NOTICE OF MEETING

Ohio Hills Health Centers will hold its next regular meeting at 12:00 Noon on **Monday, December 16th , 2024, at OHHC Woodsfield.**

Call in number for Board Meeting: **267-807-9601**
PIN number: **810107**

AGENDA

CALL TO ORDER – Chairperson

MINUTES OF NOVEMBER 18, 2024 – Recording Secretary

CHIEF OPERATING OFFICER'S REPORT – Michael Carpenter

DIRECTOR OF QUALITY & CLINICAL SYSTEMS REPORT – Debbie Fisher, R.N.

DIRECTOR OF OUTREACH & DEVELOPMENT REPORT – Jan Chambers

FINANCE COMMITTEE REPORT
INTERIM CHIEF FINANCIAL OFFICER – Matt King

CHIEF EXECUTIVE OFFICER'S REPORT – Jeff Britton

OTHER BUSINESS

ADJOURNMENT

JAB/dm

OHIO HILLS HEALTH CENTERS
Minutes of Meeting
November 18, 2024

The Ohio Hills Health Centers Board of Trustees held its regular meeting at the Library Annex in Barnesville on November 18, 2024.

Call-in Number: 267-807-9601
Passcode: 810107

Present were:

Mr. Brad Hudson, President (Call In)
Mr. Les Tickhill, Vice President
Mr. Tim Hall, Barnesville Representative (Call In)
Mrs. Donna Secrest, Monroe County Representative (Call In)
Mrs. Anita Rogers, Barnesville Representative
Mr. Brent Tisher, Monroe County Representative
Mrs. Deborah Day, Monroe County Representative
Mr. Charles Bardall, Freeport Representative
Mr. Tim McKelvey, Treasurer

Absent was:

Mr. Robert Koch, Secretary

Also, present were:

Jeff Britton, Chief Executive Officer
Michael Carpenter, Chief Operating Officer
Matt King, Interim Chief Financial Officer
Debbie Fisher, Director of Quality and Clinical Systems
Himalaya Patcha, M.D., Medical Director
Robert Brewer, DDS, Dental Director
Denise McBurney, Recording Secretary

Meeting called to order by Brad Hudson at 12:00 p.m.

A quorum being present, Anita Rogers made a motion to approve the minutes of October 21, 2024. Seconded by Charles Bardall.

CHIEF OPERATING OFFICER'S REPORT

1. Call Center
   Michael reported on Call Center Statistics from October 2024. There were 6,243 calls received with 5,226 calls answered for an answer rate of 83.71%. The goal is 95%. The average wait

time was 50 seconds and the average talk time was 2 minutes and 16 seconds. Tim McKelvey questioned why there is the low percentage rate of 83.71% for the Call Center Stats. Michael reported the reason for this is that one of our full time Call Center Technicians has been covering and subbing in for the Patient Financial Counselor. Deborah Day stated the answer rate may be slipping but it is much more efficient now.

2. Operations
   Michael reported on new Patient Applications for October 2024. There were 91 new patient appointments. Breakdown of patient appointments by provider/sites is as follows: OHCC Barnesville Dental – There were 3 applications issued and all were for Dr. Brewer; OHHC Barnesville – There were 36 applications issued and provider information as follows: Ryan=1, Morgan=1, Miles=12, Dr. Patcha=3, Dr. Wooten=6, Jenna=1, Melissa=7, Penny=5; OHHC Belmont Career Center – Shelby Jefferis saw 1 new patient with 43 total medical visits and Dr. Bauer saw 7 new patients with 24 total dental visits. OHHC Caldwell – There were 7 applications issued and Dr. Overmiller was the physician; OHHC Freeport Dental – There were 4 applications issued and provider was Dr. Bauer; OHHC Freeport – There were 4 applications issued and provider information as follows: Ryan=3 and Dr. Wooten=1; OHHC Quaker City – There were 10 applications issued with all being patients of Staci; OHHC Woodsfield – There were 20 applications issued and provider information as follows: Dr. Overmiller=6, Jenna=2, Morgan=5, Ryan=5 and Melissa=2.

3. Construction Project Updates
   Michael reported on the third-floor renovation project. Architect, Chris Widener working to update the bid documents.

   Michael reported on the Lobby Remodel. Currently looking at options and/or temporary location for the In-House Pharmacy in order to get this operational as soon as possible.

Michael Carpenter requested Board Approval for the Chief Operating Officer's Report.

RESOLUTION

Adopted 11/18/2024

WHEREAS, Les Tickhill made a motion to approve the Chief Operating Officers report as presented to the Board. Seconded by Donna Secrest.

RESOLVED, that the motion passed unanimously.

Chief Operating Officers Report – Attached

MEDICAL DIRECTOR'S REPORT

1. Vaccines
   Dr. Patcha reported he is encouraging all of his patients along with other providers at OHHC to get the recommended vaccines (COVID, flu, pneumonia, RSV, shingles) and screenings (mammogram, pap smear, colonoscopy) but it is up to the patient to follow through with the vaccines and screenings. The vaccinations definitely slow down the severity of the illness. The providers are trying their best to get the patients to get the recommended vaccines and screenings, but it is ultimately up to the patient to schedule and get these vaccines and screenings.

2. New Guidelines for Heart Disease and Cholesterol
   Dr. Patcha reported new guidelines have been published for heart disease and cholesterol. New guidelines state that less than 50 is considered bad cholesterol.

3. Guidelines Changed for High Blood Pressure
   Dr. Patcha reported guidelines now state 120-130 systolic and 70-80 diastolic.

Dr. Patcha requested Board Approval for the Medical Director's Report.

RESOLUTION

Adopted 11/18/2024

WHEREAS, Charles Bardall made a motion to approve the Medical Directors report as presented to the Board. Seconded by Donna Secrest.

RESOLVED, that the motion passed unanimously.

Medical Directors Report – Attached

DENTAL DIRECTOR'S REPORT

Dr. Brewer reported the dental practices are operating at near capacity at both Freeport and Barnesville. There is very little room to expand to new patients with the current facilities and provider levels. We will be offering limited new patient spots at Barnesville beginning in January 2025. The plan is to begin with one new patient a day per month and assess the effect on capacity as we go.

We are continuing to explore ways to get in front of Dental Students to expose them to the opportunities/advantages of working for an FQHC as a new dentist. Our presentation goals are to describe what an FQHC is and then introduce them to the benefits of working with us, especially the student loan repayment opportunities. Recently Casey Edwards and Lori Rockwell went to the WVU Dental Job Fair and distributed information. We have applied to do lunch and learn for the

OSU Dental Students next semester. The problem that is encountered is that the Dental Students want to be practicing in the big cities. A lot of private practices are wooing these Dental Students.

The upgrade of the dental imaging software and hardware continues. The goal is to be able to enable all dental sites to access radiographs, as we can access patient records, as we prepare for the opening of new dental sites.

Recently we have been working with the Call Center to review and update protocols for managing and scheduling emergency patients.

Two candidates for dental provider positions have been interviewed. We are waiting to hear back from the pedodontist about his decision and a site visit has been scheduled for the second candidate. Both candidates are finishing education programs with completion dates in May 2025.

Dr. Brewer requested Board Approval for the Dental Directors Report.

RESOLUTION

Adopted 11/18/2024

WHEREAS, Les Tickhill made a motion to approve the Dental Director's Report as presented to the Board. Seconded by Deborah Day.

RESOLVED, that the motion passed unanimously.

Dental Directors Report – Attached

DIRECTOR OF QUALITY & CLINICAL SYSTEMS REPORT

1. **COVID-19 and Flu Report**

   Debbie reported on vaccines and testing. For the month of October there were 100 Flu Vaccines administered.

   Testing for the month of October:
   177 tested for COVID and there were 11 positives with a 6% positivity rate.
   Flu report revealed 63 tested; 0 positives; RSV report 0 tested.

   COVID numbers are down from August and September.

2. **Third Quarter Patient Satisfaction Surveys**

   Debbie reported on third quarter 2024 Medical and Dental Patient Satisfaction Surveys. Results from the survey are as follows:

Medical

- 806 total Patient Surveys with a return response rate of > 19%
- Rating of 1 to 5 with overall satisfaction > 4.9 out of a 5-star rating
- Additional responses noted being overwhelmingly satisfied with the care provided. One complaint reported that they waited over 1 week to see the provider.

Dental

- 86 total Patient Surveys with a return of 15 surveys completed for a 17% response rate
- Comments made: Overall , on a scale of 1 to 5; 4.6. This score is slightly lower than previous ratings earlier this year. However, no reported complaints were noted during auditing.

Debbie Fisher requested Board Approval for the Director of Quality & Clinical Systems report.

RESOLUTION

Adopted 11/18/2024

WHEREAS, Charles Bardall made a motion to approve the Director of Quality & Clinical Systems report as presented to the Board. Seconded by Tim Hall.

RESOLVED, that the motion passed unanimously.

Director of Quality & Clinical Systems Report – Attached

CHIEF FINANCIAL OFFICER'S REPORT

Matt reported on information for month ending October 31, 2024. The Balance Sheet and Income Statements (detail and summary) were uploaded to the Board Portal prior to the meeting. Matt also distributed the monthly bank balances for comparison and analysis, which revealed a profit of $30,000.00 which means we are moving in the right direction from earlier in the year when OHHC was trending negative.

Matt reported Administrative Team met regarding the H80Grant. Application was submitted in September. After submission we were asked to submit an amendment and this was submitted last week. Matt stated he thinks we will get funded accordingly.

Matt reported talked about time and effort documentation during last month's Board Meeting. After consulting with our auditing firm starting with February 2025, which is the beginning of our fiscal year will begin tracking time and effort documentation.

Matt reported on the Ohio Appalachian Grant. A construction manager has been selected for the ECO Center. The project goal is to be completed by September 2025. Tim McKelvey stated the potential for the ECO Center and ways this can be utilized are unbelievable. Matt indicated the ECO Center will be a Community Resources Center.

Matt King requests Board Approval for the Chief Financial Officer's Report.

RESOLUTION

Adopted 11/18/2024

WHEREAS, Anita Rogers made a motion to approve the Chief Financial Officer's Report as presented to the Board. Seconded by Donna Secrest.

RESOLVED, that the motion passed unanimously.

Chief Financial Officer's Report – Attached

CHIEF EXECUTIVE OFFICER'S REPORT

1. 340B Update
   Jeff reported needed to develop Procedure Manual for the In-House Pharmacy and how it will inter-relate to the 340B Program. Manual was created in one policy. Jeff requests Board Approval for the 340B Procedure Manual.

   RESOLUTION

   Adopted 11/18/2024

   WHEREAS, Anita Rogers made a motion to approve the 340B Procedure Manual as presented to the Board. Seconded by Charles Bardall.

   RESOLVED, that the motion passed unanimously.

   Jeff reported that work continues on the In-House Pharmacy. Currently we are looking at a temporary location. Construction estimates for a permanent location is $350,000.00. Solution for this for the time being is to use the CEO's office and the outer office of the Administrative Assistant.

2. Dentist Search Update
   Jeff reported still no further questions from Dr. Benson. Dr. Benson was planning to decide by the end of the year. An on-site interview has been scheduled with Dr. Beoline Uwampamo, an OSU Dental Student that will be graduating in May of 2025. This dentist is an NHSC scholar so needs to be in an FQHC/underserved area. She will be coming for an on-site visit on December 2, 2024. Two virtual calls have been held with this dentist so far.

3. Change in Scope
   Jeff reported for the OHHC Bellaire Location the change in scope was accepted by HRSA. Once we get the NOA will get this to the Credentialing Specialist to continue with the credentialing process.

Jeff Britton requests Board Approval for the Chief Executive Officer's Report.

RESOLUTION

Adopted 11/18/2024

WHEREAS, Charles Bardall made a motion to approve the Chief Executive Officer's Report as presented to the Board. Seconded by Tim Hall.

RESOLVED, that the motion passed unanimously.

Chief Executive Officer's Report – Attached

BUSINESS:

1. Jeff stated this year for all Board Members purchased an OHHC Binder as a Christmas Gift rather than the tin of cookies that are usually ordered.

2. The next Board Meeting will be held at OHHC Woodsfield on December 16, 2024.

Motion made to go into Executive Session at 12:45 p.m. by Charles Bardall. Seconded by Tim Hall.

Motion made to adjourn to Regular Session at 1:20 p.m. by Charles Bardall. Seconded by Tim Hall.

ADJOURNMENT

There being no further business motion made to adjourn meeting at 1:25 p.m. by Charles Bardall. Seconded by Tim Hall.

____

Brad Hudson, President

____

Denise McBurney, Recording Secretary

OHHC Board of Trustees
December 2024 Report

Call Center

- Call Stats
  - November 2024
    - 5377 Received
    - 4710 Answered
    - 87.6% Answer Rate – **Goal of 95%**
    - Average Wait Time – 39 Seconds
    - Average Talk Time – 2 minute 6 seconds

Operations

- New Patient Applications
  - November 2024
    - New Patient Appointments – 97
      - Barnesville Dental – 2
        - Dr. Brewer – 2
      - Barnesville – 39
        - Ryan Aston - 2
        - Morgan Stephen - 7
        - Miles Jefferis – 12
        - Dr. Patcha – 4
        - Dr. Wooten – 7
        - Jenna Brown - 0
        - Melissa Huff – 5
        - Penny Shepherd - 2
      - Career Center
        - Shelby Jefferis – 0 (66 Total Medical Visits)
        - Dr. Bauer – 3 (13 Total Dental Visits)
      - Caldwell – 2
        - Dr. Overmiller - 2
      - Freeport Dental – 2
        - Dr. Bauer – 2
      - Freeport – 10
        - Ryan Aston – 6
        - Dr. Wooten - 4
      - Quaker City – 12
        - Staci Fellows - 12
      - Woodsfield – 26
        - Dr. Overmiller – 6
        - Jenna Brown – 5
        - Morgan Stephen – 8
        - Ryan Gallagher – 5
        - Melissa Huff - 2

Construction Projects

- Construction Updates
  - Third Floor Renovation
  - Lobby Remodel

Michael Carpenter
Chief Operating Officer
12/10/2024

OHHC Board Report

12/16/2024

1. **COVID-19 and Flu Report**

   Vaccines and Testing.

   - Month of Nov there were 93 Flu Vaccines administered.

   Testing for the month of November

   - 99 tested for **COVID; 7 positives with a 7%** positivity rate.
   - **Flu** report 78 tested**; 2 positives with a 2% positivity rate**
   - **RSV** report 22 tested; **1 positive with a 4% positive rate**

Quarterly Risk Management Report: 3rd Qtr. 2024

Incidents: 3

- Patient presented to the clinic for routine office visit, lab work ordered and obtained prior to patient leaving office. Patient reports that while utilizing the restroom following her lab draw that as she maneuvered in the restroom, she lost her balance and fell on her "bottom" in the restroom. This was self-reported and not witnessed by clinical staff. The patient denied any injury, denying hitting her head. However, when leaving office during check out reported to the receptionist that "her back was hurting" Patient was offered further assessment with provider but refused.

