



King's Daughters Medical Center Ohio Community Health Needs Assessment 2022

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Table of Contents

Executive Summary	3
Facility Description	4
Description of the Community Served	4
Persons Representing the Broad Interests of the Community.....	5
Description of the Process and Methods Used	5
Primary Data Collection.....	6
Community Survey Results	7
Community Survey Top Issues Identified	12
Key Informant Survey.....	13
Key Informant Top Issues Identified	14
Secondary Data Collection.....	14
Secondary Data Results.....	21
Community Assets	24
Health Needs Identified.....	24
Health Needs Priorities.....	26
List of Organizations Providing Input into the CHNA	Appendix A, 27
Actions Taken Since the Last CHNA.....	Appendix B, 29

PRC CHNA full report available upon request

Executive Summary

King's Daughters Medical Center Ohio (KDOH) serves the people of Scioto and surrounding counties in Ohio and Kentucky. Scioto County is the primary market for KDOH. A subsidiary of King's Daughters Health System, King's Daughters Ohio specializes in providing personal, one-to-one care. Our services include primary and specialty care, diagnostic, and surgical services. Specialties include gastroenterology, ENT, urology, plastic surgery, orthopedics, interventional spine, general surgery, lab and imaging services. Our Urgent Care Center is open 24/7/365.

KDOH participated with Southern Ohio Medical Center, city and county health departments, and other organizations in a Community Health Needs Assessment (CHNA) conducted by Professional Research Consultants, Inc. (PRC). While the PRC assessment covered Scioto County and many other counties in Ohio, the KDOH assessment will be limited to Scioto County. The assessment incorporated data from both quantitative and qualitative sources. Primary research included qualitative data gathered through the PRC Community Health Survey and Key Informant Survey. Secondary research included vital statistics and other existing health-related data; these quantitative components allow for trending and comparison to benchmark data at the state and national levels.

Primary data indicated the top health issues facing Scioto County are:

- Substance abuse
- Obesity/overweight
- Mental health
- Nutrition/physical inactivity
- Chronic conditions (three or more – heart disease, cancer, etc.)

Secondary data collected from local, state and national sources showed that the top issues impacting health are:

- Nutrition/physical inactivity
- Mental health
- Heart disease
- Drug poisoning
- Obesity/overweight
- Cancer
- Lung disease (other than cancer)

KDOH leadership met to choose the identified needs that the hospital has the resources to address. The final selection of issues to address includes:

- Chronic conditions (pick two areas of focus)
- Preventive care (pick two areas of focus)

KDOH will work in partnership with the Scioto Connect and its members; other healthcare providers; educational institutions; government agencies and business to help provide services and resources to improve the health of Scioto County. Strategies to address these issues will be included in the 2022-2023 Implementation Plan.

Facility Description

King's Daughters Medical Center Ohio (KDOH) opened February 2013 and serves the people of Scioto and surrounding counties in Ohio and Kentucky. KDOH employs more than 120 people. Scioto County is the primary market for KDOH and provides surgical care in orthopedics, ear, nose and throat, urology and vascular as well as diagnosis and treatment of digestive diseases/endoscopic procedures. The medical center is equipped with a specially designed and dedicated urology and endoscopy procedure room. Primary care services are also available to patients at KDOH. Services at KDOH include:

- Four operating rooms
- Two endoscopy suites
- Three cystoscopy suite
- Physician offices
- 23 pre/post-operative beds
- 10 inpatient beds, including one ICU suite
- Imaging Center offering MRI, CT, 3-D mammography and X-ray services
- Full service laboratory
- Urgent Care services open 24/7

Description of Community Served

Scioto County covers more than 610 square miles, with a population density of 130.3 people per square mile. The population is nearly evenly divided between urban and rural, with 54.28% rural and 45.72% urban. The largest city in Scioto County is Portsmouth with a population of 18,252 (US Census 2020). Other notable cities in Scioto County are Wheelersburg, Lucasville, and New Boston.

According to the US Census Bureau 2020 American Community Survey, Scioto County has 74,008 residents. Of the residents, 94.4% are white, 2.7% black, and 2.9% represent all other races. Of the population, 1.4% claim Hispanic/Latino ethnicity. Forty-nine and one-half percent of the population is male and 50.5% female.

Among households in Scioto County, 1.3% speak a language other than English. Eighty-two percent of households have a computer, with 73.9% having a Broadband service. Of residents aged 25 and older, 84.9% have graduated high school, compared to 90.4% in Ohio and 88% nationally. Only 15.7% of Scioto County residents have a bachelor's degree or higher compared to Ohio (28.3%) and the United States (32.1%).

The population of Scioto County is made up of 5.8% children under five; 21.6% children/youth under age 18; 54.0% age 18-64; and 18.6% over the age of 65. More

than 18% of the population under age 65 reports having some type of disability which is significantly higher than Ohio (10%) and the United States (8.6%).

Scioto County's poverty rate of 22.8% is higher than Ohio (12.6%) and the nation (11.4%). The median income for the county is \$41,330, which is well below the state (\$56,602) and nation (\$62,843). Per-capita income in the county is \$23,719, compared to \$31,552 for Ohio and \$34,103 for the United States.

The US Census Bureau 2020 American Community Survey data shows that among those under age 65, 8.3% have no health insurance, compared to 7.8% in Ohio and 10.2% nationwide.

Persons Representing the Broad Interests of the Community

The PRC process worked to assure that there was a broad involvement from the community in the assessment process through the use of the key informant and community surveys. The key informant survey included individuals from public health, business, non-profits, healthcare and others interested in the health of their community. (See attachment A for a list of key informant survey participants.) There were individuals from the public health departments in Scioto County, which represented the medically underserved, low-income and minority populations. In addition, multiple other non-profits also represented those that are underserved, low income or part of the minority community. These covered programs for the aged to those for young children/infants.

Description of Process and Methods Used

KDOH CHNA process followed the nine-step Community Engagement model. The steps include:

- Reflect and strategize
- Identify and engage stakeholders
- Define the community
- Collect and analyze data (this includes both quantitative and qualitative data)
- Prioritize community health issues
- Document and communicate results
- Plan implementation strategies
- Implement strategies
- Evaluate progress

Quantitative data was collected using Community Commons <https://www.communitycommons.org/collections/Maps-and-Data>. Community Commons provides the most currently available data from a broad array of sources. In addition, the County Health Rankings, and other national, state and local data were used.

Qualitative data was collected through key informant and a community surveys. The data from these sources were analyzed using the following methods:

Quantitative: First used to analyze the quantitative data was descriptive statistical analysis model. This helped to determine what from the data was most critical in impacting health. This analysis model help bring forward the statistical data that told a story about the population, socioeconomics, health behaviors, morbidity, mortality and other factors that impact the health of the community.

