



612 6TH STREET – SUITE D
PORTSMOUTH, OH 45662
P: 740.355.8358
F: 740.354.8623

SCHD@SCIOTOCOUNTY.NET
WWW.SCIOTOCOUNTYHEALTH.COM

Health Equity Report

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Prepared by T. Henderson, BSN, RN

Introduction

Scioto County as a whole has been identified by the Health Resources and Services Administration (HRSA) as a medically-underserved area/population since 1978. The purpose of this report is to provide a description of Scioto County's medically-underserved, vulnerable, and socially disadvantaged populations. This report also summarizes health equity issues in Scioto County, including perceived or actual barriers to health care.

The concept of health equity is the ideal that everyone, regardless of income level, race/ethnicity, educational level, age, sex, gender identity, sexual orientation, medical condition, disability, or geographic location, should have equal access to health care services and fair opportunity to obtain their full health potential (paraphrased from the World Health Organization's definition). Obstacles to health equity may include poverty, discrimination, lack of employment and educational opportunities, lack of safe and affordable housing, lack of insurance, lack of transportation, distance to medical centers, lack of healthcare providers and services, and other factors.

Process and Data

To identify underserved populations / populations who lack access to healthcare, we started with the 2022 County Health Rankings for Scioto County, published by the Robert Wood Johnson Foundation.¹ This source provided the most up-to-date information on county population demographics, life expectancy, premature death, quality of life perception, and other health outcomes, as well as up-to-date statistics on health factors and health behaviors including smoking, obesity, physical inactivity, food insecurity, etc. Further, it provided up-to-date statistics on rate of uninsured, and health-care-provider to population ratios. Socioeconomic factors were also included, such as educational level, graduation rates, income, broadband access, etc. In 2022, Scioto County ranked 88 out of 88 counties in terms of health outcomes (based on length of life and self-reported health status), and 85 out of 88 counties in terms of health factors (community conditions in areas of health behaviors, access to and quality of medical care, socioeconomic factors, and physical environment).

For data that were not provided in the 2022 County Health Rankings, we examined the 2018 Scioto County Community Health Assessment (CHA) report², which was based on a survey of 800 randomly-selected residents of Scioto County, with additional input from a large multi-agency team of stakeholders and medical providers. We focused on sections of the CHA pertaining to social determinants of health, access to care, causes of death and chronic condition, mental health and substance abuse. We then examined CDC Social Vulnerability Index (SVI) data to by census tract to identify specific geographic areas within Scioto County where the population has a higher SVI, as these are likely to be higher-risk areas due to poverty and distance from medical facilities.³ Finally, we supplemented these data sources with surveys conducted by the Scioto County Health Department, targeted toward specific population sub-groups in Scioto County: parents/caregivers of children with

special medical needs⁴, and members of the LGBTQ+ community⁵, as well as an 6-year analysis of causes of child deaths in Scioto County⁶.

Unless otherwise noted, data presented below are from the 2022 County Health Rankings for Scioto County¹. For each line, Scioto County data are presented first, with Ohio average presented in parentheses afterwards.

Population Description

Scioto County has a majority rural, predominantly white non-Hispanic population.

Total Population of Scioto County: 74,347

Age breakdown: < 18 years old: 21.6% (OH average 22%)

18-64 years: 59.4% (OH 60.1%)

65 or older: 19.0% (OH 17.9%)

Race/ethnicity breakdown: Black non-Hispanic: 2.6% (OH 12.7%)

Native American: 0.6% (OH 0.3%)

Asian: 0.4% (OH 2.6%)

Native Hawaiian/Pacific Islander: 0.0% (0.1%)

Hispanic: 1.5% (OH 4.2%)

White non-Hispanic: 93.0% (OH 78.0%)

Sex breakdown: Female: 50.7% (OH 51.0%)

Male: 49.3% (OH 49.0%)

Rural vs urban: Rural: 54.3% (OH 22.1%)

Urban/suburban: 45.7% (OH 77.1%)

Income, Poverty, and Food Insecurity

Scioto County has a significantly lower average income and significantly higher degree of food insecurity than the state average.

