



Community Needs Assessment 2023



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Introduction

Executive Summary

The Community Action Committee of Pike County (“CAC”) exists to alleviate poverty and empower low-income families within our communities (Ohio Association of Community Action Agencies, 2023). CAC periodically undertakes the assessment of community needs as an integral part of its strategic planning process. The information and findings of this Community Needs Assessment will be used by CAC and its community partners to develop meaningful solutions to alleviate poverty, empower individuals, and strengthen the families that call our service area home.

Data for this Community Needs Assessment was collected from the public domain (e.g. U.S. Census, County Health Rankings, Appalachian Regional Commission, and various State of Ohio and federal agencies), through individual and household surveys (471 respondents), and community partner focus groups (35 participants). Both qualitative and quantitative data were collected to provide better understanding of the needs and resources within our community.

Collected data was viewed and analyzed as it relates to the Social Determinants of Health (SDOH): Economic Stability, Education Access & Quality, Healthcare Access & Quality, Neighborhood & Built Environment, and Social & Community Context.

The communities served (“Service Area”) by CAC lie within the economically distressed, rural Appalachian foothills of Ohio. Our community profile shows high levels of persons living in poverty and disability when compared to our state (Ohio) and nation (United States). Additionally, the service area has much lower rates of participation in the civilian labor force and educational attainment than the state and nation, and lower median household income and computer/broadband internet access (Quick Facts, 2022; Broadband Ohio 2021).

The counties within CAC’s service area hold poverty designations that indicate a profound lack of necessary resources for those living here. Pike, Scioto, Jackson, and Adams Counties all hold the designation of Medically Underserved Area (MUA) for primary care (HRSA-MUA Find, 2023), as well as Health Professional Shortage Area (HPSA) for primary care, mental health, and dental (HRSA-HPSA Find, 2023). Also, according to the Appalachian Regional Commission (ARC) Scioto and Adams Counties are labeled with the “Distressed” designation for economic performance for 2023, while Pike and Jackson Counties are considered “At-risk.” (Appalachian Regional Commission, 2023; Appalachian Regional Commission, 2022).

Executive Summary of Key Findings

Economic Stability

- All counties in the CAC service area are either “distressed” or “at-risk”
- Major shift in leading employment industries over the last several years. Loss of “blue collar” jobs without dedicated retraining of workforce
- High levels of unemployment
- Economic instability at the household level is experienced across all ages, sexes, and race/ethnicity, including: food insecurity, inability to afford healthcare, high cost of housing

Education Access and Quality

- Low early childhood literacy for Pike County school districts
- Low levels of college, career, workforce, and military readiness
- Low educational attainment in general

Healthcare Access and Quality

- MUA and HPSA designations for primary care, mental health, and dental show gaps in provider/resource availability
- Many without primary care provider
- Many not up-to-date on routine health screenings
- High cost of healthcare and prescription drugs
- Many uninsured
- Children in underserved areas without school-based healthcare services

Neighborhood & Built Environment

- Large portions of Pike County lack broadband internet access, which poses a barrier to healthcare access, education access, and other daily life activities
- Low availability of public transportation to assist community members in getting to work, healthcare appointments and other activities.

Social & Community Context

- Need for increased mental health awareness and support
- Need for whole-person and related family support for addiction recovery
- Lack of meaningful, visible support for LGBTQ+ community in our service area
- Lack of adequate child care services, especially on off-shifts and weekends, presents a substantial barrier to improving the economic stability, educational attainment, healthcare access, and other aspects within our community.

Recommendations

The key findings of this needs assessment center around the need for focus on a number of general themes, as follows.

1. active economic stabilization and development;
2. jobs creation;
3. workforce retraining and preparedness;
4. reduction in food insecurity;
5. increased availability of safe and affordable housing options;
6. improved early childhood literacy;
7. improved college, career, workforce, and military readiness;
8. improved access to primary care and mental and behavioral healthcare;
9. improved access to basic and specialty dental care;
10. continued focus on insuring the uninsured;
11. advocacy around health care and prescription drug costs;
12. expansion of school-based health care services;
13. support for broadband internet access and literacy;
14. increased access to public transportation options, including evenings and weekends;
15. increased awareness and support for mental health;
16. holistic support for addiction recovery;
17. social supports for LGBTQ+ community.
18. holistic study and intentional crafting of child care supports.

Project Introduction

The Community Action Committee of Pike County (CAC) is pleased to provide this 2023 Community Needs Assessment. This report is intended to identify unmet needs within CAC’s service area and to guide the strategic planning efforts for the future of the agency.

Our primary goal with this community needs assessment is to better understand the needs of individuals and families within our service area, the resources available to meet those needs, the resource gaps and barriers that prevent individuals and families from receiving the support they need, and ways CAC can plan better alleviate poverty and address our community’s needs in the future.

We have endeavored to assess our community through the use of national and local data, as well as information and data collected from community partners, individuals and households in our community,



and the customers we serve. It is important that we understand our community at all levels – from the broad context of our service area within the greater community – all the way down to the individual and household level.

Our secondary goal with this community needs assessment is to begin to merge together our three current community needs assessments into one. Needs assessment is required by three of our

major funders, namely the Community Services Block Grant (CSBG), Health Resources and Services Administration (HRSA), and Head Start. Both CSBG and HRSA require needs assessments on a 3-year cycle, while Head Start requires assessment every five years. Our goal over the next two years is to combine all three needs assessments into one that will satisfy the requirements of all three funding sources and provide meaningful input into the strategic planning process and implementation for CAC. **This iteration of the Community Needs Assessment is aimed at meeting the requirements of CSBG, though its content may be beneficial to informing Head Start and HRSA activities as well.**

Needs Assessment Requirements of the CSBG Act

The Community Action Committee of Pike County receives funding through the Community Services Block Grant (CSBG) to provide support services to individuals and families of Pike County, Ohio. CSBG is a federal, anti-poverty block grant that funds a state-administered network of local agencies, including CAC. The goal of this funding is to create, coordinate, and deliver programs and services to low-income Americans. Most agencies funded through CSBG, including CAC, are community action agencies, created through the Economic Opportunity Act, which was the predecessor of the CSBG. (NCAP, 2023).

The CSBG Act includes the following domains that should be considered when assessing community need and resources: employment, education, income management, housing, emergency services, nutrition, self-sufficiency, health, services for youth, services for senior citizens (NCAP, 2023).

Needs Assessment Requirements of HRSA

In addition to being a community action agency, Community Action Committee of Pike County operates a federally qualified health center (FQHC), namely Valley View Health Centers (VVHC, Valley View). This nonprofit health center serves medically underserved areas and population, providing much needed healthcare services to individual and families regardless of their ability to pay. A large portion of funding for VVHC comes from the Health Resources & Services Administration (HRSA). HRSA provides equitable health care to the nation’s highest-need communities, with programs to support people with low incomes, people with HIV, pregnant people, children, parents, rural communities, transplant patients, and the health workforce.

The HRSA guidelines for needs assessment require focus on factors associated access to care and health care utilization, the most serious causes of morbidity and mortality, as well as any associated health disparities, and any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (Health Center Program, 2023).



Needs Assessment Requirements of Head Start

CAC also operates Pike County’s Head Start program. Head Start is a federally-funded school readiness program for children up to age 5 years old, providing services to eligible children and families in Pike County in the areas of early learning, health, and family well-being, while engaging parents and guardians as partners every step of the way. (OHSAI, 2023).

Head Start requires that the needs assessment paint a picture of the community and describe the diverse needs of families who may receive services. It should also cover the community’s history, its economic and political scene, and its strengths and challenges (Head Start, 2023).

Contact

Questions regarding this Community Needs Assessment should be directed to Angela Spangler, Vice President-Excellence, angelaspangler@pikecac.org, 740-289-2371.

About the Community Action Committee of Pike County

Since 1966, the Community Action Committee of Pike County (CAC) has been providing a broad range of much needed services to residents of rural southern Ohio to promote self-sufficiency and to address the root causes of poverty. We are an embodiment of our nation's spirit of hope – changing people's lives and improving the communities we serve.



OUR VISION:

To grow independent, healthy lives while leading the charge to end poverty.

ACHIEVING OUR VISION LOOKS LIKE:

Educated Communities: We are an influential provider of resources, education, and training opportunities.

Barriers Eliminated: We help bridge gaps to meet essential needs and promote quality healthcare and independence.

Innovative Solutions: We are a recognized leader in best practices and customer service.

Empowerment: We are a steadfast pillar of support that empowers the community and staff to live the vision.

No More Poverty: We lead partnerships to maximize funding and develop innovative programs resulting in the growth of independent, healthy lives.

OUR MISSION:

It is our mission to end poverty by empowering and improving people's lives while building strong communities.

OUR VALUES:

Service: We are committed to providing quality, equitable, customer-focused solutions in our communities and to the rich communication and collaborative partnerships that make this possible.

Integrity and Passion: We hold to strong moral principles and honesty while being bold, passionate, and empathetic partners.

Stewardship: We are trustworthy and transparent stewards of all our resources.

OUR STRATEGIC PRIORITIES:

1. Invest in our workforce to ensure excellence in all we do.
2. Foster an organizational culture that is consistent with our values.
3. Provide partnership and advocacy to improve and empower our communities.
4. Seek continuous improvement and innovation in every aspect of our business.

CAC serves individuals and families with healthcare, early childhood education, workforce and business development, job training and placement, senior citizen enrichment, nutritional support, utility and housing assistance, weatherization and energy efficiency improvements, public transit, and advocacy around the root causes of poverty and the CAC mission (CAC, 2023).

Our Programs

Valley View Health Centers

Valley View Health Centers is a federally-qualified health center with locations in Pike, Scioto, Jackson, and Adams Counties in Ohio. We provided a combination of primary care, medication management, behavioral health, dental, vision, addiction recovery, and comprehensive case management for 14,649 unique patients in 2022.



Social Services

Our Social Services program provides resources and services to our community that help individuals and families with many housing-related expenses, including mortgage and rent assistance, heating and cooling, and property taxes. Additionally, this program works to help address food insecurity in our community by operating a mobile food pantry that helps to feed residents in more remote parts of Pike County.

Workforce and Business Development

CAC operates Pike County's Ohio Means Jobs career center, where job seekers and employers can connect. We also provide training on in-demand skills, funding and planning assistance for new and expanding businesses, and free tax preparation.

Women, Infants & Children (WIC)

The Ohio WIC program provides supplemental nutrition for pregnant and breastfeeding women, new mothers, infants, and children up to 5 years of age. In addition to supplementing with nutritious foods such as cereal, eggs, milk, whole grains, fruits, vegetables, and iron-fortified infant formula, WIC also provides nutrition education, breastfeeding education and support, and referrals to prenatal and pediatric health care and to other maternal and child support programs.

Pike County Senior Center

The Pike County Senior Center focuses on the wellbeing of our senior citizens, by providing nutritious congregate meals, home-delivered meals, social and learning activities, and opportunities to connect and build relationships.



**Community Action
Transit System
(CATS)**

The Community Action Transit System (CATS) provides on-demand transportation and mobility management services within Pike County. This vital service helps to ensure that individuals in our community can get to medical and other appointments, to work, and to take care of other needs such as grocery shopping.

Early Childhood Education

Head Start and other early childhood programs are aimed at providing a safe and nurturing environment for our preschool-aged children. Our goal is to help our most vulnerable young children prepare to succeed in school, promoting children’s development through early learning, health, and family well-being.

Community Empowerment

Community Empowerment is focused on comprehensive case management for those who engage with the Community Action Committee of Pike County. We strive to fully assess the needs of individuals and families and to connect them with programs and resources that will help to empower and improve their lives.



Energy and Weatherization

Our Energy and Weatherization teams work within our community to improve the living conditions of individuals and families through improved weatherization and installation of energy efficient appliances.

The Communities We Serve

Primary, Secondary, and Peripheral Service Areas Defined

Primary Service Area:



The primary service area of the Community Action Committee of Pike County is Pike County, Ohio. This primary service area is the service area of interest for funding from CSBG, Head Start, and HRSA.

Secondary Service Area:



The secondary service area of the Community Action Committee of Pike County includes Scioto, Jackson, and Adams Counties in Ohio, which are the counties that contain a physical CAC presence through our Valley View Health Centers. This secondary service area is included in the catchment area that is of interest for our HRSA funding.



Figure 1: Ohio County Map Showing CAC Primary and Secondary Service Areas

Peripheral Service Area:



Our peripheral service area includes any other counties or areas that are included within the catchment area of Valley View Health Centers, our FQHC. These additional peripheral areas include patients that receive services through the health centers, but where CAC does not have a physical service location. Our peripheral service includes, but is not limited to Ross, Gallia, Vinton, Brown, Lawrence, and Highland Counties in Ohio, as well as Greenup and Lewis Counties in Kentucky.

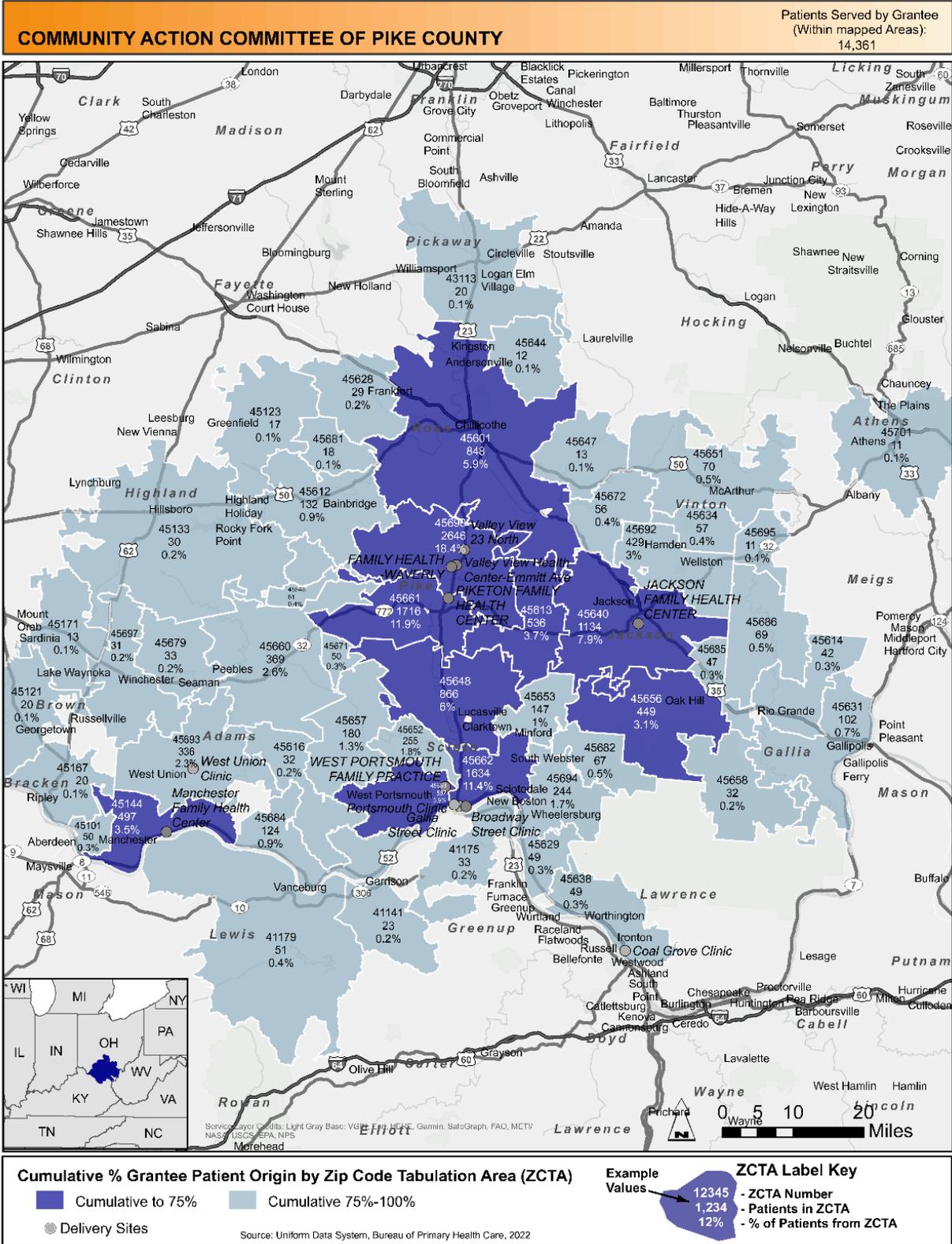


Figure 2: Community Action Committee of Pike County Catchment Area from Uniform Data System

Overview: Healthy People 2030 and Social Determinants of Health (SDOH)

This Community Needs Assessment will use the Social Determinants of Health (SDOH) and the objectives of Healthy People 2030 to look at the data collected about our community and its needs, and to provide us with guidance as we plan for future investments, initiatives, and growth for the Community Action Committee of Pike County. To do so, we will look at areas of needs as they relate to the following SDOH:

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

(Healthy People 2030, 2020).

As we assess SDOH within our community, we will consider the policies, systems, and environments in existence that serve to influence or determine SDOH-related outcomes.

Overview: Economic Stability

One in ten people in the United States live in poverty. This statistic leaves many people unable to afford basic necessities like healthy foods, health care, and housing. Healthy People 2030 focuses on helping more people get to a point of economic stability (Healthy People 2030, 2020).

When people have steady employment, they are less likely to live in poverty. That means that they are also more likely to be healthy. The reality is that many people have trouble finding and keeping employment that provides economic stability. Additionally, those living with disabilities, injuries, or medical conditions that limit their working abilities, find it especially difficult to maintain steady employment. Plus, steady employment is no guarantee against poverty. Many people with steady jobs do not earn a high enough wage to allow them to afford the things they need to get and stay healthy. Establishing economic stability requires employment programs, career counseling, and high-quality child care opportunities so that more people can find and keep jobs. In addition, policies to help people pay for food, housing, health care, and education can reduce poverty and improve health and well-being (Healthy People 2030, 2020).



Healthy People 2030 Objectives - Economic Stability

- Reduce proportion of adolescents and young adults who aren't in school or working - AH-09
- Reduce the proportion of people living in poverty - SDOH-01
- Increase employment in working-age people - SDOH-02
- Increase the proportion of children living with at least 1 parent who works full time - SDOH-03
- Reduce the proportion of adults with arthritis whose arthritis limits their work - A-03
- Reduce the proportion of families that spend more than 30 percent of income on housing - SDOH-04
- Reduce household food insecurity and hunger - NWS-01
- Eliminate very low food security in children - NWS-02
- Reduce work-related injuries resulting in missed work days - OSH-02

Overview: Education Access and Quality

People who attain higher levels of education are more likely to be healthier and live longer. Because of education’s importance to health outcomes, Healthy People 2030 focuses on providing high-quality educational opportunities for children and adolescents – and on helping them do well in school.



Children from low-income families, children with disabilities, and children who routinely experience forms of

social discrimination – like bullying – are more likely to struggle with math and reading. They’re also less likely to graduate from high school or go on to college. This means they’re less likely to get safe, high-paying jobs and more likely to have health problems like heart disease, diabetes, and depression.

In addition, some children live in places with poorly performing schools, and many families can’t afford to send their children to college. The stress of living in poverty can also affect children’s brain development, making it harder for them to do well in school. Interventions to help children and adolescents do well in school and help families pay for college can have long-term health benefits (Healthy People 2030, 2020)

Healthy People 2030 Objectives - Education Access and Quality

- Increase the proportion of high school students who graduate in 4 years - AH-08
- Increase the proportion of high school graduates in college the October after graduating - SDOH-06
- Increase the proportion of 8th-graders with reading skills at or above the proficient level - AH-R04
- Increase the proportion of 8th-graders with math skills at or above the proficient level - AH-R05
- Increase the proportion of children who are developmentally ready for school - EMC-D01
- Increase the proportion of children who participate in high-quality early childhood education programs - EMC-D03
- Increase the proportion of children and adolescents who get preventive mental health care in school - EMC-D06
- Increase the proportion of children with developmental delays who get intervention services by age 4 years - EMC-R01
- Increase the proportion of students with disabilities who are usually in regular education programs - DH-05
- Increase the proportion of 4th-graders with math skills at or above the proficient level - AH-06
- Increase the proportion of 4th -graders with reading skills at or above the proficient level - AH-05

Overview: Health Care Access and Quality

Many people in the United States don't get the health care services they need. Healthy People 2030 focuses on improving health by helping people get timely, high-quality health care services.



About 1 in 10 people in the United States do not have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people do not get recommended health care services, like cancer screenings, because they do not have a primary care provider. Other times, it is because they live too far away from health care providers who offer these screenings. Interventions to increase access to health care professionals and improve communication – in person or remotely – can help more people get the care they need (Healthy People 2030, 2020).

Healthy People 2030 Objectives - Health Care Access and Quality

- Reduce the proportion of emergency department visits with a longer wait time than recommended - AHS-09
- Increase the proportion of adults who get recommended evidence-based preventive health care - AHS-08
- Increase the proportion of adolescents who speak privately with a provider at a preventive medical visit - AH-02
- Increase the proportion of adolescents who had a preventive health care visit in the past year - AH-01
- Increase the proportion of females who get screened for breast cancer - C-05
- Increase the proportion of females who get screened for cervical cancer - C-09
- Increase the proportion of adults who get screened for lung cancer - C-03
- Increase the proportion of adults who get screened for colorectal cancer - C-07
- Increase the proportion of people who discuss interventions to prevent cancer with their providers - C-R02
- Increase the proportion of people with colorectal cancer who get tested for Lynch syndrome - C-R03
- Increase the proportion of children with developmental delays who get intervention services by age 4 years - EMC-R01
- Increase the proportion of people with a substance use disorder who got treatment in the past year - SU-01
- Increase the proportion of women who get needed publicly funded birth control services and support - FP-09
- Reduce the proportion of people who can't get prescription medicines when they need them - AHS-06
- Increase use of the oral health care system - OH-08

- Reduce the proportion of people who can't get medical care when they need it - AHS-04
- Increase the proportion of people with a usual primary care provider - AHS-07
- Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it - AHS-R01
- Increase the proportion of people with health insurance - AHS-01
- Increase the proportion of people with prescription drug insurance - AHS-03
- Reduce the proportion of people under 65 years who are underinsured - AHS-R03
- Reduce the proportion of people who can't get the dental care they need when they need it - AHS-05
- Increase the proportion of people with dental insurance - AHS-02
- Increase the proportion of low-income youth who have a preventive dental visit - OH-09
- Increase the proportion of pregnant women who receive early and adequate prenatal care - MICH-08
- Increase the proportion of newborns who get screened for hearing loss by age 1 month - HOSCD-01
- Increase the proportion of infants with hearing loss who get intervention services by age 6 months - HOSCD-03
- Increase the proportion of infants who didn't pass their hearing screening who get evaluated for hearing loss by age 3 months - HOSCD-02
- Increase access to vision services in community health centers - V-R01
- Reduce the number of new HIV diagnoses - HIV-03
- Increase linkage to HIV medical care - HIV-04
- Reduce the rate of mother-to-child HIV transmission - HIV-06
- Reduce the number of new HIV infections - HIV-01
- Increase knowledge of HIV status - HIV-02
- Increase viral suppression - HIV-05
- Increase the proportion of sexually active female adolescents and young women who get screened for chlamydia - STI-01

Overview: Neighborhood and Built Environment



Our neighborhoods have a major impact on the health and well-being of the individuals and families living in our communities. Healthy People 2030 focuses on improving health and safety in the places where people live, learn, work, play, and carry-out other life activities.

Many people in the United States do not live in safe neighborhoods, and instead, live in neighborhoods plagued with

violence, unsafe air or water, and other risks to their health and safety. Racial and ethnic minorities and low-income people are more likely to live in these risky places. Additionally, some people are affected by harmful exposures in the workplace, such as secondhand smoke or excessively loud noise.

In order to reduce these health and safety risks within our neighborhoods and to promote health, we must look at how we can influence interventions and policy changes at the local, state, and federal levels (Healthy People 2030, 2020).

Healthy People 2030 Objectives - Neighborhood and Built Environment

- Reduce the rate of minors and young adults committing violent crimes - AH-10
- Increase the proportion of schools with policies and practices that promote health and safety - EH-D01
- Increase the proportion of adults with broadband internet - HC/HIT-05
- Increase the proportion of people whose water supply meets Safe Drinking Water Act regulations - EH-03
- Reduce the amount of toxic pollutants released into the environment - EH-06
- Reduce health and environmental risks from hazardous sites - EH-05
- Reduce the number of days people are exposed to unhealthy air - EH-01
- Increase the proportion of people whose water systems have the recommended amount of fluoride - OH-11
- Reduce the proportion of families that spend more than 30 percent of income on housing - SDOH-04
- Reduce blood lead levels in children aged 1 to 5 years - EH-04
- Reduce deaths from motor vehicle crashes - IVP-06
- Increase proportion of homes that have an entrance without steps - DH-04
- Increase the proportion of adults who walk or bike to get places - PA-10
- Increase the proportion of adolescents who walk or bike to get places - PA-11
- Reduce asthma deaths - RD-01
- Reduce asthma attacks - RD-04
- Reduce emergency department visits for people aged 5 years and over with asthma - RD-03

- Reduce hospitalizations for asthma in children under 5 years - RD-D01
- Reduce hospitalizations for asthma in people aged 5 to 64 years - RD-D02
- Reduce hospitalizations for asthma in adults aged 65 years and over - RD-D03
- Reduce hospitalizations for asthma in adults aged 65 years and over - RD-D03
- Reduce hospitalizations for COPD - RD-D04
- Reduce the proportion of adults who have hearing loss due to noise exposure - HOSCD-09
- Increase the proportion of smoke-free homes - TU-08
- Increase the number of states, territories, and DC that prohibit smoking in worksites, restaurants, and bars - TU-17
- Reduce the proportion of people who don't smoke but are exposed to secondhand smoke - TU-19
- Increase the number of states, territories, and DC that prohibit smoking in multiunit housing - TU-R01
- Increase trips to work made by mass transit - EH-02
- Increase the proportion of worksites with policies that ban indoor smoking - ECBP-D06

Overview: Social and Community Context



The relationships and interactions that people have with family, friends, co-workers, and other community members is extremely important to their health and well-being. Healthy People 2030 focuses on helping people access the social support that people need within their communities.

Many people face challenges and dangers in their daily lives that are beyond their control, such as discrimination, economic insecurity, and unsafe neighborhoods (Healthy People 2030, 2020).