Qualitative: To analyze the content from the focus groups and community survey, a narrative analysis model was used. This method focuses on using the data from various sources (including surveys and focus groups) to help answer the question trying to be addressed. In the case of the CHNA, the question is *what are the most pressing health needs in the community?*

To compare the quantitative and qualitative data, an inferential analysis model was used. This helped the leadership team look at correlations between the quantitative and qualitative data to determine the top health issues. If the qualitative data brought forth is an identified issue such as cancer, then the quantitative data was also analyzed to see if cancer was statistically supported and if so, what cancers and in which counties. This allowed the leadership team to narrow the focus for the decision-making process to determine the top three to five issues that would be addressed in the implementation.

Primary Data Collection

Primary data was collected through the PRC Community Health and Key Informant Surveys.

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 implemented as part of this process. A list of recommended participants was provided to PRC; 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. 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.

There were 49 participants in the Key Informant Survey, including four physicians, 14 public health representatives, six other health providers, seven social services representatives and 18 other community leaders. See attachment A for a list of key informant survey participants.

During this process, the key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through

the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Substance Abuse
2. Mental Health
3. Nutrition, Physical Activity & Weight
4. Tobacco Use
5. Diabetes
6. Cancer
7. Heart Disease & Stroke
8. Oral Health
9. Potentially Disabling Conditions
10. Respiratory Diseases
11. Injury & Violence
12. Infant Health & Family Planning
13. Kidney Disease
14. Access to Healthcare Services

Community Survey Results

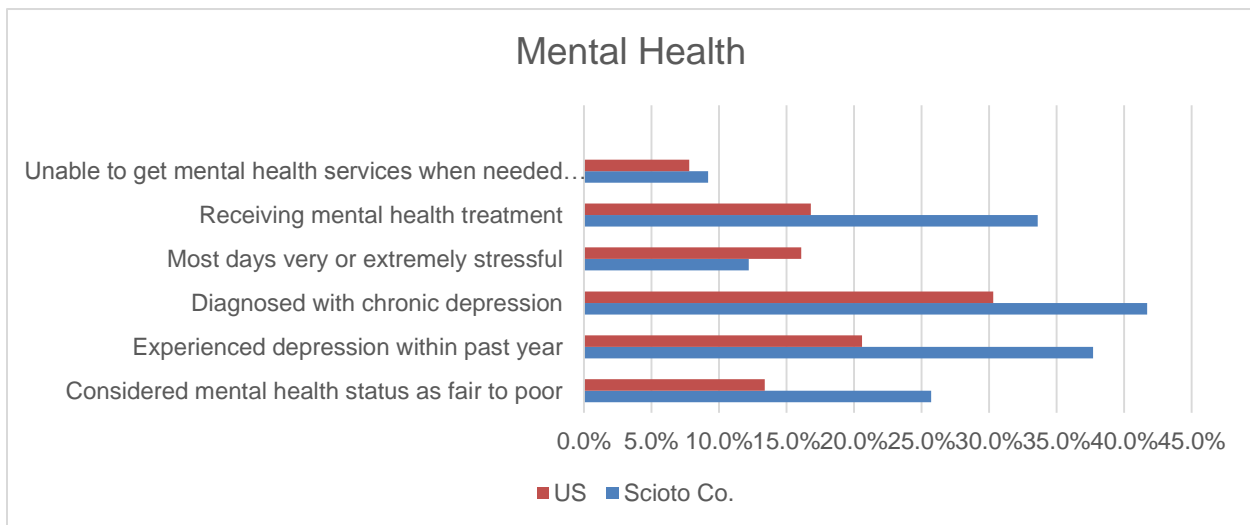
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 800 individuals aged 18 and older in Scioto and surrounding counties, including 500 respondents in the Primary Service Area (Scioto County), and 300 in the Secondary Service Area (150 in Lawrence County, and 150 randomly distributed among the remaining counties). Once the interviews were completed, these were weighted in proportion to the actual population distribution to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC. For statistical purposes, the maximum rate of error associated with a sample size of 800 respondents is $\pm 3.5\%$ at the 95 percent confidence level.

Overall health status: The perception of health may have an impact on an individual's participation within the areas of family role, outdoors, work/education, and social life. Some areas that impact overall health status are disabling impairments or chronic conditions. Disabilities can be physical, mental or emotional. People with disabling impairments are more likely to engage in risky behaviors, not seek preventative screenings and have chronic conditions like high blood pressure and overweight/obesity. They are also more likely to have lower employment rates. Of the respondents from Scioto County, 33.1% considered their general health to be fair to poor, compared to Ohio at 19.3% and the nation at 12.6%.

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

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 diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery. The following graph shows the community responses to the mental health questions.



Health Outcomes: The community survey respondents were asked about their disease risk factors, disease, preventive health and other factors that can impact health and well-being. The following chart shows the responses to the health outcome questions.

Health Outcomes Questions	Percent responding
Had three or more chronic conditions (asthma, cancer, chronic pain, diabetes, diagnosed depression, heart attack/angina, high blood pressure, kidney disease, lung disease, obesity, and/or stroke)	53.7%
Limited in activities in some way due to a physical, mental or emotion problem	37.2%

Experience high impact chronic pain	27.9%
Had a mammogram within the past 2 years, ages 50-74 years	72.0%
Had a pap smear in past 3 years, ages 21-65 years	70.5%
Had a colorectal screening, ages 50-75 years	78.4%

Healthy behaviors include eating healthy, being physically active, and avoiding tobacco use. These behaviors can have either a negative or positive impact on a person’s health. Many things can impact a person’s ability to live a healthy lifestyle, like access to health foods and safe places to be physically active. Health professionals also can have an impact on whether a person strives to live more healthily by providing counseling and guidance on positive health behaviors. The following chart shows responses for nutrition and physical activity.

Healthy Behaviors Question	Scioto County	Ohio	United States
Consume at least five servings per day of fruits and vegetables	25.8%	NA	32.7%
Find it somewhat or very difficult to buy affordable produce	24.9%	NA	21.1%
No leisure time physical activity	34.1%	28.3%	31.3%
Meets physical activity recommendations	12.4%	20.9%	21.4%
Child is physically active one or more hours per day	60.4%	NA	33.0%

Overweight and Obesity: Weight is the result of many things working together—the lifestyle choices made the environment, metabolism, and genes. According to the CDC, obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke, and some types of cancer.

Childhood obesity is associated with a higher chance of premature death and disability in adulthood. Overweight and obese children are more likely to stay obese into adulthood and to develop chronic diseases (NCDs) like diabetes and cardiovascular diseases at a younger age. For most NCDs resulting from obesity, the risks depend partly on the age of onset and on the duration of obesity. Obese children and adolescents suffer from both short-term and long-term health consequences.

The PRC Community survey results show that 78% of respondents considered themselves overweight (overweight and obesity), compared to 69.3% for Ohio and 61% for the nation. More than half (50.5%) were obese, compared to 34.8% of Ohioans and 31.3% for the nation. The prevalence of child overweight was 53.9% (compared to 32.3% nationally), with obesity at 30.5%.