- Median household income: \$44,300 (OH \$60,400)
- Children eligible for free or reduced-cost lunch: 53% (OH 36%)
- Food insecurity: 20% (OH 13%)
- Population below federal poverty level²: 24.0% (OH 15.4%)
- Population below 200% of federal poverty level²: 45.3% (OH 33.3%)

Educational Attainment

Scioto County has a lower level of educational attainment than the Ohio average.

- Current High School completion: 86% (OH 91%)
- % of population age 25+ with no high school degree²: 15.9% (OH 10.5%)

Life Expectancy and Selected Causes of Death

Scioto County has lower life expectancy and higher infant and child mortality rates than the Ohio average. Scioto County has a lower homicide rate, and an equal rate of firearm fatalities, as the Ohio average.

- Life expectancy: 70.7 years (OH 76.5 years)
- Infant mortality per 100,000 population: 8 (OH 7)
- Child mortality per 100,000 population: 70 (OH 60)
- Homicides per 100,000 population: 5 (OH 6)
- Firearm fatalities per 100,000 population: 14 (OH 14)

Risk factors for Scioto County infant/child mortality, 2014-2019:⁴

- Over 50% of child fatalities were not due to natural causes, and were likely preventable.
- Nearly 20% of all child fatalities were associated with unsafe sleep conditions.
- Nearly half (45.6%) of child deaths had documented drug use in the family.
- Over 50% of infant deaths had documented maternal smoking during pregnancy and/or smoking in the home.

The highest risk factors for sleep-related infant deaths in Scioto County in the same time period were:⁴

- Low income (81.8%)
- Low educational level of parent (high school or below) (72.8%)
- Documented history of drug involvement in family (54.5%)

Chronic Conditions

Scioto County has higher rates of the most common chronic conditions, compared with Ohio and/or U.S. averages.

- Poor physical health days per month¹: 5.2 (OH 4.2)
- % of population rating their own health as fair or poor¹: 25% (OH 18%)
- Prevalence of diabetes²: 22.8% (OH 11.3%)
- Prevalence of heart disease²: 14.2% (U.S. 8.0%)
- Prevalence of stroke²: 6.2% (OH 3.8%)
- Prevalence of hypertension²: 53.6% (OH 34.3%)
- Prevalence of cancer (other than skin cancer)²: 9.7% (OH 7.0%)
- Prevalence of COPD²: 21.1% (OH 8.3%)
- Prevalence of chronic back pain²: 33.8% (US 22.9%)
- Prevalence of arthritis/rheumatism in age 50+ population:² 51.7% (US 38.3%)

Access to Medical Care

Scioto County has a slightly higher percentage of uninsured adults compared to the Ohio average. Only 5% of Scioto County children are uninsured (same as Ohio average). Scioto County has a severe shortage of dentists. In fact, as of July 2022, there were no dentists in Scioto County who take Medicaid, and no dentists in Scioto County who are enrolled as providers in the Children with Medical Handicaps program. Scioto County has fewer primary care physicians per population, but more of other types of healthcare providers (nurse practitioners and physician assistants) than the Ohio average.

- Uninsured Adults: 10% (OH 9%)
- Uninsured Children: 5% (OH 5%)
- Population to Primary Care Physician ratio: 1710:1 (OH 1290:1)
- Population to Other Primary Care Providers ratio: 550:1 (OH: 830:1)
- Population to Dentists Ratio: 2750:1 (OH 1570:1)

Health Behaviors

Scioto County has higher rates of smoking, obesity, physical activity, and teen births than the Ohio average. Scioto County has lower rates of excessive drinking and sexually-transmitted infections than the Ohio average. Scioto County has poorer access to exercise and recreational opportunities than the Ohio average.

- Adult smoking: 29% (OH 22%)
- Adult obesity: 39% (OH 35%)
- Physical inactivity: 35% (OH 28%)
- Access to exercise opportunities: 68% (OH 77%)

- Recreational Facilities per 100,000²: 1.3 (OH 9.8)
- Excessive drinking: 17% (OH 21%)
- Sexually-transmitted infections per 100,000: 341.2 (OH 559.4)
- Teen births per 100,000: 35 (OH 21)

Mental Health and Substance Abuse

Scioto County has been, and continues to be, affected significantly by drug use. Rates of overdose deaths and deaths due to liver disease (which reflects the high level of hepatitis B and C) are three and two times the state average, respectively. About two-fifths of the population state they have been negatively affected by drug use (either their own or someone they are close to). Scioto County has a higher suicide rate and higher rates of self-reported poor mental health days and overall fair or poor mental health than state and national averages. Over a quarter of the Scioto County population has been clinically diagnosed with a depressive disorder.

