



2013 Community Health Needs Assessment

Prepared for: Trinity Hospital Twin City

PREPARED BY:



... We Measure What Matters



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Executive Summary

In 2010, President Obama signed into law the Patient Protection and Affordable Care Act that requires charitable hospitals to conduct a community health needs assessment and adopt strategies to meet community health needs identified through the assessment. The Center for Marketing and Opinion Research (CMOR) was selected to conduct the 2013 Community Health Needs Assessment for Trinity Hospital Twin City.

The first phase of the project consisted of a random sample telephone survey of 400 households within the hospital's service area. Telephone interviews were utilized in order to ensure representativeness of the population. This method also ensured that the correct number of interviews was completed to meet the targeted margin of error for statistical validity. The final sample size of 400 results in an overall sampling error of plus or minus 5% within a 95% confidence level. Questions were posed in the following subject areas: health related services and testing; healthcare, and health education; sources of health related information; health conditions; healthcare access; exercise and obesity; tobacco use; and health insurance.

The second phase of the project consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when analyzed alongside survey data. CMOR gathered and compiled health and demographic data from various sources (outlined in the research methodology section). The final phase of the project consisted of a focus group of community leaders with public health experience.

After gathering the data, CMOR compiled the information, by source. In addition to the report narrative, data was visually displayed with charts and tables. When available, data was compared to information from previous years as well as other geographic areas such as Ohio or the United States as a whole. Analysis included survey data in conjunction with health and demographic data. Using all data available, CMOR identified priorities for the hospital.

The top three health-related issues identified as part of this Community Health Needs Assessment:



1. Access to primary care and specialists
2. High amount of risky behaviors, including obesity and tobacco use.
3. Cancer care and treatment





Methodology

COMMUNITY SURVEY

The first phase of the project consisted of the collection of primary data utilizing a random sample telephone survey of 400 households within Trinity Hospital's target area. The general population statistics derived from the sample size provide a precision level of plus or minus 5% within a 95% confidence interval. Data Collection began on November 27 and ended on December 10, 2012 primarily between the hours of 5:15 pm and 9:15 pm. Some interviews were conducted during the day and on some weekends to accommodate respondent schedules. The interviews took an average of 19.32 minutes.

The final sample consisted of ten zip codes and one partial zip code covering individuals in Carroll, Guernsey, Harrison, and Tuscarawas Counties. One zip code (44663) was only partially sampled by Zip+4 codes that corresponded to certain postal carrier routes in the southern part of the zip code. The table below shows zip codes sampled and counties covered, along with the percent of the zip code that lies within each county.

Zip code	County 1	County 2	County 3
43837	Tuscarawas (95.1%)	Guernsey (4.9%)	---
43973	Harrison (50.1%)	Guernsey (47.9%)	Tuscarawas (1.7%)
43988	Harrison (74.9%)	Carroll (25.1%)	---
44621	Tuscarawas (91.0%)	Harrison (7.9%)	Carroll (1.1%)
44629	Tuscarawas (100.0%)	---	---
44653	Tuscarawas (100.0%)	---	---
44663	Tuscarawas (100.0%)	---	---
44682	Tuscarawas (100.0%)	---	---
44683	Tuscarawas (91.5%)	Harrison (8.5%)	---
44695	Harrison (56.9%)	Carroll (43.1%)	---
44699	Harrison (72.2%)	Tuscarawas (25.1%)	Guernsey (2.8%)

FOCUS GROUP

In addition to the survey, CMOR conducted one focus group on behalf of Trinity Hospital Twin City on January 24, 2013 with 19 area community leaders to explore community health needs and find ways to better meet those needs in the future. The agencies represented in the group included city government, the United Way, Trinity Hospital Twin City, local schools, the Department of Job and Family Services, First National Bank, YMCA, local churches, the Health Department, Red Cross, and the ADAMHS Board.





SECONDARY DATA

The second phase of this study consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when analyzed alongside survey data. CMOR gathered and compiled health and demographic data from various sources (outlined below). After gathering the data, CMOR compiled the information, by category. When available, data was compared to other geographic areas such as Ohio. Using all data available, CMOR identified priorities for the county.

Focus Areas:

- ✓ Diet and Exercise
- ✓ Mental Health
- ✓ Chronic conditions
- ✓ General health
- ✓ Health care access
- ✓ Tobacco use
- ✓ Preventative Health
- ✓ Health Insurance
- ✓ Mortality
- ✓ Morbidity
- ✓ Birth
- ✓ Education
- ✓ Employment
- ✓ Income
- ✓ Marital status

Sources of Data:

- ✓ 2011 Stark County Community Health Needs Assessment
- ✓ National Center for Health Statistics/Census Bureau
- ✓ Ohio Department of Health- Vital Statistics
- ✓ Ohio Department of Health- Released Hospital-by-Hospital Data
- ✓ Ohio Department of Health- Ohio Public Health Data
- ✓ Ohio Department of Health- Ohio Behavioral Risk Factor Surveillance System
- ✓ Ohio Department of Health- Healthy Ohio Community Profiles
- ✓ Ohio Oral Health Surveillance System
- ✓ CDC - National Diabetes Surveillance System
- ✓ CDC - Behavioral Risk Factor Surveillance System
- ✓ CDC- National Vital Statistics
- ✓ 2012 Regional Health Needs Assessment Project- Ohio's Critical Access Hospitals *funded by Ohio Department of Health's Rural Hospital Flex Program*. The Eastern Region is comprised of Ohio Counties (Wayne, Tuscarawas, Carroll, Jefferson, Harrison, Guernsey, Belmont, Morgan, Noble, Monroe and Washington). There are five critical access hospitals in this area, Trinity Hospital Twin City being one of them.





Priority Health Issues

This section presents a summary of the identified priority health issues for Trinity Hospital Twin City. For each area, data is given to support the identified issue. The priority health issues were identified after analyzing multiple sources of data as outlined in the Research Methodology section. The three areas were chosen because they were common themes that appeared throughout the multiple sources of data and there was enough support to identify each as an issue that could be incorporated into the final implementation plan.

The sources of data cited below include:

Abbreviation	Full Name
RHNAP	Regional Health Needs Assessment Project
Community Survey	Trinity Hospital CHNA Community Survey
SCHA	Stark Community Health Assessment, 2011
CLFG	Community Leaders Focus Group

ACCESS TO HEALTH CARE, PRIMARILY PRIMARY CARE DOCTORS AND SPECIALISTS

Inadequate access to healthcare has been linked to poorer health outcomes and complications from untreated conditions and greater reliance on emergency departments for urgent health care needs. A large portion of the hospital's service area has been designated a primary care Health Professional Shortage Area and/or a Medically Underserved Area for primary care.

ISSUE: A large portion of county residents do not have health insurance and lack access to basic healthcare services as well as specialist services.

HEALTHCARE ACCESS

- Community Survey: The Community Survey found that 22.2% of respondents thought that the affordability and lack of access to healthcare was the most important healthcare issue in the area.
- Community Survey: Nearly one-quarter, 23.7%, of respondents receive most of their healthcare from someone other than a primary care or family doctor. These include a hospital or specialty clinic (8%), the emergency room (6%) and the VA hospital or clinic (4%). Groups of respondents more likely to receive health care primarily at a place other than a family doctor include males (34.1%), respondents ages 18 to 24 (50.0%), respondents with an annual income less than \$21,000 (29.0%), unemployed respondents (43.2%), and those without health insurance (56.4%).
- Community Survey: 11.6% of respondents reported there were healthcare services they needed in the past that they were unable to get. Groups most likely to not be able to get needed services include those who are not married (16.0%), respondents with an annual income less than \$25,000 (19.6%), those not employed (15.1%), and respondents without insurance (26.8%). The most common responses for services needed were specialists (17.8%) and treatment for an illness not covered by insurance (15.6%). The main reasons for not being able to get these services were that the needed service was too expensive (31.1%) and they lacked health insurance (26.7%).





HEALTH INSURANCE

- Community Survey: The Community Survey found that 15.2% felt that the availability of health insurance was the most important healthcare issue. Slightly less, 9.8% felt that the affordability of health insurance was the most important healthcare issue.
- Community Survey: 14.3% of survey respondents indicated that they are without health insurance coverage. Demographic groups that had disproportionately high uninsured rates include those with an annual household income of \$18,000 or less (26.0%), those who are not married (21.5%), and respondents ages 18 to 24 (33.3%).
- SCHA and Community Survey: Trinity's service area had a higher uninsured rate than Stark County- 14.3% in Tuscarawas compared to 13.3% in Stark.
- CLFG- The top critical community healthcare need that was identified by community leaders was the cost of healthcare in general and health insurance specifically.

PRIMARY CARE PHYSICIANS

- RHNAP: The hospital is located in an area that has been designated a primary care Health Professional Shortage Area. Residents in these areas may lack access to primary care.
- RHNAP: Trinity Hospital Twin City is surrounded by areas where the population to Primary Care Physician ratio is more than 3,500 to 1.
- Community Survey: One in six respondents reported that they do not have one person or group that they think of as their healthcare provider. Groups of respondents more likely to not have a doctor or healthcare provider include those ages 18-24 (43.5%), respondents who are not married (19.3%), and respondents without health insurance 41.1%).
- CLFG- The second most critical community healthcare need that was identified by community leaders was the need for additional Primary Care Doctors in the area. The issues that were mentioned in this area include PCPs are not open to new or uninsured patients, PCPs not accepting medical cards, and long wait times to get an appointment.

SPECIALISTS

- Community Survey: 12% of respondents indicated there were healthcare services that they needed in the past year that they were unable to get. The service needed most often was a medical specialist (17.8%).
- Community Survey: 27% of respondents were unable to find a doctor or specialist that they needed locally or that they didn't have to wait more than 30 days to see. The doctors/specialists that were needed most often were dermatologists (13.6%), orthopedist (12.6%), and neurologists (9.7%).





HIGH PREVALENCE OF RISKY BEHAVIORS

Obesity and tobacco use are both linked to higher rates of diabetes, heart disease, stroke, certain cancers, and chronic respiratory conditions. Addressing these risk factors could significantly improve health outcomes for area residents.

ISSUE: Residents of the hospital's service area have a high prevalence of "risky" behaviors such tobacco use, obesity and lack of exercise.

STATE OF MIND

- CLFG- The third most critical community healthcare need that was identified by community leaders was the need to change the mentality of community residents in terms of making healthy decisions. THTC is facing an uphill battle in trying to change behaviors and habits of residents. Obstacles THTC faces: there are a lot of programs available but not the interest in attending the programs, the area lacks parks and walking/biking areas, and making healthy choices is not as easily accessible than making unhealthy ones.

OBESITY AND EXERCISE

- Community Survey: A significant portion, 51.1%, of respondents reported they were somewhat or very overweight. Groups of respondents that were more likely to report being overweight were females (57.0%), those ages 35-44 (61.9%), and married respondents (57.2%). More than half of all respondents (60%) and most overweight respondents (90%) had tried to lose weight in the last 12 months.
- SCHA and Community Survey: The Trinity service area has a significantly higher percentage of overweight residents (51%) than Stark County (44%).
- Community Survey: Nearly a quarter of respondents, 24%, indicated that they had not exercised in the past month. Of those who have exercised in the past month, 5% don't exercise at all in an average week while 14% exercise only once in a while. Groups of respondents most likely to have not exercised in the past month include females (29.3%), those ages 65 and older (34.1%), respondents with an annual income of \$25,000 or less (29.9%), and respondents who are not employed (29.0%).
- Community Survey: 90.2% of respondents felt that it was important to have weight loss programs available in the community (54% very important and 36.2% somewhat important).
- Community Survey: 58% of respondents were interested in a one hour free health-related seminar at a local hospital, 37.9% of these respondents were interested in a diabetes related topic, 20.7% were interested in weight loss and 9.8% were interested in nutrition.

TOBACCO USE

- Community Survey: 84.3% of respondents felt that it was important to have smoking cessation programs available in the community (47% very important and 37% somewhat important).
- Community Survey: 31.8% of respondents in the service area smoke or use tobacco (27.0% every day and 4.8% some days). Groups of respondents who were more likely to smoke or use tobacco include males (38.8%), respondents ages 25-34 (40.4%) and 35-44 (46%), those with an annual income of \$25,000 or less (42.3%), and respondents without health insurance (28.4%).