Substance abuse/alcohol/tobacco: Substance abuse refers to the harmful or hazardous use of mood-altering substances, including alcohol and drugs, both illicit and

prescription. People who abuse substances are likely to find themselves increasingly isolated from their families. Often they prefer associating with others who abuse substances or participate in some other form of antisocial activity. These associates support and reinforce each other's behavior. According to the Substance Abuse and Mental Health Services Administration, mental health and substance use disorders affect people from all walks of life and all age groups. These illnesses are common, recurrent, and often serious, but they are treatable and many people do recover. Slightly more than 40% of the survey respondents reported being negatively impacted by substance abuse, either personally or through others.

Smoking is the leading preventable cause of death and disability. According to the CDC, for every person who dies because of smoking, at least 30 people live with a serious smoking-related illness. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Secondhand smoke exposure contributes to approximately 41,000 deaths among nonsmoking adults and 400 deaths in infants each year. Secondhand smoke causes stroke, lung cancer, and coronary heart disease in adults. Children who are exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.

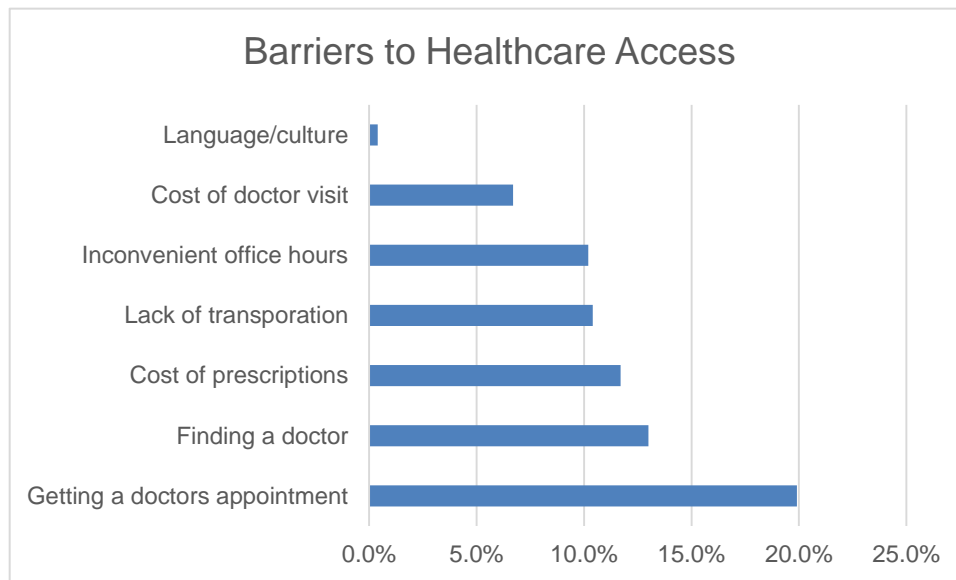
The following chart provides the survey results for substance abuse and smoking.

Substance Misuse Questions	Percent responding
Alcohol use, excessive drinking	12.8%
Illicit drug use in past month	1.5%
Used an prescription opioid in past year	19.9%
Have ever sought professional help for an alcohol/drug related problem	4.4%
Life has been negatively impacted by substance abuse (self or someone else)	40.4%
Current smokers	21.3%
Exposed to environmental tobacco smoke at home	17.5%
Stopped for one day or longer in the past year	47.8%
Currently use vaping products	4.5%

Access to Care: Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity. Access to care includes insurance coverage, health services, and timeliness of care. When considering access to healthcare, it is important to also include vision, oral health care and obtaining necessary prescription drugs. Individuals need to be able to gain entry into the healthcare system (usually through insurance coverage); be able to access a convenient location where needed healthcare services are provided (geographic availability), and find a healthcare provider whom the patient trusts and can communicate with and build a personal relationship.

Access to Care	Percent responding
Lack healthcare insurance coverage age 18-64	8.0%
Experienced difficulty accessing healthcare services in past year	39.8%
Have a specific source of healthcare	69.2%
Emergency room visited more than once in past year	19.3%
Have dental insurance	70.5%
Visited a dentist in past year	54.2%
Had an eye exam in past 2 years where pupils were dilated	54.0%
Had trouble access medical care for their child in the past year (parents of children 0-17 years)	2.7%
Have visited a physician for a checkup in past year	74.4%

Many barriers exist that limit an individual's ability to access healthcare services. These barriers are associated with delayed and foregone care. Insurance coverage is one component of access to care; however, even among the insured, substantial barriers to accessing services exist. The following barriers were identified through the PRC Community Health Survey:



Top issues identified through the community survey for Scioto County are:

- Do not meet physical activity recommendations (87%)
- Overweight/obesity (78% overweight/50% obese; 54% overweight/30% child obesity prevalence)
- Nutrition (74% do not get recommended daily amount of fruits/vegetables)
- Chronic conditions (54% have three or more chronic conditions)
- Dental care (46% did not visit a dentist in the past year)
- Eye exam (46% did not have an eye exam in the past year)
- Access to healthcare (40% had difficulty accessing healthcare services in past year)
- Substance abuse (40% life impacted negatively by substance abuse)
- Child not getting one or more hours physical activity each day (40% not meeting threshold)
- Mental health (37% limited activity due to mental/emotional health; 26% fair-poor mental health status; 42% diagnosed depression; 38% experienced depressions within past year; 34% mental health treatment)
- Physical activity (34% no leisure time activity in past month)
- Poor health status (33%)
- No specific source of healthcare (31%)
- No pap smear (30% of age 21-65 did not have in past year)
- High impact chronic pain (28% suffer)
- No mammogram in past year (28% of age 50-74)
- Physician exam (26% did not have physician checkup in the past year)

- No colorectal screening (22% of age 50-75 in past year)
- Tobacco (21% current smokers; 18% exposed to secondhand smoke)
- Opioid use (20% had a prescription opioid in the past year)
- ER utilization (19% utilized the ER one or more times in the past year)
- Alcohol use/excessive drinking (13% in past month)
- No health insurance (8% uninsured)

Key Informant Survey: PRC conducted an electronic survey of key informants covering the same five counties as the community survey. There were 49 key informants participating in the online survey, which included physicians, public health representatives, and other healthcare providers from the following organizations:

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

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations. While the survey covered five counties, the data is relevant to Scioto County because more than 75% of respondents are either from Scioto County or serve Scioto County residents.

During this process, the key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data collected and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

Top issues identified by the key informants

1. Substance Abuse
2. Mental Health
3. Nutrition, Physical Activity & Weight
4. Tobacco Use
5. Diabetes
6. Cancer
7. Heart Disease & Stroke
8. Oral Health
9. Potentially Disabling Conditions
10. Respiratory Diseases
11. Injury & Violence
12. Infant Health & Family Planning
13. Kidney Disease
14. Access to Healthcare Services

Secondary Data Collection

Secondary data is information collected by someone other than the user (data that is already available). Secondary data is essential in most studies due to resource constraints and the need to have past information for comparison purposes. In this report, the secondary data was collected through Community Commons, a website that houses the most recent statistical data from multiple sources and makes the data available to community organizations for use. The Community Commons site offers a report format to collect the data specific to Community Health Need Assessment requirements. After the report was completed, the data was independently verified as most recent available.

