



SOMC 2018 COMMUNITY HEALTH

Needs Assessment & 2019 Implementation

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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, 248 staffed beds, and 20 operating rooms. SOMC is comprised of three campuses in Portsmouth, as well as multiple satellite facilities throughout the communities of Lucasville, Minford, Portsmouth, South Webster, Waverly, West Portsmouth, West Union and Wheelersburg in Ohio, and Greenup 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.

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 20,443 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 8,474 households. The city is diverse in terms of race, age and education, with the median income for a household falling below \$27,943.

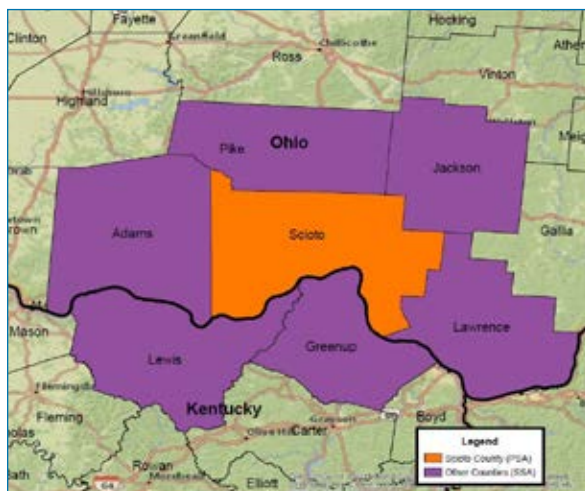
III. Population Served and Market Surveyed

In fiscal year 2018 (July 1, 2017 – June 30, 2018) SOMC received 13,724 inpatient admissions and 78,764 emergency patient visits. The hospital received 173,583 outpatient visits (including those for lab) and cared for 680 patients through Hospice Services. Inpatient surgery received 3,121 visits while outpatient surgery received 10,116.

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)

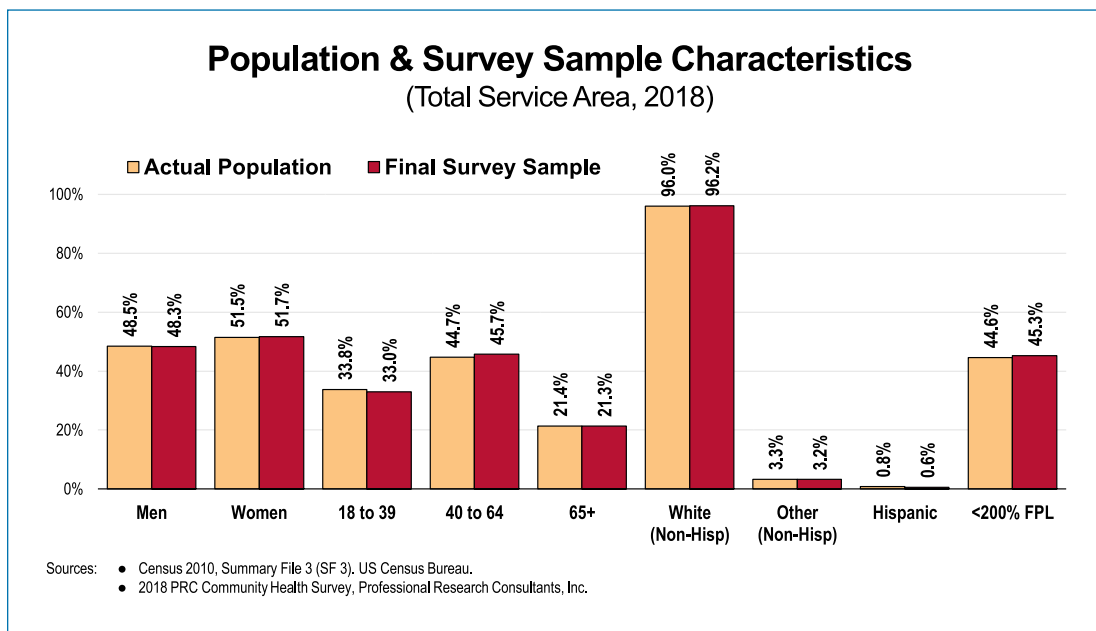
All colored areas = TSA (Total Service Area)

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 2018 guidelines place the poverty threshold for a family of four at \$25,100 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 278,000 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, 22.9% of the population is infants, children or adolescents (age 0-17); another 60.2% are ages 18 to 64, while 16.9% 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), 95.9% of the TSA residents are White, 1.6% are African American and 1.0% are Hispanic or Latino. Between

2000 and 2010, the Hispanic population in the area increased by 785 or 0.8%. A total of 0.2% of the TSA population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

The latest census estimate shows 21.7% of the TSA population living below the federal poverty level. In all, 44.0% of service area residents (nearly 119,160 individuals) live below 200% of the federal poverty level. Additionally, 54.0% 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 16.8% (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 March 2018 was 6.5%.

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
- » Bellefonte Primary Care – Greenup County
- » 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 November, 2017, 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.