  Resolution: 3 follow up calls were made in subsequent days by Clinical Service Manager to the patient to assess if any issues persist. After 3rd call patient reports "a little stoved up but felt fine" Continue to refuse further assessment at that time. Since this incident this patient has had several correspondences with the clinic, acute appointments and another office visit in November none of which resulted in any complaint of back issues or pain related to prior fall.

- The patient was being seated in one of the dental operatories. The patient attempted to stratal the chair and missed the chair resulting in a fall to the floor. Noted that the only complaint was an injury to the right elbow. This incident was witnessed by dental staff who report no injury to the head area or other injury sites. A small skin tear was noted on the right elbow. Dr Bauer proceeded to the medical side at Freeport. Nurse from the medical side assessed and attended to the skin tear with antibiotic ointment and a band aide. The patient reported he was fine.

- **Resolution**: The dental procedure was performed as scheduled. Dr Bauer reassessed the elbow prior to patient leaving office. The Patient again reported he was fine.

- The Patient presented to the clinic for complaint of irritation and redness to the outside of the ear canal. This is generally treated with specific ear drops. The order was placed with Pharmacy during the patient's visit. The pharmacy notified office that the to fill the prescription, they needed the providers Ohio Medicaid number. The ordering provider was not available to provide this information. This message was sent by another provider to Denise McBurney. However, this led to a delay as Denise does not have access during her normal job functions to see the message which was sent through our electronic health record. As all parts of this incident lead to a delay, it was determined that this medication was not covered by the patient's insurance. The patient did not notify the office of inability to pay or issues with obtaining the medication for approximately 2-3 weeks following the office visit.

  Resolution: Multiple calls were made to the patient to resolve and provide alternative treatment also increased delay in care. Ultimately, this patient was provided an over-the-counter treatment for the issue. It was discussed with providers and clinical staff that that not all OHHC employees can be notified of issues via our EHR system. Discussion with clinical staff that appropriate follow ups should occur to minimize any delay in treatment or care.

Complaint/Patient Related Issues:

- The Patient presented to the clinic for a routine office visit. Patient refused to discuss with provider his concerns. Expressed he was there for medication only such as "Ativan and Morphine" Provider reported to patient that she would not prescribe these medications. However, a referral to pain management was offered. Patient angry, refused referral and stated, "he would purchase them on the street if they were not ordered now". In addition, the Provider emphasized that without a physical exam and necessary lab work she could not provide appropriate care to refill all other medications. Patient upset and walked out of exam room

Resolution: Patient did obtain lab work as requested. The provider did refill existing medication minus the Ativan and Morphine. Provider discussed with covering Physician. NP refuses to continue to see the patient after the incident. The patient has not been discharged from OHHC services and has not made any future appointments. Ongoing monitoring of this patient continues.

Date: December 10,2024

Board Report Peer Review

Presenter: Dr Himalya Patcha MD, Ohio Hills Health Centers Medical Director

Peer Review Report to the Board of Trustees

Ohio Hills Health Centers performs Peer Reviews Quarterly with all Providers. The Peer Review process is an evaluation process that assesses the quality and efficiency of the care given by each provider. Peer review does include all Medical, Dental and Behavioral Health.

If upon review the competency of a provider is in question, further evaluation would be addressed by the Medical Director, Dental Director, CEO and brought to the Board of Trustees to deny, modify or remove privileges. There have been no areas of concern that have given cause to bring to the Board this calendar year.

Peer review is ongoing.

Submitted on 12/16/2024 to OHHC Board of Trustees

Signature: ______________________________

Ohio Hills Health Centers
Outreach and Development- December 2024 Board Report

Marketing/Outreach

Social media- Continue to have a presence on Facebook/ Twitter/ Instagram/LinkedIn
Outreach- Discussion underway on how to reach area residents to let them know about OHHC and services offered.

Events-

- Barnesville Christmas Parade

Community Needs Assessment

- 2024- Needs Assessment- Miscinda Sinisgalli, Special Projects Coordinator completed and submitted to the Board. Requires Board approval by the end of 2024.

Fundraising

Grant/Foundation Funding

- ODH- Planning Grant Bellaire- SBHC- $50,000- awarded. $500,000 implementation grant awarded
- HRSA Expanded Hours- Caldwell – Up to $500,000. Submitted. Awaiting determination.
- AMLER funding through ODNR. Awaiting determination. Grant would be utilized for Barnesville- lobby, radiology, 2nd floor renovations, remainder of windows, parking lot, radiology. $1,025,000

Capital Budget Allocations

Capital Budget –

- $100,000 OHHC- Quaker City renovations- Was to go through Eastern Gateway, now utilizing Youngstown State to determine how to proceed.
- Federal- $650,000- 3rd Floor project to allow room for expanded Behavioral Health on 2nd Floor.

2024 Community Health Needs Assessment

Completed 12/16/2024

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INTRODUCTION

Executive Summary

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

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

Mission Statement

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

> *Ohio Hills Health Centers is a non-profit health care operation organized by communities in eastern Ohio to promote healthy lifestyles and to provide comprehensive treatment and preventative services for area residents. The primary focus is to provide prompt, courteous and affordable healthcare that is responsive and sensitive to individual needs.*
>
> *Ohio Hills Health Centers is founded on the philosophy that the delivery of health care to the entire community and all its subgroups, including the medically indigent segment, is possible and practicable in a framework which does not separate subsets from total population and offers treatment regardless of economic status, gender, race, nationality, geographic or religious background, or political philosophy.*
>
> *In the exercise of delivering adequate healthcare to all segments of the patient populations, appropriate standards and procedures must be enforced to protect the welfare of the patient.*

Information on Data Collection

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

The top three health-related issues identified as part of the 2024 OHHC Community Health Needs Assessment include:

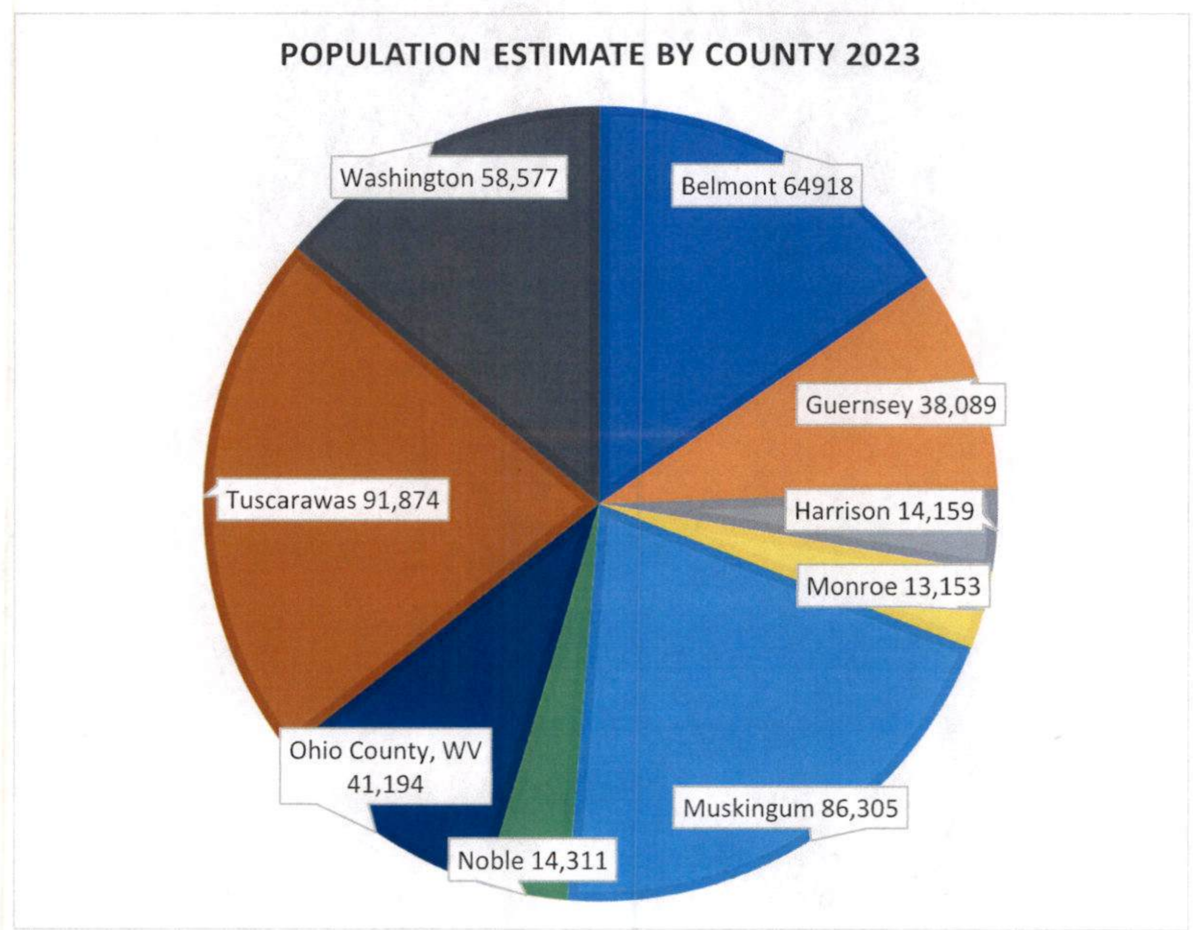
- **Affordable Health Care**
- **Access to Care**
- **Economic Stability**

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

DEMOGRAPHICS

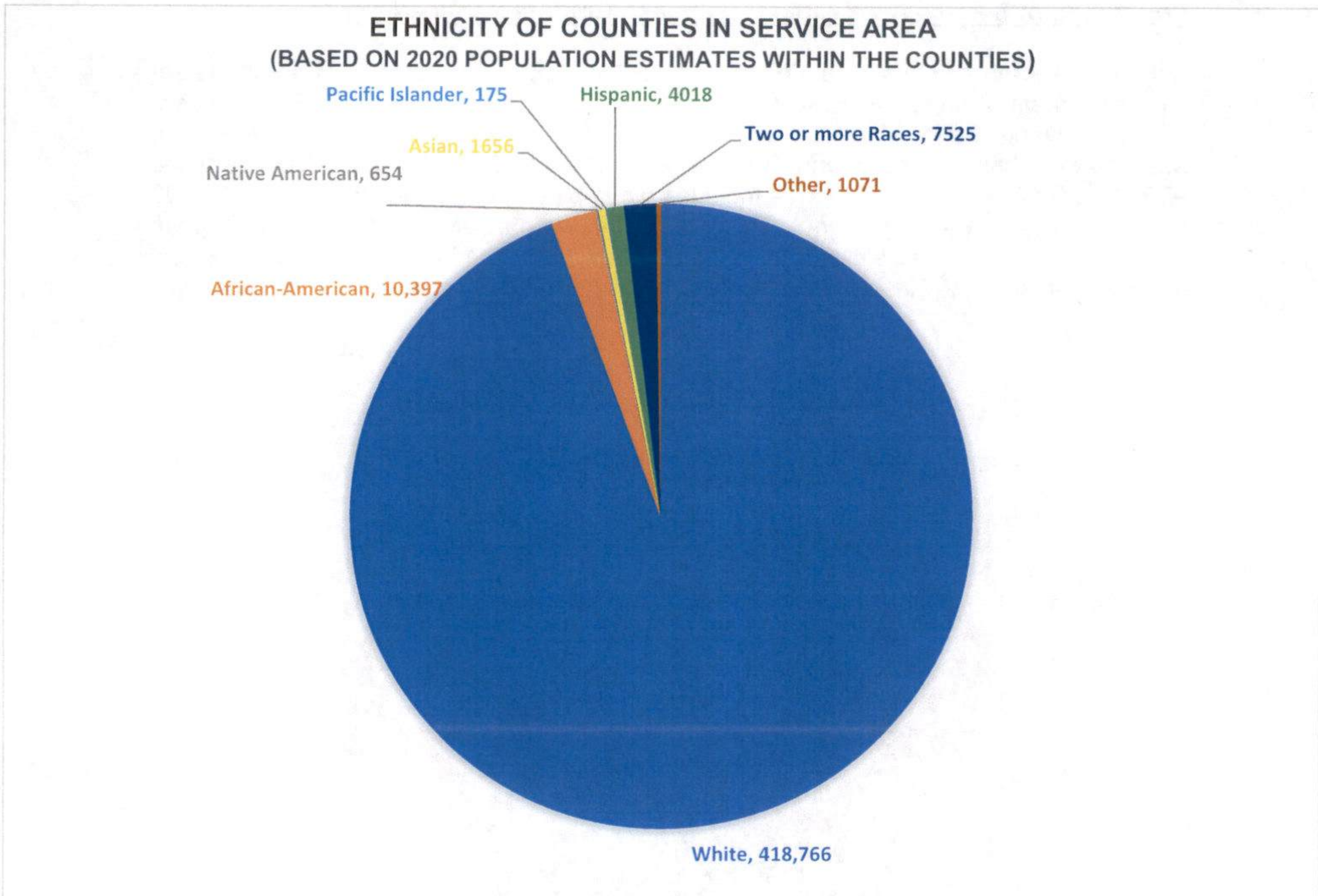
Population of Service Area -Ohio Hills Health Centers Service Area

The service area of Ohio Hills Health Centers encompasses portions of southeastern Ohio and parts of adjacent West Virginia. This includes approximately 2,795.03 square miles, covering parts of seven (7) Ohio counties: Belmont, Guernsey, Harrison, Muskingum, Monroe, Noble, and Tuscarawas, and Ohio County in West Virginia. (See ATTACHMENT A) The service area includes a combined population estimate of 422,580 persons (https://data.census.gov). This area, which is part of the Appalachian Region, has rolling to rugged terrain and is marked by areas of farmland and abandoned coal mines. A major east-west interstate highway (I-70) bisects the area.



