.ohio.gov/>

Education

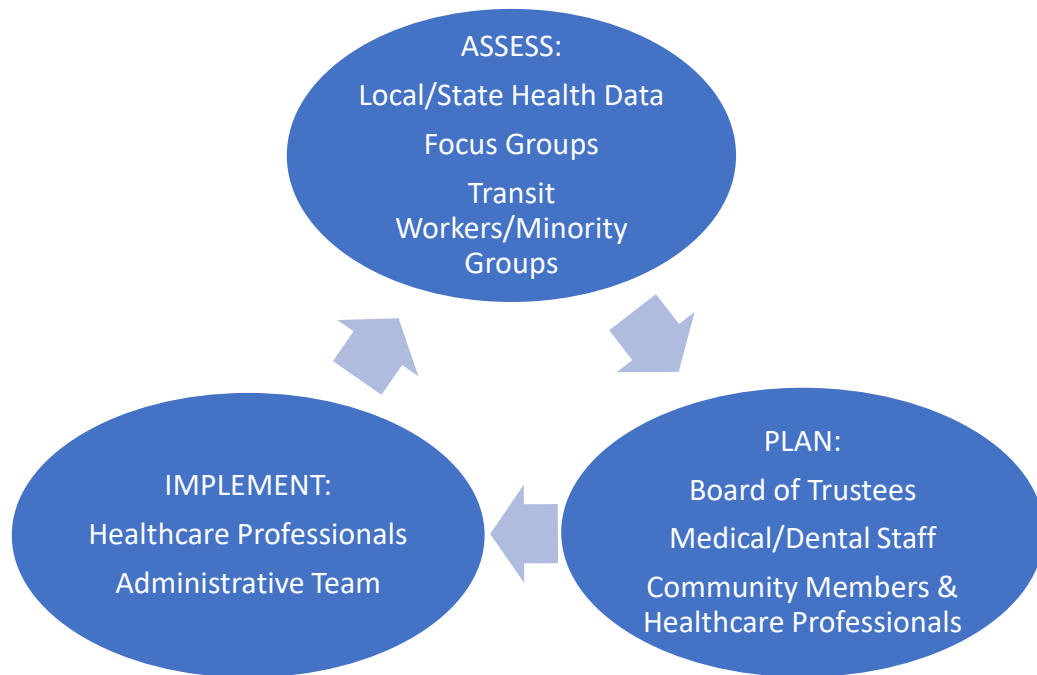
Education is relevant because low levels of literacy may be a barrier to the understanding and use of health education materials. Education level may prevent or minimize patient adherence to medical advice. This project focuses on the average education level which measures the percentage of the population who may or may not have completed specific educational milestones. Per Healthy People 2020 “64.1 percent of people age 18 years and over reported that instructions from health care providers were easy to understand in 2011” (Healthy People 2020). The Healthy People 2020 target is to achieve 70.5%.



Data Source: <http://www.towncharts.com/Ohio/Education/>

Methodology

Ohio Hills Health Services has a sincere desire to identify and better understand the current health status and community health needs of the area. OHHS is committed to actively work to improve health of all residents within our service area. The following model depicts the Community Health Needs Assessment as an ongoing process.



Assessment

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

- U.S. Census Bureau, 2010, <http://www.census.gov/>
- Omega, <http://www.omegadistrict.us/contact.htm>
- Ohio Department of Development, County Profiles <http://development.ohio.gov/>
- The Henry J. Kaiser Family Foundation: <http://kff.org/statedata/>
- Ohio Department of Health: <http://www.odh.ohio.gov/healthStats/vitalstats/deathstat.aspx>.
- Data USA, <https://datausa.io/>
- Suburban Stats, <https://suburbanstats.org/>

Ohio Hills Health Services Community Health Needs Assessment involved collecting information from a variety of sources to understand health needs, risk factors, barriers to care and the type of healthcare and supportive services needed in the service area (ATTACHMENT A). Four (4) focus groups were conducted to discuss what community representatives viewed as the most prevalent health concerns/needs within the community of:

- 🍏 Barnesville: 14 participants
- 🍏 Freeport: 7 participants
- 🍏 Quaker City: 14 participants
- 🍏 Woodsfield: 9 participants

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

To provide adequate feedback to the groups, Ohio Hills Health Services pledged to share the **2018 Community Health Needs Assessment Report** upon completion.

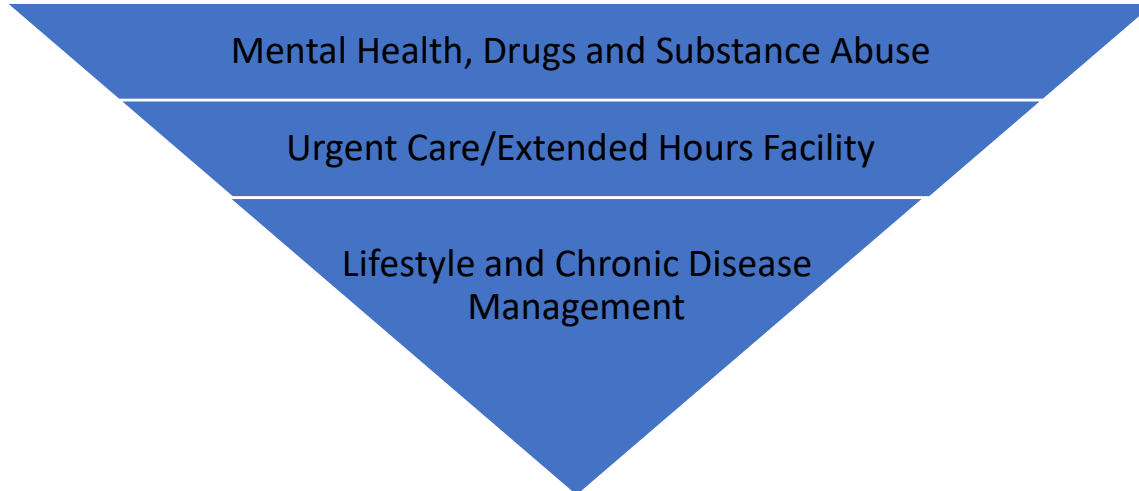
The following Forum questions were asked at each of the Focus Group meetings:

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

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

In addition to the Focus Groups, a paper survey (ATTACHMENT C) was distributed to Amish households to assess their utilization of local health services and to determine their needs. The Amish population preferred to utilize paper surveys, so they could be distributed and discussed among the community. They expressed the need for a dental facility and when calling for a medical appointment they would prefer to be seen right away or just walk in.

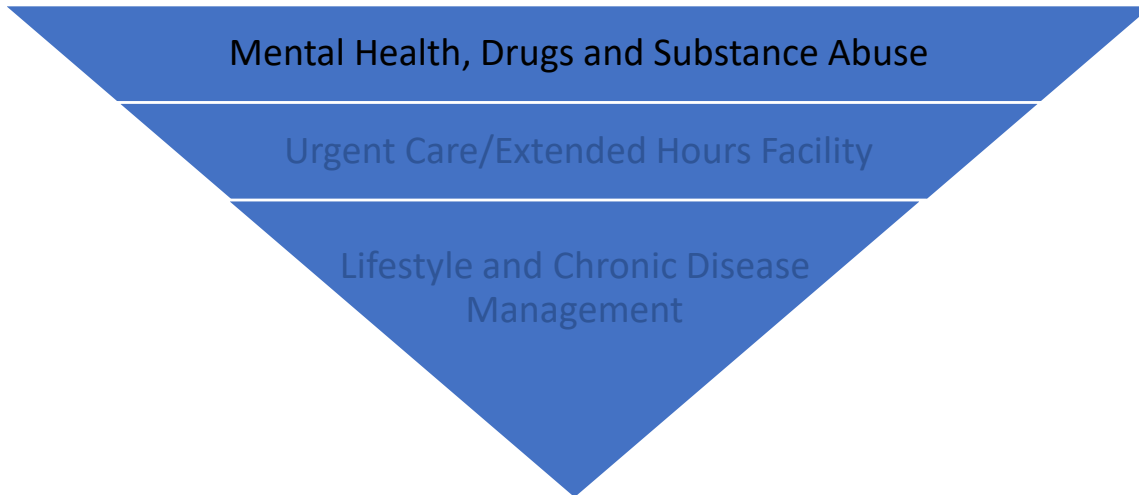
The information, from the Focus Groups and paper surveys, was compiled and prioritized according to the number of individuals impacted by the problem: the severity of the problem: including risk or morbidity and mortality: and the ability for Ohio Hills Health Services to impact the problem. It was the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

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

In 1979 the Surgeon General published a report entitled “Healthy People: The Surgeon General’s Report on Health Promotion and Disease Prevention.” Similar reports have followed with the most recent being Healthy People 2020. The report sets national objectives and establishes monitoring tools for measuring effectiveness.