These data are presented as analyzed by the companies or agencies mentioned, or were further analyzed by KDOH and/or advisory committees for the purpose of this report.

As secondary data, KDOH looked at death (mortality), health outcomes (morbidity) and health behaviors from various sources. Causes of death and health outcome indicators provide important insights into the health of the population. Understanding about the physical environment, health outcomes and death data allows practitioners to better target interventions to help improve community health.

Physical Environment

A community's health is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. Scioto County has a relatively safe environment, with violent crime rate of 195.4 per 100,000 population, which is lower than Ohio (290.7) and the nation (416.0).

Poor air quality can contribute to respiratory issues, including asthma, and to poor overall health. This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year. Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. In Scioto County, the air quality is good with only 0.11% of days exceeding the standard.

Access to healthy food and safe places to be physically active is very important to a healthy community. High numbers of fast food restaurants have been found to contribute to overweight and obesity. In Scioto County, the fast-food rate per 100,000 population is 77.99, compared to Ohio at 83.93 and the nation at 82.22. Having access to food, especially healthy food can be measured by the number of grocery stores per 100,000 population. In Scioto County the food access rate is 16.35, compared to Ohio at 17.68 and the nation at 20.77.

Clinical Care

Access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Access to care includes dentists, mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care) and primary care providers. Primary care providers includes doctors classified as "primary care physicians" by the AMA including MDs and DOs in general family medicine, general practice, general internal medicine and general pediatrics. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded from the data reporting.

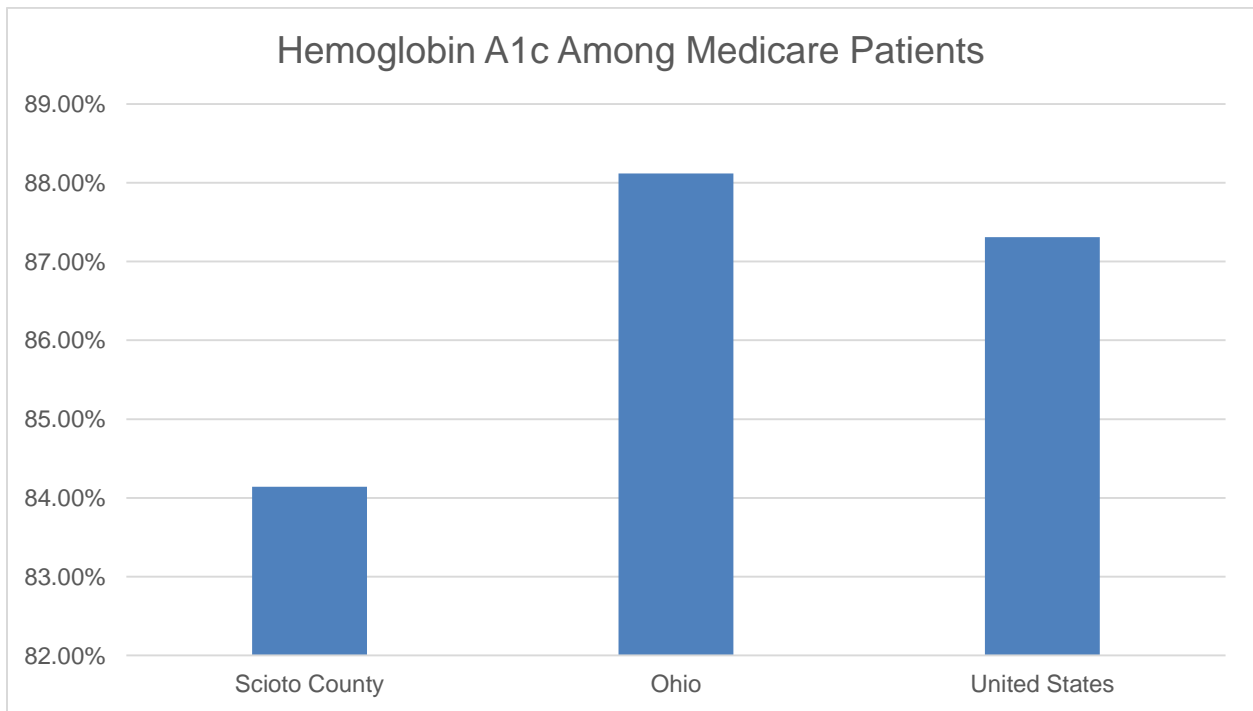
Access to primary care is relevant because a shortage of health professionals contributes to access and health status issues. The following chart shows how Scioto County rate per 100,000 population compares to the state and nation.

Indicator	Scioto County
Access to dentist – low income	7.26
Access to mental health provider - geographic	6.24
Access to primary care provider – low income	9.38

Cancer screening utilization is relevant because engaging in preventive behaviors allows for early detection and treatment of cancer. Low screening numbers can highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing accessing these services.

Indicator	Scioto County	Ohio	United States
Mammography screening (female Medicare enrollees with recent mammogram)	26.0%	34.0%	33.0%

Diabetes management: In the report area, 1,747 Medicare enrollees with diabetes have had an annual exam out of 1,470 Medicare enrollees in the report area with diabetes, or 84.14%. This indicator is important because engaging in diabetes prevention allows for early detection and better treatment of the disease. This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. The following chart compares Scioto County to Ohio and the nation.



Source: Centers for Medicare and Medicaid, 2019.

Health Professional Shortage Area: This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. A shortage of health professionals contributes to access and health status issues. Scioto County had this designation for their low income and prison populations for primary care and dental health. The county has full geographic designation for mental health service.

Health Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status. Unhealthy eating and lack of physical activity can lead to significant health issues like obesity and diabetes. Tobacco use contributes to a multitude of health issues including cancer, heart disease and COPD.

Physical inactivity is a major public health problem. The CDC Behavioral Risk Surveillance System questionnaire asks "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" In Scioto County, 30.6% of adults age 20 and older reported they did not, compared to 25.0% for Ohio and 22.0% for the nation. Physical activity is important because current behaviors are determinants of future health and may indicate a cause of future significant health issues, such as obesity and poor cardiovascular health.

Tobacco use is a major public health issue. Although rates of smoking have declined, it is estimated that it leads to about 480,000 deaths yearly. Smokers aged 60 and older have a twofold increase in mortality compared with those who have never smoked, dying an estimated six (6) years earlier. Quitting smoking results in immediate health benefits, and some or all of the reduced life expectancy can be recovered depending on the age a person quits. Although nicotine itself does not cause cancer, at least 69 chemicals in tobacco smoke are carcinogenic, and cigarette smoking accounts for at least 30-percent of all cancer deaths. The overall rates of death from cancer are twice as high among smokers as nonsmokers, with heavy smokers having a four times greater risk of death from cancer than nonsmokers.