GENERAL HEALTH

- Community Survey: 8.5% of all respondents rated their own health as poor or very poor. Groups of respondents that were more likely to rate their health as poor or very poor include: those who do not exercise (16.7%), respondents who are not employed (14.5%) and those with an annual income of less than \$25,000 (15.5%).
- Community Survey: A substantial portion of respondents had been diagnosed with or had someone in their immediate family diagnosed with a health condition that is commonly associated with risky health behaviors. This includes:
 - High blood pressure- 56.4%
 - High cholesterol- 48.4%
 - Respiratory conditions- 41.7%
 - Diabetes- 35.8%
 - Heart Disease- 30.4%

CANCER CARE AND TREATMENT

Cancer is the second most common cause of death in the area. In addition to healthy lifestyle choices, early detection is key to preventing deaths from some of the leading forms of cancer.

ISSUE: Cancer is the second most common cause of death in the area. In addition, community residents also identified it as a need in the community that needs to be addressed.

- Community Survey: The Community Survey found that 8.5% of respondents thought that assistance with cancer and cancer treatment was the most important healthcare issue in the area.
- Community Survey: 58% of respondents were interested in a one hour free health-related seminar at a local hospital, 28.1% of these respondents were interested in a cancer related topic.
- Community Survey and RHNAP: Early detection of cancer is directly related to improved outcomes.
 - 77.5% of respondents in the service area had never had a skin cancer screening
 - 27.5% of women ages 40+ in the service area have not had a mammogram in the past 2 years, compared to 25.7% in the eastern Ohio region, and 24.4% in the U.S.
 - 26.9% of women ages 50+ in the service area have never had a colonoscopy, compared to 35.1% in the eastern Ohio region, and 34.7% in the U.S.
 - 39.3% of adults ages 50+ in the service area have not had a mammogram in the past 2 years, compared to 25.7% in the eastern Ohio region, and 24.4% in the U.S.
 - 47.4% of men ages 40+ in the service area have not had a PSA test in the past 2 years, compared to 43.3% in the eastern Ohio region, and 46.7% in the U.S.
- RHNAP: Cancer is the second leading cause of adult mortality in the Eastern Ohio region at 244.9 per 100,000, significantly higher than 217.9 rate for Ohio.





Survey Results- Community Survey

OVERALL NEEDS AND HEALTH

Summary: Overall Needs and Health			
		Percentage	N
Most Important Healthcare Issue <i>(open ended, Top 3)</i>	Affordability/Lack of healthcare	22.2%	N=316
	Availability/Lack of health	15.2%	
	Affordability of health	9.8%	
Interest in 1-hour seminars on health topics	Very Interested	42.1%	N=399
	Somewhat Interested	38.8%	
	Not at all Interested	19.0%	
Topics interested in (top 3)	Diabetes	37.9%	N=285
	Cancer	28.1%	
	Heart issues/Health in	22.1%	
How rate health	Excellent/Good	70.8%	N=400
	Fair	20.8%	
	Poor/Very Poor	8.5%	
Summary: Events and Screening Awareness and Importance			
<i>Importance of Screening</i>			
	Very	Somewhat	Not at all
Endocrinology/Diabetes	72.7%	24.0%	3.3%
Blood sugar check	68.7%	28.1%	3.3%
Urology or Bladder or Prostate	61.6%	34.4%	4.0%
Cholesterol check	58.3%	36.7%	5.0%
Weight loss programs	54.0%	36.2%	9.8%
Smoking cessation	47.0%	37.3%	15.7%



Healthcare Needs

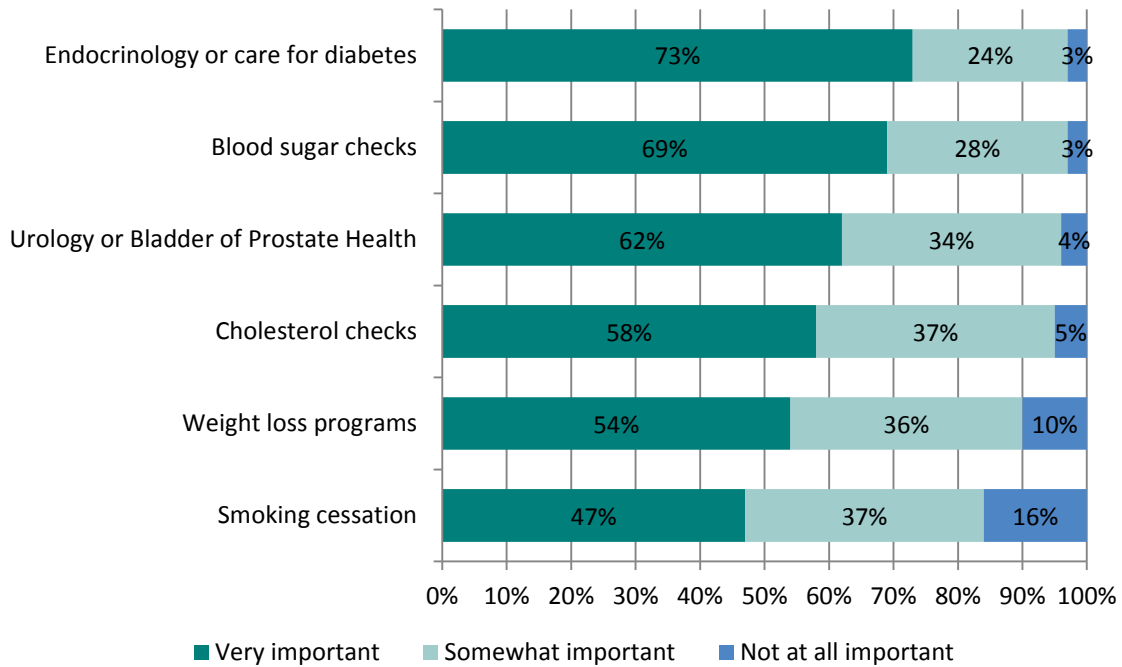
First, all respondents were asked what they thought was the most important healthcare issue facing their community. This was an open ended question in which the respondent could give one answer. A significant percentage of respondents, 21%, were unable to answer the question. Of those who were able to answer, nearly one-quarter, 22.2%, felt the affordability and lack of healthcare was the most important healthcare issue in the community. The second largest healthcare need was the availability of health insurance, given by 15.2% of respondents. Significantly fewer, 9.8% of respondents thought the affordability of health insurance was the most important healthcare issue. Other healthcare issues, in order of importance, include cancer assistance and treatment (8.5% of respondents), healthcare for the elderly (6.3%), weight loss programs/obesity (4.4%), and lack of doctors (4.4%).

What do you think is the MOST important HEALTHCARE issue facing your community?		
	# of Responses	% of Responses
Affordability/Lack of healthcare	70	22.2%
Availability/Lack of health insurance	48	15.2%
Affordability of health insurance	31	9.8%
Cancer Assistance/Treatment	27	8.5%
Healthcare for the elderly/Medicare	20	6.3%
Weight Loss Programs/Obesity issues	14	4.4%
Lack of Doctors/Good Doctors	14	4.4%
The need for cleaner water	8	2.5%
Not Enough Hospitals/Good Hospitals	7	2.2%
Heart disease/issues	7	2.2%
High cost of prescription drugs	7	2.2%
Healthcare for Veterans	6	1.9%
Diabetes	5	1.6%
Pediatric care	5	1.6%
Preventative care	5	1.6%
People abusing the system	4	1.3%
Lack of local gyms/Physical Fitness	3	0.9%
Mental Healthcare	3	0.9%
Standardized Healthcare	3	0.9%
The uninsured	3	0.9%
Smoking issues	2	0.6%
MISCELLANEOUS	24	7.6%
Total	316	(n=316)

Importance of Health Events and Screenings

Next, all respondents were read a list of six healthcare services and asked how important it was to have it available in the community including cholesterol check, blood sugar check, smoking cessation programs, weight loss programs, urology or bladder or prostate health, and Endocrinology or care for diabetes.

Importance of Healthcare Programs or Services



Summary: Events and Screening Importance			
	<i>Very</i>	<i>Somewhat</i>	<i>Not at all</i>
Endocrinology or Care for Diabetes	72.7%	24.0%	3.3%
Blood sugar check	68.7%	28.1%	3.3%
Urology or Bladder or Prostate Health	61.6%	34.4%	4.0%
Cholesterol check	58.3%	36.7%	5.0%
Weight loss programs	54.0%	36.2%	9.8%
Smoking cessation	47.0%	37.3%	15.7%





Endocrinology or Care for Diabetes

The majority of respondents, 72.7%, thought it was very important to have Endocrinology or care for diabetes available in their community and an additional 24.0% thought it was somewhat important (combined importance of 96.7%). Groups more likely to think cancer screening was very important include females and those with health insurance.

Blood Sugar Checks

More than two-thirds of respondents, 68.7%, thought it was very important to have blood sugar checks available in their community and an additional 28.1% thought it was somewhat important (combined importance of 96.7%). Groups of respondents that were more likely to think blood sugar checks were very important include females and those who are married.

Urology or Bladder or Prostate Health

Nearly two-thirds, 61.6%, thought it was very important to have Urology, Bladder, or Prostate Health programs available in their community and an additional 34.4% thought it was somewhat important (combined importance of 96.0%). Groups more likely to think diabetic screening was very important include respondents with an annual income less than \$50,000 and those with a high school diploma or less education.

Cholesterol Check

More than half, 58.3%, thought it was very important to have cholesterol checks available in their community and an additional 36.7% thought it was somewhat important (combined importance of 95.0%). Groups more likely to think cholesterol checks were very important include females, those with an annual income under \$25,000 and respondents with a high school diploma or less education.

Weight Loss Programs

More than half, 54.0%, thought it was very important to have weight loss programs available in their community and an additional 36.2% thought it was somewhat important (combined importance of 90.2%). Groups more likely to think weight loss programs were very important include females and married respondents.

Smoking Cessation

Less than half of respondents, 47.0%, thought it was very important to have smoking cessation programs available in their community and an additional 37.3% thought it was somewhat important (combined importance of 84.3%). Groups of respondents that were more likely to think smoking cessation programs were very important include females.



Importance of Endocrinology/Care for Diabetes by select demographics				
		Very Important	Somewhat Important	Not at all Important
All respondents		72.7%	24.0%	3.3%
Demographic	Subgroup			
Gender*	Male	62.9%	30.9%	6.3%
	Female	80.5%	18.6%	.9%
Age	18-24	77.3%	18.2%	4.5%
	25-34	74.5%	23.4%	2.1%
	35-44	68.3%	27.0%	4.8%
	45-54	68.8%	27.3%	3.9%
	55-64	74.2%	23.7%	2.1%
	65 and over	76.7%	19.8%	3.5%
Marital Status	Married	75.7%	21.8%	2.5%
	Not married	69.6%	25.7%	4.7%
Children in Home	Yes	70.3%	25.4%	4.2%
	No	74.0%	23.1%	2.9%
Income	Under \$25,000	78.1%	18.8%	3.1%
	\$25-\$49,999	75.5%	20.3%	4.2%
	\$50-\$74,999	72.9%	22.9%	4.3%
	\$75-\$99,999	60.0%	40.0%	0.0%
	\$100,000 or more	50.0%	45.8%	4.2%
Employment Status	Employed	71.0%	24.8%	4.3%
	Not employed	75.0%	22.8%	2.2%
Education Attainment	High School Grad or less	78.8%	19.7%	1.5%
	Some college/Associate's	76.1%	20.2%	3.7%
	College Grad or more	54.3%	38.3%	7.4%
Insured*	Yes	73.7%	24.0%	2.4%
	No	66.7%	24.6%	8.8%

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

Importance of Blood Sugar Checks by select demographics				
		Very Important	Somewhat Important	Not at all Important
All respondents		68.7%	28.1%	3.3%
Demographic	Subgroup			
Gender*	Male	60.5%	33.9%	5.6%
	Female	75.2%	23.4%	1.4%
Age	18-24	65.2%	30.4%	4.3%
	25-34	59.6%	38.3%	2.1%
	35-44	67.7%	29.0%	3.2%
	45-54	65.4%	30.8%	3.8%
	55-64	74.2%	24.7%	1.0%
	65 and over	71.6%	22.7%	5.7%
Marital Status*	Married	71.6%	26.7%	1.6%
	Not married	64.2%	29.8%	6.0%
Children in Home	Yes	65.0%	32.5%	2.6%
	No	70.1%	26.3%	3.6%
Income	Under \$25,000	74.2%	20.6%	5.2%
	\$25-\$49,999	70.8%	26.4%	2.8%
	\$50-\$74,999	67.1%	30.0%	2.9%
	\$75-\$99,999	51.6%	45.2%	3.2%
	\$100,000 or more	60.9%	34.8%	4.3%
Employment Status	Employed	66.4%	30.8%	2.8%
	Not employed	71.5%	24.7%	3.8%
Education Attainment	High School Grad or less	74.4%	23.7%	1.9%
	Some college/Associate's	63.3%	31.2%	5.5%
	College Grad or more	61.3%	35.0%	3.8%
Insured	Yes	69.1%	27.9%	2.9%
	No	66.7%	28.1%	5.3%

