Hocking Valley Community Hospital Community Health Needs Assessment

Focus Group Findings, Key Stakeholder Interviews, and Secondary Data Analysis

December 2023

Rural Health Innovations
National Rural Health Resource Center

525 South Lake Avenue, Suite 320

Duluth, Minnesota 55802

(218) 727-9390 | info@ruralcenter.org | www.ruralcenter.org

In partnership with Hocking Valley Community Hospital and Hocking County Steering Committee

HOCKING VALLEY Community Hospital

601 SR 664N

Logan, Ohio 43138

740-380-8227 | www.hvch.org

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Introduction

A Community Health Needs Assessment (CHNA) serves multiple purposes. They are an opportunity for a hospital or public health department to connect with community members and partner organizations to discover how they rate the health of their community and to understand what they identify as their region's key health issues and opportunities. CHNAs are also an opportunity to advance health equity by identifying existing health inequities and working in collaboration to remove obstacles to health and well-being. After a discovery phase, the CHNA process is an opportunity to work with community partners to design strategies and actions to address the prioritized health needs of the community to improve well-being.

Section 501(r)(3)(A) of the Internal Revenue Code requires non-profit hospitals to complete a CHNA every three years and to adopt an implementation strategy to demonstrate community benefit.[1] Local public health departments complete a community health assessment (CHA) every five years with similar purposes of the CHNA as a component in their accreditation process with the Public Health Accreditation Board.[2] After completing the CHA, public health then completes a Community Health Improvement Plan, which is similar to the implementation strategy requirement for the CHNA. Both the CHA and CHNA seek to develop strategies to address a community's health needs. Many hospitals and local public health choose to complete a CHNA/CHA in collaboration to share resources and collectively support a healthy community.

Hocking Valley Community Hospital contracted with Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center, for CHNA services. In September 2023, RHI and Hocking County Steering Committee met to discuss the objectives of a regional CHNA. The 2023 Hocking County Steering Committee includes:

Organization	Committee Representatives
Athens-Hocking-Vinton Alcohol, Drug Addiction, and Mental Health Services Board (317 Board)	Sherri Tyree Svea Maxwell
Hocking County Board of Developmental Disabilities	Jill Squires
Hocking County Community Improvement Corporation (CIC)	Joy Evangelista
Hocking, Athens, Perry, Community Action (HAPCAP)	Christa Myers
Health Recovery	Cheryl Spence
Hopewell Health Centers	Mark Bridenbaugh

[1] IRS. "Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3)," July 15, 2022. https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3.

[2] Public Health Accreditation Board. "Policy for National Public Health Department Initial Accreditation," February 2022. https://phaboard.org/wp-content/uploads/Policy-for-Initial-Accreditation-Version-2022.pdf.

Organization	Committee Representatives
	Lisa Poling Nikki Manuel
Hopewell Behavioral Health	Kristi Pennington
Integrated Services	Cathye Williams
South Central Ohio Job and Family Services	Jody Walker
Hocking Valley Community Hospital (HVCH) Rural Health Clinic	Andrea Fullerton
Senior Center	Marjorie Moore
United Way	Mike Barrell
Hocking Valley Community Hospital	Stacey Gabriel Beth Kluding
Logan-Hocking Schools	Monte Bainter Janell Swart
Hocking County Emergency Medical Services (EMS)	Carrie Alford
Hocking County Health Department	Ashley Mount Doug Fisher Emily Norris Jamie Funk

Secondary data analysis, a series of focus groups, and key stakeholder interviews were conducted. Secondary data were collected from nationally recognized sources (appendix B). The findings for all secondary data included in this report are in the sections that follow. Methodology and findings of the focus groups and key stakeholder interviews are discussed later in the report.

Report findings may be used for:

- Developing and implementing plans to address key issues as required by the Patient Protection and Affordable Care Act §9007 for 501(c)3 charitable hospitals
- Promoting collaboration and partnerships within the community or region
- Supporting community-based strategic planning
- Writing grants to support the community's engagement with local health care services
- Educating groups about emerging issues and community priorities
- Supporting community advocacy or policy development
- Supporting creation of a CHA and CHIP for public health

Secondary Data	Perception of Community Health	Utilization and Perception of Local Health Services
		

Demographics

Demographics are the statistical characteristics of human populations (such as age or income) used to identify markets.[3] Demographics are commonly described as age, gender, race, and ethnicity, and if a person resides in a rural or urban environment. "Ensuring the delivery of high-quality, patient-centered care requires understanding the needs of the populations served,"[4] and are hence included in the CHNA. The map below depicts the locations of Hocking, Vinton, and Perry counties within the state of Ohio. Although demographics for the three counties in this report might be similar, the population for the three counties vary:

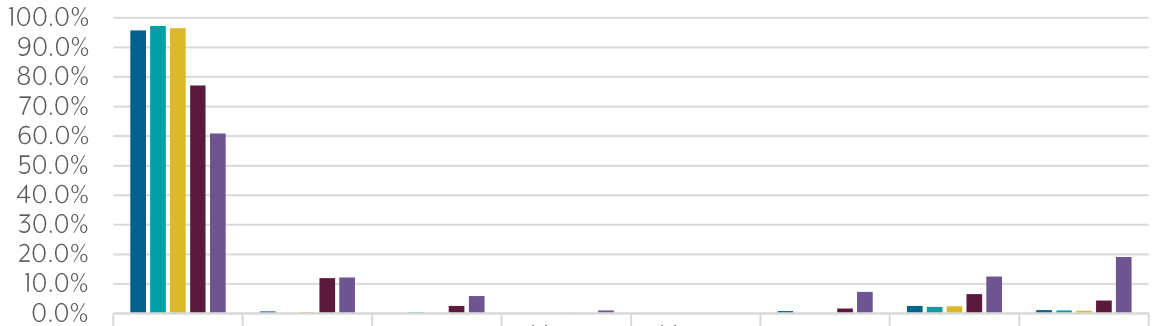
- Hocking County, Ohio: 28,050
- Vinton County, Ohio: 12,800
- Perry County, Ohio: 35,408

The population in the three counties is largely White. The three counties have much lower percentage of individuals in any other race/ethnic group compared to Ohio and the US.

The highest percentage of residents in all three counties is the 25-44 age range (Hocking 23.1%, Vinton 23.2%, Perry 24.0%). The next highest percentage is the 5-17 range (Hocking 16.4%, Vinton 16.9%, Perry 17.4%). In discussing the age groups in the three counties, focus group and key stakeholders commented that the population seems more senior. It was noted that when combining all age ranges from 55 years and above, more of the population is senior compared to other age ranges.

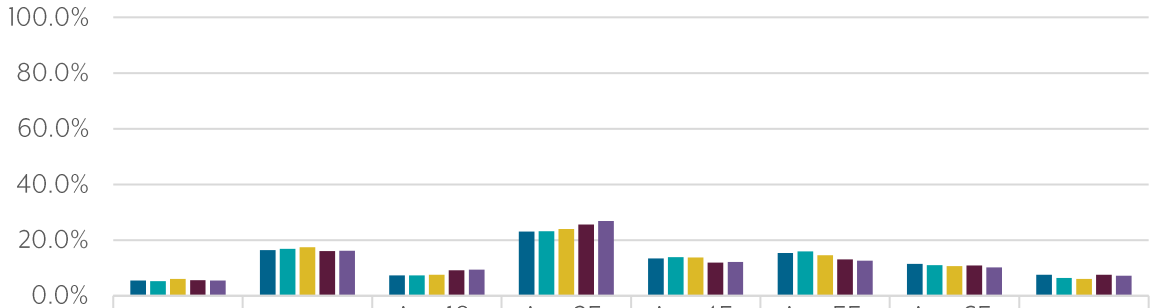
[3] "Definition of DEMOGRAPHICS." In *Merriam-Webster Dictionary*. Accessed October 12, 2023. https://www.merriam-webster.com/dictionary/demographics.
[4] "1.Introduction." *Agency for Healthcare Research and Quality*, April 2018. Accessed October 12, 2023. https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata1.html.

Population by Race and Ethnicity



	White	Black	Asian	Native American /Alaska Native	Native Hawaiian /Pacific Islander	Some Other Race	Multiple Races	Hispanic or Latino
Hocking	95.7%	0.7%	0.2%	0.0%	0.0%	0.8%	2.5%	1.1%
Vinton	97.2%	0.1%	0.4%	0.1%	0.0%	0.0%	2.2%	1.0%
Perry	96.5%	0.5%	0.0%	0.3%	0.1%	0.2%	2.4%	0.9%
Ohio	77.1%	12.0%	2.5%	0.2%	0.0%	1.7%	6.5%	4.4%
US	60.9%	12.2%	5.9%	1.0%	0.2%	7.3%	12.5%	19.1%

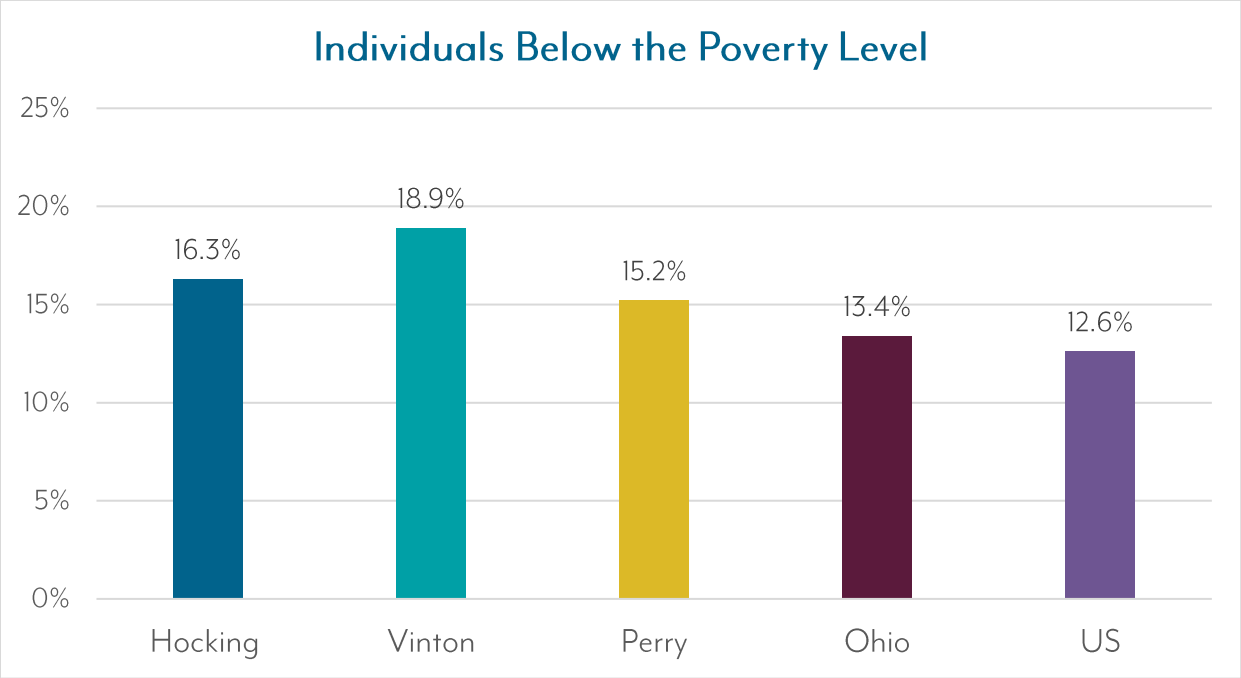
Population by Age



	Age 0-5	Age 5-17	Age 18-24	Age 25-44	Age 45-54	Age 55-64	Age 65-74	Age 75+
Hocking	5.5%	16.4%	7.3%	23.1%	13.4%	15.4%	11.4%	7.5%
Vinton	5.3%	16.9%	7.3%	23.2%	13.9%	15.9%	11.0%	6.4%
Perry	6.0%	17.4%	7.6%	24.0%	13.7%	14.6%	10.6%	6.1%
Ohio	5.6%	16.1%	9.1%	25.6%	11.9%	13.1%	10.9%	7.5%
US	5.5%	16.2%	9.4%	26.8%	12.1%	12.6%	10.2%	7.2%