In Scioto County, an estimated 28.0% (crude rate) of adults age 18 or older that report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. This is relevant because tobacco use is linked to leading causes of death including cancer and cardiovascular disease. Current tobacco use is worse in Scioto County (28%) than Ohio (22.1%) or the United States (15.7%).

Lack of sleep (fewer than seven hours per night for those 18 and older) can potentially cause serious health problems including high blood pressure, diabetes, heart attack, heart failure or stroke. Other potential health problems associated with sleep deprivation include obesity, depression, reduced immune system function and lower sex drive. According to the Centers for Disease Control and Prevention, Behavioral Risk Factor

Surveillance System 2018 report, 44% (crude rate) of Scioto County's population report sleeping less than seven hours per night, compared to Ohio (39.5%) and the nation (35.7%).

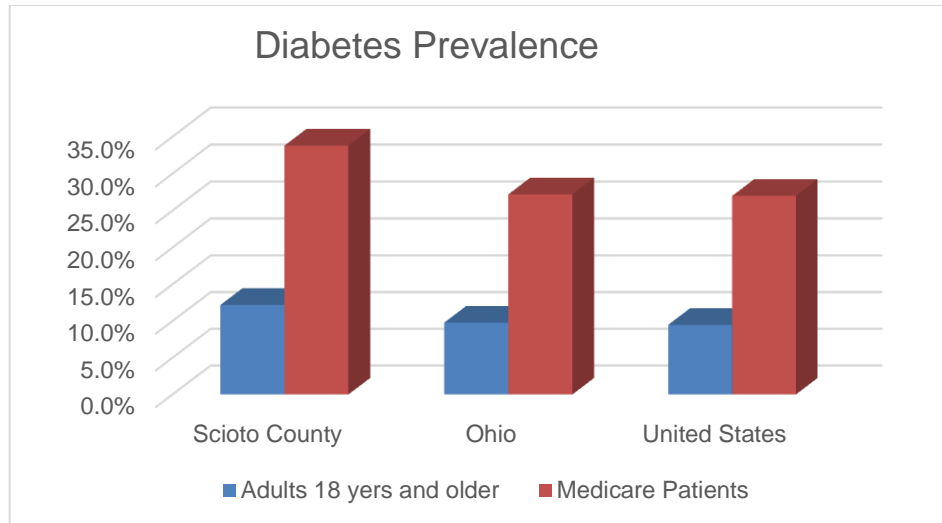
Health Outcomes

Looking at morbidity and mortality rates allows assessment of linkages between social and behavioral determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

Cancer incidence rates provide a picture of the estimated new cancer cases diagnosed each year, based on 100,000 population. Cancer puts a huge burden on the individual and the healthcare system. People who live in Scioto County fare much worse than Ohio and the nation when it comes to cancer incidences. The county's rate is 487.6; while Ohio's rate is 467.5 and the nation's is 448.6. The most diagnosed cancers are:

- Lung/bronchus
- Breast
- Prostate
- Colon/rectum
- Kidney/renal

Diabetes mellitus (DM) is a major public health problem worldwide. Persistently high blood glucose levels can lead to serious life-changing and life-threatening complications. Diabetes can be effectively managed when caught early. However, when left untreated, it can lead to potential complications that include heart disease, stroke, kidney damage, eye and nerve damage. This indicator is reported as the percentage of adults aged 20 and older and those in the Medicare population, who have ever been told by a doctor that they have diabetes. The high prevalence of diabetes may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. DM is higher in Scioto County than in Ohio and the United States. The following chart shows the comparisons:



Sources: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2017. Centers for Medicare and Medicaid Services, 2018.

Heart disease is often used interchangeably with “cardiovascular disease.” It can be fatal and also lead to serious illness, disability, and lower quality of life. Heart disease is the leading cause of death in the United States. According to the Centers for Disease Control, nearly 700,000 American died from heart disease in 2020. Heart disease describes a range of conditions that affect your heart including narrowed or blocked vessels that can lead to heart attack, angina or stroke. Diseases under the heart disease umbrella include blood vessel diseases, such as coronary artery disease; heart rhythm problems (arrhythmias); and heart defects you're born with (congenital heart defects), among others. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease. The following chart shows the morbidity and mortality (age-adjusted per 100,000 population) of heart disease and associated conditions like high blood pressure and high cholesterol.

Indicator	Scioto County	Ohio	United States
Heart disease (Medicare population)	37.4%	27.5%	26.8%
High blood pressure (Medicare population)	68.5%	59.7%	57.2%
Coronary heart disease (rate per 100,000)	199.4	103.2	92.6

Sources: Centers for Disease Control and Prevention, National Vital Statistics System, 2015-19. Centers for Medicare and Medicaid Services, 2018.

Morbidity and mortality are community health indicators that look at health status of the population at the community level. The following table provides the age adjusted rate per 100,000 population for a few of the top causes of death.

Indicator	Scioto County	Ohio	United States
Cancer	194.6	169.5	152.3
Poisoning (includes drug overdose)	72.7	39.4	21.6
Lung disease-other than cancer	84.3	48.1	40.2
Motor vehicle crashes	17.1	10.2	11.3
Stroke	35.2	41.8	37.3
Suicide	17.1	14.6	13.3

Source: Centers for Disease Control, National Vital Statistics System, 2015-19.

Premature death is a measurement of unnecessary and preventable mortality. The measurement focuses on deaths that occur before age 75. Communities where many people die at young ages often face social and economic disadvantages that impact community well-being. Over the past decades the U.S. the rates of premature death from all causes have declined as preventive services and government health policies have improved. However, significant variations remain a serious health equity concern. In the Scioto County, the premature death rate (14,056) is much higher than Ohio (8,555) and the national rate (6,943).

Obesity (BMI >30) and **overweight** (BMI 25-29.9) pose a high public health risk. Obese individuals are at increased risk for many serious diseases and health conditions, including high blood pressure, high LDL cholesterol, type 2 diabetes, coronary heart disease, stroke, osteoarthritis and sleep apnea. In addition, obese individuals are at higher risk for some cancers, including breast, colon, endometrial, kidney, gallbladder and liver. The percent obese in Scioto County is higher than the nation, with nearly 37% of adults obese, compared to Ohio at 33.1% and the nation at 27.6%.

Poor general health, as an indicator, is an important measure of general poor health status. Within Scioto County, 26.9% (crude rate) of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?" This is greater than Ohio (20.3%) and the United States (19.3%).

COVID-19: Since the last Community Health Needs Assessment, COVID-19 has emerged as a public health emergency. A study by Johns Hopkins University shows that as of January 23, 2022, Scioto County has a higher number of cases and mortality, while immunization rates are lower than Ohio and the Nation:

Indicator	Scioto County	Ohio	United States
COVID-19 Case Rate per 100,000 population	18,592.9	17,569.0	16,674.0
COVID-19 Mortality	260.92	251.85	241.12
COVID-19 Immunization Rate	57.0%	65.8%	71.4%

Source: Johns Hopkins University, January 2022. Centers for Disease Control and Prevention and the National Center for Health Statistics 2021.