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

Importance of Urology/Bladder/Prostate Health by select demographics				
		Very Important	Somewhat Important	Not at all Important
All respondents		61.6%	34.4%	4.0%
Demographic	Subgroup			
Gender	Male	59.3%	35.6%	5.1%
	Female	63.3%	33.5%	3.2%
Age	18-24	65.2%	34.8%	0.0%
	25-34	61.7%	31.9%	6.4%
	35-44	55.6%	41.3%	3.2%
	45-54	59.0%	34.6%	6.4%
	55-64	64.2%	34.7%	1.1%
	65 and over	64.8%	29.5%	5.7%
Marital Status	Married	62.6%	33.3%	4.1%
	Not married	61.3%	34.7%	4.0%
Children in Home	Yes	57.6%	38.1%	4.2%
	No	63.4%	32.6%	3.9%
Income*	Under \$25,000	70.1%	25.8%	4.1%
	\$25-\$49,999	65.7%	29.4%	4.9%
	\$50-\$74,999	52.2%	40.6%	7.2%
	\$75-\$99,999	48.4%	51.6%	0.0%
	\$100,000 or more	41.7%	58.3%	0.0%
Employment Status	Employed	59.7%	36.0%	4.3%
	Not employed	63.8%	32.4%	3.8%
Education Attainment*	High School Grad or less	68.0%	28.6%	3.4%
	Some college/Associate's	60.6%	35.8%	3.7%
	College Grad or more	46.3%	47.5%	6.3%
Insured	Yes	60.8%	36.0%	3.2%
	No	66.7%	24.6%	8.8%

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

Importance of Cholesterol Checks by select demographics				
		Very Important	Somewhat Important	Not at all Important
All respondents		58.3%	36.7%	5.0%
Demographic	Subgroup			
Gender*	Male	46.9%	45.8%	7.3%
	Female	67.4%	29.4%	3.2%
Age	18-24	47.8%	43.5%	8.7%
	25-34	46.8%	46.8%	6.4%
	35-44	50.0%	45.2%	4.8%
	45-54	60.3%	33.3%	6.4%
	55-64	60.8%	38.1%	1.0%
	65 and over	67.8%	25.3%	6.9%
Marital Status	Married	60.5%	35.4%	4.1%
	Not married	55.3%	38.0%	6.7%
Children in Home	Yes	52.6%	40.5%	6.9%
	No	60.5%	35.2%	4.3%
Income*	Under \$25,000	65.6%	26.0%	8.3%
	\$25-\$49,999	59.0%	38.2%	2.8%
	\$50-\$74,999	61.4%	31.4%	7.1%
	\$75-\$99,999	41.9%	54.8%	3.2%
	\$100,000 or more	39.1%	56.5%	4.3%
Employment Status	Employed	56.4%	38.9%	4.7%
	Not employed	60.5%	34.1%	5.4%
Education Attainment*	High School Grad or less	64.1%	34.0%	1.9%
	Some college/Associate's	56.0%	33.0%	11.0%
	College Grad or more	46.3%	48.8%	5.0%
Insured	Yes	57.8%	37.5%	4.7%
	No	61.4%	33.3%	5.3%

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

Importance of Weight Loss Programs by select demographics				
		Very Important	Somewhat Important	Not at all Important
All respondents		54.0%	36.2%	9.8%
Demographic	Subgroup			
Gender*	Male	51.4%	33.3%	15.3%
	Female	56.1%	38.5%	5.4%
Age	18-24	65.2%	17.4%	17.4%
	25-34	46.8%	38.3%	14.9%
	35-44	58.7%	38.1%	3.2%
	45-54	56.4%	34.6%	9.0%
	55-64	46.9%	44.8%	8.3%
	65 and over	57.5%	31.0%	11.5%
Marital Status*	Married	55.7%	37.3%	7.0%
	Not married	51.7%	33.6%	14.8%
Children in Home	Yes	52.1%	35.9%	12.0%
	No	54.6%	36.4%	8.9%
Income	Under \$25,000	59.4%	27.1%	13.5%
	\$25-\$49,999	54.9%	38.9%	6.3%
	\$50-\$74,999	38.6%	48.6%	12.9%
	\$75-\$99,999	54.8%	29.0%	16.1%
	\$100,000 or more	58.3%	37.5%	4.2%
Employment Status	Employed	54.7%	34.4%	10.8%
	Not employed	53.8%	37.5%	8.7%
Education Attainment	High School Grad or less	52.9%	37.4%	9.7%
	Some college/Associate's	60.2%	28.7%	11.1%
	College Grad or more	49.4%	42.0%	8.6%
Insured	Yes	55.5%	35.1%	9.4%
	No	45.6%	43.9%	10.5%

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

Importance of Smoking Cessation Programs by select demographics				
		Very Important	Somewhat Important	Not at all Important
All respondents		47.0%	37.3%	15.7%
Demographic	Subgroup			
Gender*	Male	40.2%	39.1%	20.7%
	Female	52.3%	35.9%	11.8%
Age	18-24	45.5%	31.8%	22.7%
	25-34	42.6%	29.8%	27.7%
	35-44	46.0%	44.4%	9.5%
	45-54	41.6%	41.6%	16.9%
	55-64	47.4%	43.2%	9.5%
	65 and over	55.8%	26.7%	17.4%
Marital Status	Married	48.5%	38.2%	13.3%
	Not married	43.9%	35.8%	20.3%
Children in Home	Yes	46.2%	34.2%	19.7%
	No	47.5%	38.4%	14.1%
Income	Under \$25,000	51.6%	32.6%	15.8%
	\$25-\$49,999	49.3%	39.4%	11.3%
	\$50-\$74,999	39.1%	39.1%	21.7%
	\$75-\$99,999	35.5%	38.7%	25.8%
	\$100,000 or more	45.8%	45.8%	8.3%
Employment Status	Employed	44.0%	37.3%	18.7%
	Not employed	50.3%	37.2%	12.6%
Education Attainment	High School Grad or less	48.0%	36.1%	15.8%
	Some college/Associate's	44.4%	36.1%	19.4%
	College Grad or more	48.1%	40.7%	11.1%
Insured	Yes	48.4%	35.6%	16.0%
	No	38.2%	49.1%	12.7%

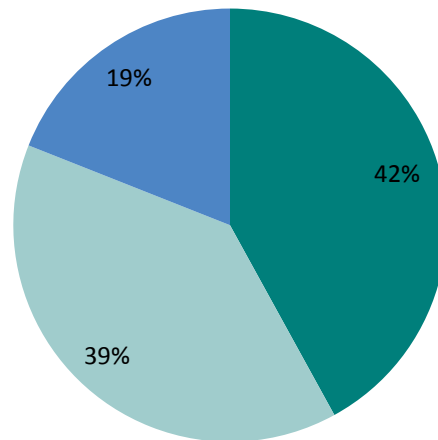
**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*



Respondents were also asked how interested they would be in free one-hour seminars on various topics provided by a hospital. More than 1 in 4 respondents, 42%, reported they would be very interested in the seminars and an additional 39% said they would be somewhat interested. Less than one-fifth, 19%, of respondents said that they were not at all interested in the seminars. Females were more interested than males in the seminars. There were no additional statistical significances among demographic groupings.

Interest in One-Hour Health Related Seminar

■ Very Interested ■ Somewhat Interested ■ Not at all Interested



Next, those who were very or somewhat interested in the free seminars, 81% of all respondents, were asked a follow-up question as to what health related topics they would be most interested in. This was an open ended question in which the respondent could give multiple responses. The health related topic that respondents are most interested in is diabetes, given by 37.9% of those who were interested in the seminars. Other health related topics that respondents were interested in included, in order of importance, cancer (28.1% of respondents), general health issues (22.1%), weight loss (20.7%), and nutrition (9.8%).



What health related topics would you be MOST interested in?				
	# of 1st Responses	% of 1st Responses	# of All Responses	% of Answering Respondents
Diabetes	63	22.1%	108	37.9%
Cancer	48	16.8%	80	28.1%
Heart issues/Health in General	35	12.3%	63	22.1%
Weight loss	30	10.5%	59	20.7%
Nutrition	16	5.6%	28	9.8%
Blood pressure	14	4.9%	25	8.8%
Exercise/Strength training	9	3.2%	23	8.1%
Cholesterol	6	2.1%	17	6.0%
General Healthcare	9	3.2%	13	4.6%
Women's healthcare	4	1.4%	11	3.9%
Preventative care	3	1.1%	9	3.2%
Prostate/Men's healthcare	4	1.4%	9	3.2%
Children's healthcare	2	0.7%	8	2.8%
Digestion	2	0.7%	8	2.8%
Smoking	4	1.4%	7	2.5%
Lung disease/Respiratory issues	1	0.4%	7	2.5%
Bone/Calcium	0	0.0%	6	2.1%
Urinary issues	3	1.1%	6	2.1%
Alzheimer's Disease	2	0.7%	5	1.8%
Senior healthcare	2	0.7%	5	1.8%
Arthritis	2	0.7%	5	1.8%
Stroke	2	0.7%	4	1.4%
Mental health	2	0.7%	4	1.4%
Stress/Anxiety	1	0.4%	4	1.4%
Sleep Management	0	0.0%	3	1.1%
Asthma	2	0.7%	3	1.1%
Fibromyalgia	1	0.4%	2	0.7%
Eye Care	0	0.0%	2	0.7%
COPD	1	0.4%	2	0.7%
Miscellaneous	17	6.0%	42	14.7%
Total	285	(n=285)	568	(n=285)



Interest in Seminars by select demographics		Very interested	Somewhat interested	Not at all interested
All respondents		42.1%	38.8%	19.0%
Demographic	Subgroup			
Gender*	Male	34.8%	43.8%	21.3%
	Female	48.0%	34.8%	17.2%
Age	18-24	39.1%	47.8%	13.0%
	25-34	38.3%	40.4%	21.3%
	35-44	36.5%	50.8%	12.7%
	45-54	41.0%	37.2%	21.8%
	55-64	50.0%	33.3%	16.7%
	65 and over	40.9%	35.2%	23.9%
Marital Status	Married	40.7%	42.0%	17.3%
	Not married	44.4%	33.8%	21.9%
Children in Home	Yes	45.8%	39.8%	14.4%
	No	40.7%	38.2%	21.1%
Income	Under \$25,000	44.3%	34.0%	21.6%
	\$25-\$49,999	39.9%	43.4%	16.8%
	\$50-\$74,999	45.7%	34.3%	20.0%
	\$75-\$99,999	38.7%	45.2%	16.1%
	\$100,000 or more	41.7%	45.8%	12.5%
Employment Status	Employed	42.9%	41.0%	16.0%
	Not employed	41.6%	36.2%	22.2%
Education Attainment	High School Grad or less	39.1%	39.1%	21.7%
	Some college/Associate's	52.3%	32.1%	15.6%
	College Grad or more	37.5%	45.0%	17.5%
Insured	Yes	42.9%	38.2%	18.8%
	No	36.8%	42.1%	21.1%

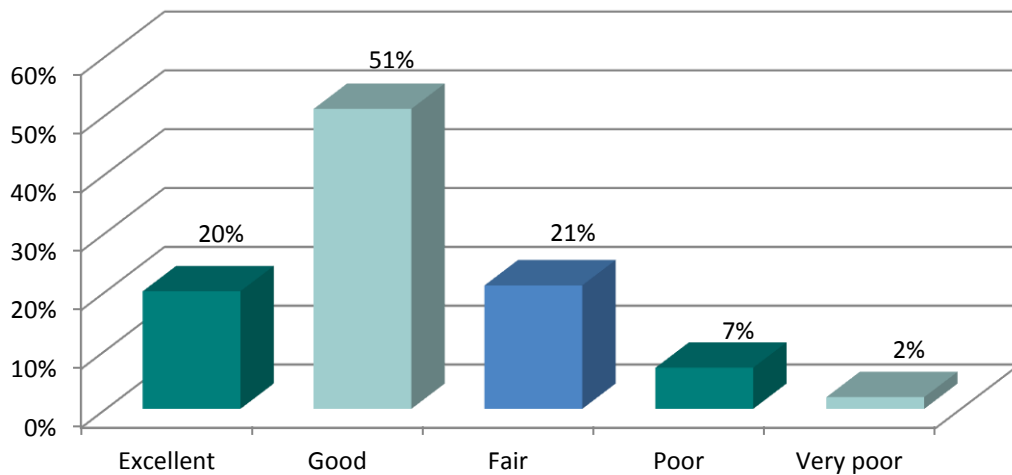
**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*



General Health

Respondents were asked to describe their health on a five-point scale: excellent, good, fair, poor or very poor. One-fifth of respondents, 20% rated their health as excellent. More than half of respondents, 51%, rated their health as good. Combined, 71% had a favorable rating of their health. Another 21% of respondents rated their health as fair. Only a small percentage of respondents, 9%, had an unfavorable rating of their health, with 7% rating their health as poor and 2% as very poor.