Social and Economic Factors

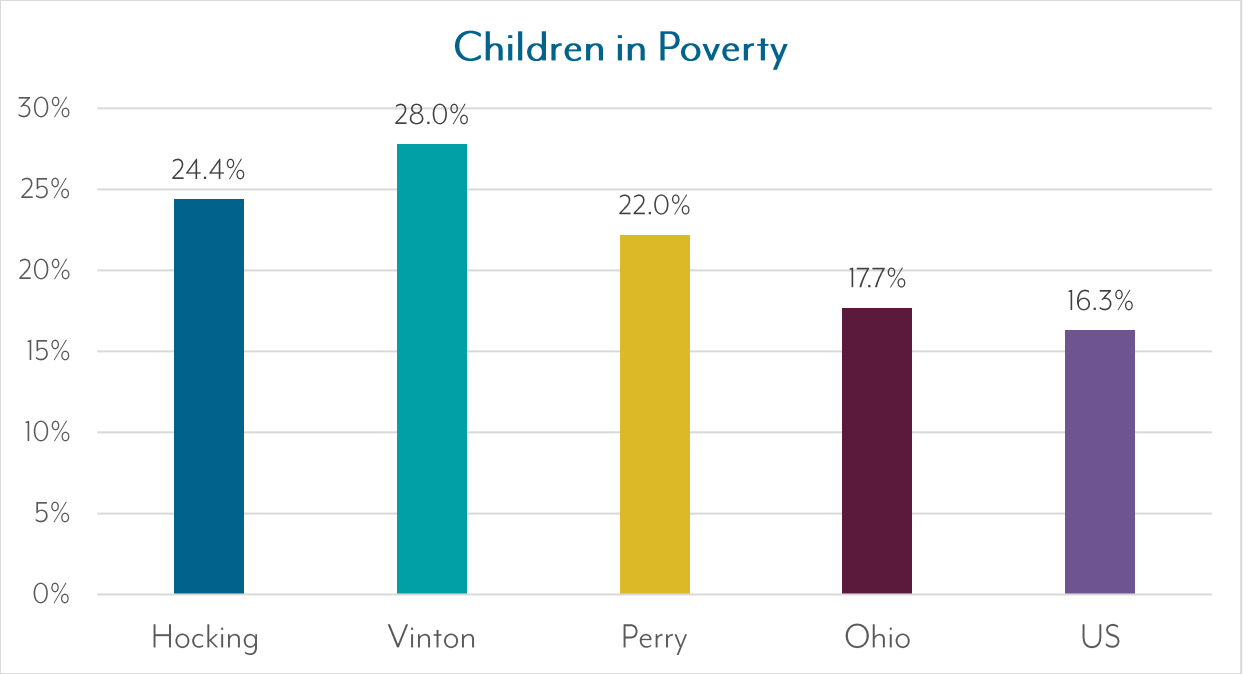
According to County Health Rankings and Roadmaps, approximately 40% of a person's health outcomes (length of life and quality of life) are attributable to social and economic factors.[5] Social and economic factors include education, employment, income, family and social support, and community safety.[6] Social and economic factors impact a person's ability to access medical care, safe and adequate housing, education, employment opportunities and living wages, among other things. [7]

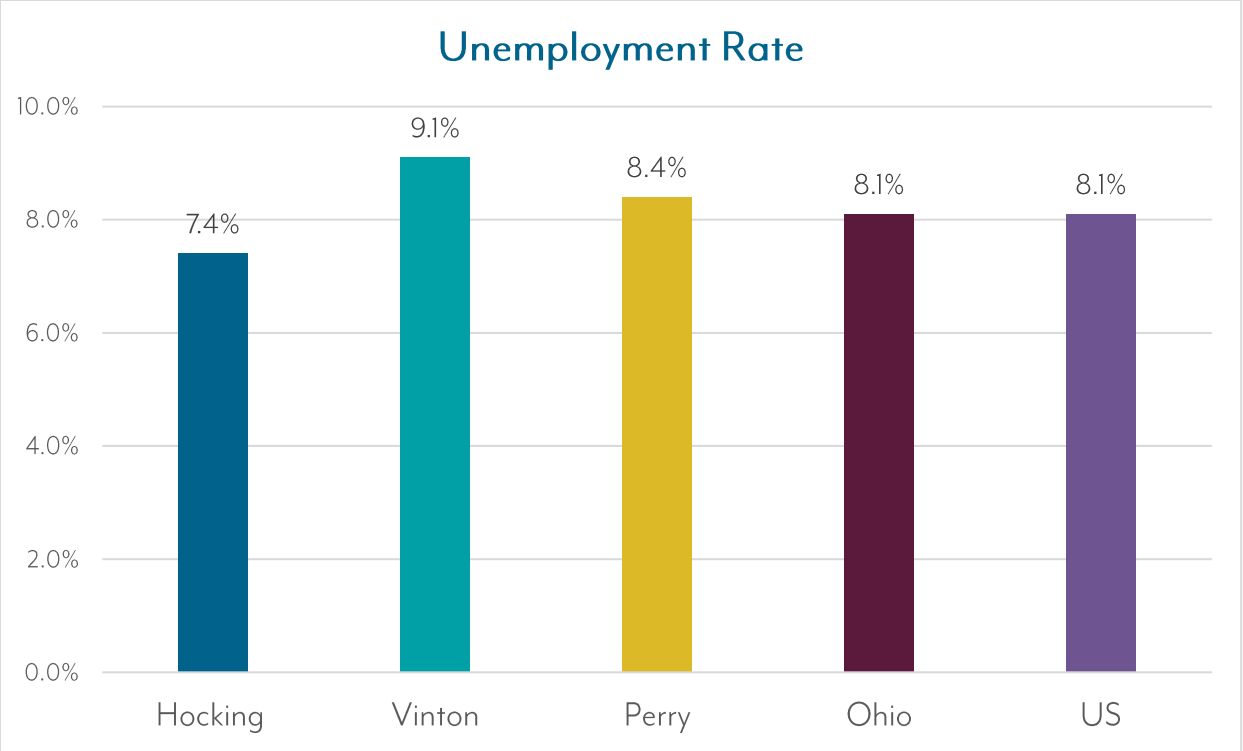


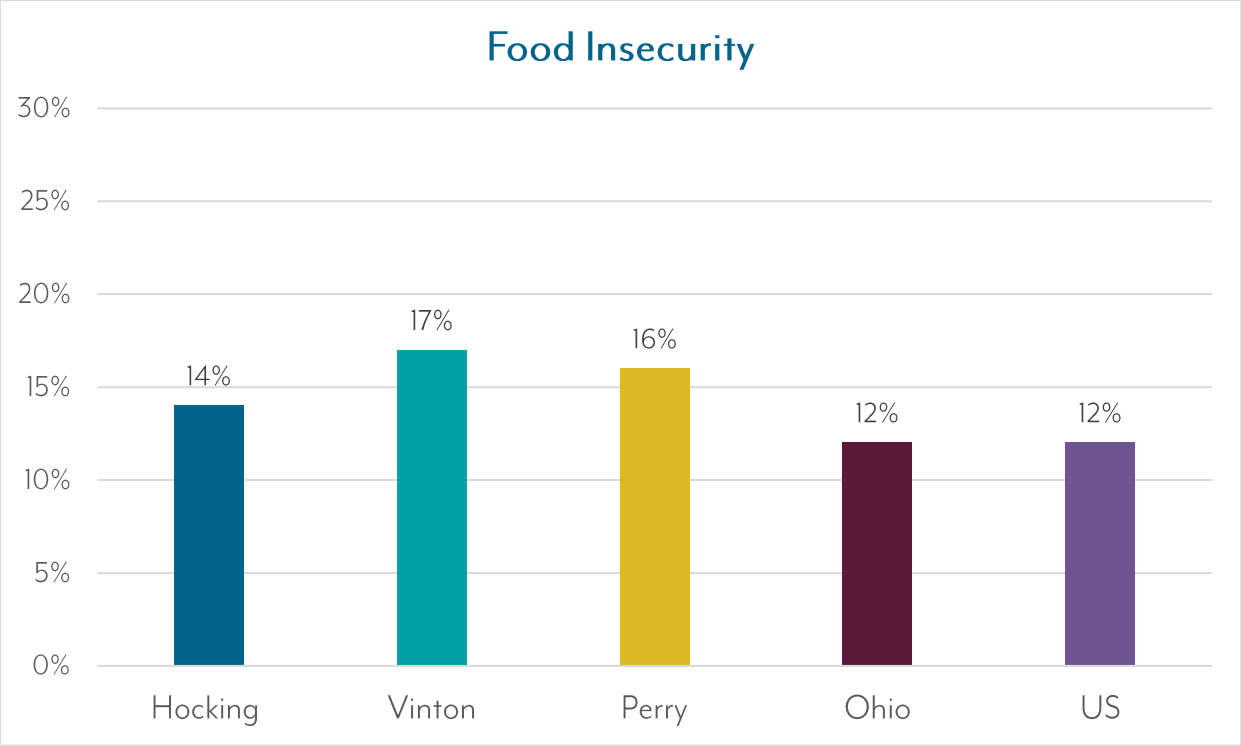
[5] County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed October 12, 2023. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?

[6] County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed October 12, 2023. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?

[7] County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed October 12, 2023. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?





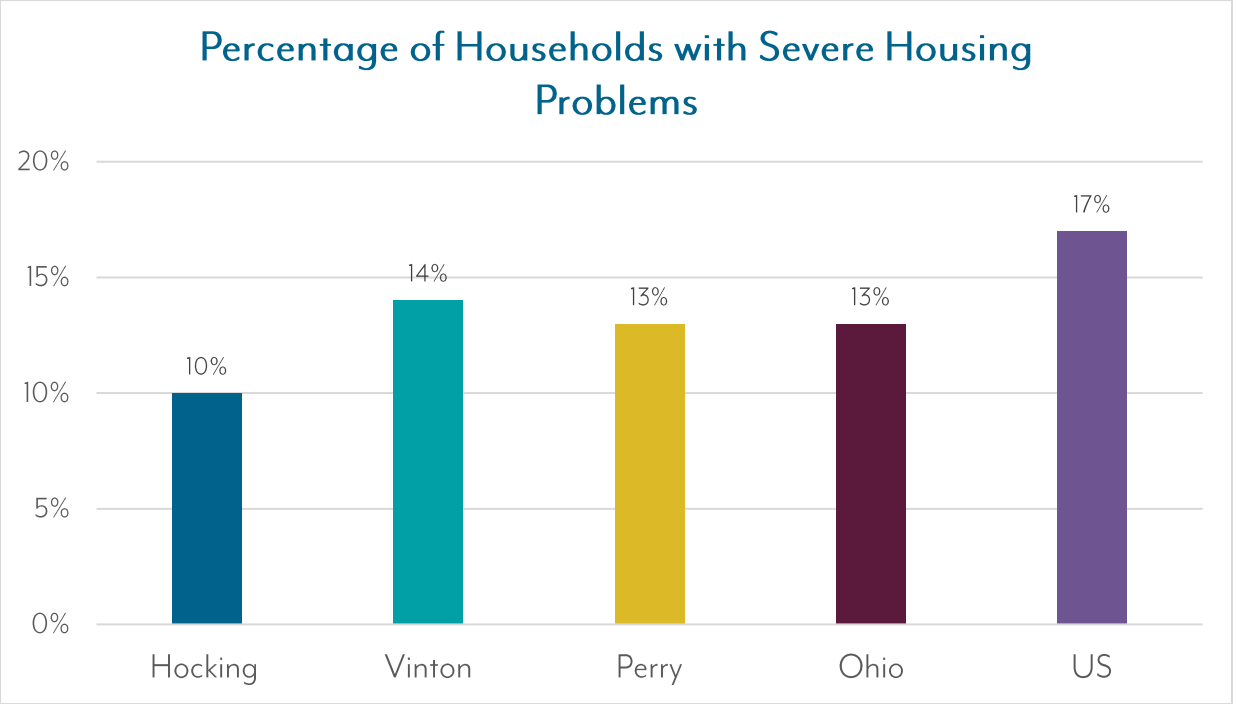


The unemployment rate for Hocking County (7.4%) is lower than Vinton County (9.1%), Perry County (8.4%), and Ohio and US (both at 8.1%). The median household income is lower for all counties (Hocking $53,838, Vinton $49,778, Perry $56,048) compared to Ohio ($60,360) and the US ($67,340). There are higher percentages of county residents/children living below the poverty level in all counties (Hocking 18.3% and 24.4%, Vinton 18.9% and 28.0%, Perry 15.2% and 22.0%) as compared to Ohio (13.4% and 17.7%). There is also a higher percentage of people who report food insecurity for all counties (Hocking 14%, Vinton 17%, Perry 16%) compared to Ohio (12%).

