

SOMC 2021 COMMUNITY HEALTH

Needs Assessment & 2022 Implementation Strategy

**Southern Ohio
Medical Center**

Very Good things are happening here



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I. Organizational Profile

Southern Ohio Medical Center (SOMC) is a non-profit hospital located in Portsmouth, Ohio. SOMC has 436 licensed beds, 211 staffed beds, and 20 operating rooms. SOMC is comprised of three campuses in Portsmouth, as well as multiple satellite facilities throughout the communities of Beaver, Ironton, Latham, Lucasville, Minford, McDermott, Portsmouth, South Webster, Waverly, West Portsmouth, West Union and Wheelersburg in Ohio, and Ashland, South Shore and Vanceburg in Kentucky.

Mission

We will make a difference.

We strive to live out that mission by providing our region with the highest quality of care, delivered by professionals who are among the best in their fields. We extend that care and passion to make a difference into the community by being a very good neighbor, employer, and community supporter.

Vision

We will be the BEST.

We work to be recognized for having the most satisfied patients, the best possible clinical quality and outcomes, the latest in technological advancements and procedures, and the best providers and employees.

Values

Since its inception, SOMC has committed itself to excellence throughout the enterprise, developing five core strategic values that guide everything we do. These strategic values are:

- Safety:** We will build and sustain an exceptionally safe organization.
- Quality:** We will deliver and sustain exceptional quality of care.
- Service:** We will deliver and sustain exceptional customer service.
- Teamwork:** We will build and sustain exceptional relationships.
- Finance:** We will achieve and sustain exceptional financial performance.

Each strategic value consists of a set of specific indicators that are monitored regularly. The goal for each indicator is to achieve perfection. Teams comprised of providers and employees from all areas of the enterprise work to make improvements in the five strategic areas, promoting best practices, education, and innovation.

Cardinal Value

We honor the dignity and worth of each person. The Cardinal Value is demonstrated through our patient-centered care model and the SOMC Code of Conduct.

II. Geographical Location

SOMC is located in Portsmouth, Ohio, a rural community with a population of 20,311 (2019 Census Bureau) situated along the winding Ohio and Scioto rivers. Portsmouth is seated at the southern tip of the state, across the river from Kentucky, and nearly two hours away from the nearest major cities of Columbus and Cincinnati in Ohio, Charleston in West Virginia and Lexington in Kentucky.

Portsmouth is a part of Scioto County and is home to 8,580 households. The city is diverse in terms of race, age and education, with the median income for a household falling below \$28,840.

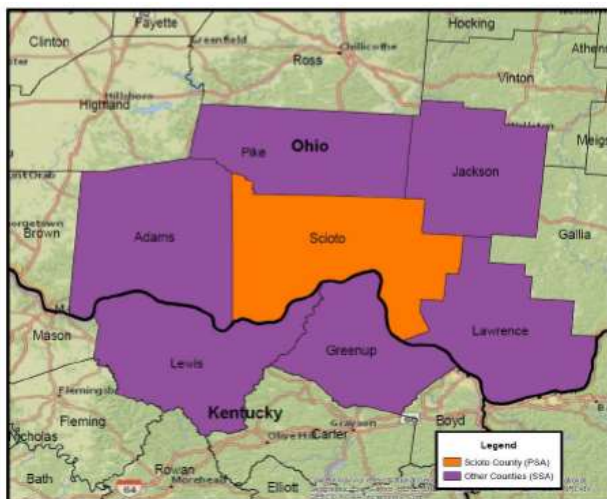
III. Population Served and Market Surveyed

In fiscal year 2021 (July 1, 2017 – June 30, 2018) SOMC received 11,535 inpatient admissions and 37,849 emergency patient visits. The hospital received 306,101 outpatient visits (including those for lab) and cared for 654 patients through Hospice Services. Inpatient surgery received 3,994 visits while outpatient surgery received 9,025.

SOMC's primary market is Scioto County in which more than half of the patients served reside in Scioto County. SOMC also receives patients from six surrounding counties that include Adams, Jackson, Lawrence, and Pike counties in Ohio and Greenup and Lewis counties in Kentucky.

The study area for the survey effort (referred to as the "Total Service Area" in this report) includes Scioto County (the Primary Service Area, or "PSA") and the combined area of Adams, Greenup, Jackson, Lawrence, Lewis, and Pike counties (the Secondary Service Area, or "SSA"). A geographic description is illustrated in the following map (Figure 1).

Figure 1 | Geographical Illustration of Population Served



Orange = PSA (Primary Service Area)

Purple = SSA (Secondary Service Area)

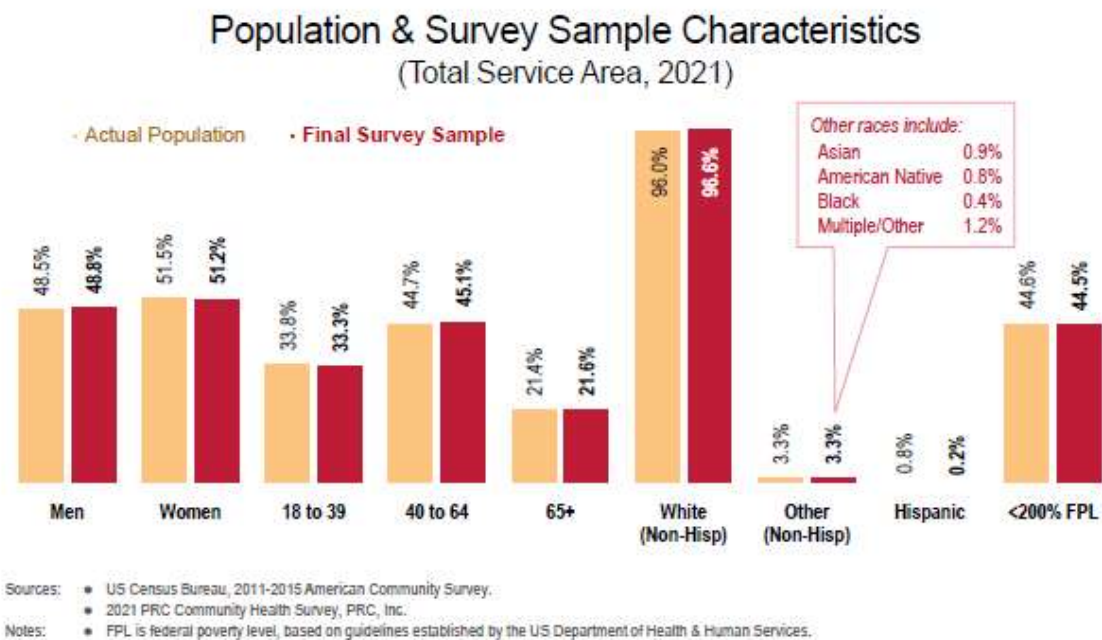
All colored areas = TSA (Total Service Area)

IV. Demographic Service Area & Participant Profile

The following chart (Figure 2) outlines the characteristics of the Total Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.] Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services.

These guidelines define poverty status by household income level and number of persons in the household (*e.g.*, the 2021 guidelines place the poverty threshold for a family of four at \$26,500 annual household income or lower). In sample segmentation: “**low income**” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “**mid/high income**” refers to those households living on incomes which are twice or more the federal poverty level.

Figure 2 | Population and Sample Characteristics



The seven-county TSA, the focus of this Community Health Needs Assessment, encompasses 3335.33 square miles and houses a total population of 273,422 residents, according to latest census estimates. Between the 2000 and 2010 US Censuses, the population of the TSA increased by 3,048 persons, or 1.1%. The TSA is predominantly rural, with 6 in 10 residents living in areas designated as rural. In the TSA, 24.5% of the population is infants, children or adolescents (age 0-17); another 57.4% are ages 18 to 64, while 18.1% are ages 65 and older. The TSA is “older” than the state and the nation in that the median ages are higher.

In looking at race independent of ethnicity (Hispanic or Latino origin), 96% of the TSA residents are White, 0.4% are African American, 0.8% are Hispanic or Latino, 0.9% are Asian, 0.8% Native American and 1.2% selected "multiple/other".

The latest census estimate shows 19.9% of the TSA population living below the federal poverty level. In all, 44.6% of service area residents live below 200% of the federal poverty level. Additionally, 30.0% of TSA children age 0-17 (representing an estimated 33,285 children) live below the 200% poverty threshold. Among the TSA population age 25 and older, an estimated 15% (over 32,000 people) do not have a high school education. According to data derived from the US Department of Labor, the unemployment rate in the TSA as of January 2022 was 6.3%.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative of the market. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

V. Area Health Services*

In addition to SOMC's presence in the TSA, the PSA offers multiple other health providers/entities including:

- Scioto County Health Department
- Portsmouth City Health Department
- King's Daughters Medical Center Ohio
- Compass Community Health Care Center
- Scioto County Health Coalition
- Shawnee Family Health Center
- King's Daughters Family Care Centers
- Community Action WIC and Prenatal Clinic
- Community Action Dental Clinic
- Valley View Health Centers
- Port 45 Recovery
- Hope Source
- The Counseling Center
- Mahajan Therapeutics Alcohol and Drug Treatment
- The Adams, Lawrence and Scioto Counties Alcohol, Drug Addiction, and Mental Health Services Board

The SSA benefits from the following additional health providers/entities:

- Adena Urgent Care – Pike County
- Adena Pike Medical Center – Pike County
- Adams County Regional Medical Center – Adams County
- Holzer Medical Center – Jackson County
- King's Daughters Family Care Center and Urgent Care – Lawrence County
- King's Daughters Family Care Center – Greenup County & Jackson County
- St. Mary's ER – Lawrence County
- County health departments
- Primary Plus – Greenup County and Lewis County
- Christ Care Pediatrics
- Valley View Health & Dental Center – Pike County
- Women, Infant and Children (WIC) programs

*This list may not be comprehensive but represents an adequate listing of other health providers/entities.