Health needs identified through Secondary Data Collection:

The review of secondary data was used to enhance the decision-making process. From the priorities identified by each group and review of the secondary data, commonalities were identified and grouped needs accordingly

Based on secondary data, the following health indicators are of greater concern for Scioto County than Ohio and the nation:

- Access to dentist for low income
- Access to mental health services
- Access to primary care for low income
- Adult obesity
- Cancer incidence (top sites – lung/bronchus, breast, prostate, colon/rectal, kidney/renal)
- COVID-19 – cases, mortality, and immunization rates
- Diabetes management (A1c)
- Food access
- Heart disease/high blood pressure/coronary heart disease
- HPSA – mental health
- Lack of sleep
- Morbidity/Mortality – top causes: cancer, poisoning (includes drug overdose), lung disease (other than cancer), motor vehicle crashes and suicide
- Physical inactivity
- Poor general health
- Premature death
- Preventable hospitalizations
- Tobacco use

Existing Resources

The survey participants identified the following resources (such as programs, organizations, and facilities) that may be available to address the significant health needs identified in this report. This list only reflects input from participants and should not be considered to be an all-inclusive list.

Access to Care

Community Action Organization
Compass Community Health
Doctor's Offices
Food Banks
King's Daughters Ohio
Shawnee Family Health Center
Shawnee State University KD Health
Clinic
Southern Ohio Medical Center
Valley View Health Center

Cancer Care

American Cancer Society

Mental Health

AA/NA
Community Action Organization
Compass Community Health
Courts/Legal System
Doctor's Offices
Drug Recovery Centers
Equitas Health
Family Recovery Services
Hope Source
King's Daughters Medical Center
Mahajan Therapeutics
OSU Extension
Path Integrated Healthcare

Cancer Centers
Free Screenings
King's Daughters Medical Center
King's Daughters Cancer Center
Lung and Breast Screenings
Portsmouth/Scioto County Health Department
Primary Plus
School System
Scioto County Cancer Center
Shawnee State University KD Health Clinic
Southern Ohio Medical Center

Chronic Kidney Disease

Dialysis Facilities
Doctor's Offices
Fitness Centers/Gyms
Fresenius Dialysis Center
Grocery Stores
King's Daughters Medical Center
Southern Ohio Medical Center

Dementia/Alzheimer's Disease

Alzheimer's Family Support Group
Area Agency on Aging
Community Action Organization
Compass Community Health
King's Daughters Medical Center
Nursing Homes
Scioto County Senior Center
Southern Ohio Medical Center
USSA Adult Day Center

Diabetes

Area Agency on Aging
Community Action Organization
Compass Community Health
Doctor's Offices
Faith-Based Organizations
Food Banks
King's Daughters Medical Center
OSU Extension
Portsmouth/Scioto County Health Department
School System
Scioto County Senior Center
Shawnee State University
SNAP Food Cards
Southern Ohio Medical Center
Type 1 Diabetes Support Group

Disabilities

Area Agency on Aging
Ascend Counseling and Recovery
Community Action Organization
Doctor's Offices
Hope Source
King's Daughters Medical Center
Medical Equipment Providers
Opportunities for Ohioans With Disabilities
Outpatient Rehab Facilities
Port 45 Rehab
Portsmouth City Health Department

Private Counselors
School System
Shawnee Family Health Center
Shawnee State University
Southern Ohio Domestic Violence Center
Southern Ohio Medical Center
Support Groups
The Counseling Center
VA
Valley View Health Center

Nutrition, Physical Activity, and Weight

Churches
Community Action Organization
Compass Community Health
Connex
Doctor's Offices
Farmer's Markets
Fitness Centers/Gyms
Food Banks
Grocery Stores
Portsmouth/Scioto County Health Department
IBFit
King's Daughters Medical Center
OSU Extension
Parks and Recreation
Patter Fam
Planet Fitness
PSKC
Salvation Army
School System
Shawnee Family Health Center
Shawnee State University
Southern Ohio Medical & Life Center
Steven Hunter Fund
WIC

Oral Health

Community Action Organization
Compass Community Health
CRADLE
Dentist's Offices
Doctor's Offices
Head Start
Help Me Grow
Prather Oral Surgery
Scioto Smiles
Shawnee State University
Valley View Health Center

Respiratory Diseases

American Cancer Society
Area Agency on Aging
Compass Community Health
Doctor's Offices
Portsmouth/Scioto County Health Department
King's Daughters Medical Center
Medical Equipment Providers
Primary Plus
Southern Ohio Medical Center

Shawnee Family Health
Southern Ohio Medical & Life Center
The Counseling Center
Worker's Compensation Offices

Heart Disease

American Heart Association
Compass Community Health
Connex
Doctor's Offices
Fitness Centers/Gyms
Grocery Stores
King's Daughters Medical Center
OSU Extension
Primary Plus
Shawnee State University
Southern Ohio Medical Center

Infant Health and Family Planning

Children Services
Community Action Organization
CRADLE
Doctor's Offices
Help Me Grow
Portsmouth City Health Department
Southern Ohio Medical Center
Stepping Stones Recovery Center
Substance Abuse Services
WIC

Injury and Violence

Area Agency on Aging
Domestic Violence Shelter
Law Enforcement
Mental Health Services
Portsmouth/Scioto County Health Department
Social Services
Southern Ohio Domestic Violence Center
Substance Abuse Services
The Counseling Center
Victims Advocate Services

Sexual Health

Community Action Organization
Compass Community Health
Doctor's Offices
King's Daughters Medical Center
Portsmouth City Health Department
Southern Ohio Medical Center

Substance Abuse

14th Street Community Center Outreach Program
AA/NA
Ascend Counseling and Recovery
Brightview
Churches
Community Action Organization
Compass Community Health
Cornerstone
Counseling Services
Educational Information
Hope Source
King's Daughters Medical Center
Mahajan Therapeutics
Mental & Substance health services
Monarch Recovery
Ohio Department of Medicaid Outreach Centers
Port 45 Rehab
Portsmouth City Health Department
Quick Response Team
Recovery Council
Rejoicing in Recovery
Scioto County Drug Court
Shawnee Family Health Center
Southern Ohio Medical Center
STAR Community Justice
The Counseling Center
Valley View Health Center

Tobacco Use

Community Action Organization
Compass Community Health
Doctor's Offices
Portsmouth/Scioto County Health Department
King's Daughters Medical Center Literature
Peer Support
Pharmacies
School System
Shawnee Family Health Center
Smoking Cessation Classes
Southern Ohio Medical Center
The Counseling Center
VA
Valley View Health Center

Community Assets Identified

The following assets or strategies in the community contribute to health and well-being of Scioto County.