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, 2018, PRC began surveying the community. Final surveys were completed in December, 2018. PRC completed data compilation and delivered the final report to SOMC in February, 2019. 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 (Scioto County Health Coalition) 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 2018 Timeline

Nov. 2017	Planning meeting » SOMC convenes key players meeting » Discusses quotes and proposals » Choose Vendor for CHNA
January 2018	SOMC chooses vendor CHNA
February 2018	SOMC budgets for 2019 CHNA Update Community Benefit Policy every 3 years
Feb. 13, 2018	Email sent to SOMC, KDMC-O, Scioto, Lawrence, Pike, Adams County and Ironton City Health Departments with invitation of collaboration
March 6, 2018	Initial Collaboration meeting to begin planning collaboration of CHNA/ CHA
April 25, 2018	Collaboration meeting: SOMC to take lead, Ports. City (PCHD), Scioto Co. (SCHD), Ironton City (ICHD), Lawrence Co. (LCHD) and KDMCO agreed to partner by holding focus groups in January 2019. PCHD & SCHD, and ICHD & LCHD verbally commit to \$20,000 contribution to CHNA funding.
May 2018	Community Benefits posted
June 14, 2018	SOMC, KDMC, PCHD provided info about PRC and solidified timeline
July 2018	Repost 2016 CHNA/IP to ODH website
August 22, 2018	SOMC, KDMC, PCHD discussed focus groups. Piggyback on additional meetings. KDMC committed to \$5,000
Sep. 28, 2018	SOMC, KDMC, PCHD. SOMC provided contacts for groups to use for focus groups. PCHD and KDMC calls to 11 groups, made 3 appointments.

October 2018	Begin CHNA through vendor, PRC » 800 phone surveys, or about 3 months
Nov. 13, 2018	Focus Group
Nov. 27, 2018	Focus Group
January 2019	online key-informant survey
January 22, 2019	Focus Group cancelled due to bad weather
Feb./March 2019	PRC sends final data and PRC report to SOMC
Mar./April 2019	<ul style="list-style-type: none"> » SOMC writing and finalization CHNA report » Implementation planning begins » Share findings and implementation planning with Scioto County partners » Present to multiple SOMC committees » Present to SOMC Community Outreach Leadership Team » Present to Scioto County Health Coalition » Present report to SOMC Board of Directors for final approval
May 2019	<ul style="list-style-type: none"> » FY 18 Community Benefits to website » 2019 CHNA available to community on SOMC website

*Font in blue is part of Health Department Collaborative

*Font in black is SOMC specific

Figure 4 | 2019 External Steering Committee

Scioto County Health Coalition	Kings Daughters Medical Center Ohio
Main Street Portsmouth	Alcohol, Drug and Mental Health Services Board
Scioto County Health Department	Portsmouth Chamber of Commerce
Scioto County Health Commissioner	Caresource
Compass Community Health	Portsmouth City Health Commissioner
Portsmouth City Health Department	Shawnee State University
The Counseling Center	CAO Headstart
Goodwill Industry of Scioto County	Rest Haven Nursing Home

Area Agency on Aging District 7	Shawnee State Park
Scioto County Community Action	Shawnee Family Health Care Center
Equitas	Pike County Community Action
Southern Ohio Domestic Violence Shelter	Portsmouth Metropolitan Housing Authority
Southern Ohio Medical Center	Southern Ohio Senior Games
WIC	Bureau of Worker’s Compensation

VII. Background and Description CHNA

The 2018 CHNA, a follow-up to studies conducted in 2000, 2007, 2012 and 2015 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, 63 community stakeholders participated in the Online Key Informant Survey, as outlined in the following table:

Figure 5 | Online Key Informant Survey Participation

Key Informant Type	Number Invited	Number Participating
Physicians	10	6
Public Health Representatives	11	7
Other Health Providers	29	20
Social Services Providers	16	10
Other Community Leaders	33	20

Final participation included representatives of the organizations outlined below.

- » Adams County Board of Developmental Disabilities
- » Area Agency on Aging, District 7
- » Beltone
- » CAO of Scioto County
- » CAO Scioto County Head Start and Early Head Start
- » Clay Local School District
- » Community Action Org Women, Infant and Child Program
- » Compass Community Health
- » Glockner Enterprises
- » Minford Local School District
- » Money Concepts Capital Financial Planning
- » Portsmouth Area Chamber of Commerce
- » Portsmouth City Health Department
- » Portsmouth City Health Department Prevention Division
- » Portsmouth City Schools
- » Portsmouth-Scioto County Visitors Bureau
- » Schmidt Family Restaurant Group
- » Scioto County Career Technical Center
- » Scioto County Career Technical Center Health Programs
- » Scioto County Emergency Management Agency
- » Scioto County Health Department
- » Scioto Foundation
- » Scioto Tech
- » Shawnee State University
- » SOMC Greenup Family Practice
- » SOMC Vanceburg
- » Southeastern Ohio Legal Services
- » Southern Ohio Medical Center
- » STAR, Inc.
- » The Pavilion at Piketon
- » The Potter's House Ministries, Inc.
- » United Scioto Senior Activities, Inc.
- » Western Local School District
- » Wheelersburg Local Schools

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 and Focus Groups

In February, 2018, SOMC initiated a search for community collaboration. Invitations were sent to area health departments and King’s Daughter Medical Center-Ohio (KDMC-O) 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, KDMC-O, and the Portsmouth City Health Department (PCHD) was signed. As a collaboration between SOMC, KDMC-O and the PCHD, several focus groups were conducted. Calls were placed to 11 different local groups and 3 appointments were made. One was cancelled by the group (January 22, 2019) due to bad weather.