Healthy People 2030 Objectives - Social and Community Context

- Reduce anxiety and depression in family caregivers of people with disabilities - DH-D01
- Reduce the proportion of children with a parent or guardian who has served time in jail or prison - SDOH-05
- Increase the proportion of the voting-age citizens who vote - SDOH-07
- Increase the proportion of adolescents who have an adult they can talk to about serious problems - AH-03
- Increase the proportion of adolescents in foster care who show signs of being ready for adulthood - AH-R02
- Increase the proportion of children and adolescents who communicate positively with their parents - EMC-01
- Increase the proportion of children whose family read to them at least 4 days per week - EMC-02
- Increase the proportion of children and adolescents who show resilience to challenges and stress - EMC-D07
- Increase the proportion of adults who talk to friends or family about their health - HC/HIT-04
- Increase the health literacy of the population - HC/HIT-R01
- Increase the proportion of adults who use IT to track health care data or communicate with providers - HC/HIT-07
- Reduce bullying of transgender students - LGBT-D01
- Eliminate very low food security in children - NWS-02
- Reduce the proportion of people with intellectual and developmental disabilities who live in institutional settings with 7 or more people - DH-03

Process and Methodology

Process & Methodology

Data Collection

The data collection for this Community Needs Assessment was planned and executed by an internal team of Community Action Committee of Pike County employees that included executive leaders, program and department directors and managers, and employees directly involved in the provision of services (“The Assessment Team”).

The Assessment Team identified relevant sources of national, state, and local quantitative data to gather for the needs assessment to understand the prevalence and impact of poverty in our community. The organizational standards of the CSBG specifically require a look at the prevalence of poverty data as it relates to sex, age, and race/ethnicity. Further, the organizational standards require that we collect both quantitative and qualitative data related to our geographical service area.



The Assessment team chose to collect data through three main types of activities: 1) collection of data available in the public space related to our geographical service area; 2) collection of data directly from individuals and households in the community, which includes clients and patients that receive services from CAC; and 3) collection of data from community partners.

Service Area Data Available in

the Public Space

To provide broad context for this needs assessment, CAC relied upon trusted data available in the public space. This included information from the United States Census Bureau, the Appalachian Regional Commission, County Health Rankings, and other sources. This data is used throughout the needs assessment to compare what we have learned about our community to broader state and federal contexts.

Individual and Household Survey

CAC also sought individual and household level data regarding our community needs. The Assessment team developed the questions for the Individual and Household survey, as well as the communication distribution plan to encourage participation in our data collection efforts. Community members were invited to participate through social media, in-person events, and fliers, and could complete the survey online or on paper. In total, 471 individuals participated in our individual and household survey, which provided us with both quantitative and qualitative data.

The Individual and Household survey included both multiple choice and open-ended questions and collected a combination of quantitative and qualitative data. The Individual and Household survey was promoted through our Facebook page, through our community partners, at in-person community events, through a local news broadcast (interview about the needs assessment posted on their Facebook page). Participants could access the Individual and Household survey online by scanning a QR code or clicking a survey link, or they could participate by completing a paper survey.



Questions asked in the Individual & Household survey are found in Appendix A.

Community Partner Focus Groups



The Assessment Team also chose to hold focus group discussions with community partners and organizations. The Assessment Team developed the question prompts used for the focus group conversations, facilitated the focus group conversations, and preserved those conversations as part of our data collection efforts. This level of data is used to help us understand how community needs are impacting outcomes at the individual and household level.

CAC invited focus group participation from local and area community partners, including government organizations, social service organizations, private and public sector entities, faith-based community, educational institutions, board members, staff, partners and other service providers. Our goal was to better understand the needs that our community partners are seeing (in their clients, patients, parishioners, and others) and the resources that are or are not available to meet those needs. The Assessment Team began by generating a list of the community partners we planned to engage in our data collection efforts. Community partners were able to contribute to our data collection through virtual and in-person focus groups, as well as through an online survey option. Thirty-five community partners participated in this portion of our data collection efforts.

Data Analysis and Discussion

Service Area Snapshots

SNAPSHOT: Pike County, Ohio

Geography

Pike County is located in the rural, Appalachian foothills region in southwestern Ohio. Its county seat is Waverly. The county is named for explorer and soldier, Zebulon Montgomery Pike, who was killed in the war of 1812. Pike County encompasses 444 mi² of rural landscape, of which 440 mi² is land, and the remaining 3.7 mi² is water.

Counties adjacent to Pike are Ross County (north), Jackson County (east), Scioto County (south), Adams County (southwest), and Highland County (west).

Pike County has a small airport located 4.5 miles from the county seat. Additionally, two major highways cut through the county with US 23 running north to south and OH 32 running east-to-west. CSX Transportation's Norfolk Southern railway also runs through Pike County.



Figure 3: Ohio County Outline Map with Pike County in Red

Population

According to the U.S. Census Bureau, the estimated population for Pike County was at 27,005 persons in 2022. Pike County's population is distributed across 10,478 households for an average of 2.56 persons per household.

CAC Presence

The primary location for the Community Action Committee of Pike County is at 941 Market Street, Piketon, Ohio 45661 (pikecac.org). CAC has a total of 10 work and service locations within Pike County, providing health care services, social services, nutritional support, and general program administration.



Quick Facts - Pike County, Ohio				
Variable	Detail	Pike County	Ohio	United States
Population		27,005	11,756,058	333,287,557
Sex	Male	50.1%	49.4%	49.6%
	Female	49.9%	50.6%	50.4%
Age	Under 5 years	5.9%	5.6%	5.6%
	5-17 years	17.6%	24.1%	16.1%
	18-64 years	58.0%	51.9%	61.0%
	65 years and over	18.5%	18.4%	17.3%
Race	White	95.2%	80.9%	75.5%
	Black or African American	1.3%	13.3%	13.6%
	American Indian/Alaskan Native	0.8%	0.3%	1.3%
	Asian	0.3%	2.7%	6.3%
	Native Hawaiian/Pacific Islander	0.1%	0.1%	0.3%
	Two or more races	2.4%	2.7%	0.3%
Ethnicity	Hispanic or Latino	1.4%	4.5%	19.1%
	Not Hispanic or Latino	98.6%	95.5%	80.9%
Veteran Status	Civilian veterans	0.70%	0.57%	13.6%
Disability Status	With a disability under age 65	18.5%	10.0%	8.7%
Insurance	Without health insurance under age 65	8.6%	7.1%	9.3%
High School Graduate	(25+ y/o)	85.1%	91.1%	88.9%
Bachelor's degree or higher	(25+ y/o)	14.7%	29.7%	33.7%
In civilian labor force	(16+ y/o)	49.8%	63.2%	63.1%
In civilian labor force female	(16+ y/o)	46.5%	59.1%	58.7%
Median household income	(in 2021 dollars)	\$44,961	\$61,938	\$69,021
Per capita income	In past 12 months (in 2021 dollars)	\$26,568	\$34,526	\$37,638
Persons in poverty		19.2%	13.4%	11.5%
Households with a computer		87.8%	91.9%	93.1%
Households with broadband internet subscription		75.0%	86.3%	87.0%

Table 1: U.S. Census Quick Facts – Pike County, Ohio

SNAPSHOT: Scioto County, Ohio

Geography

Located to the south of Pike County is Scioto County, Ohio, part of CAC’s secondary service area. Scioto County is located along the Ohio River in the south-central region of the U.S. state of Ohio. The county is named for a Native American word referring to deer or deer hunting. Scioto County encompasses **616 mi²**, of which **610 mi²** is land and **5.9 mi²** is water. Many parts of Scioto are heavily forested, especially in the western half of the county that includes Shawnee State Park.

Counties adjacent to Scioto are Pike County (north), Jackson County (northeast), Lawrence County (southeast), Adams County (west), and Highland County (west), Greenup County, Kentucky (south) and Lewis County, Kentucky (southwest).



Figure 5: Ohio County Outline Map with Scioto County in Red

Scioto County has a small regional airport located 12 miles from the county seat. Additionally, two major highways cut through the county with US 23 running north to south and OH 52 running east-to-west along the Ohio River. CSX Transportation’s Norfolk Southern railway also runs through Scioto County.

Population

According to the U.S. Census Bureau, the estimated population for Scioto County was at **72,194** persons in 2022. That population was distributed across **28,152** households for an average of **2.52** persons per household.

Counties adjacent to Scioto are Pike County (north), Jackson County (northeast), Greenup County, Kentucky (south), Lewis County, Kentucky (southwest), and Adams County (west), and Lawrence County (southeast).



Ohio River – Scioto County, Ohio

CAC Presence

Community Action Committee of Pike County operates two of its Valley View Health Centers locations within Scioto County. Our Valley View Health Centers location at 621 Broadway Street, Portsmouth, Ohio provides much needed healthcare services to the community, including primary care, medication management, behavioral health

services. Our second Scioto County location, at 23030 OH-73, West Portsmouth, Ohio, provides primary care, medication management, and behavioral health services.

Quick Facts - Scioto County, Ohio				
Variable	Detail	Scioto County	Ohio	United States
Population		72,194	11,756,058	333,287,557
Sex	Male	49.7%	49.4%	49.6%
	Female	50.3%	50.6%	50.4%
Age	Under 5 years	5.3%	5.6%	5.6%
	5-17 years	16.2%	24.1%	16.1%
	18-64 years	59.4%	51.9%	61.0%
	65 years and over	19.1%	18.4%	17.3%
Race	White	94.0%	80.9%	75.5%
	Black or African American	2.8%	13.3%	13.6%
	American Indian/Alaskan Native	0.6%	0.3%	1.3%
	Asian	0.4%	2.7%	6.3%
	Native Hawaiian/Pacific Islander	**	0.1%	0.3%
	Two or more races	2.2%	2.7%	0.3%
Ethnicity	Hispanic or Latino	1.6%	4.5%	19.1%
	Not Hispanic or Latino	98.4%	95.5%	80.9%
Veteran Status	Civilian veterans	0.7%	0.57%	13.6%
Disability Status	With a disability under age 65	18.6%	10.0%	8.7%
Insurance	Without health insurance under age 65	8.0%	7.1%	9.3%
High School Graduate	(25+ y/o)	86.0%	91.1%	88.9%
Bachelor’s degree or higher	(25+ y/o)	16.4%	29.7%	33.7%
In civilian labor force	(16+ y/o)	46.5%	63.2%	63.1%
In civilian labor force female	(16+ y/o)	45.1%	59.1%	58.7%
Median household income	(in 2021 dollars)	\$43,266	\$61,938	\$69,021
Per capita income	In past 12 months (in 2021 dollars)	\$23,958	\$34,526	\$37,638
Persons in poverty		23.9%	13.4%	11.5%
Households with a computer		85.8%	91.9%	93.1%
Households with broadband internet subscription		80.5%	86.3%	87.0%

Table 2: U.S. Census Quick Facts – Scioto County, Ohio

SNAPSHOT: Jackson County, Ohio

Geography

Located to the east of Pike County is Jackson County, Ohio, another county in CAC’s secondary service area. Jackson County is located in the south-central portion of the U.S. state of Ohio in the Appalachian foothills. The county seat is Jackson and is named for Andrew Jackson, a hero of the War of 1812, who was subsequently elected President of the United States. Jackson County encompasses 422 mi², of which 420 mi² is land and 2 mi² is water.

Counties adjacent to Jackson are Pike County (west), Lawrence County (south), Vinton County (northeast), Ross County (northwest), Gallia County (southeast), and Scioto County (southwest).

Population

According to the U.S. Census Bureau, the estimated population for Jackson County was at 32,586 persons in 2022. That population was distributed across 12,361 households for an average of 2.60 persons per household.

CAC Presence



Buckeye Furnace Covered Bridge – Jackson County, Ohio



Figure 5: Ohio County Outline Map with Jackson County in Red

CAC operates one Valley View Health Centers location in Jackson County, at 14590 OH-93, Jackson, Ohio. This busy office provides primary care, medication management, dental, and behavioral health services.

Quick Facts - Jackson County, Ohio				
Variable	Detail	Jackson County	Ohio	United States
Population		32,586	11,756,058	333,287,557
Sex	Male	49.9%	49.4%	49.6%
	Female	50.1%	50.6%	50.4%
Age	Under 5 years	6.0%	5.6%	5.6%
	5-17 years	17.6%	24.1%	16.1%
	18-64 years	64.5%	51.9%	61.0%
	65 years and over	17.9%	18.4%	17.3%
Race	White	96.5%	80.9%	75.5%
	Black or African American	0.7%	13.3%	13.6%
	American Indian/Alaskan Native	0.5%	0.3%	1.3%
	Asian	0.5%	2.7%	6.3%
	Native Hawaiian/Pacific Islander	**	0.1%	0.3%
	Two or more races	1.8%	2.7%	0.3%
Ethnicity	Hispanic or Latino	1.1%	4.5%	19.1%
	Not Hispanic or Latino	95.5%	95.5%	80.9%
Veteran Status	Civilian veterans	0.6%	0.57%	13.6%
Disability Status	With a disability under age 65	16.3%	10.0%	8.7%
Insurance	Without health insurance under age 65	8.2%	7.1%	9.3%
High School Graduate	(25+ y/o)	87.4%	91.1%	88.9%
Bachelor's degree or higher	(25+ y/o)	15.1%	29.7%	33.7%
In civilian labor force	(16+ y/o)	57.8%	63.2%	63.1%
In civilian labor force female	(16+ y/o)	53.3%	59.1%	58.7%
Median household income	(in 2021 dollars)	\$50,983	\$61,938	\$69,021
Per capita income	In past 12 months (in 2021 dollars)	\$25,843	\$34,526	\$37,638
Persons in poverty		17.7%	13.4%	11.5%
Households with a computer		86.9%	91.9%	93.1%
Households with broadband internet subscription		79.1%	86.3%	87.0%

Table 3: U.S. Census Quick Facts – Jackson County, Ohio

SNAPSHOT: Adams County, Ohio

Geography

Located to the southwest of Pike County is Adams County, Ohio, part of CAC’s secondary service area. Adams County is located in the southwestern portion of the U.S. state of Ohio. Adjacent counties to Adams are Highland County (north), Pike County (northeast), Scioto County (east), Lewis County, Kentucky (south), Bracken County, Kentucky (southwest), Mason County, Kentucky (south), and Brown County (west).

Counties adjacent to Adams are Brown County (west), Highland County (north), Pike County (northeast), Scioto County (east), Mason County, Kentucky (southwest), and Lewis County, Kentucky (southeast).



Figure 6: Ohio County Outline Map with Adams County in Red

Population

According to the U.S. Census Bureau, the estimated population for Adams County was at 27,420 persons in 2022. That population was distributed across 12,361 households for an average of 2.60 persons per household.



Serpent Mound – Adams County, Ohio

Median household income was measured at \$50,983 (in 2021 dollars), and the per capita income in the 12 months preceding the census was measured to be \$25,843. Overall, 17.7% persons in Jackson County live in poverty.

CAC Presence

CAC operates one Valley View Health Centers location in Adams County, at 130 Wayne Frye Drive, Manchester, Ohio. This school-based health center provides primary care, vision, dental, and behavioral health services.

Quick Facts - Adams County, Ohio				
Variable	Detail	Adams County	Ohio	United States
Population		27,420	11,756,058	333,287,557
Sex	Male	50.0%	49.4%	49.6%
	Female	50.0%	50.6%	50.4%
Age	Under 5 years	6.2%	5.6%	5.6%
	5-17 years	17.9%	24.1%	16.1%
	18-64 years	57.2%	51.9%	61.0%
	65 years and over	18.7%	18.4%	17.3%
Race	White	96.9%	80.9%	75.5%
	Black or African American	0.6%	13.3%	13.6%
	American Indian/Alaskan Native	.06%	0.3%	1.3%
	Asian	.04%	2.7%	6.3%
	Native Hawaiian/Pacific Islander	**	0.1%	0.3%
	Two or more races	1.6%	2.7%	0.3%
Ethnicity	Hispanic or Latino	1.2%	4.5%	19.1%
	Not Hispanic or Latino	98.8%	95.5%	80.9%
Veteran Status	Civilian veterans	0.7%	0.57%	13.6%
Disability Status	With a disability under age 65	16.1%	10.0%	8.7%
Insurance	Without health insurance under age 65	9.5%	7.1%	9.3%
High School Graduate	(25+ y/o)	83.7%	91.1%	88.9%
Bachelor's degree or higher	(25+ y/o)	16.0%	29.7%	33.7%
In civilian labor force	(16+ y/o)	51.5%	63.2%	63.1%
In civilian labor force female	(16+ y/o)	50.9%	59.1%	58.7%
Median household income	(in 2021 dollars)	\$44,467	\$61,938	\$69,021
Per capita income	In past 12 months (in 2021 dollars)	\$24,539	\$34,526	\$37,638
Persons in poverty		18.9%	13.4%	11.5%
Households with a computer		86.1%	91.9%	93.1%
Households with broadband internet subscription		76.3%	86.3%	87.0%

Table 4: U.S. Census Quick Facts – Adams County, Ohio

Results of Individual and Household Survey

A Description of Who Participated

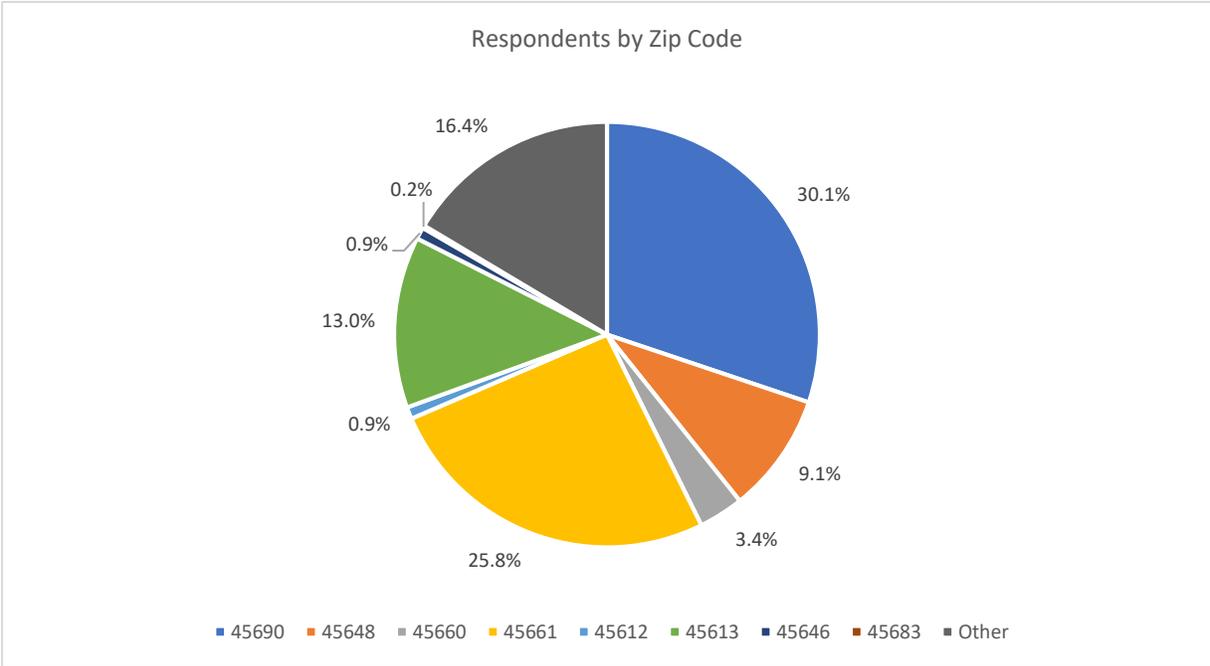


Figure 7: Individual and Household Survey Respondents by Zip code

Where Respondents Live

The majority (78.8%) of Individual & Household Survey respondents live in Pike County. As expected, Waverly (45690) and Picketon (45661), as the largest Pike County municipalities, made-up the largest portion of respondents with a combined 55.9%. Participation rates of individuals living in the more remote areas of Pike County, such as in the ARC “distressed” census tracts 9522 and 9526.01, were not readily apparent due to the overlap of municipal zip codes into parts of the county beyond municipal boundaries.

Age of Respondents

The majority (64%) of survey respondents were aged 36 to 65 years-old (64%), with the represented age range being those age 56 to 65 years old, making-up 23.6% of all respondents.

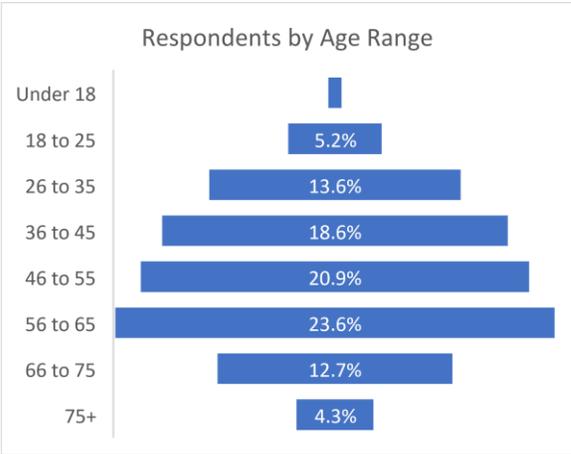


Figure 8: Individual and Household Survey Respondents by Age Range

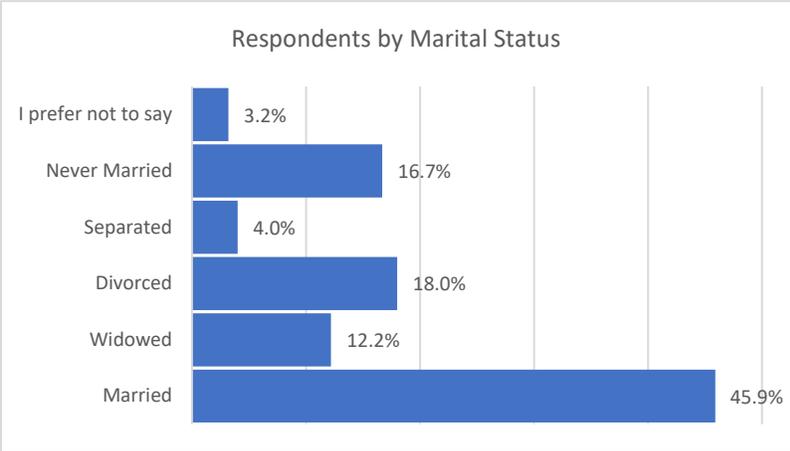


Figure 9: Individual and Household Survey Respondents by Marital Status

Marital Status

The largest portion of respondents indicated being married (46%). An additional 22% indicate being either separated (4.0%) divorced (18.0%). Just over twelve percent (12.2%) are widowed, and 16.7% indicate having never been married.

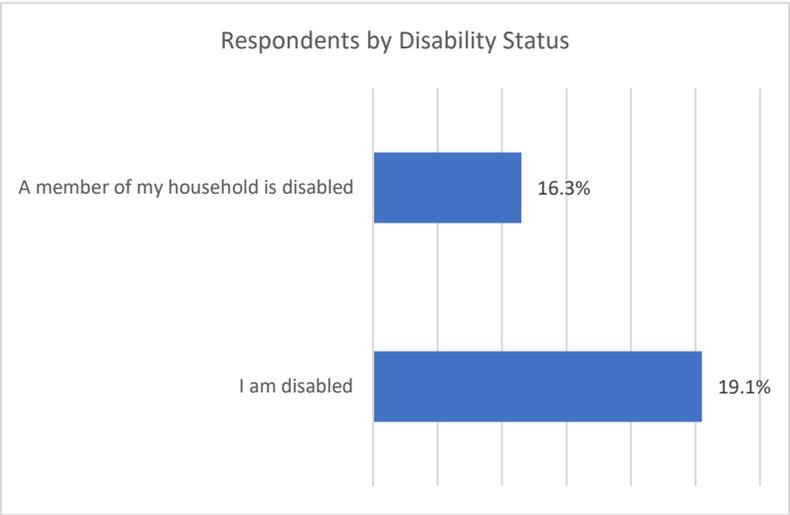


Figure 10: Individual and Household Survey Respondents by Disability

Disability

More than thirty-five percent of respondents indicate that either they themselves (19.1%) or a member of their household (16.3%) is disabled.

Race and Ethnicity

The lack of diversity by race and ethnicity in Pike County is underscored by the racial and ethnic make-up reported by respondents to the Individual & Household survey. Ninety-four-point-five percent (94.5%) report being white, and 1.6% identify as Black or African American. All other races were selected by less than one percent each. It is important to note that 2.4% chose not to disclose their race on the survey. The majority of respondents also indicate being of non-Hispanic or Latino ethnicity (94.5%) with 5.8% choosing not to disclose their ethnicity on the survey.

Results of Community Partner Focus Groups

Profile of Community Partners

CAC offered a number of focus group opportunities over the last year to gather information and insight from community leaders and organizations. Our goal was to understand what these leaders and helpers have learned about the needs of our community through their work in government, social and human services, faith-based organizations, healthcare, non-profits, and other businesses and organizations that encounter our community members on a regular basis.