Self-described Health



There were several demographic differences regarding how a person rated their health. Groups of respondents more likely to rate their health as excellent or good include respondents with an annual income of \$50,000 or more, those who are employed, respondents who have exercised in the past month, and those who have private or employer paid insurance.



Self-described Health by select demographics				
		Excellent/ Good	Fair	Poor/ Very poor
All respondents		70.8%	20.8%	8.5%
Demographic	Subgroup			
Gender	Male	73.6%	17.4%	9.0%
	Female	68.5%	23.4%	8.1%
Age	18-24	87.0%	8.7%	4.3%
	25-34	78.7%	14.9%	6.4%
	35-44	76.2%	23.8%	0.0%
	45-54	62.8%	25.6%	11.5%
	55-64	67.0%	23.7%	9.3%
	65 and over	69.3%	18.2%	12.5%
Marital Status	Married	74.6%	18.4%	7.0%
	Not married	64.2%	24.5%	11.3%
Children in Home	Yes	77.1%	16.9%	5.9%
	No	68.0%	22.4%	9.6%
Income*	Under \$25,000	54.6%	29.9%	15.5%
	\$25-\$49,999	72.2%	22.9%	4.9%
	\$50-\$74,999	82.9%	10.0%	7.1%
	\$75-\$99,999	77.4%	16.1%	6.5%
	\$100,000 or more	79.2%	16.7%	4.2%
Employment Status*	Employed	81.6%	15.1%	3.3%
	Not employed	59.1%	26.3%	14.5%
Education Attainment	High School Grad or less	67.6%	22.2%	10.1%
	Some college/Associate's	67.0%	23.9%	9.2%
	College Grad or more	84.0%	13.6%	2.5%
Insured	Yes	71.6%	19.6%	8.8%
	No	64.9%	28.1%	7.0%

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*



Self-described Health by select behavior questions					
		Excellent/ Good	Fair	Poor/ Very poor	Valid Responses
All respondents		70.8%	20.8%	8.5%	(N=400)
Demographic	Subgroup				
Exercised in past month*	Yes	75.7%	18.4%	5.9%	(N=400)
	No	55.2%	28.1%	16.7%	
How often exercise in an average week*	Not at all	68.8%	18.8%	12.5%	(N=304)
	1-2 times	68.5%	27.4%	4.1%	
	3-4 times	86.2%	12.6%	1.1%	
	5-7 times	82.4%	10.6%	7.1%	
	Every once in awhile	55.8%	30.2%	14.0%	
Weight*	Overweight	64.7%	25.5%	9.8%	(N=399)
	About right	79.9%	13.8%	6.3%	
	Underweight	57.1%	28.6%	14.3%	
Has Health Insurance	Yes	71.6%	19.6%	8.8%	(N=398)
	No	64.9%	28.1%	7.0%	
Type of Insurance*	Not insured	64.9%	28.1%	7.0%	(N=398)
	Employer paid	79.6%	16.6%	3.9%	
	Private insurance	82.1%	15.4%	2.6%	
	Medicare or Medicaid	55.8%	24.8%	19.5%	
Unable to get needed healthcare services*	Yes	56.5%	23.9%	19.6%	(N=398)
	No	72.7%	20.2%	7.1%	
Question: Generally, how would you describe your health?					

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

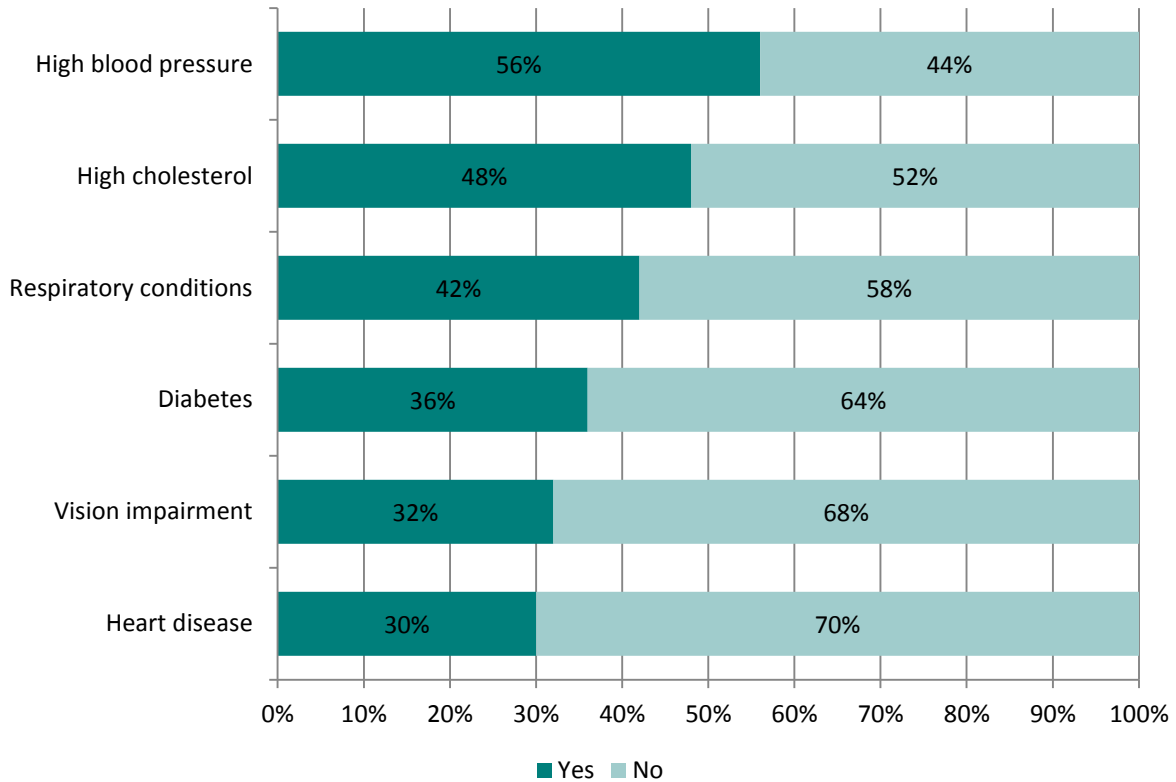




HEALTH CONDITIONS, TREATMENT, TESTS AND EXAMS

The next section focused on specific health conditions. The conditions included diabetes, respiratory conditions, high cholesterol, high blood pressure, vision impairment and heart disease. In addition, respondents were asked if they ever had a series of tests including mammograms (females only), PSA test (males only), colonoscopy, skin cancer screening, and blood cholesterol check.

**Health Conditions Been Diagnosed with
(or Immediate Family Member)**



Summary: Have Health Conditions		
	Yes	No
High blood pressure	56.4%	43.6%
High cholesterol	48.4%	51.6%
Respiratory conditions	41.7%	58.3%
Diabetes	35.8%	64.2%
Vision Impairment	31.6%	68.4%
Heart disease	30.4%	69.6%





High Blood Pressure

More than half of respondents, 56.4% had been diagnosed with high blood pressure or had someone in their immediate family diagnosed with the condition. Demographic groups that were more likely to have been diagnosed with high blood pressure include respondents ages 55 and over, respondents without children in the home, and those who are not currently employed.

High Cholesterol

Nearly half of respondents, 48.4%, had been diagnosed with high cholesterol or had someone in their immediate family diagnosed with the condition. Demographic groups that were more likely to have been diagnosed with high cholesterol include respondents ages 65 and over, respondents without children in the home, and those who are not currently employed.

Respiratory Condition

More than one-third of respondents, 41.7%, had been diagnosed with a respiratory condition such as asthma, emphysema, or COPD or had someone in their immediate family diagnosed with the condition. Demographic groups that were more likely to have been diagnosed with a respiratory condition include respondents who are not employed.

Diabetes

More than one-third of respondents, 35.8%, had been diagnosed with diabetes or had someone in their immediate family diagnosed with the condition. Demographic groups that were more likely to have been diagnosed with diabetes include respondents who are not employed.

Vision Impairment

Less than one-third of respondents, 31.6%, had been diagnosed with vision impairment or had someone in their immediate family diagnosed with the condition. There were no demographic groups that statistically more likely to have a vision impairment.

Heart Disease

Less than one-third of respondents, 30.4%, had been diagnosed with heart disease or had someone in their immediate family diagnosed with the condition. Demographic groups that were more likely to have been diagnosed with heart disease include respondents who are not employed.