- Drug overdose deaths per 100,000 population¹: 104 (OH 38)
- Cirrhosis/Liver Disease age-adjusted death rate per 100,000²: 21.0 (OH 10.9)
- % of population stating their life has been negatively affected by substance abuse²: 39.6% (US 37.3%)
- Suicides per 100,000 population¹: 17 (OH 15)
- Poor mental health days/month¹: 5.9 (OH 5.2)
- Percentage of population describing their mental health as fair or poor²: 20.7% (US 13.0%)
- Percentage of population diagnosed with depression²: 28.0% (OH 22.6%)

Social Vulnerability Index by Census Tract

According to the CDC, social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. These stresses may include (but are not limited to) natural disasters, disease outbreaks, poverty, lack of affordable housing or educational opportunities, etc. The Social Vulnerability Index ranks each census tract in the U.S. according to 15 factors in four areas: socioeconomic status, household composition and disability, minority status and language, and housing and transportation. Overall, Scioto County has a high SVI of 0.8347. (Any SVI between 0.75 and 1.0 is considered high.)

Scioto County has 20 census tracts. Eight of these have a high SVI. Four of the eight census tracts are located in the Scioto County Health Department Jurisdiction (others are in Portsmouth City). These are (in order of SVI, high to low): CT 23 (Otway and Rarden, SVI 0.821), CT 22 (Lucasville, SVI 0.819), CT 31 (New Boston, SVI 0.818), and CT 29 (Wheelersburg, SVI 0.754). A fifth census tract, CT 24 (West Portsmouth, SVI 0.749) was just on the borderline for High SVI. These 5 census tracts in Scioto County represent the geographical areas with the highest degree of social vulnerability, and are therefore good candidates for targeting interventions toward the most vulnerable populations.

A map of Scioto County's 2018 SVI levels by census tract is attached at the end of this document.⁷

Surveys of Special Populations

A. *Families with a child with special medical needs*

A voluntary survey conducted in 2021, during home or clinic visits with parents/caregivers of medically-fragile children in Scioto County, asked respondents about barriers to medical care for their medically-fragile children and for themselves and other family members. Most responses centered on lack of local pediatric specialists (necessitating frequent long drives to a children's hospital), inadequate financial resources, inadequate time off, and impossible to both work and care for child / lack of home care.

Specific responses included the following:

- Provider issues: Lack of local pediatric specialists, lack of local doctors who participate in the CMH (Children with Medical Handicaps) program/long travel to participating providers, local hospital doesn't accept CMH, some doctors and pharmacies won't take CMH because it's too hard to bill, no local dentists take CMH.
- Financial issues: Financial stress, can't get time off from work to take child to appointments, no gas money to drive to appointments, no means of payment for over-the-counter meds, no time off to attend training for insulin pump, not enough money for healthy food, no money for needed home and car modifications. Also – make too much money to qualify for assistance programs but not enough to pay for child's needs.
- Transportation issues: no car, no gas money, need wheelchair modifications for car but can't afford
- School issues: no one to pick child up from school, hard to get school to provide accommodations, problems with attendance due to illness and doctor's appointments (school rules don't accommodate this)
- Care issues: difficulty monitoring blood sugar, understanding what non-verbal child wants, hard to lift child as he grows (single mom is only caretaker), impossible to get home care, can't both work and care for child, local stores don't carry specialty formula, no time left for other (healthy) children in home.
- Other: No source of funding after child ages out of Medicaid and CMH, need better insurance for vision and dental, need affordable housing

B. Members of the LGBTQ+ community

Many studies have shown that members of the LGBTQ+ population face a number of health disparities. Voluntary, anonymous surveys conducted at the Portsmouth PRIDE event in 2019 asked respondents to rate their level of concern (1-5 rating, with 1 being no concern and 5 being great concern) about 7 identified issues of health disparity in the LGBTQ+ community.⁹ Results showed that among respondents who self-identified as LGBTQ+, the following percentage rated the following issues at a moderately-high or high level of concern:

- Higher rates of HIV: 50%
- Higher rates of other sexually-transmitted infections: 39.1%
- Lower rates of mammography and pap smear testing: 54.3%
- Higher rates of substance abuse: 60.9%
- Higher rates of smoking: 63.0%
- Higher rates of depression and/or anxiety: 87.0%
- Higher rates of violence or victimization: 71.7%

These results suggest that health disparities are a significant concern to the LGBTQ+ population in Scioto County, and that the disparities of highest concern are higher rates of depression/anxiety, higher rates of violence/victimization, higher rates of smoking, and higher rates of substance abuse.