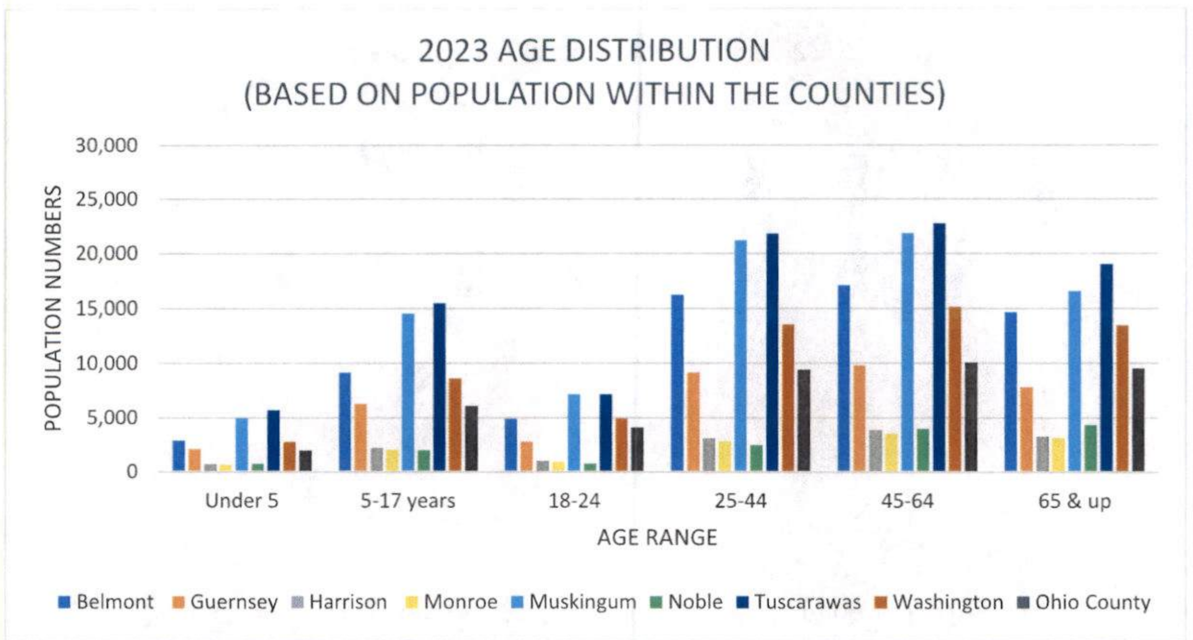
Data Source: https://data.census.gov

Ethnicity



Data Source: https://suburbanstats.org

Age Distribution



Data Source: County Population by Characteristics: 2020-2023

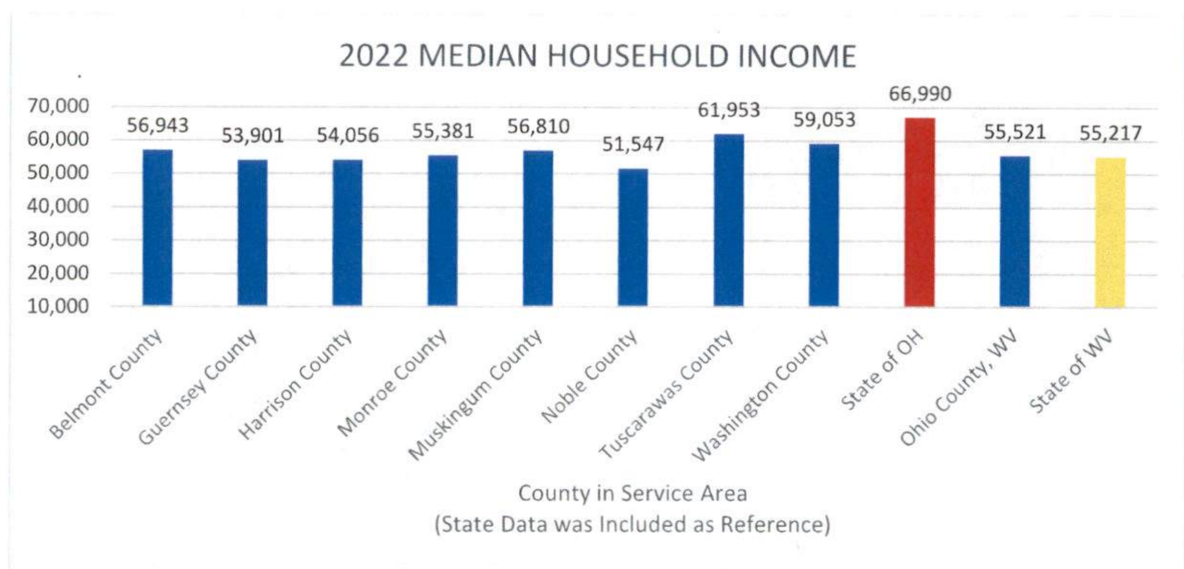
SOCIOECONOMIC FACTORS

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

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

Income

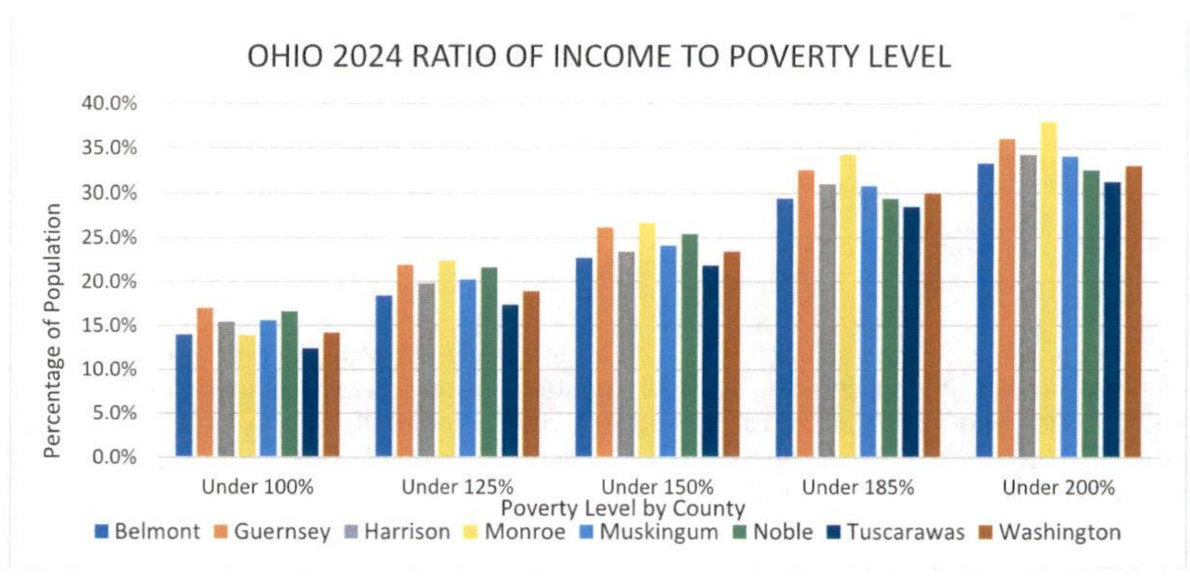
Income can impact health directly, as well as indirectly. Directly, income can influence such things as nutritional choices, living circumstances, access to healthcare, prescription medications, and compliance with treatment plans. Indirectly, there is a correlation between income and social relationships,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



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

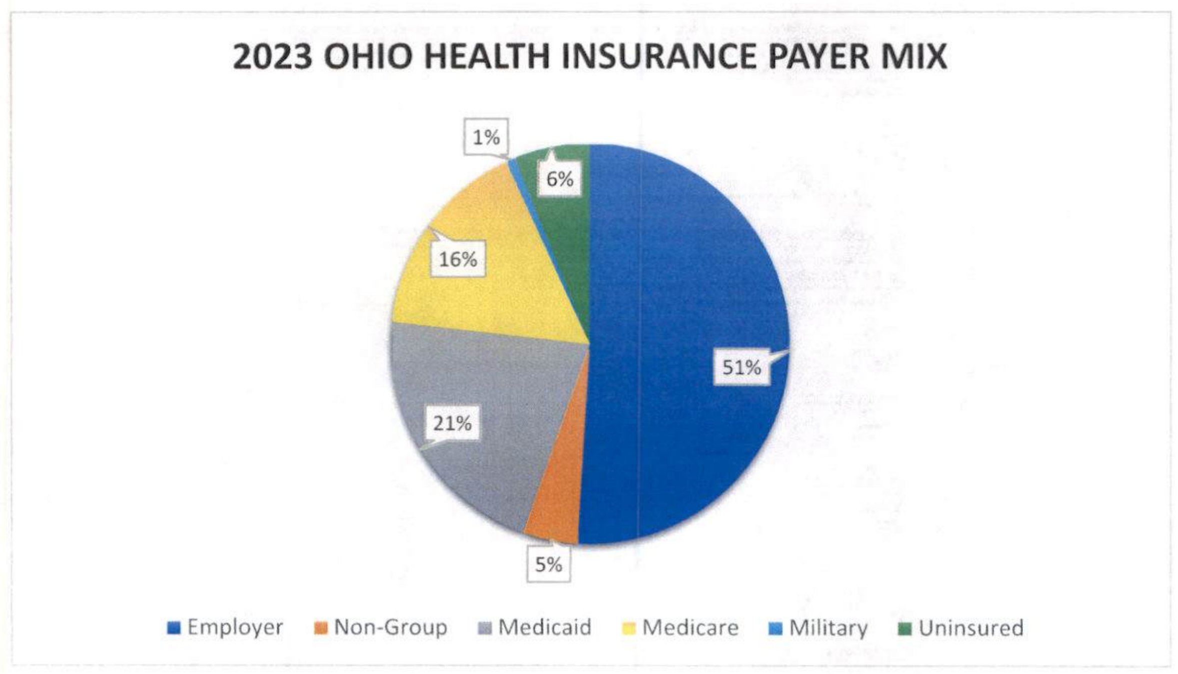
Poverty Level

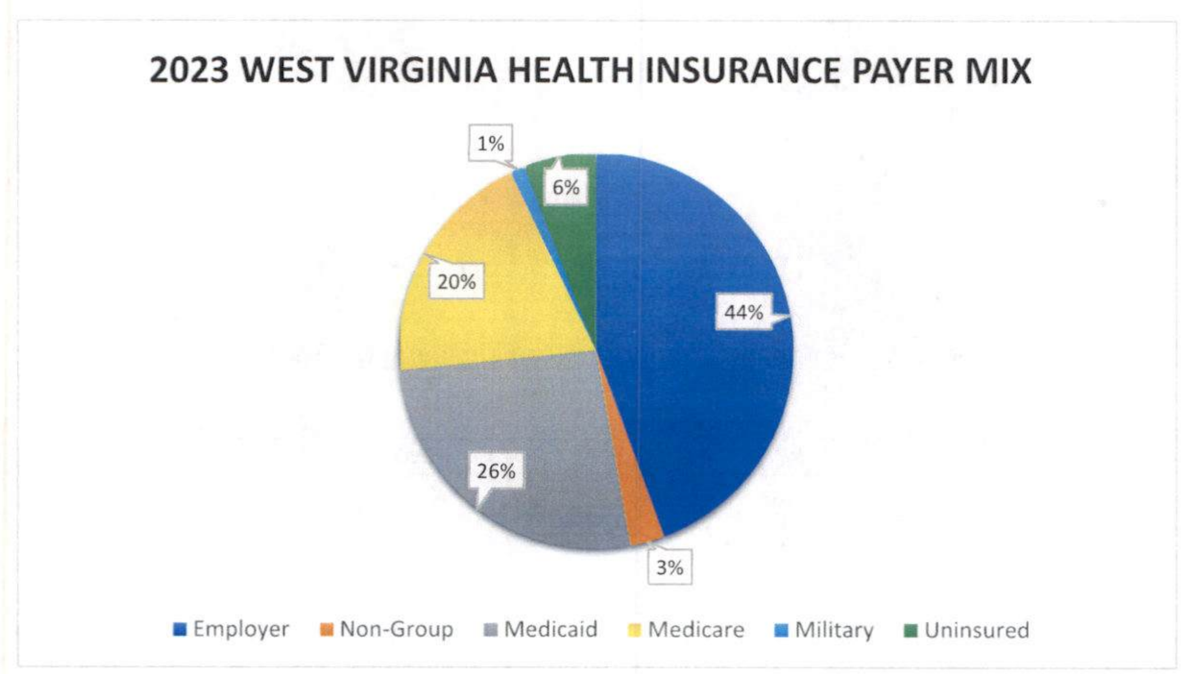
High rates of poverty, combined with insurance payer mix, which includes a high percentage of area residents who have no insurance, or depend on Medicare or Medicaid, may be an obstacle to both patients served, as well as Ohio Hills Health Centers. Poverty level may affect access, availability, and utilization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