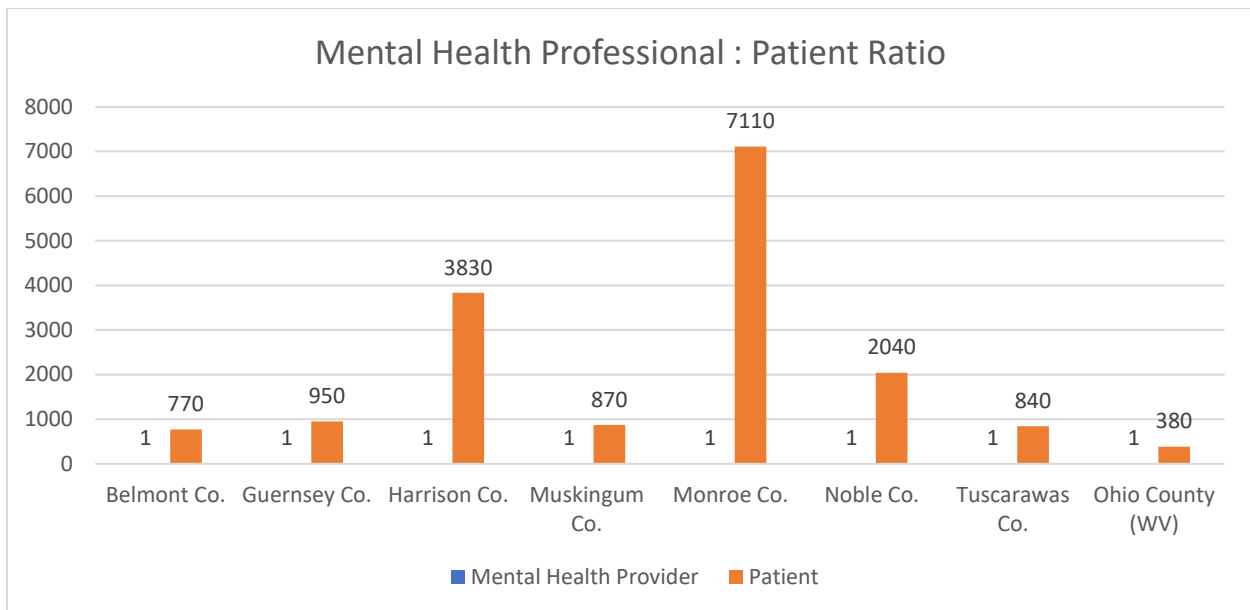
With the close alignment of community health needs in the Ohio Hills Health Services area of service to the overall initiative of Healthy People 2020, the report will serve as a framework for planning, implementing, and evaluating the success of the Ohio Hills Health Services project.

The section presents a summary of the identified priority health needs for Ohio Hills Health Service. For each area, data is given to support the identified need. The priority health needs were identified after analyzing multiple sources of data.



Mental Health

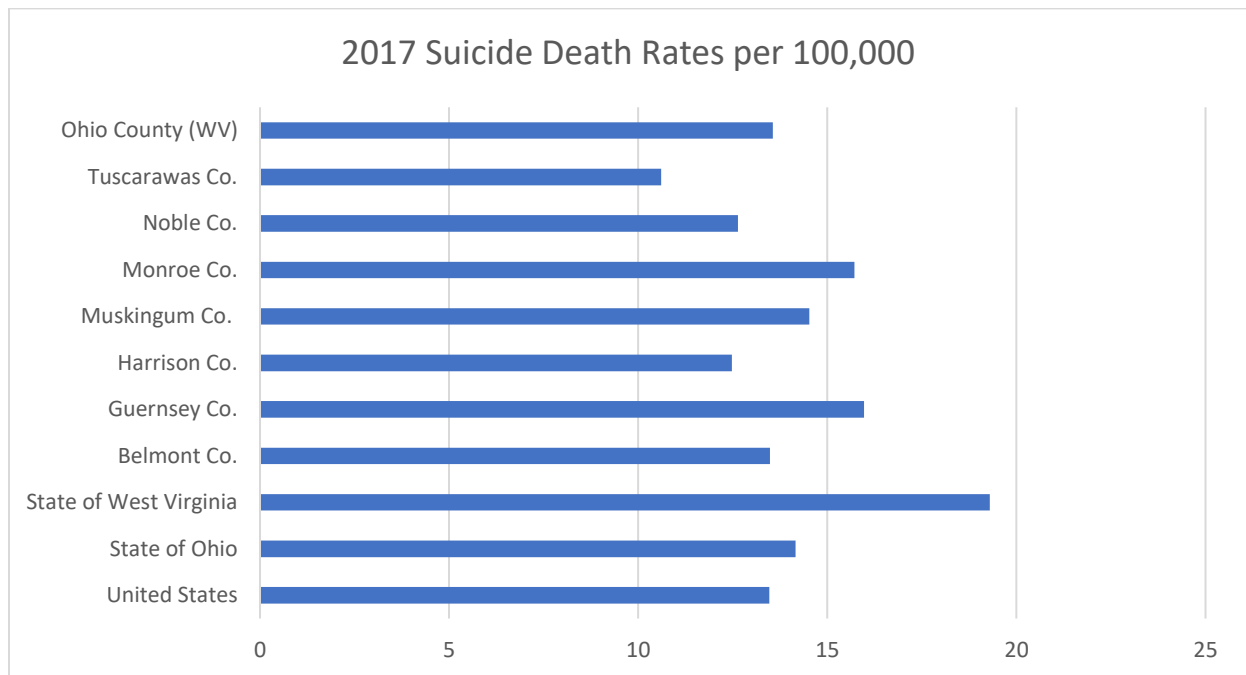
The burden of mental illness in the United States is among the highest of all diseases. Improving mental health through prevention strategies and ensuring access to mental health services can improve overall health. According to the National Institute of Mental Health, nearly one in five adults in the United States (44.7 million in 2016) lives with a mental illness or. In 2016, there were an estimated 10.4 million adults, 18 or older, in the United States with Serious Mental Illness.



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

Suicide

According to World Life Expectancy, suicide is ranked 11th in leading causes of the death in the State of Ohio. Guernsey County is ranked 7th and Monroe County is ranked 9th out of 88 counties having the highest rates of suicide. Suicide is ranked 10th in leading cause of death in West Virginia, with Ohio County ranked 44th out of 55 counties.



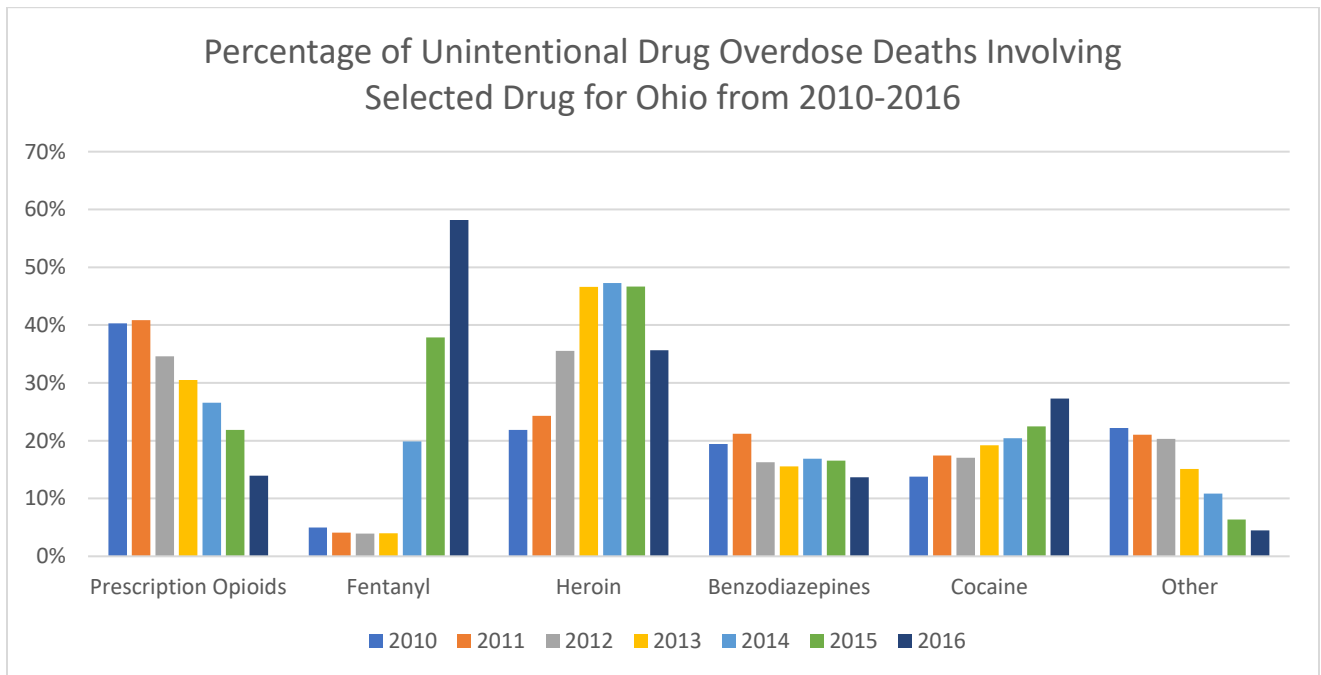
Data Source: <http://www.worldlifeexpectancy.com/usa/ohio-suicide>