VI. Community Health Needs Assessment Methodology, Process, and Included Members and/or Entities

In January 2021, Southern Ohio Medical Center began planning the community health needs assessment to comply with accreditation standards. SOMC's Community Health and Wellness team assisted with the planning and implementation of the assessment. SOMC also met with other stakeholders in the community including King's Daughter's Medical Center, KDMC Ohio, Portsmouth City Health Department, and the Scioto Co Health Department to discuss collaboration.

The Community Health and Wellness team sought third-party assistance to conduct the Community Health Needs Assessment (CHNA). Two different leading agencies were interviewed under set criteria identified by the Community Health team. A matrix was constructed to compare agencies. Based from interview findings, quotes and proposals, Professional Resource Consultants (PRC) was selected as the vendor and a contract was signed. Survey preparation proceeded with PRC. In October, 2021, PRC began surveying the community. Final surveys were completed in November 2021. PRC completed data compilation and delivered the final report to SOMC in December 2021.

The assessment incorporated data from both quantitative and qualitative sources. Quantitative data input included primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allowed for trending and comparison to benchmark data at the state and national levels. Qualitative data input included primary research gathered through an Online Key Informant Survey.

Upon review of data, a preliminary plan was developed by key SOMC stakeholders. The findings and preliminary plan was presented to the Community Outreach Leadership Team and the External Steering Committee for feedback and revision. The implementation plan was then presented to the SOMC Board of Directors for further refinement and final plan approval.

The following timeline displays the chronology of events (Figure 3).
Figure 4 displays the entities represented in the External Steering Committee.

Figure 3 | CHNA 2021 Timeline

January 2021	<p>Planning Meeting</p> <ul style="list-style-type: none">➤ SOMC convenes key players meeting➤ Discusses quotes and proposals➤ Choose Vendor for CHNA <p>Email sent to KDMC, KDMCO, Scioto County and Portsmouth City Health Departments with invitation of collaboration</p> <p>SOMC chooses CHNA vendor Contracts signed</p>
February 2021	<p>SOMC budgets for 2021 CHNA Update Community Benefit Policy every 3 years</p>
April 2021	<p>Initial Collaboration meeting to begin planning collaboration of CHNA/ CHA committee Zoom meeting with Scioto County Health Department, Portsmouth City Health Department, and KDMCO</p>
October 2021	<p>Begin 2022 CHNA through PRC</p> <ul style="list-style-type: none">➤ 800 phone surveys, or about 3 months
January 2022	<p>Online Key Informant Survey completed Meeting with Internal Key Stakeholders to plan 2022 Implementation Strategies</p>
February 2022	<p>SOMC begins writing and finalization of CHNA Report</p>
March 2022	<p>PRC sends final data and report to SOMC</p>
April 2022	<p>Share findings and implantation planning with Scioto County partners Submission to SOMC Board of Directors</p>
May 2022	<p>Posted to the SOMC external website</p>

*Font in blue is part of Health Department Collaborative

*Font in black is SOMC specific

Figure 4 | 2021 External Steering Committee

Area Agency on Aging- 7	ADAMHS Board of Adams, Lawrence, Scioto Counties
Main Street Portsmouth	WIC
The Rural AIDS Advisory Group	Portsmouth Schools
Portsmouth City Health Department	Portsmouth Inner City Development Corporation
Scioto County Head Start	Community Action Organization of Scioto County
Scioto County Health Department	Compass Community Health
Shawnee State University	Scioto Foundation
Portsmouth Area Chamber of Commerce	Hope Source Treatment
Scioto County EMA	Portsmouth City Health Department
Portsmouth Public Library	Portsmouth City Health Department
Pike County General Health District	Shawnee State Parks
Portsmouth City Manager	Scioto County Commissioner
KDMC-Ohio	Southern Ohio Medical Center
Scioto County Sheriff	Scioto County Superintendent

VII. Background and Description CHNA

The 2021 CHNA, a follow-up to studies conducted in 2000, 2007, 2012, 2015 and 2018 is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of SOMC. The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by SOMC and PRC and is similar to the previous surveys used in the region, allowing for data trending.

A telephone interview methodology was employed — one that incorporates both landline and cell phone interviews. The sample design used for this effort consisted of a stratified random sample of 800 individuals age 18 and older in the Total Service Area (TSA), including 600 in the Primary Service Area (PSA) and 200 in the Secondary Service Area (SSA). 125 total survey items were asked of participants, which averaged a 20-25 minute telephone interview.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized

that these information gaps might in some ways limit the ability to assess all of the community’s health needs. For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by SOMC; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included representatives of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 49 community stakeholders participated in the Online Key Informant Survey, as outlined in the following table:

Figure 5 | Online Key Informant Survey Participation

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	4
Public Health Representatives	14
Other Health Providers	6
Social Services Providers	7
Other Community Leaders	18

Final participation included representatives of the organizations outlined below.

- Adams County Economic & Community Development
- Adams County Health Department
- Adams County OSU Extension Office
- Appalachian Translational Research Network and Community Engagement of Southeastern Ohio
- Area Agency on Aging – 7
- Children's Services
- City Community Development
- Community Action Organization of Scioto County
- Compass Community Health
- Main Street Portsmouth
- Money Concepts
- Oak Hill Elementary
- Pike County General Health District
- Portsmouth Area Chamber of Commerce
- Portsmouth City Council
- Portsmouth City Health Department
- Portsmouth Vision Center
- Potter's House Ministries
- RSVP Scioto County
- Schmidt Family Restaurant Group
- Scioto County Head Start
- Scioto County Health Department
- Scioto County OSU Extension Office
- Scioto Foundation
- Shawnee State University
- Southern Ohio Medical Center (SOMC) Development Board
- Southern Ohio Medical Center (SOMC) Medical Staff
- Southeastern Ohio Legal Services
- Southern Ohio Medical Center
- Staker's Drugs
- The Scioto Voice
- Wheelersburg Schools
- WIC

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

VIII. Collaboration with Community Partners

In January 2021, SOMC initiated a search for community collaboration. Invitations were sent to area health departments, King's Daughter Medical Center (KDMC) and King's Daughter Medical Center Ohio (KDMCO) regarding a possible partnership in the conduction of the CHNA. Meetings were held with several community partners in which collaboration efforts were discussed and planned. An agreement for partnership between SOMC, KDMCO, and the Portsmouth City Health Department (PCHD) was signed. As a collaboration between SOMC, KDMCO, and the PCHD, several focus groups were conducted. Due to the coronavirus pandemic and social distancing an online survey was conducted.

Figure 6 below lists the questions discussed during the focus groups and the top responses (listed highest to lowest).

Figure 6 | Focus Group Questions and Top Responses

Survey Question	Top Responses
What do you think are the four most important factors for a healthy community?	<ol style="list-style-type: none"> 1. Good schools 24 2. Access to healthy food 20 3. Safe environment 11 4. Good law enforcement, Jobs, entertainment 10 (each)
What do you think are the four most important health problems in our community?	<ol style="list-style-type: none"> 1. Improvements like bike path and proposed Mound Park Drug / alcohol abuse 52 2. Obesity 36 3. Mental Health 26 4. Chronic / communicable disease 23
What do you think are the four most important risky behaviors in our community?	<ol style="list-style-type: none"> 1. Drug/alcohol abuse 71 2. Unsafe sexual behavior / prostitution 42 3. Poor nutrition / overeating 22 4. Mental illness / homeless 9 each
What are some things that make you proud of our community?	<ol style="list-style-type: none"> 1. The people / community groups 64 2. Revitalization 9 3. Physical location 7 4. Shawnee State University 6
The following questions were answered on a Likert Scale, with 1 being the worst and 5 being the best.	
Are you satisfied with the health care system in the community? (consider access, cost, availability, quality and options in healthcare)	<ol style="list-style-type: none"> 1. 16.7% 2. 25.4% 3. 30.4% 4. 17.4% 5. 10.1%
Is there economic opportunity in the community? (consider locally owned and operated business, jobs with career growth, job training, ...affordable housing, reasonable commute, etc.)	<ol style="list-style-type: none"> 1. 16.9% 2. 33.1% 3. 28.7% 4. 15.4% 5. 5.9%
Is the community a safe place to live? (consider resident's perception of safety in the home, the workplace, schools, playgrounds, parks, etc. Does the community look out for each other?)	<ol style="list-style-type: none"> 1. 10.9% 2. 12.4% 3. 39.4% 4. 28.5% 5. 13.9%
Are their networks of support for individuals and families (neighbors, support groups, faith and community outreach, agencies and organizations) during times of stress and need?	<ol style="list-style-type: none"> 1. 5.8% 2. 12.4% 3. 39.4% 4. 28.5% 5. 13.9%
Do all individuals and groups have opportunity to participate and contribute in the community's quality of life?	<ol style="list-style-type: none"> 1. 9.5% 2. 19.5% 3. 38%