Data Source: Belmont County | Development

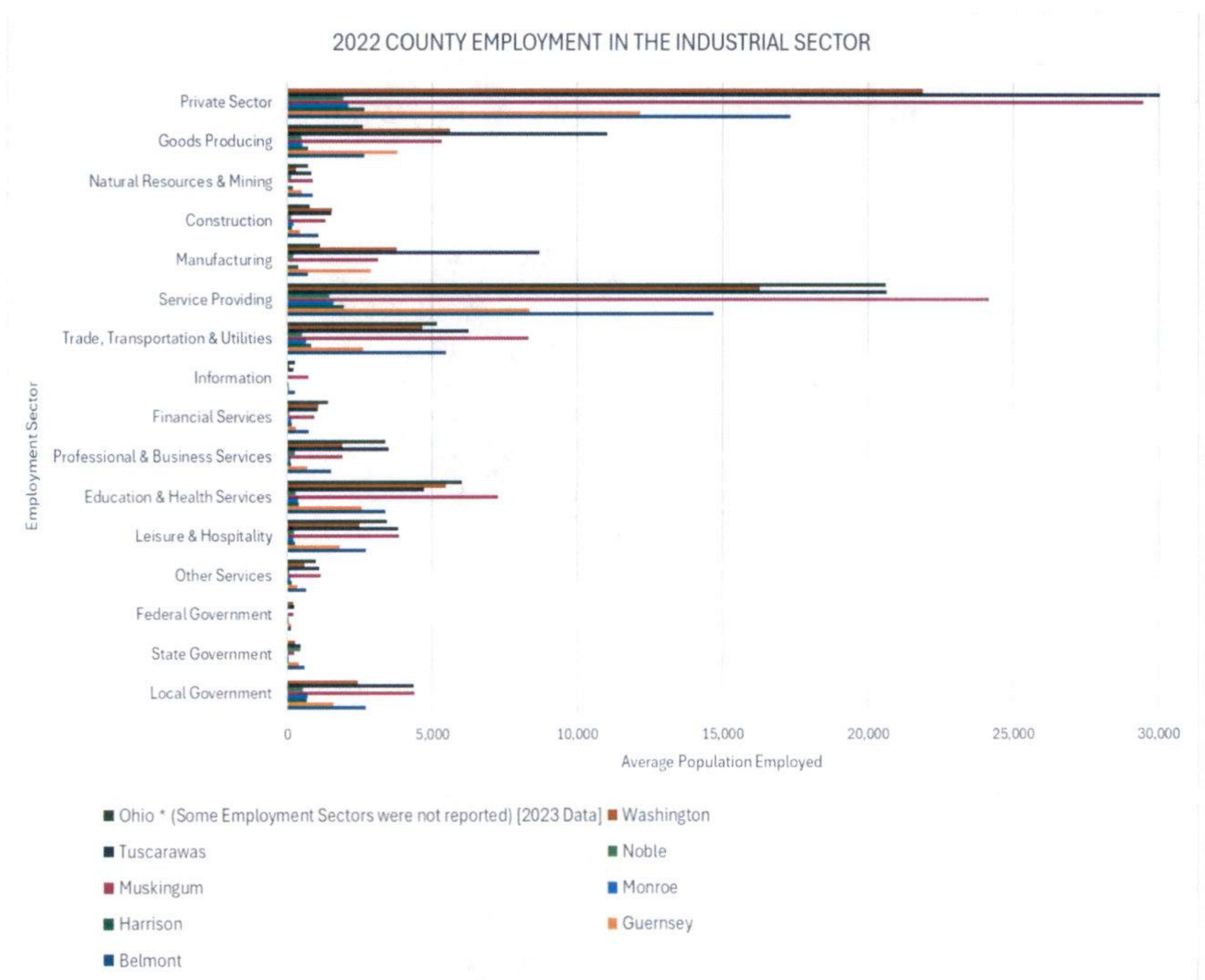
Payer Mix





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

Employment

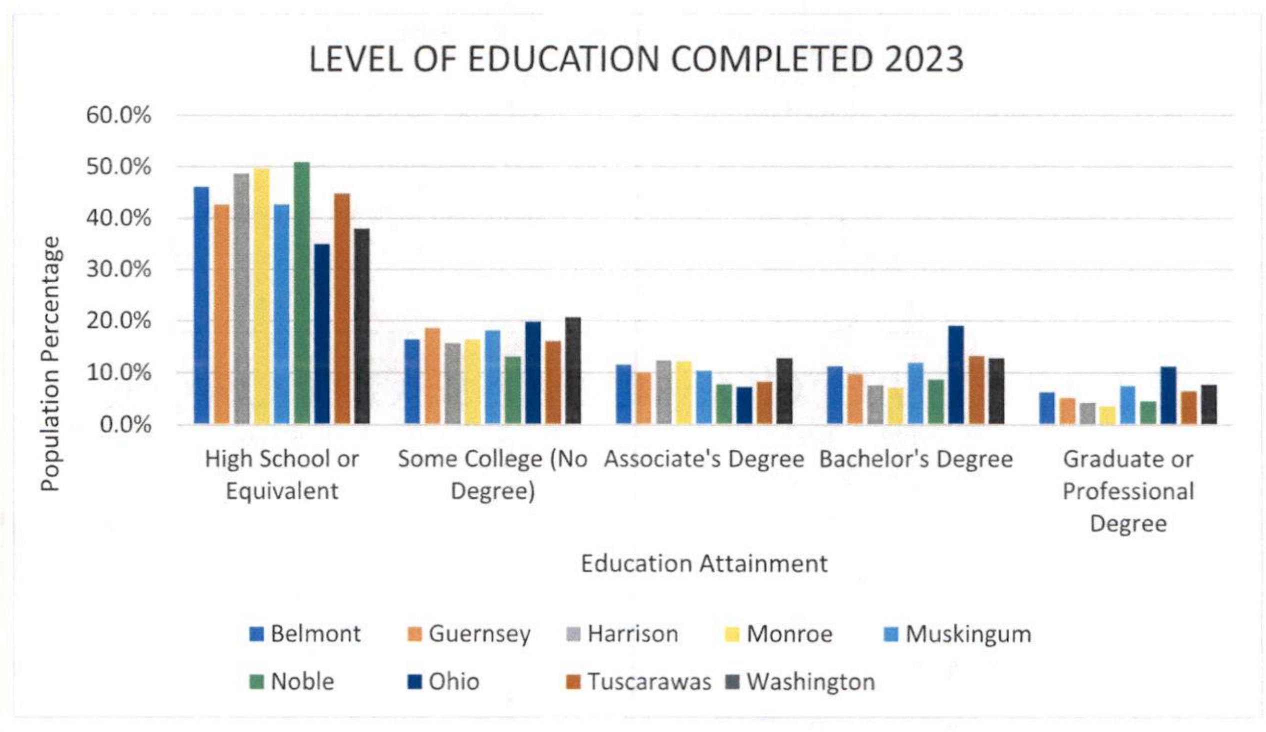


Data Sources: ohiolmi.com/home/CountyProfiles/Employment_Percent_by_Industry and https://data.bls.gov/cew/apps/table_maker/v4/table_maker.htm#type=5&year=2023&qtr=A&own=5&area=54069&supp=0

Education

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

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



Data Source: [Attainment Dashboard | The Ohio Department of Higher Education](https://statisticalatlas.com/county/West-Virginia/Ohio-County/Educational-Attainment)
https://statisticalatlas.com/county/West-Virginia/Ohio-County/Educational-Attainment

Most significant causes of Morbidity and Mortality- 2023

Leading Causes of Death in Ohio

2023 Data

Statewide

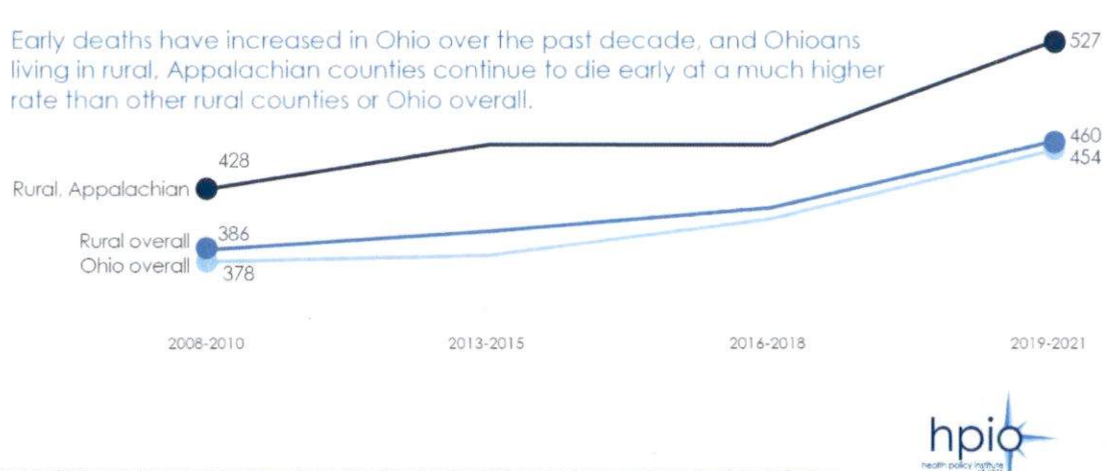
1. Heart Disease
2. Stroke
3. Cancer
4. Chronic Lower Respiratory Disease
5. Alzheimer's Disease
6. Accidental Overdose or Poisoning
7. Diabetes
8. Parasitic Diseases
9. Renal Failure
10. Septicemia

OHHC Service Area

1. Heart Disease
2. Cancer
3. Chronic Lower Respiratory Disease
4. Diabetes
5. Stroke
6. Alzheimer's Disease
7. Accidental Overdose or Poisoning
8. Parkinson's Disease
9. Septicemia
10. Motor Vehicle Accidents

Premature age-adjusted mortality

Median number of deaths, by county type, among residents under age 75 per 100,000 population (age-adjusted)



Source: HPIO Data Snapshot "Health in rural and Appalachian Ohio." Data from HPIO analysis of data compiled by County Health Rankings

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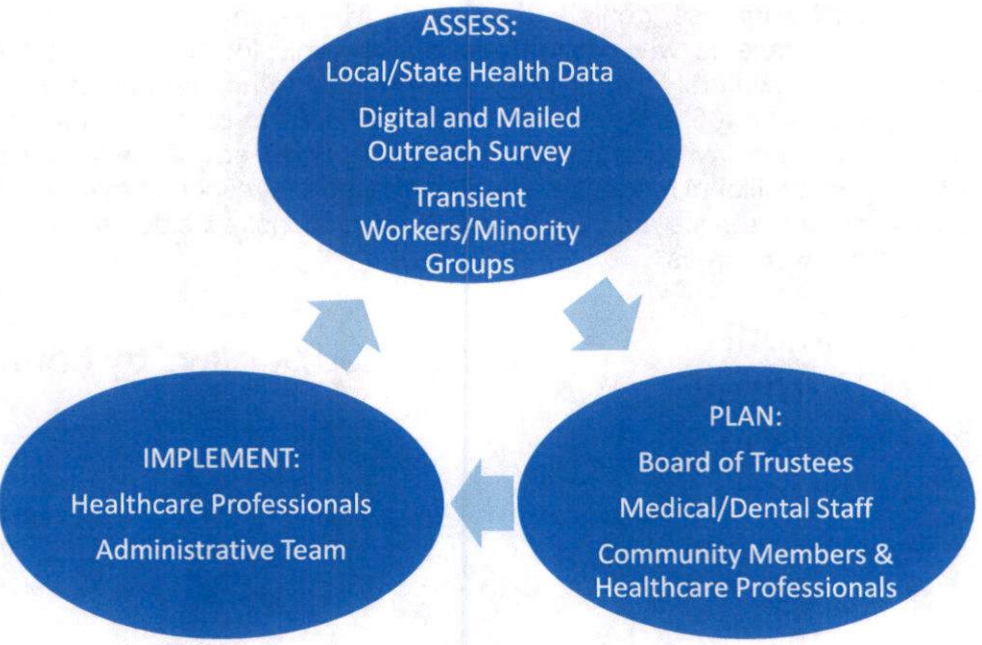
Data source: Mortality | DataOhio, Health in rural and Appalachian Ohio | Publications

METHODOLOGY

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

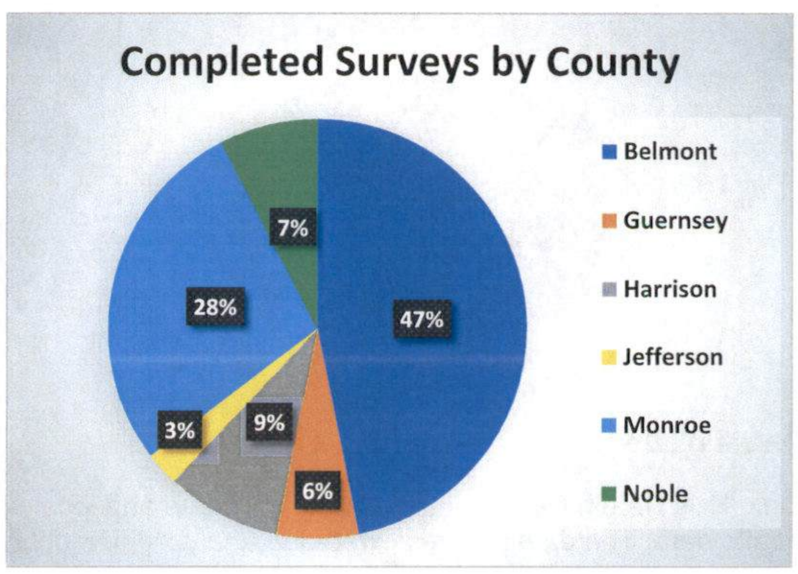


Assessment

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

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

Ohio Hills Health Centers Community Health Needs Assessment involved collecting information from a variety of sources to understand health needs, risk factors, barriers to care and the type of healthcare and supportive services needed in the service area (ATTACHMENT A). A digital survey was distributed via email to community leaders, patients and community members. A mailed survey campaign was held to connect with all populations within our service areas. Additionally, the invitation to complete the digital survey was promoted on the organization's social media account along with education relating to CHNA purpose, goals and process. The same survey in paper format was also offered to patients who visited any of the clinic locations within the month of November. Approximately 150 surveys were mailed to home addresses, 190 surveys hand delivered, and 465 surveys were digitally offered to personal email addresses in addition to the open invitation for completion on OHHC social media platforms. This format reached additional respondents and improved the response rate from many of the counties within our service areas. 79 completed responses yielded representation from each of the following areas:



The survey questions (attachment D) included:
What are the most prevalent health concerns and needs within your community?
In rank of importance, what are the top 3 needs within your community.
What do you consider to be the greatest barrier to healthcare access in your community?

The information from all completed surveys was compiled and prioritized according to the number of individuals impacted by the problem: the severity of the problem: including risk or morbidity and mortality: and the ability for Ohio Hills Health Centers to impact the problem. It was the consensus that there is a great need to focus effort in connecting our communities to resources available to address the concerns of economic stability associated with achieving wellness.

According to Healthy People 2030 (https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability) "People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or conditions like arthritis may be especially limited in their ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy. Employment programs, career counseling, and high-quality childcare opportunities can help more people find and keep jobs. In addition, policies to help people pay for food, housing, health care, and education can reduce poverty and improve health and well-being."

TOP THREE (3) PRIORITY NEEDS:

Affordable Health Care

Access to Care

Economic Stability

Affordable Health Care and Access to Care have consistently ranked in the top three priority needs. What is surprising is the increase in area residents expressing concern regarding employment, access to food and housing which we placed under the category of Economic Stability. Mental Health and Addiction remain strong needs in the community. The number of services and support for mental health and addiction related disorders has dramatically increased over the past several years in our area. The widespread visibility and support to obtain such services has played a key factor in lessening the concern of the barriers to care for Addiction and Mental Health treatment. According to the National Institute of Health, the last three decades have brought a lot of success in understanding the risks, mechanisms, and consequences of addiction.

Fully comprehending that addiction is a complex brain disease, it can take a long time to repair all the brain circuits and end drug-seeking behavior was a key component in achieving progress in developing programs for treatment and recovery. With more therapies now available to support, recovering addicts can get to the root of their problem and manage temptations with long term positive outcomes. Additionally, there has been a shift to client-centered care which focuses on the individual's strengths and weaknesses and is applied to a personalized treatment plan and has been proven to provide sustainability. Many treatment communities have been established and are thriving with

holistic care. They are prominently marketed so that individuals in need are able to connect. Rather than focusing on the physical side of addiction, treatment centers are considering the total person: mind, body, and spirit which appeals to even more individuals as a long-term lifestyle change that is achievable, proven effective and tailored to their needs thus supporting increased quality outcomes.