Two focus groups were conducted - the first on November 13, 2018 and second on November 27, 2018- with a total of 62 respondents. Figure 5 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

Focus Group Question	Top Responses
Characteristics of a healthy community	Jobs Community involvement/leadership working to-gether Cultural development Low crime rates Good mental and physical health
Makes you proud of your community	Ability to band together Perseverance of citizens Shawnee State University Winter Fest Improvements like bike path and proposed Mound Park
Issues that must be addressed to improve the health and quality of life in Portsmouth	Substance abuse Economic development/jobs Smoking Diet and exercise Affordable health care
Barriers that are keeping city from improving health and quality of life	Finances/economic instability Politics Agencies unwilling to work together Leadership not open to new industry and tech-nology Lack of evidence-based programs

Action, policy or funding priorities to support to build a health community	<ul style="list-style-type: none"> Bringing in business and finding other funding avenues Beautification projects Infrastructure improvements Development of cooperation between agencies Incentives in the workplace to increase physical activity
People or groups working together to improve the health and quality of life in our community	<ul style="list-style-type: none"> Friends of Portsmouth Portsmouth Connex Scioto County Health Coalition Scioto Foundation Portsmouth City Health Department
Satisfied with the quality of life in Portsmouth	<ul style="list-style-type: none"> 82% - No 18% - Yes
Economic opportunity in Portsmouth	<ul style="list-style-type: none"> 98% - No 2% - Yes
Portsmouth safe	<ul style="list-style-type: none"> 60% - No 18% - Somewhat 22% - Yes
Perception – individually and collectively – make Portsmouth a better place to live	<ul style="list-style-type: none"> 61% - No 59% - Yes
Things that would excite you enough to become involved in improving the community	<ul style="list-style-type: none"> Collaboration of community leaders Government Private business Moving past partisan politics More volunteer events Creating awareness and education Utilizing the river front

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

Access to Healthcare Services	Cost of Prescriptions Lack of Health Insurance (SSA) Skipping/Stretching Prescriptions Primary Care Physician Ratio Emergency Room Utilization
Cancer	Cancer is a leading cause of death. Cancer Deaths <ul style="list-style-type: none"> • Including Lung Cancer, Female Breast Cancer, and Colorectal Cancer Deaths Cancer Prevalence Lung Cancer Incidence Colorectal Cancer Screening [Age 50-75] <i>*Cancer ranked as a top concern in the Online Key Informant Survey.</i>
Dementia, Including Alzheimer’s Disease	Alzheimer’s Disease Deaths
Diabetes	Diabetes Deaths Diabetes Prevalence <i>*Diabetes ranked as a top concern in the Online Key Informant Survey.</i>
Family Planning	Teen Births
Heart Disease & Stroke	Cardiovascular disease is a leading cause of death. Heart Disease Deaths Heart Disease Prevalence High Blood Pressure Prevalence Stroke Deaths Overall Cardiovascular Risk <i>*Heart Disease & Stroke ranked as a top concern in the Online Key Informant Survey.</i>

Injury & Violence	<p>Unintentional Injury Deaths</p> <ul style="list-style-type: none"> • Including Motor Vehicle Crash <p>Firearm-Related Deaths</p>
Kidney Disease	<p>Kidney Disease Deaths</p> <p>Kidney Disease Prevalence</p>
Mental Health	<p>“Fair/Poor” Mental Health</p> <p>Diagnosed Depression</p> <p>Symptoms of Chronic Depression</p> <p>Receiving Treatment for Mental Health</p> <p>Suicide Deaths</p> <p><i>*Mental Health ranked as a top concern in the Online Key Informant Survey.</i></p>
Nutrition, Physical Activity & Weight	<p>Fruit/Vegetable Consumption</p> <p>Difficulty Accessing Fresh Produce</p> <p>Overweight & Obesity [Adults]</p> <p>Trying to Lose Weight [Overweight Adults]</p> <p>Leisure-Time Physical Activity</p> <p>Meeting Physical Activity Guidelines</p> <p>Access to Recreation/Fitness Facilities</p> <p><i>*Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.</i></p>
Potentially Disabling Conditions	<p>Activity Limitations</p> <p>Arthritis/Rheumatism Prevalence [Age 50+]</p> <p>Osteoporosis Prevalence [Age 50+]</p> <p>Sciatica/Chronic Back Pain Prevalence</p> <p>Caregiving</p> <p>Multiple Chronic Conditions</p>
Respiratory Diseases	<p>Chronic Lower Respiratory Disease (CLRD) Deaths</p> <p>Chronic Obstructive Pulmonary Disease (COPD) Prevalence</p> <p>Pneumonia/Influenza Deaths</p> <p>Flu Vaccination [Age 65+]</p>
Substance Abuse	<p>Cirrhosis/Liver Disease Deaths</p> <p>Unintentional Drug-Related Deaths</p> <p>Illicit Drug Use</p> <p><i>*Substance Abuse ranked as a top concern in the Online Key Informant Survey.</i></p>
Tobacco Use	<p>Cigarette Smoking Prevalence</p> <p>Environmental Tobacco Smoke Exposure at Home</p> <ul style="list-style-type: none"> • Including Among Households with Children <p>Use of Vaping Products</p> <p>Smokeless Tobacco Prevalence</p> <p><i>*Tobacco Use ranked as a top concern in the Online Key Informant Survey.</i></p>

X. Process for Prioritizing & Evaluation of Impact

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 four of the top fourteen areas of concern identified through the CHNA.

