

Trinity Hospital Twin City 2016 Community Health Needs Assessment Executive Summary



To comply with Internal Revenue Service requirements and Catholic Health Initiative (CHI) standards, under the leadership of the Trinity Hospital Twin City (THTC) Marketing & Community Outreach Department, the hospital helped plan, fund and participate in the Healthy Tusc (a consortium of non-profit health and wellness organizations in Tuscarawas County) community health needs assessment (CHNA) process throughout 2015. The Hospital Council of Northwest Ohio (HCNO) was contracted to lead the work of the CHNA process, and THTC staff provided insight on the selection of survey questions and the planning of a community forum that was held in October 2015 to share the results of the CHNA surveys and get community input. The results of the forum surveys were compiled and made a part of the Appendix in this CHNA report in 2016. Additionally, while the hospital serves all of Tuscarawas County, most of THTC's patients reside in the area within a 20 mile radius (which includes parts of Harrison & Carroll Counties) of the facility. Therefore, the hospital contracted with HCNO to conduct a special population survey sample in THTCs primary service area, and the results of the survey are included within the Appendix of this report as well.

*This report was reviewed and approved
by the Trinity Hospital Twin City Board of
Directors on May 23, 2016.*

EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Tuscarawas County adults (19 years of age and older) and youth (ages 12 through 18) who participated in a county-wide health assessment survey during 2015. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults and adolescents within Tuscarawas County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

INSTRUMENT DEVELOPMENT

Two survey instruments were designed and pilot tested for this study: one for adults and one for adolescents. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the BRFSS. The majority of the survey items for the adolescent survey were derived from the YRBSS. This decision was based on being able to compare local data with state and national data.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Tuscarawas County. During these meetings, banks of potential survey questions from the BRFSS and YRBSS surveys were reviewed and discussed. Based on input from the Tuscarawas County planning committee, the Project Coordinator composed drafts of surveys containing 115 items for the adult survey and 80 items for the adolescent survey. The drafts were reviewed and approved by health education researchers at the University of Toledo.

SAMPLING | *Adult Survey*

Adults ages 19 and older living in Tuscarawas County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and older living in Tuscarawas County. There were 70,618 persons ages 18 and older living in Tuscarawas County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings.) A sample size of at least 382 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Tuscarawas County was obtained from Allegra Marketing Services in Louisville, KY.

SAMPLING | Adolescent Survey

There were 8,942 persons ages 12 to 18 years old living in Tuscarawas County. A sample size of 368 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 1,200 adults in Tuscarawas County. This advance letter was personalized, printed on Healthy Tusc stationery and was signed by Kimberly Nathan, Chairperson, Healthy Tusc. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Healthy Tusc stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately two weeks after the first mailing, a second wave mailing encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope was sent. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 46% (n=527: CI=+4.25). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

PROCEDURE | Adolescent Survey

The survey was approved by all superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 91% (n=393: CI=±4.83).

DATA ANALYSIS

Individual responses were anonymous and confidential. Only group data are available. All data was analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Tuscarawas County, the adult data collected was weighted by age, gender, race, and income using 2010 census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix iii.

LIMITATIONS

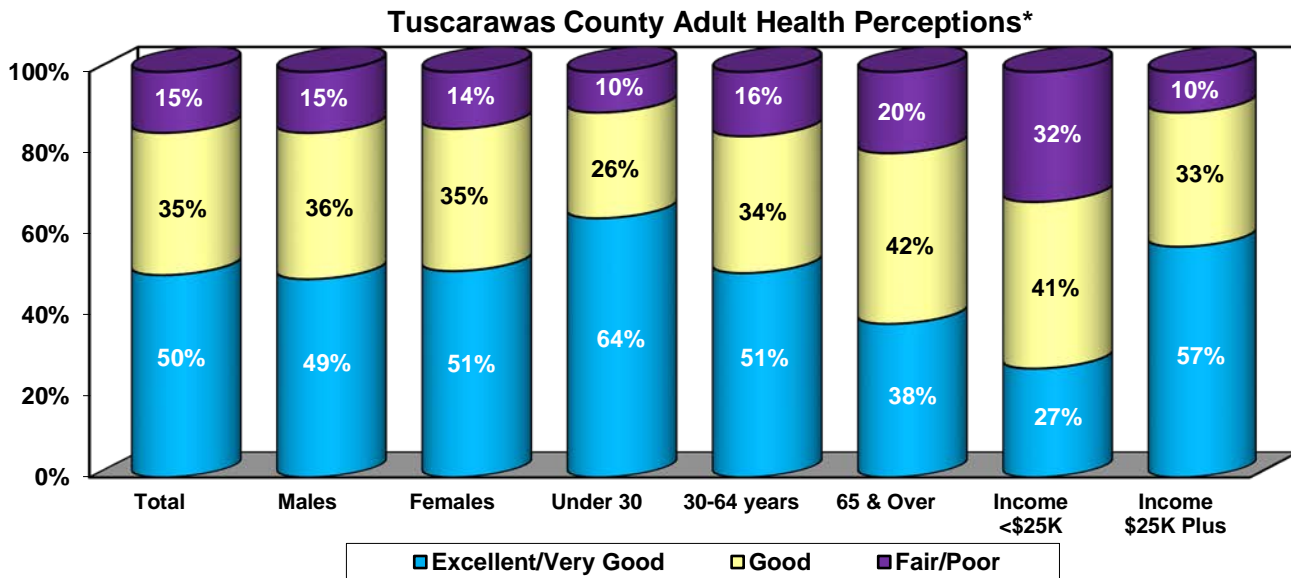
As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Tuscarawas County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Tuscarawas County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. CDC adult data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone rather than as a mail survey. The youth CDC survey was administered in schools in a similar fashion as this county health assessment.

Data Summary

HEALTH PERCEPTIONS

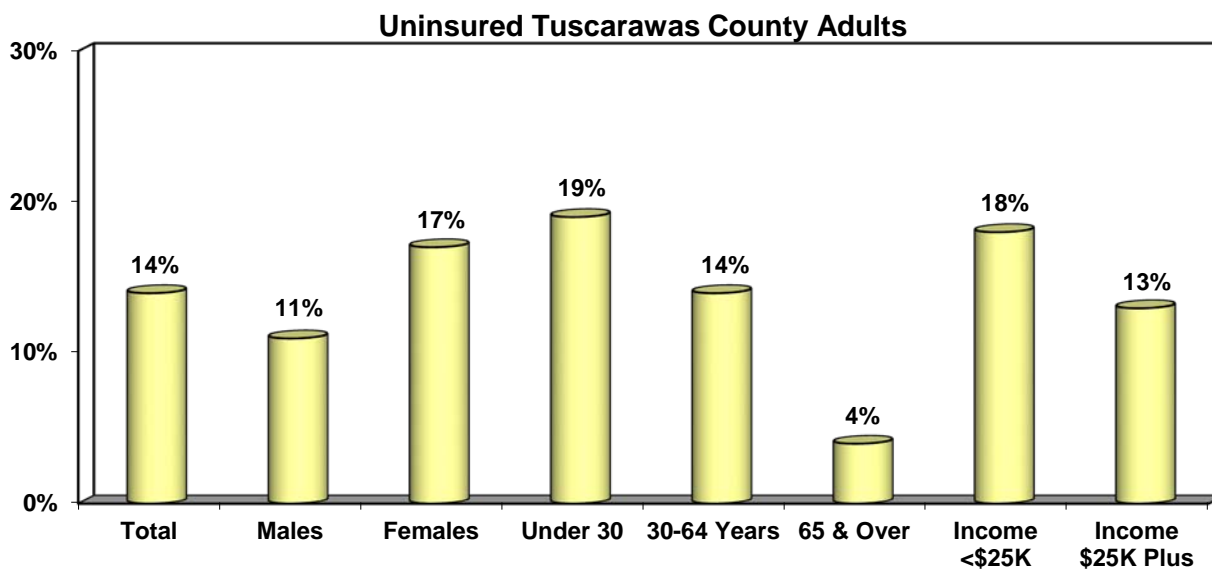
In 2015, half (50%) of the Tuscarawas County adults rated their health status as excellent or very good. Conversely, 15% of adults, increasing to 20% of those ages 65 and older, described their health as fair or poor.