Drugs

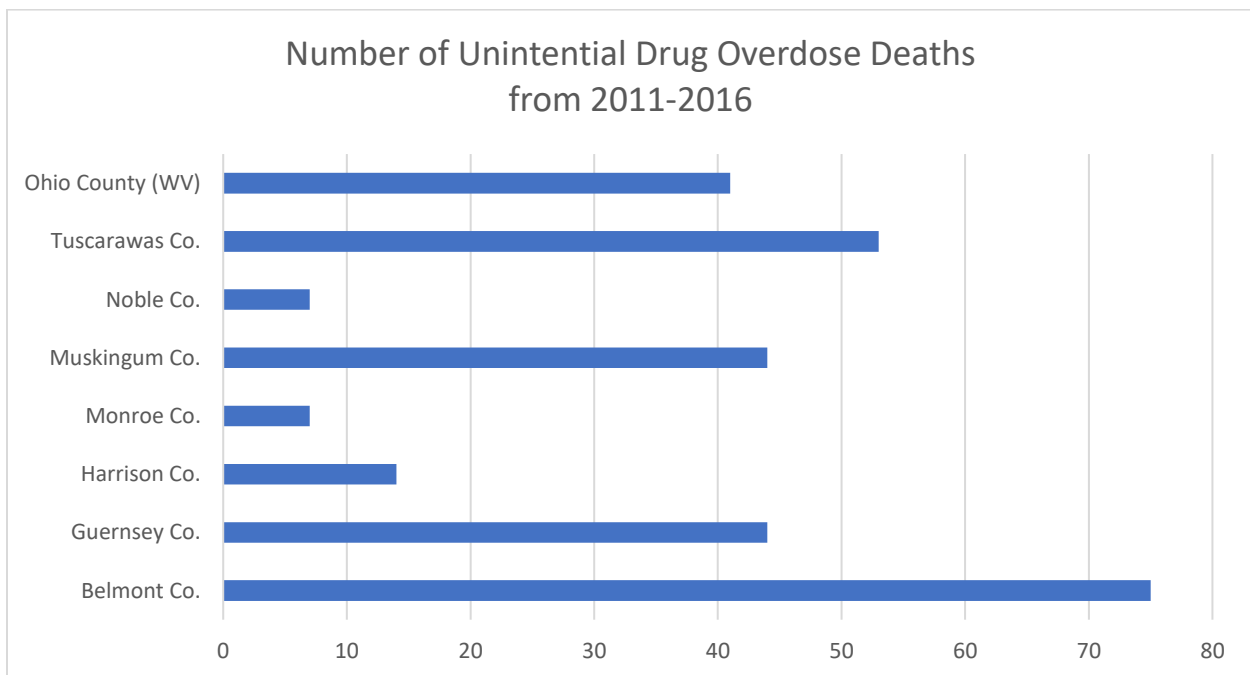
Ohio's opioid epidemic continued to evolve in 2016 to stronger drugs, driving an increase in unintentional overdose deaths. Data shows a significant increase in overdose deaths involving the opioid fentanyl and the emergence of more powerful fentanyl-related drugs like carfentanil. Illegally produced fentanyl can be hundreds of times stronger than heroin, and carfentanil and other related drugs can be stronger than fentanyl.

In 2016, unintentional drug overdoses caused the deaths of 4,050 Ohio residents, a 32.8 percent increase compared to 2015 when there were 3,050 overdose deaths. Fentanyl and related drugs were involved in 58.2 percent (2,357) of all unintentional drug overdose deaths in 2016. By comparison, fentanyl was involved in 37.9 percent (1,155) in 2015, 19.9 percent (503) in 2014, 4.0 percent (84) in 2013, and 3.9 percent (75) in 2012.

Ohio is making progress in some categories as 2016 recorded the fewest unintentional overdose deaths involving prescription opioids since 2009 (excluding deaths involving fentanyl and related drugs).



Data Source: <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf?la=en>



Data Sources: <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf?la=en>

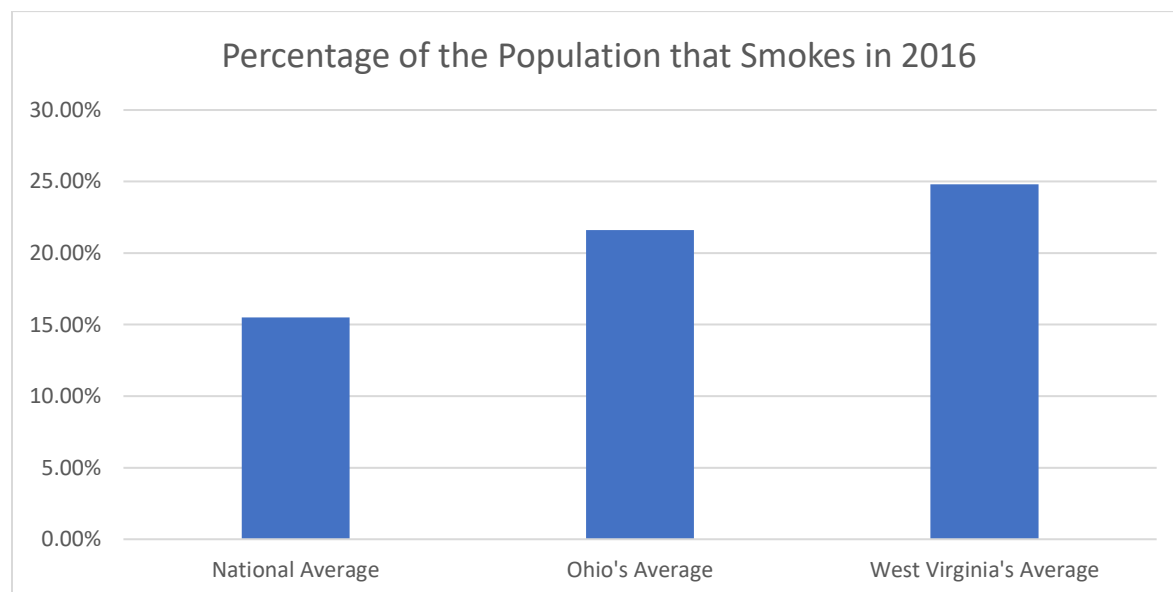
Substance Abuse

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

Tobacco Use

According to the CDC: 37.8 million people or 15.5% of all adults 18 or older were current cigarette smokers in 2016. 16 million Americans are living with a disease caused by smoking. 480,000 deaths are caused by smoking. The use of tobacco causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Tobacco and its use comes with a cost, not only on the consumer but on the United States. According to Tobacco Free Kids, 170 billion is spent on annual health care cost for those who use tobacco. According to the CDC: Total economic cost of smoking is more than \$300 billion a year, including nearly \$170 billion in direct medical care for adults and more than \$156 billion in lost productivity due to premature death and exposure to secondhand smoke.

Stated by the CDC: “In fiscal year 2018, states will collect a record \$27.5 billion from tobacco taxes and legal settlements but will only spend \$721.6 million—less than 3%—on prevention and cessation programs. Currently, not a single state funds tobacco control programs at CDC’s “recommended” level. Only two states (Alaska and California) provide more than 90 percent of recommended funding. Twenty-nine states and the District of Columbia are spending less than 20 percent of what the CDC recommends. Two states (Connecticut and West Virginia) have allocated no state funds for tobacco use prevention. Spending 12% (i.e., \$3.3 billion) of the \$27.5 billion would fund every state tobacco control program at CDC-recommended levels”.



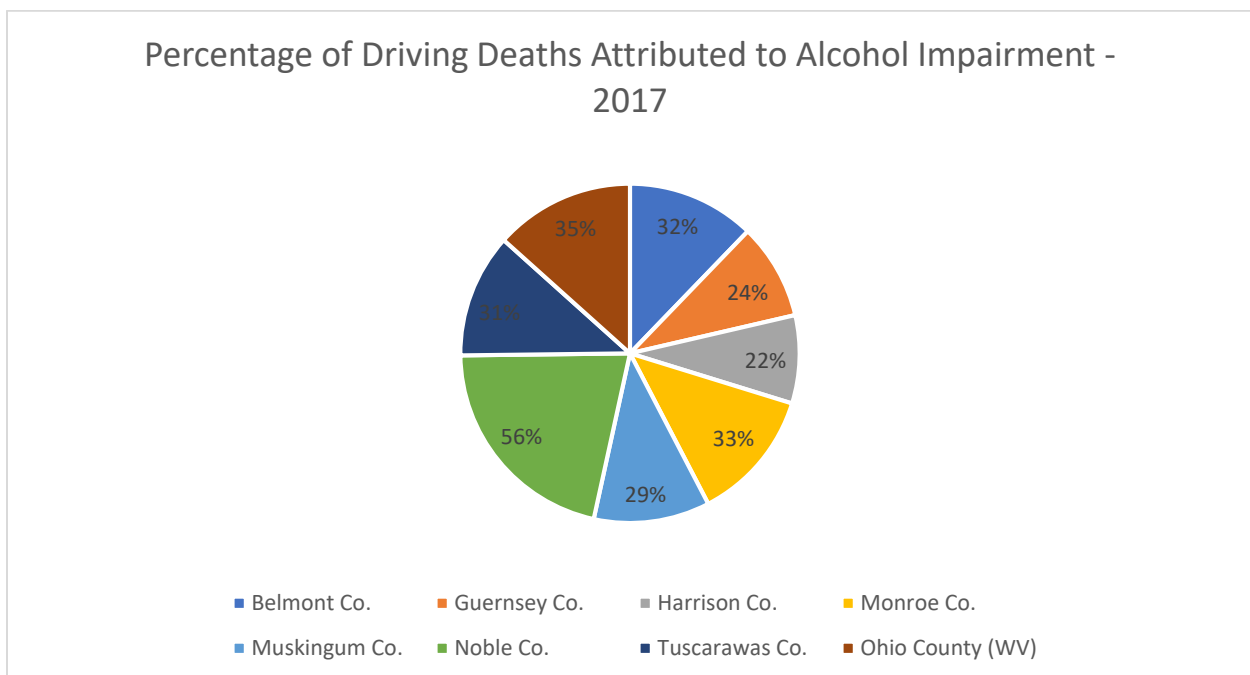
Data Source: www.cdc.gov

Toll of Tobacco	Ohio	West Virginia	United States
High School Students Who Smoke	15.1% (92,700)	14.4% (12,600)	7.6%
Male High School Students Who Smoke Cigars	16.3%	15.5%	9.0%
High School Students Who Use E-Cigarettes	N/A	14.3%	11.7%
Kids (Under 18) Who Become New Daily Smokes Each Year	6,400	1,100	127,750
Adults Who Smoke	22.5% (2,025,400)	24.8% (361,000)	13.9%
Yearly Deaths Attributable to Smoking	20,200	4,300	480,000+