Priority Health Needs

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

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

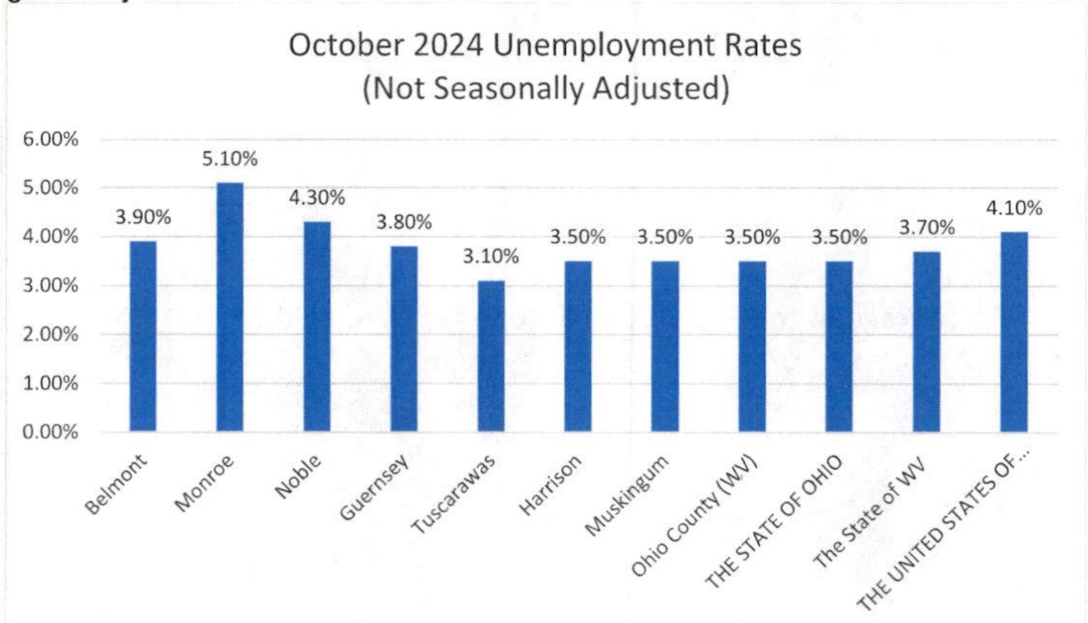
The survey results clearly indicated that participants expressed significant concern regarding the increasing expenses related to health care services. In 2023, Ohio had a total of 697,600 individuals without health insurance, representing 6.1% of the state's population. In contrast, the national uninsured rate stood at 8.0%. Notably, our region's uninsured rate exceeds the state average. (American Community Survey Tables for Health Insurance Coverage)

An equally important issue is the number of individuals who are underinsured. This group possesses insurance but faces high deductibles, which may provide coverage for major medical events yet leaves them unable to afford regular and preventive health care. The issue of underinsurance disproportionately affects low-income and minority populations in Ohio. These groups are more likely to have high-deductible health plans or be uninsured altogether, which exacerbates health disparities. Underinsured

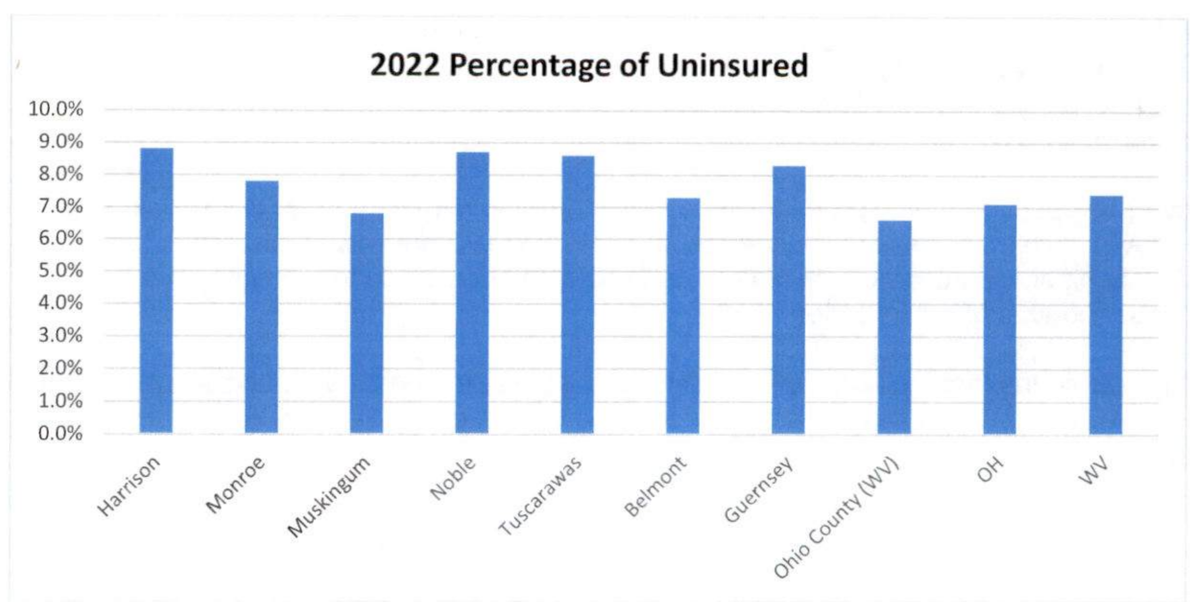
individuals may be forced to take on significant medical debt when they need care. High deductibles and out-of-pocket costs can result in mounting bills that are difficult to pay off. For many families, this debt can lead to financial strain, impacting their ability to cover other essential expenses, such as housing, education, and food.

In some cases, underinsured individuals may need to take time off work to seek care or recover from an illness, which can result in lost wages. Those living paycheck to paycheck or without paid sick leave are particularly vulnerable to the economic consequences of being underinsured.

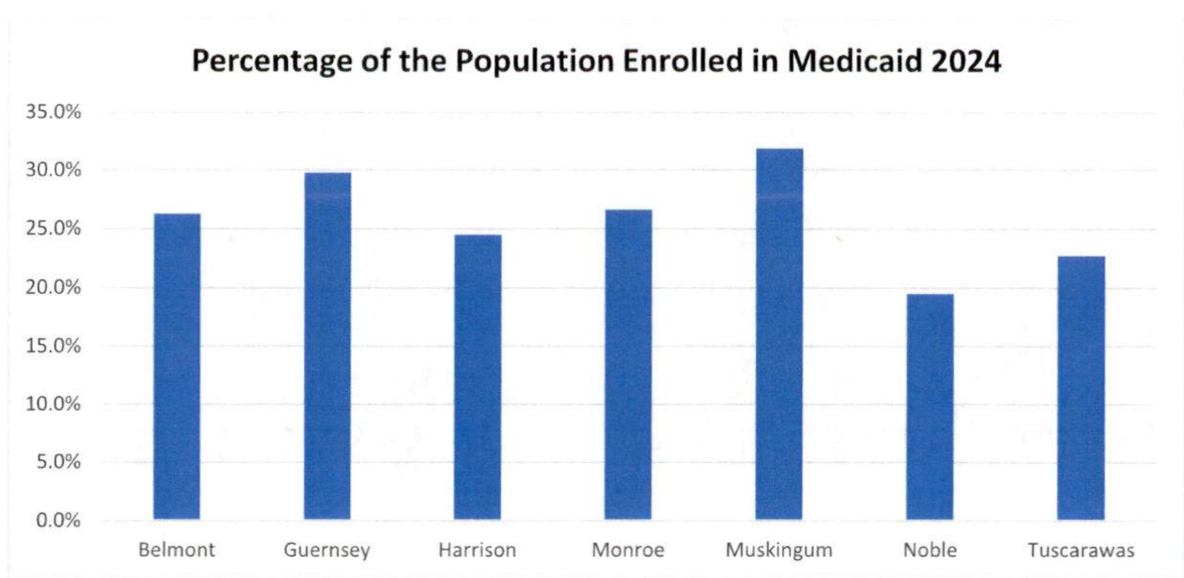
Rural Ohioans face unique challenges when it comes to healthcare access. With fewer healthcare providers, underinsured individuals in rural areas may struggle even more to get timely care.



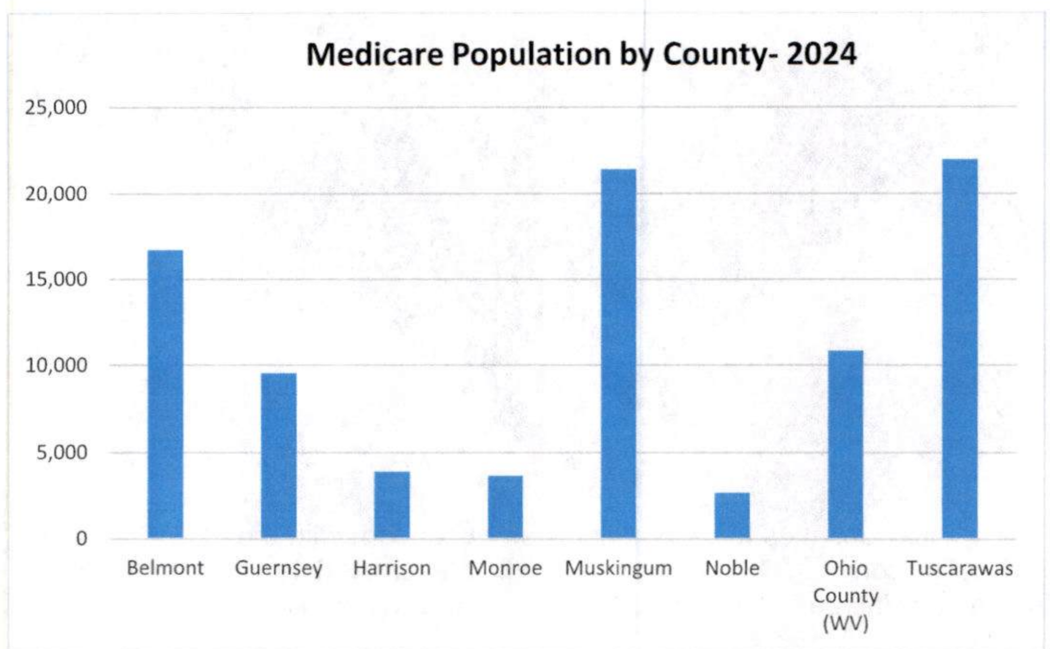
Data Source: https://ohiolmi.com/_docs/LAUS/Ranking.pdf, CountyDataRelease.pdf



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



Data Source: Workbook: Medicaid Demographic and Expenditure



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

Ohio Hills Health Centers offer a Patient Discount Program and provides assistance with prescriptions. A certified application counselor is on staff who can assist with applications for Medicaid, Medicare and Health Insurance through the Marketplace. We learned from our previous health needs assessment that the availability of this service was not well known in the community. OHHC developed marketing promotional material and education of staff to facilitate a broader reach of education to patients and community members of the availability of our certified applications counselor and how to connect for support.

Access to health care continues to be a major area of concern with the OHHC services areas. Specifically, community members requested expanded health center hours, transportation options, increased access to health, dental and behavioral health providers and to specialists.

The percentage of people without health insurance coverage in 2023 was 8% but varied by age and poverty level. https://www.census.gov/library/stories/2024/09/health-insurance-coverage.html) People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need.

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

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

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

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

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

The growth and development of Urgent Care medicine and after-hours clinics is a nationwide trend. More and more community members are wanting medical care to be convenient and to accommodate their work or school schedules. OHHC centers in Woodsfield and Barnesville offer alternative/nontraditional appointment scheduling and walk in availability from 7-8am as well as 4:30-6:30pm to support this need.

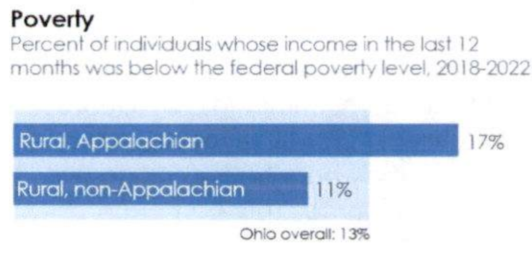
Insurance companies encourage their insured participants to utilize these settings as opposed to the hospital emergency room. The extended hours, immediate availability, and cost savings of Urgent Care provide convenience and affordability for patients. As this type of medical setting grows, the public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

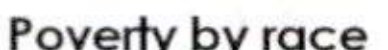
In the United States, 1 in 10 people live in poverty, and many people can't afford healthy foods, health care, and housing. Poverty-stricken families face continuous stress of not having the financial means to purchase healthy food, transportation, safe housing, and other aspects that lead to healthy lives. Healthy People 2030 focuses on helping more people achieve economic stability. (Income and Poverty in the United States: 2018) According to County Health Rankings and Roadmaps, "adults in the highest income brackets are healthier than those in the middle class and will live, on average, more than six years longer than those with the lowest incomes."

Economic stability is a critical social determinant of health that impacts an individual's well-being. Individuals facing chronic health conditions may struggle to maintain employment or access education, limiting their earning potential and perpetuating poverty across generations.

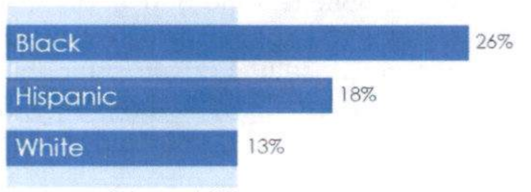
Poverty

Poverty rates are higher in rural, Appalachian counties and for communities of color in rural Ohio. Poverty creates barriers to health through factors such as food insecurity, housing instability and chronic stress.





Percent of individuals in rural counties whose income in the last 12 months was below the federal poverty level, by race, 2018-2022



Source: HPIO Data Snapshot "Health in rural and Appalachian Ohio." Data from HPIO analysis of U.S. Census Bureau, American Community Survey 5-year estimates

hpio health policy institute of ohio

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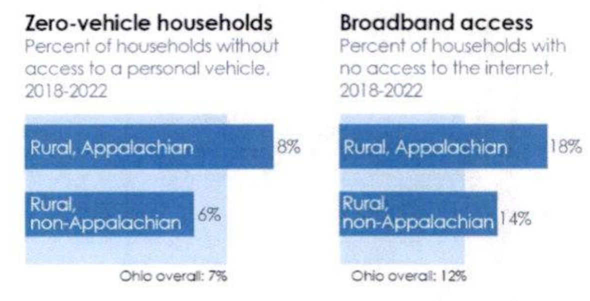
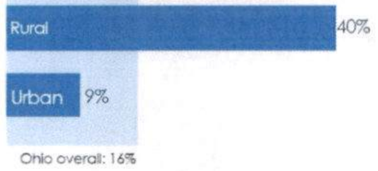
Community conditions

Community conditions such as access to a vehicle, broadband internet and locations for physical activity (proximity to sidewalks, parks and gyms) can improve overall health and well-being. However, Ohioans living in rural counties, particularly rural Appalachia, are more likely to experience poor community conditions.



Access to exercise
Median percentage of the population, by county type, without access to locations for physical activity, 2023, 2022 and 2020



Source: HPIO Data Snapshot "Health in rural and Appalachian Ohio." Data from HPIO analysis of U.S. Census Bureau, American Community Survey 5-year estimates

Source: HPIO Data Snapshot "Health in rural and Appalachian Ohio." Data from HPIO analysis of data compiled by County Health Rankings

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Food insecurity, inadequate housing conditions, and limited access to healthcare services all contribute to poor health outcomes. Addressing the root causes can help reduce health disparities and improve health equity. The goal is not only to treat diseases but also to create environments that prevent health problems from arising in the first place.

Promoting health equity may involve:

1. **Improving access to healthcare**: Ensuring that all populations have affordable and quality healthcare services.
2. **Economic empowerment**: Creating job opportunities and raising wages for people in low-income communities, which directly impacts their ability to live healthier lives.
3. **Education and awareness**: Providing education on healthy lifestyles, nutrition, and preventive care.
4. **Community-based initiatives**: Empowering local communities to take charge of their health by providing resources and support for addressing health issues at the grassroots level.

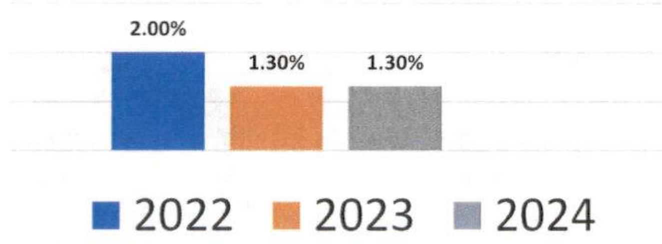
By working together across sectors, such as healthcare, education, housing, and social services, we can create a more equitable society where everyone has the opportunity to thrive, free from the limitations imposed by poverty. Breaking the cycle of poverty requires collective action to address the social determinants of health and create opportunities with interventions that produce economic security and overall well-being.