*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

HEALTH CARE COVERAGE

The 2015 Health Assessment data has identified that 14% of Tuscarawas County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Tuscarawas County, 14.6% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2009-2013).



HEALTH CARE ACCESS

The 2015 Health Assessment project identified that 65% of Tuscarawas County adults had visited a doctor for a routine checkup in the past year. 52% of adults went outside of Tuscarawas County for health care services in the past year.

CARDIOVASCULAR HEALTH

Heart disease (17%) and stroke (4%) accounted for 21% of all Tuscarawas County adult deaths in 2013 (Source: ODH Information Warehouse, 2013 Preliminary Data). The 2015 Tuscarawas County Health Assessment found that 6% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Two-fifths (40%) of Tuscarawas County adults had been diagnosed with high blood pressure, 36% had high blood cholesterol, 36% were obese, and 14% were smokers, four known risk factors for heart disease and stroke.

Tuscarawas County Leading Types of Death 2013 (Preliminary)

Total Deaths: 1,019

1. Heart Disease (17% of all deaths)
2. Cancer (16%)
3. Chronic Lower Respiratory Diseases (5%)
4. Stroke (4%)
5. Unintentional Injuries (Accidents) (3%)

(Source: ODH Information Warehouse, 2013)

CANCER

In 2015, 12% of Tuscarawas County adults had been diagnosed with cancer at some time in their life. Ohio Department of Health statistics indicate that from 2009-2013, a total of 1,050 Tuscarawas County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

Tuscarawas County Incidence of Cancer, 2008-2012

All Types: 2,653 cases

- Prostate: 431 cases (30%)
- Lung and Bronchus: 392 cases (27%)
- Breast: 349 cases (24%)
- Colon and Rectum: 257 cases (18%)

In 2010, there were 214 cancer deaths in Tuscarawas County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/8/2015)

DIABETES

In 2015, 9% of Tuscarawas County adults had been diagnosed with diabetes.

ARTHRITIS

According to the Tuscarawas County survey data, 35% of Tuscarawas County adults were diagnosed with arthritis. According to the 2013 BRFSS, 30% of Ohio adults and 25% of U.S. adults were told they have arthritis.

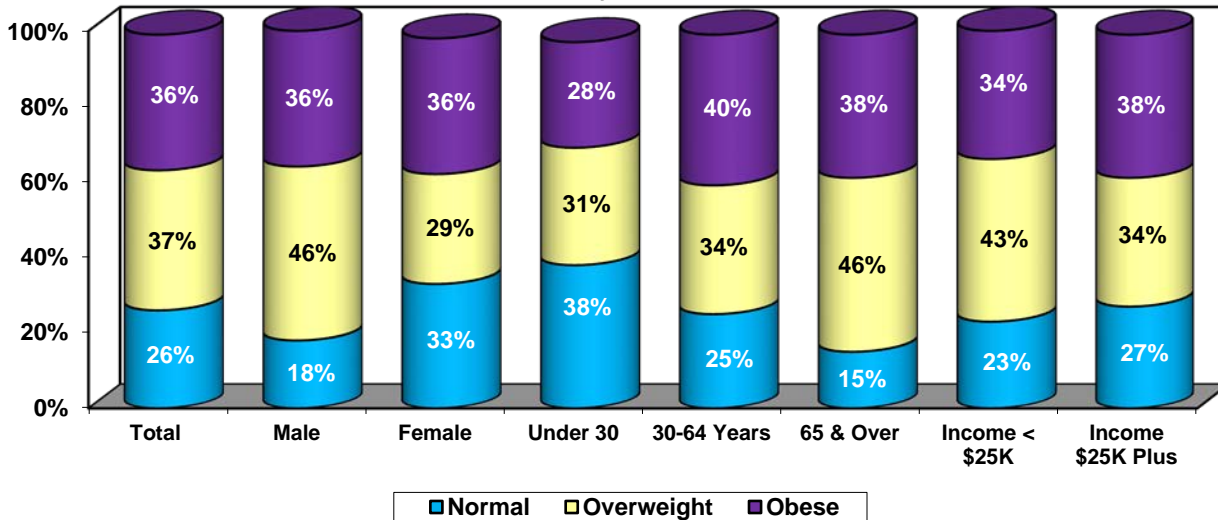
ASTHMA

In 2015, 10% of Tuscarawas County adults had been diagnosed with asthma.

ADULT WEIGHT STATUS

The 2015 Health Assessment identified that 73% of Tuscarawas County adults were overweight or obese based on Body Mass Index (BMI). More than one-third (36%) of Tuscarawas County adults were obese. The 2013 BRFSS indicates that 30% of Ohio and 29% of U.S. adults were obese by BMI. Nearly half (48%) of adults were trying to lose weight.

Tuscarawas County Adult BMI Classifications

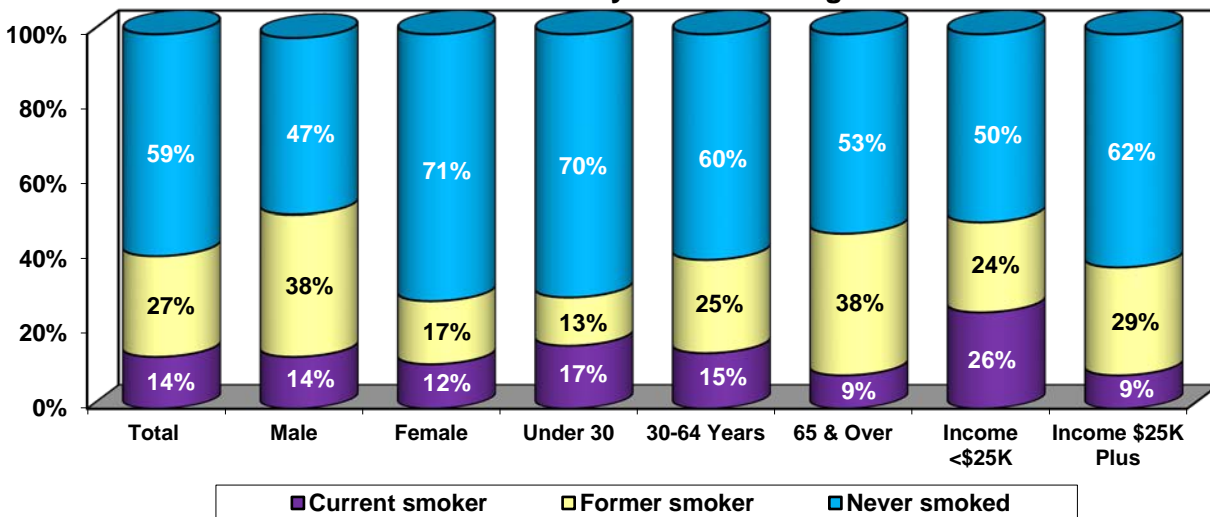


(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

ADULT TOBACCO USE

In 2015, 14% of Tuscarawas County adults were current smokers and 27% were considered former smokers. In 2014, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million (Source: Cancer Facts & Figures, American Cancer Society, 2015).