Data Source: www.tobaccofreekids.org

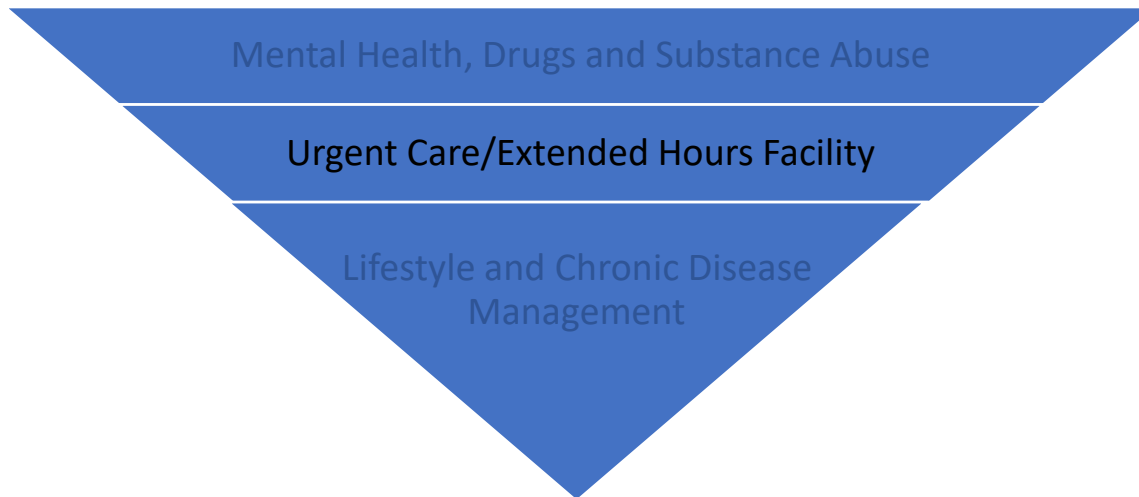
Alcohol

Heavy drinking is associated with cancers of the oral cavity and gastrointestinal system; heart disease and stroke; unintentional injuries e.g. motor vehicle crashes, falls; and intentional injuries e.g. homicide and suicide. According to the CDC: Excessive alcohol use is responsible for about 88,000 deaths in the United States each year.



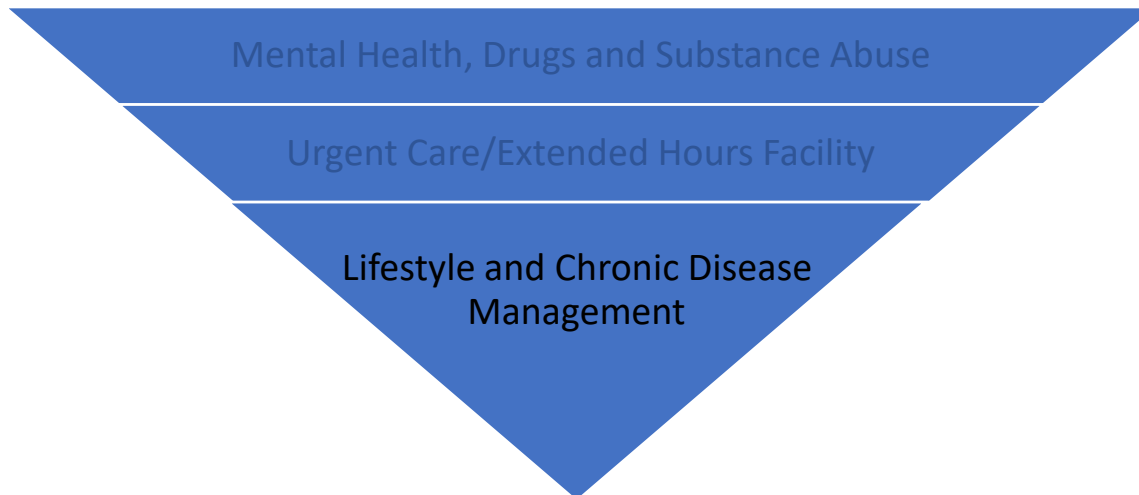
Data Source:

<http://www.countyhealthrankings.org/app/ohio/2017/measure/factors/134/map>



The growth and development of Urgent Care medicine and after-hours clinics should be of no surprise to anyone. Frustration over long waits in the emergency room for non-emergency care and a reduction in available primary care appointments, often results in patients waiting for longer periods of time than they would like to see their primary care physician. The public's desire for immediate access for medical care has been the driving force behind this monumental growth. The Focus Groups clearly articulated this is a service they would like to have in their communities.

For many patients, Urgent Care and after-hours clinics are the main place to go for care, especially on weekends and evenings when primary care isn't available. Insurance companies encourage their insured to utilize these settings opposed to the hospital emergency room. The wait to see a provider is typically 30 minutes or less, compared to a multi-hour wait at most Emergency Rooms. The cost is typically less than an Emergency Room visit. The extended hours, immediate availability, and cost savings of Urgent Care and after-hours clinics provide convenience and affordability for patients. As the type of medical setting grows, the public is learning it may be a better choice over the Emergency Room for their immediate, nonlife-threatening health care needs.



Lifestyle (Diet, Nutrition, Exercise)

There is overwhelming evidence that lifestyle choices impact health. Poor lifestyle choices significantly contribute to the development of chronic disease and increase healthcare costs.

Nutrition & Weight Status

Lack of proper nutrition has led to an increase in adult and childhood obesity, putting individuals at greater risk for heart disease, stroke and diabetes.

Ohio has the 19th highest adult obesity rate in the nation, according to The State of Obesity: Better Policies for a Healthier America released August 2017. Ohio's adult obesity rate is currently 31.5 percent, up from 20.6 percent in 2000 and from 11.3 percent in 1990.

Childhood Obesity

Obese children may experience immediate health consequences which can lead to weight-related health problems in adulthood. Obesity in children and teens may lead to the following health problems:

- 🍏 Heart Disease
- 🍏 Type 2 Diabetes
- 🍏 Asthma
- 🍏 Sleep apnea
- 🍏 Social discrimination

Obese children and teens have been found to have risk factors for cardiovascular disease, including high cholesterol levels, high blood pressure, and abnormal glucose tolerance. In addition to suffering with poor physical health, overweight and obese children can often be targets of early social discrimination. The psychological stress of

social stigmatization can cause low self-esteem which, in turn, can hinder academic and social functioning, and persist into adulthood. While research is still being conducted, there have been studies showing that obese children do not learn as well as those who are not obese. Physical fitness has been shown to be associated with higher achievement (2013 Ohio Youth Risk Behavior Survey from the Ohio Department of Health).

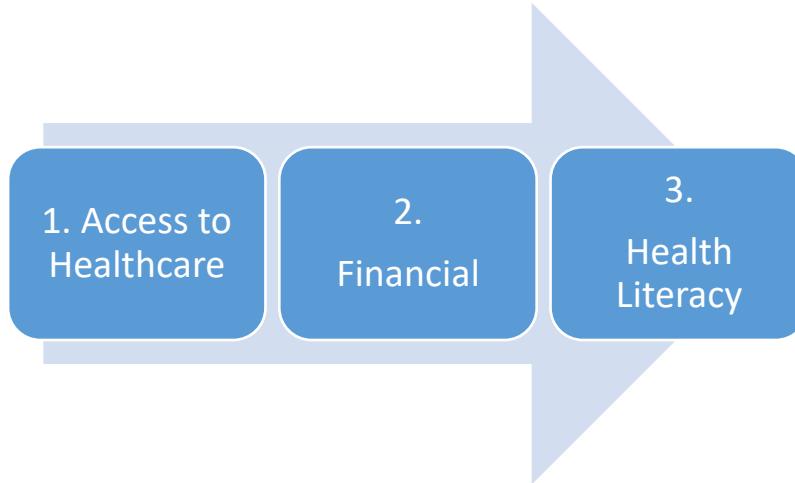
Activity

There is a need to reduce the proportion of adults who engage in no leisure time physical activity. There is an important relationship between household income, the level of routine physical activity people participate in, and their health. Low-income people as a group engage in less physical activity and suffer from poorer health outcomes than the general population.