Community partners were invited, through mailed postcards, direct emails, and social media, to participate in our community partner focus group sessions. Invitees had the option of attending an in-person focus group session, joining a virtual session, or completing the community partner focus group survey. Invitations were sent to a total of 249 groups and organizations across the service area, including **79 faith-based organizations, 26 educational entities (school districts), 8 health care organizations, 16 government entities, 26 senior living partners, and 40 community service focused agencies.**

Themes that Emerged from Our Focus Groups

The following is a description of the needs/themes that emerged from our focus group conversations:

1. **Transportation.** While Pike County provides on-demand transportation services during daytime business hours, there is no public transportation option for evening or weekend hours, and no hop-on-hop-off (route driven) transportation. Second and third shift workers, and those who need to run errands and attend events at these times are not being served. Our faith-based community partners indicate that they many requests for gas cards and help with car repairs.
2. **Child Care.** Pike County is experiencing a serious lack of child care providers. Demand for child care services is far greater than the supply of providers – especially for children of second and third shift workers. Affordability is another issue with regards to child care. One focus group member stated, *“We have so many children that need placement (in child care), but we do not have enough providers – especially for second and third shifts.”*
3. **Broadband Internet Access and Literacy.** Pike County is still trailing with regards to the availability of broadband/high speed internet service. This topic arose as a stand-alone need, as well as a barrier with regards to education and health care access. Broadband access and literacy around using online platforms was also mentioned as a specific need of our senior citizen population.
4. **Mental Health Services.** There is an outstanding need for mental health services in our community. However, it can be challenging for patients to find providers and schedule appointments. This issue appears to be related both to supply/availability of providers and restrictions from commercial insurance and other payers with regards to providers and services.
5. **Dental Care Desert.** Very few general dental providers in our area accept Medicaid patients. And, specialty dental care, especially for Medicaid patients, requires travel over long distances to receive services. We need a focus on how we can recruit and retain dental professionals

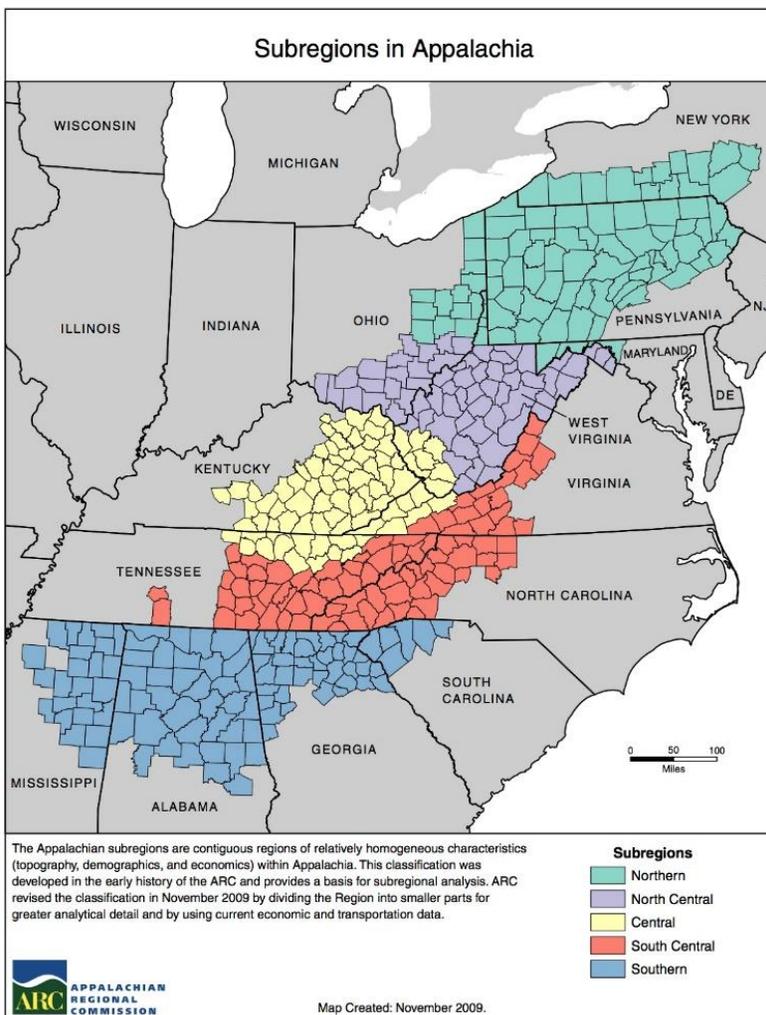
- in our area so that the individuals and households in our community can get the dental care they need.
6. **Addiction Recovery Support.** The general sentiment from the focus groups points to a need for more whole-person and whole-family addiction recovery support services. Members of our faith-based community mentioned that while there are (limited) resources available to help the addict overcome addiction, our community does not offer holistic and comprehensive support and/solutions beyond recovery and for all those affected by the addiction, including children and other family members (kinship care).
 7. **Job Preparation.** There is a national focus on high school graduation rates and matriculation to college. But college is not an option for everyone. Our focus groups indicate a need for more focused job training programs that can help individuals in our community to get decent paying jobs that will better support their households. *“Somewhere around 13-percent of students in my school district end up going to college. Then, there is another 20-some-percent that go to vocational school. There isn’t much focus on the other 67% of students. They need help preparing for life beyond school.”*
 8. **Senior Citizen Connectedness.** Our older senior citizen population can struggle with isolation and a feeling of not being connected to others in a meaningful way. Our focus groups articulated a need to focus on ways to help our senior citizens feel connected to our community and to others through relationships, activities, and opportunities to be involved. *“It can be lonely. It is hard as an older adult to build connections with other generations.”*
 9. **Housing.** Pike County has a greater proportion of people living below the federal poverty level for their household size than found elsewhere in Ohio and the United States. The availability of safe and affordable housing is not adequate to meet the needs of our community. Our faith-based community members pointed to a lack of *“decent affordable housing”* within our service area.
 10. **Employment Sufficiency and Wages.** Pike County’s rate of participation in the civilian labor force is lower than elsewhere in Ohio and the United States. Feedback from the focus groups suggests that there is a lack of “good paying” jobs in our area that provide a wage to workers that meets their needs. And, there appears to be a skills gap within our workforce that prevents many from qualifying for better paying employment opportunities.
 11. **Specialty health care.** This was a particular mention of both members of our faith-based community, as well as our healthcare organizations. Both groups indicated a need for community members to be able to access specialty healthcare closer to home. The additional need related to transportation is mentioned as providing an additional barrier to care for senior citizens and those with low incomes.
 12. **Food insecurity** was mentioned by many community members participating in the focus group. Our faith-based community partners indicate that they receive a lot of requests “for food and gas money.”
 13. **Cost of healthcare** was mentioned by several participants in the community partner focus group. One member of our faith-based community described what they see regarding the cost of healthcare, *“whether it be for testing, treatment, or prescription medications. I know several who ration their insulin or do not take needed medications because they cannot afford their share of the cost.”*

SDOH: Economic Stability and Our Community

Economic stability can be looked at as the ability to access essential resources for one’s life and well-being. This includes having sufficient income to meet the basic needs of a household. An individual or household is said to experience economic instability when income is below 200 percent of the federal poverty level.

Some important data that point to economic stability include the percentage of individuals/households at or below the federal poverty level, unemployment rates, percentage of income spent on housing costs, percentage of population living with disability. A lack of economic stability can correlate to increased illness and premature death, food insecurity, housing instability, worsening health outcomes, and overall poor health.

Appalachian Regional Commission Economic Status Designation



The service area of the Community Action Committee of Pike County is served by the Appalachian Regional Commission (ARC), whose vision it is to ensure that our country’s Appalachian areas achieve socioeconomic parity with the rest of our nation. Each year ARC publishes performance indices regarding the economic performance of our Appalachian counties by analyzing three years of data around unemployment, per capita market income, and poverty rates. From this analysis, counties are placed within one of five economic status designations, which include distressed, at-risk, transitional, competitive, or attainment.

Figure 11: Map of Appalachian Subregions

Economic status designations for the counties that make-up CAC’s primary and secondary service areas for FY 2023 and 2024 are shown below.

County	FY 2022 Designation	FY 2022 # Distressed Areas	FY 2023 Designation	FY 2023 # Distressed Areas	FY 2024 Designation	FY 2024 # Distressed Areas
Pike	At-Risk	0	At Risk	1 of 7	At Risk	2 of 7
Scioto	At-Risk	9	Distressed	All	Distressed	All
Jackson	At-Risk	2	At Risk	1 of 7	At Risk	2 of 7
Adams	Distressed	All	Distressed	All	At Risk	4 of 7

Table 5: Appalachian Regional Commission Designations for CAC Service Area

Pike County is showing an increase in census tracts designated as “distressed” from FY 2022 to FY 2024. Scioto County also shows a trend in an unfavorable direction, moving from “At-Risk” in FY 2022 to “Distressed” (all census tracts) for the last two years. Jackson County appeared to make a slight improvement in FY 2023 by reducing from 2 to 1 census tract labeled “distressed,” but returning to two distressed designations within the county for FY 2024. Adams County has shown improvement over the last three years, moving from all census tracts receiving “distressed” designations in FY 2022 and FY 2024 to 4 designated as “distressed” for FY 2024.

“Distressed” and “at-risk” status counties tend to have a higher incidence of alcohol use, misuse of prescription and illegal drugs, overdose, and suicide.

A closer look at the data for Pike County shows that 9522 and 9526.01 are the two distressed census tracts referenced in the ARC study. Census tract 9522 is located in the southeastern corner of Pike County, and includes rural portions of zip codes 45613 (Beaver), 45648 (Lucasville), 45690 (Waverly), and 45661(Piketon). Census tract 9526.01 is located in the northwestern corner of Pike County and includes rural portions of zip codes 45612 (Bainbridge, Rainsboro, Nipgen), 45646 (Latham), 45660 (Peebles, Bacon Flat, Dunkinsville, May Hill, Steam Furnace), and 45690 (Waverly). The following census tract map shows 9522 in the blue circled area, and 9526.01 in the gold.

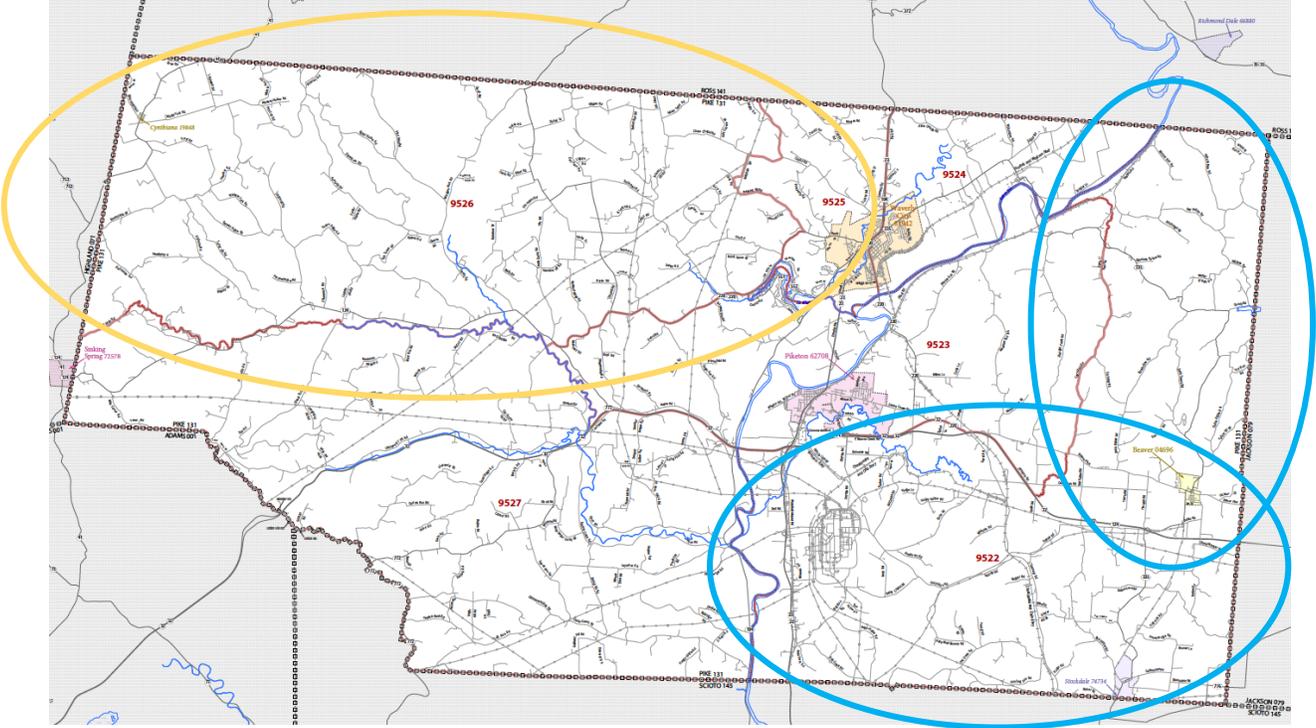


Figure 12: Map of Pike County showing ARC Distressed Census Tracts

Economic Profile of Pike County, Ohio

Pike County has experienced a shift in the last 20 years with regards to the distribution of jobs by industry. In 2004, the top five industries in Pike County by annual employment were manufacturing (41.3%), health care and social assistance (12.8%), retail trade (9.9%), educational services (9.7%), and accommodation and food services (5.1%). As of 2019, the top five have shifted dramatically as follows:

Administrative and Support Services	27.5%
Health care and Social Assistance	15.9%
Retail Trade	9.3%
Educational Services	8.6%
Manufacturing	8.0%

(Ohio Economic Profile – Pike County, 2020).

The loss of manufacturing jobs has dealt a heavy blow to CAC’s blue-collar service area, and has contributed to high unemployment rates in its four-county footprint (October 2023):

Pike County	4.3%
Scioto County	4.4%
Jackson County	4.3%
Adams County	4.2%

(Ohio Labor Market Information, 2023).

Economic Stability Indicators

The US Census Bureau's Quick Facts for CAC's service area shows that our community performs below average on several economic stability-related indicators. The counties within CAC's primary and secondary service areas show lower than average rates of participation in the civilian labor force for both males and females, lower than average median household and per capita income, and higher than average rates of persons living in poverty.

Variable	Pike County	Scioto County	Jackson County	Adams County	Ohio	United States
In civilian labor force (16+ y/o)	49.8%	46.5%	57.8%	51.5%	63.2%	63.1%
In civilian labor force female (16+ y/o)	46.7%	45.1%	53.3%	50.9%	59.1%	58.7%
Median household income (in 2021 dollars)	\$44,951	\$43,266	\$50,983	\$44,467	\$61,938	\$69,021
Per capita income	\$26,568	\$23,958	\$25,843	\$24,539	\$34,526	\$37,638
Persons in poverty	19.2%	23.9%	17.7%	18.9%	13.4%	11.5%

Table 6: Economic Stability Indicators for CAC Service Area, Ohio, and U.S.

The data shows that the CAC service area is grossly underperforming with regards to these socioeconomic indicators, when compared to the whole of Ohio and to the United States. Our service area as a whole is lagging behind the Ohio median household income, on average by \$16,019 per year, and behind the United States on average by \$23,102 per year. On a per capita basis, income lags by \$9,299 and \$12,411, respectively. On average, 6.5% more persons live in poverty in the CAC service area than in Ohio as a whole. That difference increases to 7.1% when compared with the rest of the country.

Variable	Description of Comparison	Pike County	Scioto County	Jackson County	Adams County
In civilian labor force (16+ y/o)	Compared to Ohio	-13.4%	-16.7%	-5.4%	-11.7%
	Compared to US	-13.3%	-16.6%	-5.3%	-11.6%
In civilian labor force female (16+ y/o)	Compared to Ohio	-12.6%	-14.0%	-5.8%	-8.2%
	Compared to US	-12.2%	-13.6%	-5.4%	-7.8%
Median household income (in 2021 dollars)	Compared to Ohio	-\$16,977	-\$18,672	-\$10,955	-\$17,471
	Compared to US	-\$24,060	-\$25,755	-\$18,038	-\$24,554
Per capita income	Compared to Ohio	-\$7,958	-\$10,568	-\$8,683	-\$9,987
	Compared to US	-\$11,070	-\$13,680	-\$11,795	-\$13,099
Persons in poverty	Compared to Ohio	+5.8%	+10.5%	+4.3%	+5.5%
	Compared to US	+7.7%	+12.4%	+6.2%	+7.4%

Table 7: Economic Stability Indicator Comparison

Individual & Household Survey Respondents and Economic Stability

A large proportion of Individual & Household survey respondents affirmed struggling with several economic stability factors. More than half indicated they are not able to pay all their bills on-time, and just over 44% indicate that no adult in the household is working full-time. Thirty-one-point-seven percent (31.7%) affirm that more than one-third of their household income goes towards paying housing expenses, and 27.3% live at or below the federal poverty level. More than five percent (5.2%) state indicate regular food insecurity within the household, 6.3% lack reliable transportation for their needs, and 17.8% lack high speed internet service.

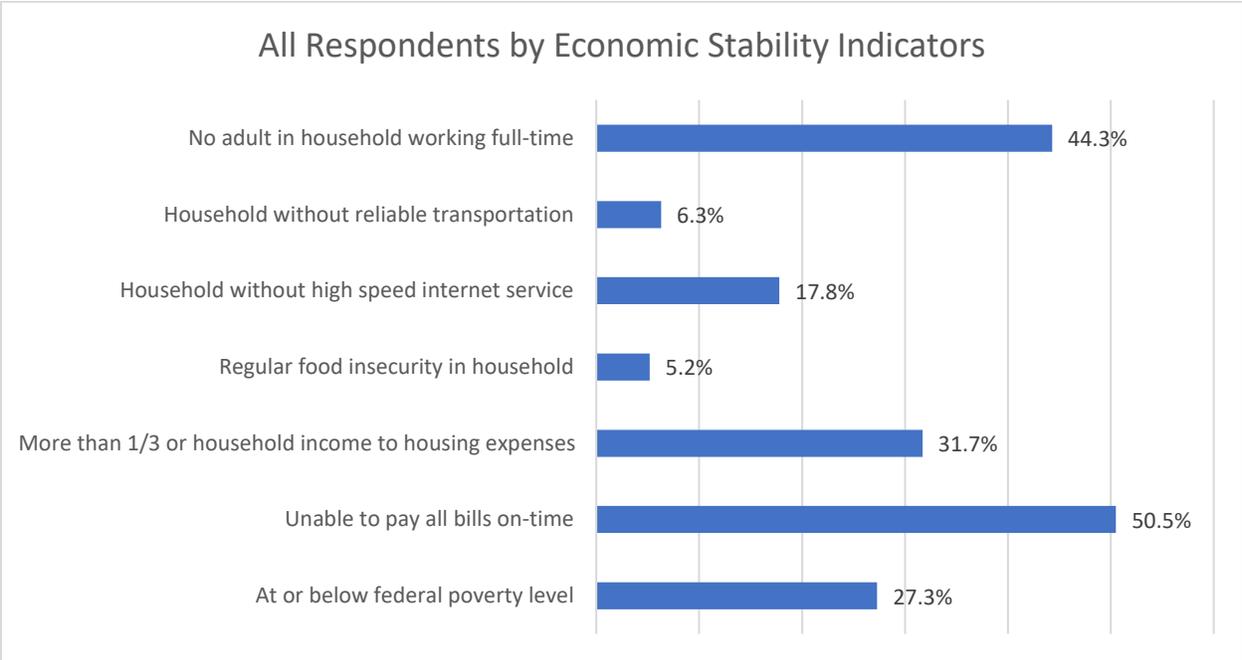


Figure 13: CAC Individual and Household Survey Respondents by Economic Stability Factors

Respondents Living in Poverty

Table 8 shows a comparison of respondent household size to income range, which is a cross-section of Q8 and Q9 from the Individual & Household survey. The blue-shaded area shows the number of households (133) that fall at or below the current federal poverty guidelines (FPG) for their reported household size and income. This comparison suggests that 35.3% of respondents who answered Questions 8 and 9 in the survey are living in poverty.

Income Range	FPG Household Size	1	2	3	4	5	6	7	8
\$0 to \$14,580	1	43	31	9	8	3	2	1	0
\$14,581 to 19,720	2	8	7	2	1	2	1	1	0
\$19,721 to \$24,860	3	9	10	5	0	2	0	1	0
\$24,861 to \$30,000	4	6	10	6	2	5	1	3	0
\$30,001 to \$35,140	5	5	17	4	4	1	0	0	0
\$35,141 to \$40,280	6	3	5	1	0	0	0	0	1
\$40,281 to \$45,420	7	1	3	3	0	2	1	0	0
\$45,421 to \$50,560	8	1	4	4	3	0	0	0	1
\$50,561 to \$55,570	9	0	3	2	0	0	0	0	0
\$55,571 to \$60,840	10	3	2	1	7	1	0	0	0
\$60,841 to \$65,980	11	2	3	1	2	1	0	0	0
\$65,981 to \$71,120	12	0	4	1	3	1	0	0	0
\$71,121 to \$76,260	13	1	1	2	1	1	0	0	0
\$76,261 or more	14	6	11	12	12	7	5	0	0

Table 8: Respondents Living in Poverty

Economic Stability by Age Range

It is important to our understanding of community needs, and a requirement of the terms of CSBG funding, to look at community needs related to age. Our data show that economic instability can be found throughout all age ranges of survey participants, though it may present itself in different ways. A description of economic stability responses by age range follows:

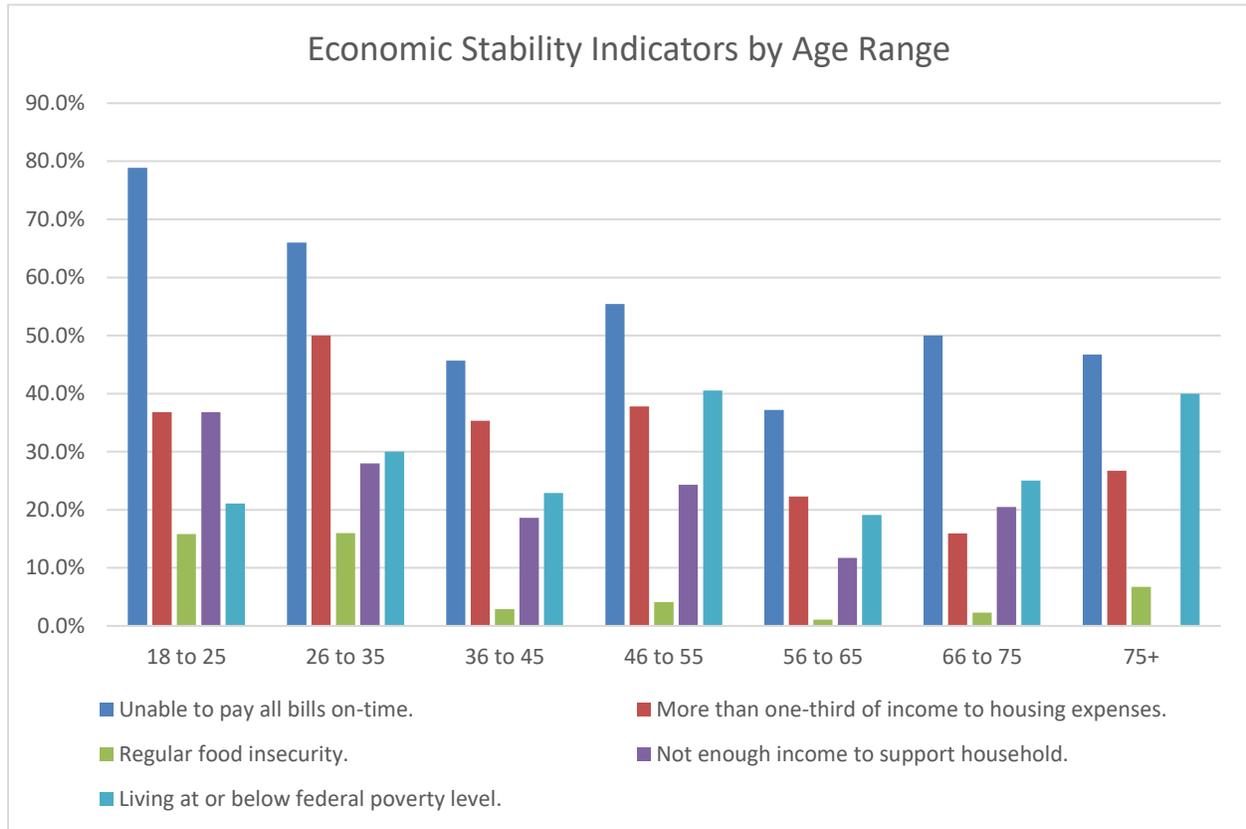


Figure 14: Economic Stability Indicators by Age Range

18 to 25 Years Old: Respondents in the 18 to 25-year-old range made-up 5.2% of total survey participation. Only 21.1% of respondents in this age range report being able to pay all of their bills on-time. Thirty-six-point-eight percent state that more than one-third of their household income goes towards paying housing costs. Food insecurity is real for 15.8% of respondents in this age range, reporting that some or all members of their households regularly do not have enough to eat. Of respondents 18 to 25 years-old, 36.8% report not having enough income coming in to support their households, and 21.1% report that their household lives at or below the federal poverty level.

26 to 35 Years Old: Respondents in the 26 to 35-year-old range made-up 13.6% of total survey participation. Thirty-four percent of respondents in this age range report being able to pay all of their bills on-time. Half of participants in this age range state that more than one-third of their household income goes towards paying housing costs. Food insecurity is real for 16.0% of respondents in this age range, reporting that some or all members of their households regularly do not have enough to eat. Of respondents 26 to 35 years-old, 28.0% report not having enough income coming in to support their households, and 30.0% report that their household lives at or below the federal poverty level.

36 to 45 Years Old: Respondents in the 36 to 45-year-old range made-up 18.6% of total survey participation. Fifty-four-point-three (54.3%) percent of respondents in this age range report being able to pay all of their bills on-time. More than half of household income goes towards paying housing costs for 35.3% of respondents in this age range. Food security is much better for this age range than the previous two as only 2.9% of respondents in this age range report that or all members of their households regularly do not have enough to eat. Of respondents 36 to 45 years-old, 18.6% report not having enough income coming in to support their households, and 22.9% report that their household lives at or below the federal poverty level.

46 to 55 Years Old: Respondents in the 46 to 55-year-old range made-up 20.9% of total survey participation. Forty-four-point-six percent (44.6%) of respondents in this age range report being able to pay all of their bills on-time. More than half of household income goes towards paying housing costs for 37.8% of respondents in this age range. Four-point-one percent (4.1%) of respondents in this age range report food insecurity within their households, reporting that some or all members of their households regularly do not have enough to eat. Of respondents 46 to 55 years-old, 24.3% report not having enough income coming in to support their households, and 40.5% report that their household lives at or below the federal poverty level.

56 to 65 Years Old: The ability to pay all bills on-time peaks with the 56 to 65-year-old age range, with 62.8% of respondents in this age range indicating that they are able to do so. This age range also shows improvement over younger groups with regards to housing costs, with 22.3% of respondents in this age range reporting that they spend more than one-third of their household income on housing costs. The 56 to 65-year-old age range also reports very low levels of food insecurity within their households at just 1.1%. Far fewer in this age range report not having enough income to support their household (11.7%), and only 19.1% report living at or below the federal poverty level.

66 to 75 Years Old: Economic instability increases slightly for our early senior citizen, who make-up 12.7% of survey participants. Half of those in the 66 to 75-year-old range report being able to pay their bills on-time (50.0%). Only 15.9% report paying more than one-third of their income for housing costs. One-quarter of respondents (25.0%) indicate that they live at or below the federal poverty level, and just over 20% (20.5%) report that they do not have enough income coming in to support their household. Only 2.3% in this age range report food insecurity issues within their household.

75+ Years Old: Forty percent (40.0%) of our later senior citizen group lives at or below the federal poverty level. While they do not report a lack of income to support their household, 6.7% indicate that some or all members of their household regularly do not have enough to eat, and just over half (53.3%) report being able to pay all their bills on-time. Twenty-six-point-seven percent (26.7%) of respondents in this age range report paying more than one-third of their household income for housing costs.