Tuscarawas County Adult Smoking Behaviors

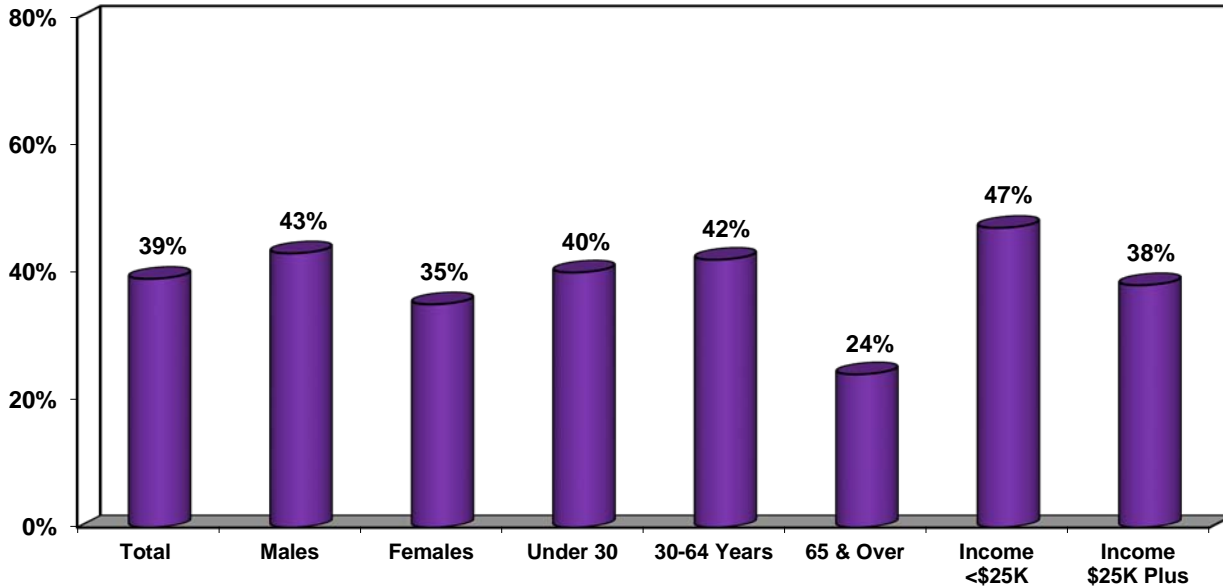


Respondents were asked:
 "Have you smoked at least 100 cigarettes in your entire life?
 If yes, do you now smoke cigarettes every day, some days or not at all?"

ADULT ALCOHOL CONSUMPTION

In 2015, the Health Assessment indicated that 11% of Tuscarawas County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 39% of adults who drank had five or more drinks for males and 4 or more drinks for females on one occasion (binge drinking) in the past month. Five percent of adults drove after having perhaps too much to drink.

Tuscarawas County Adult Drinkers Who Binge Drank in Past Month*

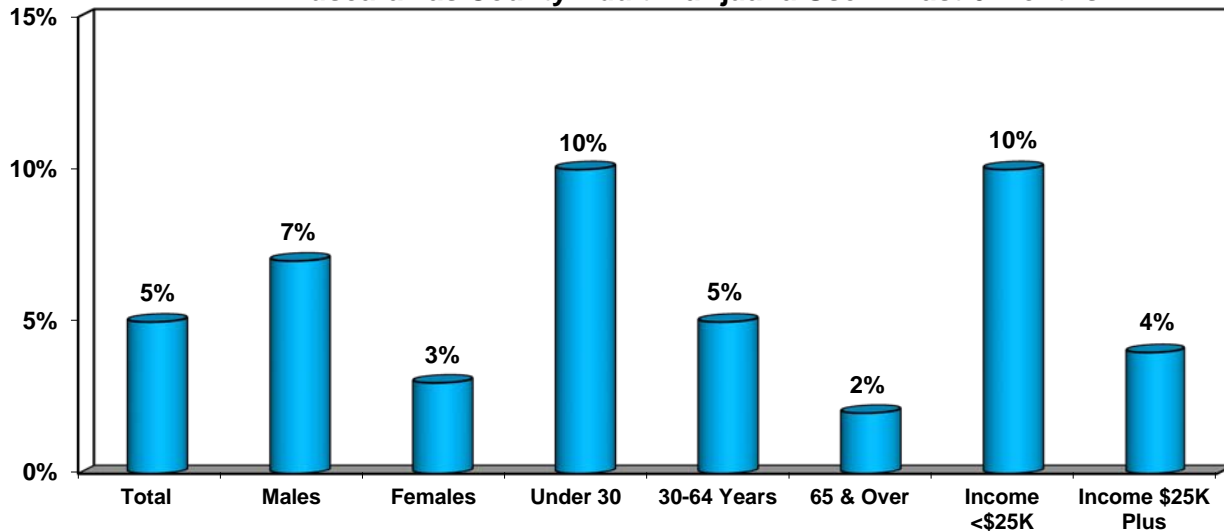


*Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.

ADULT MARIJUANA AND OTHER DRUG USE

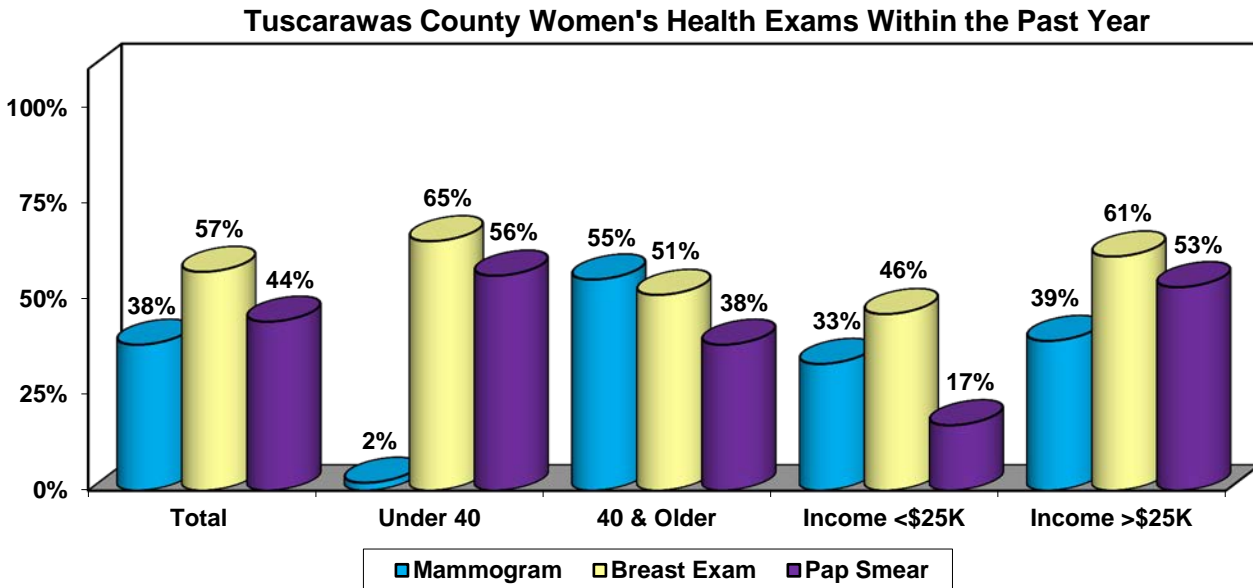
In 2015, 5% of Tuscarawas County adults had used marijuana during the past 6 months. 10% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Tuscarawas County Adult Marijuana Use in Past 6 Months