Affordable Housing

When families must spend a large part of their income on housing, they may not have enough money to pay for things like healthy food or health care. This is linked to increased stress, mental health problems, and an increased risk of disease. Over the past several years there has been little to no detectable decrease in this proportion in the US.

Objective: SDOH-04
Data Source: American Housing Survey (AHS), HUD & Census
DSU: Data do not meet the criteria for statistical reliability, data quality, or confidentiality.
DNA: Data have not been analyzed.
DNC: Data for specific population not collected.
--- : Data are not available.

Healthy People 2030



2022 2023 2024

OHHC patient population has expressed similar concerns during Social Determinants of Health screenings. The number of individuals with affordable housing concerns has remained consistent with little to no detectable decrease.

Over 1 million Ohioans (8.8%) live in a household that spends at least half its income on housing, which puts them at risk of foreclosure or evictions. This includes 325,722 people living in households that are severely mortgage-burdened and 707,820 Ohioans living in severely rent-burdened households.

Ohio's 90-day delinquency rate rose sharply in 2020 due to the COVID-19 pandemic—peaking at 3.9% in August of that year. The serious delinquency rate has since returned to pre-pandemic lows (1.5% in December 2022). While there were more delinquencies throughout the height of the pandemic, foreclosures remained low due to the federal foreclosure moratorium, which expired on July 31, 2021. Ohio's foreclosure rate reached a historic low of 0.3% in December 2021, since then, foreclosures have been on the rise (0.5% in December 2022).

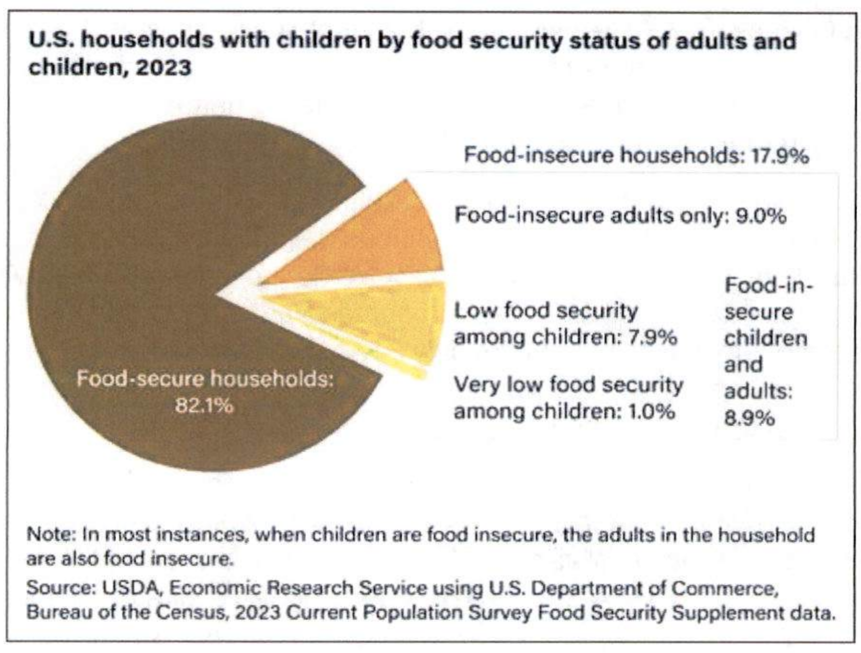
Since the onset of the pandemic, the risk of eviction has been a significant concern. However, due to the implementation of both local and federal eviction moratoriums, along with emergency rental assistance, Ohio experienced a decrease in eviction filings, which fell from 6.6% in 2019 to 4.2% in 2020. Following the expiration of these moratoriums in 2021, eviction filings have risen again, approaching pre-pandemic levels, with a rate of 6.4% recorded in 2022. (Housing Insecurity (FY24) - Housing Needs Assessment | Ohio Housing Finance Agency)

Food Insecurity

In 2022, 12.8 percent of US households were food insecure.(USDA ERS - Food Security in the United States) Food insecurity is defined as a household-level economic and social condition of limited or uncertain access to adequate food. Consistent, dependable access to nutritious food is critical to health.

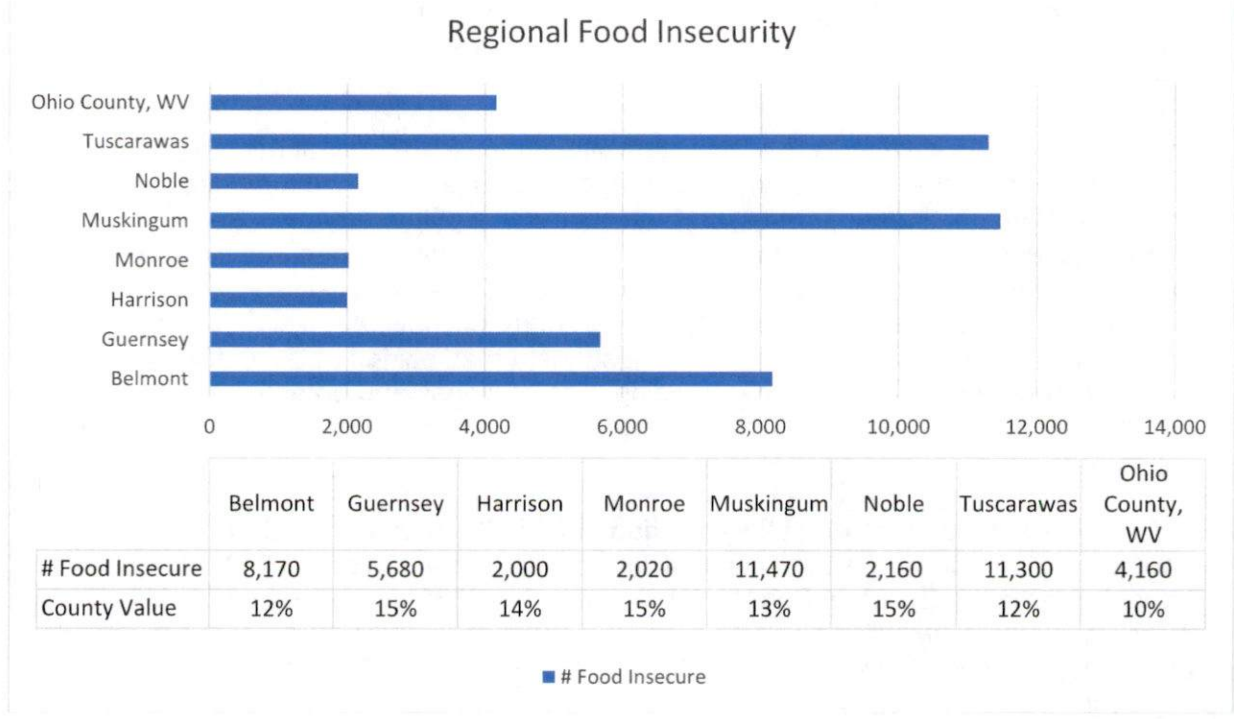
In adults, lower food security is associated with higher probability of each of the chronic diseases examined—hypertension, coronary heart disease (CHD), hepatitis, stroke, cancer, asthma, diabetes, arthritis, chronic obstructive pulmonary disease (COPD), and kidney disease. Food security status is related to the likelihood of chronic disease in general, to the number of chronic conditions reported, and to self-assessed health. Differences between adults in households with marginal, low, and very low food security are often statistically significant, which can suggest that looking at the entire range of food security is important for understanding chronic illness and potential economic hardship. (Food Insecurity, Chronic Disease, and Health Among Working-Age Adults Summary)

Children were food insecure at times during 2023 in 8.9 percent of U.S. households with children (3.2 million households), statistically similar to the 8.8 percent (3.3 million households) in 2022, but up from both 6.2 percent in 2021 and 7.6 percent in 2020. These households with food insecurity among children were unable at times to provide adequate, nutritious food for their children. (Household Food Security in the United States in 2023)



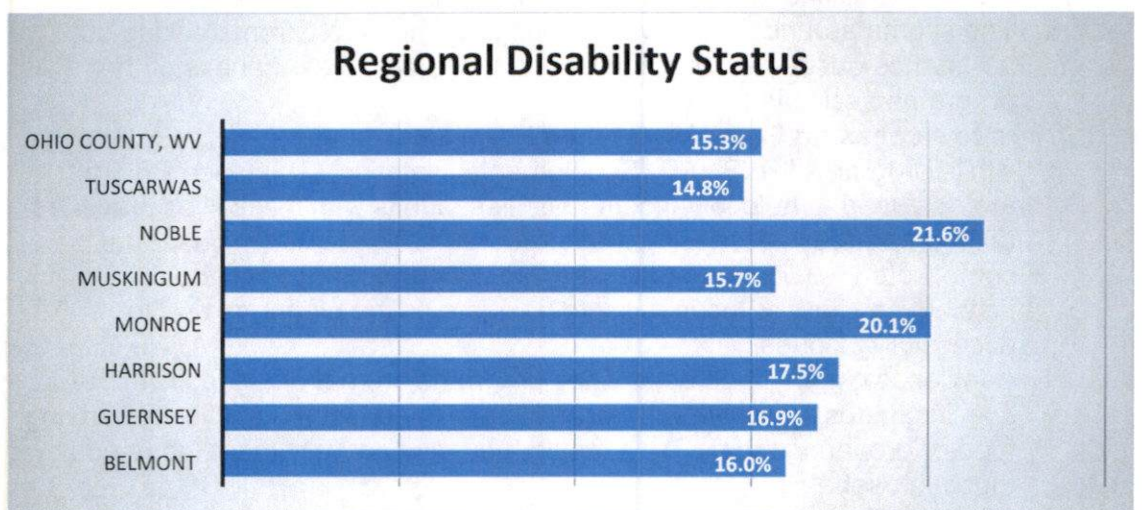
Data Source: USDA ERS - Key Statistics & Graphics

Food-insecure children are at an increased risk for a variety of negative health outcomes, including obesity and they face a higher risk of developmental problems as compared with food-secure children. Additionally, reduced frequency, quality, variety, and quantity of food consumed may have a negative effect on children's mental health.



	Belmont	Guernsey	Harrison	Monroe	Muskingum	Noble	Tuscarawas	Ohio County, WV
# Food Insecure	8,170	5,680	2,000	2,020	11,470	2,160	11,300	4,160
County Value	12%	15%	14%	15%	13%	15%	12%	10%

Households that contain one or more adults with disabilities indeed experience higher levels of food insecurity compared to households without any adults with disabilities. According to the Ohio Department of Health's State Health Assessment, the prevalence of disability for the United States is 12.7%, The State of Ohio is 14.0%.



Data source: Disability Counts - An RTC: Rural Product, Workbook: SHA_FINAL_Domain_Demographics

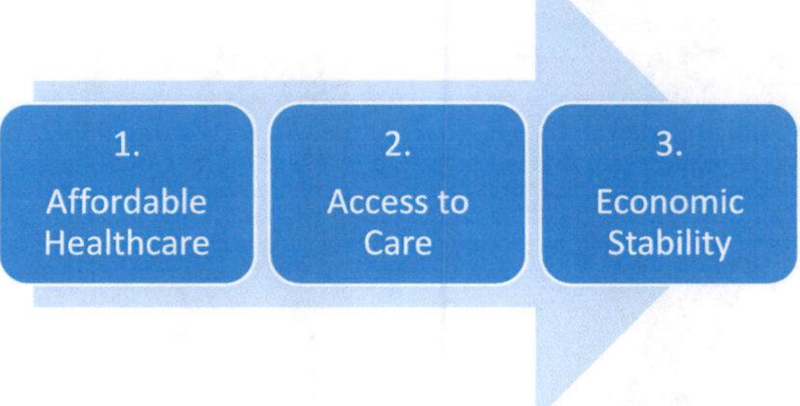
Several factors contribute to the increased vulnerability of the disabled population, especially when it comes to issues like food insecurity, health disparities, economic hardship, and social isolation. These factors often intersect and compound each other, creating a cycle of disadvantage.

1. **Economic Challenges**:
    - Adults with disabilities often face significant barriers to employment, including discrimination, lack of accessible job opportunities, and challenges related to workplace accommodations. This results in lower income and economic instability.
    - Many individuals with disabilities rely on disability benefits, which are often insufficient to cover basic living expenses, including food. These benefits are generally set at a level that does not fully address the higher cost of living faced by individuals with disabilities, contributing to food insecurity.
2. **Increased Expenses**:
    - Households with adults with disabilities often have additional expenses, such as medical costs, transportation for medical appointments, assistive devices, or modifications to the home to accommodate the disability. These expenses divert funds away from food purchases, further exacerbating food insecurity.
    - In many cases, the cost of healthy food may be prohibitively high, especially for families with limited mobility or those requiring specialized diets, which can further increase the challenge of obtaining nutritious food.

3. **Social Isolation**:
    - Adults with disabilities are more likely to experience social isolation, which can lead to difficulties in accessing support systems, including food assistance programs. Lack of social networks can make it harder for individuals to find help or even learn about available resources.
    - The stigma around disability may also prevent people from seeking out assistance due to fear of discrimination or a lack of awareness of the programs available to them.
4. **Barriers to Accessing Food Assistance Programs**:
    - While programs like SNAP (Supplemental Nutrition Assistance Program) are designed to help low-income families, adults with disabilities may face unique barriers in accessing these programs. These can include complicated application processes, lack of transportation to food distribution sites, or the inability to navigate online platforms due to accessibility issues.
    - Additionally, many food assistance programs are not designed with the specific needs of people with disabilities in mind, such as difficulty carrying food or preparing meals. As a result, they may not fully meet the needs of these households.
5. **Health-Related Factors**:
    - Adults with disabilities often face chronic health conditions that may require specialized diets or more frequent access to nutritious food. However, the inability to consistently access or afford such food can lead to poorer health outcomes, further compounding the issue of food insecurity.
    - The physical limitations or cognitive impairments associated with disabilities can also make it harder to prepare meals or to shop for food, particularly if individuals lack assistance.

The path to ensuring that everyone can access and afford nutritious food involves a multi-pronged approach that tackles both the immediate needs and the structural barriers that contribute to food insecurity. By addressing these root causes—economic inequality, lack of access to nutritious food, barriers to assistance programs, and structural inequities—we can create a more resilient and equitable food system. When everyone, regardless of income or background, has the opportunity to access and afford healthy food, we not only reduce hunger but also improve public health, foster economic stability, and enhance community resilience. This would require a comprehensive approach that includes collaboration, innovation, and commitment to long-term systemic change.