	4. 21.9%
	5. 11.7%
Is there a sufficient number of health and social services in the community?	1. 13.1%
	2. 16.8%
	3. 41.6%
	4. 20.4%
	5. 8%
Are you satisfied with the quality of life in our community? (consider your sense of safety, wellbeing, participation in community associations, etc.)	1. 12.2%
	2. 21.6%
	3. 36.7%
	4. 20.9%
	5. 8.6%

IX. Significant Health Needs of the Community (Figure 7)

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Figure 7 | Areas of Opportunity Identified through Assessment

Areas of Opportunity	
Access to Healthcare Services	Barriers to Access <ul style="list-style-type: none"> ○ Appointment Availability ○ Finding a Physician Primary Care Physician Ratio Emergency Room Utilization Ratings of Local Health Care
Cancer	Leading Cause of Death <ul style="list-style-type: none"> ▪ Cancer Deaths <ul style="list-style-type: none"> – Including Lung Cancer, Prostate Cancer, Colorectal Cancer Deaths ▪ Cancer Incidence <ul style="list-style-type: none"> – Including Lung Cancer and Colorectal Cancer ▪ Cancer Prevalence ▪ Cervical Cancer Screening [Age 21-65]
Diabetes	Diabetes Deaths <ul style="list-style-type: none"> ▪ Diabetes Prevalence ▪ <i>Key Informants: Diabetes ranked as a top concern.</i>
Heart Disease & Stroke	Leading Cause of Death <ul style="list-style-type: none"> ▪ Heart Disease Deaths ▪ Heart Disease Prevalence ▪ Stroke Deaths ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk

Infant Health and Family Planning	Teen Births
Injury & Violence	Unintentional Injury Deaths – Including Motor Vehicle Crash Deaths ▪ Firearm-Related Deaths
Kidney Disease	Kidney Disease Deaths ▪ Kidney Disease Prevalence
Mental Health	“Fair/Poor” Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Suicide Deaths ▪ Seeking Professional Help ▪ Receiving Treatment for Mental Health ▪ Key Informants: Mental health ranked as a top concern.
Nutrition, Physical Activity, & Weight	Fruit/Vegetable Consumption ▪ Meeting Physical Activity Guidelines ▪ Overweight & Obesity [Adults & Children] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
Oral Health	Regular Dental Care [Adults]
Potentially Disabling Conditions	Multiple Chronic Conditions ▪ Activity Limitations ▪ High-Impact Chronic Pain ▪ Alzheimer’s Disease Deaths
Respiratory Diseases	Lung Disease Deaths Chronic Obstructive Pulmonary Disease (COPD) Prevalence
Substance Abuse	Cirrhosis/Liver Disease Deaths Unintentional Drug-Related Deaths Illicit Drug Use <i>*Substance Abuse ranked as a top concern in the Online Key Informant Survey. Cirrhosis/Liver Disease Deaths ▪ Unintentional Drug-Related Deaths ▪ Key Informants: Substance abuse ranked as a top concern.</i>
Tobacco Use	Key Informants: Tobacco use ranked as a top concern.

X. Process for Prioritizing

SOMC reviewed data gathered from telephone surveys, online key informant surveys as well as focus groups. In order to prioritize health issues in which to develop goals and action plans, it was critical to identify the most pressing community health needs. Community needs were ranked in importance based on the following criteria:

- Number of people affected
- Severity of the problem
- Health system's ability to make a difference in the outcomes or data
- Extent to which other community organizations are collaborating to meet the need in the TSA

In addition to data review of significant health needs of the community, the feedback from all key stakeholder groups was solicited to influence and shape the strategies and actions in the final plan. Another important influence on the final plan was the State Health Improvement Plan (SHIP) for Ohio. The top priorities for SHIP were reviewed and the goals and action plans that were developed were in alignment with 3 health priorities Mental Health and Addiction, Chronic Disease and Low Infant Birth Weight. The plan was presented to the SOMC Board of Directors for final feedback and approval.

The top three needs encompass actions related to at least seven of the top fourteen areas of concern identified through the CHNA.

XI. Prioritized Needs

Access To Care

A noted area of improvement from the 2018 CHNA was the priority, "Access to Care". Since 2007's CHNA, SOMC has tracked the difficulty in securing a Primary Care Provider, to obtain medical care for children, the number of adults receiving a yearly physical/checkup, and the number of adults utilizing the emergency room care at least once in the past year. Most of these metrics have notably improved and sustained. Only during the current 2018 CHNA did one of the indicators changed unfavorable which was the number of adults utilizing the emergency room care at least once in the past year. These improvements are due in part to the Affordable Care Act. Presently 15% of our TSA population has no insurance coverage. SOMC has also implemented several actions to fill the void of available Primary Care Providers. In 2008, the SOMC Medical Care Foundation (MCF) was created to serve our community with the best possible medical care closer to home. Currently there are ten satellite family practice offices with on-site providers, laboratory, imaging and rotating specialty services in our TSA in which more than 66 physicians and 73 specialists provide care. SOMC recognized the need could not be met only through physicians; therefore, 77 mid-level providers (nurse practitioners, physician assistants, licensed independent social workers, and certified surgical assistant) and 15 certified registered nurse anesthetist have joined the MCF to meet the demand of our patient's medical needs. During the 2015 CHNA implementation efforts, SOMC decided to continue the actions implemented to improve Access to Care but chose not to select it as an area of focus. Currently the Scioto County Health Coalition continues to work to sustain and improve Access to Care for the community.

Access to Care Data	+/- Difference	2021	2018	2015	2012	2007
Experienced difficulty obtaining care	+4.7%	36.9%	41.6%	39.0%	43.2%	45.3%
Unable to obtain medical care for a child	+1.4%	2.7%	4.1%	0.9%	2.4%	5.7%
Adult yearly routine checkups	-0.9%	78.6%	79.5%	78.8%	69.7%	66.0%
Utilized Emergency Care 2x last year	+4.3%	15%	19.3%	9.7%	12.7%	13.1%

Since 2018, SOMC has added the following service locations to provide easier access to care: Eastern School Clinic, Western School Clinic, Northwest School Clinic, Ironton Family Health Center, South Shore Family Practice, Russell Family Practice and Specialty Associates, Vanceburg Rehab, Downtown Portsmouth Family Practice, SOMC Podiatry, West Union Rehab, SOMC Dermatology, Vanceburg Pharmacy, Wheelersburg Orthopedics, Waverly Pediatrics, and Wheelersburg Pediatrics. We have also initiated the COVID at Home program in Home Care as well as expanded the Hospice Center. In addition SOMC has held many free or low cost community campaigns including Air it up, Light it Pink, Smoking Cessation, Sports clinics, and many others.

Tobacco Use

A total of 19.6% of TSA adults currently smoke cigarettes, either regularly (16.2% every day) or occasionally (3.4% on some days). This statistic is similar to statewide findings and less favorable than national findings. The current smoking percentage has improved from the rate of 26.5% in 2012 to the rate of 19.6% in 2021, and is now showing statistical significance. Among households with children, 13.5% have someone who smokes cigarettes in the home. This figure has also statistically improved from 25.2% in 2012. Key informant survey participants and focus group participants expressed concern with tobacco and vaping product use in the community. Vaping was originally added to the survey in 2017 (result 7.1%) which showed a reduction of 2.8% in 2021. Key informant participants and focus groups express smoking remains prevalent in the community in which many adults use tobacco and their children observe this behavior and grow up to do the same. Also there is concern expressed that many believe that the use of electronic cigarette usage has significantly increased among school aged children, teenagers and adults in which there is a lack of understanding regarding the true consequences of these behaviors and health. SOMC will continue to focus strategies to reduce tobacco use including electronic cigarettes.

Tobacco Data	+/- Difference	2021	2018	2015	2012
Current Smokers	-5%	19.6%	24.6%	22.6%	26.5%
Use Vaping Products	-2.8%	4.3%	7.1%	n/a	n/a
Children exposed to tobacco smoker in the home	-8.7%	13.5%	22.2%	13.0%	25.2%
Advised by healthcare professional to quit	+2.9%	77.4%	74.5%	75.0%	72.4%

Nutrition, Physical Activity, & Obesity

Nutrition: A total of 22.5% (26.5% in 2018) of Total Service Area adults report eating five or more servings of fruits and/or vegetables per day. This statistic is well below the national percentage (32.7%).

Fruit/vegetable consumption has continued to decrease significantly since 2012. Low-income residents, women and adults age 40-64 reported difficulty getting fresh fruits and vegetables. A total of 42.2% (40.6% in 2015) of survey respondents acknowledge that a physician or other health professional counseled them about diet and nutrition in the past year. It is important to note that among obese respondents, only 47% (27% in 2015) report receiving diet/nutrition advice. The primary concerns of the key informant participants and focus groups surrounding nutrition included decreased knowledge of the value of food preparation, cooking techniques and healthy nutritional options, limited income which increases fast food and junk food purchases, the abundance of fast food establishments in the community, and the high cost of healthy foods. Nutrition remains an area in which continued education and information about good nutrition is needed for the community.