WOMEN'S HEALTH

In 2015, more than half (55%) of Tuscarawas County women over the age of 40 reported having a mammogram in the past year. 57% of Tuscarawas County women ages 19 and over had a clinical breast exam and 44% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 3% of women survived a heart attack and 3% survived a stroke at some time in their life. More than one-third (39%) had high blood pressure, 35% had high blood cholesterol, 36% were obese, and 12% were identified as smokers, known risk factors for cardiovascular diseases.



MEN'S HEALTH

In 2015, 53% of Tuscarawas County males over the age of 50 had a Prostate-Specific Antigen (PSA) test. Major cardiovascular diseases (heart disease and stroke) accounted for 30% and cancers accounted for 25% of all male deaths in Tuscarawas County from 2011-2013. The Health Assessment determined that 10% of men survived a heart attack and 3% survived a stroke at some time in their life. More than two-fifths (41%) of men had been diagnosed with high blood pressure, 36% had high blood cholesterol, and 14% were identified as smokers, which, along with obesity (36%), are known risk factors for cardiovascular diseases.

PREVENTIVE MEDICINE AND HEALTH SCREENINGS

Over half (55%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than two-thirds (68%) of adults ages 65 and over had a flu vaccine in the past year.

ADULT SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

In 2015, nearly two-thirds (64%) of Tuscarawas County adults had sexual intercourse. Four percent of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV) (Source: CDC, *STDs in Adolescents and Young Adults, 2014 STD Surveillance*).

QUALITY OF LIFE

In 2015, 18% of Tuscarawas County adults were limited in some way because of a physical, mental or emotional problem.

SOCIAL CONTEXT

In 2015, 12% of Tuscarawas County adults needed help meeting their general daily needs. More than half (53%) of adults kept a firearm in or around their home.

MENTAL HEALTH AND SUICIDE

In 2015, 2% of Tuscarawas County adults considered attempting suicide. 9% of adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.

ORAL HEALTH

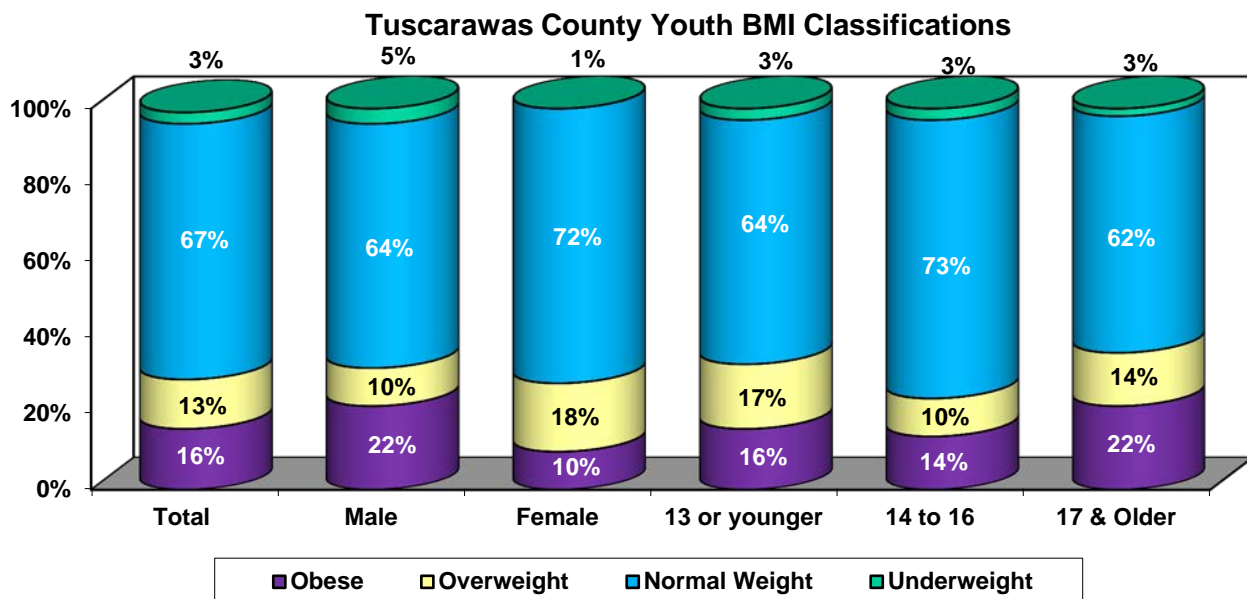
The 2015 Health Assessment project has determined that more than half (58%) of Tuscarawas County adults had visited a dentist or dental clinic in the past year. The 2012 BRFSS reported that 68% of Ohio adults and 67% of U.S. adults had visited a dentist or dental clinic in the previous twelve months. Nearly three-fourths (73%) of Tuscarawas County youth in grades 6-12 had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year (2013 YRBS reported 75% for Ohio).

PARENTING

The 2015 Health Assessment project identified that 69% of parents discussed peer pressure with their 6-to-17 year-old in the past year. Most (91%) parents reported their child had received all recommended immunizations.

YOUTH WEIGHT STATUS

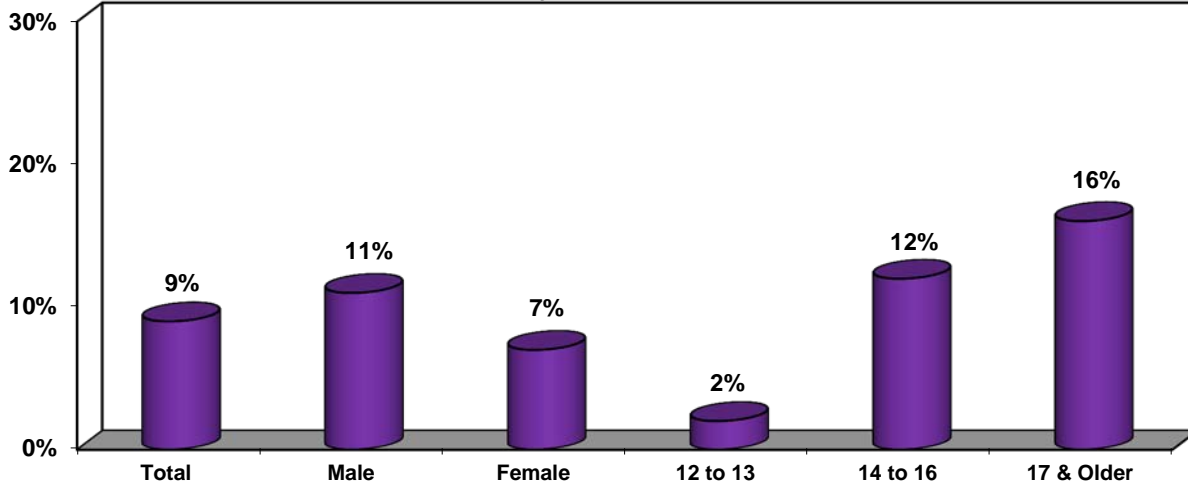
The 2015 Health Assessment identified that 16% of Tuscarawas County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 34% of Tuscarawas County youth reported that they were slightly or very overweight. 80% of youth were exercising for 60 minutes on 3 or more days per week. 90% of youth were involved in extracurricular activities.