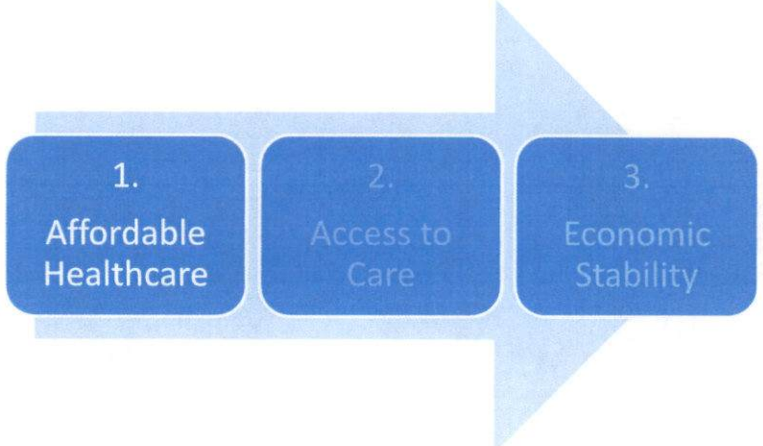
TOP THREE (3) BARRIERS TO HEALTHCARE



Affordable healthcare, access to care, and economic stability are indeed significant barriers to healthcare for rural Ohioans. These challenges are interconnected and often exacerbate each other, creating a cycle that makes it difficult for individuals and families in rural areas to receive adequate medical care. Residents in rural areas are more likely to travel long distances to access healthcare services. This can be a significant burden in terms of both time and money.

In rural communities with aging populations and individuals with chronic conditions that require multiple visits to outpatient facilities, the lack of reliable transportation is a barrier. Health insurance affordability and/or accessibility is the reason why many individuals are more likely to delay healthcare or go without the necessary healthcare or medication (https://www.raconline.org/topics/healthcare-access).

Economic stability is crucial to healthcare access because it directly influences individuals' ability to afford and navigate the healthcare system. The relationship between economic stability and healthcare access is multifaceted, impacting everything from the ability to pay for insurance to managing out-of-pocket expenses and obtaining necessary care.



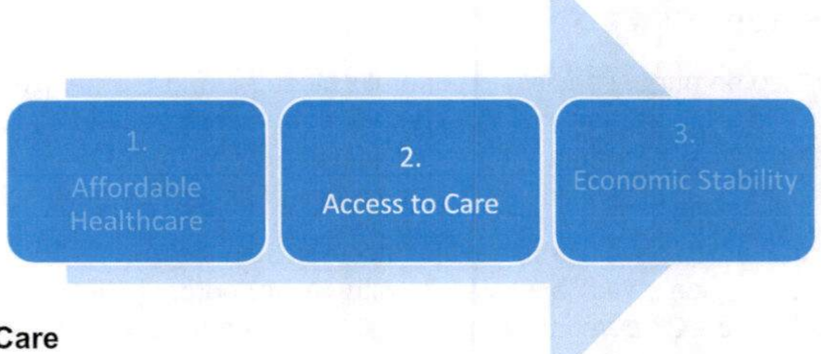
Affordable Health Care

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

Regarding mental healthcare, cost remains a significant barrier to mental healthcare in rural areas, primarily due to limited insurance coverage, high out-of-pocket expenses, and the prevalence of uninsurance. Reimbursement rates for mental health services, especially under Medicaid and private insurance, are often low, making it difficult to recruit and retain providers in rural areas, where Medicaid enrollment is higher. Combined with the shortage of mental health providers and the logistical barriers of accessing care in rural communities, these financial challenges can prevent individuals from seeking or receiving the mental health care they need.

Knowledge Regarding Resources Available

Ohio Hills Health Centers offers several options to make healthcare more affordable: Patient Discount Program, Prescription Assistance and the availability of our Certified Application Counselor who can assist with Medicaid, Medicare and Marketplace insurance applications. Community education is essential to make individuals aware of the resources available.



Access to Care

Rural residents often encounter barriers to healthcare that limit their ability to obtain the care they need. For rural residents to have sufficient access, necessary and appropriate healthcare services must be available and obtainable in a timely manner. Even when an adequate supply of healthcare services exists in the community, there are other factors to consider in terms of healthcare access. For instance, to have good healthcare access, a rural resident must also have:

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

(Healthy People 2020)

Transportation

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

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

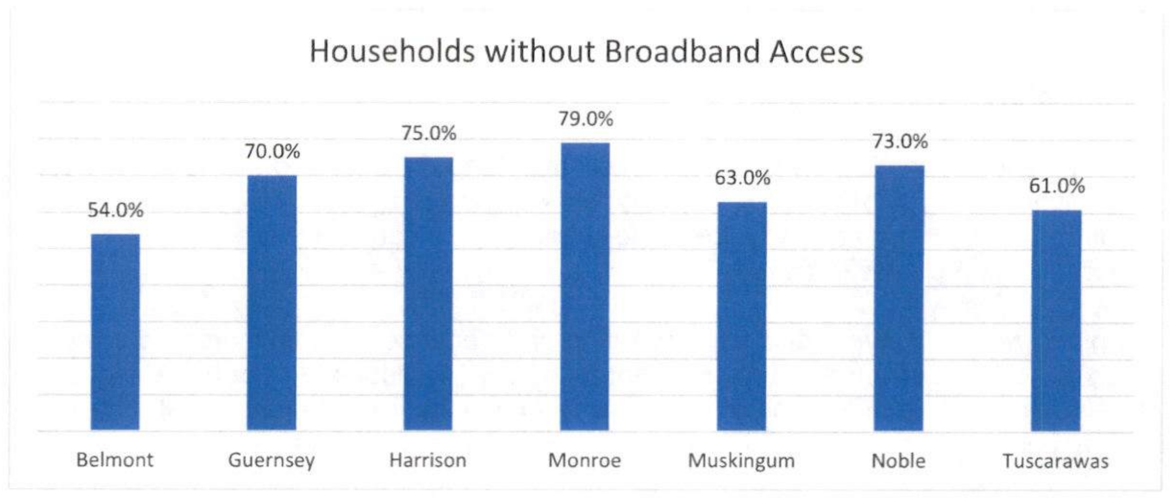
Transportation is one of the primary barriers impacting the accessibility of medical services in rural areas. Transportation limits access to specialized care professionals or facilities due to the distances area residents must travel to access the necessary care.

Access to Specialist

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

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

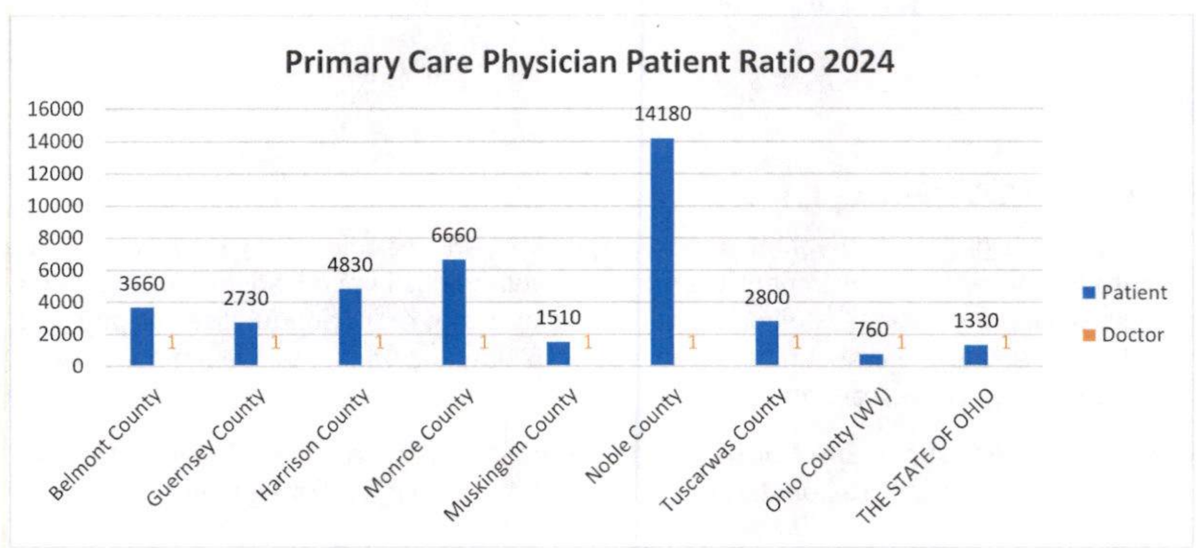
Telehealth is a viable option to eliminate some of the access barriers that rural residents experience. Telehealth can assist healthcare providers in expanding access to and improving the quality of rural healthcare. Telehealth became a more prominent mode of providing healthcare during the COVID-19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



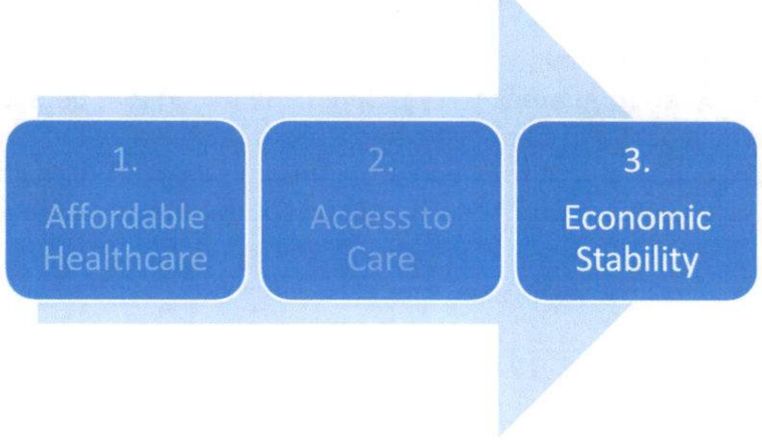
Data source: [Ohio's Broadband Availability Gaps | BroadbandOhio]

Challenge of Recruiting Health Professionals

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



Data Source: [Ohio | County Health Rankings & Roadmaps]



Socioeconomic Factors

Poverty is a significant driver of health disparities, and people living in poverty face numerous challenges that impact their overall well-being. Limited access to essential resources like healthcare, nutritious food, stable housing, and opportunities for physical activity creates a cycle that can perpetuate poor health outcomes, making it more difficult for individuals to break free from poverty.

Ohio's Food Insecurity and Food Deserts - Food insecurity rankings placed our region in the top 50 food insecure counties. (Counties With the Highest Rate of Food Insecurity in Ohio | Stacker)

#6 Monroe County
- Food insecurity rate: 18.1% (2,530 total)
--- 66.1% higher than national average
- Child food insecurity rate: 24.9% (730 total)
--- 70.5% higher than national average
- Annual food budget shortfall: $1,249,000
--- Cost per meal: $2.89

#13. Guernsey County
- Food insecurity rate: 17.0% (6,660 total)
--- 56.0% higher than national average
- Child food insecurity rate: 24.4% (2,120 total)
--- 67.1% higher than national average
- Annual food budget shortfall: $3,062,000
--- Cost per meal: $2.69

#18. Noble County
- Food insecurity rate: 15.8% (2,280 total)
--- 45.0% higher than national average
- Child food insecurity rate: 24.3% (650 total)
--- 66.4% higher than national average
- Annual food budget shortfall: $1,089,000
--- Cost per meal: $2.79

#21. Washington County
- Food insecurity rate: 15.5% (9,390 total)
--- 42.2% higher than national average
- Child food insecurity rate: 20.5% (2,440 total)
--- 40.4% higher than national average
- Annual food budget shortfall: $4,665,000
--- Cost per meal: $2.91

#23. Harrison County
- Food insecurity rate: 15.4% (2,340 total)
--- 41.3% higher than national average
- Child food insecurity rate: 21.0% (670 total)
--- 43.8% higher than national average
- Annual food budget shortfall: $1,163,000
--- Cost per meal: $2.91

#28. Muskingum County
- Food insecurity rate: 15.0% (12,940 total)
--- 37.6% higher than national average
- Child food insecurity rate: 20.3% (4,000 total)
--- 39.0% higher than national average
- Annual food budget shortfall: $6,105,000
--- Cost per meal: $2.76

#39. Belmont County
- Food insecurity rate: 13.9% (9,480 total)
--- 27.5% higher than national average
- Child food insecurity rate: 17.9% (2,310 total)
--- 22.6% higher than national average
- Annual food budget shortfall: $4,585,000
--- Cost per meal: $2.83

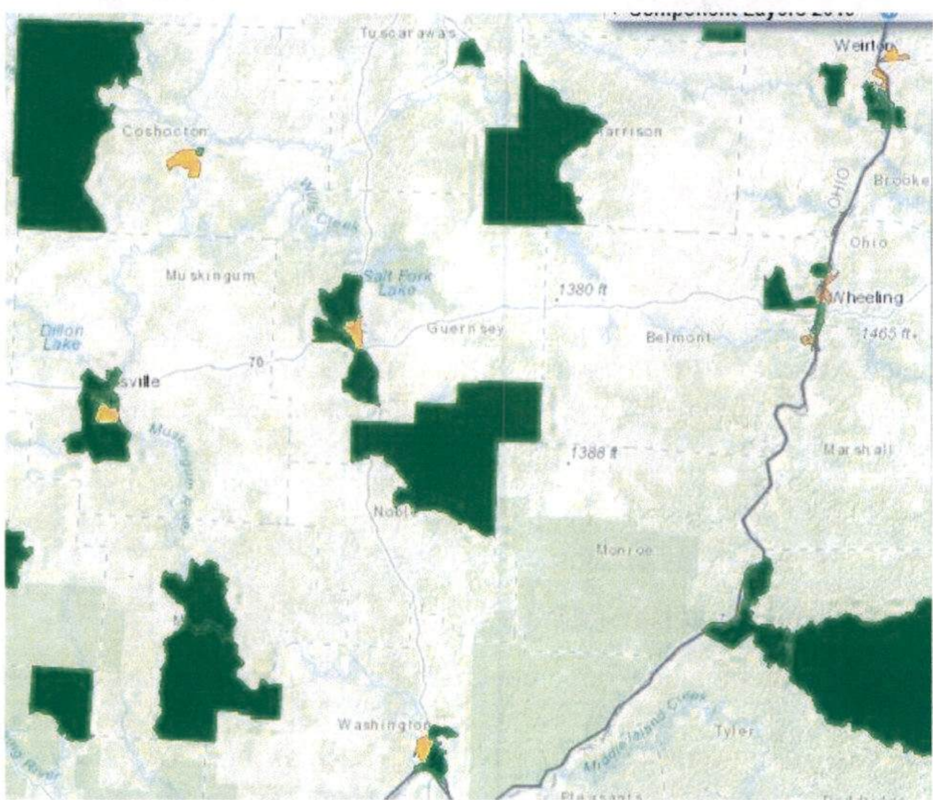
#42. Tuscarawas County
- Food insecurity rate: 13.4% (12,380 total)
--- 22.9% higher than national average
- Child food insecurity rate: 17.1% (3,600 total)
--- 17.1% higher than national average
- Annual food budget shortfall: $6,298,000
--- Cost per meal: $2.98

In WV, #50. Ohio County
- Food insecurity rate: 10.8% (4,560 total)
--- 0.9% lower than national average
- Child food insecurity rate: 13.5% (1,090 total)
--- 7.5% lower than national average
- Annual food budget shortfall: $2,461,000
--- Cost per meal: $3.16

Much of rural Ohio (43% of Ohio households) and specifically, our service region, is considered a food desert. A food desert is defined as an "area in the United States with limited access to affordable and nutritious food, particularly such an area composed of predominantly lower income neighborhoods and communities" (USDA, ERS, 2009).