Median Household Income	
Hocking	$53,838
Vinton	$49,778
Perry	$56,048
OH	$60,360
US	$67,340

The key stakeholders and focus group participants identified financial issues for residents living in poverty as a concern in their ability to be healthy. This impacts the ability to buy healthy food, have funds and transportation for children to participate in sports and activities, and to access care. When asked about groups they perceived to be healthier, they expressed the belief that residents with financial resources were more likely to be healthier while those with fewer resources are more likely to be less healthy. Stakeholders and focus groups identified that the ability to access transportation and adequate housing is related to access to financial resources. Participants indicated the belief that food insecurity is underreported because some families may not be aware that they experience food insecurity, some adults may not apply for food assistance and may be hesitant to report income in case it affects other assistance, and there is limited access in the community to grocery stores. There was concern that when school is closed that children may go hungry. Related to economics was discussion of residents to obtain safe and affordable housing. Participants identified this as an issue based on healthy tourism which is perceived to result in lower paying jobs as well as a trend of homeowners or second homeowners to rent homes for short-term rentals rather than to community

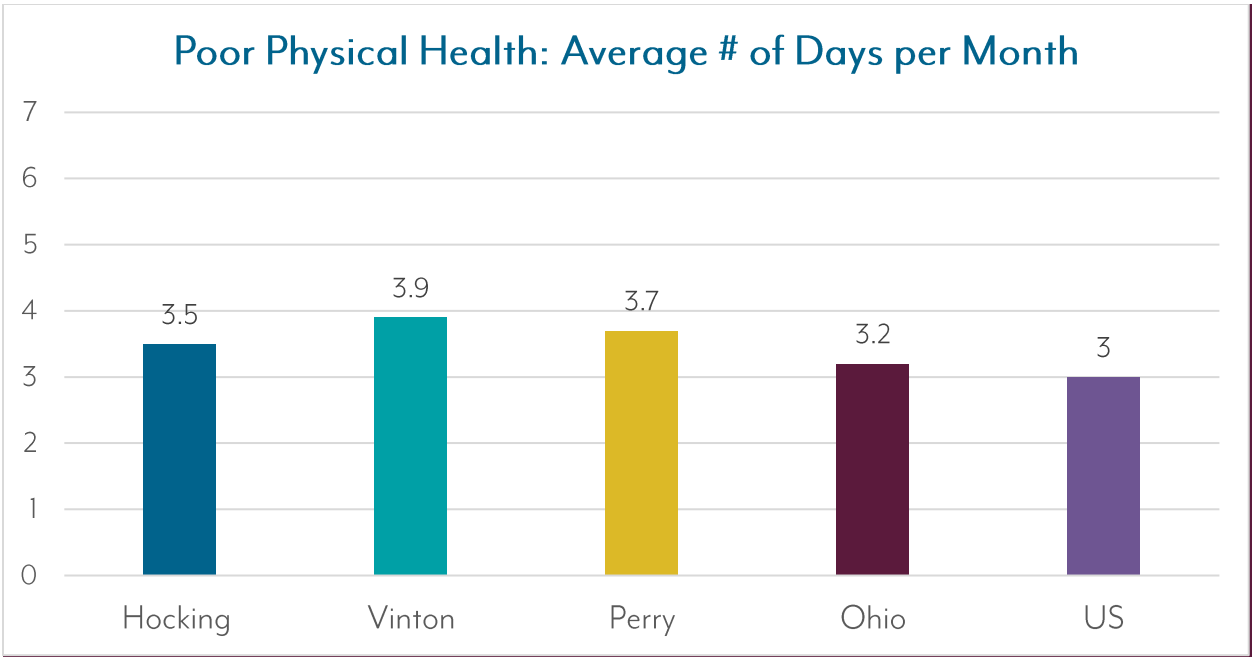
residents. While the available data does not support this, it should be noted the data, collected in 2021, defines severe housing problems as "percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.)

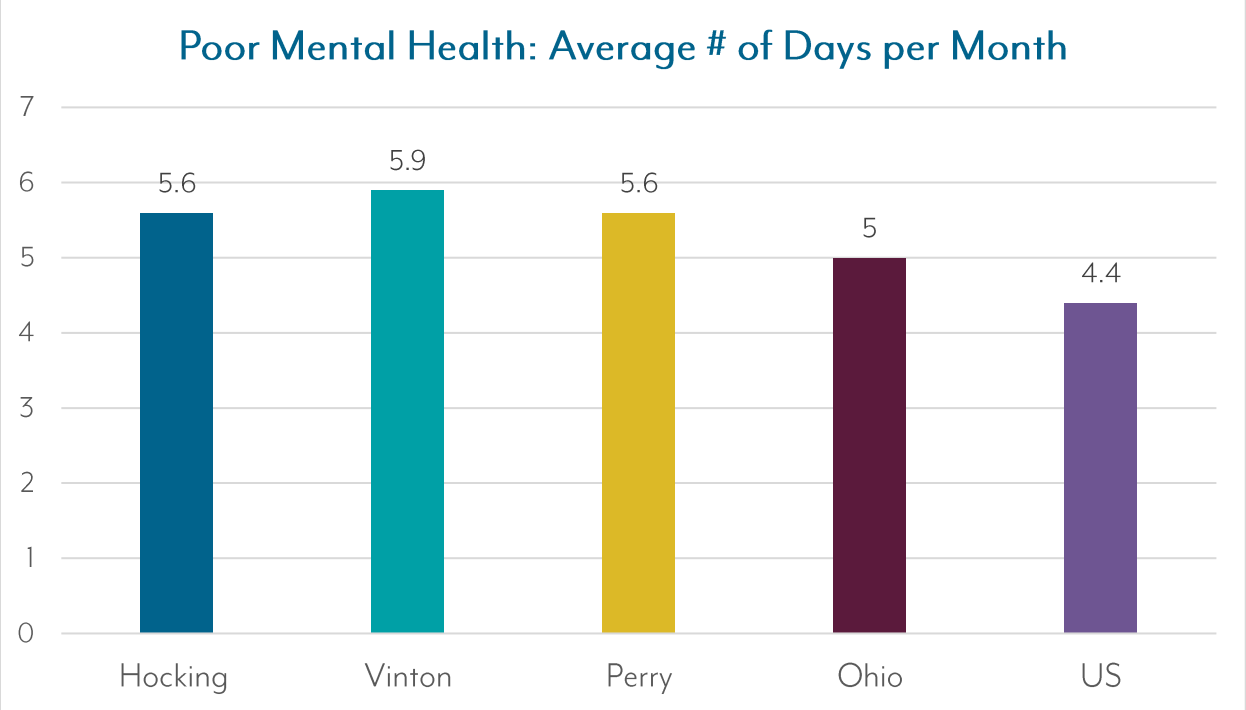


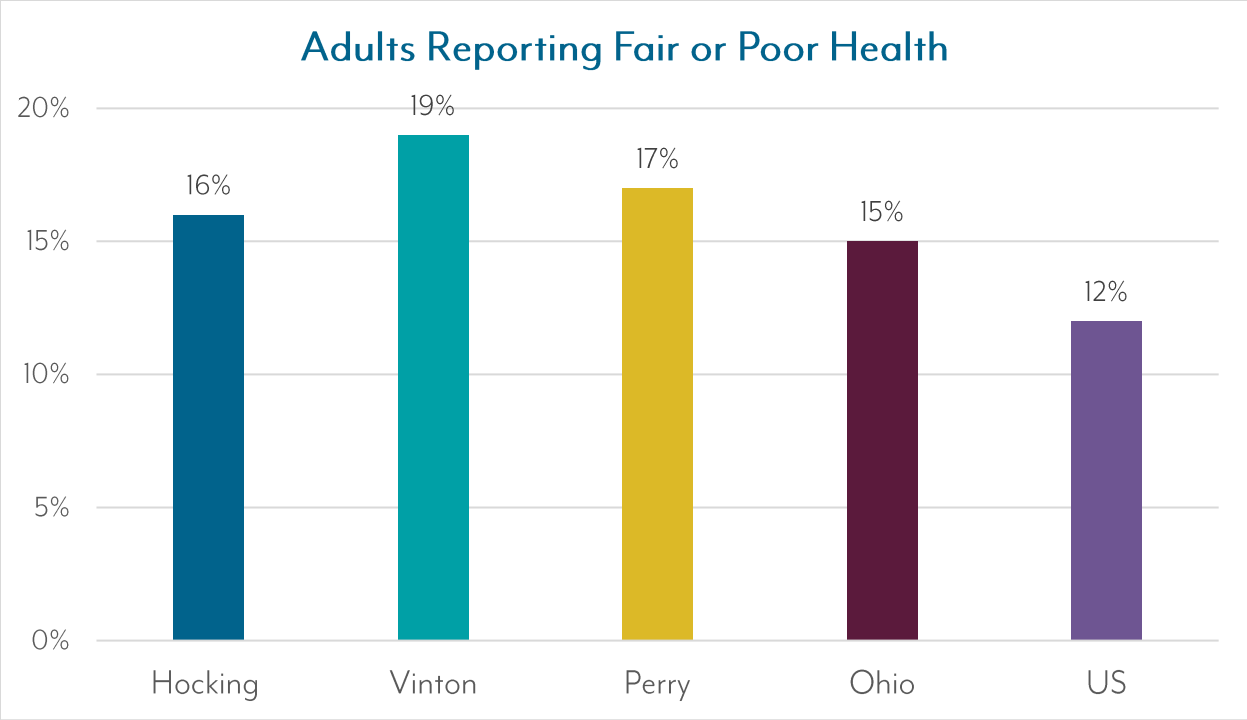
Quality of Life

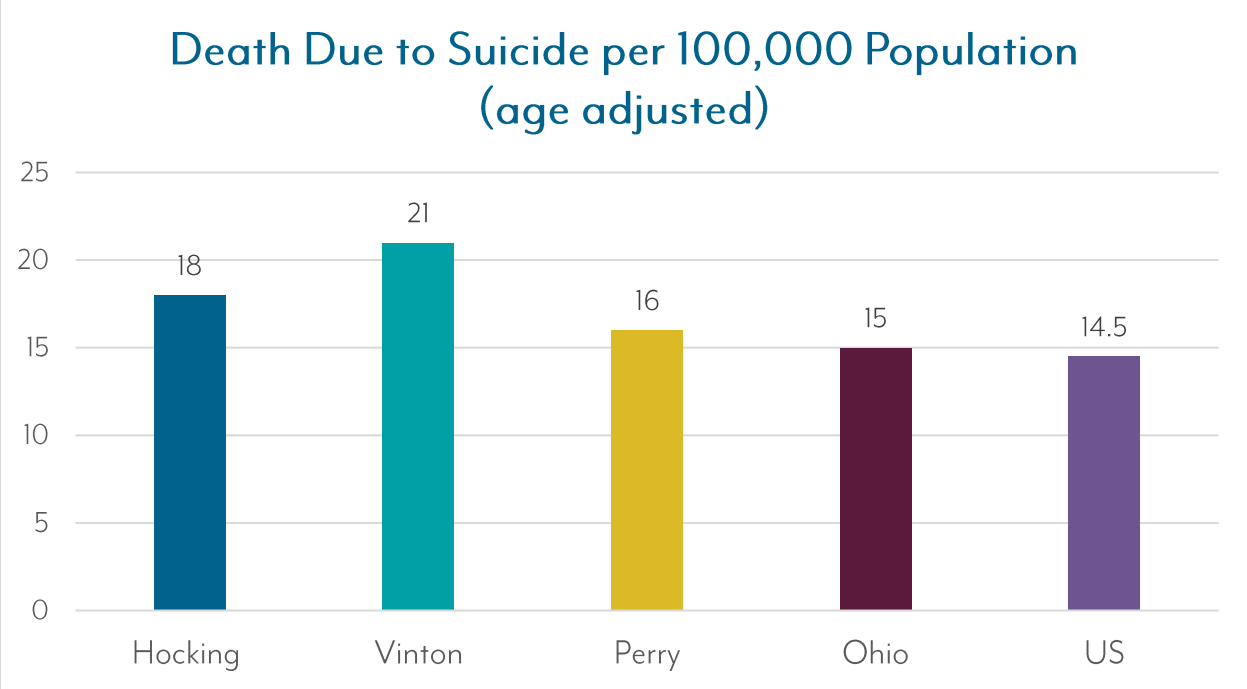
"Quality of life refers to how healthy people feel while alive."[8] It is an indicator of the well-being of a community, including the areas of physical health, mental health, social wellness, and emotional health.[9] The average number of poor physical health days per month for the counties and Ohio are similar (3.2-3.9 days). A similar pattern is represented for mental health (5.5-5.9 days). All three counties (Hocking 16%, Vinton 19%, Perry 17%) have a slightly higher percentage of adult residents reporting fair or poor health compared to Ohio (15%).

[8] County Health Rankings & Roadmap. "Quality of Life." Accessed October 12, 2023. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-outcomes/quality-of-life?









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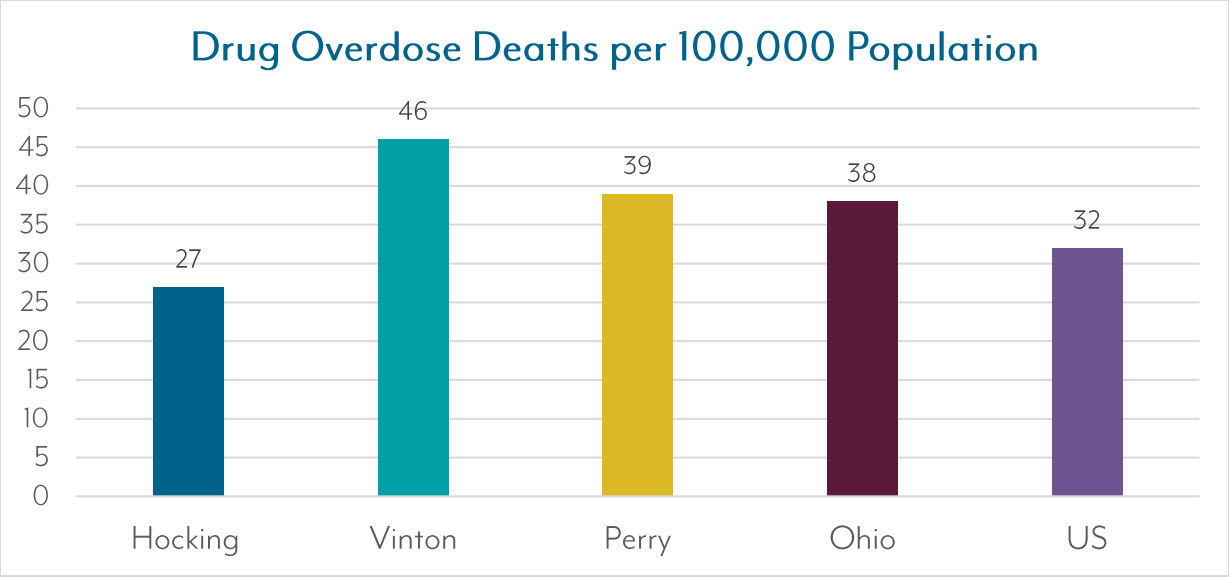


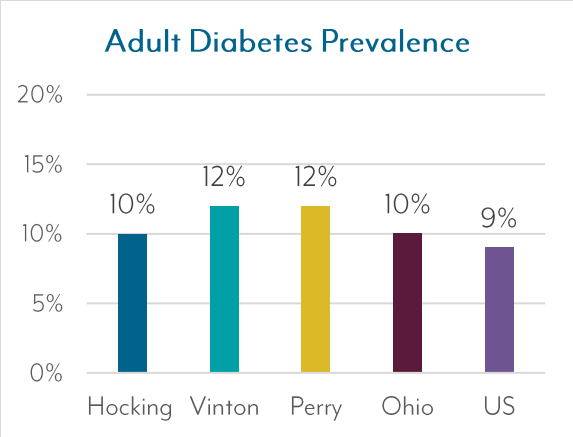
All three counties have a slightly higher rate of suicide (Hocking 18, Vinton 21, Perry 16 per 100,000 population age adjusted) compared to Ohio (15) and the US (14.5). Deaths are counted in the county of residence of the deceased, not by the place of death. Drug overdose deaths (per 100,000 population) were lower in Hocking County (27) compared to Perry County (39) and Ohio (38). Vinton was much higher (46). All counties and state were higher than the nation (32) with Perry and Vinton counties and Ohio at nearly double the national rate.