YOUTH TOBACCO USE

The 2015 Health Assessment identified that 9% of Tuscarawas County youth in grades 6-12 were smokers, increasing to 16% of youth 17 and older. Of those 6th-12th grade youth who smoked in the past year, 41% had tried to quit. 61% of Tuscarawas County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.

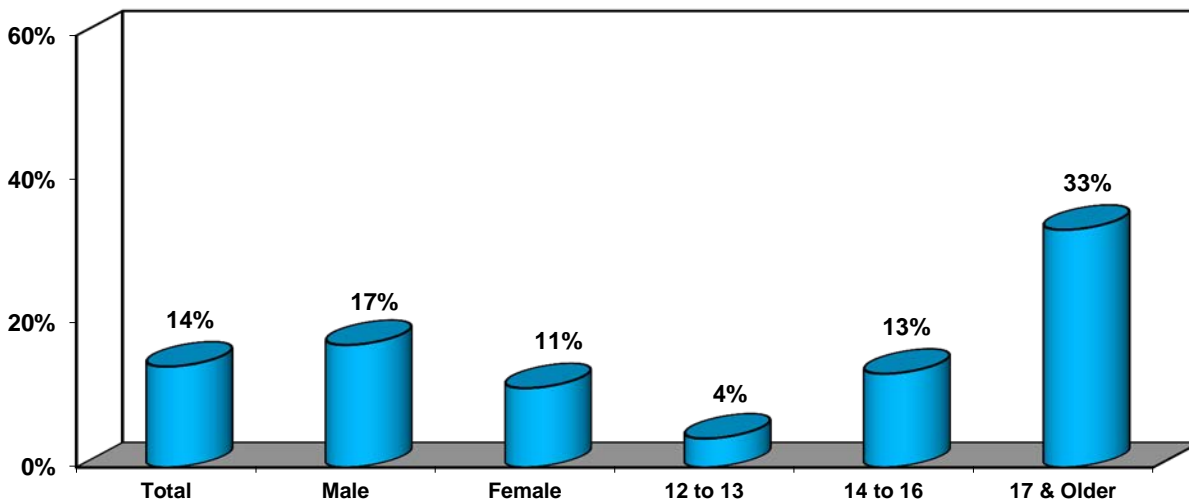
Tuscarawas County Youth Who Are Current Smokers



YOUTH ALCOHOL CONSUMPTION

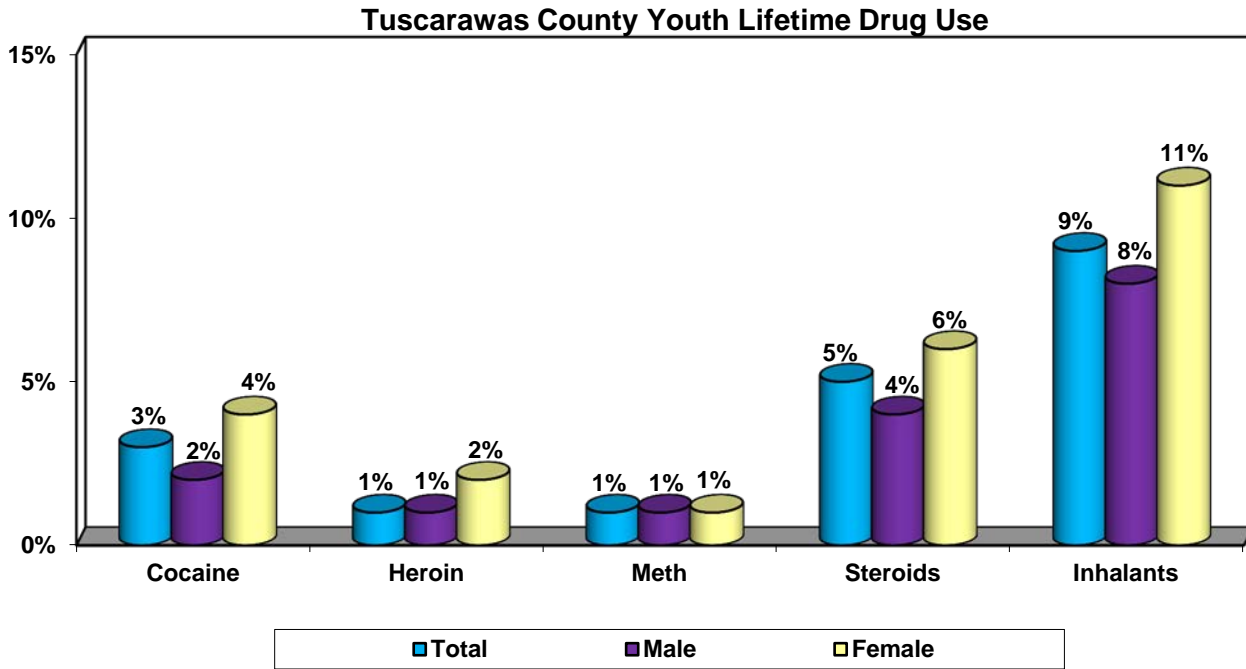
In 2015, the Health Assessment results indicated that 44% of Tuscarawas County youth in grades 6-12 had drunk at least one drink of alcohol in their life, increasing to 65% of youth seventeen and older. 35% of those 6th-12th graders who drank, took their first drink at 12 years or younger. 14% of all Tuscarawas County 6th-12th grade youth and 33% of those over the age of 17 had at least one drink in the past 30 days. Over three-fifths (63%) of the 6th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 4% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Tuscarawas County Youth Who Are Current Drinkers



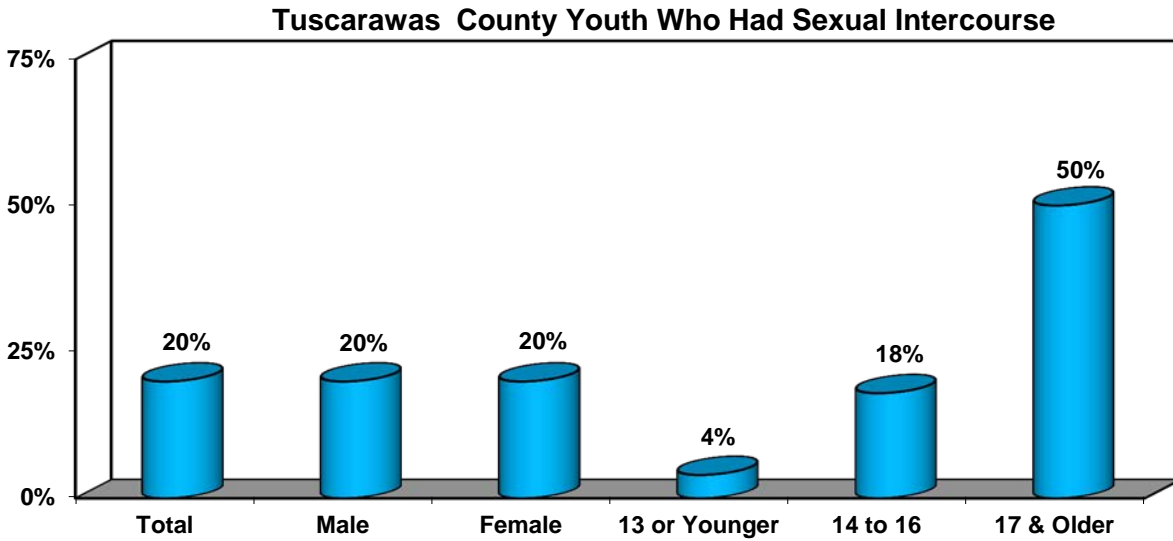
YOUTH DRUG USE

In 2015, 7% of Tuscarawas County 6th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 13% of those ages 17 and older. 5% of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in the past month.