Economic Stability by Sex and Gender Identity

Sex is another demographic of interest to our organization, as well as to CSBG funding. It is important to understand how SDOH affects community members of different sexes. The Community Needs Assessment Individual & Household Survey contained two questions regarding this topic by inquiring about respondent's sex (at birth) and/or gender identity.

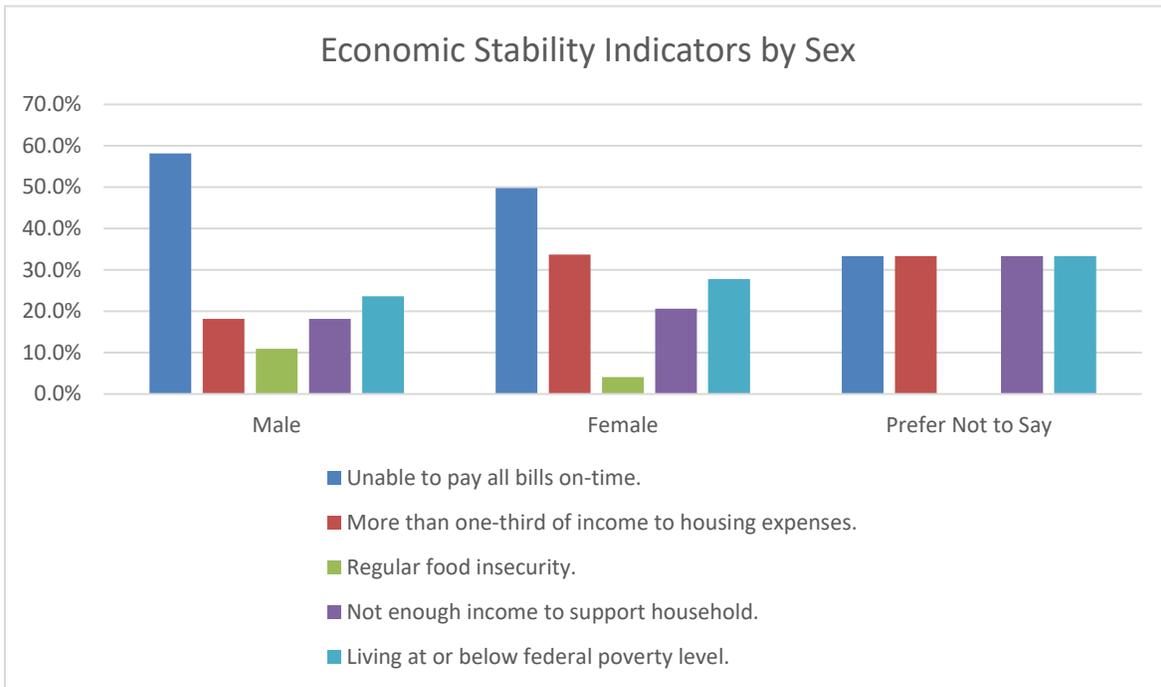


Figure 15: Economic Stability Indicators by Sex

Females made-up 82.1% of total respondents, with males comprising only 16.8%. Just over 1% of respondents chose not to disclose their birth sex. Of all respondents who indicated they were assigned the sex of female at birth on their original birth certificate, 99% still identify as female, while .7% now identify as male, and .3% consider themselves transgendered. One-hundred-percent of respondents who were assigned the sex of male at birth on their original birth certificate currently identify as male. It is interesting to note that all of the respondents (1.1%) who chose not to disclose their birth sex, also chose not to disclose their current gender identity.

Females: Of respondents who indicated female as their birth sex, 50.2% report being able to pay all of their bills on-time. More than one-third (33.7%) of born female respondents state that more than one-third of their household income goes towards paying housing costs. Only 4.1% of born female respondents report that some or all members of their households regularly do not have enough to eat. More than 20% of born female respondents report not having enough income coming in to support their households (20.6%), and 27.8% report that their household lives at or below the federal poverty level.

Males: Of respondents who indicated male as their birth sex, 49.1% report being able to pay all of their bills on-time. Eighteen-point-two percent (18.2%) of born male respondents state that more than one-third of their household income goes towards paying housing costs. Food insecurity is a reality for 10.9% of born male respondents, reporting that some or all members of their households regularly do not have enough to eat. More than 18 percent (18.2%) of born male respondents report not having enough income coming in to support their households (20.6%), and 23.6% report that their household lives at or below the federal poverty level.

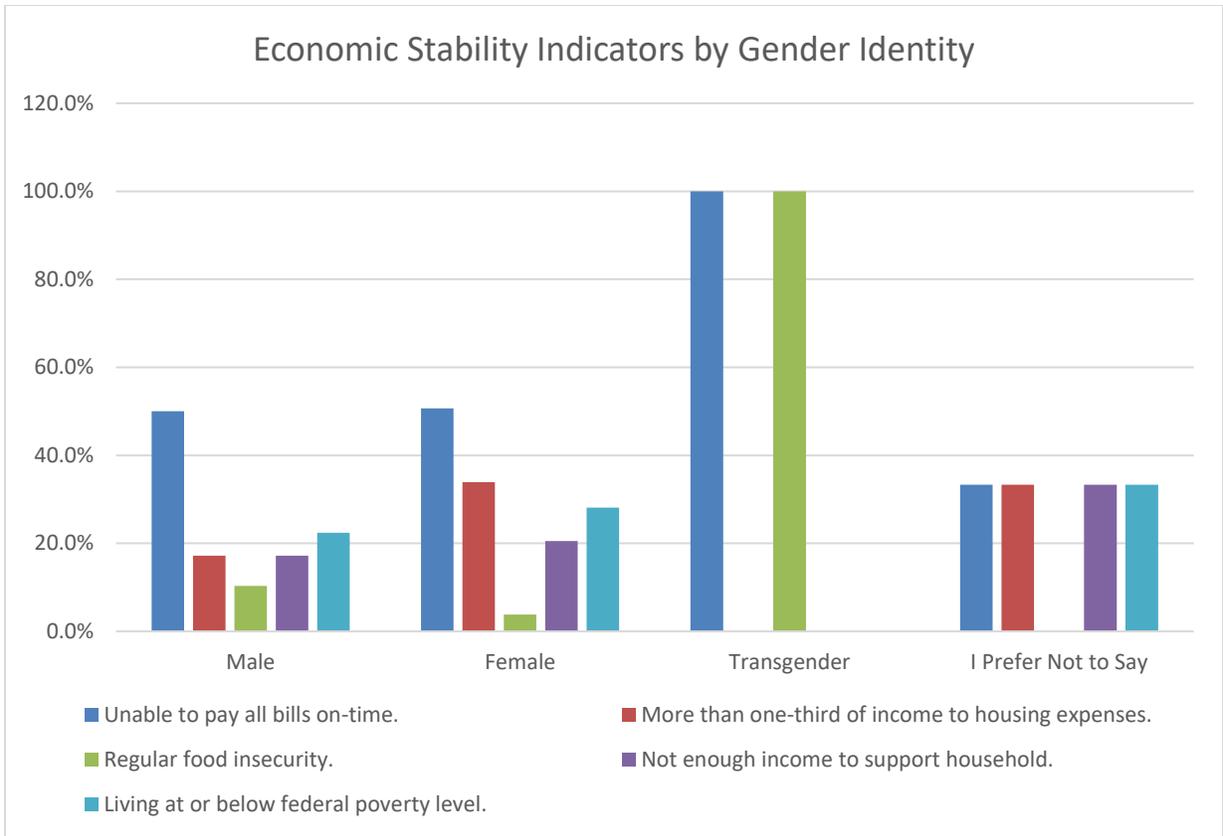


Figure 16: Economic Stability Indicators by Gender Identity

Transgender: The number of participants indicating that they describe themselves as transgendered was low. There are a number of concerns that could be contributing to that low number, including a lack of trust in disclosing their gender identity. For those identifying as transgendered, all indicate that their income is sufficient to support their household, though none responded that they are able to pay all of their bills on-time. Additionally, while none of the respondents identifying as transgendered indicate that they live at or below the federal poverty level, all indicate regular food insecurity within their household.

Prefer Not to Say: An important demographic for us to take notice of with regards to economic stability are those who chose not to disclose their birth sex and/or their gender identity. While we can speculate that a lack of trust/sense of safety and security could be driving these respondents to withhold this information, that remains only an assumption. The responses of those who chose not to disclose their birth sex and those who chose not to disclose their gender identity are similar to one another. Two-thirds (66.7%) indicate that they are able to pay all of their bills on-time. One-third indicate that they are paying more than one-third of their income towards housing costs (33.3%), and 33.3% are living at or below the federal poverty level (33.3%). None of the respondents who chose not to disclose their gender identity or birth sex indicate regular food insecurity within their households.

Economic Stability by Race/Ethnicity

It is important to look at economic stability indicators by race to determine if economic instability is experienced at higher rates for members of racial minority groups. This is especially important in areas such as Pike County and surrounding areas that are lacking in racial diversity so that underrepresented racial minorities are not overlooked. Black and African American respondents to the Individual & Household Survey affirm economic instability at disproportionately high rates, with 83.3% unable to pay all their bills on-time, 66.7% paying more than one-third of their household income for housing expenses, and 27.1% living at or below the federal poverty level.

There is not much racial diversity in Pike County, Ohio. With a population that is 95.2% White, it would be easy to overlook other racial groups because of their lack of representation in the overall population. It is our responsibility to ensure that this does not happen. Black and African-American individuals make-up 1.3% of Pike County’s population and 1.6% of respondents to the Individual & Household Survey. This racial group appears to be experiencing economic instability at a disproportionately higher rate than White respondents.

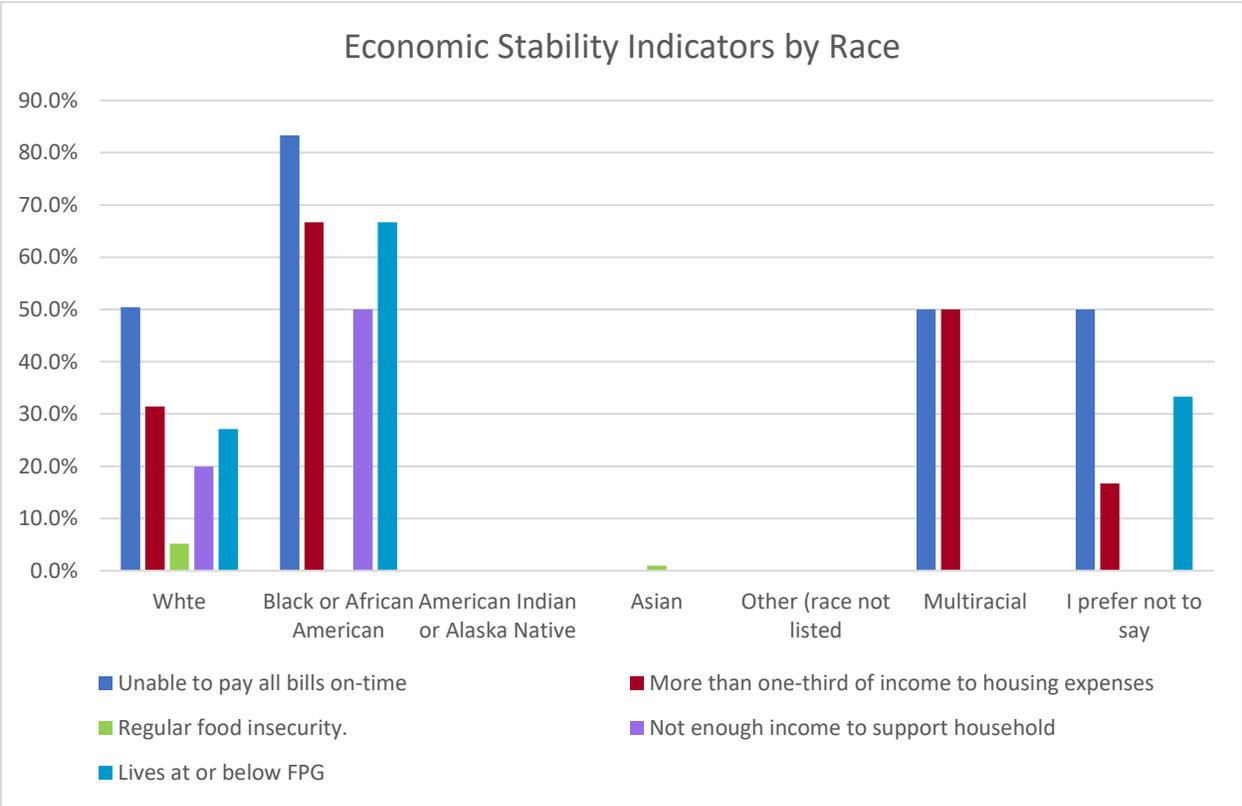


Figure 17: Economic Stability Indicators by Race

KEY FINDINGS AND OPPORTUNITIES: Economic Stability

Economic Stability - General

Pike County, Ohio does not appear to have successfully rebounded from the financial crisis of 2008-2009, which contributed to the loss of many manufacturing jobs. Lost manufacturing jobs were not replaced, leaving a large void in blue-collar employment opportunities for Pike Countians. A renewed focus is needed on economic development, as well on the retraining of the Pike County workforce.

Economic instability is real in our community – regardless of age range, sex, or gender identity. Many respondents to the Individual & Household Survey indicate an inability to pay all their bills on-time, as well as spending an unreasonable proportion of their household incomes on housing expenses.

Regular food insecurity is experienced by 5.2% of survey respondents, indicating that there are many individuals and families living within our community that do not have enough food to eat on a regular basis.

Healthy People 2030 Objectives Related to Our Key Findings:

Reduce proportion of adolescents and young adults who aren't in school or working - AH-09

Reduce the proportion of people living in poverty - SDOH-01

Increase employment in working-age people - SDOH-02

Increase the proportion of children living with at least 1 parent who works full time - SDOH-03

Reduce the proportion of families that spend more than 30 percent of income on housing - SDOH-04

SDOH: Education Access & Quality and Our Community

Education access and quality has been shown to have an impact on healthy behaviors and health outcomes throughout the lifespan. Access to quality education as a child can lead to higher quality of life, including health outcomes, for our children.

Some important data points that point to education access and quality include graduation rates, school and school/district performance. Individuals with low levels of education are more likely to engage in high-risk occupations, earn two-times less income than high school graduates, experience greater job insecurity, poor nutrition, housing instability, overall poorer health, increased risk of obesity, limited activities, and increased middle aged mortality.

The US Census Bureau’s Quick Facts for CAC’s service area shows that our community performs below the average with regards to high school graduation rate, when compared to the average for Ohio and the United States. 85.1% of individuals in Pike County affirmed graduating high school, as compared for 91.1% for Ohio and 88.9% for the entire country. The proportion of individuals in Ohio holding a bachelor’s degree or higher is 29.7%, which is more than twice as high as Pike County at 14.7%.

Variable	Pike County	Scioto County	Jackson County	Adams County	Ohio	United States
High school graduate	85.1%	86.0%	87.4%	83.7%	91.1%	88.9%
Bachelor’s degree or higher	14.7%	16.4%	15.1%	16.0%	29.7%	33.7%

Table 9: Educational Attainment by Service Area County

Ohio School Report Cards

The Ohio Department of Education’s school report card system is designed to provide parents, communities, educators, and policymakers with information about how schools and school districts perform with regards to certain key educational metrics. The purpose of this this information to drive improvements within our schools and to support school districts with their improvement efforts. The goal is to ensure that all students receive high quality education so that they are better prepared to succeed in the future.

School districts receive an overall rating of 1 to 5 stars and can include half-star increments. This overall rating is made-up of five metrics:

Achievement represents whether student performance on state tests met established thresholds and how well students performed on tests overall.

Progress looks closely at the growth that all students are making based on their past performance.

Gap Closing is a measure of the reduction in educational gaps for student subgroups.

Graduation is a measure of the 4-year adjusted cohort graduation rate and the five-year adjusted cohort graduation rate.

Early Literacy is a measure of reading improvement and proficiency for students in kindergarten through third grade.

In general, ratings from 4 to 5 stars indicates that a school district is exceeding state standards. Ratings between 3 and 3.5 stars meet state standards. Ratings from 2 to 2.5 stars indicate that the school district needs support to meet state standards, and ratings from 1 to 1.5 stars indicate a need for additional support for the school district to meet state standards.

In addition to the five metrics that feed the overall rating, an additional component of college, career, workforce, and military readiness looks at how well-prepared students are for future opportunities, whether training in a technical field or preparing for work or college. A description of the star ratings and what they mean follows.

Pike County is home to four distinct school districts: Scioto Valley Local School District, Eastern Local School District, Western Local School District, and Waverly City School District. In total, 4,280 students attend Pike County school districts, with an average attendance rate of 91.6% and an average 4-year graduation rate of 93.9%.

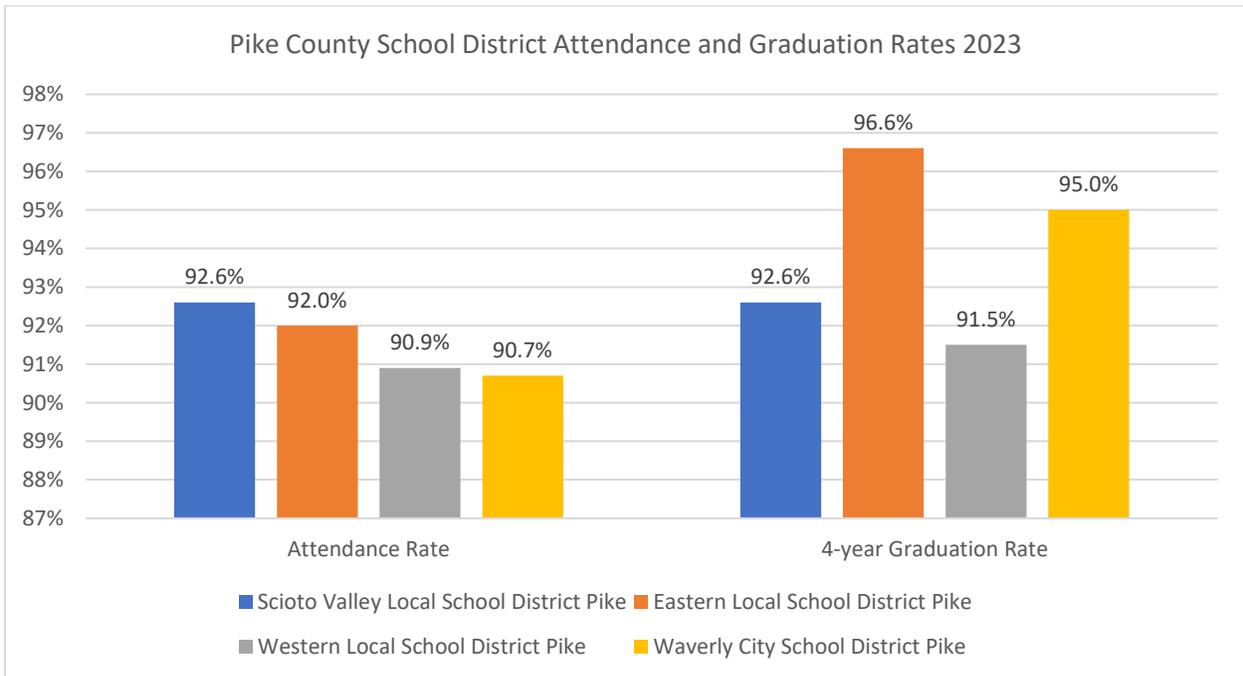


Figure 18: Pike County School District Attendance and Graduation Rates 2023

Pike County School Districts received overall star ratings ranging from 3.0 to 3.5 stars. Our schools appear to struggle with early literacy for students in kindergarten through grade three with an average early literacy score ranging from a low of 51.5% (Western Local) to a high of 67.2% (Eastern Local). Additionally, the school districts in Pike County scored low on the college, career, workforce, and military readiness metric, with an average score of just 35.5%.

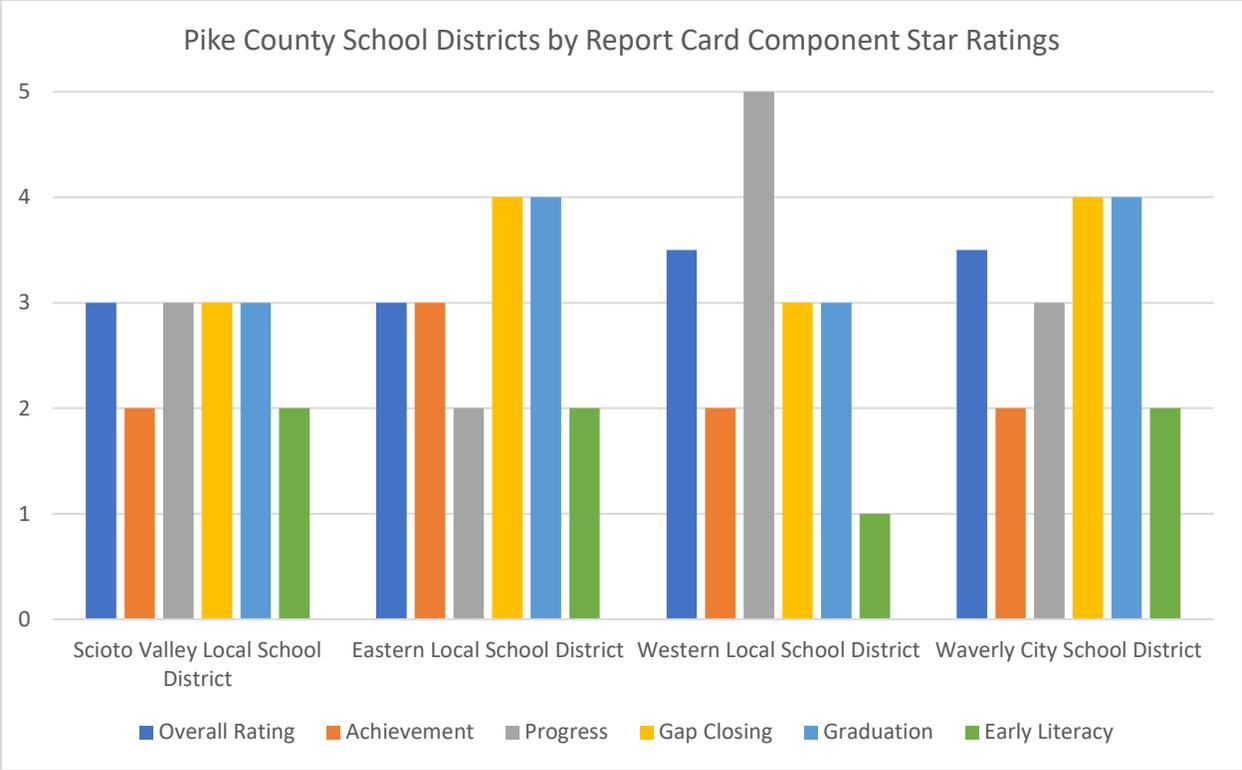


Figure 19: Pike County School District Report Card Component Star Ratings

Individual & Household Survey Respondents and Education

Seventy-five percent of respondents indicate educational attainment of at least a high school diploma. This number does not include respondents who affirmed trade school or apprenticeship, as there is no

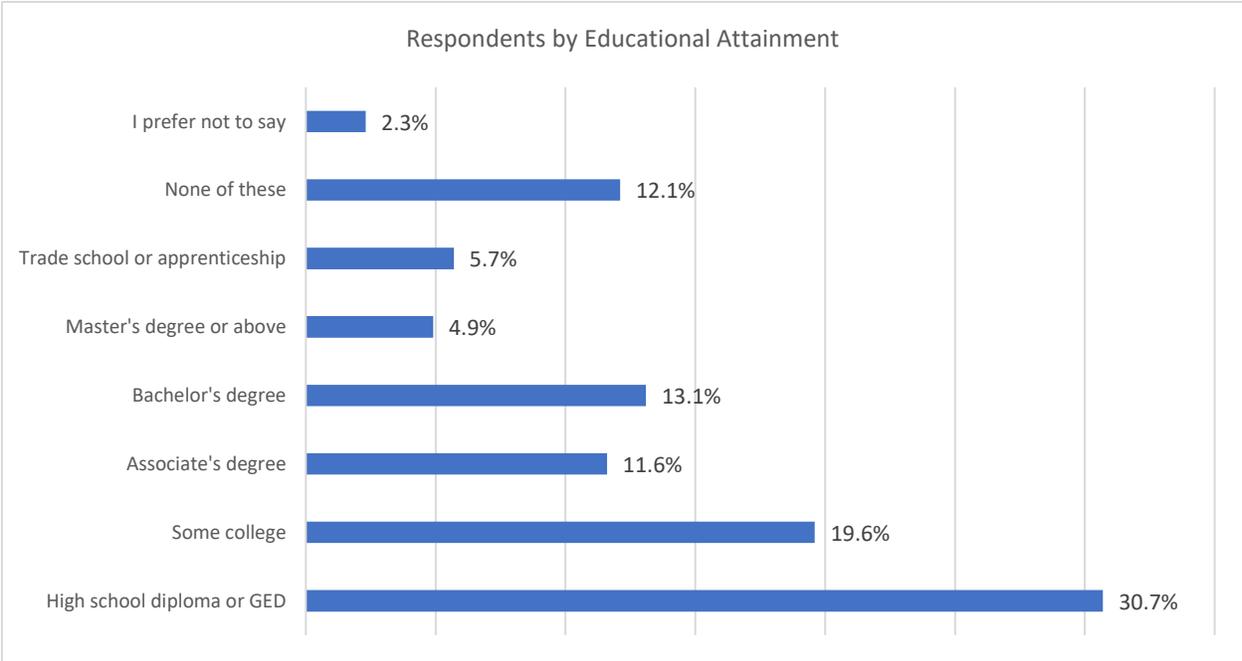


Figure 20: Respondents by Educational Attainment

way to determine through our data if their specific trade school or apprenticeship requires a diploma or GED as a prerequisite.