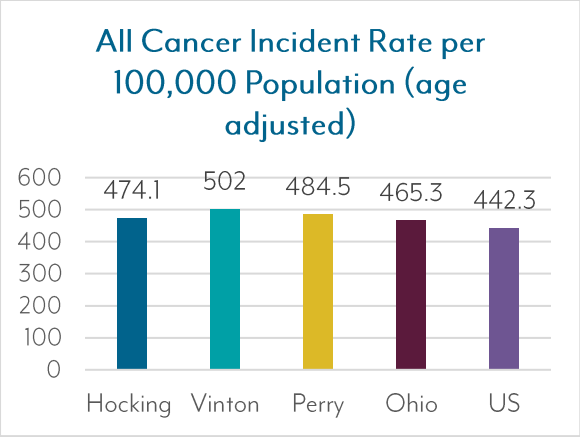
Mental health was a frequent concern mentioned in the interviews. Participants were concerned that these individuals are often struggling with poor physical health and housing issues and may need to go out of county or state to access services such as residential living. There was concern that workforce for mental health support is very limited. Key stakeholders identified this same concern for those with substance use disorders (SUD) as well. Participants were asked, "What do you think Hocking County could do to increase the health of the community? Where are opportunities to collaborate?" Both focus groups and key stakeholders indicated mental health as an opportunity. They suggested addressing needs of all groups including seniors and young people. Ideas included:

- Utilize a three-digit telephone number to provide resources, suicide hotline, and focus on mental health
- Create urgent care for psychological issues
- Reduce stigma around mental health concerns
- Create a mobile mental health service

Mental health was identified by focus groups as the third most important issue to consider when planning strategies for CHNA implementation.

Adults in Hocking County and Ohio have the same prevalence of diabetes (10%). The rate is higher for Vinton and Perry counties (12%). Cancer incidence rates for Vinton County is higher (502 cases per 100,000 population) than for Hocking County (474.1) and Perry County (485.51). All are higher than Ohio (465.3). Neither of these were identified in focus groups or key stakeholder interviews as a priority although nutrition in general was noted.





Health Behaviors

According to County Health Rankings and Roadmaps, approximately 30% of a person's health outcomes (length of life and quality of life) are attributable to health behaviors.[10] Health behaviors are intentional or unintentional actions a person takes that affect health or mortality.[11] As such, health behaviors can be a positive influence on length of life and quality of life or can negatively impact a person's health outcomes. All three counties (Hocking 29%, Vinton 32%, Perry 30%) report higher percentages of adult residents that report no leisure time for physical activity as compared to Ohio (24%). Only 30% of adults in Vinton County report access to exercise opportunities. This is much lower than for Hocking County (74%), Perry County (79%), and Ohio (84%).

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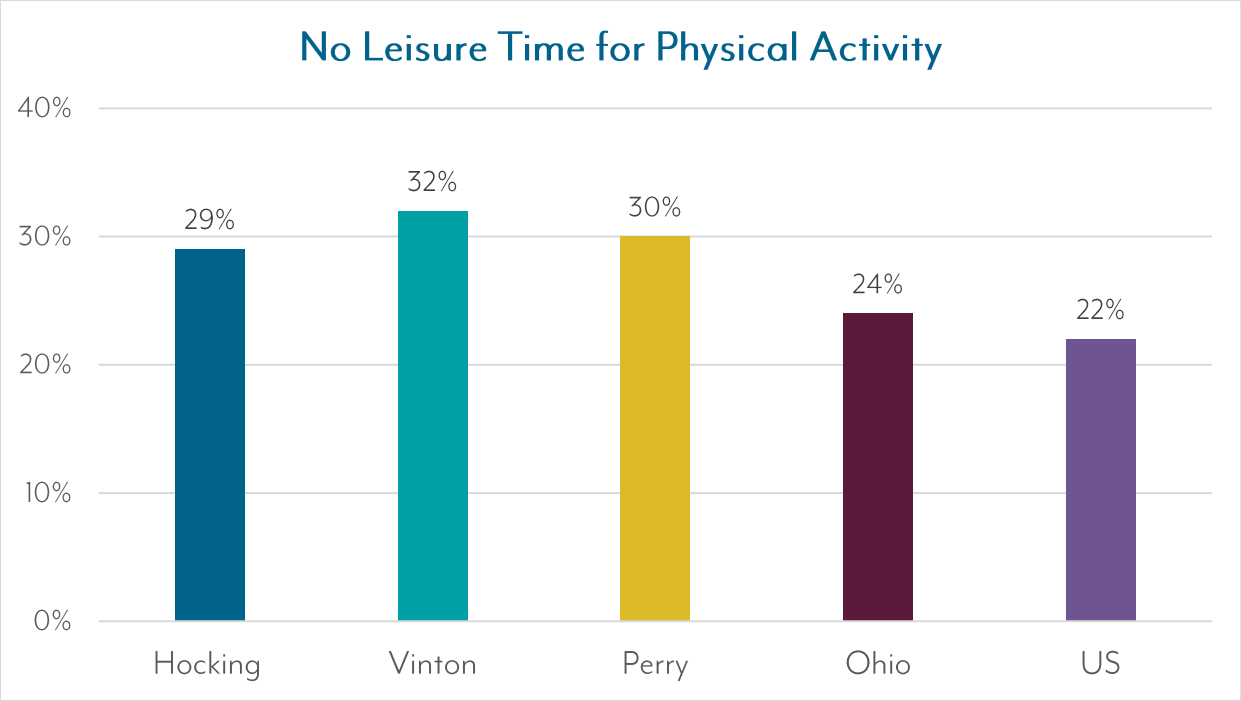
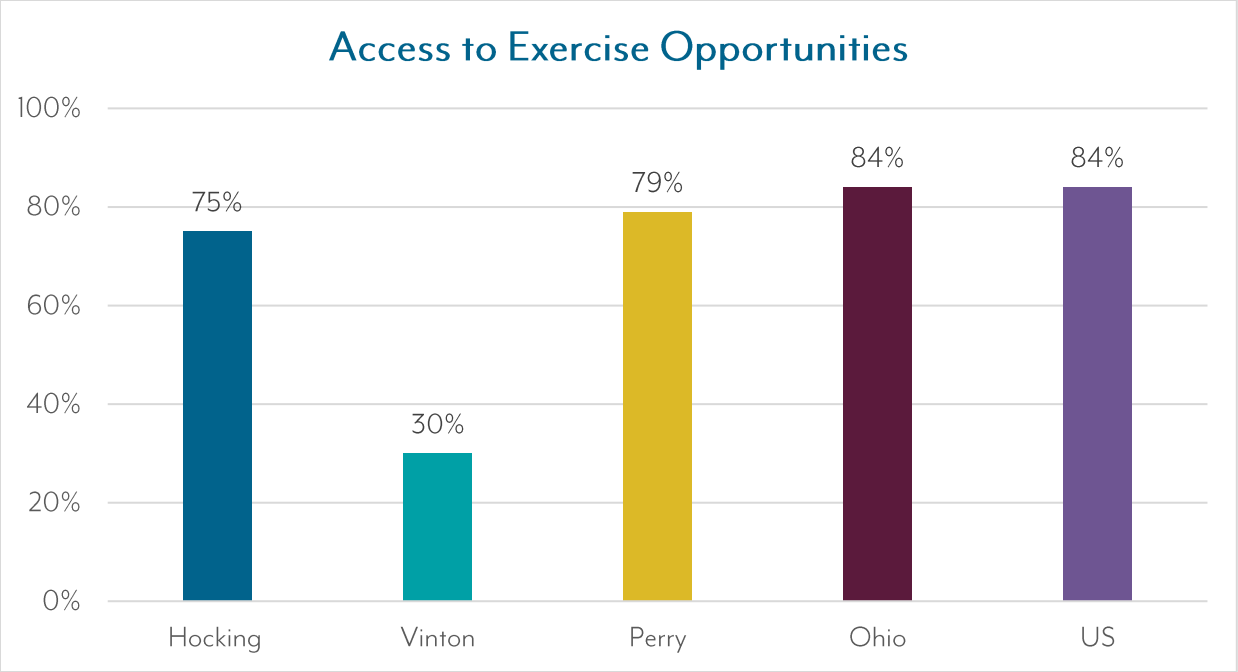
[10] County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed October 12, 2023. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?

[11] PubMedCentral. "Social Determinants and Health Behaviors: Conceptual Frames and Empirical Advances," October 1, 2016. Accessed October 12, 2023. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4511598/#:~:text=Health%20behaviors%2C%20sometimes%20called%20health-related%20behaviors%2C%20are%20actions,from%20the%20health%20of%20the%20actor%20or%20others.





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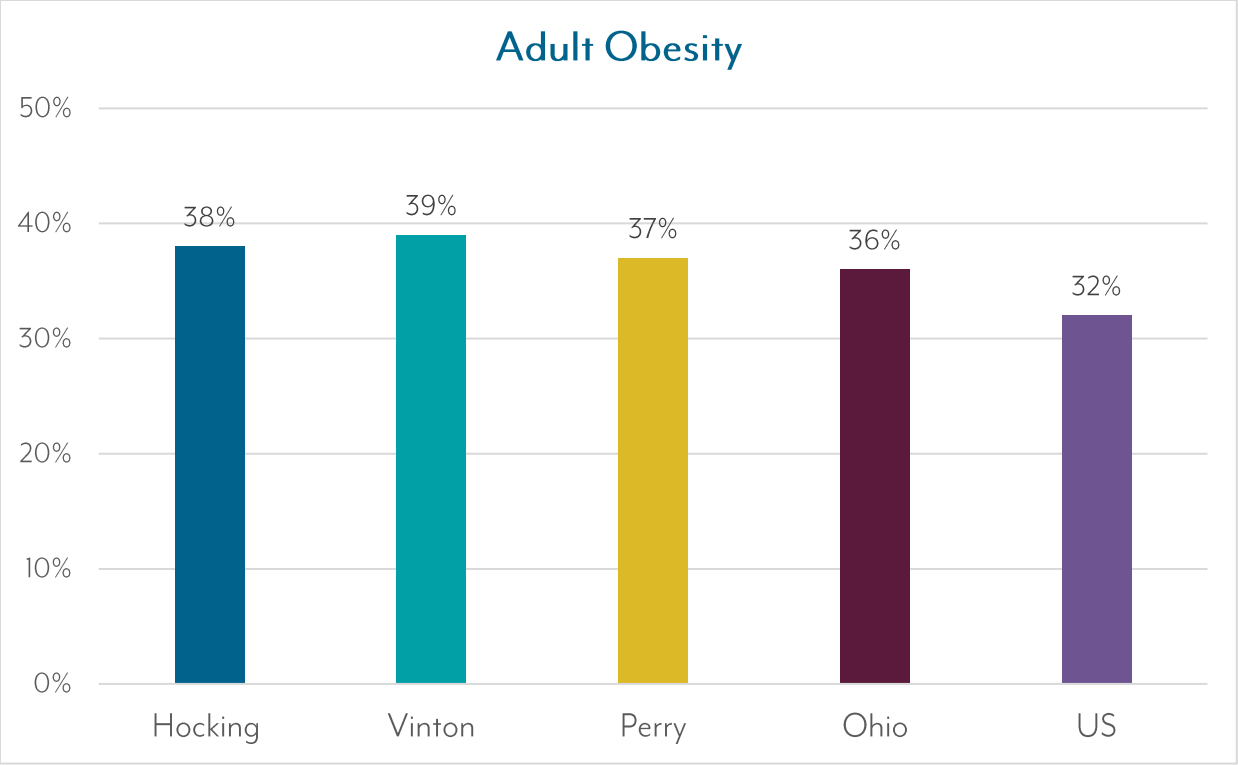


The prevalence of adult obesity in all counties (Hocking 38%, Vinton 39%, Perry 37%) are slightly higher than for Ohio (36%). All are higher than the US (32%).