YOUTH SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

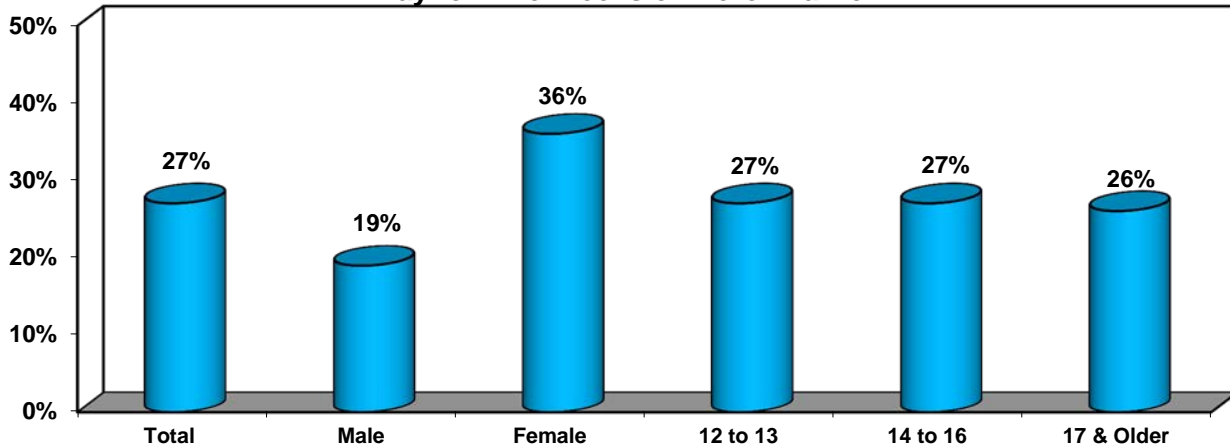
In 2015, one-fifth (20%) of Tuscarawas County youth have had sexual intercourse, increasing to 50% of those ages 17 and over. 17% of youth had participated in oral sex and 3% had participated in anal sex. 20% of youth participated in sexting. Of those who were sexually active, 48% had multiple sexual partners.



YOUTH MENTAL HEALTH AND SUICIDE

In 2015, the Health Assessment results indicated that 16% of Tuscarawas County 6th-12th grade youth had seriously considered attempting suicide in the past year and 8% admitted actually attempting suicide in the past year.

Tuscarawas County Youth Who Felt Sad or Hopeless Almost Every Day for Two Weeks or More in a Row



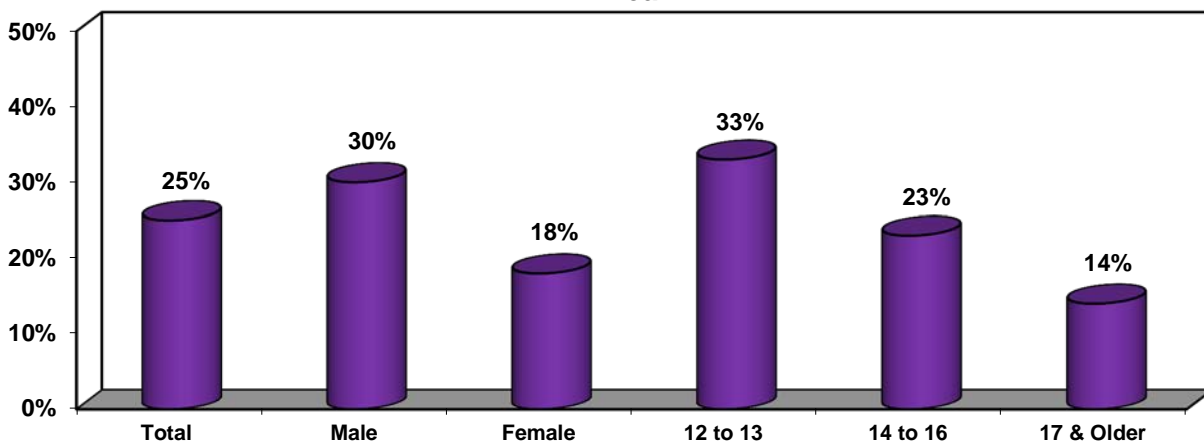
YOUTH SAFETY

In 2015, 16% of youth had ridden in a car driven by someone who had been drinking alcohol in the past month and 4% of youth drivers had driven after drinking alcohol. 38% of youth drivers texted while driving.

YOUTH VIOLENCE

In Tuscarawas County, 25% of youth had been involved in a physical fight in the past year. 7% of youth had been threatened or injured with a weapon on school property in the past year. 48% of youth had been bullied in the past year and 34% had been bullied on school property.

Tuscarawas County Youth Involved in a Physical Fight in the Past Year



YOUTH PERCEPTIONS

In 2015, 70% of Tuscarawas County 6th-12th grade youth thought there was a great risk in harming themselves if they smoked one or more packs of cigarettes per day. 16% of youth thought that there was no risk in using marijuana once or twice a week. Three-fourths (75%) of youth reported that their parents would think it was very wrong for them to drink alcohol.

Trinity Hospital Twin City
2016 Community Health
Needs Assessment Appendix



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2015 Trinity Hospital Twin City Health Assessment Summary Chart by Service Area

Adult Variables	Trinity Hospital Twin City Primary Service Area** (n=184)	Tuscarawas County 2015	Ohio 2013	US 2013
Rated health as excellent or very good (#1)	36%	50%	50%	52%
Rated health as fair or poor (#1)	20%	15%	18%	17%
Has health care coverage (#11)	88%	86%	86%	83%
Usually seek treatment at a private doctor's office (#20)	75%	73%	N/A	N/A
Usually seek treatment at a hospital emergency room (#20)	3%	3%	N/A	N/A
Usually seek treatment at an urgent care center (#20)	4%	6%	N/A	N/A
Do not have one particular place they seek treatment (#20)	3%	4%	N/A	N/A
Has been diagnosed with asthma (#27)	8%	10%	14%	14%
Has been diagnosed with COPD, emphysema, etc. (#28)	4%	4%	N/A	N/A
Has been diagnosed with arthritis (#29)	46%	35%	30%	25%
Has been diagnosed with diabetes (#30)	14%	9%	11%	11%
Has been diagnosed with angina (#32)	7%	8%	5%	4%
Has had a heart attack (#32)	7%	6%	5%	4%
Has had a stroke (#32)	5%	3%	4%	3%
Has been diagnosed with high blood pressure (#33)	46%	40%	34%	31%
Has been diagnosed with high blood cholesterol (#35)	45%	36%	38%	38%
Had at least one alcoholic beverage in the past month (#39)	35%	41%	53%	55%
Current smoker (currently smokes some or all days) (#44/45)	16%	14%	23%	19%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke) (#44/45)	30%	27%	25%	25%
Used marijuana in past 6 months (#50)	4%	5%	N/A	N/A
Misused any prescription drugs in past 6 months (#52)	11%	10%	N/A	N/A
Made a plan about how they would attempt suicide in past year (#80)	2%	2%	N/A	N/A
Firearms in or around the home that are unlocked and loaded (#92)	5%	4%	N/A	N/A
Needed help meeting daily needs in past month (#93)	16%	12%	N/A	N/A
Family's health threatened by insects (#103)	21%	18%	N/A	N/A
Family's health threatened by mold (#103)	7%	7%	N/A	N/A
Family's health threatened by unsafe water supply/wells (#103)	5%	4%	N/A	N/A
Family's health threatened by temperature regulation (#103)	6%	4%	N/A	N/A
Overweight by BMI (25.0-29.9) (#114/115)	39%	37%	35%	35%
Obese by BMI (30+) (#114/115)	37%	36%	30%	29%