Low-income people suffer disproportionately from health problems related to physical inactivity. People from households with incomes below \$15,000 are much more likely to be diagnosed with diabetes, asthma, obesity, and to be at risk for other health problems related to lack of exercise than people from households with incomes above \$50,000 (Active Living By Design: Low-Income Populations – www.activelivingbydesign.org).

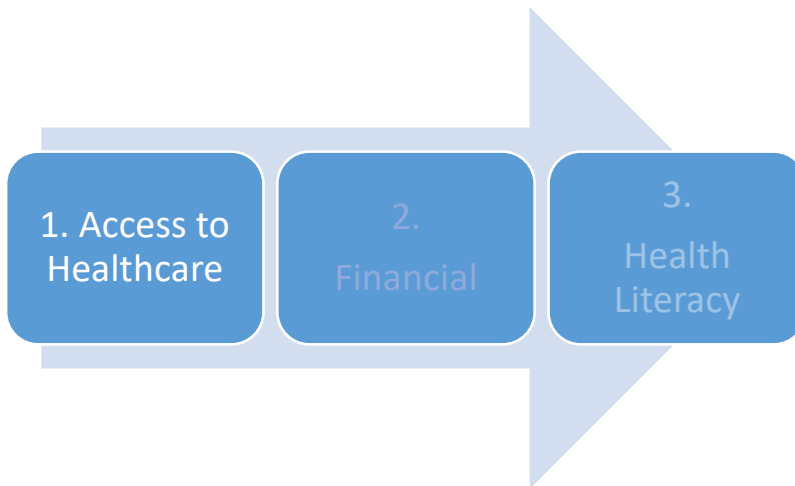
Some of the most common activity barriers include: lack of resources (i.e. purchasing a health club membership, paying a fee to visit the community pool or recreation center, or purchasing services that afford time for physical activity such as housecleaning or childcare), rural residency (i.e. long distances to important daily destinations, lack of meaningful transportation choice, unsafe neighborhood and traffic conditions, poor access to parks and recreational facilities), air pollution, lack of time, poor health, lack of social support for exercise, advancing age, low motivation (i.e. perception of great effort needed to exercise), overweight, and/or being disabled.

TOP THREE (3) BARRIERS TO HEALTHCARE



People in rural areas are more likely forced to travel long distances to access healthcare services. This can be a significant burden in terms of both time and money. In rural communities with aging populations and individuals with chronic conditions that require multiple visits to outpatient facilities, the lack of reliable transportation may be an additional barrier. Individuals with unreliable transportation or no expendable income for medical costs are likely to suffer. Health insurance affordability and/or accessibility is the reason why many individuals are more likely to delay healthcare or to go without the necessary healthcare or medication (<https://www.raconline.org/topics/healthcare-access>).

Health literacy is the degree to which patients understand basic health information such as following instructions from a healthcare provider, managing a chronic illness, taking medications properly or understanding how to utilize their health insurance appropriately. Rural residents are at risk for low health literacy because they have lower educational levels as compared to urban areas (<https://www.raconline.org/topics/healthcare-access#barriers>). Limited health literacy is associated with a lower likelihood of using preventive health services, a greater likelihood of taking medicines incorrectly, and poor health status (<https://www.raconline.org/topics/healthcare-access>).



Access to Healthcare: Transportation

One of the primary issues that limit routine activities for low-income people is a lack of good transportation options. Since most schools, shopping centers, workplaces, neighborhoods and other important community destinations are placed and designed only for convenient access by cars, the car is a virtual necessity for even the most basic transportation needs.

For those who do not have access to reliable or affordable transportation, transportation is an important social determinant of health in rural communities. The availability of reliable transportation impacts person's ability to access appropriate and well-coordinated healthcare, purchase nutritious food, and otherwise care for themselves. Rural populations need transportation services to maintain their employment, health and overall wellbeing.

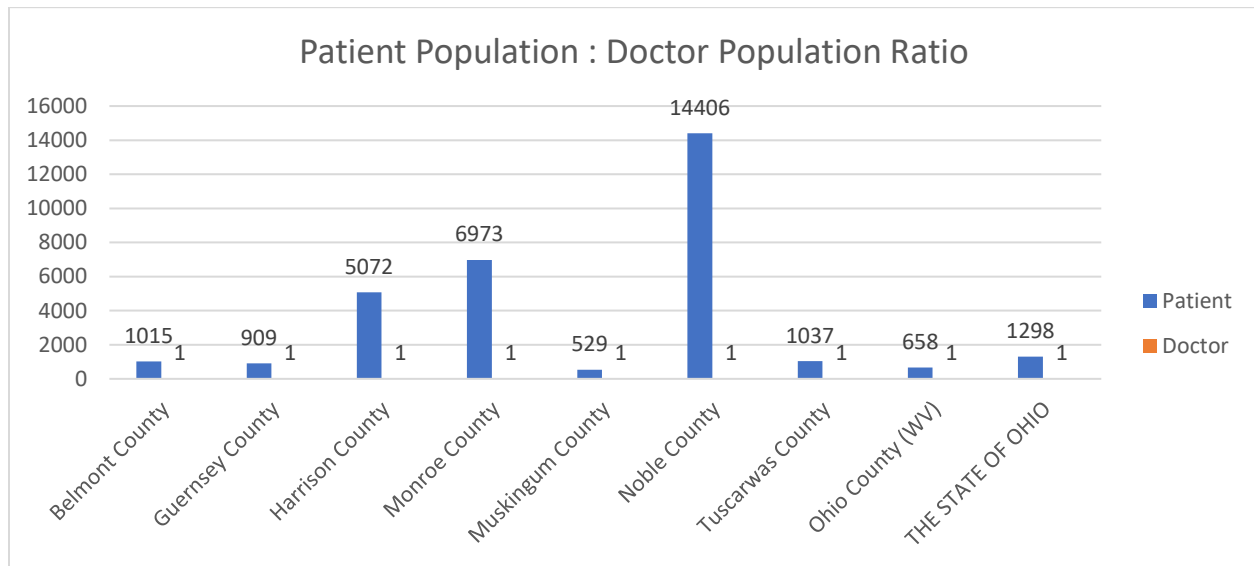
Focus Groups' Comments:

- "Transportation to specialists who are out of the area."
- "Limited transportation available thru Senior Services, Community Action Commission, etc."
- "Low-income individuals and families need assistance to medical/dental appointments."

Transportation is one of the primary barriers impacting the affordability and accessibility of medical services. In rural areas, such as the OHHS service area, individuals will not have access to specialized care professionals or facilities due to the sparsely populated rural areas and far distances they must travel to access the necessary care. Also due to the employment availability in the rural community, many individuals require medical services around their work schedule, therefore there is a need for after-hours non-emergency care.

Access to Healthcare: Deficiency of Available Medical Services

Fewer medical students are choosing primary care careers, while the number of training programs for primary care is falling. To continue this path means the existing shortage in underserved areas can only worsen, contributing to a deterioration of health outcomes, a widening of health disparities, and a rising price tag on the cost of healthcare.



Data Source: http://www.development.ohio.gov/reports/reports_countytrends_map.htm

Solving access to problems is not possible without two (2) elements:

1. A sufficient supply of primary care health professionals, including physicians, nurse practitioners, physician assistants, nurses, dentist and behavioral health (i.e., mental health and substance abuse) professionals, plus other clinical staff.
2. Policy and incentives that permit distribution of the primary care workforce to serve populations and areas of greatest need.

Focus Groups' Comments:

- "Need for clinic to be open weekends and evenings."
- "Need for urgent care in area."
- "Need more specialists to be local."

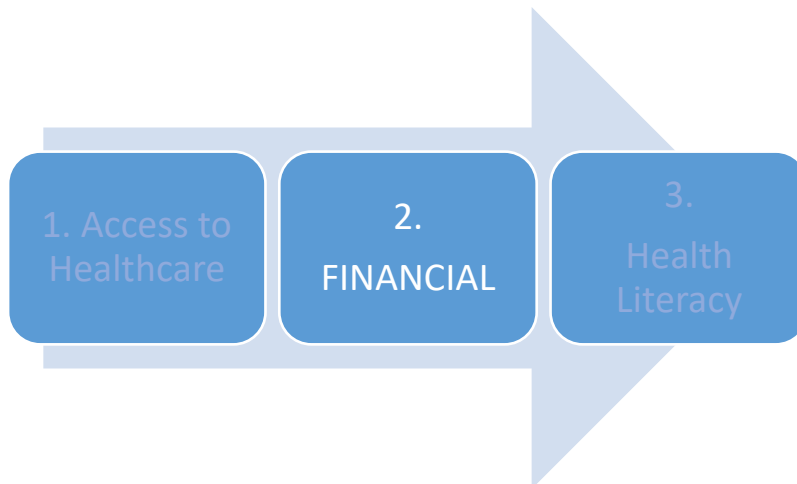
The Focus Groups continually expressed the desire for an Urgent Care or after-hours clinic in the service area. Many expressed the needs for increased appointment availability and/or walk-in clinic type options.