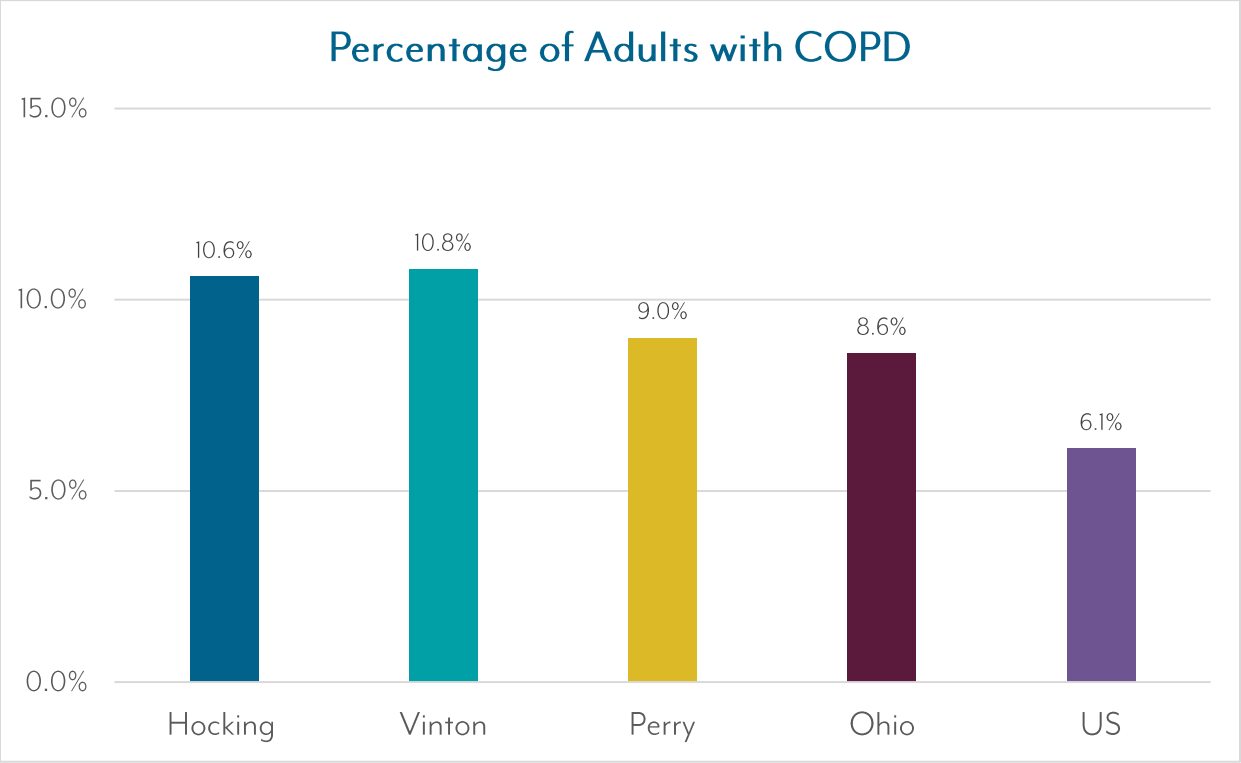
Focus group participants shared perceptions that active adults are one of the healthier groups. Key stakeholders suggested that there is a need to provide nutrition education in a supportive way to address obesity and diabetes, more attention on diet and meal preparation, less focus on using pre-packaged foods, and more attention to nutrition in schools while being sure that policy is in line with this. Focus group and keys stakeholders suggested that Hocking County could improve the health of the community by collaborating to drive a community focus on a health issue that would bring all groups to the table. They suggested collaborators included health care, agencies, school system, businesses, faith-based groups, and residents. This effort would energize the community on an issue of health they perceive they can influence. Ideas included:

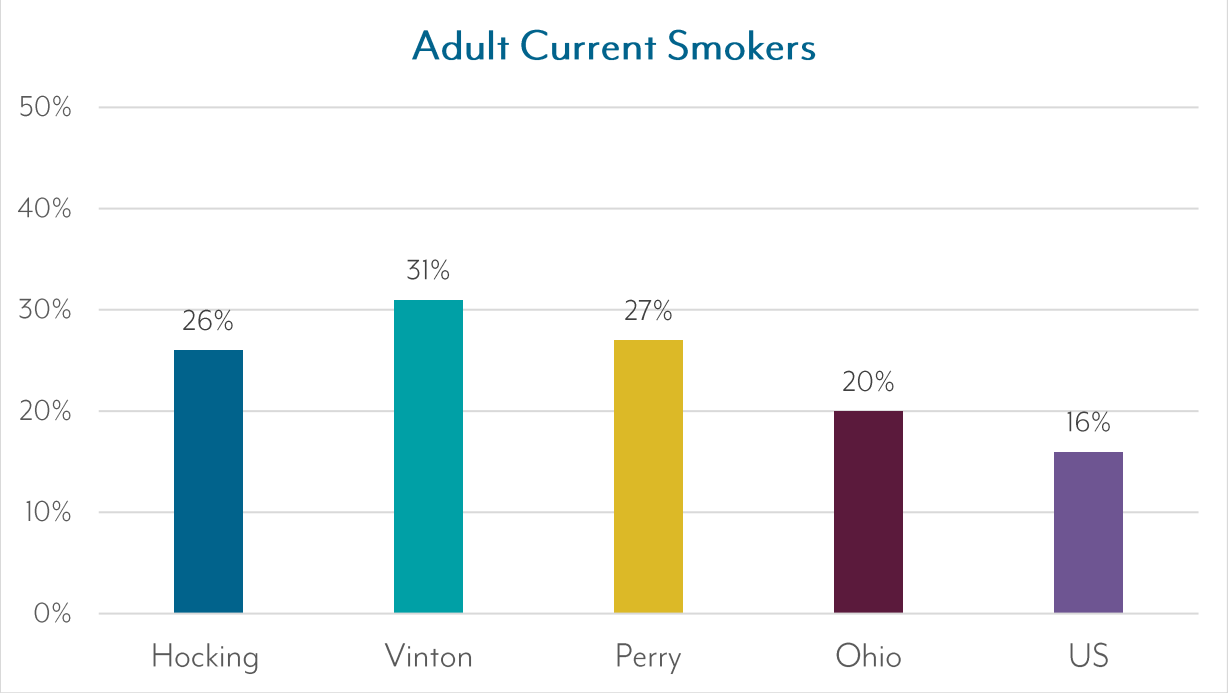
- Increase physical activity and include a bike trail that would go from Logan to Athens, "Walk with a Doc or a Nurse" (provide education while walking), campaigns for everyone to promote walk, movement, and play, and provide tools such as a walking monitor to count steps
- Utilize the community garden and other local resources in the community campaign
- Create a service that teaches people how to cook for better self-care
- Promote opportunities/education/resources for domestic violence help in places such as libraries, bars, signs in women's restroom stalls, provider offices, courthouses, and senior center
- Leverage strengths of community – Hocking Hills draws in tourism but many who grew up in the area may not visit these sites. Develop activities and provide transportation, or guided hikes with food provided. Some of these offerings may be happening, and if so, they should be better promoted. A recent scenario – an event took place where a raffle was offered, those wanting to enter their name needed to complete 5-minute Narcan training – something similar could be done to promote learning while completing an engaging activity

- Encourage volunteerism to support activities such as American in Bloom, a group that brings in flowers, trees, etc.

Chronic obstructive pulmonary disease (COPD) is higher for the three counties (Hocking 10.6%, Vinton 10.8%, Perry 9.0%) than for Ohio (8.6%) and the US (6.1%). Additionally, the rate of adult current smokers is higher for all counties (Hocking 26%, Vinton 31%, Perry 27%) compared to Ohio (20%) and the US (16%).

While this was not a top health issue described in the interviews, both groups talked about creating a community-wide focus to address one specific health issue, such as obesity. COPD and smoking could also be considered.





Access to Care

Not all health and wellness is achieved within the walls of a hospital, clinic, or health care provider. Using the County Health Rankings and Roadmaps model, 20% of health outcomes are attributable to clinical care, including access to care.[12] Access to care is interrelated to many areas including health insurance coverage, income, distance to care, transportation, understanding care, stigma, and availability of local health care providers. In Ohio, there are 1,290 residents for each primary care physician (1,290:1). The ratio is poorer for all counties (Hocking 1,870:1, Vinton 6,490:1, Perry 4,020:1). The ratios are poor for the counties even when considering the number of residents to other non-physician primary care providers (Ohio 770:1, Hocking County 1,760:1, Vinton County 6,350:1, Perry County 1,480:1). There is considerably less access to primary care physicians and providers in Vinton County.

Regarding ratios of residents to dentists, all counties have much less access to care (Hocking 4,680:1, Vinton 4,230:1, Perry 3,220:1) compared to Ohio (1,550:1) and the US (1,380:1). Access to dental care is important because poor dental health can lead to other physical issues if left untreated. Interviewees noted that there are limited local dentists in Hocking County that accept Medicaid.

The ratio examining access to mental health providers includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. In Ohio, there are 330 residents for each mental health provider (330:1). The access rate is poorer for all three counties (Hocking 450:1, Vinton 910:1, Perry 580:1). In the US there are 340 residents to each mental health provider (340:1).

[12] County Health Rankings & Roadmap. "Access to Care." Accessed October 12, 2023. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/clinical-care/access-to-care?

Access to Care

Ratio of Population to Primary Care Physicians

Hocking	Vinton	Perry	Ohio	US
1,870:1	6,490:1	4,020:1	1,290:1	1,310:1

Ratio of Population to Dentists

Hocking	Vinton	Perry	Ohio	US
4,680:1	4,230:1	3,220:1	1,550:1	1,380:1

Ratio of Population to Mental Health Providers

Hocking	Vinton	Perry	Ohio	US
450:1	910:1	580:1	330:1	340:1

Ratio of Population to Other Primary Care Providers

Hocking	Vinton	Perry	Ohio	US
1,760:1	6,350:1	1,480:1	770:1	810:1

Perception of Hospital Care

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, implemented by the Centers for Medicare and Medicaid Services, is a standardized 32-question, inpatient experience survey tool that can elevate the quality and safety of hospital health care services across America and transform the way hospitals do business. HCAHPS survey results aid hospitals in connecting to their mission, supporting their finances, enhancing their reputation, and, foremost, improving patient care.[13] Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national survey that asks patients about their experiences during a recent hospital stay. Hocking Valley Community Hospital scores were higher in comparison to Ohio and US in several questions highlighted below. Please note that according to CMS Hospital Compare, these scores reflect just six surveys.

Completed surveys = 154 | Response rate 28%	Hocking Valley Community Hospital	Ohio	US
Nurses "always" communicated well.	82%	80%	79%
Doctors "always" communicated well.	86%	78%	79%
"Always" received help as soon as they wanted.	75%	66%	65%
Staff "always" explained about medicines before giving it to them.	64%	60%	62%
Room and bathroom were "always" clean.	70%	72%	72%
The area around their room was "always" quiet at night.	69%	59%	62%
YES, they were given information about what to do during their recovery at home.	92%	88%	86%
"Strongly agree" they understood their care when they left the hospital.	46%	51%	51%
Rated the hospital 9 or 10 on a scale 0-10.	68%	71%	70%
YES, they would definitely recommend the hospital.	55%	69%	69%

[13] National Rural Health Resource Center. "HCAHPS Overview: Vendor Directory," September 2022. Accessed October 12, 2023. https://www.ruralcenter.org/resources/hcahps-overview-vendor-directory.

Focus Group and Key Stakeholder Interview Findings

Introduction

RHI was contracted by Hocking Valley Community Hospital to conduct focus group and key stakeholder interviews to provide qualitative data on the strengths and needs of local health care services. Comments reflect the perceptions of the individual and may differ from or support secondary data findings. The information summarizes the background, limitations, and summary of findings for each question for both the interviews and focus groups.

Background

Four focus groups were scheduled to occur between October 23-25, 2023, to obtain information from community residents for the CHNA. The Hocking Valley Steering Committee provided names, demographics, and contact information for 109 potential attendees. Hospital leadership contacted all nominees to inform them about the email coming from RHI and encouraged attendance. RHI reached out to all 109 individuals to invite them to participate in a focus group. Attendees could choose the focus group they preferred to attend based on their availability. Each focus group included a mix of attendees representing their community. All four focus groups were held in person. Attendees included seniors, representatives from businesses, health care consumers, active health care providers, parents, school representatives, and lifelong residents. Locations for the focus groups included Chieftain Center – Logan High School, Logan Hocking County District Library, and two focus groups took place at Scenic Hills Senior Center.

Thirty-four individuals attended. Attendees were asked to anonymously complete a form to gather demographic information (Appendix E). Thirty of the attendees completed the request. Questions, response options, and number of responses are listed below.