Nutrition Data	+/- Difference	2021	2018	2015	2012
≥5 Fruits or vegetables daily	-4%	22.5%	26.5%	21.8%	31.7%

Physical Activity: A total of 26.5% (36.0% 2015) of TSA adults report no leisure-time physical activity in the past month. This result is lower than statewide and national findings and statistically improved since 2012. The lack of leisure-time physical activity is higher among women, adults age 40 and older, and lower-income residents. A total of 11.6% of TSA adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations). This result is less favorable than state and national findings. Those that are less likely to meet physical activity requirements include men, seniors and low-income residents. Among the TSA children age 2 to 17, 60.4% (61.9% 2015) are reported to have had 60 minutes or more physical activity per day. This physical activity among children result is more favorable than national findings. The key informant survey participants believe many community members live a sedentary lifestyle, lack of programs for adults and youth related to physical activity, and limited number of free or reduced-cost options for physical activity in the community.

Physical Activity Data	+/- Difference	2021	2018	2015	2012
No Leisure-Time Physical Activity in the Past Month	-5.4%	26.5%	31.9%	36.0%	42.1%
Child is physically active for 1 or more hours per day	-5.8%	60.4%	66.2%	61.9	n/a

Obesity: Based on self-reported heights and weights, 22.6% (19.3% 2015) of TSA adults are at a healthy weight. Nearly 8 in 10 TSA adults (77.4%) qualify as overweight or obese. Furthermore, 51.4% (47.1% 2018) of Total Service Area adults are obese. Obesity is prevalent among all residents. All of these statistics are trending in the wrong direction and are less favorable than state and US findings. Obese and overweight adults are more likely to report a number of adverse health conditions. Among these are hypertension (high blood pressure), high cholesterol, chronic depression, “fair” or “poor” physical health, and diabetes. A total of 53.6% (29.8% 2015) of TSA adults who are overweight say that they are both modifying diet and increasing physical activity to try to lose weight. This result has increased since 2012, but remains lower than the national finding. Overweight/obese residents are also more likely to have overweight children. Based on the heights/weights reported by surveyed parents, 53.9% (49.0% 2015) of TSA children age 5 to 17 are overweight or obese (≥85th percentile). This figure is similar to the national prevalence and is statistically unchanged since 2012.

Obesity Data	+/- Difference	2021	2018	2015	2012
Adult Obesity Prevalence	+4.3%	51.4%	47.1%	46.9%	35.4%
Childhood Obesity Prevalence	+6.6%	30.5%	23.9%	33.5%	19.1%

SOMC has launched the LIFE Center Mobile Membership App. This allows for the community to take advantage of being active remotely when they are unable to get to the gym.

Cancer: Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease. Between 2015 and 2017, there was an annual average age-adjusted cancer mortality rate of 204.4 deaths per 100,000 population in the Total Service Area. This rate is higher when compared to Ohio at 173.2 and the US at 155.6. Together, cardiovascular disease (heart disease and stroke) and cancers accounted for nearly half of deaths in the Total Service Area in 2017. Although the trend has decreased slightly, many health behaviors that increase an individual’s risk for developing cancer remain in the TSA which includes use of tobacco products, obesity, poor nutrition and lack of physical activity. While tobacco prevention and cessation initiatives have had success, lung cancer remains the leading cause of cancer deaths in the Total Service Area at 65.1. This rate remains worse than state and national rates (Ohio 47.0 and US 38.5). The value of prevention and early detection of cancer is evident, but many individuals still do not take advantage of screenings. Among women age 50-74, 72.7% have had a mammogram within the past 2 years which is similar to statewide (Ohio 77.1%) and US findings (77.0%). In the TSA 70.0% of the women age 21-65 have had a pap smear in the past 3 years which is lower than the state (Ohio 81.9%), but similar to the national finding (US 73.5%). Unfortunately Pap smear testing prevalence for the TSA has seen a marked decrease since 2012. Colorectal cancer screening among adults age 50-75 was at 64.1% for the TSA which is similar to Ohio (66.9%) but lower than the US (76.4%).

Cancer Data	+/- Difference	2021	2018	2015	2012
Mammogram in past 2 Years Women age 50-74	-0.5%	72.0%	72.7%	71.3%	69.5%
Had a Pap Smear in past 3 years Women age 21-65	+0.5%	70.5%	70.0%	77.4%	77.2%
Colorectal Screening among adults age 50-75	+14.3%	78.4%	64.1%	61.8%	65.4%

Since 2018 SOMC has expanded from inpatient Palliative Care to the Palliative Care Clinic serving at the Family Health Centers in Portsmouth, Wheelersburg, and Waverly.

Mental Health & Substance Abuse

Mental Health: Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic disease, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery. A total of 23.9% of Total Service Area adults believe their overall mental health is "fair" or "poor." This finding is well above the "fair/poor" response nationally (13%) and shows a trending increase from the 2015 survey. Half of the key informants that took part in an online survey characterized *Mental Health* as a "major problem" in the community. Another problem identified regarding mental health was the difficulty accessing mental health services. A total of 8.1% of the TSA adults report a time in the past year when they needed mental health services, but were not able to get them. This result is similar to national findings (6.8%). Reasons cited for difficulty accessing mental health services in the past year included long waits for appointments, cost of services and lack of transportation. Between 2015 and 2017, there was an annual average age-adjusted suicide rate of 17.3 deaths per 100,000 population in the Total Service Area. This finding is worse than state (Ohio 14.3) and national (US 13.6) findings. The area suicide rate has overall trended upward, but it should also be noted that the result for the Secondary Service Area (19.0) was higher when compared with the Total Service Area (17.3).

Mental Health Data	+/- Difference	2021	2018	2015	2012
Experience "Fair" or "Poor" Mental Health	-0.7%	23.2%	23.9%	16.4%	16.6%
	+/- Difference	2021	2015-2017	2014-2016	2013-2015
Suicide: Age-Adjusted Mortality	+3.6%	20.9%	17.3%	16.1%	15.4%

Substance Abuse: Substance abuse has a major impact on individuals, families and communities. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. 64.3% of the key informants taking part in the online survey characterized *Substance Abuse* as a “major problem.” The primary concerns of key informants and focus group members related to substance abuse included a significant prevalence within the community, overdose related deaths, overdose rates, high rates of positive drug screens and substance addicted newborns. Between 2015 and 2017, there was an annual average age-adjusted unintentional drug-related mortality rate of 45.3 deaths per 100,000 population in the Total Service Area. This finding has increased considerably in the region and is well above state (Ohio 36.2) and national (US 16.7). A total of 3.9% of area adults acknowledged using an illicit drug in the past month which marks a statistically significant increase from 1.3% in 2015.

Substance Abuse Data	+/- Difference	2021	2018	2015	2012
Illicit Drug Use in the Past Month	-1.2%	2.7%	3.9%	1.3%	1.5%
Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem	+1.7%	5.7%	4.0%	4.8%	3.4%
	+/- Difference	2021	2015-2017	2014-2016	2013-2015
Unintentional Drug-Related Deaths: Age-Adjusted Mortality	+14.8%	60.1%	45.3%	34.1%	30.0%

Based upon the data identified from the telephone survey, key informant responses, focus groups and health priorities identified in the State Health Improvement Plan, SOMC will re-add Access to Care to the areas of focus in which strategies are developed and strengthened.

XII. 2022 Implementation Strategies

Tobacco Use

Aligns with Chronic Disease, Mental Health and Addiction and Low Infant Birthweight in State Health Improvement Plan

Community Need Identified through CHNA	Description of Problem (Why?)	SOMC Strategies & Actions (How & What?)	Goals
<p>Cigarette Smoking Prevalence</p> <ul style="list-style-type: none"> 19.6% adults currently smoke cigarettes in TSA (Ohio 20.8% and US 17.4%) <p>Environmental Tobacco Smoke</p> <ul style="list-style-type: none"> 13.5% Children exposed to second-hand smoke at home in TSA <p>Vaping Products Use</p> <p>4.3% adults use vaping products in TSA (Ohio 5.2% and US 8.9%)</p> <p>64.6% % of Key Informants perceive tobacco use as a "Major Problem"</p>	<p>Age Adjusted Death Rates for Heart Disease, Cancer, and Chronic Lower Respiratory Disease (CLRD) in the TSA are above the Ohio and National Averages</p> <p>Heart Disease 236.2 TSA (Ohio 188.7 and US 163.4)</p> <p>Cancer 209.8 TSA (Ohio 166.5 and US 149.3)</p> <p>CLRD 23.0 TSA (Ohio 14.5 and US 12.9)</p> <p>Low-Weight Births 11.8% TSA (Ohio 11.7 % and US 12.3%)</p> <p>Infant Mortality Rate 5.9% (Ohio 7.1% and US 5.6%)</p>	<ol style="list-style-type: none"> 1. Continue year-round availability of tobacco cessation ALA Freedom from Smoking classes and include free medication aid, increasing locations and availabilities 2. Promote tobacco prevention programming specifically targeted around smokeless tobacco, vaping and juuling. 3. Continue availability of youth tobacco prevention programs. 4. Search for emerging messaging and best prevention strategies 5. Stay current for trends related to e-cigarettes, marijuana, and other emerging products 6. Partner with SCHC or other entities to promote or establish tobacco-related prevention, intervention, or legislative strategies 7. Continue lung navigation and lung cancer screening program availability 	<p>Decrease percentage of adult regular smokers by 2%</p> <p>Decrease percentage of children exposed to second-hand smoke at home to match US average (7.2%)</p> <p>Decrease percentage of adults using vaping products by 2%</p>