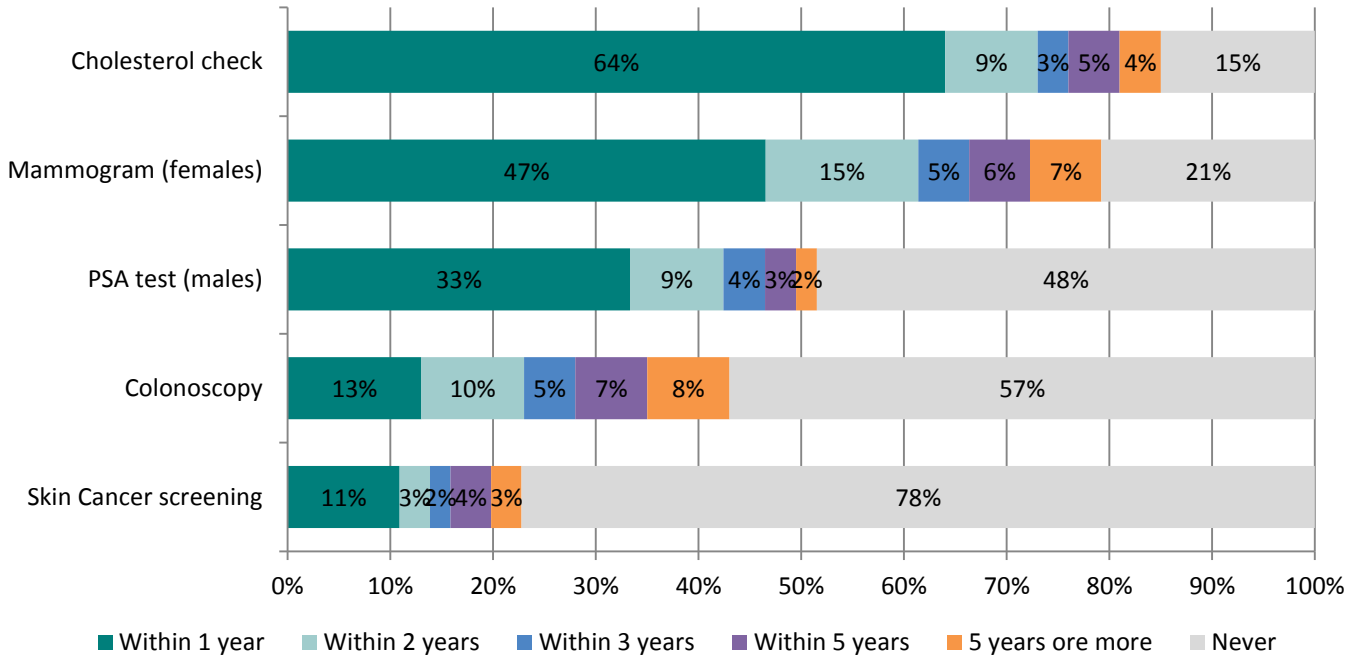


Diagnoses by select demographics		Diabetes	Heart Disease	Respiratory Conditions	High Cholesterol	High Blood Pressure	Vision Impairment
All respondents		35.8%	30.4%	41.7%	48.4%	56.4%	31.6%
Demographic	Subgroup						
Gender	Male	31.6%	29.5%	37.3%	47.8%	54.5%	29.3%
	Female	39.2%	31.1%	45.2%	48.9%	57.9%	33.3%
Age	18-24	26.1%	34.8%	43.5%	34.8%*	52.2%*	39.1%
	25-34	25.5%	23.4%	42.6%	25.5%*	44.7%*	40.4%
	35-44	33.3%	19.0%	40.3%	50.0%*	42.9%*	34.9%
	45-54	33.8%	32.1%	46.2%	48.7%*	51.9%*	28.6%
	55-64	38.1%	30.2%	40.6%	50.5%*	61.9%*	35.1%
	65 and over	43.2%	40.2%	37.5%	58.0%*	70.5%*	20.0%
Marital Status	Married	35.0%	28.4%	39.3%	48.6%	55.6%	28.9%
	Not married	37.1%	34.7%	45.6%	47.7%	58.3%	36.2%
Children in Home	Yes	33.9%	24.6%	45.8%	40.7%*	44.4%*	38.5%
	No	36.8%	33.0%	39.8%	51.4%*	61.6%*	28.8%
Income	Under \$25,000	42.3%	36.5%	46.4%	53.1%	62.5%	35.8%
	\$25-\$49,999	35.7%	30.8%	46.2%	45.1%	61.8%	33.6%
	\$50-\$74,999	37.1%	34.3%	37.1%	51.4%	45.7%	25.7%
	\$75-\$99,999	19.4%	12.9%	22.6%	35.5%	48.4%	19.4%
	\$100,000 or more	20.8%	20.8%	37.5%	45.8%	54.2%	20.8%
Employment Status	Employed	27.0%*	24.1%*	36.2%*	42.7%*	46.9%*	30.3%
	Not employed	46.2%*	37.5%*	47.8%*	55.4%*	67.7%*	32.8%
Education Attainment	High School Grad or less	38.8%	31.1%	41.0%	48.8%	56.5%	31.2%
	Some college/Associate's	36.7%	31.5%	45.9%	45.4%	61.1%	33.0%
	College Grad or more	27.2%	28.4%	35.8%	49.4%	50.6%	31.3%
Insured	Yes	36.5%	30.4%	41.0%	47.5%	56.9%	30.7%
	No	33.3%	31.6%	47.4%	53.6%	55.4%	36.4%

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*



Most Recent Checks/Screenings



Summary: Tests and Exams						
	Never	Within past year	Within past 2 years	Within past 3 years	Within past 5 years	5 years or more
Blood cholesterol check	14.8%	63.8%	9.4%	3.1%	4.6%	4.3%
Mammogram*	20.9%	47.3%	14.5%	4.5%	5.9%	6.8%
PSA Test^	48.3%	33.0%	9.1%	4.0%	3.4%	2.3%
Colonoscopy	56.5%	12.8%	10.0%	5.3%	7.3%	8.3%
Skin cancer screening	77.5%	11.1%	2.8%	2.3%	3.5%	2.8%

**Asked of females only, ^Asked of males only*





Blood Cholesterol Check

The majority of respondents, 85.2%, had received a blood cholesterol check sometime in the past. Nearly two-thirds, 63.8% had a blood cholesterol check in the past year, 17.1% had the check one to five years ago, and 4.3% had the check 5 or more years ago. Respondents ages 55 and over, those without children in the home, respondents who are not employed, and those with health insurance were more likely to have had a blood cholesterol check in the past year. Respondents ages 24 and under, those with children in the home, and respondents without health insurance were most likely to have never had a blood cholesterol check.

Mammogram

More than three-quarters of the female respondents, 79.1%, had received a mammogram in the past. Nearly half of females, 47.3%, had a mammogram in the past year, 25.0% had the exam one to five years ago and 6.8% had the exam 5 or more years ago. Respondents ages 45 and over, those without children in the home, and those who have health insurance were more likely to have had a mammogram in the past year. Respondents ages 34 and under, those with children in the home, and respondents without health insurance were most likely to have never had a mammogram.

PSA Test

More than half of the male respondents, 51.7% had received a PSA Test in the past. Less than one-third of males, 33.0%, had a PSA test in the past year, 16.5% had the test one to five years ago, and 2.3% had the test 5 or more years ago. Respondents ages 55 and over, those without children in the home, respondents with health insurance and retired respondents were more likely to have had a PSA test in the past year. Respondents ages 44 and under, those with children in the home, employed respondents and those without health insurance were most likely to have never had a PSA test.

Colonoscopy

Less than half of respondents, 43.5% had received a colonoscopy in the past. Less than one-sixth of respondents, 12.8%, had a colonoscopy in the past year, 22.5% had the test one to five years ago, and 8.3% had the test 5 or more years ago. Respondents ages 55 and over, those without children in the home, respondents who are not employed, and those with health insurance were more likely to have had a colonoscopy in the past year. Respondents ages 44 and under, respondents with children in the home, and those without insurance were most likely to have never had a colonoscopy.

Skin Cancer Screening

Only a small percentage of respondents, 22.5%, had received a skin cancer screening in the past. Slightly more than one-tenth of respondents, 11.1%, had a skin cancer screening in the past year, 8.6% had the test one to five years ago, and 2.8% had the test 5 or more years ago. Respondents ages 65 and over were more likely to have had a skin cancer screening in the past year. Respondents ages 44 and under were most likely to have never had a skin cancer screening.



Most Recent Mammogram by select demographics					
		Within 1 year	1 to 5 years	5 years or more	Never
All respondents		47.3%	25.0%	6.8%	20.9%
Demographic	Subgroup				
Age*	18-24	14.3%	0.0%	0.0%	85.7%
	25-34	14.8%	14.8%	0.0%	70.4%
	35-44	36.1%	36.1%	8.3%	19.4%
	45-54	55.8%	25.6%	9.3%	9.3%
	55-64	60.0%	23.6%	5.5%	10.9%
	65 and over	56.0%	26.0%	10.0%	8.0%
Marital Status	Married	47.5%	27.7%	6.4%	18.4%
	Not married	46.2%	20.5%	7.7%	25.6%
Children in Home*	Yes	35.4%	21.5%	6.2%	36.9%
	No	52.3%	26.5%	7.1%	14.2%
Income	Under \$25,000	47.0%	24.2%	4.5%	24.2%
	\$25-\$49,999	46.2%	24.4%	9.0%	20.5%
	\$50-\$74,999	44.1%	32.4%	5.9%	17.6%
	\$75-\$99,999	52.9%	23.5%	0.0%	23.5%
	\$100,000 or more	61.5%	15.4%	0.0%	23.1%
Employment Status	Employed	43.5%	25.9%	4.6%	25.9%
	Not employed	50.5%	24.3%	9.0%	16.2%
Education Attainment	High School Grad or less	50.9%	24.1%	7.8%	17.2%
	Some college/Associate's	42.6%	32.4%	7.4%	17.6%
	College Grad or more	44.4%	13.9%	2.8%	38.9%
Insured*	Yes	51.9%	22.5%	5.9%	19.8%
	No	21.2%	39.4%	12.1%	27.3%

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

Most Recent PSA Test by select demographics					
		Within 1 year	1 to 5 years	5 years or more	Never
All respondents		33.0%	16.5%	2.3%	48.3%
Demographic	Subgroup				
Age*	18-24	0.0%	0.0%	0.0%	100.0%
	25-34	5.0%	5.0%	0.0%	90.0%
	35-44	7.4%	14.8%	3.7%	74.1%
	45-54	29.4%	17.6%	2.9%	50.0%
	55-64	50.0%	20.0%	2.5%	27.5%
	65 and over	62.2%	27.0%	2.7%	8.1%
Marital Status	Married	37.6%	17.8%	2.0%	42.6%
	Not married	25.4%	14.1%	2.8%	57.7%
Children in Home*	Yes	9.6%	15.4%		75.0%
	No	42.3%	17.1%	3.3%	37.4%
Income	Under \$25,000	35.7%	32.1%	3.6%	28.6%
	\$25-\$49,999	29.2%	9.2%	1.5%	60.0%
	\$50-\$74,999	27.8%	22.2%	2.8%	47.2%
	\$75-\$99,999	35.7%	7.1%	0.0%	57.1%
	\$100,000 or more	45.5%	9.1%	9.1%	36.4%
Employment Status*	Employed	24.3%	15.5%	1.0%	59.2%
	Not employed	45.8%	16.7%	4.2%	33.3%
Education Attainment	High School Grad or less	29.7%	16.5%	2.2%	51.6%
	Some college/Associate's	20.5%	23.1%	5.1%	51.3%
	College Grad or more	48.8%	11.6%	0.0%	39.5%
Insured*	Yes	38.2%	16.4%	2.6%	42.8%
	No	0.0%	18.2%	0.0%	81.8%

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

Most Recent Colonoscopy by select demographics					
		Within 1 year	1 to 5 years	5 years or more	Never
All respondents		12.8%	22.5%	8.3%	56.5%
Demographic	Subgroup				
Gender	Male	12.9%	21.9%	7.3%	57.9%
	Female	12.6%	23.0%	9.0%	55.4%
Age*	18-24	0.0%	0.0%	0.0%	100.0%
	25-34	2.1%	2.1%	0.0%	95.7%
	35-44	6.3%	14.3%	7.9%	71.4%
	45-54	11.5%	19.2%	9.0%	60.3%
	55-64	18.6%	35.1%	9.3%	37.1%
	65 and over	21.6%	35.2%	11.4%	31.8%
Marital Status	Married	13.5%	24.2%	8.2%	54.1%
	Not married	11.9%	20.5%	7.3%	60.3%
Children in Home*	Yes	5.1%	11.9%	4.2%	78.8%
	No	16.0%	27.0%	9.6%	47.3%
Income	Under \$25,000	16.5%	19.6%	7.2%	56.7%
	\$25-\$49,999	11.1%	27.1%	9.7%	52.1%
	\$50-\$74,999	14.3%	15.7%	7.1%	62.9%
	\$75-\$99,999	6.5%	25.8%	3.2%	64.5%
	\$100,000 or more	12.5%	33.3%	8.3%	45.8%
Employment Status*	Employed	9.4%	17.5%	6.6%	66.5%
	Not employed	16.1%	28.5%	10.2%	45.2%
Education Attainment	High School Grad or less	15.0%	22.7%	6.8%	55.6%
	Some college/Associate's	11.0%	20.2%	11.0%	57.8%
	College Grad or more	9.9%	25.9%	6.2%	58.0%
Insured*	Yes	14.7%	25.2%	8.5%	51.6%
	No	1.8%	7.0%	7.0%	84.2%

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

Most Recent Screening for Skin Cancer by select demographics					
		Within 1 year	1 to 5 years	5 years or more	Never
All respondents		11.1%	8.6%	2.8%	77.5%
Demographic	Subgroup				
Gender	Male	13.6%	8.5%	4.5%	73.4%
	Female	9.2%	8.7%	1.4%	80.7%
Age*	18-24	4.3%	4.3%	4.3%	87.0%
	25-34	6.5%	2.2%	2.2%	89.1%
	35-44	1.6%	11.1%	0.0%	87.3%
	45-54	10.5%	11.8%	0.0%	77.6%
	55-64	14.6%	11.5%	5.2%	68.8%
	65 and over	19.5%	5.7%	4.6%	70.1%
Marital Status	Married	12.9%	9.1%	2.9%	75.1%
	Not married	8.7%	7.4%	2.7%	81.2%
Children in Home*	Yes	3.5%	8.7%	3.5%	84.3%
	No	14.3%	8.6%	2.5%	74.6%
Income	Under \$25,000	9.6%	7.4%	3.2%	79.8%
	\$25-\$49,999	8.4%	7.0%	2.8%	81.8%
	\$50-\$74,999	10.1%	7.2%	2.9%	79.7%
	\$75-\$99,999	12.9%	16.1%	3.2%	67.7%
	\$100,000 or more	25.0%	20.8%	0.0%	54.2%
Employment Status	Employed	11.4%	5.2%	2.8%	80.6%
	Not employed	11.0%	12.1%	2.7%	74.2%
Education Attainment	High School Grad or less	10.2%	5.3%	3.9%	80.6%
	Some college/Associate's	12.1%	11.2%	1.9%	74.8%
	College Grad or more	11.4%	13.9%	1.3%	73.4%
Insured	Yes	11.9%	9.2%	3.0%	76.0%
	No	7.1%	5.4%	1.8%	85.7%