- Gender: Male (6), female (21), prefer not to answer (3), no response filled out (4)
- Age: 25-44 (5), 45-54 (11), 55-64 (7), 65-74 (3), 75+ (3), prefer not to answer (3), no response (2)
- Race/ethnicity: White (27), prefer not to answer (3), no response (4)
- Hispanic, Latino, or Spanish origin: Yes (0), prefer not to answer (3), no (27), no response (4)
- Language spoken: English (30), no response (4), no other languages were selected
- Disabled: No (30), yes (0), no response (4)
- Employment status: Employed (24), unemployed (0), retired (6), no response (4)
- Highest level of education completed:
    - High school diploma (3)
    - Some college, no degree (3)
    - Associate degree (5)
    - Bachelor's degree (6)
    - Graduate or professional degree (13)
    - No other education levels selected

- Economic status:
    - $21K - $40K (1)
    - $41K - $60K (3)
    - $61K – 80K (3)
    - $81K - $100K (6)
    - $101K - $120K (5)
    - $121K + (10)
    - No response (6)

Each focus group was approximately two hours in length and included an overview of the CHNA purpose. Secondary data was presented to attendees at the beginning of the focus groups and included information about community population by race and ethnicity, age range, percentage of unemployed, and percentage living in poverty. Data regarding quality-of-life variables such as rates of diabetes, obesity, adults currently smoking, suicide were shared. Ratios of population to primary care providers, dentists, and mental health providers were also presented. Each focus group was asked the same questions that were created by the hospital. Focus group comments reflect the perceptions of the group.

Eight key stakeholder interviews were scheduled to occur between October 24-25, 2023, for the CHNA. The The Hocking Valley Steering Committee provided names, demographics, and contact information for nine potential interviewees. Hospital leadership contacted all nominees to inform them about the email coming from RHI and encouraged attendance. RHI reached out to all nine individuals to invite them to participate. Six interviews were held in person and two were virtual. Attendees included seniors, representatives from businesses, health care consumers, active health care providers, parents, school representatives, and lifelong residents. Attendees were asked to anonymously complete a form to gather demographic information (Appendix E). Seven of the interviewees completed the request. Questions, response options, and number of responses are listed below. Demographics of attendees based on an anonymous self-report included:

- Gender: males (1), females (6), prefer not to answer (0), no response (1)
- Age: 25-44 (2), 45-54 (2), 55-64 (1), 65-74 (1), 75+ (1), prefer not to answer (0), no response (1)
- Race/ethnicity: White (7), prefer not to answer (0), no response (1)
- Hispanic, Latino, or Spanish origin: Yes (0), prefer not to answer (0), no (7), no response (1)
- Language spoken: English (7), no response (1), no other languages were selected
- Disabled: No (7), yes (0), no response (1)
- Employment status: Employed (5), unemployed (0), retired (2), no response (1)
- Highest level of education completed:
    - High school diploma (0)
    - Some college, no degree (1)
    - Associate degree (0)
    - Bachelor's degree (1)
    - Graduate or professional degree (5)
- Economic status:
    - $21K- $40K (0)
    - $41K - $60K (1)

- $61K – 80K (0)
- $81K - $100K (1)
- $101K - $120K (2)
- $121K + (3)
- No response (1)

Each interview was approximately one hour in length and included an overview of the CHNA purpose. Secondary data was presented to interviewees at the beginning and included information about community population by race and ethnicity, age range, percentage of unemployed, and percentage living in poverty. Data regarding quality-of-life variables such as rates of diabetes, obesity, adults currently smoking, suicide were shared. Ratios of population to primary care providers, dentists, and mental health providers were also presented. Each stakeholder was asked the same questions. Individual comments reflect the perceptions of the participant.

Limitations

Limitations that should be considered when reviewing the results include:

1. The information is based on comments from a rather small segment of the community.
2. Participants represented are primarily middle income and all are White. Some segments of the community are not directly represented by people with lived experience, specifically those of lower socio-economic status, although some respondents work in agencies that serve this population.

Summary of Major Points

Below are the common themes in responses.

- **Are you surprised about what this data reveals about your community, or is it what you expected? Do you find any particular statistic surprising?**

The focus group and key stakeholder interviews both expressed surprise that the ratio of primary care providers and dentists to the population was so poor. A common theme in the focus groups was that participants were surprised that food insecurity percentages were not higher. Participants indicated the belief that food insecurity is underreported because some families may not be aware that they experience food insecurity, some adults may not apply for food assistance and may be hesitant to report income in case it affects other assistance, and there is limited access in the community to grocery stores. There was concern that when school is closed that children may go hungry.

- **Are some population groups healthier than other groups? If yes, which ones?**

Both focus groups and key stakeholders identified two groups that are healthier than others. The first is those with higher incomes. This could include people with college education and those who are tradespeople/skill labor who have well-paying jobs, are more likely to have health insurance, and can afford healthier food. These individuals are sometimes going outside the county for employment. This impacts their ability to access resources and transportation, enroll children in sports, and purchase items children need to participate. It should be noted that the majority of the focus group and key stakeholder participants reported incomes over $100,000.

The second group identified as healthier than others is residents over the age of 50 because this group has greater access to other resources and senior centers. The senior center provides transportation, gym, and a discounted meal. As this group ages, they might take early retirement and are more likely to see their provider regularly, either with the use of private insurance or Medicare.

The focus groups identified people who are active as healthier. They are more likely to go to one of the of large gyms in the area where people can find inspiration/motivation to be healthier and utilize outdoor spaces such as caves, trails, state parks; and garden.

Key stakeholders indicated those who are more educated might be healthier, especially if a person received the education in an urban area and has more access to resources. The majority of key stakeholder interviewees had a bachelor's degree or higher. Other groups mentioned include younger people who might have more awareness and people who have social connection in the community.

- Are some population groups suffering more than other groups? If yes, which ones?

The focus groups and key stakeholders both talked about the challenges for those with lower socioeconomic status. This included those who, from an early age, don't have as many opportunities, financial stability (which impacts ability to access health care), stable housing, and are experiencing generational poverty. Also of concern are health issues for these groups due to poverty. This impacts their ability to buy fresh fruits and vegetables and a perception of what is considered "healthy" but may not truly be healthy. A specific group that was identified to be more likely to have a lower socioeconomic challenge is grandparents raising grandchildren if they are on a fixed income.

People struggling with mental illness were also identified in key stakeholder interviews and focus groups. Participants were concerned that these individuals are often struggling with poor physical health and housing issues and may need to go out of county or state to access services such as residential living. There was concern that workforce for mental health support is very limited.

Additionally, focus groups believe that seniors who have health concerns are struggling. They might not want to go to nursing homes which are experiencing staffing challenges. Home health also has staffing challenges. Some seniors may make too much to qualify for Medicaid while on a fixed income which may result in having to choose between purchasing food, medicine, or other necessities. It was reported that some seniors are experiencing isolation and do not have local family. This group might also be challenged by poor transportation, literacy, health literacy, and education levels.

The key stakeholders identified those with substance use disorders and veterans are also struggling with health.

- In your opinion, what are some of the barriers to accessing care in this region?

The only common theme concerning barriers to accessing care among focus groups and key stakeholders was lack of transportation. This includes ambulance transportation (including non-emergencies), limited hours and services areas of transportation services, not enough drivers, and needing to schedule far in advance.

Focus groups identified two additional barriers. The first is children being raised by someone that does not have benefits for the child (kinship). Grandparents may not be able to take them to appointments or they do not have the legal right to be the guardian during visits. Some grandparents/great-grandparents may be fearful of being

diagnosed with their own health issue and whether they might lose custody of their grandchildren as a result. Another barrier to health is for those who lack education and knowledge. This might lead to the inability to teach children how to care for themselves, eat balanced meals, create physical well-being, set healthy boundaries, handle finances, and perform basic daily skills. These are all skills a child needs to become a health adult.

Key stakeholders discussed financial and economic issues. While there is a belief that Medicaid expansion has helped to some extent, workforce issues, low-paying jobs, and access to providers is still a barrier. For instance, one key stakeholder expressed the belief that only two of the six dentists in the county will take Medicaid and there are even fewer opportunities if a child is under the age of three years old. The child would need to go to outside counties and the waiting list is long.

Two other barriers identified by key stakeholders included lack of mental health and SUD services and people avoiding medical care because of fear of what they might be told by their provider. There was concern about the trauma experienced by children of parents with SUD and the stigma around accessing care in a community where people don't want to ask for help.

- In the past 12 months: (this was captured anonymously on paper)

-has the gas, electric, oil, or water company shut off your services?
-have you been worried about getting money to pay for food?
-has lack of transportation kept you from getting to medical appointments?
-not able to pay your rent/mortgage on time?
-not felt safe in your home

For the above questions, no key stakeholders expressed a concern. One focus groups attendee expressed worry about getting money to pay for food.

- What do you think Hocking County could do to increase the health of the community? Where are opportunities to collaborate?

Two themes common to key stakeholder interviews and focus groups were to create a community focus on an aspect of health/wellness and to focus on mental health issues.

It was expressed that a united community focus on a health issue would bring all groups to the table and include health care, agencies, school system, businesses, faith-based groups, and residents. This effort would energize the community on an issue of health they perceived they can influence. Ideas included:

  - Increase physical activity and include a bike trail that would go from Logan to Athens, "Walk with a Doc or a Nurse" (provide education while walking), campaigns for everyone to promote walk, movement, and play, and provide tools such as a walking monitor to count steps
  - Utilize the community garden and other local resources in the community campaign
  - Create a service that teaches people how to cook for better self-care
  - Promote opportunities/education/resources for domestic violence help in places such as libraries, bars, signs in women's restroom stalls, provider offices, courthouses, and senior center
  - Leverage strengths of community – Hocking Hills draws in tourism but many who grew up in the area may not visit these sites. Develop activities and provide transportation, or guided hikes with

food provided. Some of these offerings may be happening, and if so, they should be better promoted. A recent scenario – an event took place where a raffle was offered, those wanting to enter their name needed to complete 5-minute Narcan training – something similar could be done to promote learning while completing an engaging activity

- Encourage volunteerism to support activities such as American in Bloom, a group that brings in flowers, trees, etc.

Regarding improving mental health, addressing needs of all groups including seniors and young people was noted. Ideas included:

- Utilize a three-digit telephone number to provide resources, suicide hotline, and focus on mental health
- Create urgent care for psychological issues
- Reduce stigma around mental health concerns
- Create a mobile mental health service

From the focus groups, addition opportunities included increased collaboration to "get the word" out about resources. Opportunities to do this included taking advantage of the Scenic Hills Health Education Center which hosts health talks, increase information about services provided by public health, provide accurate information in the local newspaper, update Hocking County resource guide/identify owner, and improve communication between resource providers to ensure groups know what the other is providing or working on.

The key stakeholder interviews noted other opportunities to improve health include a focus on nutrition to provide education done in a supportive way to address obesity and diabetes, more attention on diet and meal preparation, less focus on using pre-packaged foods, and more attention to nutrition in school being sure that policy is in line with this.

- **What are the three most important issues that should be considered in the upcoming community health assessment and planning work?**

The top three issues that should be considered according to the focus groups were:

- Develop partnerships/increase public awareness of mental, physical, social resources. Consider annual/biannual events where services are pooled/advertised. Consider more outreach in underserved populations
- Encourage partnerships for wellness, create a "healthy communities coordinator" role for someone who can provide lifestyle education on topics such as health, nutrition, hygiene, laundry, cooking, budgeting, first aid, etc.
- Develop mental/behavioral health services: Mobile care, 211 number, more local services.

Two top issues that should be considered according to the key stakeholder interviews were:

- Educate people on healthy diet and how to achieve this. Focus on children and early habits
- Safe and affordable housing

Conclusion, Recommendations, and Acknowledgements

Conclusion

RHI, a subsidiary of the National Rural Health Resource Center, conducted a CHNA, in collaboration with Hocking Valley Community Hospital and the Hocking Valley Steering Committee. The CHNA information included secondary data analysis from nationally recognized sources, a series of focus groups, and key stakeholder interviews. Hocking, Vinton, Perry counties, Ohio, and US data were included when possible.

The population in the three counties is largely White. The three counties have much lower percentages of individuals in any other race/ethnic group compared to Ohio and the US. The highest percentage of residents in all three counties is the 25-44 years old age range followed by the 5-17 range. In discussing the age groups in the three counties, focus group and key stakeholders expressed surprise because the population seems more senior. It was noted that when combining all age ranges from 55 years and above, more of the population is senior compared to prior age ranges.

The unemployment rates for all counties varied. The median household income is lower for all counties compared to Ohio and the US. There are higher percentages of county residents/children living below the poverty level in all counties and a higher percentage of people who report food insecurity for all counties compared to Ohio. The key stakeholders and focus group participants identified financial issues and residents living in poverty as a concern in their ability to access care. When asked about the perceived health of the community, they expressed the belief that residents with financial resources were more likely to be healthier while those without those resources are more likely to be less healthy. Participants noted that access to financial resources also impacts the ability to access transportation and adequate housing.

Two themes emerged in the key stakeholder and focus group interviews: continue to address mental health and create a community-wide initiative that focuses on a specific health related issue. Concerning mental health, the counties do have a slightly higher rate of suicide. Drug overdoses were higher for Vinton and Perry counties than for Hocking County. All three counties have very poor ratios of residents to any type of mental health or substance use provider as compared to Ohio and the US. Concern was especially expressed for children, adolescents, and seniors.