Nutrition and Obesity

Aligns with Chronic Disease in State Health Improvement Plan

Community Need Identified through CHNA	Description of Problem (Why?)	SOMC Strategies & Actions (How & What?)	Goals
<p>Daily Recommendations of Fruits/Vegetables Consumption 5+ per day</p> <ul style="list-style-type: none"> 22.5% TSA adults consuming recommended amount of fruits and vegetables (US 32.7%) <p>Access to Fresh Produce</p> <ul style="list-style-type: none"> 18.8% TSA find it "Very" or "Somewhat" difficult to buy fresh produce (US 21.1%) <p>Overweight and Obesity (Adults and Children)</p> <ul style="list-style-type: none"> Prevalence of overweight adults 77.4% TSA (Ohio 69.3% and US 61.0%) Prevalence of obese adults 51.4% TSA (Ohio 34.8% And US 31.3%) Prevalence of child ages 5 to 17 overweight 53.9% TSA (US 32.3%) Prevalence of child ages 5 to 17 obesity 30.5% TSA (US 16.0%) <p>72.9% of Key Informants perceive nutrition, physical</p>	<p>Age Adjusted Death Rates for Heart Disease, Cancer, Stroke, and Diabetes in the TSA are above the Ohio and National Averages</p> <p>Heart Disease 236.2 TSA (Ohio 188.7 and US 163.4)</p> <p>Cancer 209.8 TSA (Ohio 166.5 and US 149.3)</p> <p>Stroke 45.9 TSA (Ohio 42.5 and US 37.2)</p> <p>Diabetes 36.2 TSA (Ohio 25.3 and US 21.5)</p>	<p>Continue year-round availability for nutrition education offerings: SOMC Outpatient Dietician Weight Watchers at Work Diabetes Self-Management Education Diabetes Medical Nutrition Therapy Healthy Choices presentations for all age groups Cooking classes</p> <p>Partner with SCHC or other entities to promote and establish nutrition-related promotion, education and intervention</p> <p>Partner with SCHC or other entities to promote and establish obesity-related interventions</p> <p>Expand nutrition and weight-management program availabilities Weight Watchers Meal planning presentations and informational handouts Healthy U Chronic Disease self-management classes Back 2 Basics - weight and nutritional counselling program Forever Fit - a monthly weight-tracking, physical activity/ nutrition promotion program</p> <p>Continue support for access to healthy foods</p>	<p>Increase the TSA adults who report eating five or more servings of fruits and/or vegetables per day to match US average (32.7)</p> <p>Decrease TSA adult overweight by 2%</p> <p>Decrease TSA adult obesity by 5%</p> <p>Decrease the TSA children age 5 to 17 reported as overweight by 5%</p> <p>Decrease the TSA children age 5 to 17 reported as obese by 3%</p> <p>Maintain diagnosed Pre-Diabetes rate at 6.8%</p>

<p>activity and weight as a “Major Problem”</p> <p>Diabetes and Pre-Diabetes Prevalence</p> <ul style="list-style-type: none"> • Diagnosed diabetes 21.1% TSA (Ohio 12.0% and US 13.8%) • Diagnosed Pre-diabetes 6.8% TSA (US 9.7%) <p>61.7% of Key Informants perceive diabetes as a “Major Problem”</p>		<p>Major sponsor of Market Street Portsmouth Farmer’s Market</p> <p>Employee giving campaign donations to Steven Hunter’s Power Packs program</p> <p>Promote and offer healthy choice options in SOMC Cafeteria</p> <p>es at satellite locations off e sales</p>	
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**Physical Activity
Aligns with Chronic Disease in State Health Improvement Plan**

Community Need Identified through CHNA	Description of Problem (Why?)	SOMC Strategies & Actions (How & What?)	Goals
<p>Activity Levels</p> <ul style="list-style-type: none"> • 26.5% TSA adults report no leisure-time physical activity in the past month (Ohio 28.3% and US 31.3%) • 11.6% TSA adults meet physical activity recommendations (US 21.4%) • 60.4% TSA children ages 2-17 who are physically active 1+ hours per day (33.0% US) <p>Access to Physical Activity 0.3 recreation/fitness facilities for every 100,000 population in the TSA</p> <p>72.9% of Key Informants perceive nutrition, physical activity and weight as a "Major Problem"</p>	<p>Age Adjusted Death Rates for Heart Disease, Cancer, Stroke, and Diabetes in the TSA are above the Ohio and National Averages</p> <ul style="list-style-type: none"> • Heart Disease 236.2 TSA (Ohio 188.7 and US 163.4) • Cancer 209.8 TSA (Ohio 166.5 and US 149.3) • Stroke 45.9 TSA (Ohio 42.5 and US 37.2) • Diabetes 36.2 TSA (Ohio 25.3 and US 21.5) 	<p>Continue year-round availability for physical activity offerings</p> <ul style="list-style-type: none"> Multiple SOMC LIFE Center locations Group fitness offerings, including new additions of cycling, hiking, chair volleyball and TRX weight suspension training Personal training Cardiac and Pulmonary Rehab Kidz Fit and children's swim lessons Targeted school and civic group offerings SOMC LIFE Center offers Family Day every Sunday for all ages <p>Promote additional physical activity opportunities</p> <ul style="list-style-type: none"> 5k runs Southern Ohio Senior Olympic Games T-ruck, Krav Maga, and other special offerings Free community physical activity offerings: Raven Rock Hike, Yoga on the Lawn, etc. <p>Continue support of local high school athletics through</p> <ul style="list-style-type: none"> Sports Motion program Dedicated athletic trainer available at all varsity athletic events Saturday morning sports injury clinic Next-day appointments for sports-related injuries 20+ hours of Community Health or LIFE Center 	<p>Increase the TSA adults who report meeting the physical activity recommendations by 4%</p> <p>Maintain percentage of children ages 2-17 who are physically active 1+ hours per day 66.2% TSA</p>

		<p>activities available to all contracted schools</p> <p>Partner with SCHC or other entities to promote and establish physical activity-related offerings Connex-Southern Ohio bicycle path</p> <p>Expand physical activity program availabilities & Youth Fitness offerings</p> <p>Continue support for access to physical activity opportunities Free fitness demonstration at area schools and civic groups Free fitness at the Farmer's Market Free disc golf Public bicycle rack donation Free activity groups, i.e. walking, biking, Raven Rock Hike, Yoga on the Lawn, etc.</p>	
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Cancer
Aligns with Chronic Disease in State Health Improvement Plan

Community Need Identified through CHNA	Description of Problem (Why?)	SOMC Strategies & Actions (How & What?)	Goals
<p>Cancer Screenings:</p> <p>Mammogram in past 2 years</p> <ul style="list-style-type: none"> 72.0% TSA women age 50-74 had a mammogram in the past 2 years (Ohio 77.6% and US 76.1%) <p>Pap smear in past 3 years</p> <ul style="list-style-type: none"> 70.5% TSA women age 21-65 had a pap smear in the past 3 years (Ohio 79.2% and US 73.8%) <p>Colorectal screening among adults age 50-75</p> <ul style="list-style-type: none"> 78.4% TSA adults age 50-75 had a fecal occult blood test in past year and/or a lower endoscopy in the past 10 years (67.8.9% OH & US 77.4%) <p>53.2% of Key Informants perceive cancer as a “Major Problem”</p>	<p>Age Adjusted Death Rates for Cancer in the TSA are above the Ohio and National Averages</p> <ul style="list-style-type: none"> Cancer 209.8 TSA (Ohio 166.5 and US 149.3) Lung Cancer 63.5 TSA (Ohio 42.9 and US 34.9) Female Breast Cancer 21.3 TSA (Ohio 19.7 and US 19.7) Colorectal Cancer 19.0 TSA (Ohio 14.7 and US 13.4) Prostate Cancer 21.9 (Ohio 19.3 and US 18.6) 	<ol style="list-style-type: none"> Continue year-round availability screening offerings <ul style="list-style-type: none"> Monthly breast cancer screenings Clinical breast exam and same day imaging Low-dose CT scan lung cancer screenings for at-risk individuals Free cardiac and diabetes risk screenings throughout the community Promote additional cancer-prevention and early detection opportunities <ul style="list-style-type: none"> Continue lung navigation and lung cancer screening program availability Advocate for FIT and colonoscopy testing Educate public regarding available screening exams and promote early detection and risk reduction strategies <ul style="list-style-type: none"> Advocate for HPV gene testing and vaccine Continue support for Breast Navigation program <ul style="list-style-type: none"> Paint it PINK! Activities and awareness each October Dedicated breast health navigators for system entry and education Continue support of smoking cessation, nutrition and physical activity programming 	<p>Increase the TSA women age 50-74 who report having a mammogram in the past 2 years by 5%</p> <p>Increase the TSA women age 21-65 who report having a pap smear in the past 3 years by 8%</p> <p>Increase the TSA adults age 50-75 who report having a colorectal cancer screening by 6%</p>

		6. Partner with SCHC or other entities to promote cancer prevention related offerings	
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**Mental Health and Substance Abuse
Aligns with Mental Health & Addiction in State Health Improvement Plan**