These areas do not have grocery stores, farmers' markets, or health food providers that provide fresh food. Instead, these areas often just have convenience stores and "dollar" stores that provide processed foods that are not nutritious or healthy. They may rely on inexpensive, processed foods that are high in calories but low in nutrients, contributing to higher rates of obesity, diabetes, and other chronic health issues. Many times, for people with developmental disabilities, other barriers add to this issue, such as lack of transportation services.

The green portions indicate Low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.

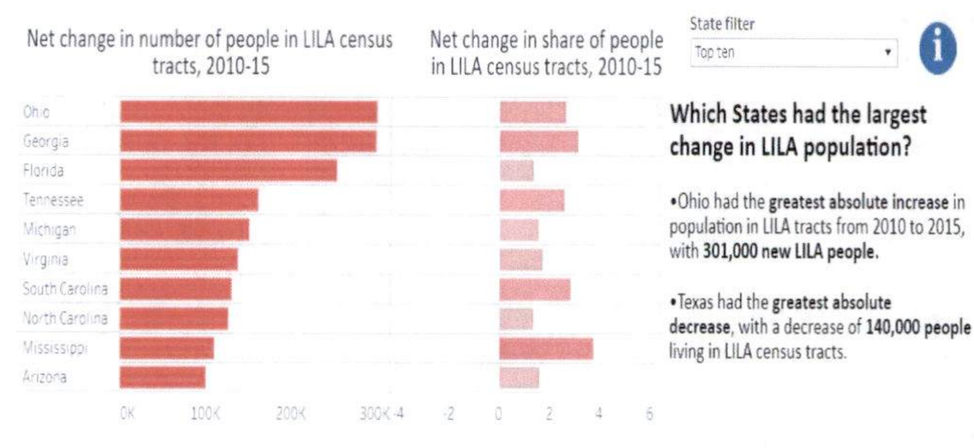


Data source: USDA ERS - Food Access Research Atlas

The significance of access to nutritious food lies in its relationship with food deserts, chronic illnesses related to nutrition, and early mortality. Insufficient access to food translates to inadequate nutrition, which can adversely impact an individual's physical

and mental well-being. Individuals lacking access to fresh and healthy food options are increasingly susceptible to conditions such as obesity, diabetes, hypertension, and cardiovascular diseases. Over time, these health trends may have implications for Medicaid claims and benefits.

Ohio had the greatest increase in population of low income, low access to healthy food tracts across the nation. (USDA ERS - State-Level Estimates of Low Income and Low Access Populations)



Increasing access to affordable, nutritious food through programs like Supplemental Nutrition Assistance Program (SNAP), school meal programs, and community food banks is critical. Local initiatives that support farming, farmers' markets, and the distribution of fresh produce in underserved areas can also help address food insecurity. Policymakers can incentivize grocery stores and food markets to open in low-income areas to ensure people have access to healthy options.

Hidden Homelessness and Home Values

Stable Housing is fundamental to good health. People in poverty often face housing instability, whether through eviction, overcrowding, or living in substandard conditions. Poor housing can expose individuals to health risks such as mold, exposure, or lack of sanitation, which can lead to respiratory issues, infections, and other preventable conditions.

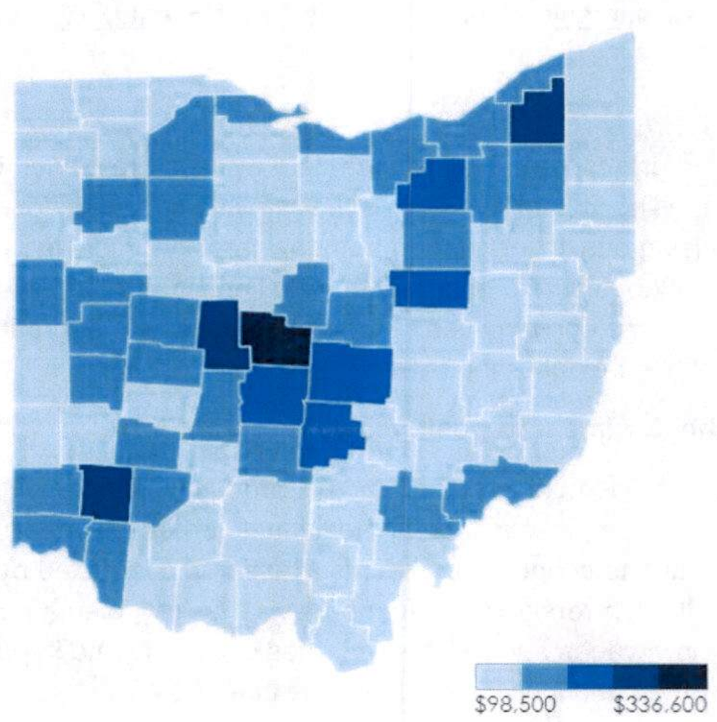
Individuals residing temporarily with others and lacking a permanent residence are classified as "hidden homeless," a status that frequently goes unnoticed. Due to their limited access to housing assistance and the difficulty in identifying them, they remain 'hidden' from national homelessness statistics. Those facing hidden homelessness often

seek shelter from friends, family, and neighbors. In many instances, these individuals are unable to cover rent or other living costs.

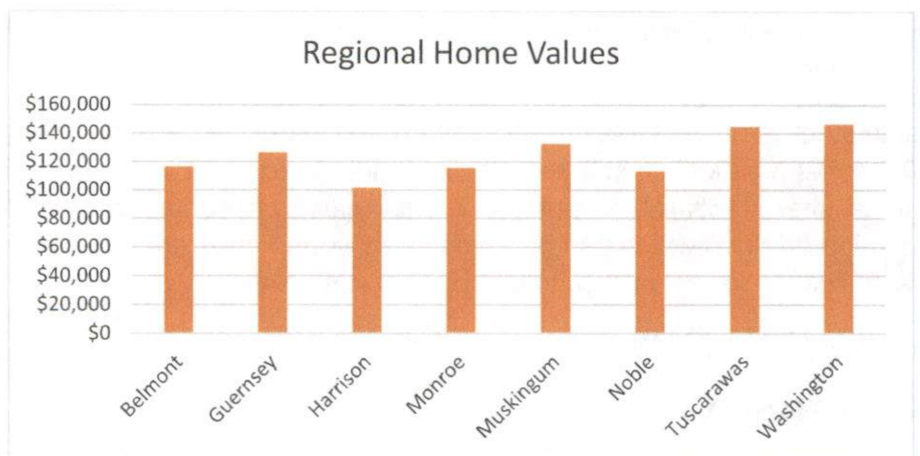
Ohio's housing stock is relatively old. One in four housing units in Ohio (or 25%) was built before 1950 when the nation's first laws banning lead-based paint were enacted – higher than the national share (16%). These homes are more likely to contain chipped lead paint or lead-contaminated dust, which can be ingested by young children. The value of these homes are significantly lower, particularly in our service areas.

2024 Ohio Housing Needs Assessment Executive Summary

Median Home Value



Source: 2017-2021 American Community Survey (ACS) Five-Year Estimates, 2021 ACS One-Year Estimates, Tables B25036 & B25107



Data source: Homeownership - Housing Needs Assessment (FY24) | Ohio Housing Finance Agency

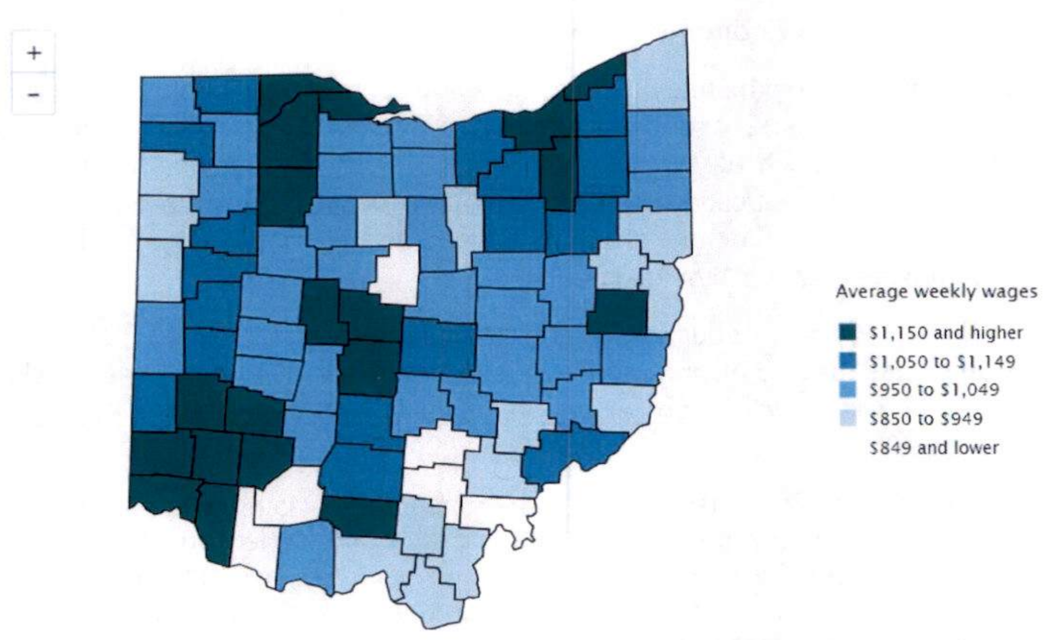
Affordable housing programs, rental assistance, and eviction prevention initiatives are critical to reducing housing instability. Policies that provide subsidies for low-income renters, improve housing quality, or support homeownership for low-income families can help break the cycle of poverty and poor health. Additionally, zoning laws and policies that promote mixed-income communities can increase access to affordable housing options in safer, healthier neighborhoods.

Low Income and the detriment to positive health outcomes

The challenges posed by demanding labor and hazardous working environments are significant, but low-wage employees face an additional barrier: the inability to access adequate healthcare due to financial constraints. Research conducted by J. Paul Leigh, an epidemiologist at the University of California-Davis, has revealed a notable correlation between low wages and heightened rates of obesity and hypertension, especially among women and individuals under the age of 44.

People with low incomes use fewer preventive care services. As a result, there are fewer opportunities for practitioners to assess and educate these patients about their health risks. Even when low-income people do see health care providers, the social needs like poor housing that may affect their health and complicated treatment are rarely addressed.

The typical weekly earnings in the United States amount to $1,527. In contrast, our region's figures are considerably lower.



Data Source: [County Employment and Wages in Ohio — First Quarter 2024 : Midwest Information Office : U.S. Bureau of Labor Statistics]

The implications of low wages extend beyond financial strain, contributing to increased stress, diminished self-worth, and a higher likelihood of engaging in detrimental health

behaviors such as smoking. This creates a detrimental cycle where poor health impedes job opportunities and income advancement. In contrast, higher wages and improved health outcomes empower workers to pursue promotions, further education, and training, thereby enhancing their prospects for upward mobility.

Effectuating Change in Economic Stability using SDOH

Social determinants of health are evident in various aspects of individuals' lives, including their access to healthcare, economic stability, living conditions, food security, and environmental factors such as climate. Additionally, these determinants influence how individuals learn within educational settings, work in occupational environments, and engage in social activities or digital interactions. Each of these daily circumstances significantly impacts a patient's overall health.

Healthy People 2020 first introduced Social Determinants of Health (SDOH) objectives in 2010. Social conditions and environments are shaped by a wider set of forces, including economics and social policies. (Social Determinants of Health - Healthy People 2030 | odphp.health.gov)

Addressing SDOH means focusing on resources needed to maintain health and quality of life. Examples of those resources include safe and affordable housing, high-quality education, healthy foods, local health and emergency services, and environments free of life-threatening toxins with opportunities for safe physical activity. Understanding and addressing place-based determinants that are linked to health disparities can improve health and advance health equity.

OHHC utilizes PRAPARE to assess social determinates of Health in our patient population. In tackling the social determinants of health, providers are partnering with community organizations to improve access to housing, healthy food, education, job training, transportation and more.

As health systems migrate toward value-based models (those that incentivize positive results rather than individual procedures and treatments) healthcare leaders regard the social determinants of health as critical components of these efforts. Concentrating on each of the elements of an individual's well-being in tandem with medical care, providers are enabled to take a holistic view of patients and overall population health to enhance patient care, promote superior outcomes, and drive value in healthcare organizations.

Resources

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

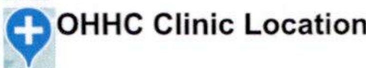
Attachments

A. Service Area Map, Board Member representation
B. Needs Assessment – Community Leader Outreach
C. Needs Assessment – Community Member Outreach
D. Survey Example

Attachment A

2024 OHHC Service Area

Board Members - Zip codes: 43713, 43793, 43973, 43754, 43718



OHHC Clinic Location

Attachment B

Dear Community Leader,

You are invited to participate in Ohio Hills Health Centers 2024 Community Needs Assessment. You were selected due to your active involvement in the community and your knowledge regarding the needs of area residents.

A community health needs assessment is a critical tool to allow OHHC to deliver effective health services to underserved populations. OHHC has a sincere desire to identify and understand the community health needs and to actively work to improve the health of all residents within our service area. The Community Needs Assessment collects data and solicits feedback from area residents and organizations on the most significant needs and challenges we face in healthcare. OHHC reviews the health needs identified through the assessment and adopts strategies to address those needs.

Your input regarding the healthcare needs of area residents is important to us. Thank you for your time in completing the survey. You can return the enclosed paper survey to any OHHC health center, or you are encouraged to submit online using the link below.

https://www.surveymonkey.com/r/OHHCCHNA24

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

Sincerely,

Jeff Britton, MBA, RRT, RCP
Chief Executive Officer

Family Health Centers: **Barnesville, Caldwell, Freeport, Quaker City, Woodsfield**
Dental Centers: **Freeport, Barnesville**

This institution is an equal opportunity provider.

Administrative Offices
101 East Main Street
Barnesville, OH 43713
740-239-6447 | ohiohills.org

Attachment C

Dear Valued Community Member,

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

Your input regarding the healthcare needs of area residents is important to us. Thank you for your time in completing the survey. Please return the enclosed paper survey before November 29, 2024, in the envelope provided or at any OHHC location.

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Attachment D

Community Health Needs Assessment 2024

Purpose of survey

Information gathered during the Community Needs Assessment will enable our organization to:
- Assess unmet needs for health services
- Identify the barriers to access healthcare
- Prioritize and develop actions to address the health needs of the communities we serve.

1. In what county do you currently live?

2. In your opinion, what are the most prevalent health concerns and needs within the community you live in? Check all that apply.

- ☐ Availability of general health services such as primary care.
- ☐ Availability of mental health services.
- ☐ Availability of dental services.
- ☐ Availability of nutrition services.
- ☐ Affordability of health care services.
- ☐ Affordability of medication.
- ☐ Affordability of health insurance.
- ☐ Access to substance abuse and addiction services.
- ☐ Transportation to doctor, pharmacy or other health services.
- ☐ Housing
- ☐ Access to Food.
- ☐ Employment
- ☐ Education of disease management.
- ☐ Other (please specify)

* 3. Please rank your top 3 concerns from the question above, in order of importance.

#1

#2

#3

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

Community Health Needs Assessment 2024

Thank you for your time and feedback.

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