- Health fairs, screenings and health education outreach
- Scioto County Connect
- Billboards with health messages
- School outreach programs
- King's Daughters Ohio
- Southern Ohio Medical Center outreach
- Southern Ohio Port Authority
- Exercise programs (some free)
- Measuring outcomes
- Admitting and identifying need
- Coordination between agencies
- Access Scioto County
- Food backpack programs in schools
- Community events (i.e. 5k runs)
- Shawnee State Park
- Ohio River Campground Revitalization
- Park service
- Community gardens
- Compass Health
- Bike routes
- Pump Bike Track
- Imagination Library
- Veterans Affairs clinic
- Scioto County Foundation

Overall Health Needs Identified:

The following chart provides a quick look across all data sources. The chart was used to help determine the priority needs and establish goals and objectives for inclusion in the implementation plan.

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Community Questionnaire	Key Informant Survey	Secondary Data
<p>Do not meet physical activity recommendations</p> <p>Overweight/obesity (adult and child)</p> <p>Nutrition</p> <p>Chronic conditions (three or more)</p> <p>Dental care</p> <p>Eye exam</p> <p>Access to healthcare</p> <p>Substance abuse (including Rx opioid use)</p> <p>Child not getting one or more hours physical activity each day</p> <p>Mental health (mental/emotional health; depression; mental health treatment)</p> <p>Physical activity</p> <p>Poor health status</p> <p>No specific source of healthcare</p> <p>No pap smear</p> <p>High impact chronic pain</p> <p>No mammogram in past year</p> <p>Physician exam</p> <p>No colorectal screening</p> <p>Tobacco</p> <p>ER utilization</p> <p>Alcohol use/excessive drinking</p> <p>No health insurance</p>	<p>Substance Abuse</p> <p>Mental Health</p> <p>Nutrition, Physical Activity & Weight</p> <p>Tobacco Use</p> <p>Diabetes</p> <p>Cancer</p> <p>Heart Disease & Stroke</p> <p>Oral Health</p> <p>Potentially Disabling Conditions</p> <p>Respiratory Diseases</p> <p>Injury & Violence</p> <p>Infant Health & Family Planning</p> <p>Kidney Disease</p> <p>Access to Healthcare Services</p>	<p>Food access</p> <p>Access to dentist for low income</p> <p>Access to primary care for low income</p> <p>Access to mental health services</p> <p>Diabetes management (A1c)</p> <p>HPSA – mental health</p> <p>Preventable hospitalizations</p> <p>Physical inactivity</p> <p>Tobacco use</p> <p>Lack of sleep</p> <p>Cancer incidence (top sites – lung/bronchus, breast, prostate, colon/rectal, kidney/renal)</p> <p>Heart disease/high blood pressure/coronary heart disease</p> <p>Morbidity/Mortality – top causes: cancer, poisoning (includes drug overdose), lung disease (other than cancer), motor vehicle crashes and suicide</p> <p>Premature death</p> <p>Adult obesity</p> <p>Poor general health</p> <p>COVID-19 – cases, mortality, and immunization rates</p>

Health Needs Priorities:

The process identified the following health issues which are listed in alphabetical order:

- Chronic conditions (diabetes, cancer, heart disease, respiratory illness)
- Mental Health
- Nutrition
- Overweight/Obesity
- Physical inactivity
- Substance abuse

Leaders associated with KDOH met and choose to address the following identified needs based on the survey findings, analysis of quantitative health and social indicators and consideration was given to resources the hospital has to address these need:

- Chronic Conditions
 - a. Two areas of focus will be selected

- Preventive Care
 - b. Two areas of focus will be selected

KDOH will work in partnership with Scioto Connect and its members; other healthcare providers; educational institutions; government agencies and business to help provide services and resources to improve the health of Scioto County. Strategies to address these issues will be included in the 2022-23 Implementation Plan.

Attachment A. List of Organizations Providing Input into the CHNA

Organization	Perspective (medically underserved, low-income, minority populations, and populations with chronic disease needs)	How Input was Provided
Adams Co. Economic Development	Business	Key Informant Survey
Adams Co. Health Dept.	low-income, minority, or other medically underserved populations	Key Informant Survey
Adams Co. Cooperative Ext.	Children and youth	Key Informant Survey
Appalachian Translational Research Network and Community Engagement of SE Ohio	low-income, minority, or other medically underserved populations	Key Informant Survey
Area Agency on Aging, Dist. 7	low-income, minority, or other medically underserved populations	Key Informant Survey
Children's Services	low-income, minority, or other medically underserved populations	Key Informant Survey
Community Action Organization (CAO) of Scioto County	low-income, minority, or other medically underserved populations	Key Informant Survey
CAO Head Start and Early Head Start	low-income, minority, or other medically underserved populations	Key Informant Survey
City Community Dev.	Business/economic development	Key Informant Survey
Compass Community Health	low-income, minority, or other medically underserved populations	Key Informant Survey
Main Street Portsmouth	Business/economic development	Key Informant Survey
Money Concepts Capital Financial Planning	Business	Key Informant Survey
Oak Hill Elementary	Children and youth, low-income, minority	Key Informant Survey
Pike Co. General Health District	low-income, minority, or other medically underserved populations	Key Informant Survey
Portsmouth Area Chamber of Commerce	Business and industry, economic development	Key Informant Survey
Portsmouth City Council	Government/business/economic development	Key Informant Survey
Portsmouth City Health Department	low-income, minority, or other medically underserved populations	Key Informant Survey
Portsmouth Vision Center	low-income, minority, or other medically underserved populations	Key Informant Survey
Potter's House Ministries	low-income, minority, or other medically underserved populations	Key Informant Survey
Retired and Senior Volunteer Program of Scioto County	Senior citizens, low income, underserved populations	Key Informant Survey
Schmidt Family Restaurant Group	Business	Key Informant Survey
Scioto County Health Dept.	low-income, minority, or other medically underserved populations	Key Informant Survey
Shawnee State University	Young adults, minority, low-income	Key Informant Survey
Scioto Co. Headstart	low-income, minority, or other medically underserved populations	Key Informant Survey
Scioto Co. OSU Extension	Children and youth	Key Informant Survey
Scioto Co. Foundation	low-income, minority, or other medically	key Informant Survey

	underserved populations	
Southern Ohio Medical Center Development Board	low-income, minority, or other medically underserved populations	Key Informant Survey
SOMC Medical Staff	low-income, minority, or other medically underserved populations	Key Informant Survey
Southern Ohio Medical Center	low-income, minority, or other medically underserved populations	Key Informant Survey
Southeastern Ohio Legal Services	Low income	Key Informant Survey
Slaker's Drugs	low-income, minority, or other medically underserved populations	Key Informant Survey
The Scioto Voice	Media	Key Informant Survey
Wheelersburg Local Schools	Children and youth, low-income, minority	Key Informant Survey
WIC	low-income, minority, or other medically underserved populations	Key Informant Survey

**Actions Taken Since the Last CHNA
Community CHNA Implementation Plan
Annual Report FY21**

Actions Taken Since the Last CHNA

The priorities identified by the 2019 CHNA and ratified by the King’s Daughters Board of Trustees are:

- Obesity/Nutrition
- Heart Disease
- Cancer Prevention/Early Detection (including tobacco use)

COVID-19 continued to make it challenging for healthcare; especially for non-profit hospitals striving to improve the health of the communities they serve. This is true for KDOH as many of the goal and objective strategies in the implementation plan depended on community outreach through churches, schools, festivals, fairs and other gathering places. With ongoing restrictions at schools and cancellation of community events, not to say the least of the reallocation of hospital resources to meet the demands of COVID –patient care, screening, and immunizations – an environment was created that limited our ability to fully meet some of the outlined goals this year.