A noted area of improvement from the 2015 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. All of these metrics have notably improved and sustained. Only during the current 2018 CHNA did one of the indicators change 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	2018	2015	2012	2007
Experienced difficulty obtaining care	+3.7%	41.6%	39.0%	43.2%	45.3%
Unable to obtain medical care for a child	+1.6%	4.1%	0.9%	2.4%	5.7%
Adult yearly routine checkups	+13.5%	79.5%	78.8%	69.7%	66.0%
Utilized Emergency Care >1x last year	-6.2%	19.3%	9.7%	12.7%	13.1%

**Difference reflects comparison of data from 2007 with data from 2018.*

XI. Prioritized Needs

Tobacco Use

A total of 24.6% of TSA adults currently smoke cigarettes, either regularly (18.4% every day) or occasionally (6.2% on some days). This statistic is similar to statewide findings and less favorable than national findings. The survey shows similar results in the SSA. The current smoking percentage has improved from the rate of 27.4% in 2007 to the rate of 24.6% in 2018, but has not shown statistical significance. This rate is more prevalent among adults under 65 and lower-income residents. Among households with children, 22.2% have someone who smokes cigarettes in the home. This figure has also statistically improved from 31.6% in 2007. Key informant survey participants and focus group participants expressed concern with tobacco and vaping product use in the community. This is also the first time in which data regarding vaping products was included on the telephone survey. It was found that 7.1% currently use vaping products. 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	2018	2015	2012
Current Smokers	-1.9%	24.6%	22.6%	26.5%
Non-smokers exposed to 2nd hand smoke	+0.8%	10.3%	6.4%	9.5%
Use Vaping Products	n/a	7.1%	n/a	n/a
Smokeless tobacco	-2.2%	7.1%	7.3%	9.3%
Children exposed to tobacco smoker in the home	-3.0%	22.2%	13.0%	25.2%
Advised by healthcare professional to quit	+2.1%	74.5%	75.0%	72.4%

Nutrition, Physical Activity, & Obesity

Nutrition: A total of 26.5% (21.8% in 2015) 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. Fruit/vegetable consumption has decreased significantly since 2007. 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	2018	2015	2012
≥5 Fruits or vegetables daily	-5.2	26.5%	21.8%	31.7%
Received diet or nutrition advise from a health professional	+6.7%	42.2%	40.6%	35.5%

Physical Activity: A total of 31.9% (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 unchanged 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 15.2% 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 women, seniors and low-income residents. Among the TSA children age 2 to 17, 66.2% (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. A total of 40.4% (41.9% 2015) of TSA adults report that their physician or other health professional has asked about or given advice to them about physical activity in the past year. Among overweight/obese respondents, most have not received professional advice on physical activity. 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	2018	2015	2012
No leisure-time physical activity in the past month	-2.8%	31.9%	37.0%	34.7%
Received exercise advise from a health professional	+6.0	40.4%	41.9%	34.4%

Obesity: Based on self-reported heights and weights, 20.3% (19.3% 2015) of TSA adults are at a healthy weight. Nearly 8 in 10 TSA adults (77.9%) are overweight. Furthermore, 47.1% (46.9% 2015) of Total Service Area adults are obese. Obesity is notably more prevalent among residents under age 65 and low-income adults. 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 27.4% (24.4% 2015) of adults have been given advice about their weight by a physician, nurse or other health professional in the past year. This result is similar to the national findings and has improved since reported in 2007. 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 2007, 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, 43.0% (49.0% 2015) of TSA children age 5 to 17 are overweight or obese (ffl85th percentile). This figure is similar to the national prevalence and is statistically unchanged since 2007. Childhood obesity (BMI >95th percentile) had a slight decline, with TSA decreasing from 33.5% in 2015 to 23.9% in 2018; the TSA childhood obesity rate is similar to the national percentage.

Obesity Data	+/- Difference	2018	2015	2012
Adult Obesity Prevalence	+11.7%	47.1%	46.9%	35.4%
Received weight advise from a health professional	+7.5%	27.4%	24.4%	19.9%
Childhood Obesity Prevalence	+4.8%	23.9%	33.5%	19.1%

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	2018	2015	2012
Mammogram in past 2 Years Women age 50-74	+3.2%	72.7%	71.3%	69.5%
Had a Pap Smear in past 3 years Women age 21-65	-7.2%	70.0%	77.4%	77.2%
Colorectal Screening among adults age 50-75	-1.3%	64.1%	61.8%	65.4%

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	2018	2015	2012
Experience “Fair” or “Poor” Mental Health	+7.3%	23.9%	16.4%	16.6%
	+/- Difference	2015-2017	2014-2016	2013-2015
Suicide: Age-Adjusted Mortality	+1.9%	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 rate 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	2018	2015	2012
Illicit Drug Use in the Past Month	+2.4%	3.9%	1.3%	1.5%
Have Ever Sought Professional Help for an Alcohol/ Drug-Related Problem	+0.6%	4.0%	4.8%	3.4%
	+/- Difference	2015-2017	2014-2016	2013-2015
Unintentional Drug-Related Deaths: Age-Adjusted Mortality	+15.3%	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 add Mental Health and Substance Abuse to the areas of focus in which strategies are developed and strengthened.