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

Most Recent Cholesterol Check by select demographics					
		Within 1 year	1 to 5 years	5 years or more	Never
All respondents		63.8%	17.1%	4.3%	14.8%
Demographic	Subgroup				
Gender	Male	67.4%	14.3%	3.4%	14.9%
	Female	60.8%	19.4%	5.1%	14.7%
Age*	18-24	17.4%	13.0%	0.0%	69.6%
	25-34	33.3%	33.3%	8.9%	24.4%
	35-44	52.5%	19.7%	8.2%	19.7%
	45-54	64.9%	19.5%	3.9%	11.7%
	55-64	76.3%	14.4%	4.1%	5.2%
	65 and over	83.7%	9.3%	1.2%	5.8%
Marital Status	Married	66.7%	17.5%	3.8%	12.1%
	Not married	59.5%	16.9%	4.7%	18.9%
Children in Home*	Yes	44.3%	26.1%	6.1%	23.5%
	No	71.7%	13.4%	3.6%	11.2%
Income	Under \$25,000	61.7%	14.9%	5.3%	18.1%
	\$25-\$49,999	62.2%	17.5%	3.5%	16.8%
	\$50-\$74,999	60.9%	20.3%	4.3%	14.5%
	\$75-\$99,999	73.3%	13.3%	3.3%	10.0%
	\$100,000 or more	78.3%	13.0%	0.0%	8.7%
Employment Status*	Employed	56.0%	22.2%	5.3%	16.4%
	Not employed	72.7%	11.5%	2.7%	13.1%
Education Attainment	High School Grad or less	63.9%	18.3%	4.0%	13.9%
	Some college/Associate's	62.6%	15.0%	6.5%	15.9%
	College Grad or more	63.8%	17.5%	2.5%	16.3%
Insured*	Yes	67.6%	17.0%	3.6%	11.9%
	No	42.6%	18.5%	9.3%	29.6%

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

ACCESS TO CARE

Summary: Access to Care			
		Percentage	N
Where receive healthcare most often	Primary care or family doctor	76.3%	N=396
	A hospital or specialty clinic	7.6%	
	The emergency room	6.3%	
	A VA hospital or clinic	3.5%	
	An urgent care center	2.5%	
	A free clinic	0.8%	
	A public health department or clinic	0.8%	
	Something else	2.3%	
Have one person or group think of as provider	Yes	85.2%	N=399
	No	14.8%	
Unable to get Healthcare services	Yes	11.6%	N=398
	No	88.4%	
Follow-up: What services needed (top 3)	Specialists	17.8%	N=45
	Treatment for illness not covered by	15.6%	
	Insurance	6.7%	
Follow-up: Why unable to get services (top 3)	Too expensive/Cost	31.1%	N=45
	No insurance	26.7%	
	Services not available in area/Ohio	11.1%	
Unable to find needed doctor or specialist locally	Yes	26.6%	N=399
	No	73.4%	
Specialist had a difficult time seeing	Dermatologist	13.6%	N=103
	Orthopedist	12.6%	
	Neurologist	9.7%	
How long since last routine checkup	Within the past year	70.1%	N=391
	Within the past 2 years	9.5%	
	Within the past 5 years	6.6%	
	5 or more years ago	13.8%	
Has Health Insurance	Not Insured	14.3%	N=398
	Employer Paid	45.5%	
	Private Insurance	9.8%	
	Medicare or Medicaid	28.4%	

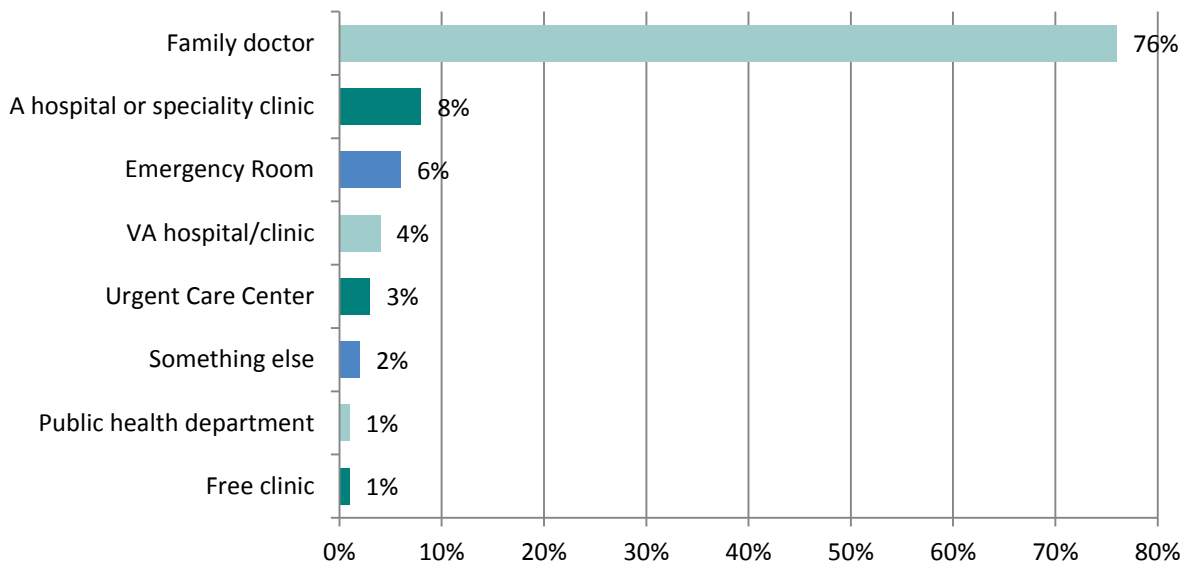




Where Receive Healthcare Most Often

Respondents were asked when they receive healthcare, where do they receive it most often: a primary care or family doctor, the emergency room, an urgent care center, a public health department or clinic, a VA hospital or clinic, a free clinic, a hospital or specialty clinic or somewhere else. The leading source of health care for respondents was a primary care doctor. More than three-quarters or 76% of respondents indicated they receive their health care most often from a primary care doctor. On the other hand, less than one-quarter or 24% of respondents relied on other sources for health care. For instance, 8% of respondents relied on a hospital or specialty clinic and 6% of respondents relied on emergency rooms as their primary source of health care, while another 5% relied on a Veterans Administration (VA) hospitals or clinics. Other sources of health care included, in order of importance, Urgent Care Center (3%), public health departments (1%), and free clinics (1%).

Where Receive Healthcare Most Often



Whether or not a respondent relied on sources for health care other than a primary care doctor, such as emergency rooms or clinics, varied according to several demographics or other identifying characteristics. For instance, males were more likely than females to rely on other sources for primary health care. Age was also a factor; the younger the person, the more likely they were to rely on other sources for health care. The largest indicator was whether or not a respondent had health insurance. Whereas 82% of respondents who had health insurance relied mostly on a primary care doctor, only 44% of those without insurance relied on a primary doctor as their main healthcare provider.



Primary Healthcare Provider by select demographics					
		Primary Care	Hospital/ Spec. Clinic	ER	Other
All respondents		76.3%	7.6%	6.3%	9.8%
Demographic	Subgroup				
Gender*	Male	65.9%	9.7%	9.7%	14.8%
	Female	84.5%	5.9%	3.6%	5.9%
Age*	18-24	50.0%	18.2%	18.2%	13.6%
	25-34	74.5%	8.5%	14.9%	2.1%
	35-44	74.6%	3.2%	7.9%	14.3%
	45-54	77.6%	2.6%	5.3%	14.5%
	55-64	79.2%	9.4%	3.1%	8.3%
	65 and over	80.7%	10.2%	1.1%	8.0%
Marital Status	Married	80.7%	6.6%	4.9%	7.8%
	Not married	70.3%	9.5%	7.4%	12.8%
Children in Home*	Yes	78.6%	4.3%	10.3%	6.8%
	No	75.5%	9.0%	4.3%	11.2%
Income	Under \$25,000	71.0%	10.8%	7.5%	10.8%
	\$25-\$49,999	76.4%	6.3%	6.9%	10.4%
	\$50-\$74,999	77.1%	10.0%	5.7%	7.1%
	\$75-\$99,999	83.9%	3.2%	0.0%	12.9%
	\$100,000 or more	87.5%	0.0%	4.2%	8.3%
Employment Status	Employed	74.2%	6.7%	7.7%	11.5%
	Not employed	78.9%	8.6%	4.9%	7.6%
Education Attainment	High School Grad or less	79.1%	7.8%	5.8%	7.3%
	Some college/Associate's	68.2%	9.3%	6.5%	15.9%
	College Grad or more	81.3%	5.0%	5.0%	8.8%
Insured*	Yes	81.8%	6.8%	3.8%	7.6%
	No	43.6%	10.9%	21.8%	23.6%
Question: When you are in need of health care, where do you receive it MOST often?					

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*



Have Primary Care Doctor

The majority of respondents, 85.2%, reported having one person or group that they think of as their doctor or healthcare provider. Groups more likely to have a primary care doctor or healthcare provider include respondents ages 55 and over, married respondents, those with an annual income of \$75,000 or more, retired respondents, and those with health insurance. Groups more likely to not have a primary care doctor or healthcare provider include respondents ages 24 and under, those who are not married respondents with an annual income of \$25,000 or less, and those without insurance.

Have Primary Provider by select demographics			Yes	No
All respondents			85.2%	14.8%
Demographic	Subgroup			
Gender	Male		82.0%	18.0%
	Female		87.8%	12.2%
Age*	18-24		56.5%	43.5%
	25-34		80.9%	19.1%
	35-44		77.8%	22.2%
	45-54		83.3%	16.7%
	55-64		90.7%	9.3%
	65 and over		95.4%	4.6%
Marital Status*	Married		88.5%	11.5%
	Not married		80.7%	19.3%
Children in Home	Yes		80.3%	19.7%
	No		87.2%	12.8%
Income*	Under \$25,000		79.2%	20.8%
	\$25-\$49,999		83.3%	16.7%
	\$50-\$74,999		84.3%	15.7%
	\$75-\$99,999		96.8%	3.2%
	\$100,000 or more		95.8%	4.2%
Employment Status*	Employed		80.7%	19.3%
	Not employed		90.8%	9.2%
Education Attainment	High School Grad or less		85.0%	15.0%
	Some college/Associate's		81.7%	18.3%
	College Grad or more		90.1%	9.9%
Insured*	Yes		90.0%	10.0%
	No		57.9%	42.1%
Question: Do you have one person or group you think of as your doctor or healthcare provider?				

Unable to get Services

More than one in ten, 11.6%, indicated there were healthcare services they or a member of their family needed in the past year that they were unable to get. Groups of respondents more likely to indicate they need services they could not get include females, those who are unmarried and those who are unemployed. Income and employment also played a role with those from households with progressively less income more likely to have not received needed healthcare services. In addition, those without health insurance were nearly three times more likely than those with health insurance to have been unable to received needed healthcare services.

Unable to Get Services by select demographics		Yes	No
All respondents		11.6%	88.4%
Demographic	Subgroup		
Gender	Male	9.0%	91.0%
	Female	13.6%	86.4%
Age	18-24	18.2%	81.8%
	25-34	6.4%	93.6%
	35-44	12.7%	87.3%
	45-54	15.4%	84.6%
	55-64	14.4%	85.6%
	65 and over	4.6%	95.4%
Marital Status*	Married	8.6%	91.4%
	Not married	16.0%	84.0%
Children in Home	Yes	10.3%	89.7%
	No	12.1%	87.9%
Income*	Under \$25,000	19.6%	80.4%
	\$25-\$49,999	11.3%	88.7%
	\$50-\$74,999	5.7%	94.3%
	\$75-\$99,999	3.2%	96.8%
	\$100,000 or more	4.2%	95.8%
Employment Status*	Employed	8.6%	91.4%
	Not employed	15.1%	84.9%
Education Attainment	High School Grad or less	8.3%	91.7%
	Some college/Associate's	17.4%	82.6%
	College Grad or more	11.1%	88.9%
Insured*	Yes	9.1%	90.9%
	No	26.8%	73.2%
Question: Were there any healthcare services that you or a family member needed in the past 2 years that you were unable to get?			