N/A - Data is not available

** Numbers are to be used with caution and are not generalizable

2015 Trinity Hospital Twin City Health Assessment Summary Chart by Service Area

- More than two-thirds (70%) of adults in the Trinity Hospital Twin City primary service area reported having a usual source of medical care. Reasons for not having a usual source of medical care included: had two or more usual places (25%), had not needed a doctor (21%), no insurance (12%), cost (10%), not accepting new patients (10%), previous doctor unavailable/moved (6%), do not like/trust/ believe in doctors (4%), did not know where to go (2%), and other reasons (6%).
- Trinity Hospital Twin City service area adults obtained medications from the following: primary care physicians (82%), and free from friend or family members (12%). No one reported obtaining medications from multiple doctors, from an ER/urgent care doctor, buying them from a friend/family member or dealer, or stealing them from a friend/family member.
- When asked the main reason for not visiting a dentist in the last year, Trinity Hospital Twin City area residents had the following responses: no reason to go (33%), cost (30%), fear, apprehension, nervousness, pain, and dislike going (12%), had dentures/no teeth (6%), had not thought of it (5%), their dentist did not accept their medical coverage (3%), could not find a dentist to who took Medicaid (2%), could not get into a dentist (1%), and other reasons (1%). 3% reported multiple reasons including cost.

2015 Trinity Hospital Twin City Health Assessment Summary Chart by Service Area

Diagnosed with Mental Health Issue

In the past <u>12 months</u> , have you or a family member been diagnosed or treated for a mental health issue? (CHECK ALL THAT APPLY)	You	Family Member	Not at all
Depression	18%	10%	72%
Bipolar	2%	7%	91%
Attention Deficit Disorder (ADD/ADHD)	2%	7%	91%
Alcohol and illicit drug abuse	0%	6%	94%
Anxiety Disorder (i.e. panic attacks, phobia, obsessive-compulsive disorder)	11%	10%	79%
Psychotic Disorder (i.e. schizophrenia, schizoaffective disorder)	1%	2%	97%
Developmental Disability (cognitive/intellectual)	0%	5%	95%
Autism spectrum	0%	3%	97%
Post-Traumatic Stress Disorder (PTSD)	3%	3%	94%
Other trauma	0%	2%	98%
Anxiety or emotional problems	10%	11%	79%
Life Adjustment Disorder	1%	1%	98%
Other mental health disorder	4%	2%	94%
I have taken medication for one or more of the mental health issues above	19%	9%	72%

Sought Assistance for Social Service Issues

In the past <u>year</u> , have you or a loved one sought assistance for any of the following? (CHECK ALL THAT APPLY)	Received assistance	Did not know where to look	Did not need assistance
Rent/mortgage	3%	3%	94%
Utilities	10%	3%	87%
Food	13%	1%	86%
Emergency shelter	1%	0%	99%
Clothing	2%	2%	96%
Legal aid services	3%	1%	96%
Free tax preparation	4%	2%	94%
Transportation	7%	3%	90%
Credit counseling	1%	3%	96%
Home repair	5%	1%	94%
Employment	3%	1%	96%
Healthcare	9%	3%	88%
Prescription assistance	11%	1%	88%
Alcohol or other substance dependency	1%	0%	99%
Abuse or neglect issues (child or adult/elder)	1%	0%	99%
Mental illness issues including depression	6%	1%	93%
Unplanned pregnancy	1%	0%	99%
Homelessness	0%	0%	100%
Affordable child care	0%	0%	100%
Post incarceration transition issues	0%	0%	100%

2015 Trinity Hospital Twin City Health Assessment Summary Chart by Service Area
Most Important Health Concerns in the Community

Which is the most important health concern your community is facing? (CHECK ONLY ONE)	Ranking	Percentage
Substance or drug use	1	22%
Obesity	2	12%
Alcohol use	3	8%
Diabetes or similar chronic disease	4	6%
Accidents/injuries	4	6%
Lack of access to good medical care	4	6%
Other	4	6%
Food insecurity	5	5%
Lack of access to good dental care	6	4%
Child abuse/neglect	6	4%
Domestic violence	7	3%
Lack of recreation facilities or fitness opportunity	7	3%
Tobacco use	8	2%
Depression	9	1%
Other mental illness	9	1%
Accidents/injuries	10	1%

2015 Community Health Assessment Tuscarawas County 10/13/15 Community Forum Meeting at Tuscarawas County Senior Center

On Tuesday, October 13, 2015, Healthy Tusc hosted a free Community Forum and breakfast event and invited community leaders representing all major sectors of the county. The goal of the forum was to announce the results of the Community Health Needs Assessment and to obtain feedback from the community leaders about what topics they would most like to see addressed to improve the community in the future. The forum was attended by 105 adults and included a broad representation of the county as follows (type of organization followed by number attending): Churches 3, Public Schools 30, Hospice 3, Finance 3, Civic Clubs 1, Social Services 4, Colleges 2, Hospitals and Health Departments 30 (including four senior administration leaders and the grant/marketing coordinator from Trinity Hospital Twin City) , Government Agency 1, Elected Officials 4, Law Enforcement 3, Board of Developmental Disabilities 1, County Farmer's Market 1, Community Volunteers 6, Senior Center 2, Media 2, Mental Health 4, and Nursing Homes 5.

Below are the results of the surveys completed by the forum attendees. These survey results will be utilized when Healthy Tusc formulates their Community Health Improvement and Implementation Plan (CHIP).

What surprised you the most?