XII. 2019 Implementation Strategies

Tobacco Use			
Community need identified through CHNA	Description of Problem	SOMC Strategies & Actions	Goals
<p>Cigarette Smoking Prevalence</p> <ul style="list-style-type: none"> 24.6% adults currently smoke cigarettes in TSA (Ohio 22.5% and US 16.3%) <p>Smokeless Tobacco use</p> <ul style="list-style-type: none"> 7.1% adults use smokeless tobacco in TSA (Ohio 4.7% and US 4.4%) <p>Environmental Tobacco Smoke</p> <ul style="list-style-type: none"> 10.3% Non-smokers exposed to second-hand smoke at home in TSA 22.2% Children exposed to second-hand smoke at home in TSA <p>Vaping Products Use</p> <ul style="list-style-type: none"> 7.1% adults use vaping products in TSA (Ohio 5.7% and US 3.8%) <p>53.8% of Key Informants perceive tobacco use as a “Major Problem”</p> <p>Smoking identified by focus groups as an issue to address to improve the health and quality of life in the community</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> <ul style="list-style-type: none"> Heart Disease 239.1 TSA (Ohio 187.7 and US 166.3) Cancer 204.4 TSA (Ohio 173.2 and US 155.6) CLRD 83.9 TSA (Ohio 48.5 and US 41.0) <p>Low-Weight Births 9.5% TSA (Ohio 8.6% and US 8.2%)</p> <p>Infant Mortality Rate 6.6% (Ohio 7.3% and US 5.8%)</p>	<ol style="list-style-type: none"> Continue year-round availability of tobacco cessation ALA Freedom from Smoking classes and include free medication aid, increasing locations and availabilities Promote tobacco prevention programming specifically targeted around smokeless tobacco, vaping and juuling. Continue availability of youth tobacco prevention programs. Search for emerging messaging and best prevention strategies Stay current for trends related to e-cigarettes, marijuana and other emerging products Partner with SCHC or other entities to promote or establish tobacco-related prevention, intervention or legislative strategies Continue lung navigation and lung cancer screening program availability 	<p>Decrease percentage of adult regular smokers by 2%</p> <p>Decrease percentage of smokeless tobacco use to match US average (4.4%)</p> <p>Decrease percentage of non-smokers exposed to second-hand smoke at home to match US average (4.0%)</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>
<p>Aligns with State Health Improvement Plan (SHIP) for the following identified health priorities:</p> <p>Mental Health and Addiction Chronic Disease Low Infant Birth Weight</p>			

Nutrition and Obesity			
Community need identified through CHNA	Description of Problem	SOMC Strategies & Actions	Goals
<p>Daily Recommendations of Fruits/Vegetables Consumption 5+ per day</p> <ul style="list-style-type: none"> 26.5% TSA adults consuming recommended amount of fruits and vegetables (US 33.5%) <p>Access to Fresh Produce</p> <ul style="list-style-type: none"> 30.3% TSA find it "Very" or "Somewhat" difficult to buy fresh produce (US 22.1%) <p>Overweight and Obesity (Adults and Children)</p> <ul style="list-style-type: none"> Prevalence of overweight adults 77.9% TSA (Ohio 66.3% and US 67.8%) Prevalence of obese adults 47.1% TSA (Ohio 31.5% And US 32.8%) Prevalence of child ages 5 to 17 overweight 43.0% TSA (US 33.0%) Prevalence of child ages 5 to 17 obesity 23.9% TSA (US 20.4%) <p>50% of Key Informants perceive nutrition, physical activity and weight as a "Major Problem"</p> <p>Diabetes and Pre-Diabetes Prevalence</p> <ul style="list-style-type: none"> Diagnosed diabetes 21.7% TSA (Ohio 11.3% and US 13.3%) Diagnosed Pre-diabetes 8.7% TSA (US 9.5%) <p>50% of Key Informants perceive diabetes 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 239.1 TSA (Ohio 187.7 and US 166.3) Cancer 204.4 TSA (Ohio 173.2 and US 155.6) Stroke 42.5 TSA (Ohio 41.4 and US 37.5) Diabetes 29.6 TSA (Ohio 25 and US 21.3) 	<ol style="list-style-type: none"> Continue year-round availability for nutrition education offerings: <ul style="list-style-type: none"> SOMC Outpatient Dietician Weight Watchers at Work Diabetes Self-Management Education Diabetes Medical Nutrition Therapy Healthy Choices presentations for all age groups Cooking classes Partner with SCHC or other entities to promote and establish nutrition-related promotion, education and intervention Partner with SCHC or other entities to promote and establish obesity-related interventions Partner with SCHC or other entities to promote and establish obesity-related interventions <ul style="list-style-type: none"> 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 Continue support for access to healthy foods <ul style="list-style-type: none"> Major 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 Offer healthy lunch/ produce options to employees at satellite locations off main campus, including food trucks and produce sales 	<p>Increase the TSA adults who report eating five or more servings of fruits and/or vegetables per day to match US average (33.5)</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 8.7%</p>
Aligns with State Health Improvement Plan (SHIP) for the following identified health priorities:			
Chronic Disease			