Educational Attainment by Age Range

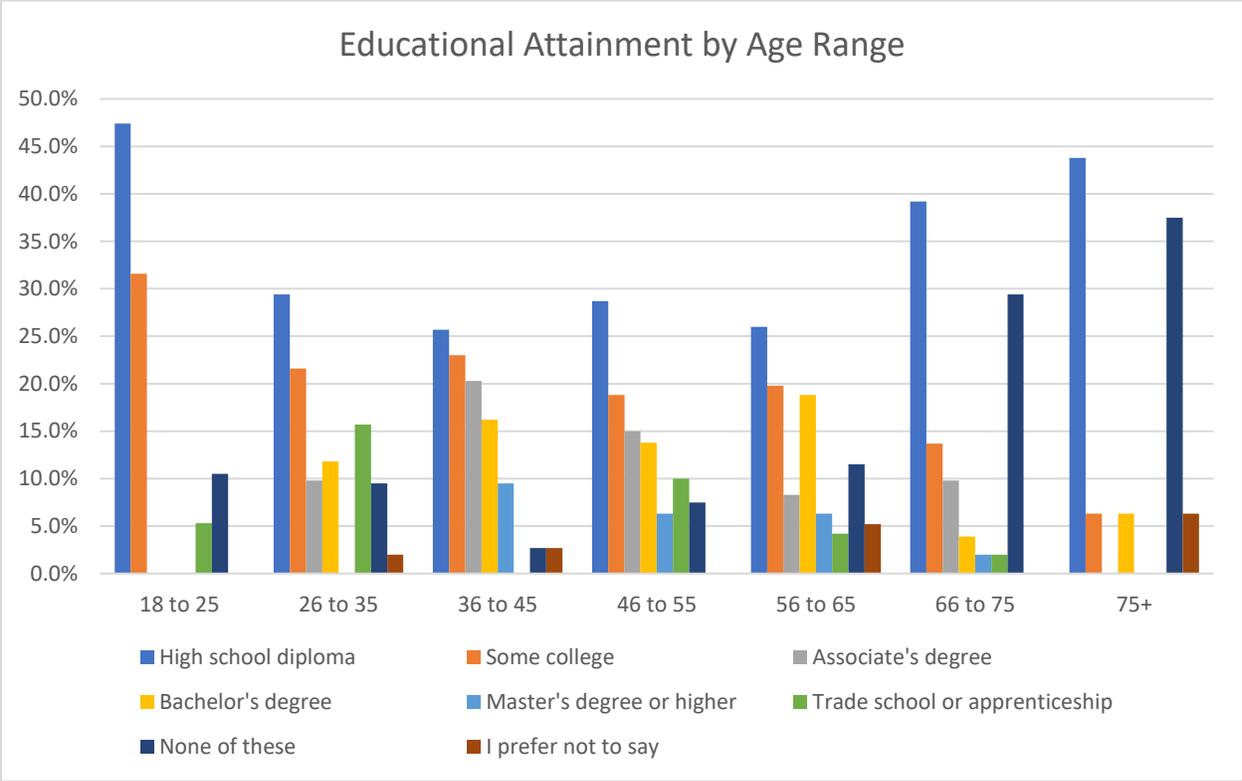


Figure 21: Educational Attainment by Age Range

Educational Attainment by Sex: A closer look at educational attainment by birth sex shows that males were more likely to not graduate than females, with 23% of male respondents selecting “none of these” as their highest level of educational attainment, as opposed to 9.7% of female respondents. Males were overwhelmingly more likely than females not to pursue education beyond high school, with 44.3% of male respondents indicating high school as the highest level of educational attainment, as opposed to 27.5% of females. Female respondents were more than twice as likely to indicate a bachelor’s degree as their highest level of educational attainment. Male (4.7%) and female (4.9%) respondents were nearly equal with regards to the proportion of respondents indicating a master’s degree or higher as their highest level of educational attainment. It is interesting to note that no male respondents selected “trade school or apprenticeship” as their highest level of educational attainment.

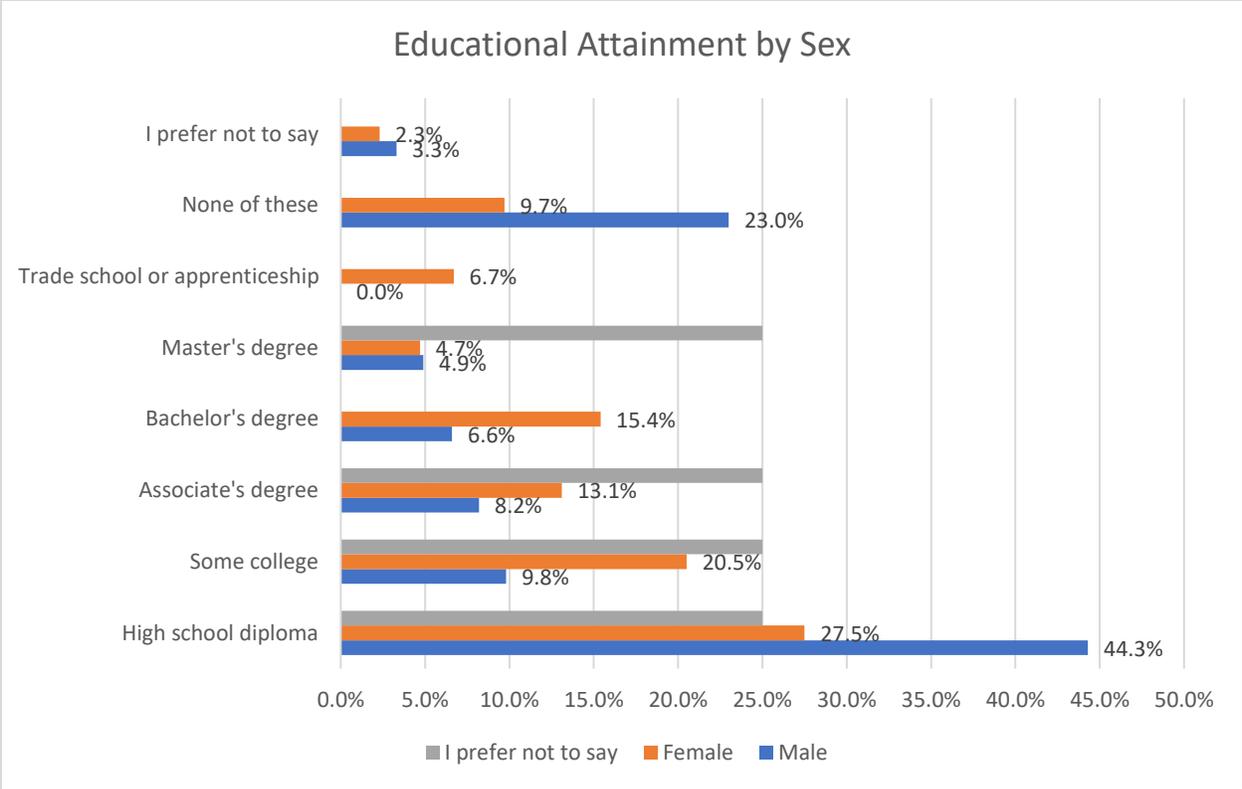


Figure 22: Educational Attainment by Sex

Educational Attainment by Race/Ethnicity: White respondents to the Individual & Household Survey are more likely to pursue education beyond a high school diploma or GED, with only 30% of White respondents indicating high school as being the highest level of education attained. Black/African American, Multiracial, and American Indian/Alaska Native respondents were more likely to report high school as being their highest level of education attained, with 50% of respondents from each racial group indicating as such.

In terms of race, non-white survey respondents are not realizing educational attainment beyond high school at the same rate as White respondents. This suggests a need for more focus on preparing racial minority students for life readiness, be it college, career, workforce, or military.

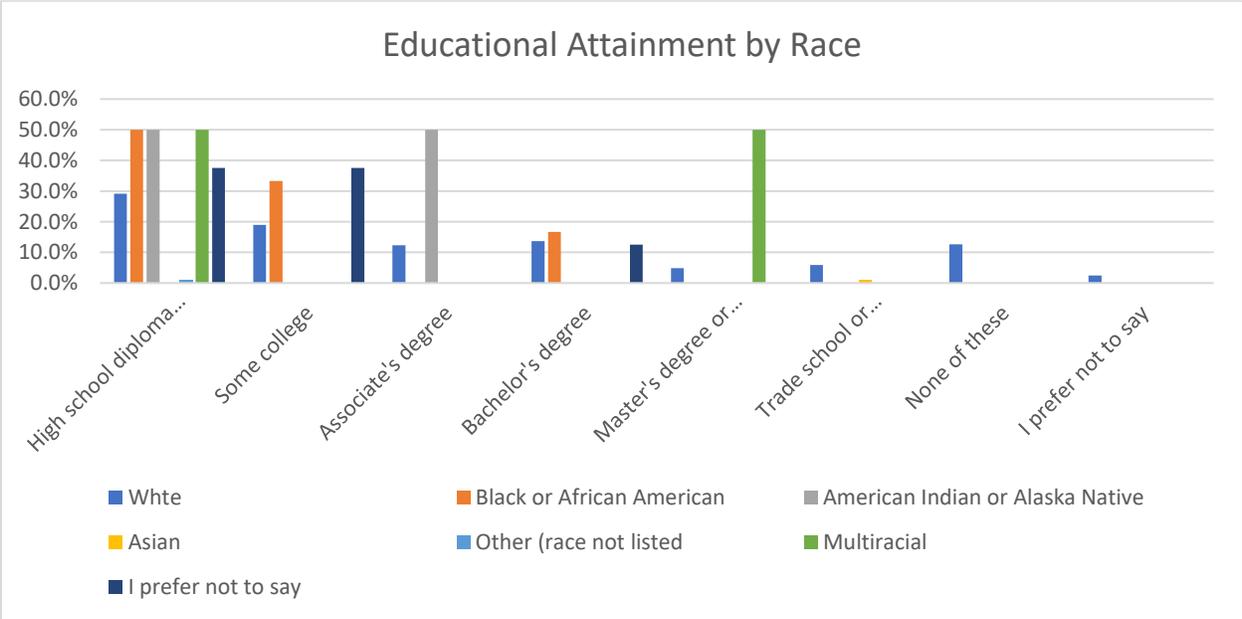


Figure 23: Educational Attainment by Race

KEY FINDINGS AND OPPORTUNITIES: Education Access & Quality

Early Literacy: Pike County school districts scored very low on the Early Literacy component of the Ohio School Report Card for 2023. Ranging from a low of 1 star to a high of only 2 stars, Pike County school districts struggle to prepare our kindergarten through 3rd grade students for their remaining educational careers. The component of Early Literacy is comprised of 3rd grade reading proficiency, promotion to 4th grade, and Improving K-3 literacy. The supports employed related to early literacy, such as vocabulary development, self-expression, and reading comprehension, are tools that students need to become successful readers and lifelong learners. Improvement in the area of early literacy is needed.

College, Career, Workforce, and Military Readiness: College, Career, Workforce, and Military Readiness is a component scored in the Ohio School Report Card. Across Pike County and the rest of our service area, school districts scored low on this factor. That translates to low proportions of our young adult demographic leaving the school districts in our area with the skills and credentials necessary to help ensure their future success. This lack of preparedness contributes to the lower than average number of Pike Countians completing college degrees, engaging in military service, and completing trade school or apprenticeship programs. These post-high school educational opportunities help people qualify for better paying jobs, which contributes to greater economic stability within Pike County households. More emphasis on life readiness is needed in order to help ensure future success and economic stability of the individuals and households in our community.

Healthy People 2030 Objectives Related to Our Key Findings:

Increase the proportion of children who are developmentally ready for school - EMC-D01

Increase the proportion of children who participate in high-quality early childhood education programs - EMC-D03

Increase the proportion of children and adolescents who get preventive mental health care in school - EMC-D06

SDOH: Healthcare Access & Quality and Our Community

Medically Underserved Area (MUA)

The Health Resources & Services Administration reviews the availability of health care services and identifies geographical areas and populations that have a shortage of such. A Health Professional Shortage Area (HPSA) is a distinct geographical area, population, or facility that has a shortage of primary, dental, or mental health care providers. HPSA scores are used by the National Health Service Corps to determine priorities for the assignment of clinicians. Scores range from 1 to 25 for primary care and mental health and from 1 to 26 for dental health. Higher HPSA scores indicate greater priority. A Medically Underserved Area/Population lacks sufficient primary care services, has a high infant mortality rate, and a high poverty rate or elderly population. The counties within the CAC service area hold the following HPSA and MUA designations:

County	Care Area	Designation #	Type	Description	First Designated	Designation Score
Pike County	Primary Care	1364584585	HPSA	Low income population HPSA	2018	17
Pike County	Dental Health	6394734013	HPSA	Low income population HPSA	1997	17
Pike County	Mental Health	7396071353	HPSA	Multi-county geographic HPSA	2021	13
Pike County	Primary Care	02623	MUA	Medically Underserved Area (MUA)	1984	54.3
Scioto County	Primary Care	139146400	HPSA	Low income population	2012	18
Scioto County	Dental Health	6392661585	HPSA	Low income population	2000	19
Scioto County	Mental health	7395382934	HPSA	Multi-county geographic HPSA	2007	16
Scioto County	Primary Care	02626	MUA	Medically Underserved Area (MUA)	1978	59.8
Jackson County	Primary Care	1398367969	HPSA	Low income population	2018	17
Jackson County	Dental Health	6398985399	HPSA	Low income population	2005	17
Jackson County	Mental Health	7392948476	HPSA	Multi-county High needs geographic HPSA	1980	16

Jackson County	Primary Care	02617	MUA	Medically Underserved Area (MUA)	1978	58.3
Adams County	Primary Care	1397150113	HPSA	Low income population	2019	18
Adams County	Dental Health	6395612768	HPSA	Low income population	1993	19
Adams County	Mental Health	7395382934	HPSA	Multi-county geographic HPSA	2007	16
Adams County	Primary Care	02608	MUA	Medically Underserved Area (MUA)	1978	47.9

Table 10: MUA and HPSA Designations in CAC Service Area

According to the American Medical Student Association (AMSA), rural areas of the country are experience the most severe physician shortages in the country. This is because rural communities struggle to attract health care providers. Medical school graduates are more likely to go to work in a rural community if they grew up there. However, fewer and fewer rural students are going into medicine (AMSA, 2023).

Valley View Health Centers

HRSA has established a number of Federally-Qualified Health Centers (FQHC), including CAC’s Valley View Health Centers (VVHC), as well as other facilities, to provide health care services to the low-income populations of our service area. Patients of VVHC are able to access primary care, mental health, dental, and (limited) vision services, regardless of their ability to pay.

In 2022, VVHC served 14,649 unique patients. Of those patients, 9,883 report being at or below 100% of the federal poverty guidelines, and another 2,146 report being between 101 and 200% of FPG. It is important to note that an additional 1,635 patients of VVHC did not provide income information. Nearly 9,000 patients report Medicaid as their primary medical insurance, while 550 patients report being uninsured.

Valley View Health Centers patients engaged for 25,056 medical clinic visits, 12,084 dental visits, 5,845 mental health visits, and 214 vision care visits. An additional 1,575 visits were made for enabling services, substance use disorder, and other professional services. That is a total of visits to VVHC in 2022.

Health Factors

Eight-point-six percent (8.6%) of Pike County residents under the age of 65 do not have health insurance. Scioto County (8.0%), Jackson County (8.2%) and Adams County (9.5%) are underinsured as well.

The counties in the CAC service area rank poorly with regards to health outcomes. Health Outcomes tell us how long people live on average within a community and how much physical and mental health people experience in a community while they are alive. Out of Ohio’s 88 counties, Scioto County is ranked 88th for health outcomes. Pike County is ranked 87th, Jackson County 83rd, and Adams County comes in at 81st. This means that the individuals living in our community tend to have shorter life spans and lower levels of physical and mental health.

Health Factors are things that we can improve upon to live longer and healthier lives. Health Factors include health behaviors such as smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections. With regards to Health Factors, again, the counties in the CAC service area rank poorly with Adams County ranked 88th, Scioto County at 87th, Pike County at 84th, and Jackson County at 80th.

Call for Expanded School-Based Healthcare

In March of 2022, Ohio Governor Mike DeWine announced \$25.9 million for expanded school-based health centers. The aim of this funding is to create a total of 29 new school-based health centers and to “expand services in 107 existing school-based health centers (Governor, 2022). These new or expanded clinics will provide school-aged children with primary care and preventive care services during their school day, with the potential for some clinics to offer vision, dental and behavioral health options. This whole child approach allows for students to come to school “healthy, and ready to learn” and has proven effective in closing the health care gap for children in underserved communities.

CAC operates one school-based health center within the Manchester Local School District. Conversations are underway regarding the expansion of this school-based clinic. Additionally, CAC is engaging with two additional area school districts to establish school-based health care for their students.

Respondents by SDOH: Health Care Access and Quality Factors

Twenty-two percent (22%) of respondents indicate that they cannot afford their share of health care costs, and 20.3% indicate that the cost of prescription medication is more than they can handle. Lack of insurance is a barrier to receiving health care for 11.9% of respondents, followed by transportation (8.8%) and child care (5.3%). Thirteen-point-seven percent of respondents indicate that they have not had a preventive or well health care visit within the last 12 months. More than one quarter (26.4%) of respondents indicate that they are not up-to-date on at least one routine health care screening.

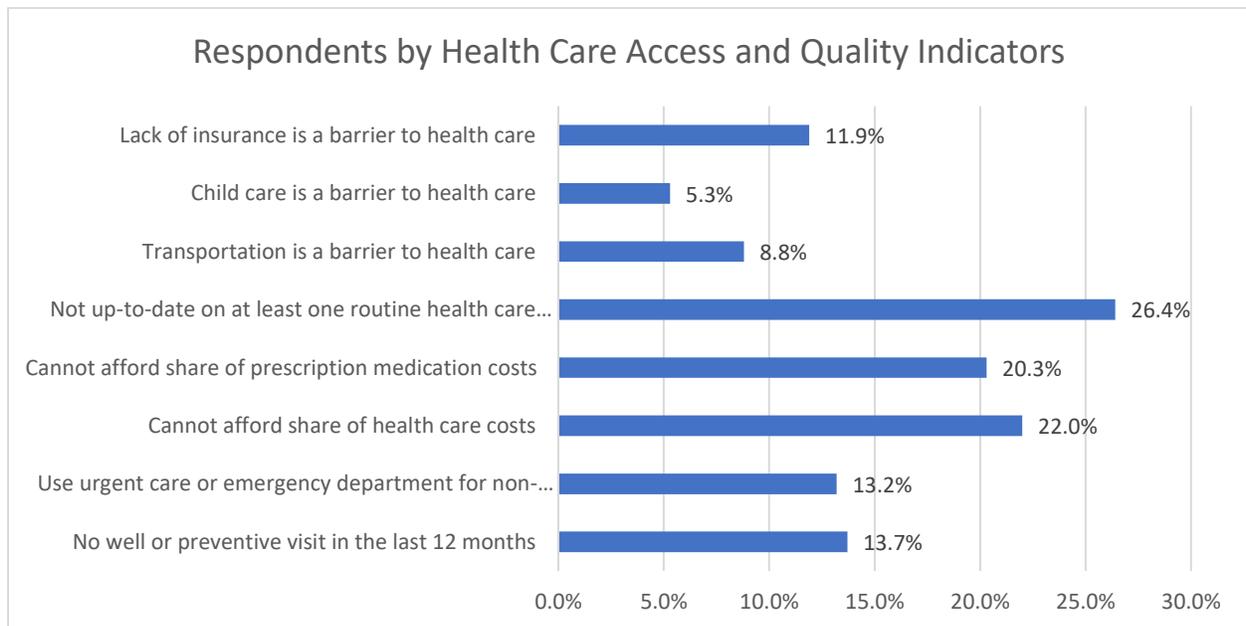


Figure 24: Respondents by Health Care Access and Quality Indicators

SDOH: Health Care Access and Quality by Age Range

Looking at health care access by age range, we can try to understand the specific struggles faced within our community. Respondents from 18 to 46 years old indicate that the greatest barrier to health care for them is the ability to take time-off from work for appointments, with 43.8% of 18-25 y/o, 39.4% of 26-35 y/o, and 27.3% of 36-45 y/o affirming it to be an issue for them. Respondents in the 56-65 y/o and the 76+ y/o age ranges indicate that their biggest barrier to health care is the lack of sufficient internet to support telehealth. A large number of respondents in all age ranges indicate that health care and/or prescription medication affordability prevent them from accessing the health care they need. Insurance concerns (either lack of insurance or non-acceptance of insurance) is an issue for respondents up to age 65. Insurance related concerns appear to be diminished and eventually eliminated at the point of Medicare eligibility.

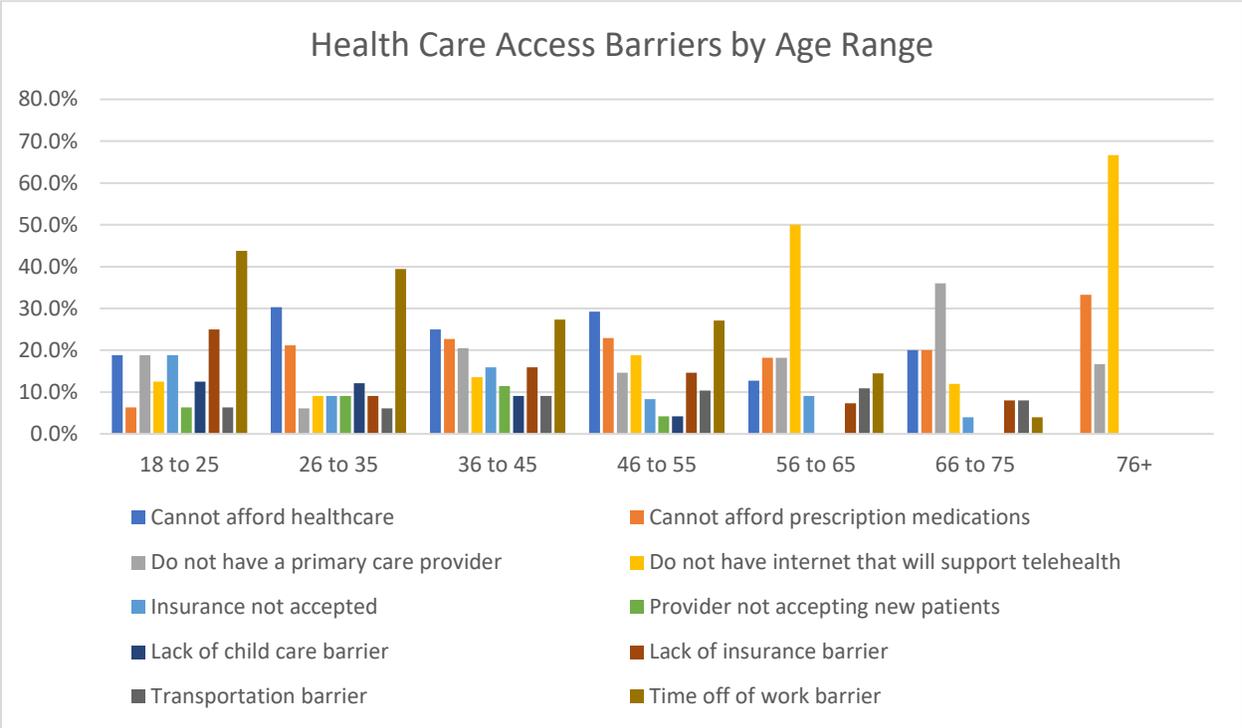


Figure 25: Healthcare Access Barriers by Age Range

A large number of respondents (48.9%) indicate that they do not live in a smoke-free household. Household exposure to smoke appears to increase with age range. Consistently across age ranges, respondents are not keeping up with routine screenings. A large proportion of respondents age 18 to 65 indicate unmet emotional, behavioral, or mental health needs in their households.

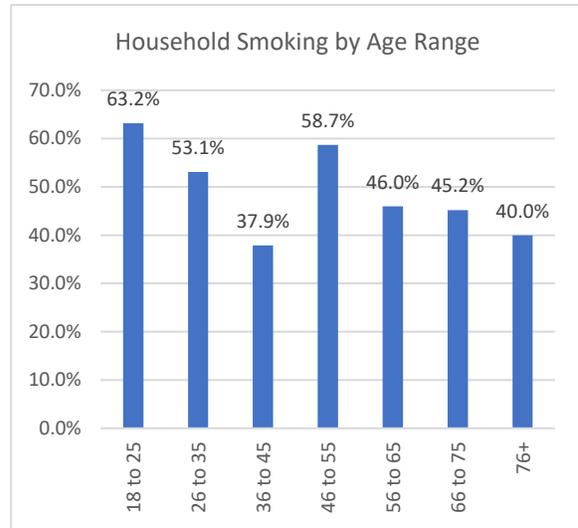


Figure 26: Household Smoking by Age Range

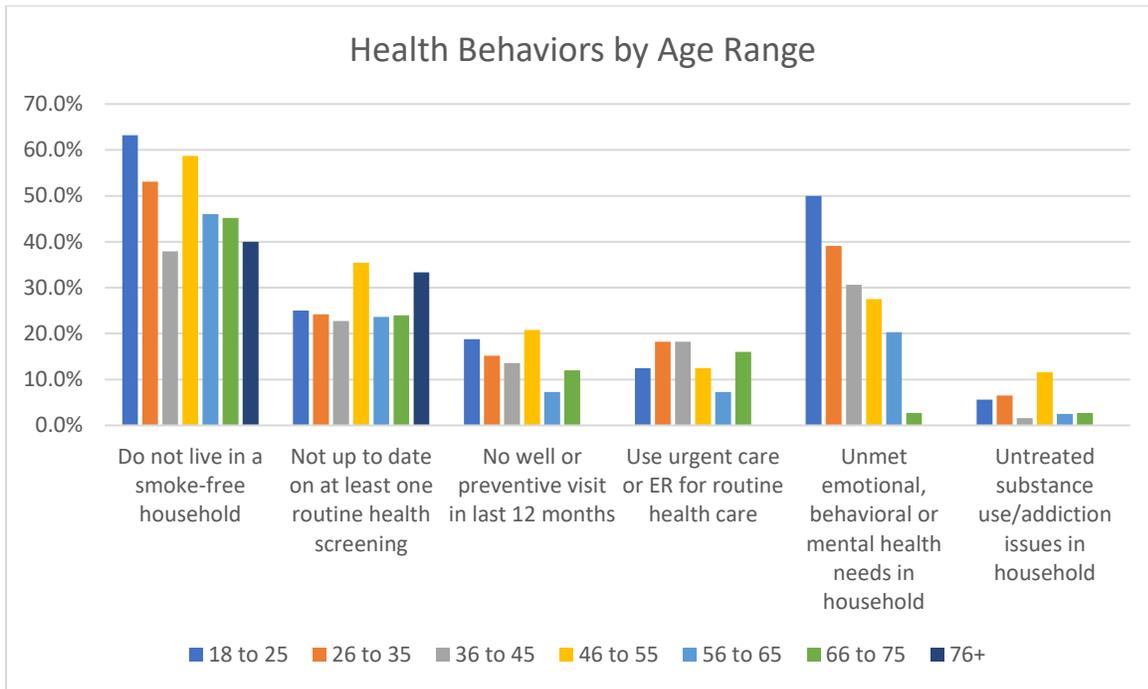


Figure 27: Health Behaviors by Age Range

Health Care Access and Quality by Sex

Respondents affirm a number of barriers to health care, which do not appear to increase depending on birth sex, including transportation, lack of insurance, and child care. A disproportionately large number of males report not having sufficient internet service to support telehealth visits (27.3%) and not having a primary care provider (24.2%). Females report greater difficulties taking time-off of work for health care-

related activities (25.8%), as well a general inability to afford health care (24.7%) and prescription medications (20.4%).