While the data indicated the need to address a number of health-related issues such as diabetes, obesity, COPD, and cancer, no single issue was identified in interviews. The common theme however was to unite as a community to focus on one area that could lead to increased wellness in the community. Much enthusiasm was generated as they discussed bringing health care, social agencies, faith-based groups, schools, businesses, and other community members together to focus on one health related goal. Interviewees expressed an interest and excitement to be included to leverage the strengths already in the community to continue to build a healthier area to live, work, and play.

Recommendations

It is recommended that Hocking Valley Community Hospital and their CHNA partners continue to focus on initiatives to address mental health. There is an opportunity to do this by providing education and stigma

reduction directly in the community in the places that the people gather – schools, places of worship, businesses, senior centers, the library, and community centers. As with most communities, this is a continued challenge as they continue to explore ways to enhance the workforce that can address mental health. The addition of the school-based clinic is a promising opportunity.

This is the time to harness the energy of the community and expand formal collaboration with partners identified in the report to address opportunities to enhance the health of the community. Several areas to focus were identified in the secondary data and the interviews. This is an opportunity for the hospital to continue to build community engagement by including representatives from agencies, businesses, schools, local government, and faith-based organizations to work together on CHNA priorities for the next three years. It is also important to include representatives of underserved populations if working on a priority that impacts one of these populations.

The Muskingum Valley Educational Service Center (MVESC) is a resource partner to teachers, students, and families in 13 school districts across the Muskingum Valley. MVESC has created very robust County Resource Guides designed for use as a reference tool to help students and their families connect with services and resources available in the region. These resources are updated yearly. The Hocking County Community Resource Guide should be used to identify current available resources to support CHNA priority implementation planning.

Acknowledgements

RHI would like to thank Hocking Valley Community Hospital and the Hocking Valley Steering Committee. A special thank you to Stacey Gabriel for timely responses to RHI's request for information and help with scheduling and to Ashley Mount for assistance to create a robust list of demographic variables to collect.

Appendix A: Secondary Data Analysis

Introduction

There are two different types of sources used to conduct a CHNA. The first type is a primary source that is the initial material that is collected during the research process. Primary data is the data that RHI collects using methods such as surveys, focus groups, key stakeholder interviews, as well as objective data sources. Primary data is a reliable method to collect data as RHI knows the source, how it was collected and analyzed. Secondary data is the analysis of preexisting data. Secondary data analysis utilizes the data that was collected by another entity in order to further a study. Secondary data analysis is useful for organizational planning to complement primary data or if there is not time or resources to gather raw data. It has its drawbacks, however, as data from the different agencies is collected during different timeframes and with varying methods. This can make direct comparisons of secondary data difficult. See Appendix B for source details and definitions. Please note, the data collected for this report is the most current information as of October 2023. The types of measures selected to analyze in this report were identified based on data available for Hocking County, Vinton County, Perry County, Ohio, and the United States.

For more secondary data information, RHI offers users the ability to extract multiple data elements that are focused on specific scenarios in population health management on the Population Health Portal.

NR=not reported, DNA= data not available

Geography and Demographics

	Hocking	Vinton	Perry	Ohio	US
Total Population	28,050	12,800	35,408	11,799,448	331,449,281
Male	14,204	6,497	17,855	5,810,211	165,228,214
Female	13,976	6,356	17,584	5,945,847	168,059,348
Age 0-5	5.5%	5.3%	6.0%	5.6%	5.5%
Age 5-17	16.4%	16.9%	17.4%	16.1%	16.2%
Age 18-24	7.3%	7.3%	7.6%	9.1%	9.4%
Age 25-44	23.1%	23.2%	24.0%	25.6%	26.8%
Age 45-54	13.4%	13.9%	13.7%	11.9%	12.1%

Age 55-64	15.4%	15.9%	14.6%	13.1%	12.6%
Age 65-74	11.4%	11.0%	10.6%	10.9%	10.2%
Age 75+	7.5%	6.4%	6.1%	7.5%	7.2%
White	95.7%	97.2%	96.5%	77.1%	60.9%
Black	0.7%	0.1%	0.5%	12.0%	12.2%
Asian	0.2%	0.4%	0.0%	2.5%	5.9%
Native American/ Alaska Native	0.0%	0.1%	0.3%	0.2%	1.0%
Native Hawaiian/ Pacific Islander	0.0%	0.0%	0.1%	0.0%	0.2%
Some Other Race	0.8%	0.0%	0.2%	1.7%	7.3%
Multiple Races	2.5%	2.2%	2.4%	6.5%	12.5%
Hispanic or Latino	1.1%	1.0%	0.9%	4.4%	19.1%
Veterans	7.6%	6.3%	9.5%	6.6%	6.2%
Speak English less than "well"	1.0%	0.0%	0.0%	0.3%	0.4%

Health Outcomes

	Hocking	Vinton	Perry	Ohio	US
Fair or Poor Health	16%	19%	17%	15%	12%
Poor Physical Health Days	3.5	3.9	3.7	3.2	3.0
Poor Mental Health Days	5.6	5.9	5.6	5.0	4.4
Low Birth Weight	7%	8%	7%	9%	8%
Diabetes Prevalence	10%	12%	12%	10%	9%
Suicide Death Rate	18.0	21.0	16.0	15.0	14.5
Heart Disease	7.0%	7.7%	7.0%	5.6%	4.4%
COPD	10.6%	10.8%	9.0%	8.6%	6.1%
Asthma	10.9%	11.2%	10.9%	11.4%	10.4%
All Cancer Sites	474.1	502.0	484.5	465.3	442.3
Prostate (male)	99.8	77.4	105.2	114.1	110.5
Breast (female)	115.8	102.1	128.6	129.5	127.0
Colon and Rectum	40.6	52.3	43.2	39.1	36.5
Uterus (female)	37.4	DNA	40.2	30.9	27.4
Melanoma	24.2	21.1	31.1	25.3	22.5

Social and Economic

	Hocking	Vinton	Perry	Ohio	US
Less than 9th grade education	3.1%	5.8%	1.7%	2.7%	4.9%
Some high school, no diploma	8.6%	15.3%	10.9%	6.5%	6.6%
High School Degree	43.8%	41.8%	47.3%	32.8%	26.7%
Some college, no degree	19.5%	15.2%	18.2%	20.3%	20.3%
Associate's Degree	11.1%	9.1%	8.9%	8.8%	8.6%
Bachelor's Degree	9.4%	9.4%	8.6%	17.9%	20.2%
Graduate or Professional Degree	4.5%	3.4%	4.4%	10.9%	12.7%
Unemployment Rate	7.4%	9.1%	8.4%	8.1%	8.1%
Median Household Income	$53,838	$49,778	$56,048	$60,360	$67,340
Poverty	16.3%	18.9%	15.2%	13.4%	12.6%
Children in Poverty	24.4%	28.0%	22.0%	17.7%	16.3%
Residential segregation: non-white/white	DNA	DNA	DNA	70	63
Childcare Centers	12	10	11	8	7
Childcare Cost Burden	25%	30%	29%	29%	27%
Injury Deaths	102	120	93	96	76

Health Behaviors

	Hocking	Vinton	Perry	Ohio	US
Current Smokers	26%	31%	27%	20%	16%
No Leisure Time for Physical Activity	29%	32%	30%	24%	22%
Access to Exercise Opportunities	75%	30%	79%	84%	84%
Adult Obesity	38%	39%	37%	36%	32%
Food Insecurity	14%	17%	16%	12%	12%
Binge Drinking	19%	18%	18%	19%	19%
Drug Overdose Deaths	27	46	39	38	32
Teen Birth Rate	28%	28%	21%	21%	19%

Physical Environment

	Hocking	Vinton	Perry	Ohio	US
Air pollution - particulate matter	8.5	8.2	8.8	8.9	7.4
Drinking water violations	No	No	No	DNA	DNA
Severe Housing Problems	10%	14%	13%	13%	17%
Households with No Motor Vehicle	3.7%	4.4%	7.2%	7.5%	8.7%

Clinical Care

	Hocking	Vinton	Perry	Ohio	US
Uninsured	9%	9%	9%	8%	10%
Uninsured Children	5%	6%	6%	5%	5%
Access to Primary Care Physicians	1,870:1	6,490:1	4,020:1	1,290:1	1,310:1
Access to Mental Health Providers	450:1	910:1	580:1	330:1	340:1
Access to Dentists	4,680:1	4,230:1	3,220:1	1,550:1	1,380:1
Access to Other Primary Care Providers	1,760:1	6,350:1	1,480:1	770:1	810:1
Medicare Patients with Mammogram within Past Two Years	29%	31%	27%	35%	34%
Medicare Patients with Annual Influenza Vaccination	43%	37%	42%	49%	46%
Emergency Department Visit Rate by Medicare Diabetics (per 1,000 beneficiaries)	8	7	10	8	8
Adults over Age 50 Ever Reporting Having a Colonoscopy or Sigmoidoscopy	9%	5%	5%	6%	7%

Appendix B: Index of Secondary Data Indicators

Data Areas	Description	Source and Dates
Population	Total population residing in the area.	American FactFinder, American Community Survey, US Census Bureau. 2021
Male	Percent of male population.	American FactFinder, American Community Survey, US Census Bureau. 2021
Female	Percent of female population.	American FactFinder, American Community Survey, US Census Bureau. 2021
Age 0-5	Percentage of total population aged 0-4 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2021
Age 5-17	Percentage of total population aged 5-9 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2021
Age 18-24	Percentage of total population aged 10-14 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2021
Age 25-44	Percentage of total population aged 15-19 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2021
Age 45-54	Percentage of total population aged 20-24 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2021
Age 55-64	Percentage of total population aged 25-34 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2021
Age 65-74	Percentage of total population aged 35-44 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2021
Age 75+	Percentage of total population aged 45-54 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2021
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.	American FactFinder, American Community Survey, US Census Bureau. 2021

Black or African American	A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.	American FactFinder, American Community Survey, US Census Bureau. 2021
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.	American FactFinder, American Community Survey, US Census Bureau. 2021
American Indian/Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.	American FactFinder, American Community Survey, US Census Bureau. 2021
Native Hawaiian/Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.	American FactFinder, American Community Survey, US Census Bureau. 2021
Some Other Race	The US Office of Management and Budget (OMB) requires that race data be collected for a minimum of five groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or other Pacific Islander. OMB permits the Census Bureau to also use a sixth category - Some Other Race. Respondents may report	American FactFinder, American Community Survey, US Census Bureau. 2021

	more than one race, which is then described as “Multiple Races”.	
Multiple Races	People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some combination of check boxes and other responses. For data product purposes, "Multiple Races" refers to combinations of two or more of the following race categories: "White," "Black or African American," American Indian or Alaska Native," "Asian," Native Hawaiian or Other Pacific Islander," or "Some Other Race"	American FactFinder, American Community Survey, US Census Bureau. 2021
Hispanic or Latino	The estimated population that is of Hispanic, Latino, or Spanish origin.	American FactFinder, American Community Survey, US Census Bureau. 2021
Veterans	Percent of the civilian population 18 years of age and older who served in the US military.	American FactFinder, American Community Survey, US Census Bureau. 2021
Speak English less than “well”	Percent of population that speak English less than “very well”	County Health Rankings. 2021 County Health Rankings. 2021 National Statistics Reference Table
Life expectancy	Average number of years a person can expect to live.	County Health Rankings. 2020 Centers for Disease Control and Prevention, National Center for Health Statistics. 2021
Fair or poor health	Percentage of adults reporting fair or poor health (age-adjusted).	County Health Rankings. 2020 County Health Rankings. 2021 National Statistics Reference Table
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings. 2020 County Health Rankings. 2021 National Statistics Reference Table
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings. 2020

		County Health Rankings. 2021 National Statistics Reference Table
Low birth weight	Percentage of live births with low birthweight (< 2,500 grams).	County Health Rankings. 2020 Centers for Disease Control and Prevention, National Center for Health Statistics. 2020
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	Centers for Disease Control and Prevention. Suicide and Self-Inflicted Injury. 2020
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	County Health Rankings. 2020 County Health Rankings. 2021 National Statistics Reference Table
Heart Disease	Percentage of adults with coronary heart disease (not age-adjusted)	CDC Places. 2021 Behavioral Risk Factor Surveillance Survey (BRFSS). 2021
COPD	Percentage of adults with COPD (not age-adjusted)	Population Health Toolkit. COPD Risk Factors and Rurality. 2021 https://www.cdc.gov/places. Behavioral Risk Factor Surveillance Survey. 2021
Diagnosis of Asthma 18+	Percent of adults currently living with asthma	CDC Places. 2021 https://www.cdc.gov/places. Behavioral Risk Factor Surveillance Survey. 2021
All Cancers Incidence Rate per 100,000	Age-Adjusted Incidence Rate. All Races (includes Hispanic), Both Sexes, All Ages. Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population.	National Program of Cancer Registries SEER*Stat Database (2015-2019) United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
Prostate Cancer	Age-adjusted incidence rate of male prostate cancer cases per 100,000	National Program of Cancer Registries SEER*Stat Database (2015-2019) United States Department of Health and Human Services, Centers for Disease