Community Need Identified through CHNA	Description of Problem (Why?)	SOMC Strategies & Actions (How & What?)	Goals
<p>Evaluation of Mental Health Status 23.2% TSA adults report their own mental health is “Fair” or “Poor” (13.4% US)</p> <p>Difficulty Accessing Mental Health Services 7.5% TSA adults report unable to get mental health services in the past year (7.8% US)</p> <p>75% of Key Informants perceive mental health as a “Major Problem”; 20.87 “Moderate Problem”</p> <p>Illicit Drug Use 2.7% TSA adults acknowledge using an illegal drug use in the past month (US 2.0%)</p> <p>Alcohol and Drug Treatment 5.7% TSA adults have sought professional help for an alcohol/drug related problem (5.4% US)</p> <p>89.6% of Key Informants perceive substance abuse as a “Major Problem”; 8.3% “Moderate Problem”</p>	<p>Age Adjust Death Rate for Intentional Self-Harm/Suicide and Unintentional Drug-Related Deaths above the Ohio and National Averages</p> <p>Intentional Self-Harm/Suicide 20.9 TSA (15.1 Ohio & 14.0 US)</p> <p>Unintentional Injury 103.5 TSA (68.9 Ohio & 48.9 US)</p> <p>Unintentional Drug-Related Deaths 60.1 TSA (38.2 Ohio & 18.8 US) *6th leading cause of death</p>	<p>Offer year-round availability for mindfulness education community</p> <p>Offer free professional development educational offerings to mental health professionals and clinical staff.</p> <p>Sponsor site with the Ohio Department of Mental Health</p> <p>Waiver Training</p> <p>Suboxone certification for medical providers every 6 months</p> <p>ASAM Criteria Training quarterly education for local providers of mental health and substance abuse</p> <p>Participate in Quarterly Opioid Consortium meeting</p> <p>Staff members serve on local ADHAMS Mental Health Board Suicide prevention team & SCHC</p> <p>Social Work Services leaders and staff serve/ lead multiple teams with ADHAMS local Mental Health Board</p> <p>Crisis Response for Suicides</p> <p>Partakes in local task force on Human Trafficking</p> <p>Opioid Response Team</p> <p>Continue partnership between Judge Lemons Juvenile Court and SOMC</p>	<p>Reduce percentage that report “Fair” or “Poor” mental health by 10% to meet US average (13%)</p> <p>Reduce percentage unable to get mental health services in the past year by 2% to meet the US Average (6.8%)</p> <p>HP 2030 12.8% or Lower Suicide</p> <p>HP 2030 120% or Lower Substance Abuse</p> <p>Reduce unintentional drug-related deaths by 9% to meet Ohio average (36.2)</p>

		<p>Hire Psychiatrist in for SOMC Outpatient Psychiatric Office</p> <p>Began distribution of Narcan in the Emergency department.</p> <p>Mandatory annual education SOMC clinical staff for early identification of suicide risk</p> <p>Free grief support services provided to local schools</p> <p>Monthly grief support group offered through Hospice Social Work Services</p> <p>Continue SOMC Substance Use Leadership Network team</p> <p>Continue to operate an inpatient medical withdraw management unit.</p> <p>Continue financial support for Portsmouth Health Department's Needle Exchange program</p> <p>Continue support for access to mental health and addiction awareness opportunities</p> <p>Led a community effort to develop a TIP (Therapeutic Interagency Program) with local Community action, Mental Health center, Children services, Help me grow</p> <p>Participate in local Juvenile Court Safe Babies program</p> <p>Educated local mental health clinics, providers, and counselors on Covid throughout pandemic to ensure safety</p>	
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		<p>Awarded grant with Nationwide Children's Hospital for school-based clinics. Participated in Education for treatment of mental health in family provider clinic</p> <p>Developed comfort packs for patients going to residential treatment or outpatient substance abuse clinic</p> <p>Met with State representatives to discuss interventions for NAS babies.</p> <p>Implemented OMNI Plan of Safe Care</p> <p>Provided education to children services employees on Neonatal Abstinence Syndrome</p> <p>Participated in MOM's Plus program</p>	
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XIII. Evaluation

Evaluation of the SOMC 2018 Community Health Needs Assessment and 2019 Implementation Strategies

Community Benefit

Over the past three years, Southern Ohio Medical Center (SOMC) has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over \$164 million in community benefit, excluding uncompensated Medicare.

- More than \$62 million in charity care and other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.

Addressing Significant Health Needs

Southern Ohio Medical Center conducted its last CHNA in 2018 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that SOMC would focus on developing and/or supporting strategies and initiatives to improve:

- Tobacco Use
- Nutrition and Obesity
- Physical Activity
- Cancer
- Mental Health and Substance Abuse

Strategies for addressing these needs were outlined in SOMC's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by SOMC to address these significant health needs in our community.

Evaluation of Previous Implementation Plan Impact

Priority Area: Tobacco Use	
Community Health Need	Decrease the high percentage of tobacco and vaping product use, and second-hand smoke exposure in our community
Goal(s)	<ul style="list-style-type: none"> • Decrease percentage of adult regular smokers by 2% • Decrease percentage of smokeless tobacco use to match US average (4.4%) • Decrease percentage of non-smokers exposed to second-hand smoke at home to match US average (4.0%) • Decrease percentage of children exposed to second-hand smoke at home to match US average (7.2%) • Decrease percentage of adults using vaping products by 2%
Strategy #1: Continue year-round availability of tobacco cessation ALA Freedom from Smoking classes and include free medication aid, increasing locations, and availabilities	
Strategy Implemented?	Yes
Target Population(s)	Any tobacco user in our market area
Partnering Organization(s)	Internal: Southern Ohio Medical Center Development Foundation External: Scioto Foundation
Results/ Impact	<ul style="list-style-type: none"> • Enrolled 121 patients in free tobacco cessation classes (as of 8/2021). • Offered classes at various locations and times throughout market area • Switched to telephonic coaching and curbside pickup of nicotine replacement therapies during COVID-19 restrictions.
Strategy #2: Promote tobacco prevention programming specifically targeted around smokeless tobacco, vaping and juuling	
Strategy Implemented?	Yes
Target Population(s)	Elementary, Middle and High School Students
Partnering Organization(s)	Internal: CHW, Community Relations, Cancer Center External: Local Area Middle and High Schools, local radio
Results/ Impact	<ul style="list-style-type: none"> • Guest speakers at multiple area schools on topic on vaping

	<ul style="list-style-type: none"> • Guest speakers at school parents' night on signs of youth vaping use • "Air it Up" event for community children to teach about the dangers of tobacco and nicotine
Strategy #3: Continue availability of youth tobacco prevention programs	
Strategy Implemented?	Yes
Target Population(s)	Middle and High School Students
Partnering Organization(s)	Internal: Community Health and Wellness (CHW), Respiratory External: Local Area Middle and High Schools, Scioto County Health Coalition (SCHC), Pike County Smoking and Vaping Cessation Committee
Results/ Impact	<ul style="list-style-type: none"> • Guest speakers at multiple area schools on topic on vaping • Guest speakers at school parents' night on signs of youth vaping use • "Air it Up" event for community children to teach about the dangers of tobacco and nicotine
Strategy #4: Search for emerging messaging and best prevention strategies	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: CHW External: Pike County Tobacco Coalition, SCHC tobacco subcommittee
Results/ Impact	Continually searched for most up-to-date evidence-based research to disseminate
Strategy #5: Stay current for trends related to e-cigarettes, marijuana and other emerging products	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: CHW External: Pike County Tobacco Coalition, SCHC tobacco subcommittee
Results/ Impact	Continually searched for most up-to-date evidence-based research to disseminate
Strategy #6: Partner with SCHC or other entities to promote or establish tobacco-related prevention, intervention or legislative strategies.	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: Lung Navigation, CHW

	External: Scioto County Health Coalition, Pike County Smoking and Vaping Cessation Committee
Results/ Impact	<ul style="list-style-type: none"> • Seat on the SCHC, assisted local schools and businesses develop smoke-free policies • Assisted with developing materials for Pike County businesses to become smoke-free
Strategy #7: Continue lung navigation and lung cancer screening program availability.	
Strategy Implemented?	Yes
Target Population(s)	55-77, Tobacco smoking history of at least 30 pack-years, Current smoker or one who has quit smoking within the last 15 years, No history of lung cancer, No signs or symptoms of lung cancer
Partnering Organization(s)	Internal: SOMC Lung Health Navigator, SOMC Cancer Committee External: SCHC
Results/ Impact	<ul style="list-style-type: none"> • Continued lung navigation program • Continued lung cancer screening program