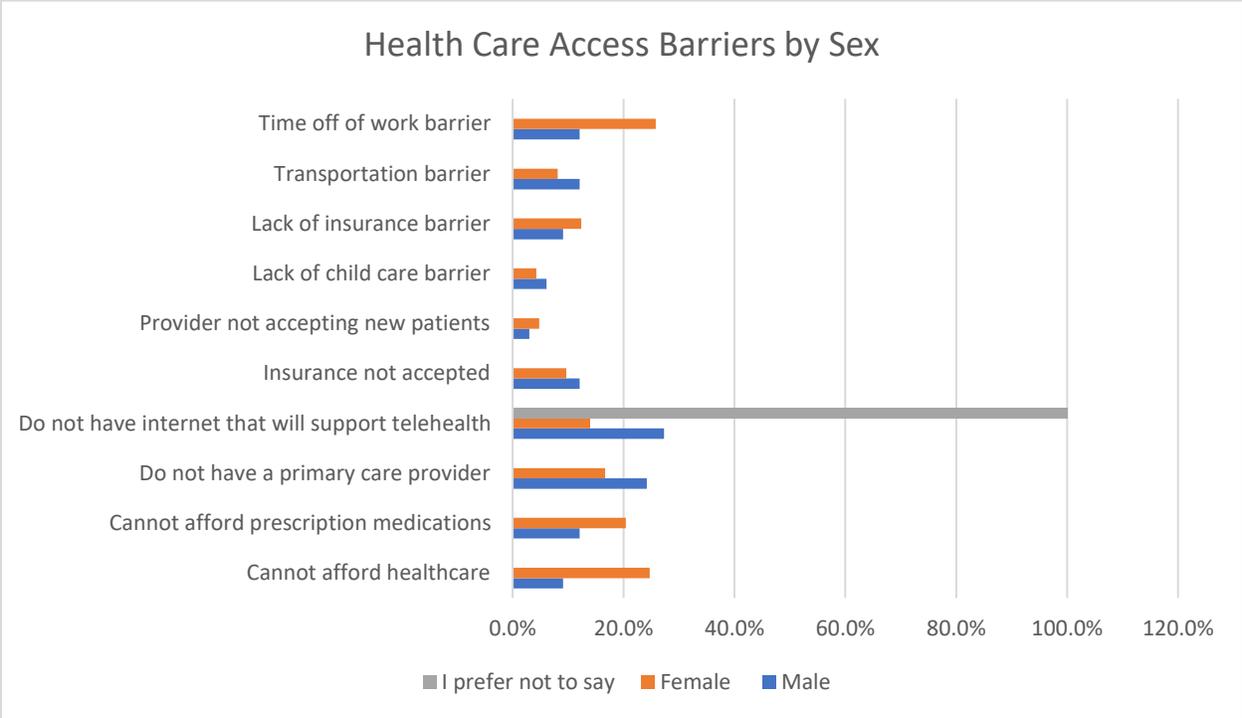


Figure 28: Health Behaviors by Sex

Female respondents are more likely to live in a smoking household (50.7%) than males (41.2%). Additionally, females are more likely to not be current on at least one routine health screening (29%) than males (15.2%). Females also reported in greater frequency having unmet emotional, behavioral, or mental health needs within their household (26.8%) as compared with males (18.4%).

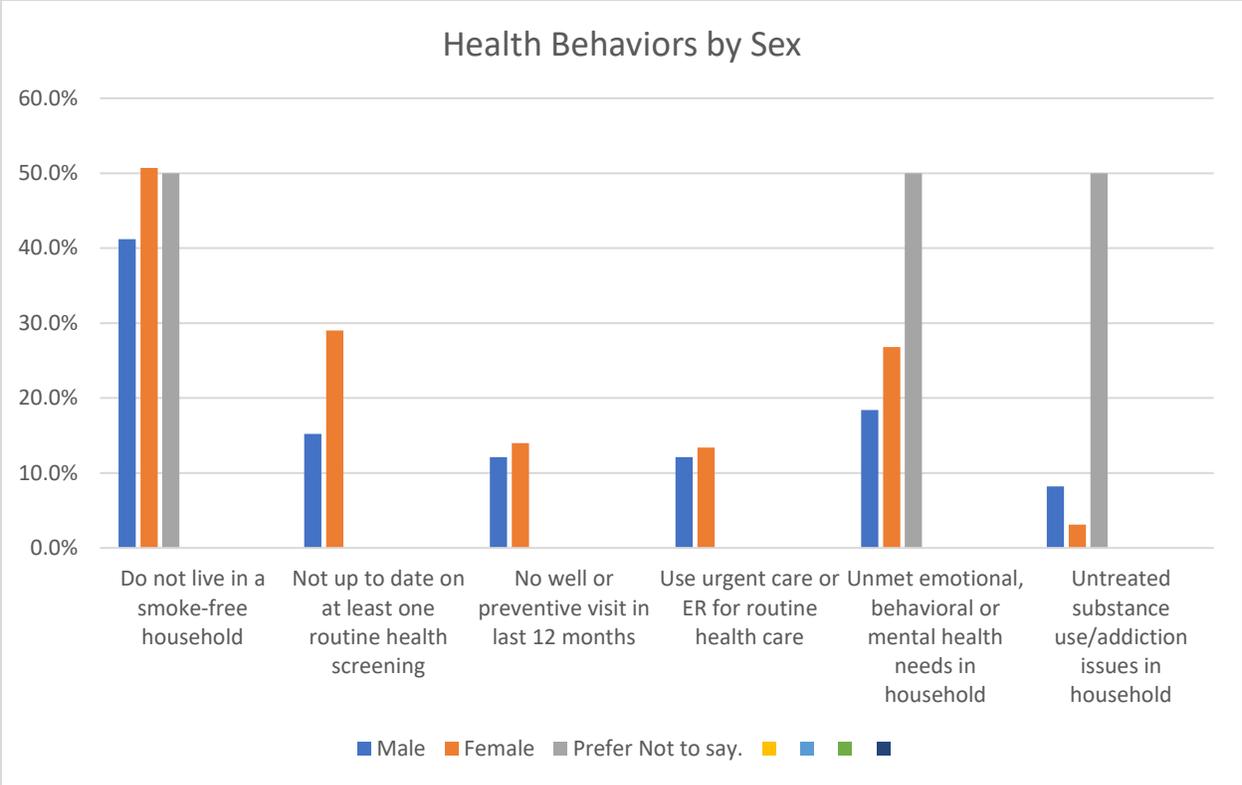


Figure 29: Health Behaviors by Sex

KEY FINDINGS AND OPPORTUNITES: Health Care Access and Quality

Primary Care Access

A large proportion of respondents to our Individual & Household Survey indicate that they do not have a primary care provider. Additionally, they are not having regular well/preventive health care visits and are not keeping up-to-date with routine health screenings. This is a multi-faceted problem that will require careful study, education, planning, and advocacy to remedy. Barriers (to primary care) include lack of providers, as evidenced by the HRSA MUA and HPSA designations for all counties within our service area, the high cost of health care and related prescription medications, difficulty taking time off of work for health care appointments, and insurance concerns. Males are more likely to not have a primary care provider than females.

Emotional, Mental, and Behavioral Health Access

A large proportion of respondents to our Individual & Household Survey indicate that there are unmet emotional, mental, or behavioral health issues within their households. Add to that the HPSA designations for Pike, Scioto, Jackson and Adams Counties for mental health services, and one can see the need for focus on increasing mental health services within our service area. Same as for primary care, lack of providers, health care and medication costs, work-related restrictions, and insurance concerns place barriers in the way of accessing mental health care and services. Females are more likely to have trouble taking time off of work for health care than men, and are more likely to indicate having unmet mental health needs within their household.

Women's Health Care

Many female respondents (29%) indicate that they are not up-to-date on at least one routine screening. This includes, but is not limited to female cancer screenings (i.e. pap smear, mammogram, breast exam).

Dental Care Access

While we did not include questions specifically related to dental care in the individual and household survey, we cannot overlook the dental care desert that our service area lies within. All four counties of our service area hold HPSA designations for dental services. There are a limited number of general dentists in our service area who accept Medicaid, with only two dentists practicing in Pike County who do. Specialty dental care for low income individuals in our community becomes even more of a challenge, as specialty dental providers who accept Medicaid insurance(s) often have long waits for appointments and require travel over long distances for patients to get to appointments.

Insurance

Many survey respondents indicate being uninsured. Additionally, many indicate that they struggle to find health care providers that accept their insurance.

Health Care and Prescription Costs

The cost of health care and related prescription medications is a concern within our community, with a large number of survey respondents indicating that these costs present barriers to their access of needed healthcare.

School-Based Health Centers

Within our underserved service area lies great opportunity for expanding school-based healthcare services for school-aged children. This approach can help students get the services they need with minimal disruption to their school day and without a parent or guardian needing to leave work for this purpose.

Healthy People 2030 Objectives Related to Our Key Findings:

- Increase the proportion of adults who get recommended evidence-based preventive health care - AHS-08
- Increase the proportion of adolescents who speak privately with a provider at a preventive medical visit - AH-02
- Increase the proportion of adolescents who had a preventive health care visit in the past year - AH-01
- Increase the proportion of females who get screened for breast cancer - C-05
- Increase the proportion of females who get screened for cervical cancer - C-09
- Increase the proportion of adults who get screened for lung cancer - C-03
- Increase the proportion of adults who get screened for colorectal cancer - C-07
- Increase the proportion of people with a substance use disorder who got treatment in the past year - SU-01
- Reduce the proportion of people who can't get prescription medicines when they need them - AHS-06
- Increase use of the oral health care system - OH-08
- Reduce the proportion of people who can't get medical care when they need it - AHS-04
- Increase the proportion of people with a usual primary care provider - AHS-07
- Increase the proportion of people with health insurance - AHS-01
- Increase the proportion of people with prescription drug insurance - AHS-03
- Reduce the proportion of people under 65 years who are underinsured - AHS-R03
- Reduce the proportion of people who can't get the dental care they need when they need it - AHS-05
- Increase the proportion of people with dental insurance - AHS-02
- Increase the proportion of low-income youth who have a preventive dental visit - OH-09

SDOH: Neighborhood & Built Environment and Our Community

Ohio Department of Development Broadband Profile

According to the Ohio Department of Development, 76% of the geographical area and 50% of households in Pike County do not have access to internet service with a minimum connection speed of 25/3 Mbps. As of 2021, 327 mi² of Pike County’s 430 mi² was unserved. This means that internet access is a barrier for 6,773 (of 13,650) Pike County households, preventing them from participating fully in day-to-day life, including but not limited to engaging in gainful employment, integrating into educational programs, and connecting with needed health care services.

The following infographic shows a visual representation of Pike County’s connectivity desert:

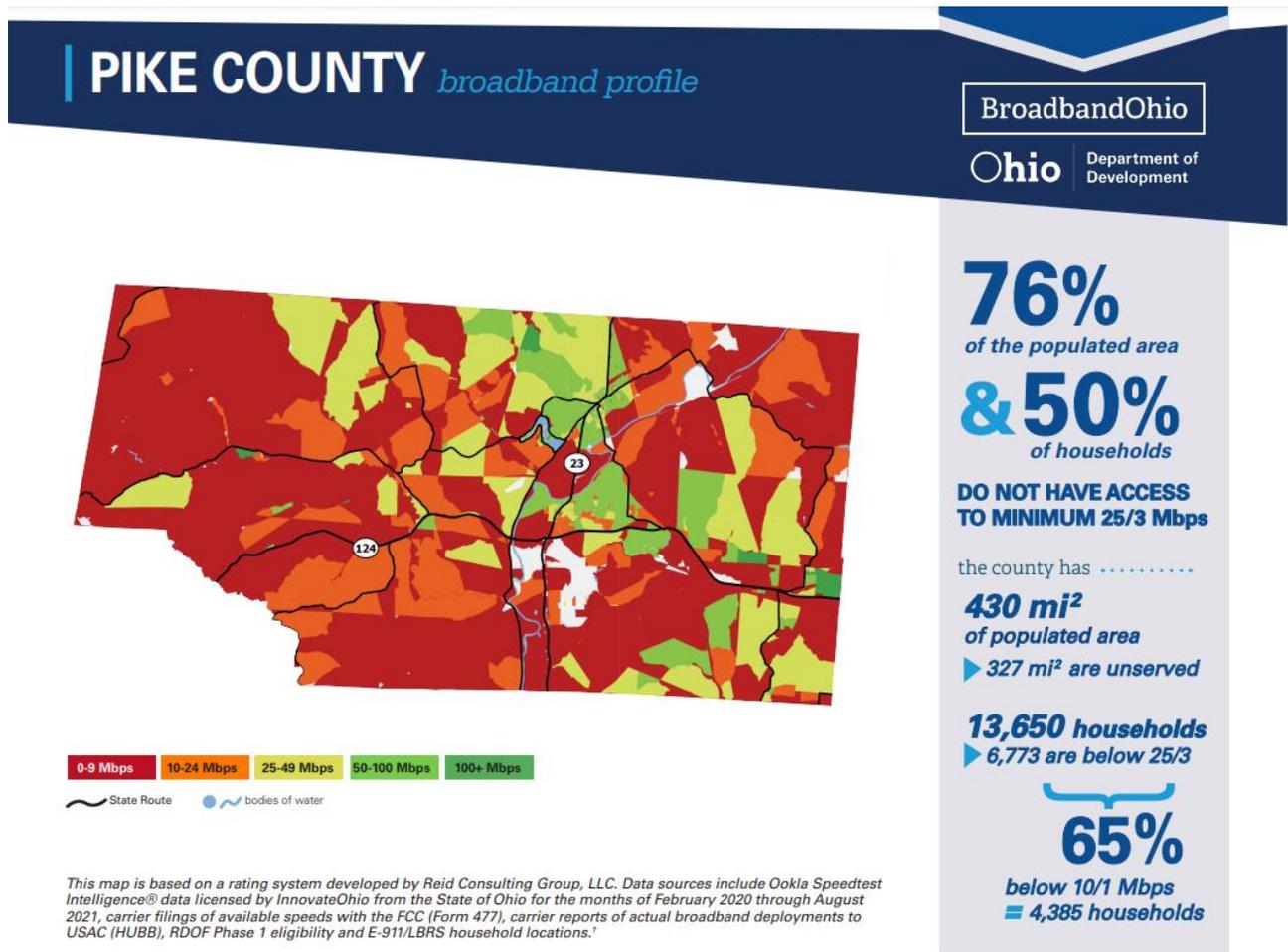


Figure 30: Infographic showing Pike County Broadband Profile

Pike County Transit Options

Pike County is served by the Community Action Transit System (CATS), a program of the Community Action Committee of Pike County. Not unlike other transit programs in primarily rural geographical areas, the services provided by CATS are primarily focused on providing on-demand transportation. CATS has recently begun providing deviated fixed route services within the city of Waverly during the limited hours

of 9:00 – 4:30 pm Monday through Friday and 9:00 am – 2:30 pm on Saturdays. While this represents an improvement in that no fixed route services were previously provided, evening hours during the work week and the majority of the weekends remain unserved, as does the rest of the county. This lack of routed transit is limiting to individuals and families in our service area with regards to their ability to travel freely for work, religious, social, and recreational activities or to run errands.

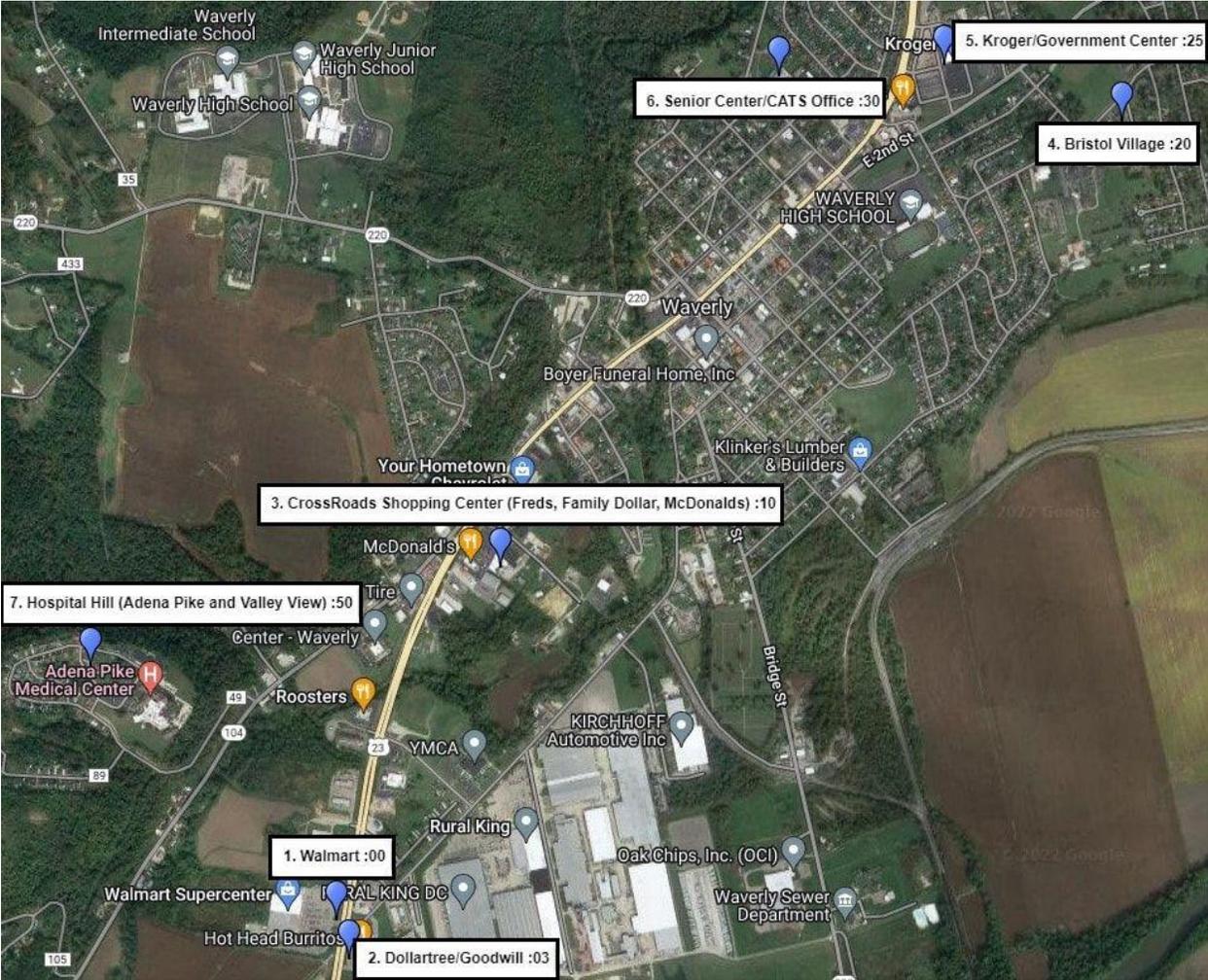


Figure 31: CATS Fixed Transit Route Map

Respondents by Neighborhood and Built Environment Indicators

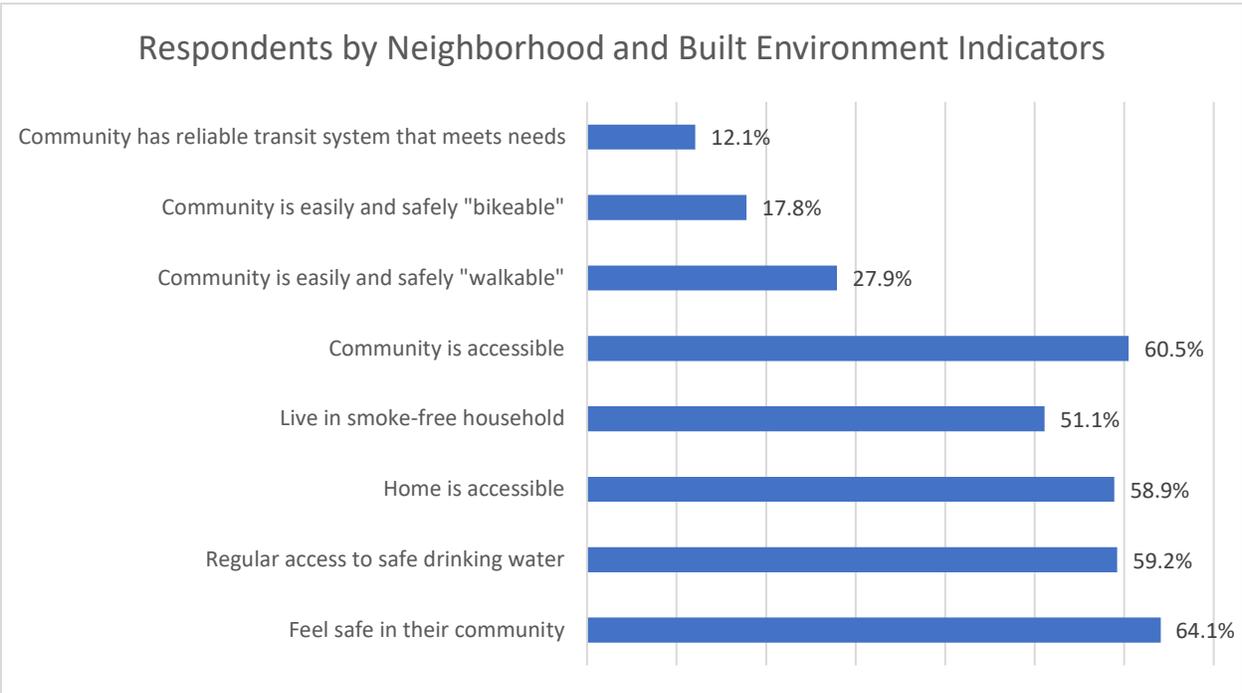


Figure 32: Respondents by Neighborhood & Built Environment Indicators

Data from our Individual & Household survey suggests that broadband access is an issue for our community members – regardless of age range. However, respondents in the 18 to 25-year-old range, and those 66 and over appear to lack broadband access in greater proportions than other age ranges.

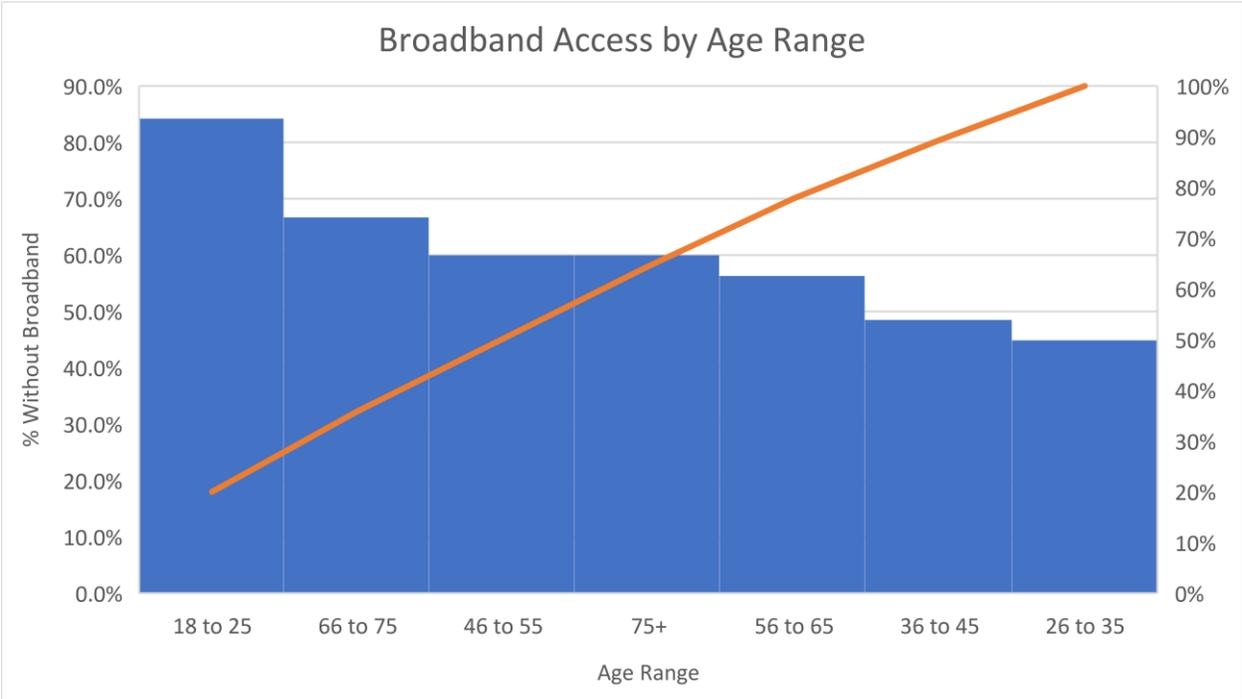


Figure 33: Broadband Access by Age Range

This connectivity desert was further defined through conversations in our focus groups. Specifically, one senior citizen participant was quoted as saying, “Everything happens on the internet. They want you to pay your bills there, shop there, and even see your doctor there. It doesn’t work for everyone. For people in my generation, it is more than just getting on the internet. We don’t really know what to do once we get there. So, we need to be able to get on there and know how to do the things we need to do.”

Transportation

Overwhelmingly, respondents to our Individual & Household Survey recognize the lack of reliable transit services within our communities, with more than 87% unable to affirm having access to reliable transit services to get them to and from work and other activities. This holds consistently across all age ranges of respondents. By age range, we also see consistency regarding a lack of transportation being a barrier to health care access. Not including the 76+ age demographic, the transportation barrier was identified by at least 6% of respondents in all age ranges, with the 56 to 65 y/o group having the highest response at 10.9%.