The 11.6% of respondents who were unable to obtain a needed health related service in the past year were asked what services they were unable to get and why they were unable to get the needed services. The healthcare service needed most often was a specific specialist (17.8%). Other needed healthcare services include, in order of importance, treatment for an illness not covered by insurance (15.6%), health insurance, dental services, doctor visits, surgery and medication (all at 6.7%). Nearly a third, 31.1%, indicated that they were unable to afford the needed service while more than one-quarter, 26.7%, cited lack of insurance. Other reasons for being unable to obtain needed healthcare services include that the services were not available in the area (11.1%) and insurance would not cover the service (8.9%).

What was it that you needed?				
	# of 1st Responses	% of 1st Responses	# of All Responses	% of Answering Respondents
Specialists	5	11.1%	8	17.8%
Treatment for illness not covered by insurance	5	11.1%	7	15.6%
Insurance	1	2.2%	3	6.7%
Dental services	3	6.7%	3	6.7%
Doctor visits	3	6.7%	3	6.7%
Surgery	3	6.7%	3	6.7%
Medication	2	4.4%	3	6.7%
Routine Checkups	2	4.4%	2	4.4%
MRI	2	4.4%	2	4.4%
Home care/Visiting nurse	1	2.2%	2	4.4%
Migraine	2	4.4%	2	4.4%
Colonoscopy	2	4.4%	2	4.4%
MISCELLANEOUS	11	24.4%	13	28.9%
Total	45	(n=45)	56	(n=45)

Why were you unable to get the needed service?				
	# of 1st Responses	% of 1st Responses	# of All Responses	% of Answering Respondents
Too expensive/Cost	10	20.0%	14	31.1%
No insurance	12	26.7%	12	26.7%
Services not available in area/Ohio	5	11.1%	5	11.1%
Insurance would not cover service	4	8.9%	5	11.1%
Unemployed	1	2.2%	2	4.4%
Reached insurance CAP	2	4.4%	2	4.4%
Rare illness no options	1	2.2%	2	4.4%
MISCELLANEOUS	10	20.0%	14	31.1%
Total	45	(n=45)	56	(n=45)



Needed Specialists or Doctor Unable to Find Locally

Next, all respondents were asked if in the past two years they or a member of their family needed to see a specialist or a doctor that they were unable to find locally or had to wait more than 30 days to schedule an appointment. More than a quarter, 26.6%, reported that they were unable to see a doctor or specialist that they needed locally or within a reasonable time frame. Income was the only demographic characteristic that was statistically significant in this area. The income groups that were most likely to have this issue were those with an annual income of \$25,000 or less and those with an annual income of \$100,000 and more.

The 26.6% of respondents who were unable to find a needed specialist or doctor locally or in a reasonable time frame were asked what specialist or doctor they needed. The specialist needed most often was a Dermatologist, given by 13.6% of answering respondents. Other needed specialists or doctors include, in order of importance, orthopedic doctor (12.6%), Neurologist (9.7%), pain clinic or doctor (8.7%), Gastroenterologist (7.8%), Endocrinologist (6.8%), Pediatrician (6.8%), and a Cardiologist (5.8%).

What type of specialist or doctor was it?				
	# of 1st Responses	% of 1st Responses	# of All Responses	% of Answering Respondents
Dermatologist	13	12.6%	14	13.6%
Orthopedist	9	8.7%	13	12.6%
Neurologist	9	8.7%	10	9.7%
Pain Clinic/Doctor	8	7.8%	9	8.7%
Gastroenterologist	7	6.8%	8	7.8%
Endocrinologist	4	3.9%	7	6.8%
Pediatric physician	5	4.9%	7	6.8%
Cardiologist	4	3.9%	6	5.8%
Urologist	5	4.9%	5	4.9%
Dentist	3	2.9%	4	3.9%
Oncologist	3	2.9%	4	3.9%
Gynecologist	2	1.9%	3	2.9%
Kidney specialist	2	1.9%	3	2.9%
Ophthalmologist	3	2.9%	3	2.9%
Mental health doctor	3	2.9%	3	2.9%
Periodontics	3	2.9%	3	2.9%
Back doctor	3	2.9%	3	2.9%
Family physician	2	1.9%	2	1.9%
Podiatrist	1	1.0%	2	1.9%
Allergist	1	1.0%	2	1.9%
Respiratory	2	1.9%	2	1.9%
Miscellaneous	11	10.7%	15	14.6%
Total	103	(n=103)	128	(n=103)



Unable to See Specialist Locally by select demographics			
		Yes	No
All respondents		26.6%	73.4%
Demographic	Subgroup		
Gender	Male	21.9%	78.1%
	Female	30.3%	69.7%
Age	18-24	30.4%	69.6%
	25-34	34.0%	66.0%
	35-44	28.6%	71.4%
	45-54	34.6%	65.4%
	55-64	21.6%	78.4%
	65 and over	17.2%	82.8%
Marital Status	Married	25.0%	75.0%
	Not married	29.3%	70.7%
Children in Home	Yes	31.4%	68.6%
	No	24.3%	75.7%
Income*	Under \$25,000	38.5%	61.5%
	\$25-\$49,999	22.2%	77.8%
	\$50-\$74,999	20.0%	80.0%
	\$75-\$99,999	16.1%	83.9%
	\$100,000 or more	41.7%	58.3%
Employment Status	Employed	25.0%	75.0%
	Not employed	28.1%	71.9%
Education Attainment	High School Grad or less	23.2%	76.8%
	Some college/Associate's	34.3%	65.7%
	College Grad or more	23.5%	76.5%
Insured	Yes	25.9%	74.1%
	No	31.6%	68.4%
Question: In the past two years, have you or a family member needed to see a specialist or doctor that you were unable to find locally or had to wait more than 30 days to schedule appointment?			

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

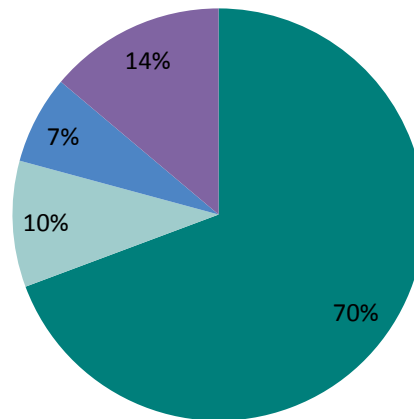


Routine Checkups

The next question in this series asked respondents how long it has been since they visited a doctor for a routine check-up. Nearly three-quarters of respondents, 70.1%, had received a routine checkup in the past year. An additional 9.5% had received a routine check-up in the past two years and 6.6% in the last five years. More than one in ten respondents, 13.8%, have not had a routine checkup in 5 or more years.

Last Routine Checkup

■ Within 1 year ■ Within 2 years ■ Within 5 years ■ 5 or more years



How long it had been since their last checkup varied according to several demographic or other identifying characteristics of respondents. Groups of respondents most likely to have had a routine checkup in the past year include respondents ages 55 and over, retired respondents, and those with health insurance. Groups of respondents most likely to have not had a routine checkup in the past five years include respondents ages 18 to 24 and those without health insurance.



Last Routine Checkup by select demographics					
		Within past year	Within past 2 years	Within past 5 years	5 or more years ago
All respondents		70.1%	9.5%	6.6%	13.8%
Demographic	Subgroup				
Gender	Male	70.9%	9.7%	5.1%	14.3%
	Female	69.4%	9.3%	7.9%	13.4%
Age*	18-24	34.8%	26.1%	13.0%	26.1%
	25-34	51.1%	14.9%	14.9%	19.1%
	35-44	62.9%	11.3%	6.5%	19.4%
	45-54	68.0%	6.7%	8.0%	17.3%
	55-64	73.4%	9.6%	4.3%	12.8%
	65 and over	91.9%	3.5%	2.3%	2.3%
Marital Status	Married	70.1%	10.4%	5.8%	13.7%
	Not married	70.3%	8.3%	7.6%	13.8%
Children in Home	Yes	61.2%	14.7%	7.8%	16.4%
	No	73.7%	7.3%	6.2%	12.8%
Income	Under \$25,000	74.5%	5.3%	7.4%	12.8%
	\$25-\$49,999	69.1%	8.6%	5.8%	16.5%
	\$50-\$74,999	70.0%	10.0%	10.0%	10.0%
	\$75-\$99,999	77.4%	9.7%	3.2%	9.7%
	\$100,000 or more	66.7%	16.7%	4.2%	12.5%
Employment Status*	Employed	62.0%	13.0%	6.3%	18.8%
	Not employed	80.1%	5.0%	6.6%	8.3%
Education Attainment	High School Grad or less	69.5%	9.0%	7.5%	14.0%
	Some college/Associate's	74.1%	6.5%	5.6%	13.9%
	College Grad or more	66.3%	15.0%	6.3%	12.5%
Insured*	Yes	73.9%	9.8%	5.6%	10.7%
	No	46.2%	7.7%	13.5%	32.7%
Question: About how long has it been since you last visited a doctor for a routine checkup?					

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*



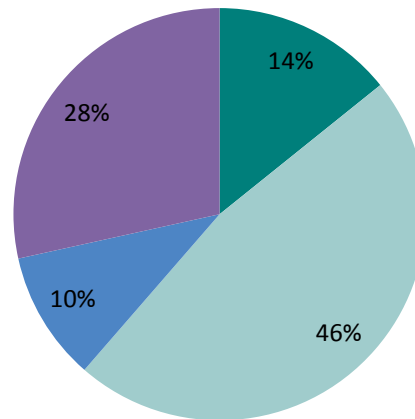


Insurance Coverage

All respondents were asked if they had health insurance coverage. A significant portion, 14.3% did not have health insurance. Nearly half, 46% were covered by employer paid plans, 10% were covered by private insurance and 28% reported being covered by Medicare or Medicaid.

Health Insurance Coverage

■ Not insured ■ Employer paid ■ Private insurance ■ Medicare or Medicaid



Whether or not a given respondent has health insurance coverage varied according to several demographic and other identifying characteristics. Relatively older respondents, especially those ages 65 and older, were more likely to have health insurance coverage, while relatively younger persons, especially those ages 18 to 24, were less likely to have health insurance. Household income played a role in health insurance coverage as well. In general, respondents from households with progressively more income were more likely to have health insurance, while those from households with progressively less income were less likely to have health insurance. Marital status also had an impact on whether or not a person had health insurance coverage. Married persons were more likely than unmarried persons to have health insurance.



Have Health Insurance by select demographics			
		Yes	No
All respondents		85.7%	14.3%
Demographic	Subgroup		
Gender	Male	86.9%	13.1%
	Female	84.7%	15.3%
Age*	18-24	66.7%	33.3%
	25-34	89.4%	10.6%
	35-44	77.8%	22.2%
	45-54	82.1%	17.9%
	55-64	85.6%	14.4%
	65 and over	96.6%	3.4%
Marital Status*	Married	89.8%	10.2%
	Not married	78.5%	21.5%
Children in Home	Yes	84.7%	15.3%
	No	86.0%	14.0%
Income*	Under \$25,000	74.0%	26.0%
	\$25-\$49,999	84.7%	15.3%
	\$50-\$74,999	90.0%	10.0%
	\$75-\$99,999	96.8%	3.2%
	\$100,000 or more	100.0%	0.0%
Employment Status	Employed	84.3%	15.7%
	Not employed	87.1%	12.9%
Education Attainment	High School Grad or less	85.4%	14.6%
	Some college/Associate's	82.6%	17.4%
	College Grad or more	91.4%	8.6%
Question: Do you currently have health insurance?			