		Control and Prevention (based on the 2020 submission).
Breast Cancer	Age-adjusted incidence rate of female breast cancer cases per 100,000	National Program of Cancer Registries SEER*Stat Database (2015-2019) United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
Colon and Rectum	Age-adjusted incidence rate of colon and rectum cancer cases per 100,000	National Program of Cancer Registries SEER*Stat Database (2015-2019) United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
Uterus	Age-adjusted incidence rate of female uterus cancer cases per 100,000	National Program of Cancer Registries SEER*Stat Database (2015-2019) United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
Melanoma	Age-adjusted incidence rate of melanoma cancer cases per 100,000	National Program of Cancer Registries SEER*Stat Database (2015-2019) United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
Lung and Bronchus	Age-adjusted incidence rate of lunch and bronchus cancer cases per 100,000	National Program of Cancer Registries SEER*Stat Database (2015-2019) United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	County Health Rankings. 2020 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data. 2021
Food insecurity	Percentage of population who lack adequate access to food during the past year (with a lack of access, at times, to enough food for an active, healthy life or uncertain availability of nutritionally adequate foods).	County Health Rankings. 2020 Feeding America, Map the Meal Gap. 2021

Excessive drinking	Percentage of adults reporting binge or heavy drinking (Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day).	County Health Rankings. 2021 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data. 2021
Drug overdose deaths	Number of drug poisoning deaths per 100,000 population.	County Health Rankings. 2021 Drug Overdose Deaths, Centers for Diseasae Control and Prevention. 2021
Less than 9th grade education	Population 25 years and over without a high school degree.	American FactFinder, American Community Survey, US Census Bureau. 2022
9th to 12th grade, no diploma	Population 25 years and over 9th to 12th grade education but no diploma.	American FactFinder, American Community Survey, US Census Bureau. 2022
High School Degree (includes equivalency)	Population 25 years and over with a high school degree (includes equivalency).	American FactFinder, American Community Survey, US Census Bureau. 2022
Some college, no degree	Population 25 years and over with some college but no degree.	American FactFinder, American Community Survey, US Census Bureau. 2022
Associate degree	Population 25 years and over with an associate degree.	American FactFinder, American Community Survey, US Census Bureau. 2022
Bachelor's Degree	Population 25 years and over with a bachelor's degree.	American FactFinder, American Community Survey, US Census Bureau. 2022
Graduate or Professional Degree	Population 25 years and over with a graduate or professional degree	American FactFinder, American Community Survey, US Census Bureau. 2022
Unemployment rate	Unemployment rates, not seasonally adjusted.	Population Health Toolkit. 2021
Median household income	Median income of households in the geographic area.	Population Health Toolkit. 2021

Poverty	Percent of all individuals below the poverty level.	American FactFinder, American Community Survey, US Census Bureau. 2022
Children in poverty	Percent of children below 18 years old below the poverty level.	American FactFinder, American Community Survey, US Census Bureau. 2021
Residential segregation – Non-white/white	Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents. A demographic measure of the evenness with which two groups (non-white and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation).	County Health Rankings. 2017-2021
Injury deaths	Number of deaths due to injury per 100,000 population (includes planned (e.g., homicide or suicide) and unplanned (e.g., motor vehicle deaths) injuries).	County Health Rankings. 2016-2020 National Statistics Reference Table
Current smokers	Percentage of adults who are current smokers (smoke every day or most days and have smoked at least 100 cigarettes in their lifetime).	County Health Rankings. 2020 County Health Rankings. 2021 National Statistics Reference Table
No Leisure Time for Physical Activity	Percentage of adults age 20 and over reporting no leisure-time physical activity in the past month (such as running, calisthenics, golf, gardening, or walking for exercise)	County Health Rankings. 2020 Behavioral Risk Factor Surveillance Survey (BRFSS). 2021
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity (reside in a census block that is within a half mile of a park or reside in a rural census block that is within three miles of a recreational facility).	County Health Rankings. 2022 County Health Rankings. 2022 National Statistics Reference Table
Teen birth rate	Number of births per 1,000 female population ages 15-19.	County Health Rankings. 2020

		Centers for Disease Control and Prevention, Reproductive Health: Teen Pregnancy. 2021
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	County Health Rankings. 2019 National Environmental Public Health Tracking Network. 2021
Drinking water violations	Indicator of the presence of health-related drinking water violations in community/public water systems. Yes indicates the presence of a violation; No indicates no violation.	County Health Rankings. 2021 County Health Rankings. 2021 National Statistics Reference Table
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	County Health Rankings. 2015 - 2019 County Health Rankings. 2021 National Statistics Reference Table
Household with no motor vehicle	Among occupied housing units, percent of housing units with no vehicles available	American Community Survey. 2021
Uninsured	Percentage of population under age 65 without health insurance.	Population Health Toolkit. 2021
Uninsured children	Percentage of population under age 18 without health insurance.	US Census Bureau, Small Area Health Insurance Estimates Program. 2021
Access to primary care physicians	Ratio of population to primary care physicians (practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics).	County Health Rankings. 2020 County Health Rankings. 2021 National Statistics Reference Table
Access to other primary care providers	Ratio of population to other primary care providers (practicing nurse practitioners (NP), physician assistants (PA), and clinical nurse specialists).	County Health Rankings. 2022 County Health Rankings. 2021 National Statistics Reference Table
Access to mental health providers	Ratio of population to mental health providers (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other	County Health Rankings. 2022 County Health Rankings. 2021 National Statistics Reference Table

	drug abuse, as well as advanced practice nurses specializing in mental health care).	
Access to dentists	Ratio of population to dentists (registered dentists with a National Provider Identification).	County Health Rankings. 2021 County Health Rankings. 2021 National Statistics Reference Table
Had a Mammogram in Past 2 Years, Medicare Patients	Percentage of Medicare population that had a mammogram in past 2 years.	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities. 2021
Medicare patients with annual influenza vaccination	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities. 2021
Emergency Department Visit Rate by Medicare Diabetics (per 1,000 beneficiaries)	Rate of emergency department visits among Medicare beneficiaries with diagnosed diabetes per 1,000 beneficiaries	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities. 2021
Adults over age 50 ever reporting having a colonoscopy or sigmoidoscopy	Medicare enrollees over age 50 ever reporting having a colonoscopy or sigmoidoscopy.	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities. 2021

Appendix C: Focus Group Invitations and Questions

Hello,

We invite you to **participate in a focus group** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center on behalf of the Hocking County Community Health Improvement Committee. Focus groups are an excellent way for community members to share their opinions in an honest yet confidential environment. The goal of this focus group is to assist the Hocking County Community Health Improvement Committee in identifying strengths and needs of health services for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health in the region. This process will help to maintain quality health care in the community. Participants for focus groups were identified as those living in the area that represent different groups of health care users including seniors, family caregivers, business leaders, and health care providers. Whether you or a family member are involved with local health care services or not, this is your chance to help guide high quality local health services in the future.

We are offering four different focus groups. Please select the day, time, and location that is most convenient for you.

- **Monday 10/23** 6pm-8pm Chieftain Center- Logan High School
- **Tuesday 10/24** 9am-11am Logan Hocking County District Library
- **Wednesday 10/25** Noon-2pm Scenic Hills Senior Center
- **Wednesday 10/25** 3pm-5pm Scenic Hills Senior Center

Your identity is not part of the focus group report and your individual responses will be kept confidential.

Please confirm your attendance by contacting Faith at the National Rural Health Resource Center by phone (218-514-0107) or e-mail (frhoades@ruralcenter.org) **by Friday October 13th.** Faith will then send you an Outlook invitation with focus group questions and details.

We look forward to your participation. Thank you.
Sincerely,

Tracy Morton, Director of Population Health
National Rural Health Resource Center

Hocking Valley Community Hospital Focus Group Questions

1. Are you surprised about what this data reveals about your community, or is it what you expected?
2. Do you find any particular statistic surprising?
3. Are some population groups healthier than other groups? If yes, which ones?
4. Are some population groups suffering more than other groups? If yes, which ones?
5. In your opinion, what are some of the barriers to accessing care in this region?
6. In the past 12 months: (captured anonymously on paper)
    a. Has the gas, electric, oil, or water company shut off your services?
    b. Have you been worried about getting money to pay for food?
    c. Has the lack of transportation kept you from getting to medical appointments?
    d. Not able to pay your rent/mortgage on time?
    e. Not felt safe in your home
7. What do you think Hocking County could do to increase the health of the community? Where are opportunities to collaborate?
8. What are the three most important issues that should be considered in the upcoming community health assessment and planning work?

Appendix D: Key Stakeholder Invitation and Questions

Dear Community Leader:

You have been identified as a leader in the community and we would like to hear from you about your perspectives on the health of the community. Please accept this invitation to **participate in a key stakeholder interview** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center on behalf of the Hocking County Community Health Improvement Team. The purpose of the interview will be to identify strengths and needs of community health for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health in the region. This process will help to maintain quality health care in the community.
We invite you to participate in a one-hour one-to-one interview during the week of **October 23rd**.

Your help is very much appreciated in this effort. Please confirm your willingness to participate before **Friday October 13th**. Your identity is not part of the report, and your individual responses will be kept confidential.

Available days and time are scheduled on a first come basis. The meetings will be held in the Hocking County Community Hospital Board Room. Times that are available include:

Tuesday, October 24

- 7am-8am
- 12pm-1pm
- 1:30pm-2:30pm
- 3pm-4pm
- 4:30pm-5:30pm

Wednesday, October 25

- 7am-8am
- 8:30am-9:30 am
- 10am-11am
- 5:30pm-6:30pm

While an in-person meeting is preferred, we know this might not be convenient for all. If you prefer a virtual meeting, we can do those during the prior week. Available times are:

Thursday, October 19

- 8am-9am
- 11:30am-12:30pm
- 2:30pm-3:30pm

Friday, October 20

- 8am-9am
- 1pm-2pm

Please confirm your attendance and day/time preference by contacting Faith at the National Rural Health Resource Center by phone (218-514-0107) or e-mail (frhoades@ruralcenter.org) **by Friday October 13th.** Faith will then send you an Outlook invitation with key stakeholder questions and details.

We look forward to your participation. Thank you.

Sincerely,

Tracy Morton, Director of Population Health
National Rural Health Resource Center

Hocking Valley Community Hospital Key Stakeholder Interview Questions

1. Are you surprised about what this data reveals about your community, or is it what you expected?
2. Do you find any particular statistic surprising?
3. Are some population groups healthier than other groups? If yes, which ones?
4. Are some population groups suffering more than other groups? If yes, which ones?
5. In your opinion, what are some of the barriers to accessing care in this region?
6. In the past 12 months: (captured anonymously on paper)
    a. Has the gas, electric, oil, or water company shut off your services?
    b. Have you been worried about getting money to pay for food?
    c. Has the lack of transportation kept you from getting to medical appointments?
    d. Not able to pay your rent/mortgage on time?
    e. Not felt safe in your home
7. What do you think Hocking County could do to increase the health of the community? Where are opportunities to collaborate?
8. What are the three most important issues that should be considered in the upcoming community health assessment and planning work?

Appendix E: Hocking Valley Community Hospital Focus Group & Key Stakeholder Interview Demographic Questions

Please respond to the below questions. This is anonymous information that will be compiled with other focus group and key stakeholder data to provide an overview of participant demographics.

What is your age range?

- ☐ Age 18-24
- ☐ Age 25-44
- ☐ Age 45-54
- ☐ Age 55-64
- ☐ Age 65-74
- ☐ Age 75+
- ☐ Prefer not to answer

Are you of Hispanic, Latino, or Spanish origin? (Select only ONE response)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer
- ☐ Not sure

With what ethnicity do you most identify? (Select all that apply)

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Pacific Islander/Native Hawaiian
- ☐ White/Caucasian
- ☐ Other (please specify) _____
- ☐ Not sure
- ☐ Prefer not to answer

Are you male or female, or do you identify in a different way? (Select only ONE response)

- ☐ Male
- ☐ Female
- ☐ Identify in a different way
- ☐ Prefer not to answer = 3 attendees

Which language do you speak? (select all that apply)

- ☐ English
- ☐ Mandarin

☐ Spanish
☐ French
☐ Portuguese
☐ Arabic
☐ Hindi
☐ Other (please specify)
☐ Prefer not to answer

What is your average annual household income?

☐ $0 - $20,000
☐ $21,000 - $40,000
☐ $41,000 - $60,000
☐ $61,000 - $80,000
☐ $81,000 - $100,000
☐ $101,000 - $120,000
☐ $120,000 +
☐ Not sure
☐ Prefer not to answer

Are you living with a disability?

☐ Yes
☐ No
☐ Prefer not to answer

What is your employment status

☐ Employed
☐ Unemployed
☐ Retired
☐ Other (please specify)
☐ Prefer not to answer

What is the highest level of education you have completed?

☐ Less than 9th grade
☐ Some high school, no diploma
☐ High School Degree
☐ Some college, no degree
☐ Associate's Degree
☐ Bachelor's Degree
☐ Graduate or Professional Degree
☐ Prefer not to answer

In the past 12 months (please check all that apply):

☐has the gas, electric, oil, or water company shut off your services?
☐ have you been worried about getting money to pay for food?
☐ has lack of transportation kept you from getting to medical appointments?
☐ not able to pay your rent/mortgage on time?
☐ not felt safe in your home?