Walk-in clinics provide convenient medical treatment for patients who do not have access to a hospital. Unlike traditional doctor's offices, walk-in clinics have extended hours of service and the ability to visit them without an appointment or a referral. Not feeling well or the sudden onset of sickness may require that you visit a doctor on a moment's notice.

A walk-in clinic is available for such needs when you want to be taken care of without the long waits at an ER or when your primary care physician is not available. The doctors at a walk-in clinic can provide the same medical attention and care you would expect from an established treatment facility. The primary function of a walk-in treatment center is to treat its patients without the aggravating wait times commonly seen in hospital ERs and individual doctor's offices.

Although your regular doctor may be able to give you the utmost personalized service, a walk-in clinic strives to do the same when your primary physician is not available for you. The benefit of walk-in treatment centers is that they are typically open every day of the year, for the most common medical needs. An appointment is unnecessary, and patients can typically be seen and treated in less than an hour.

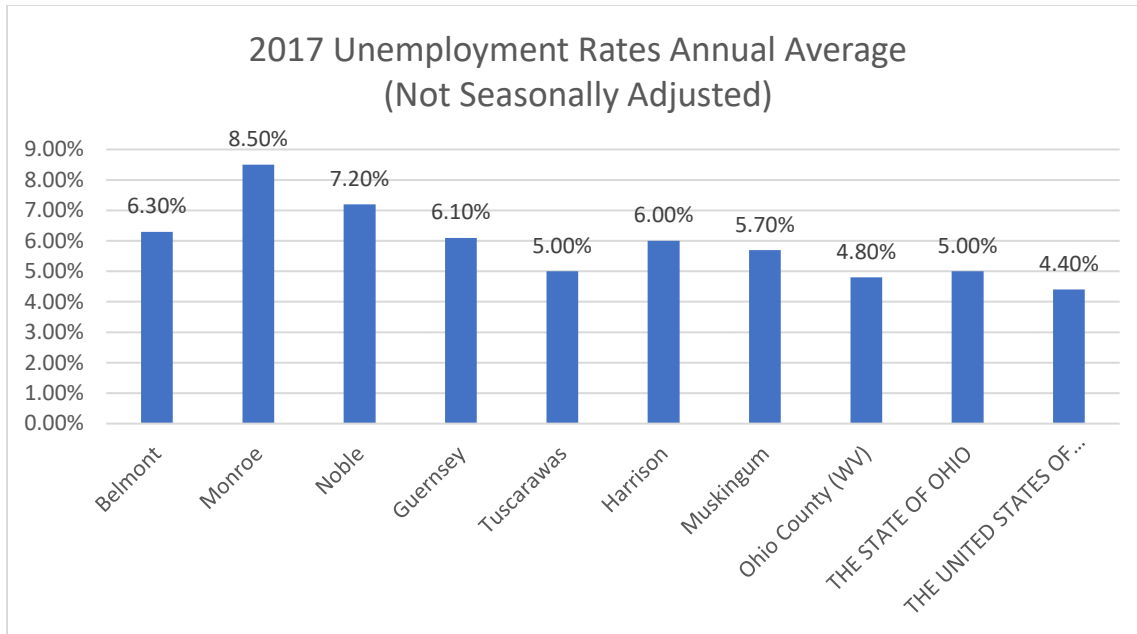
The focus of a walk-in treatment center is to enhance the quality of life for all its patients in the community where it is located. Whether it is attending to an infant or an elderly patient, by treating a wide scope of clients, a walk-in clinic relays genuine attention to its entire neighborhood community. By striving to provide nurturing and promising treatment, they become a beacon of medical care whenever you need it. The ability to provide continuity of healthcare is an important goal of walk-in clinics.



Financial

The financial barriers encountered by individuals in a rural population area is detrimental to the overall household's physical health, mental health, family and marital stability, and childhood adjustments both educationally and socially. The high cost of goods, limited access to needed services and the reduction of sustainable employment, families encounter new barriers daily. The impacts of financial hardships, especially dramatic declines such as continued unemployment over long or multiple periods of time could impact families for years.

Ohio's economy was severely affected by the "Great Recession" of 2007-2009 and is still struggling to recover. Extended periods of unemployment experienced by many Ohioans as well as an aging population has created an unprecedented disengagement from the work force. Many among the population have continued to age and cannot find employment, therefore they become disenchanting and no longer seek active employment, but are not counted in the number of unemployed Ohioans. Many communities in our service area have unemployment rates that surpassed the state or national average.



Data Source: <http://ohiolmi.com/laus/laus.htm>

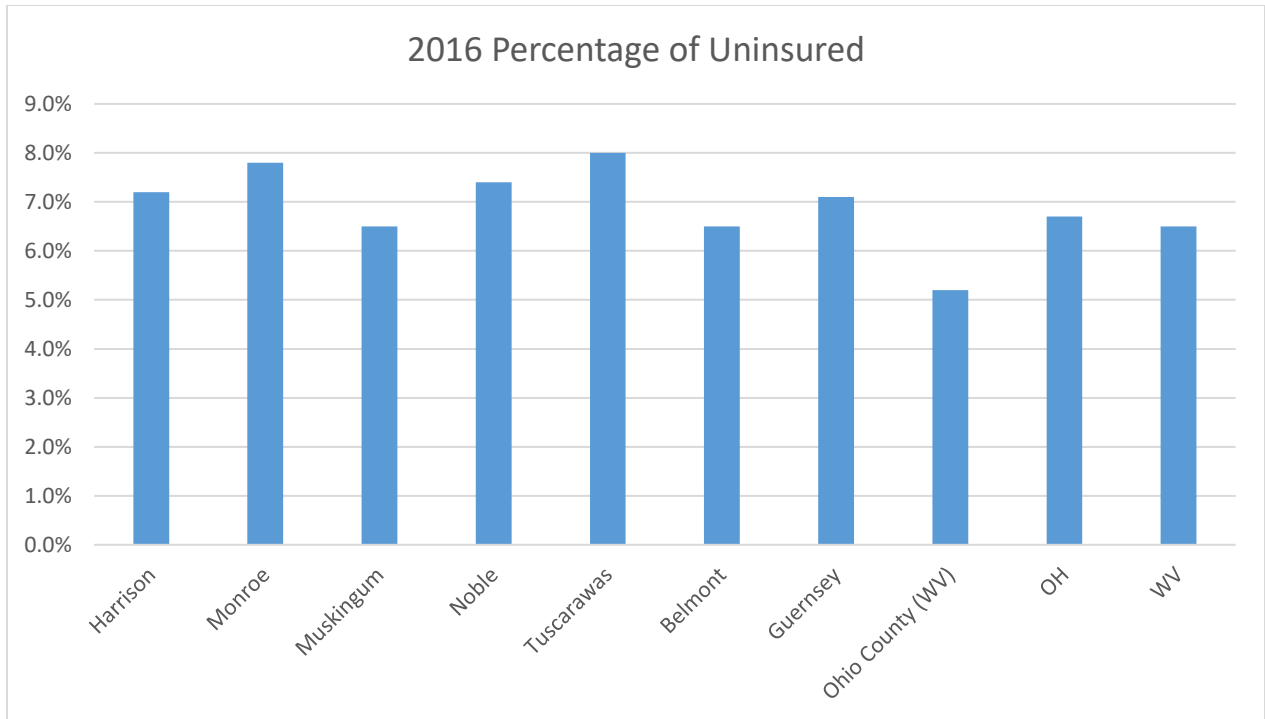
Unemployment rates fluctuate, but it is recognized that education level, age and the type of employment greatly impact the probability of obtaining new or continuous employment. However, obtaining new employment does not guarantee a higher or equal rate of pay or employment benefits such as health insurance or retirement.

Insurance

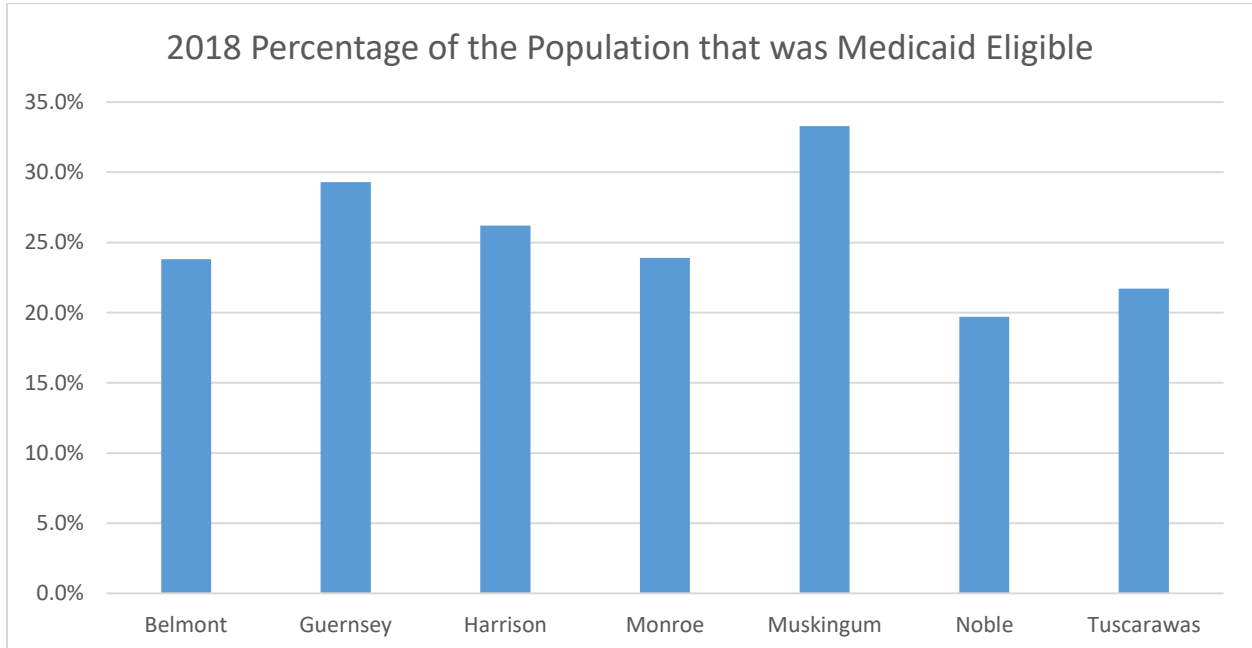
While health care costs in America are skyrocketing, median incomes have been on the decline. Since October 2013 consumers were able to access insurance through the Health Insurance Marketplace. The State of Ohio operates under a Federally Facilitated Marketplace. While consumers may be able to obtain affordable health care there are still roadblocks for some. Such as high deductibles, co-pays and co-insurances.