How the strategies are being met

Priority Area: Obesity/Nutrition

Goal 1: Increase knowledge about healthy eating and nutrition through community education.

Objective	Strategies used	Collaborative Partners	Progress to meeting goal
1. Improve fruit and vegetable intake by providing nutrition education through local farmers markets, fairs, festivals, and other events.	Provide nutrition education at county fair and local festivals Nutrition programs at farmers market	Farmer’s Market Vernon Bloom Schools Notre Dame Elem. Spartan Stadium Big Sandy Superstore Potter’s House of Worship Kid Mobile Market	Benchmark – 657 (FY19) FY20 – 4,132 adults and 70 children/youth served FY21 – 1,002 adults and 853 children/youth

	Due to COVID-19 restrictions limiting in-person education, KDOH provided nutrition education through Facebook posts		served
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Mobile Market- provided team members and community access to fresh fruit and vegetables in an outside setting to ensure those at higher risk of COVID-19 were able to still have continued access to nutritional fresh food.

Goal 2: Reduce the proportion of children and adolescents aged 2 to 19 years who have obesity (HP2030 proposed objective NWS-2030-03)

Objective	Strategies used	Collaborative Partners	Progress to meeting goal
1. Increase opportunities for physical activity in the area	<p>Support for runs and walks</p> <p>Partner with the Salvation Army's afterschool program for physical activity programs</p> <p>Due to COVID-19 restrictions limiting in-person education, KDOH provided <i>How to be Active at Home</i> education through Facebook posts</p>	Kid's Mobile Market Counseling Center Firecracker 5k	<p>FY20 - 359 served; Fellowship Garden- Watch Me Grow Program – 75 youth; Sponsored 38 4H kids</p> <p>FY21 – 43 served; in addition, provided hula hoops, ball bats and other equipment for 750 children through drive thru event</p>

Additional activities to meet goal: KDOH partnered with the Counseling Center to provide the entry fee for seven individuals in their recovery program.

Goal 2: Reduce household food insecurity and in doing so reduce hunger (HP2030)

Objective	Strategies used	Collaborative	Progress to
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		Partners	meeting goal
1. Reduce food insecurity among children through food provision programs	Food distribution programs like backpack buddies, food drives, summer feeding, etc.	14 th Street Community Center Salvation Army Hope Fest, Cornerstone Church	FY20 - Donated a hog purchased through 4-H and processed to Salvation Army Food Kitchen for their food program Students were virtual, we did not do any drives FY21 - Donated a hog purchased through 4-H and processed to Salvation Army Food Kitchen for their food program Provided individually wrapped snacks for 14 th St. Community Center's summer youth programs

Priority Area: Cancer Prevention/Early Detection (including tobacco use)

Goal 1: Reduce the overall cancer death rate (HP2030 proposed – C-2030-01)

Objective	Strategies used	Collaborative Partners	Progress to meeting goal
1. Increase the proportion of adults who receive a lung cancer screening based on the most recent guidelines (HP2030 proposed – C-2030-03)	Provide community education about Low-Dose CT (LDCT) scans HealthAware Risk Assessment Letters to patients that qualify for		FY20 – 166 low-dose CT scans HealthAware Risk Assessments for lung cancer – 0 FY21 – 314 low-dose CT scans

	<p style="text-align: center;">LDCT</p> <p>Provide education to PCPs to educate them on early lung cancer detection, how to order LDCT, the importance of yearly follow ups and reducing the stigma around smoking</p>		
<p>2. Increase the proportion of adults who receive a colon/rectal cancer screening based on the most recent guidelines (HP2030 proposed – C-2030-07)</p>	<p style="text-align: center;">Fecal immunochemical test (FIT)</p> <p style="text-align: center;">Colonoscopy/</p> <p style="text-align: center;">HealthAware Risk Assessment</p>		<p>FY20 – FIT tests - 769; Cologuard – 369 tests; colonoscopy - 220;</p> <p>Colon Cancer risk assessments – 5 with 5 high risk</p> <p>FY21 – FIT tests - 252; Cologuard – 516 tests; colonoscopy - 163</p>
<p>3. Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines (HP2030 proposed – C-2030-05)</p>	<p style="text-align: center;">Addition of 3-D mammography on site</p> <p style="text-align: center;">Genetic testing</p>		<p>FY19 - Benchmark from mobile – 302</p> <p>FY20 – 1,032 fixed site and 208 mobile</p> <p>FY21 – 1,202 fixed site and 148 mobile</p>

Additional activities to meet the goal: Cancer education was provided for breast cancer - 148 persons served; and lung cancer – 23 persons served.

Goal 2. Reduce illness, disability and death related to tobacco use.

Objective	Strategies used	Collaborative Partners	Progress to meeting goal
1. Reduce the initiation of cigarettes and e-	Include nicotine addiction education at screening	Vernon Bloom Schools	Benchmark FY19 – 684

cigarettes among adolescents, young adults and adults	events. Due to COVID-19 restrictions limiting in-person education, KDOH provided tobacco education through Facebook posts	Notre Dame Elem. Big Sandy Superstore Potter's House Kids Mobile Market	FY20 – 538 adults served FY21 – 793 adults and 820 children/youth served
2. Increase use of smoking cessation counseling and/or medication among adult smokers (HP 2030 proposed – TU2030-11)	Track referrals to smoking cessation programs one-on-one counseling Include information about smoking cessation programs at screening events.		FY20 – 1,063 patients were referred for tobacco cessation FY21 – 308 patients referred for tobacco cessation

Priority: Heart Disease

Goal 1: Reduce coronary heart disease deaths (HP2030 proposed – HDS2030-02)

Objective	Strategies used	Collaborative Partners	Progress to meeting goal
1. Increase community education about the prevention of heart disease	Free community screenings related to early detection and management of high cholesterol and hypertension Due to COVID-19 restrictions limiting in-person education, KDOH provided heart education through Facebook posts	Portsmouth Safety Council Portsmouth Chamber of Commerce Vernon Bloom Schools Notre Dame Elem. Spartan Stadium Big Sandy Superstore Potter's House	Benchmark – FY19 – 684 FY20 – 5,912 adults and 20 children served FY21 – 1,285 adults and 1,053 children/youth served

		Kid's Mobile Market	
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