Physical Activity			
Community need identified through CHNA	Description of Problem	SOMC Strategies & Actions	Goals
<p>Activity Levels</p> <ul style="list-style-type: none"> • 31.9% TSA adults report no leisure-time physical activity in the past month (Ohio 25.9% and US 26.2%) • 15.2% TSA adults meet physical activity recommendations (US 19.7%) • 66.2% TSA children ages 2-17 who are physically active 1+ hours per day (50.5% US) <p>Access to Physical Activity</p> <ul style="list-style-type: none"> • 2.8 recreation/fitness facilities for every 100,000 population in the TSA (Ohio 9.8 and US 11) <p>50% 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 239.1 TSA (Ohio 187.7 and US 166.3) • Cancer 204.4 TSA (Ohio 173.2 and US 155.6) • Stroke 42.5 TSA (Ohio 41.4 and US 37.5) • Diabetes 29.6 TSA (Ohio 25 and US 21.3) 	<ol style="list-style-type: none"> 1. Continue year-round availability for physical activity offerings: <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 2. Promote additional physical activity opportunities <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. 3. Continue support of local high school athletics through <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 activities available to all contracted schools 4. Partner with SCHC or other entities to promote and establish physical activity-related offerings <ul style="list-style-type: none"> • Connex-Southern Ohio bicycle path 5. Expand physical activity program availabilities & Youth Fitness offerings 6. Continue support for access to physical activity opportunities <ul style="list-style-type: none"> • 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>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>Aligns with State Health Improvement Plan (SHIP) for the following identified health priorities:</p>			
<p>Chronic Disease</p>			

Cancer			
Community need identified through CHNA	Description of Problem	SOMC Strategies & Actions	Goals
<p>Cancer Screenings:</p> <p>Mammogram in past 2 years</p> <ul style="list-style-type: none"> 72.2% TSA women age 50-74 had a mammogram in the past 2 years (Ohio 77.1% and US 77%) <p>Pap smear in past 3 years</p> <ul style="list-style-type: none"> 70% TSA women age 21-65 had a pap smear in the past 3 years (Ohio 81.9% and US 73.5%) <p>Colorectal screening among adults age 50-75</p> <ul style="list-style-type: none"> 64.1% TSA adults age 50-75 had a fecal occult blood test in past year and/or a lower endoscopy in the past 10 years (66.9% OH & US 76.4%) <p>53.8% of Key Informants perceive cancer 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 239.1 TSA (Ohio 187.7 and US 166.3) Cancer 204.4 TSA (Ohio 173.2 and US 155.6) Stroke 42.5 TSA (Ohio 41.4 and US 37.5) Diabetes 29.6 TSA (Ohio 25 and US 21.3) 	<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 Partner with SCHC or other entities to promote cancer prevention related offerings 	<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>
<p>Aligns with State Health Improvement Plan (SHIP) for the following identified health priorities:</p>			
<p>Chronic Disease</p>			

Mental Health and Substance Abuse

Community need identified through CHNA	Description of Problem	SOMC Strategies & Actions	Goals
<p>Evaluation of Mental Health Status</p> <ul style="list-style-type: none"> 23.9% TSA adults report their own mental health is “Fair” or “Poor” (13% US) <p>Difficulty Accessing Mental Health Services</p> <ul style="list-style-type: none"> 8.1% TSA adults report unable to get mental health services in the past year (6.8% US) <p>50% of Key Informants perceive mental health as a “Major Problem”; 35.7 “Moderate Problem”</p> <p>Illicit Drug Use</p> <ul style="list-style-type: none"> 3.9% TSA adults acknowledge using an illegal substance or a prescription drug without a physician’s order, up significantly since 2015 at 1.3% (2018 US 2.5%) <p>Alcohol and Drug Treatment</p> <ul style="list-style-type: none"> 4.0% TSA adults have sought professional help for an alcohol/ drug related problem (3.4% US) <p>64.3% of Key Informants perceive substance abuse as a “Major Problem”; 28.6 “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> <ul style="list-style-type: none"> Intentional Self-Harm/ Suicide 17.3 TSA (14.3 Ohio & 13.6 US) Unintentional Drug-Related Deaths 45.3 TSA (36.2 Ohio & 16.7 US) *6th leading cause of death 	<ol style="list-style-type: none"> Offer year-round availability for mindfulness education community Offer free professional development educational offerings to mental health professionals and clinical staff. Sponsor site with the Ohio Department of Mental Health <ul style="list-style-type: none"> Waiver Training Suboxone certification for medical providers every 6 months ASAM Criteria Training quarterly education for local providers of mental health and substance abuse Participate in Quarterly Opioid Consortium meeting Staff members serve on local ADHAMS Mental Health Board Suicide prevention team & SCHC Social Work Services leaders and staff serve/ lead multiple teams with ADHAMS local Mental Health Board <ul style="list-style-type: none"> Crisis Response for Suicides Education on Sexual Trafficking Opioid Response Team Continue partnership between Judge Lemons Juvenile Court and SOMC <ul style="list-style-type: none"> 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. Hire Psychiatrist in for SOMC Outpatient Psychiatric Office Mandatory annual education SOMC clinical staff for early identification of suicide risk Free grief support services provided to local schools Monthly grief support group offered through Hospice Social Work Services Continue SOMC Substance Use Leadership Network team Continue to operate an inpatient medical withdraw management unit. Continue financial support for Portsmouth Health Department’s Needle Exchange program Continue support for access to mental health and addiction awareness opportunities 	<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 US average (6.8%)</p> <p>Reduce unintentional drug-related deaths by 9% to meet Ohio average (36.2)</p>