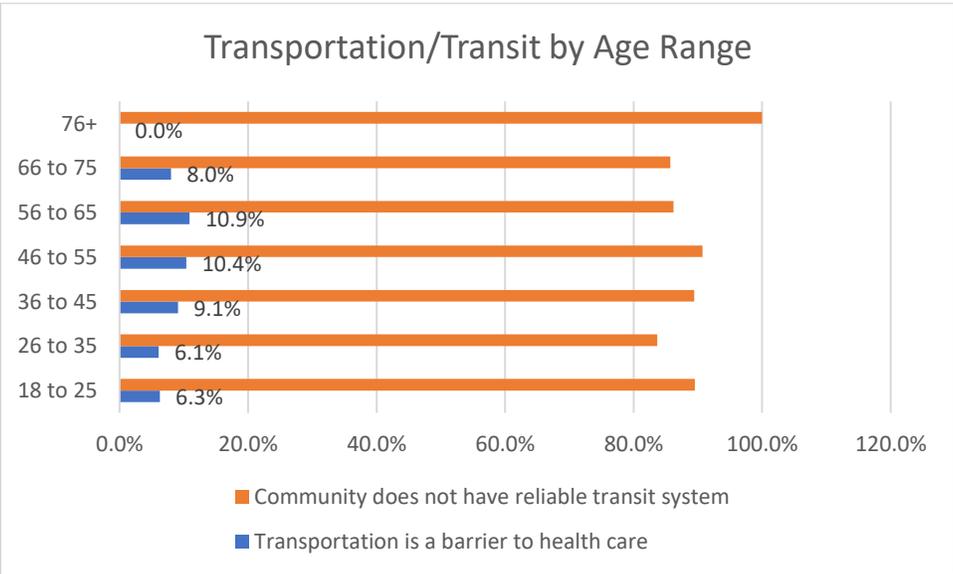


Figure 34: Transportation/Transit Responses by Age Range

KEY FINDINGS AND OPPORTUNITIES: Neighborhood and Built Environment

Broadband Internet Access and Connectivity

Broadband access and internet literacy emerged as a key finding of this Community Needs Assessment. Pike County has already been identified by the Department of Development for its lack of broadband access. This inability to reliably connect at high speeds can have profound effects on the individuals and households within our service area and can prevent them from accessing resources, services, and other opportunities that could help them to live more empowered lives. This need spans all age ranges at high levels, and includes a need for literacy and competency training for those in the older age ranges.

Transportation

Our service area is not unique in its lack of public transportation options within its rural setting. While CATS provides limited deviated route transit in the city of Waverly during designated hours, our service area lags behind others in our state with regards to routed transit and transportation options in the evenings and on weekends. Extended hours and regular routes could help more community members hold full-time employment, get the health care services they need, and be more active and social in our community.

Healthy People 2030 Objectives Related to our Key Findings:

Increase the proportion of adults who walk or bike to get places - PA-10

Increase the proportion of adolescents who walk or bike to get places - PA-11

Increase the proportion of adults with broadband internet - HC/HIT-05

Reduce the proportion of families that spend more than 30 percent of income on housing - SDOH-04

Increase the proportion of smoke-free homes - TU-08

Increase trips to work made by mass transit - EH-02

SDOH: Social & Community Context and Our Community

Child Care

Child care is a piece of the social and community context that has a far-reaching impact on life within our service area. It is vital to the success of our families. Insufficient child care places an economic burden on households. Lack of child care can prevent parents and guardians from improving or successfully maintaining their employment situation, prevent them from accessing needed healthcare, and present a barrier to furthering their education. The cumulative annual economic impact for each child care gap in Ohio is ranges between \$35,220 and \$53,585. This includes impact to households, businesses, and tax base. (Bipartisan Policy Center, 2021). Pike County, Ohio, more specifically, has a 33% gap in available childcare, with an estimated economic impact of \$12.8 million.

“Three realities are driving the current policy debate about child care in the United States – and contributing to a growing recognition that the country as a whole faces a child care crisis. First, despite changing work arrangements for parents with young children due to the COVID-19 pandemic, there is still a demand for affordable, high-quality child care. Second, care for young children is expensive everywhere, and child care has become a major financial burden for many working families. Third, a growing body of evidence indicates that disparities in learning and life outcomes begin far earlier than previously appreciated – well before children reach school age. This evidence is bolstered by recent advances in neuroscience that point to the years between birth and age 3 as a particularly critical time for cognitive and emotional development. (Bipartisan Policy Center, 2023).

The median yearly price for infant center-based child care in Pike County rose from \$7,482 in 2018 to \$8,806 in 2023 – which represents more than a 17% increase in just five years. On average, child care prices carve away 13.7% of a family’s income each year. Child care prices in Scioto, Jackson, and Adams Counties in Ohio show the same increases. However, the share of family income claimed by child care prices is greater in Jackson (14.7%) and Adams Counties (16.0%). (U.S. Department of Labor, 2023).

Mental Health HPSA

As described within the context of Health Care Access and Quality, Pike and surrounding counties are hold HPSA designations for mental health services. As indicated in the map below, the counties of our service area are just a few of the many counties across the state of Ohio that are mental health HPSAs.

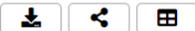
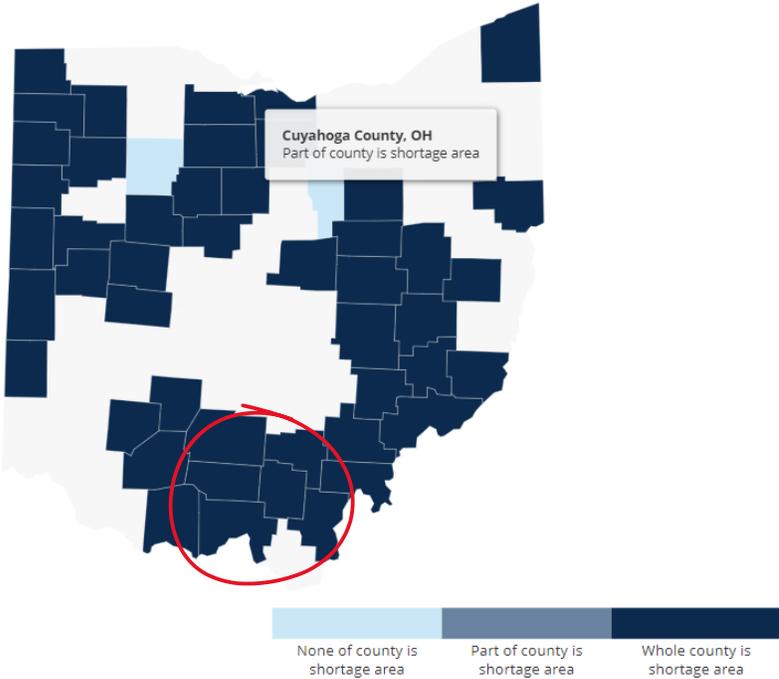
[Rural Health](#) > [Data Visualizations](#) > [Chart Gallery](#)

Ohio

Health Professional Shortage Areas: Mental Health, by County, 2023 - Ohio Nonmetropolitan

[Back to U.S.](#)

Nonmetro Metro All



Source: data.HRSA.gov, May 2023.

Figure 35: Health Professional Shortage Areas: Mental Health by County, 2023-Ohio

Also missing from the social and community context within our community are resources and supports for our LGBTQ+ youth and adults. There are no CenterLink LGBTQ Community Member Centers within 60 miles of Pike County, Ohio. Additionally, while there are amazing resources available on or near larger university communities, these are far removed from those in our community, rendering them virtually inaccessible. There is also no evidence of supportive resources for LGBTQ+ youth within our public-school districts. According to the Trevor Project, 45% of LGBTQ youth gave serious thought to attempting suicide in the past year, and 14% actually attempted to take their own lives. However, 60% of LGBTQ youth were unable to access mental health care in the last year. Social and community context is an important key to

mitigate thoughts of attempting suicide in LGBTQ youth, as data show that social support from families, communities, and schools can help reduce these thoughts – in some cases by more than half.

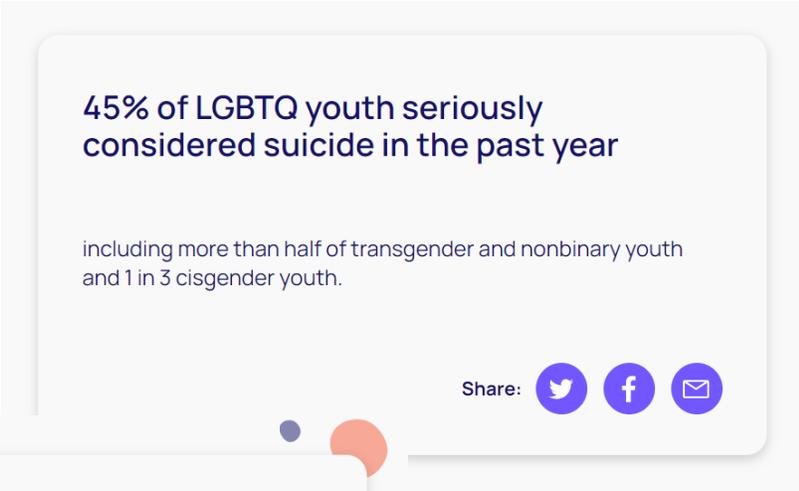


Figure 36: LGBTQ Youth Considering Suicide



Figure 37: LGBTQ Youth Attempted Suicide

CenterLink LGBTQ Community Member Centers in Ohio

Find 5 Nearest Centers

How can we determine your location?
(We won't save this info...)

USE MY LOCATION

ENTER CITY, ADDRESS, ETC.

Enter a city, address or zip code near which we should look for a center.

Filter by State/Province

Select State/Province

Filter by Country

Select Country

Find Center By Name

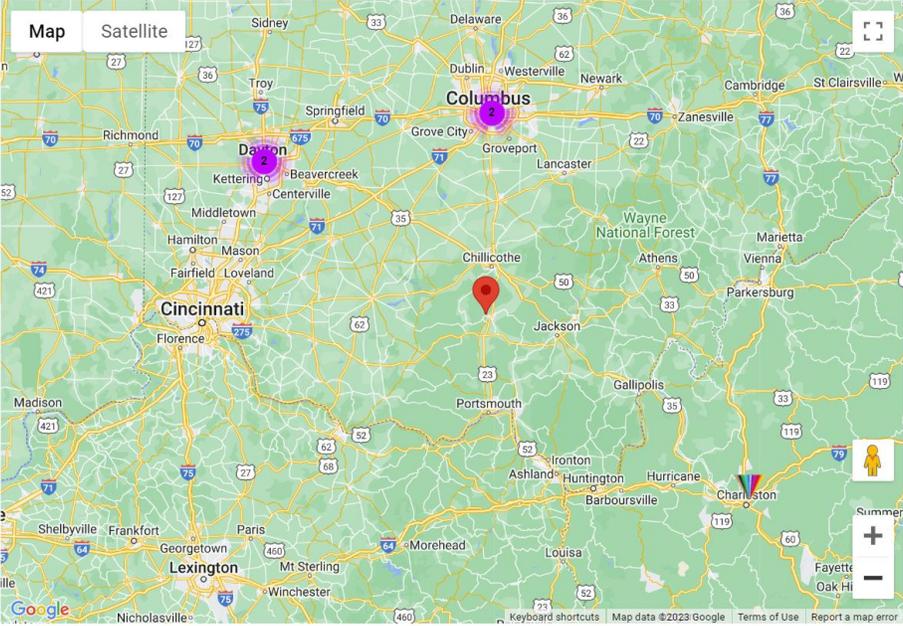


Figure 38: Map showing CenterLink LGBTQ Community Member Centers in Ohio

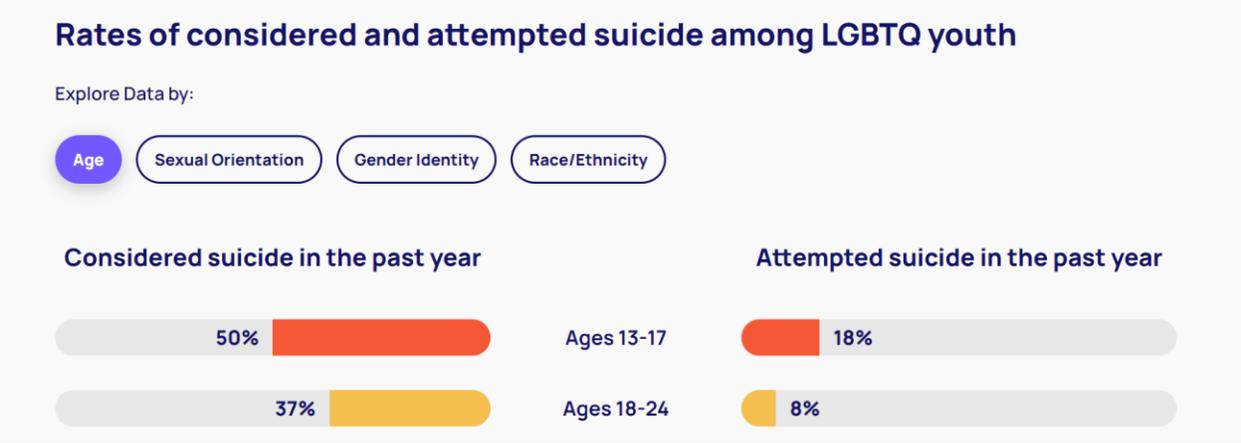


Figure 39: Rates of Considered and Attempted Suicide for LGBTQ Youth by Age Range

Addiction Recovery Services

The map that follows resulted from a search through findtreatment.gov, and shows the substance use and opioid treatment programs surrounding Pike County, Ohio. The red circle indicates a 50-mile radius. Substance use programs are indicated with a pink dot, and opioid treatment programs are orange. Options for addiction treatment are limited in our service area, as evidenced by this map. Individuals seeking detox programs for substance and opioid use could be forced to wait for local availability, travel out of the area for treatment, or forgo treatment altogether.

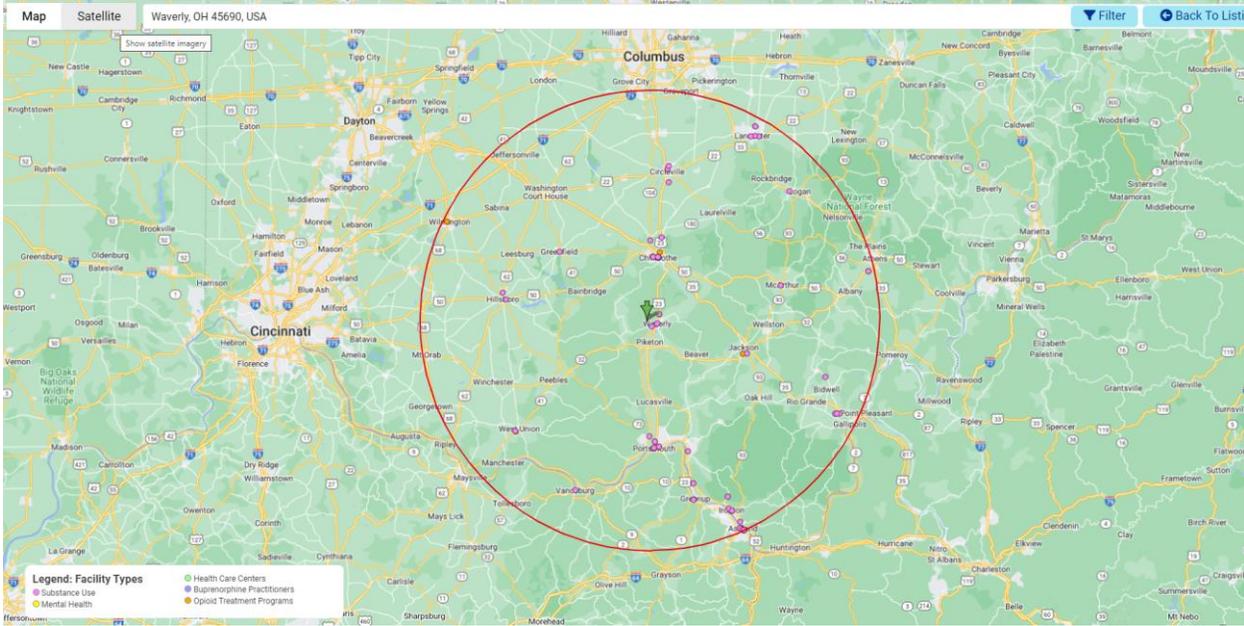


Figure 40: Map of Substance Use Programs within 50-mile Radius of Waverly, Ohio

As limited as these resources appear from this map, finding in-patient/residential treatment and transitional living options is even more difficult, as these resources are sparse within our service area and are very limited with regards to number of beds available.

Respondents by SDOH: Social and Community Context

- More than 25% of survey respondents indicate that there are unmet emotional, behavioral, or mental health needs within their households.
- Nearly 3.5% of respondents report that they have considered or attempted suicide in the last 12 months.
- More than 43% of respondents could not affirm that they function well in challenges and stressful situations.
- Additionally, 5% of all respondents indicate that there are untreated substance use/addiction within their households.
- The increased difficulties of LGBTQ+ individuals is noticeable within our service area, with 12.5% of all respondents indicating their awareness of bullying of an LGBTQ+ person and 8.7% indicating their awareness of an attempted or realized suicide of an LGBTQ+ person in the last 2 years.

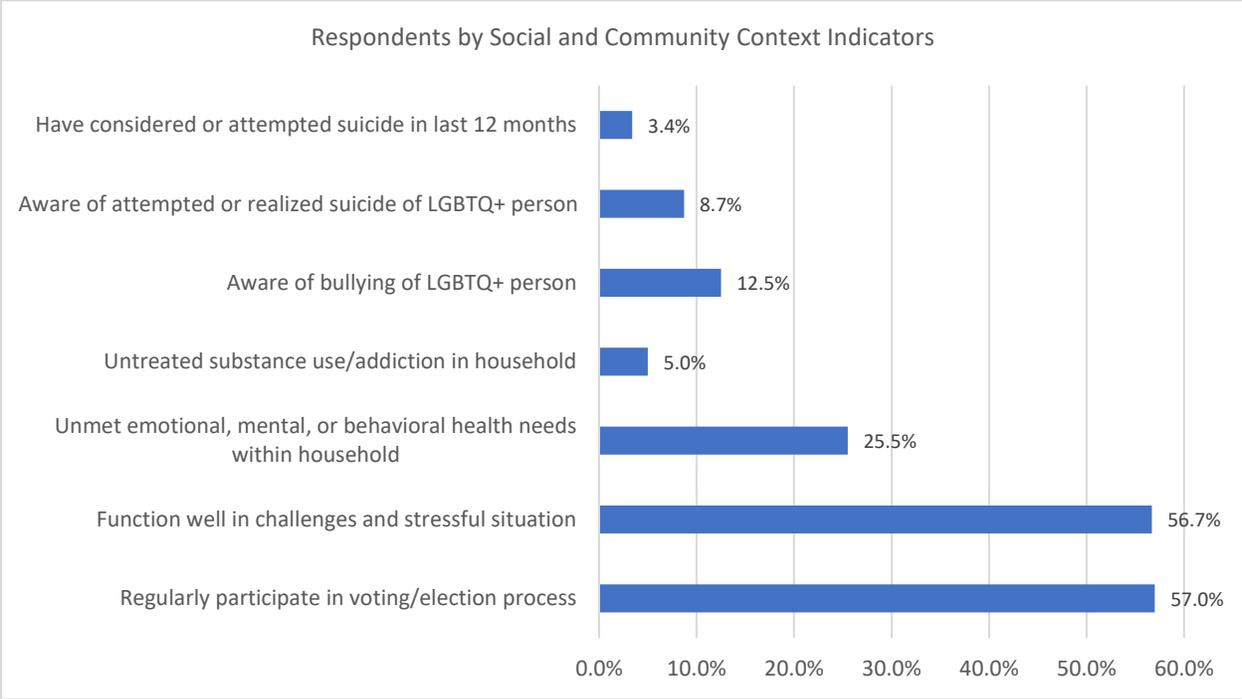


Figure 41: Respondents by Social and Community Context Indicators

Social and Community Context by Age Range

Mental, emotional, and behavioral health challenges are prevalent in nearly all age ranges surveyed. The 18 to 25-year-old age range reported the highest rates of unmet emotional, mental, or behavioral health needs within their households at 50%. That same age range (18 to 25) was less likely to describe themselves as functioning well in challenges and stressful situations.

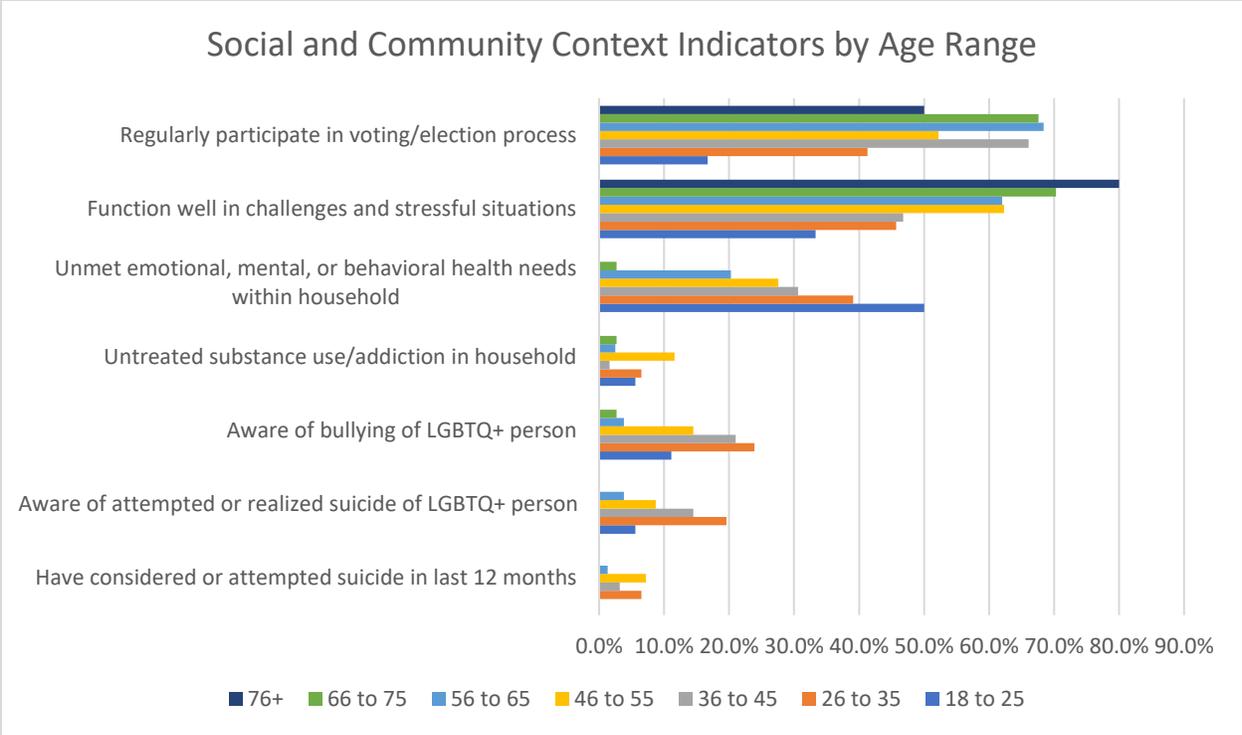


Figure 42: Social & Community Context Indicators by Age Range

Social and Community Context by Sex

Males were more than 2.5 more likely to indicate that they have considered or attempted suicide in the last 12 months. Females were more likely to report that there are unmet emotional, mental, or behavioral health needs within their households.

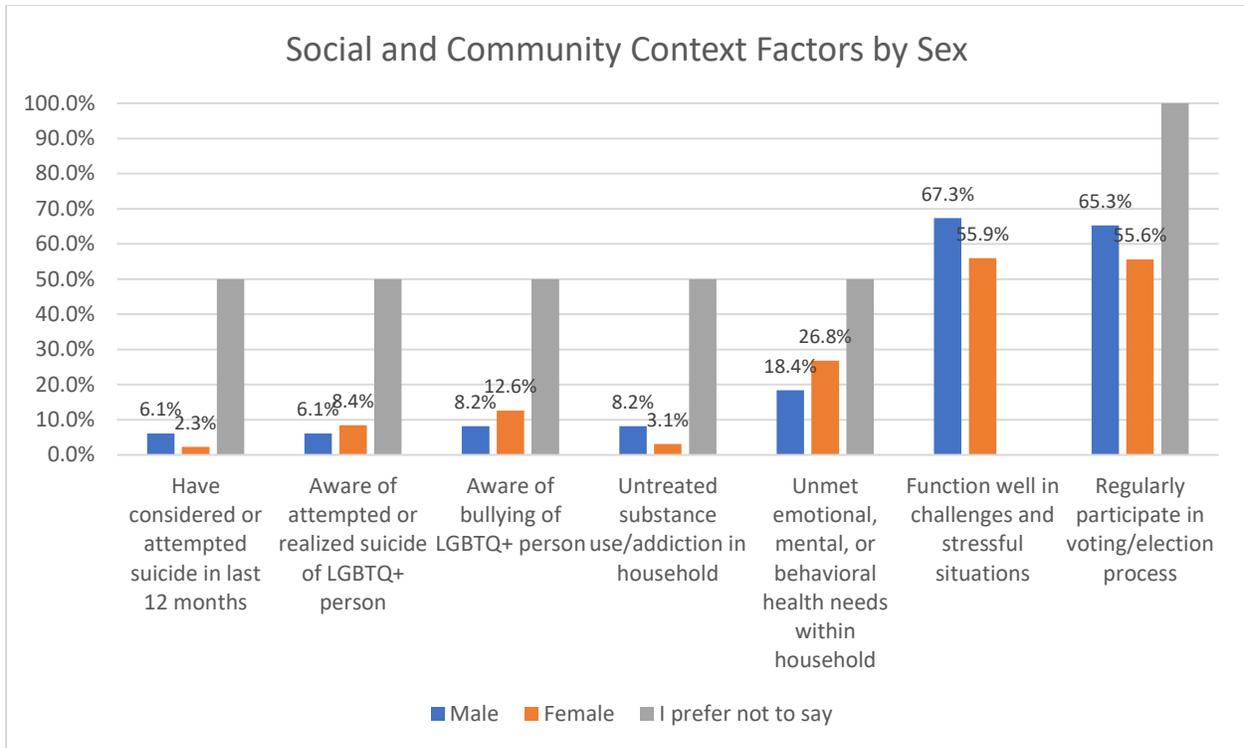


Figure 43: Social & Community Context Indicators by Sex

KEY FINDINGS AND OPPORTUNITIES: Social and Community Context

Mental Health Awareness and Support

More than 25% of survey respondents indicate that there are unmet emotional, behavioral, or mental health needs within their households. This need is unmatched by the resources of the service area, which is and has been designated a mental health HPSA. There is a great need to increase the mental health supports available within our service area to serve the mental, emotional, and behavioral health needs of our community.