Priority Area: Nutrition and Obesity	
Community Health Need	Daily Recommendations of Fruits/Vegetables Consumption 5+ per day, Access to Fresh Produce, Prevalence of Overweight and Obese Adults and Children, 50% of Key Informants perceive nutrition, physical activity and weight as a “Major Problem”, Diabetes and Pre-Diabetes Prevalence, 50% of Key Informants perceive diabetes as a “Major Problem
Goal(s)	<ul style="list-style-type: none"> • Increase the TSA adults who report eating five or more servings of fruits and/or vegetables per day to match US average (33.5) • Decrease TSA adult overweight by 2% • Decrease TSA adult obesity by 5% • Decrease the TSA children age 5 to 17 reported as overweight by 5% • Decrease the TSA children age 5 to 17 reported as obese by 3% • Maintain diagnosed Pre-Diabetes rate at 8.7%
Strategy #1: Continue year-round availability for nutrition education offerings: • SOMC Outpatient Dietician • Weight Watchers at Work • Diabetes Self-Management Education • Diabetes Medical Nutrition Therapy • Healthy Choices presentations for all age groups • Cooking classes	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: Nutrition, Employee Health External: Weight Watchers
Results/ Impact	Continued nutrition education offerings with Weight Watchers, Diabetes Self-Education Education, Healthy Choices presentations, cooking classes
Strategy #2: Partner with SCHC or other entities to promote and establish nutrition-related promotion, education and intervention	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: Dietary External: Kroger’s, Scioto County CAO, 14th Street Community Center, SCHC
Results/ Impact	<ul style="list-style-type: none"> • Provided Shopping with a Dietician offering at Portsmouth Kroger’s • Seat on the SCHC Nutrition Committee – American Legion ride for T1D group

	<ul style="list-style-type: none"> • Guest speaker at Scioto County Community Action Head Start programs regarding nutrition • Provided education for low-income children during summer program at 14th Street Community Center
Strategy #3: Partner with SCHC or other entities to promote and establish obesity-related interventions	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: Nutrition Department, LIFE Center, Employee Health External: Weight Watchers, Area Agency on Aging, Kroger's, Scioto County CAO, 14th Street Community Center, Hill View Retirement Center, SCHC
Results/ Impact	<ul style="list-style-type: none"> • Provided Shopping with a Dietician offering at Portsmouth Kroger's • Seat on the SCHC Nutrition Committee – American Legion ride for T1D group • Guest speaker at Scioto County Community Action Head Start programs regarding nutrition • Provided education for low-income children during summer program at 14th Street Community Center • Provided Weight Watchers Program for SOMC employees and spouses • Partnered with Area Agency on Aging to host Healthy U Chronic Disease Self- Management Classes • LIFE Center held Back to Basics Program • SOMC provided Forever Fit Program for employees and significant others • Helped Hill View Retirement Center establish own Forever Fit program for employees and family members
Strategy #4: Partner with SCHC or other entities to promote and establish obesity-related interventions • Weight Watchers • Meal planning presentations and informational handouts • Healthy U Chronic Disease self-management classes • Back 2 Basics - weight and nutritional counselling program • Forever Fit - a monthly weight tracking, physical activity/ nutrition promotion program	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: LIFE Center, Employee Health, Nutrition Department External: Weight Watchers, Area Agency on Aging, Kroger's, Scioto County CAO, 14th Street Community Center, Hill View Retirement Center, SCHC

Results/ Impact	<ul style="list-style-type: none"> • Provided Shopping with a Dietician offering at Portsmouth Kroger's • Seat on the SCHC Nutrition Committee – American Legion ride for T1D group • Guest speaker at Scioto County Community Action Head Start programs regarding nutrition • Provided education for low-income children during summer program at 14th Street Community Center • Provided Weight Watchers Program for SOMC employees and spouses • Partnered with Area Agency on Aging to host Healthy U Chronic Disease Self- Management Classes • LIFE Center held Back to Basics Program • SOMC provided Forever Fit Program for employees and significant others • Helped Hill View Retirement Center establish own Forever Fit program for employees and family members
Strategy #5: Continue support for access to healthy foods	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: Nutrition Department, SOMC Development Fund External: Market Street Portsmouth Farmer's Market, SCHC
Results/ Impact	<ul style="list-style-type: none"> • Sponsor of Market Street Portsmouth Farmer's Market • Employee giving campaign donations to Steven Hunter's Power Packs program • Promote and offer healthy choice options in SOMC Cafeteria • SOMC Development Fund provided staff with food gift cards during COVID-19 pandemic • Food trucks with healthy food options at satellite offices

Priority Area: Physical Activity	
Community Health Need	Activity levels, Access to Physical Activity, 50% of Key Informants perceive nutrition, physical activity and weight as a “Major Problem”
Goal(s)	<ul style="list-style-type: none"> • Increase the TSA adults who report meeting the physical activity recommendations by 4% • Maintain percentage of children ages 2-17 who are physically active 1+ hours per day 66.2% TSA
Strategy #1: Continue year-round availability for physical activity offerings	
Strategy Implemented?	Yes
Target Population(s)	ALL
Partnering Organization(s)	Internal: LIFE Center External: SCHC, Connex
Results/ Impact	<ul style="list-style-type: none"> • Updated facilities at all LIFE Center locations • 24 hour member access at Portsmouth LIFE Center • Free LIFE Center memberships and monetary incentives for SOMC employees and significant others that report desired amounts of physical activity • New and continued group fitness classes at LIFE Center locations • LIFE Center personal training offerings • SOMC Cardiac and Pulmonary Rehab • LIFE Center swim classes • LIFE Center family day on Sundays for all ages • Promoted and hosted physical activity options such as 5k runs, Southern Ohio Senior Olympic Games • Provided free community physical activity offerings • Partnered with SCHC and Connex for new track at Mound Park • On-site physical activity classes at schools
Strategy #2: Promote additional physical activity opportunities	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: LIFE Center, Scioto County Health Coalition External: Connex, area schools, Southern Ohio Olympic Senior Games
Results/ Impact	<ul style="list-style-type: none"> • Continued to host 5/10Ks

	<ul style="list-style-type: none"> Partnered with the Southern Ohio Olympic Games Continued to offer special classes, like Krav Maga Still offered frequent free events in the community, such as bike rides, Raven Rock Hikes, Yoga on the Lawn, ect.
Strategy #3: Continue support of local high school athletics	
Strategy Implemented?	Yes
Target Population(s)	Middle and High School Students
Partnering Organization(s)	Internal: Athletic Trainers, Orthopedic Providers External: All contracted local schools
Results/ Impact	<ul style="list-style-type: none"> Continued Sports Motion Program Dedicated athletic trainer available at all varsity athletic events Continued Saturday morning sports injury clinic Continued next-day appointments for sports-related injuries Offered 20+ hours of Community Health or LIFE Center activities available to all contracted schools Added additional contracted schools
Strategy #4: Partner with SCHC or other entities to promote and establish physical activity-related offerings	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: LIFE Center External: Connex, local community members, SCHC
Results/ Impact	<ul style="list-style-type: none"> Drawings have been submitted to local government to approve for bike paths Mountain bike paths built in the Shawnee State Forest
Strategy #5: Expand physical activity program availabilities & youth fitness offerings	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: LIFE Center External: Connex, Mound Park, Community Action Head Start, SCHC
Results/ Impact	New track built around perimeter of Mound Park and held RAMP event
Strategy #6: Continue support for access to physical activity opportunities	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: Athletic Trainers, LIFE Center

	External: Shawnee State Park, area schools, Farmer's Market
Results/ Impact	<ul style="list-style-type: none">• Continued free fitness demonstrations at area schools and civic groups• Continued free fitness at Farmer's Market• Free disc golf• Continued public bike rack donation• Continued public donation of bicycle helmets• Free community group bike rides

Priority Area: Cancer	
Community Health Need	Cancer screenings, percentage of key informants perceive cancer as a “major problem”
Goal(s)	<ul style="list-style-type: none"> • Increase the TSA women age 50-74 who report having a mammogram in the past 2 years by 5% • Increase the TSA women age 21-65 who report having a pap smear in the past 3 years by 8% • Increase the TSA adults age 50-75 who report having a colorectal cancer screening by 6%
Strategy #1: Continue year-round availability of tobacco cessation ALA Freedom from Smoking classes and include free medication aid, increasing locations, and availabilities	
Strategy Implemented?	Yes
Target Population(s)	Any tobacco user in our market area
Partnering Organization(s)	Internal: Southern Ohio Medical Center Development Foundation External: Scioto Foundation
Results/ Impact	<ul style="list-style-type: none"> • Enrolled 121 patients in free tobacco cessation classes (as of 8/2021). • Offered classes at various locations and times throughout market area • Switched to telephonic coaching and curbside pickup of nicotine replacement therapies during COVID-19 restrictions.
Strategy #2: Promote tobacco prevention programming specifically targeted around smokeless tobacco, vaping and juuling	
Strategy Implemented?	Yes
Target Population(s)	Elementary, Middle and High School Students
Partnering Organization(s)	Internal: CHW, Community Relations, Cancer Center External: Local Area Middle and High Schools, local radio
Results/ Impact	<ul style="list-style-type: none"> • Guest speakers at multiple area schools on topic on vaping • Guest speakers at school parents' night on signs of youth vaping use • “Air it Up” event for community children to teach about the dangers of tobacco and nicotine
Strategy #3: Continue availability of youth tobacco prevention programs	
Strategy Implemented?	Yes