Conclusions

A. Barriers to Health Care

According to the 2018 Scioto County Community Health Assessment, 40.1% of Scioto County residents reported experiencing some type of difficulty or delay in obtaining healthcare services during the previous year.¹ Women reported greater difficulty than men. Young adults (ages 18-39) reported more difficulty than middle aged or older adults. Low-income persons reported more difficulty than middle or high-income persons. The most frequently-cited barriers to care in surveys of the general population of Scioto County included the following:

- Lack of health insurance (15% of adult population) (OH: 8.4%)

- High prescription costs / Skipped or reduced prescription doses in order to stretch prescriptions and save money (19%)
- Difficulty getting a doctor's appointment (27.8%)
- Inconvenient office hours (15.1%)
- Cost of doctor's visits (15.4%)
- Difficulty finding a doctor (12.8%)
- Lack of transportation (11.0%)
- Language or culture barriers (2.1%)

The same survey asked informants to identify the type of medical service that was most difficult to access. Responses were as follows:

- Behavioral health: 44.4%
- Substance abuse treatment: 33.3%
- Dental care: 11.1%
- Specialist care: 11.1%

These cited barriers appear consistent with the underlying problems of poverty, isolation/distance to medical centers, and inadequate number of providers, that were identified in the data from the 2022 County Health Rankings, presented above. Lack of locally-available pediatric specialty providers was listed as the top concern of parents with medically-fragile children.

B. Underserved and/or Vulnerable Populations

From the data included in this report, we can identify the following vulnerable and/or underserved populations (in terms of healthcare) in Scioto County:

- Low-income persons
- Persons without health insurance (especially young adults)
- Persons in need of mental health care
- Persons in need of substance abuse treatment
- Persons in need of dental care (especially those without health insurance or those who have Medicaid)
- Persons in need of specialist care – especially children
- Children of parents who use drugs
- Children of parents with low educational level
- LGBTQ+ population
- Persons without transportation
- Persons with language or culture barriers
- Persons living in high-SVI census tracts of Otway/Rarden, Lucasville, New Boston, part of Wheelersburg, and West Portsmouth

Required Action

Program planning done by the Scioto County Health Department must consider and address these barriers to care and underserved/vulnerable populations in order to maximize health equity and increase access to care and services for all residents of Scioto County.

References

1 – *County Health Rankings 2022 for Scioto County, Ohio*. Robert Wood Johnson Foundation.

<https://www.countyhealthrankings.org/app/ohio/2022/rankings/scioto/county/outcomes/overall/snapshot>

2 – *2018 Community Health Needs Assessment for Scioto County*. Scioto County Health Department and Portsmouth City Health Department.

<https://webgen1files.revize.com/sciotocountyhealthoh/2018%20PRC%20CHNA%20Report%20%20Southern%20Ohio%20Medical%20Center.pdf>

3 – *CDC Social Vulnerability Index*. <https://svi.cdc.gov/map.html>

4 – *Survey on Barriers to Health Care for Low-Income, Medically-Fragile Children and their Families in Scioto County. Summary of Results*. Scioto County Health Department. February 5, 2020. Unpublished report.

5 – *Survey on Health Disparities of Concern among the LGBTQ+ Population of Scioto County. Summary of Results*. Scioto County Health Department. July 19, 2022. Unpublished report.

6 – *Summary Data: 2014-2019 Child Fatalities in Scioto County*. March 5, 2020. Scioto County Health Department. Unpublished report.

7 - *CDC Social Vulnerability Index 2018 – Scioto County Map by Census Tract*. https://svi.cdc.gov/Documents/CountyMaps/2018/Ohio/Ohio2018_Scioto.pdf