Holistic Support for Addiction Recovery

Pike County has limited supports to assist individuals in starting on the journey of overcoming substance use and addiction. The most frequently-occurring support is case management and detox (including suboxone, vivitrol, and other medication-assisted options). Outpatient treatment centers, including The Pike County Recovery Council, and the MAT/SUD programs through Valley View Health Centers provide valuable case management, counseling, and medication assistance to patients as they work to get sober. Our service area has very few residential treatment and transitional housing options in the limited number of beds at The Recovery Council’s Georgie Harris House and Johnson House. More information is needed regarding the frequency with which individuals needing in-patient/residential treatment are turned away from our local residential treatment facilities.

Support for LGBTQ+ Community

According to the Trevor Project, the rates of suicidal thoughts among LGBTQ young people have increased over the last three years. The rate of reported suicide attempts in LGBTQ youth who had high levels of social support from their families is less than half that of LGBTQ youth receiving low or even moderate levels of social support. Another important mitigating factor in the rate of suicide attempts among LGBTQ youth is the support of schools and school districts. Survey responses highlight an awareness of mental and emotional struggles of LGBTQ+ individuals. Yet, there appears to be a complete lack of supportive resources for LGBTQ+ persons within our community.

Child Care

The service area of CAC is experiencing a profound gap in child care resources that leaves households in our community struggling. In Pike County alone, there is a 33% gap in child care availability. The child care that is available is often cost-prohibitive, requiring as much as 16% of a family's income each year. Child care lack presents a profound and often unmovable barrier to employment, healthcare access, and educational attainment, and therefore requires holistically study and intentional rebuilding in order to set our communities up for growth and success.

Healthy People 2030 Objectives Related to Our Key Findings

Increase the health literacy of the population - HC/HIT-R01

Increase the proportion of adults who use IT to track health care data or communicate with providers - HC/HIT-07

Increase the proportion of children and adolescents who show resilience to challenges and stress - EMC-D07

Reduce bullying of transgender students - LGBT-D01

Eliminate very low food security in children - NWS-02

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APPENDIX A: Individual & Household Survey Questions



Dear Community Member –

Thank you for stopping by our 2023 Community Needs Assessment Survey. The information you provide through this survey will help us better understand the needs of our community and improve the services and programs we offer. The survey should take 10 minutes or less of your time. All responses are confidential. It is the mission of the Community Action Committee of Pike County to end poverty by empowering and improving people’s lives while building strong communities. To learn more about the work we do please visit us on the web at: www.pikecac.org. For more information about this survey, please email Angela Spangler, VP-Excellence at: angelaspangler@pikecac.org. Thank you for your time and feedback!

1. Do you live in Pike County, Ohio? Yes No

2. What is your zip code?

<input type="checkbox"/> 45690	<input type="checkbox"/> 45648	<input type="checkbox"/> 45660	<input type="checkbox"/> 45661	<input type="checkbox"/> 45612
<input type="checkbox"/> 45613	<input type="checkbox"/> 45624	<input type="checkbox"/> 45646	<input type="checkbox"/> 45671	<input type="checkbox"/> 45642
<input type="checkbox"/> 45683	<input type="checkbox"/> 45687	<input type="checkbox"/> Other		

3. Please select your age range.

<input type="checkbox"/> Under 18	<input type="checkbox"/> 18 to 25	<input type="checkbox"/> 26 to 35	<input type="checkbox"/> 36 to 45
<input type="checkbox"/> 46 to 55	<input type="checkbox"/> 56 to 65	<input type="checkbox"/> 66 to 75	<input type="checkbox"/> 75+

4. Which of the CAC services listed below have you or a member of your household been helped by in the last 2 years?

<input type="checkbox"/> Valley View Health Centers	<input type="checkbox"/> Workforce and Business Development	<input type="checkbox"/> Healthcare Insurance/ Marketplace Assistance
<input type="checkbox"/> Primary Care	<input type="checkbox"/> Pike County Senior Center Activities	<input type="checkbox"/> Homeless Crisis Response Program
<input type="checkbox"/> Dental	<input type="checkbox"/> Senior Center On-Site Meals	<input type="checkbox"/> Social Security Application Assistance
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Other
<input type="checkbox"/> Addiction Recovery Services	<input type="checkbox"/> Home Weatherization	<input type="checkbox"/> Vaccines for Children
<input type="checkbox"/> WIC	<input type="checkbox"/> Energy Efficient Appliances	<input type="checkbox"/> HEAP
<input type="checkbox"/> Mobile Food Pantry	<input type="checkbox"/> Utility Assistance	<input type="checkbox"/> Breastfeeding Support

- | | | |
|---|--|---|
| <input type="checkbox"/> Mobile Farmers Market Rural Delivery | <input type="checkbox"/> Rent or Mortgage Assistance | <input type="checkbox"/> Senior Companion Program |
| <input type="checkbox"/> CATS (Community Action Transit System) | <input type="checkbox"/> Free Income Tax Preparation | <input type="checkbox"/> Summer Feeding Program |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Community Empowerment Case Management | <input type="checkbox"/> Mobility Management |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Emergency Home Repair | <input type="checkbox"/> Adult Vaccinations (flu, shingles, COVID-19) |
| <input type="checkbox"/> OhioMeansJobs (OMJ) Career Center | <input type="checkbox"/> SafeLink Wireless Cell Phone Application Assistance | <input type="checkbox"/> Chronic Care Management |

5. If you could add one new program or service to CAC, what would it be?

6. What is your current marital status?

- | | | |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Never married |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Separated | <input type="checkbox"/> I prefer not to say |

7. Including yourself, how many people live in your household that you support with your household income sources?

- | | | | |
|----------------------------|----------------------------|-----------------------------|--|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 9 | <input type="checkbox"/> 12 or more |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 10 | <input type="checkbox"/> I prefer not to say |
| <input type="checkbox"/> 4 | | | |

8. Are you or a member of your household disabled (select all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> I am disabled. | <input type="checkbox"/> No one in my household is disabled. |
| <input type="checkbox"/> A member of my household is disabled. | <input type="checkbox"/> I prefer not to say. |

9. What are the biggest unmet needs facing our community today?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Having enough healthy food to eat | <input type="checkbox"/> Affordable healthcare options | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Affordable recreational activities |
| <input type="checkbox"/> Safe housing | <input type="checkbox"/> General community safety | <input type="checkbox"/> Affordable child care | <input type="checkbox"/> Affordable home repair |

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Opportunities for youth | <input type="checkbox"/> Quality higher education opportunities | <input type="checkbox"/> Community social activities |
| <input type="checkbox"/> Reliable transportation | <input type="checkbox"/> Support for senior citizens | <input type="checkbox"/> Vocation education / job training opportunities | <input type="checkbox"/> Laundry services |
| <input type="checkbox"/> Good paying jobs | <input type="checkbox"/> High quality 2-12 education | <input type="checkbox"/> Affordable legal services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Addiction recovery supports | <input type="checkbox"/> Reliable high-speed internet service | | |

10. What services or resources do we need to add to our area that you believe would help us end poverty?

11. What is your current employment status?

- | | | | |
|---|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Work full-time | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Unable to work | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Work part-time | <input type="checkbox"/> Retired | <input type="checkbox"/> I prefer not to say | |

12. What is your current household income? Be sure to include all sources of income (e.g. wages, self-employment, military pay, social security, unemployment, worker’s compensation, retirement/pension, etc.).

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$0 to \$14,580 | <input type="checkbox"/> \$30,001 to \$35,140 | <input type="checkbox"/> \$50,561 to \$55,570 | <input type="checkbox"/> \$71,121 to \$76,260 |
| <input type="checkbox"/> \$14,581 to \$19,720 | <input type="checkbox"/> \$35,141 to \$40,280 | <input type="checkbox"/> \$55,571 to \$60,840 | <input type="checkbox"/> \$76,261 or more |
| <input type="checkbox"/> \$19,721 to \$24,860 | <input type="checkbox"/> \$40,281 to \$45,420 | <input type="checkbox"/> \$60,841 to \$65,980 | |
| <input type="checkbox"/> 24,861 to \$30,000 | <input type="checkbox"/> 45,421 to \$50,560 | <input type="checkbox"/> \$65,981 to \$71,120 | |

13. What is the highest level of education you have completed?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Associate’s degree | <input type="checkbox"/> Master’s degree or above | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Bachelor’s degree | <input type="checkbox"/> Trade school or apprenticeship | <input type="checkbox"/> I prefer not to say |

14. Describe your current housing situation.

- | | | | |
|-------------------------------|---|---|--|
| <input type="checkbox"/> Own | <input type="checkbox"/> Staying or living with friends | <input type="checkbox"/> Homeless, not living with friends or relatives | <input type="checkbox"/> I prefer not to say |
| <input type="checkbox"/> Rent | <input type="checkbox"/> Staying or living with relatives | <input type="checkbox"/> Shelter | <input type="checkbox"/> Other _____ |

15. Select the statements that are true about a typical month in your household.

- At least one adult in my household works full-time
- I am able to pay all my bills on-time
- There is not enough income coming in to support my household
- I want to work but cannot find or keep a job
- I have a job but do not work enough hours to support my household
- I want to work but cannot find a job that can accommodate my disability.
- More than one-third of my household income goes towards paying housing expenses.
- My household lives at or below the federal poverty level.
- My household has received at least one utility disconnect notice in the last 12 months.
- My household was behind on paying property taxes at least once in the last 12 months.
- My household struggled to pay our mortgage or rent at least once in the last 12 months.
- My household struggled to afford to heat and/or cool our residence at least once in the last 12 months.
- My household does not have reliable high-speed internet service where we live.
- My household regularly does not have reliable transportation available to meet our needs.
- Some or all members of my household do not have enough to eat.
- My household income plus benefits typically does not provide enough food for the month.

16. What is your race?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Other (Race not listed) | <input type="checkbox"/> I prefer not to say |

17. What is your ethnicity?

- | | | |
|---|---|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Non-Hispanic or Non-Latino | <input type="checkbox"/> I prefer not to say |
|---|---|--|

18. Select the statements that are true about a typical month in your household.

- I do not have at least one person that I consider my primary care provider.
- Lack of health insurance has prevented me from getting the healthcare I need.
- I cannot afford my share of the healthcare I need.
- I cannot afford my share of the prescription medications I need.
- I do not have good enough internet to allow me to have telehealth (virtual) healthcare visits.
- I have a hard time taking time away from work to go to the doctor.
- I have a hard time finding childcare so I can go to the doctor.
- I have a hard time finding transportation so I can go to the doctor.
- I have a hard time finding a provider that is accepting new patients.

- I have a hard time finding a provider that accepts my insurance (or lack of insurance).
- I use urgent care and/or emergency room services for routine or non-emergent healthcare needs.
- I have not had a preventive or “well” healthcare visit in the last 12 months.
- I am not up-to-date on at least one routine health screening (e.g. breast cancer, colorectal cancer, cervical cancer, etc.).
- I do not feel that my provider includes me in my healthcare decisions.
- I do not always understand my health and related care plans.

19. Select the statements that are true about a typical month in your household.

- I feel safe in my community.
- A member of my household or I have experienced a violent crime in the last 2 years.
- My household has regular access to broadband internet service.
- My household has regular access to safe drinking water.
- My household has regular access to drinking water containing fluoride.
- My home is easily accessible for all members of my household.
- The buildings and systems within my community are easily accessible for all members of my household.
- My community is easily and safely “walkable.”
- My community is easily and safely “bikeable.”
- I live in a smoke-free household.
- My community has a reliable transit system that I can use to get to and from work and other activities.

20. What sex were you assigned at birth on your original birth certificate?

- Male
- Female
- I prefer not to say.

21. How do you currently describe your gender?

- | | |
|--|--|
| <input type="checkbox"/> Straight | <input type="checkbox"/> Something else |
| <input type="checkbox"/> Gay or lesbian | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Bisexual or pansexual | <input type="checkbox"/> I prefer not to say |

22. Select the statements that are true about a typical month in your household.

- One or more members of my household have emotional, mental, or behavioral health needs that are not currently being met.
- The children in my household have one or more parent that has been in jail in the last two (2) years.
- I believe that I function well in challenges and stressful situations.
- I have at least one person besides my healthcare provider that I can talk to about my health.
- I regularly participate in the voting/election process.
- The children in my household face food insecurity on a regular basis.
- I am aware of at least one instance of bullying of a lesbian, gay, bisexual, or transgender person in the last two years.

- I am aware of at least one instance of suicide or attempted suicide by a lesbian, gay, bisexual, or transgender person in the last two years.
- One or more members of my household have substance use/addiction problems that are not currently being treated.
- I have considered or attempted suicide in the last 12 months.

Thank you for taking our survey. Your responses will help to guide the work of the Community Action Committee of Pike County for years to come.

If you are interested in learning more about our programs and services, visit us at www.pikecac.org, or give us a call at 740-289-2371.

Appendix B: Individual and Household Survey Results

Do you live in Pike County, Ohio?

Count	415	
Yes	327	78.80%
No	88	21.20%

What is your zip code?

Count	438				
45690	132	30.14%	Other	67	
45648	44	10.05%	45640	6	0.013699
45660	15	3.42%	45657	2	0.004566
45661	114	26.03%	45601	13	0.02968
45612	4	0.91%	41102	1	0.002283
45613	57	13.01%	45662	7	0.015982
45624	0	0.00%	45694	4	0.009132
45646	4	0.91%	45692	1	0.002283
45671	0	0.00%	45653	2	0.004566
45642	0	0.00%	29578	1	0.002283
45683	1	0.23%	45663	4	0.009132
45687	0	0.00%	45171	2	0.004566
			45685	1	0.002283
			45659	1	0.002283

Please select your age range

Count	440	
Under 18	4	0.91%
18 to 25	23	5.23%
26 to 35	60	13.64%
36 to 45	82	18.64%
46 to 55	92	20.91%
56 to 65	104	23.64%
66 to 75	56	12.73%
75+	19	4.32%

Which of the CAC services listed below have you or a member of your household been helped by in the last 2 years?

Total	1114	
Valley View Health Centers	212	19.03%
Primary Care	74	6.64%

Dental	67	6.01%
Behavioral Health	53	4.76%
Addiction Recovery Services	12	1.08%
WIC	23	2.06%
Mobile Food Pantry	57	5.12%
Mobile Farmers Market Rural Delivery	8	0.72%
CATS (Community Action Transit System)	24	2.15%
Head Start	14	1.26%
Childcare	9	0.81%
OhioMeansJobs (OMJ) Career Center	40	3.59%
Workforce and Business Development	19	1.71%
Pike County Senior Center Activities	13	1.17%
Senior Center On-Site Meals	7	0.63%
Meals on Wheels	8	0.72%
Home Weatherization	14	1.26%
Energy Efficient Appliances	9	0.81%
Utility Assistance	93	8.35%
Rent or Mortgage Assistance	36	3.23%
Free Income Tax Preparation	45	4.04%
Community Empowerment Case Management	21	1.89%
Emergency Home Repair	10	0.90%
SafeLink Wireless Cell Phone Application Assistance	16	1.44%
Healthcare Insurance/Marketplace Assistance	13	1.17%
Homeless Crisis Response Program	2	0.18%
Social Security Application Assistance	13	1.17%
Other	24	2.15%
Vaccines for Children	13	1.17%
HEAP	111	9.96%
Breastfeeding Support	2	0.18%
Senior Companion Program	2	0.18%
Summer Feeding Program	18	1.62%
Mobility Management	2	0.18%
Adult Vaccinations (flu, shingles, COVID-19)	24	2.15%
Chronic Care Management	6	0.54%

If you could add one new program or service to CAC, what would it be?

The following represents the themes of qualitative responses to this question.

Personal transportation assistance (e.g. gas money, car repairs, vehicle purchase assistance)	13
Clothing	11
Youth/teen programs	9
Personal development (e.g. life coaching, financial literacy, adult skills)	8

Expanded transit	6
Expanded/improved mental/behavioral health services	5
Housing (e.g. expanded housing options, mortgage/rent assistance)	5
Vision services	5
Homeless population support	4
Legal assistance	4
Expanded food assistance	3
Women's health	3
Appliance repair/replacement assistance	2
Autism support	2
Expanded case management/navigation	2
Expanded childcare	2
Expanded dental services	2
Expanded support for senior citizens	2
Expanded utility assistance	2
Household items (e.g. furniture)	2
Laundry services	2
Wellness programs	2
Disability services	1
Domestic violence victim support	1
Expanded medical programs	1
Home repairs	1
Internet assistance	1
Job/career training	1
Nothing	1
Nutrition education	1
Prescription medication assistance	1
School-based mental health services	1

What is your current marital status?

Count	401	
Married	184	45.89%
Widowed	49	12.22%
Divorced	72	17.96%
Separated	16	3.99%
Never married	67	16.71%
I prefer not to say	13	3.24%

What is your current household income? Be sure to include all sources of income (e.g. wages, self-employment, military pay, social security, unemployment, worker's compensation, retirement/pension, etc.)

Count	379	
\$0 to \$14,580	100	26.39%

\$14,581 to \$19,720	22	5.80%
\$19,721 to \$24,860	28	7.39%
\$24,861 to \$30,000	33	8.71%
\$30,001 to \$35,140	32	8.44%
\$35,141 to \$40,280	10	2.64%
\$40,281 to \$45,420	10	2.64%
\$45,421 to \$50,560	13	3.43%
\$50,561 to \$55,570	5	1.32%
\$55,571 to \$60,840	14	3.69%
\$60,841 to \$65,980	9	2.37%
\$65,981 to \$71,120	9	2.37%
\$71,121 to \$76,260	7	1.85%
\$76,261 or more	53	13.98%
I prefer not to say	34	8.97%

Including yourself, how many people live in your household that you support with the income you described above?

Count	399	
1	98	24.56%
2	126	31.58%
3	64	16.04%
4	55	13.78%
5	28	7.02%
6	12	3.01%
7	6	1.50%
8	2	0.50%
9	0	0.00%
10	0	0.00%
11	0	0.00%
12 or more	0	0.00%
I prefer not to say	8	2.01%

Are you or a member of your household disabled? (Select all that apply)

Count	395	
I am disabled	75	18.99%
A member of my household is disabled	64	16.20%
No one in my household is disabled	233	58.99%
I prefer not to say.	23	5.82%

What are the biggest unmet needs facing our community today?

Count	1957	
Having enough healthy food to eat.	159	8.12%

Safe housing	94	4.80%
Affordable housing	216	11.04%
Reliable transportation	105	5.37%
Good paying jobs	166	8.48%
Addiction recovery supports	44	2.25%
Affordable healthcare options	94	4.80%
General community safety	43	2.20%
Opportunities for youth	119	6.08%
Support for senior citizens	64	3.27%
High quality K-12 education	44	2.25%
Reliable high-speed internet service	93	4.75%
Mental health services	125	6.39%
Affordable child care	110	5.62%
Quality higher education opportunities	45	2.30%
Vocational education / job training opportunities	48	2.45%
Affordable legal services	69	3.53%
Affordable recreational activities	81	4.14%
Affordable home repair services	116	5.93%
Community social activities	63	3.22%
Laundry services	49	2.50%
Other	11	0.56%
General cost of living (high bills, taxes, etc.)	2	0.10%
Clothing and personal items	1	0.05%
Quality healthcare	1	0.05%
Live coaching	1	0.05%

What services or resources do we need to add to our area that you believe would help us end poverty?

Count	136	
Better understanding of resources available	5	3.68%
Infrastructure (roads, etc.)	2	1.47%
Childcare	7	5.15%
Youth programs	4	2.94%
Housing (availability and affordability)	17	12.50%
Educational opportunities	6	4.41%
Transit expansion (routes, hours)	9	6.62%
Assistance for "working poor"	4	2.94%
Kinship care support	2	1.47%
Workforce development (training, placement)	9	6.62%
Food (availability and quality)	7	5.15%
Social and recreational opportunities	4	2.94%

Personal transportation (gas money, car repair, etc.)	4	2.94%
Addiction recovery support	3	2.21%
Economic development (job creation, etc.)	18	13.24%
Small business support	3	2.21%
Lower general cost of living	4	2.94%
Life skills (financial literacy, etc.)	5	3.68%
Laundry facilities	1	0.74%
Mental health supports	3	2.21%
Better paying jobs (living wage, etc.)	9	6.62%
Legal assistance (fines, license reinstatement, etc.)	2	1.47%
Recycling	1	0.74%
Clothing and personal items	2	1.47%
Support for persons with disabilities	3	2.21%
Support for homeless persons	2	1.47%

What is your current employment status?

Count	387	
Work full-time	202	52.20%
Work part-time	18	4.65%
Unemployed	35	9.04%
Retired	53	13.70%
Unable to work	62	16.02%
I prefer not to say	9	2.33%
Other	14	3.62%
Self-employed	2	0.52%
Temporary	2	0.52%
Student	1	0.26%

What is the highest level of education you have completed?

Count	388	
High school diploma or GED	119	30.67%
Some college	76	19.59%
Associate's degree	45	11.60%
Bachelor's degree	51	13.14%
Master's degree or above	19	4.90%
Trade school or apprenticeship	22	5.67%
None of these	47	12.11%
I prefer not to say	9	2.32%

Describe your current housing situation

Count	382	
Own	230	60.21%
Rent	115	30.10%
Staying or living with friends	8	2.09%
Staying or living with relatives	9	2.36%
Homeless, not living with friends or relatives	1	0.26%
I prefer not to say	18	4.71%
Shelter	0	0.00%
Other	5	1.31%
Sober living	1	0.26%

What is your race?

Count	379	
White	358	94.46%
Black or African American	6	1.58%
American Indian or Alaska Native	2	0.53%
Asian	1	0.26%
Native Hawaiian or Pacific Islander	0	0.00%
Other (Race not listed)	1	0.26%
Multiracial	2	0.53%
I prefer not to say	9	2.37%

What is your ethnicity?

Count	310	
Hispanic or Latino	2	0.65%
Non-Hispanic or Non-Latino	290	93.55%
I prefer not to say	18	5.81%

What sex were you assigned at birth on your original birth certificate?

Count	364	
Male	61	16.76%
Female	299	82.14%
Prefer not to say	4	1.10%

How do you currently describe your gender?

Count	369	
Male	64	17.34%
Female	300	81.30%
Transgender	1	0.27%
None of these	0	0.00%
I prefer not to say	4	1.08%

Which of these best describes how you think of yourself?

Count	369	
Straight	351	95.12%
Gay or lesbian	3	0.81%
Bisexual or pansexual	9	2.44%
Something else	0	0.00%
I don't know	1	0.27%
I prefer not to say	5	1.36%

Select the statements that are true about a typical month in your household.

Count	1146	
At least one adult in my household works full-time.	204	17.80%
I am able to pay all my bills on-time.	181	15.79%
There is not enough income coming in to support my household.	72	6.28%
I want to work but cannot find our keep a job.	12	1.05%
I have a job but do not work enough hours to support my household.	18	1.57%
I want to work but cannot find a job that can accommodate my disability.	7	0.61%
More than one-third of my household income goes towards paying housing expenses.	116	10.12%
My household lives at or below the federal poverty level.	100	8.73%
My household has received at least one utility disconnect notice in the last 12 months.	82	7.16%
My household was behind on paying property taxes at least once in the last 12 months.	51	4.45%

My household struggled to pay our mortgage or rent at least once in the last 12 months.	69	6.02%
My household struggled to afford to heat and/or cool our residence at least once in the last 12 months.	67	5.85%
My household does not have reliable high-speed internet service where we live.	65	5.67%
My household regularly does not have reliable transportation available to meet our needs.	23	2.01%
Some or all members of my household regularly do not have enough to eat.	19	1.66%
My household income plus benefits typically does not provide enough food for the month.	60	5.24%

Select the statements that are true about a typical month in your household.

Count	477	
I do not have at least one person that I consider my primary care provider.	41	8.60%
Lack of health insurance has prevented me from getting the healthcare I need.	27	5.66%
I cannot afford my share of the healthcare I need.	50	10.48%
I cannot afford my share of the prescription medications I need.	46	9.64%
I do not have good enough internet to allow me to have telehealth (virtual) healthcare visits.	38	7.97%
I have a hard time taking time away from work to go to the doctor.	54	11.32%
I have a hard time finding childcare so I can go to the doctor.	12	2.52%
I have a hard time finding transportation so I can go to the doctor.	20	4.19%
O have a hard time finding a provider that is accepting new patients	11	2.31%
I have a hard time finding a provider that accepts my insurance (or lack of insurance).	23	4.82%
I use urgent care and/or emergency room services for routine or non-emergent healthcare needs.	30	6.29%
I have not had a preventive or "well" healthcare visit in the last 12 months.	31	6.50%
I am not up-to-date on at least one routine health screening (e.g. breast cancer, colorectal cancer, cervical cancer, etc.).	60	12.58%
I do not feel that my provider includes me in my healthcare decisions	8	1.68%

I do not always understand my health and related care plans	26	5.45%
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Select the statements that are true about a typical month in your household.

Count	1395	
I feel safe in my community	223	15.99%
A member of my household or I have experienced a violent crime in the last 2 years.	9	0.65%
My household has regular access to broadband internet service.	150	10.75%
My household has regular access to safe drinking water.	206	14.77%
My household has regular access to drinking water containing fluoride.	117	8.39%
My home is easily accessible for all members of my household.	205	14.70%
The buildings and systems in within my community are easily accessible for all members of my household.	106	7.60%
My community is safely "walkable."	97	6.95%
My community is safely "bikeable."	62	4.44%
I live in a smoke-free household.	178	12.76%
My community has a reliable transit system that I can use to get to and from work and other activities.	42	3.01%

Select the statements that are true about a typical month in your household.

Count	712	
One or more members of my household have emotional, mental, or behavioral health needs that are not currently being met.	82	11.52%
The children in my household have one or more parent that has been in jail in the last two (2) years.	21	2.95%
I believe that I function well in challenges and stressful situations	182	25.56%
I have at least one person besides my healthcare provider that I can talk to about my health.	144	20.22%
I regularly participate in the voting/election process.	183	25.70%

The children in my household face food Insecurity on a regular basis.	5	0.70%
I am aware of at least one instance of bullying of a lesbian, gay, bisexual, or transgender person in the last two years.	40	5.62%
I am aware of at least one instance of suicide or attempted suicide by a lesbian, gay, bisexual, or transgender person in the last two years.	28	3.93%
One or more members of my household have substance use/addiction problems that are not currently being treated.	16	2.25%
I have considered or attempted suicide in the last 12 months.	11	1.54%

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