Focus Groups' Comments:

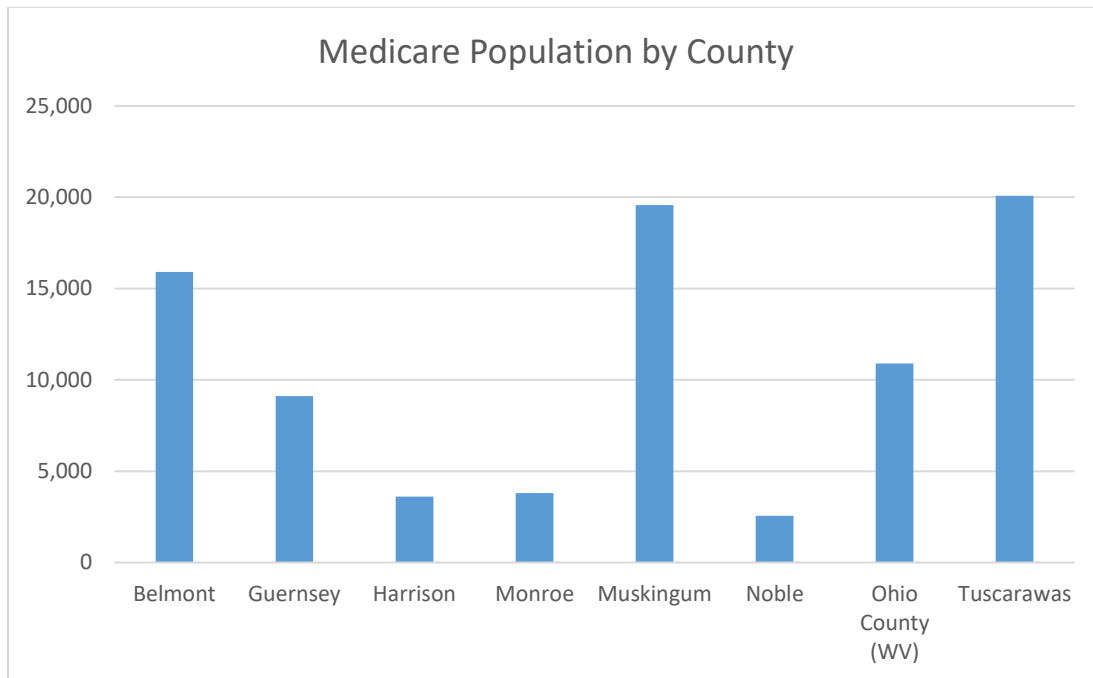
- "Financial strain on family budget."
- "No dental insurance coverage."
- "Lack of consistent available medical providers."



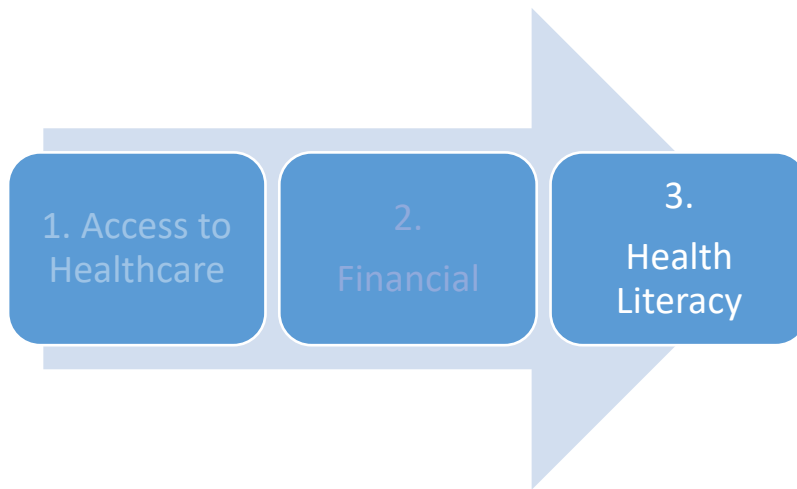
Data Source: https://www.census.gov/data-tools/demo/sahie/#/?s_statefips=54



Data Source: <http://medicaid.ohio.gov>



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

**Focus Groups' Comments:**

- “Health care literacy.”
- “Does not understand insurance coverage.”
- “Need more knowledge of current services available in the area.”

Health Literacy – “Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in health care facilities, retail outlets, media, and communities (<http://health.gov/communication/literacy/>).” People with low health literacy often experience poorer health outcomes than those with adequate health literacy. Even people with adequate literacy sometimes have trouble understanding health information. Because research indicates that people of all health literacy levels benefit from and prefer easy-to-understand materials, experts recommend taking “universal precautions”-making all materials and discussions easy to understand. When patients or family members have trouble understanding health information, physician practices and health centers may share in the fallout. Liability risks abound as well. Patients who do not understand their condition or treatment options cannot provide truly informed consent or refusal, and ineffective communication between patients and providers is a common cause of malpractice lawsuits. Improving the health literacy of the population and improving providers’ communication skills are two objectives of Healthy People 2020. Doctor/patient relationships are more successful with good health literacy. To have good health literacy, medical professionals must make an association between low health literacy and health outcomes.