Target Population(s)	Middle and High School Students
Partnering Organization(s)	Internal: Community Health and Wellness (CHW), Respiratory External: Local Area Middle and High Schools, Scioto County Health Coalition (SCHC), Pike County Smoking and Vaping Cessation Committee
Results/ Impact	<ul style="list-style-type: none"> • Guest speakers at multiple area schools on topic on vaping • Guest speakers at school parents' night on signs of youth vaping use • "Air it Up" event for community children to teach about the dangers of tobacco and nicotine
Strategy #4: Search for emerging messaging and best prevention strategies	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: CHW External: Pike County Tobacco Coalition, SCHC tobacco subcommittee
Results/ Impact	Continually searched for most up-to-date evidence-based research to disseminate
Strategy #5: Stay current for trends related to e-cigarettes, marijuana and other emerging products	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: CHW External: Pike County Tobacco Coalition, SCHC tobacco subcommittee
Results/ Impact	Continually searched for most up-to-date evidence-based research to disseminate
Strategy #6: Partner with SCHC or other entities to promote or establish tobacco-related prevention, intervention or legislative strategies.	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: Lung Navigation, CHW External: Scioto County Health Coalition, Pike County Smoking and Vaping Cessation Committee
Results/ Impact	<ul style="list-style-type: none"> • Seat on the SCHC, assisted local schools and businesses develop smoke-free policies • Assisted with developing materials for Pike County businesses to become smoke-free

Strategy #7: Continue lung navigation and lung cancer screening program availability.	
Strategy Implemented?	Yes
Target Population(s)	55-77, Tobacco smoking history of at least 30 pack-years, Current smoker or one who has quit smoking within the last 15 years, No history of lung cancer, No signs or symptoms of lung cancer
Partnering Organization(s)	Internal: SOMC Lung Health Navigator, SOMC Cancer Committee External: SCHC
Results/ Impact	<ul style="list-style-type: none"> • Continued lung navigation program • Continued lung cancer screening program

Priority Area: Mental Health and Substance abuse	
Community Health Need	Evaluation of Mental Health Status, Difficulty Accessing Mental Health Services, 50% of Key Informants perceive mental health as a “Major Problem”; 35.7 “Moderate Problem” Illicit Drug Use, Alcohol and Drug Treatment, 64.3% of Key Informants perceive substance abuse as a “Major Problem”; 28.6 “Moderate Problem”
Goal(s)	<ul style="list-style-type: none"> • Reduce percentage that report “Fair” or “Poor” mental health by 10% to meet US average (13%) • Reduce percentage unable to get mental health services in the past year by 2% to meet US average (6.8%) • Reduce unintentional drug-related deaths by 9% to meet Ohio average (36.2)
Strategy #1: Offer year-round availability for mindfulness education community	
Strategy Implemented?	Yes
Target Population(s)	All
Partnering Organization(s)	Internal: Community Health, LIFE Center External: local schools
Results/ Impact	<ul style="list-style-type: none"> • Offered year-round availability for mindfulness education community • Series of mindfulness presentations at local elementary and high schools • Integrated mindfulness techniques into smoking cessation classes
Strategy #2: Offer free professional development educational offerings to mental health professionals and clinical staff.	
Strategy Implemented?	Yes
Target Population(s)	Medical professionals and staff
Partnering Organization(s)	Internal: Workforce Development, Community Health, Respiratory, Breakthrough Program External: American Lung Association (ALA), local school nurses, Scioto County Health Department
Results/ Impact	<ul style="list-style-type: none"> • Implemented free professional educational offerings with CEs to mental health professionals and clinical staff • Webinar with ALA regarding tobacco updates • Presented Juuling Education to local school nurses; included CEs

Strategy #3: Sponsor site with the Ohio Department of Mental Health • Waiver Training Suboxone certification for medical providers every 6 months • ASAM Criteria Training quarterly education for local providers of mental health and substance abuse	
Strategy Implemented?	Yes
Target Population(s)	Providers in community/Emergency Department. Counselors and Social workers in Mental Health/Substance abuse.
Partnering Organization(s)	Internal: Social Work External: Ohio Department of Mental Health & Addiction Services
Results/ Impact	<ul style="list-style-type: none"> • Waiver training held 4/5/19 and 4/6/19 bringing total waiver trained providers to 60 since March of 2018 • ASAM Criteria training held 3/28/19 and 3/29/19 - 37 professionals trained. • Quarterly 1 hour in-services held in 2019 and 2 in 2020 for area counselors/social workers
Strategy #4: Search for emerging messaging and best prevention strategies	
Strategy Implemented?	Yes
Target Population(s)	Community Leaders
Partnering Organization(s)	Internal: Social Work External: Portsmouth City Health Department and all area mental health and substance abuse.
Results/ Impact	<ul style="list-style-type: none"> • Participation at quarterly meetings to increase awareness. • Join with Healing Communities to increase use of distribution of NARCAN from ER.
Strategy #5: Staff members serve on local ADHAMS Mental Health Board Suicide prevention team & SCHC	
Strategy Implemented?	Yes
Target Population(s)	Schools and Communities
Partnering Organization(s)	Internal: Social Work External: ADHAMS Mental Health Board on Suicide
Results/ Impact	<ul style="list-style-type: none"> • Board arranged for free suicide training in community. • Team planned suicide awareness for community including Suicide walk
Strategy #6: Social Work Services leaders and staff serve/ lead multiple teams with ADHAMS local Mental Health Board • Crisis Response for Suicides • Education on Sexual Trafficking • Opioid Response Team	
Strategy Implemented?	Yes
Target Population(s)	Mental Health Professionals Education/Communication
Partnering Organization(s)	Internal: Social Work Services External: Local Mental Health Board, Shawnee Mental Health, Counseling Center

Results/ Impact	<ul style="list-style-type: none"> • Participation on team to increase awareness of sexual trafficking. Included education of SOMC social work team by leaders in field. • Participation on Opioid Response Team
Strategy #7: Continue partnership between Judge Lemons Juvenile Court and SOMC • Lead local “Saturday School” healthy lifestyles and group physical fitness court- mandated opportunity for teens and their families • Drug court partnership for risk-identified youth to have access to the SOMC LIFE Center for physical fitness, included basketball courts, cross fit gym, etc	
Strategy Implemented?	Yes
Target Population(s)	Youth, 18 years and under
Partnering Organization(s)	Internal: LIFE Center External: Scioto County Juvenile Court
Results/ Impact	Continued partnership with the Juvenile Court for Saturday presentations on healthy lifestyles and fitness in 2019
Strategy #8: Hire Psychiatrist for SOMC Outpatient Psychiatric Office	
Strategy Implemented?	Yes
Target Population(s)	Adults 18 years old and older
Partnering Organization(s)	Internal: Human Resources
Results/ Impact	Psychiatric Nurse Practitioners have been hired. Offer extended to a Psychiatrist hired for SOMC Outpatient Psychiatric Office
Strategy #9: Mandatory annual education SOMC clinical staff for early identification of suicide risk	
Strategy Implemented?	Yes
Target Population(s)	Area students
Partnering Organization(s)	Internal: Workforce Development
Results/ Impact	<ul style="list-style-type: none"> • Mandatory annual education for SOMC clinical staff in Net Learning • New nurses are given 1 hour of live education on the Detection and Prevention of Suicide Risk in New Nurse Orientation • Nursing and support staff participate in suicide detection and prevention education each year during annual nursing competencies where they identify and mitigate suicide risks in patient care areas.
Strategy #10: Free grief support services provided to local schools	
Strategy Implemented?	Yes
Target Population(s)	Area students
Partnering Organization(s)	Internal: Social work External: Area schools
Results/ Impact	Continued grief support services for local schools, as needed
Strategy #11: Monthly grief support group offered through Hospice Social Work Services	
Strategy Implemented?	Yes
Target Population(s)	18 years old and over
Partnering Organization(s)	Internal: Hospice

Results/ Impact	<ul style="list-style-type: none"> Continued to offer grief support group through Hospice Social Work Services Support group temporarily suspended due to COVID-19
Strategy #12: Continue SOMC Substance Use Leadership Network team	
Strategy Implemented?	Yes
Target Population(s)	SOMC Leaders
Partnering Organization(s)	Internal: SOMC staff
Results/ Impact	Continued SOMC Substance Use Leadership Network Team to encourage discussion, research, and maintain highest standards offered by SOMC to our community
Strategy #13: Continue to operate an inpatient medical withdraw management unit	
Strategy Implemented?	Yes
Target Population(s)	Community members with substance use difficulties
Partnering Organization(s)	Internal: SOMC staff
Results/ Impact	<ul style="list-style-type: none"> Continued Breakthrough Unit Temporarily stopped accepting Breakthrough patients due to high COVID census and staffing problems
Strategy #14: Continue financial support for Portsmouth Health Department's Needle Exchange program	
Strategy Implemented?	Yes
Target Population(s)	Community members with substance use difficulties
Partnering Organization(s)	External: Portsmouth City Health Department
Results/ Impact	Sustained financial support for the Portsmouth City Health Department needle exchange program
Strategy #15: Continue support for access to mental health and addiction awareness opportunities	
Strategy Implemented?	Yes
Target Population(s)	Community
Partnering Organization(s)	Internal: Community Relations, Community Health, Social Work External: Shawnee Family Health Center, ADAHMS board, SCHC, PCHD, SCHD, local schools
Results/ Impact	Continued to partner with many area organizations to promote access to awareness opportunities, such as JUULING and tobacco presentations, promoting opportunism during provider visits

XIV. CHNA Approvals

Southern Ohio Medical Center Governing Board President



Date:

5/11/22

**Southern Ohio
Medical Center**

Very Good things are happening here