- The age of youth engaging in sexual behavior (8)
- Youth survey information (6)
- Mental health of youth (6)
- Youth drug use (6)
- Youth soaking tampons in alcohol (4)
- Obesity rates were lower than expected (4)
- Youth suicide rate is high (3)
- Suicide thoughts (3)
- 36% female youth felt sad/helpless (3)
- The different ways youth are finding to abuse alcohol (3)
- 1 out of 4 children had not been to the dentist (2)
- The poor diet and low amount of fruits/vegetables consumed (being such a farming community) (2)
- Bullying (2)
- Youth who attempted suicide (2)
- Youth drinking, smoking, drug age (2)
- Smoking rate was low (2)
- Youth perception of smoking, marijuana, and prescription drug use
- The number of adults unaware of their insurance coverage

- Attitude towards marijuana/perceived threat
- Obesity compared to state
- Changes in perception of youth across time
- High percentage of kids that get alcohol from parents
- Sexual bullying
- 73% of adults were overweight or obese
- 52% went outside the county for specialty services
- The changes in drugs and sex over the past 10-20 years
- Reasons for depression or suicidal thoughts
- The number of things youths do to hide drug use
- Knowledge of sex at such young ages
- Youth creativity to participate in risky behaviors
- 16% of Tuscarawas County 6th-12th grade youth had seriously considered attempting suicide in the past year
- The amount of negative behavior and creative ways to get high
- Youth smoking
- Youth sexting
- Depth of research and amount of information on different demographics
- How interesting the seminar was- I did not realize this survey was out there
- The change in “moral” behavior
- Percentage of community still no access to health care
- What is to come if marijuana is legalized in Ohio
- High number of female youth using drugs-higher than males no matter the drug

If Tuscarawas County can only focus on 2 or 3 of the issues found in this report, what would you want them to be?

- Mental health (depression/suicide) (25)
- Obesity (12)
- Youth Drug and alcohol abuse (13)
- Adult Drug and alcohol abuse (8)
- Dental/oral health (8)
- Teen sexual behavior (7)
- Bullying (7)
- Youth education (5)
- Programs for youth depression (2)
- Youth obesity (3)
- Healthy choices (3)
- Access to healthcare (3)
- Education (3)
- Smoking (3)
- Finding ways to provide information to help those with lower income levels to find care (3)
- Sexting (2)
- Parent education would affect every area (2)
- Defeat marijuana proposals (2)
- Prevention programs (2)
- Safety during driving/texting while driving (2)

- Awareness with physicians
- Educating re-diet
- Encouraging exercise
- Data should be announced everywhere
- Incorporate into strategic plan
- Parenting concerns
- Community initiatives to increase awareness
- Physician discussions regarding obesity/data
- Maybe work with pastors to make them aware to help youth and families
- More free medical clinics
- Home and family support as primary line of defense
- Curriculum for school
- Empowering parents on crucial conversations with children
- Public access to physical activity
- Alcohol classes
- More specialty services
- Prescription drugs and marijuana
- Family structure
- Social media impact
- Medical check ups for low income and uninsured
- More outreach programs for youths and education on effects of drugs and alcohol
- Put God back in schools
- Life skills for kids
- Youth programs outside school
- Providing proper ongoing healthcare
- Youth pregnancy
- Negative behavior of youth
- More discussions at schools
- Effects of all use
- Physicians prescribing controlled substances
- Youth health awareness
- Resources available to help those in need
- Diabetes prevention
- Preventive medicine
- More healthcare opportunities
- Risk factors for youth
- Clear message that drug and alcohol use is unacceptable for youth
- Cancer 2nd cause of death
- Men's screening PSA
- Prevention
- Women's health education
- Alternative methods to alcohol and drug use
- Dangers of marijuana

What would you like to see in the next report?

- Better outcomes (9)
- More about sexting (2)

- Family demographics of youth (income, family size, # of parents in home, etc) (2)
- How many youth suicide attempts are active in mental health
- What is being done to prevent drug use and depression
- Info about how people shop/prep food-though I think report was very comprehensive
- Focus study inclusion- use launch for “focus study info”
- Trend analysis
- Programs implemented and their success or failure
- Further investigation into dental needs and where to provide services
- Document initiatives and changes in results
- Formalize process for how initiatives are created and tracked
- Percent of kids who do not have healthcare
- Have something in place for kids not to be attracted to or available for them to get to (drugs/alcohol)
- Youth drug and alcohol use lowered
- Percentage of wellness database to compare with national averages and look for specific plan designs
- Identifying what programs and resources already exist to intervene on youth education
- Depression in youth
- Reduction in teens who are sexually active
- Threats and bullying through social media outlet
- I think you went over everything pretty well
- How many youths tried to reach out for help or assistance
- More eye opening information
- The percent of youth who received assistance after having a child/miscarriage from school or home
- Why the demographics of this county are lacking in health care (Language barriers, finances?)
- More youth research
- Not just percentages, but how many people it was
- Lower number of doctor prescribed controlled substances
- How do we help correct issues? Resource guide available
- Family interventions were applied and its impact
- A summary of the areas that most vary from state and national data
- More data for senior adults
- Statistical improvement (Much work to be done)
- What do youth think they need
- Continue to see trends in perception of harm for marijuana use and alcohol
- Home issues
- Teen suicide prevention
- Adult suicide prevention
- Men’s cancer data
- Adult health education
- Peer pressure and bullying
- Numbers on sexual abuse and if education in the topic is available
- What is the local ADAMHS board doing about the high rate of youth suicide attempts
- Most successful way to educate youth in their own opinion

What will your organization do with this data?

- Awareness/Education (9)
- Future planning (4)
- Discuss in further depth (3)
- Prioritize issues (3)
- Use it to develop education programs in our schools (2)
- Employee wellness and education/ prevention (2)
- Use to direct programming to public and our client populations
- Get data in the right hands
- Physicians having tough conversations
- Youth data
- Review preventative care/evaluations of higher youth education
- Continue working with local businesses and wellness programs
- Try to implement programs
- Serve needy population
- More comparisons across data
- Poverty vs. bully vs. sexual activity etc.
- Discuss with teachers and determine how to educate students
- Drug test students involved in school activities
- Discuss as a team and work with officials and Healthy Tusc
- Discuss with staff and receive input
- Discuss in class
- It can help medical assistants better help those with cultural differences find better care
- Set a better example
- Hopefully fix all these numbers and lower them
- Learn and continue teaching about our actions and prevention
- Collect it and maybe find ways to fix it
- Develop in-services/ CELL programs to help educate area
- What direction/ programs we can begin or expand
- Not sure yet
- We do a lot of rehab so make sure when they leave they have all the resources they will need
- Grant writing
- Plan our prevention efforts (ATOD) in the schools
- Consider free community screenings for high risk cancers
- Community health improvement plan
- From our strategic plan for future
- Utilize it to focus on what we can do to make areas better (lower percentages)
- Talk about/ discuss and relate it to ourselves
- Will help with accreditation
- Integrate this needs assessment data into our grant meeting with the Ohio Department of Health
- Strengthen our education on areas that are high (working in middle school presently)
- Accessing funds
- Legal use in presentations
- Use in presentations to youth

Are there any programs/policies that exist in other counties that you believe Tuscarawas County consider for implementation?

- As a parent, it would be helpful to have education on youth trends and risky behavior indicators
- County wide anti-bullying program in all schools- schools typically do something but there is limited consistency
- Youth tobacco prevention
- Continue public parks and trails improvements
- Youth leadership programs
- GRADS classes for young/teen parents provided at home or school visits (this is a huge issue, children becoming pregnant and no one to help/tutor/guide them, parents are not always helpful)
- I'm originally from Stark county and we have many mental health facilities, home health care funding and youth programs
- Military school for all children or home school to prevent things from happening
- Do away with outreach clinics for opioid abusers
- Increase use of 21st century grants for outside agencies
- Drug testing of ALL school staff and board members
- Cancer screening event and education
- E-cigarette availability to use and buying restrictions for youth
- Recreational drugs without everyone knowing what is going on
- Available produce/ local farms and markets
- Education in youth on health and behavior that come later in life
- All schools should use evidence based prevention methods- they fund themselves- a good example is Life Skills
- Mentoring programs for young women
- Better control of electronics