Aligns with State Health Improvement Plan (SHIP) for the following identified health priorities:

Mental Health and Addiction

XIII. Evaluation

Tobacco Use	
Strategies and Actions	Outcomes
Continue year-round availability of tobacco cessation ALA Freedom from Smoking classes and include free medication aid	A total of 19 ALA Freedom from Smoking classes were offered since 2016, including free medication aid.
Develop and deploy programming related to 2nd and 3rd hand tobacco exposure	Handouts and posters created to increase awareness of 2nd and 3rd hand tobacco exposure.
Promote tobacco cessation programming specifically targeted around smokeless tobacco and nicotine	Handout developed to increase awareness of smokeless tobacco use and incorporate smokeless tobacco cessation in Freedom from Smoking classes.
Continue availability of youth tobacco prevention and cessation programs	Increased programming to include Vaping and Juuling 101 in area schools.
Search for emerging messaging and best prevention strategies	Increased programming to include Vaping and Juuling 101 in area schools.
Stay current for trends related to e-cigarettes, marijuana, and other emerging products	Increased programming to include Vaping and Juuling 101 in area schools.
Develop and deploy programming related to 2nd and 3rd hand tobacco exposure	Handouts & posters created to increase awareness of 2nd and 3rd hand tobacco exposure
Partner with SCHC or other entities to promote or establish tobacco-related prevention, intervention, or legislative strategies	<ul style="list-style-type: none"> » Scioto County Health Coalition creation of tobacco subcommittee » Distributed tobacco prevention information & resource booklets to all area schools » Free trainings offered through Ohio University Voinovich School of Research for 5A's tobacco cessation questionnaire. » 10 additional instructors trained to facilitate ALA Freedom From Smoking

Tobacco Use (continued)	
Strategies and Actions	Outcomes
Expand and continue lung navigation and lung cancer screening program availability	<ul style="list-style-type: none"> » Implemented lung navigation/ lung cancer screening November 2015 with 1 FTE – lung navigator. » Increased FTEs for lung navigation program (clerical staff - Nov. 2017, lung navigator # 2 - Nov. 2018). » Expanded lung navigation to include all lung cancer patients to care and managing incidental pulmonary nodules.
Expand and continue lung navigation and lung cancer screening program availability <i>(continued)</i>	<ul style="list-style-type: none"> » Increased marketing strategies throughout the community and provider education/office visits. » Developed Lung Health Leadership Team. » Lung Cancer Screenings » 2016 - 312 screenings performed » 2018 – 778 screenings performed

Nutrition and Obesity	
Strategies and Actions	Outcomes
Continue year-round availability for nutrition education offerings: <ul style="list-style-type: none"> • SOMC Outpatient Dietician • Lose & Win courses • Diabetes Self-Management Education • Diabetes Medical Nutrition Therapy • Mission: Nutrition! presentations for all age groups • Rethink Your Drink presentations for all age groups • Grocery Store Tours with a Registered Dietician 	<ul style="list-style-type: none"> » Hired Dietician and Dietetic Technician to meet the need of outpatient counselling requests » Discontinued Lose & Win program in 2017; Partnered with Weight Watchers to offer weight management programming » Continued Diabetes Self-Management programming and reaccreditation was achieved in Dec. 2018 » Redesigned Mission: Nutrition & Rethink Your Drink into Healthy Food Choices to offer nutrition programs in our community » Discontinued Grocery Store tours due to lack of interest
Partner with SCHC or other entities to promote and establish nutrition-related promotion, education and intervention	PSA through Medical Mondays on the local radio and Mom's Everyday on local television stations to promote National Nutrition, Heart and Diabetes Months

Nutrition and Obesity (continued)