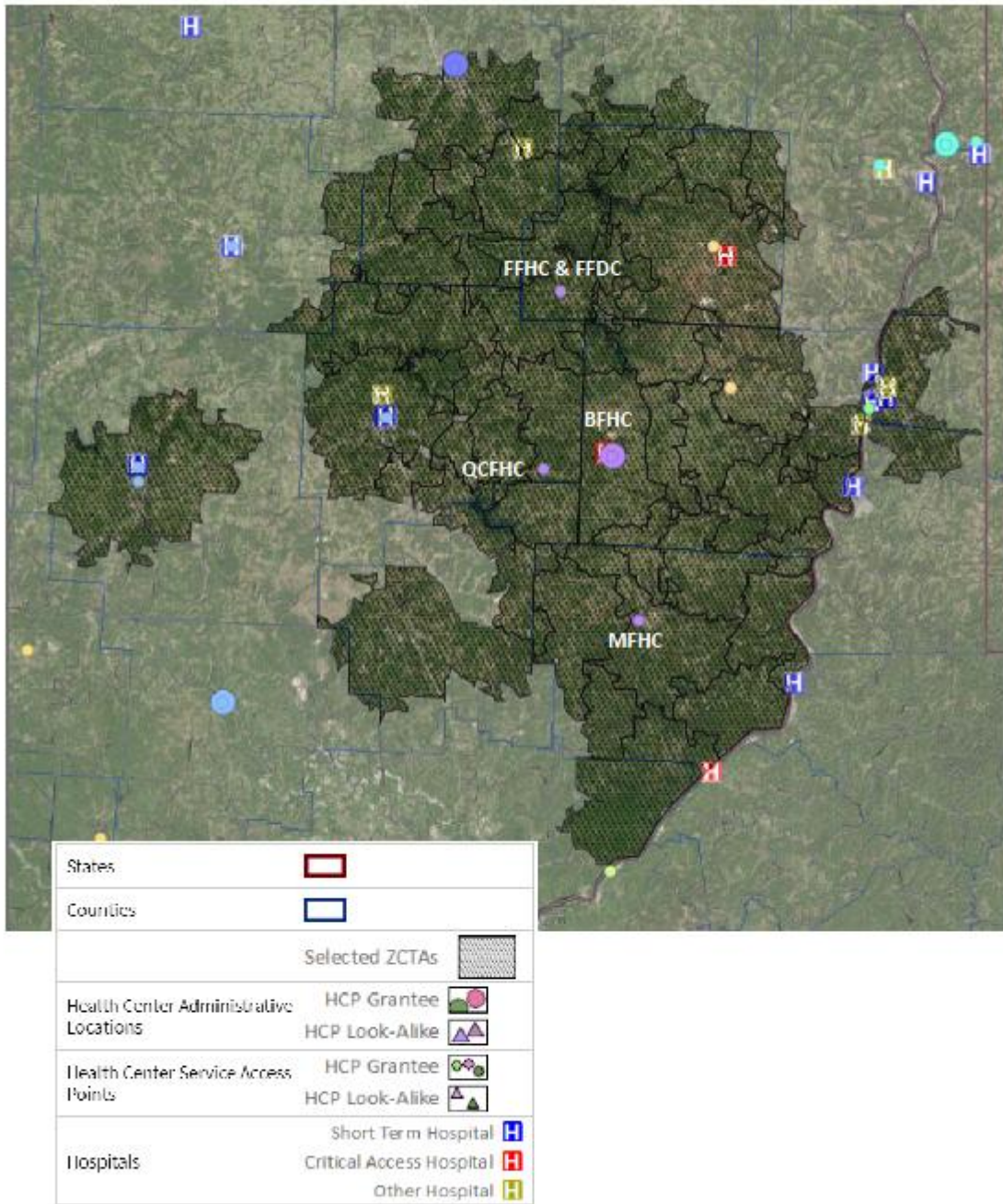
Resources

- U.S. Census Bureau, 2018, <http://www.census.gov/>
- Omega, <http://www.omegadistrict.us/contact.htm>
- Ohio Department of Development, County Profiles <http://development.ohio.gov/>
- The Henry J. Kaiser Family Foundation: <http://kff.org/statedata/>
- Ohio Department of Health:
<http://www.odh.ohio.gov/healthStats/vitalstats/deathstat.aspx>
- Ohio Department of Health:
http://www.odh.ohio.gov/odhprograms/chss/ad_hlth/youthrsk/youthrsk1.aspx
- Ohio Department of Health:
(<http://www.odh.ohio.gov/odhprograms/eh/quitnow/Tobacco/Resources/ostats.aspx>)
- Enroll America: www.enrollamerica.org/
- Ohio Department of Insurance:
<https://www.insurance.ohio.gov/Consumer/Pages/ConsumerTab2.aspx>
- Ohio State Dental Board: <http://www.dental.ohio.gov/>
- ECRI: <https://www.ecri.org>
- Ohio Development Services Agency (A State Affiliate of the U.S. Census Bureau) the Ohio Poverty Report January 2015:
<https://development.ohio.gov/files/research/P7005.pdf>
- Ohio Department of Job and Family Services - Profile of Unemployment (A Post-Recession Analysis 2011):
<http://ohiolmi.com/research/publications/2011ProfileUnemployment.pdf>
- Ohio Suicide Prevention Foundation 2012: <http://www.ohiospf.org/>
- Center for Disease Control: www.cdc.gov
- Rural Assistance Center: <https://www.raonline.org/topics/healthcare-access>
- Health Literacy and Communication: <http://health.gov/communication/literacy/>
- www.city-data.com
- www.wikipedia.org
- Active Living by Design: Low-Income Populations: www.activelivingbydesign.org
- <http://www.worldlifeexpectancy.com/usa/ohio-suicide>
- <http://medicaid.ohio.gov/RESOURCES/Reports-and-Research/Medicaid-Eligibles-and-Expenditures-Reports>
- Data USA: <https://datausa.io/>
- Suburban Stats: <https://suburbanstats.org/>

Attachments

- A. Service Area Map
- B. Needs Assessment – Group Invitation Letter
- C. Needs Assessment – Discussion Questions

2018 Ohio Hills Health Services - Service Area Map





Attention: Community Member

You are invited to participate in a focus group regarding Ohio Hills Health Services' (OHHS) Community Health Needs Assessment. OHHS is required by the Health Resources Services Administration (HRSA) to conduct a community health needs assessment every three (3) years. The sessions are scheduled for

- Quaker City Family Health Center – June 7, 2018 at the Quaker City Fire House (Council Room) at 1:00 p.m.
- Freeport Family Health Center – June 8, 2018 at the Freeport Fire House (Community Room) at 1:00 p.m.
- Monroe Family Health Center – June 14, 2018 at the Monroe Co Library (Meeting Room) at 1:00 p.m.
- Barnesville Family Health Center – June 15, 2018 at the Barnesville Library Annex at 10:00 a.m.

The Administrative Staff of Ohio Hills Health Services, will facilitate the assessment process. It is anticipated the session will last approximately one (1) hour. Refreshments will be provided. Please RSVP to Lana Phillips at (740) 425-5167 or respond by emailing lphillips@ohiohillshealthservices.com.



Dear Community Leader,

You are invited to participate in a focus group regarding Ohio Hills Health Services' (OHHS) Community Health Needs Assessment. OHHS is required by the Health Resources Services Administration (HRSA) to conduct a community health needs assessment every three (3) years. The session is scheduled for Friday, June 8, 2018 at 1:00 p.m. The location of the meeting will be at the Freeport Fire Department (Community Room) located at 119 East Main Street, Freeport, OH 43973.

The Administrative Staff of Ohio Hills Health Services, will facilitate the assessment process. It is anticipated the session will last approximately one (1) hour. Refreshments will be provided. Please RSVP to Lana Phillips at (740) 425-5167 or respond by emailing lphillips@ohiohillshealthservices.com no later than June 1, 2018 to participate in this informative assessment.

Once again, thanks for your cooperation and I hope you can attend.

Sincerely,



Jeff Britton, MBA, RRT, RCP
Chief Executive Officer
Ohio Hills Health Services



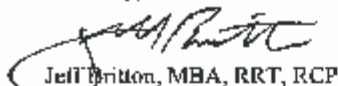
Dear Community Leader,

You are invited to participate in a focus group regarding Ohio Hills Health Services' (OHHS) Community Health Needs Assessment. OHHS is required by the Health Resources Services Administration (HRSA) to conduct a community health needs assessment every three (3) years. The session is scheduled for **Friday, June 15, 2018 at 10:00 a.m.** The location of the meeting will be at the **Barnesville Hutton Memorial Library Annex located at 611 North Chestnut Street, Barnesville, OH 43713.**

The Administrative Staff of Ohio Hills Health Services, will facilitate the assessment process. It is anticipated the session will last approximately one (1) hour. Refreshments will be provided. Please RSVP to **Lann Phillips** at (740) 425-5167 or respond by emailing lphillips@ohiohillshealthservices.com no later than **June 5, 2018** to participate in this informative assessment.

Once again, thanks for your cooperation and I hope you can attend.

Sincerely,



Jeff Britton, MBA, RRT, RCP
Chief Executive Officer
Ohio Hills Health Services



Dear Community Leader,

You are invited to participate in a focus group regarding Ohio Hills Health Services' (OHHS) Community Health Needs Assessment. OHHS is required by the Health Resources Services Administration (HRSA) to conduct a community health needs assessment every three (3) years. The session is scheduled for **Thursday, June 7, 2018 at 1:00 p.m.** The location of the meeting will be at the **Quaker City Fire Department (Council Room) located at 129 Fair Street Rear, Quaker City, OH 43773.**

The Administrative Staff of Ohio Hills Health Services, will facilitate the assessment process. It is anticipated the session will last approximately one (1) hour. Refreshments will be provided. Please RSVP to **Lana Phillips** at (740) 425-5167 or respond by emailing lphillips@ohiohillshealthservices.com no later than **June 1, 2018** to participate in this informative assessment.

Once again, thanks for your cooperation and I hope you can attend.

Sincerely,

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

Jeff Britton, MBA, RRT, RCP
Chief Executive Officer
Ohio Hills Health Services



Dear Community Leader,

You are invited to participate in a focus group regarding Ohio Hills Health Services' (OHHS) Community Health Needs Assessment. OHHS is required by the Health Resources Services Administration (HRSA) to conduct a community health needs assessment every three (3) years. The session is scheduled for **Thursday, June 14, 2018 at 1:00 p.m.** The location of the meeting will be at the **Monroe County Public Library (Meeting Room) located at 96 Home Ave, Woodsfield, OH 43793.**

The Administrative Staff of Ohio Hills Health Services, will facilitate the assessment process. It is anticipated the session will last approximately one (1) hour. Refreshments will be provided. Please RSVP to **Lana Phillips** at (740) 425-5167 or respond by emailing lphillips@ohiohillshealthservices.com no later than **June 5, 2018** to participate in this informative assessment.

Once again, thanks for your cooperation and I hope you can attend.

Sincerely,



Jeff Britton, MBA, RRT, RCP
Chief Executive Officer
Ohio Hills Health Services

Ohio Hills Health Services Needs Assessment

Ohio Hills Health Services is required by the Health Resources Services Administration (HRSA) to conduct a community health needs assessment every three (3) years.

Our Community Health Needs Assessment involves collecting information from a variety of sources to understand health needs, risk factors, barriers to care and the types of health care and supportive services needed in our services areas.

This information will enable our organization to:

- Create a health profile of a community
- Identify primary risk factors for ill health
- Identify the barriers to care that make accessing services challenging
- Prioritize and develop actions that will address the health needs of the communities we service.

Please answer the following questions:

1. In your opinion, what are the most prevalent health concerns/needs within this community?

2. Can you rank them in order of importance?

3. What in your opinion, do you consider to be the greatest barriers to patient healthcare access in the community?

Thank you for your participation.

Lana Phillips
Community Services Director