Strategies and Actions	Outcomes
<p>Partner with SCHC or other entities to promote and establish obesity-related interventions</p>	<p>Pediatric offices refer at risk patients to pre-diabetes counselling</p>
<p>Expand nutrition and weight-management program availabilities</p> <ul style="list-style-type: none"> • Learn and Burn (Weight Watchers) • Meal planning presentations and informational handouts • Healthy U Chronic Condition self-management classes 	<ul style="list-style-type: none"> » Weight Watchers at Work offered to employees » Free personal training offered through SOMC Employee Health for employees and Spouses » Speakers on nutrition and health lifestyles for area civic groups » Healthy U classes continue to offered quarterly through Area Agency on Aging and SOMC » 3 additional instructors trained to facilitate Healthy U Chronic Condition self-management and Healthy U Diabetes courses
<p>Continue support for access to healthy foods</p> <ul style="list-style-type: none"> • Major sponsor of Market Street Portsmouth Farmer's Market • Employee giving campaign donations to Steven Hunter's Power Packs program 	<ul style="list-style-type: none"> » Continue to sponsor Main Street Portsmouth Farmer's Market annually » Annual employee giving campaign donations to Steven Hunter's Power Packs program » Food trucks and produce trucks available at satellite site locations
<p>Continue year-round availability for physical activity offerings</p> <ul style="list-style-type: none"> • Multiple SOMC LIFE Center locations • Group fitness offerings • Personal training • Cardiac and Pulmonary Rehab • Kidz Fit and children's swim lessons • Targeted school and civic group offerings 	<p>All mentioned activities and programs are continuously offered</p>

Nutrition and Obesity (continued)

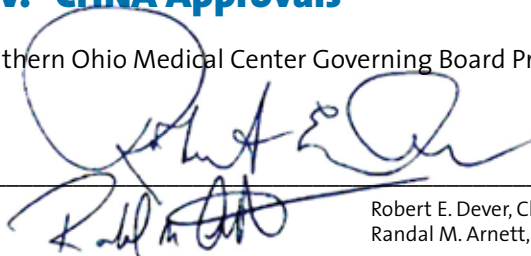
Strategies and Actions	Outcomes
<p>Continue support of local high school athletics through Sports Motion program</p> <ul style="list-style-type: none"> • Dedicated athletic trainer available at all varsity athletic events • Saturday morning sports injury clinic • Next-day appointments for sports-related injuries • 20+ hours of Community Health or LIFE Center activities available to all contracted schools 	<p>All mentioned activities and programs are continuously offered</p>
<p>Partner with SCHC or other entities to promote and establish physical activity-related offerings</p> <ul style="list-style-type: none"> • Connex-Southern Ohio bicycle path 	<p>All mentioned activities and programs are continuously offered</p>
<p>Expand physical activity program availabilities</p> <ul style="list-style-type: none"> • Learn and Burn (Weight Watchers & LIFE Center physical activity partnership) • Youth Fitness offerings 	<ul style="list-style-type: none"> » Additional group fitness opportunities added include cycling, hiking, chair volleyball and TRX weight suspension training » SOMC LIFE Center offers Family Day every Sunday for all ages
<p>Continue support for access to physical activity opportunities</p> <ul style="list-style-type: none"> • 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, etc. 	<ul style="list-style-type: none"> » All mentioned activities and programs are continuously offered » Installed Pickle ball courts at Tracey Park, Portsmouth, Ohio

Cancer	
Strategies and Actions	Outcomes
<p>Continue year-round availability screening offerings</p> <ul style="list-style-type: none"> • Monthly breast cancer screenings • Low-dose CT scan lung cancer screenings for at-risk individuals • Free cardiac and diabetes risk screenings throughout the community 	<ul style="list-style-type: none"> » Breast Cancer Screenings <ul style="list-style-type: none"> 2016 – 92 screenings performed 2017 – 85 screenings performed 2018 – 68 screenings performed » Lung Cancer Screenings <ul style="list-style-type: none"> 2016 – 312 screenings performed 2018 – 778 screenings performed » Cardiac and Diabetes Risk Screenings – 27 screenings were performed in the community from 2016-2018
<p>Promote additional cancer-prevention and early detection opportunities</p> <ul style="list-style-type: none"> • Expand and 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 • Advocate for HPV gene testing and vaccine 	<ul style="list-style-type: none"> » Implemented lung navigation/ lung cancer screening Nov., 2015 with 1 FTE – lung navigator. » Increased FTEs for lung navigation program (clerical staff - Nov. 2017, lung navigator # 2 - Nov. 2018). » Expanded lung navigation - all lung cancer patients, managing incidental pulmonary nodules. » Increased marketing - community and provider education/office visits.
<p>Continue support for Breast Navigation program</p> <ul style="list-style-type: none"> • Paint it PINK! Activities and awareness each October • Dedicated breast health navigators for system entry and education 	<p>Annual Paint it PINK! Activities and awareness held in the community which have included:</p> <ul style="list-style-type: none"> » 5K Walk/Run, 10K Bike (2016 - 196 runners, 2017 – 148 runners) » Survivor Walk » Cross Fit Alpha Pack WOD » Cooking Class » Celebrity Softball Game » Lantern Launch
<p>Partner with SCHC or other entities to promote cancer prevention related offerings</p>	<p>Community offers related to cancer screenings – mammogram, pap smears and lung cancer screening events shared and promoted with SCHC.</p>

XIV. CHNA Approvals

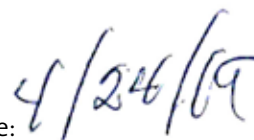
Southern Ohio Medical Center Governing Board President

By: _____



Robert E. Dever, Chairman, Board of Directors
Randal M. Arnett, President & CEO

Date: _____



Southern Ohio Medical Center

Very Good things are happening here