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

EXERCISE, OBESITY & TOBACCO USE

Summary: Exercise and Obesity			
		Percentage	N
Exercised in the past month	Yes	76.0%	N=400
	No	24.0%	
How often exercise in an average week	Not at all	5.3%	N=304
	Every once in awhile	14.1%	
	1-2 times	24.0%	
	3-4 times	28.6%	
	5-7 times	28.0%	
Self-described weight	Overweight	51.1%	N=399
	About right	43.6%	
	Underweight	5.3%	
Tried to lose weight in past 12 months	Yes	59.9%	N=399
	No	40.1%	

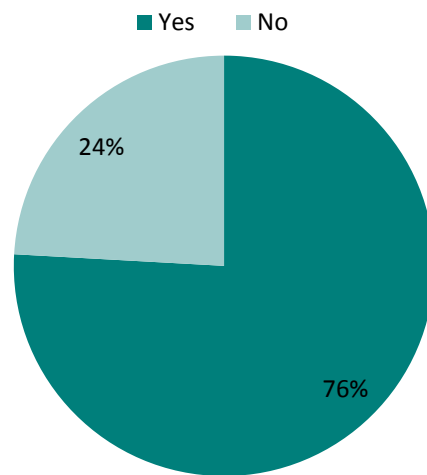
Summary: Smoking and Tobacco Use			
		Percentage	N
Tobacco Use	Everyday	27.0%	N=400
	Some days	4.8%	
	Not at all	68.3%	
Interest in Hospital Smoking Cessation Program <i>(asked of smokers only)</i>	Very Interested	9.1%	N=55
	Somewhat Interested	20.0%	
	Not at all Interested	70.9%	



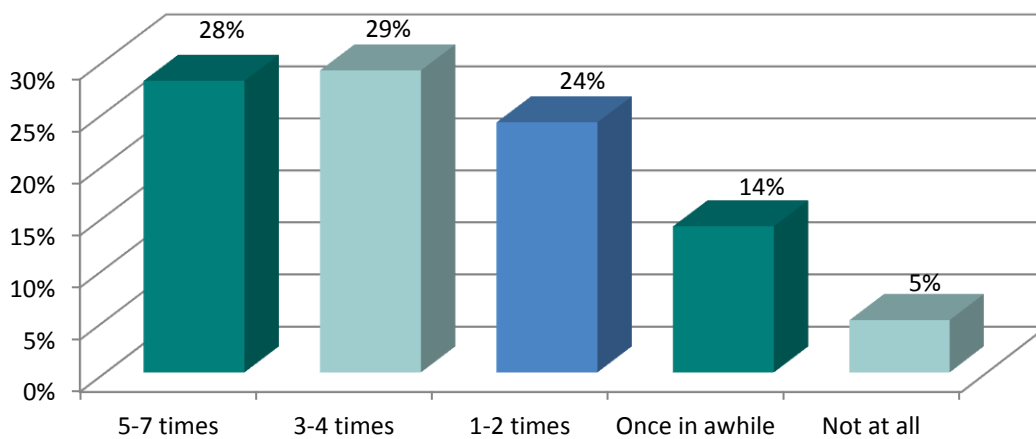
Exercise

More than three-quarters of respondents, 76%, had exercised in the past month. Groups more likely to have exercised in the past month include respondents ages 18 to 44, those who are currently married, those with an annual income of \$50,000 or more, employed respondents, and college graduates. Next, all respondents were asked how often they exercise, on average, each week. A small portion of respondents, 5%, reported that they do not exercise at all; an additional 14% stated they exercise only once in a while, and 24% reported that they exercised 1 or 2 times a week. More than half, 57%, reported exercising on a regular basis. More specifically, 29% reported exercising 3 to 4 times a week, and 28% exercise 5 to 7 times a week, on average.

Exercised in Past Month



How Often Exercise (Of those who exercised in the past month)



Exercised in past month by select demographics			
		Yes	No
All respondents		76.0%	24.0%
Demographic	Subgroup		
Gender*	Male	82.6%	17.4%
	Female	70.7%	29.3%
Age*	18-24	91.3%	8.7%
	25-34	80.9%	19.1%
	35-44	82.5%	17.5%
	45-54	70.5%	29.5%
	55-64	80.4%	19.6%
	65 and over	65.9%	34.1%
Marital Status	Married	76.2%	23.8%
	Not married	75.5%	24.5%
Children in Home	Yes	79.7%	20.3%
	No	74.4%	25.6%
Income*	Under \$25,000	70.1%	29.9%
	\$25-\$49,999	70.8%	29.2%
	\$50-\$74,999	84.3%	15.7%
	\$75-\$99,999	83.9%	16.1%
	\$100,000 or more	91.7%	8.3%
Employment Status*	Employed	80.2%	19.8%
	Not employed	71.0%	29.0%
Education Attainment	High School Grad or less	72.9%	27.1%
	Some college/Associate's	77.1%	22.9%
	College Grad or more	84.0%	16.0%
Insured	Yes	76.5%	23.5%
	No	73.7%	26.3%
Question: During the past month, other than your regular job, did you participate in any physical activity or exercise?			

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*

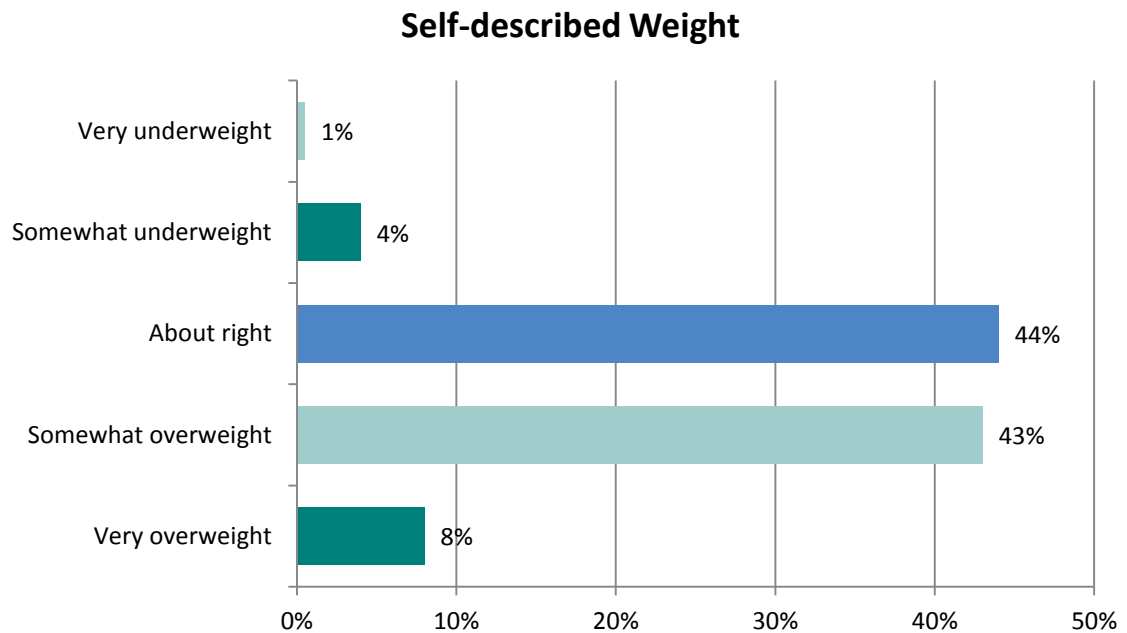
How Often Exercise by select demographics				
		3-7 times	1-2 times	Once in a while/Not at all
All respondents		56.6%	24.0%	19.4%
Demographic	Subgroup			
Gender	Male	60.5%	24.5%	15.0%
	Female	52.9%	23.6%	23.6%
Age	18-24	57.1%	28.6%	14.3%
	25-34	57.9%	23.7%	18.4%
	35-44	46.2%	30.8%	23.1%
	45-54	60.0%	20.0%	20.0%
	55-64	62.8%	20.5%	16.7%
	65 and over	55.2%	22.4%	22.4%
Marital Status	Married	56.5%	24.7%	18.8%
	Not married	57.9%	21.9%	20.2%
Children in Home	Yes	54.3%	28.7%	17.0%
	No	57.9%	21.5%	20.6%
Income	Under \$25,000	48.5%	22.1%	29.4%
	\$25-\$49,999	52.0%	23.5%	24.5%
	\$50-\$74,999	64.4%	20.3%	15.3%
	\$75-\$99,999	61.5%	30.8%	7.7%
	\$100,000 or more	63.6%	31.8%	4.5%
Employment Status	Employed	54.7%	25.9%	19.4%
	Not Employed	59.1%	22.0%	18.9%
Education Attainment	High School Grad or less	53.0%	21.9%	25.2%
	Some college/Associate's	57.1%	26.2%	16.7%
	College Grad or more	64.7%	25.0%	10.3%
Insured	Yes	56.7%	24.1%	19.2%
	No	57.1%	21.4%	21.4%
Question: How often do you exercise in an average week?				

**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*



Obesity

All respondents were asked to describe their personal weight using a 5-point scale: very underweight, somewhat underweight, about right, somewhat overweight, or very overweight. Nearly half of the respondents, 43.6% reported that their weight is about right. More than half of all respondents, 51.1% reported being overweight with 43% being somewhat overweight and 8% very overweight. Just a small percentage, 5.3%, reported being underweight, with 4% being somewhat underweight and 1% very underweight.



Perception of weight among respondents varied according to various demographic or other identifying characteristics. Groups more likely to be **overweight** include females, respondents ages 35 to 54, and married respondents. Groups of respondents more likely to be **about right** included: males, respondents age 18 to 34, and those who are not married.



Self-described Weight by select demographics				
		Overweight	About right	Underweight
All respondents		51.1%	43.6%	5.3%
Demographic	Subgroup			
Gender*	Male	43.8%	53.4%	2.8%
	Female	57.0%	35.7%	7.2%
Age*	18-24	17.4%	65.2%	17.4%
	25-34	42.6%	55.3%	2.1%
	35-44	61.9%	36.5%	1.6%
	45-54	57.1%	39.0%	3.9%
	55-64	54.6%	38.1%	7.2%
	65 and over	46.6%	47.7%	5.7%
Marital Status*	Married	57.2%	39.1%	3.7%
	Not married	41.7%	50.3%	7.9%
Children in Home	Yes	54.7%	43.6%	1.7%
	No	49.8%	43.4%	6.8%
Income	Under \$25,000	49.0%	43.8%	7.3%
	\$25-\$49,999	51.4%	43.1%	5.6%
	\$50-\$74,999	57.1%	38.6%	4.3%
	\$75-\$99,999	61.3%	32.3%	6.5%
	\$100,000 or more	41.7%	54.2%	4.2%
Employment Status	Employed	52.1%	43.1%	4.7%
	Not employed	50.0%	44.1%	5.9%
Education Attainment	High School Grad or less	48.3%	45.4%	6.3%
	Some college/Associate's	54.6%	39.8%	5.6%
	College Grad or more	54.3%	43.2%	2.5%
Insured	Yes	52.2%	43.4%	4.4%
	No	46.4%	42.9%	10.7%
Question: How would you describe your own personal weight situation right now?				

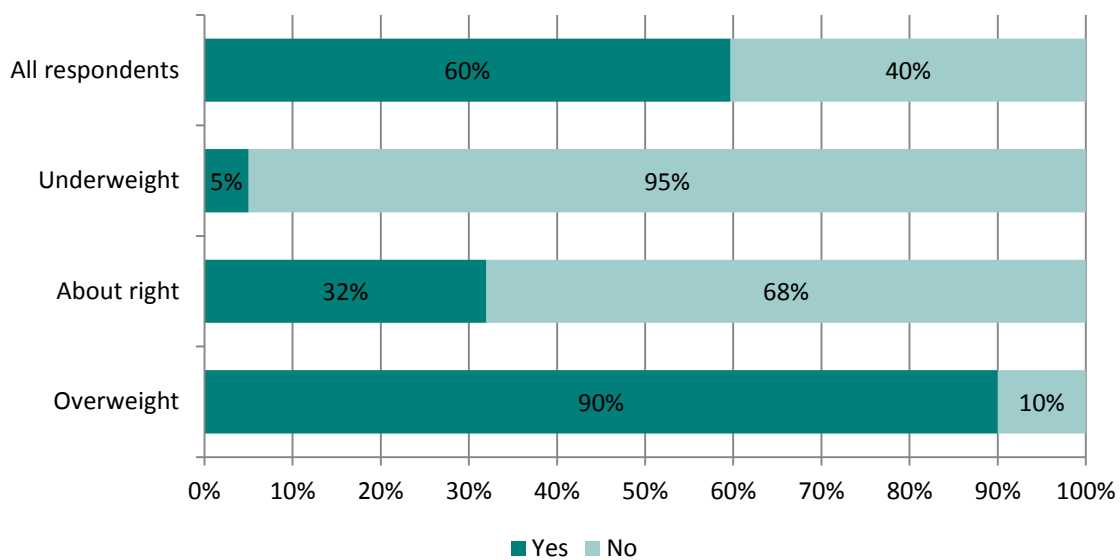
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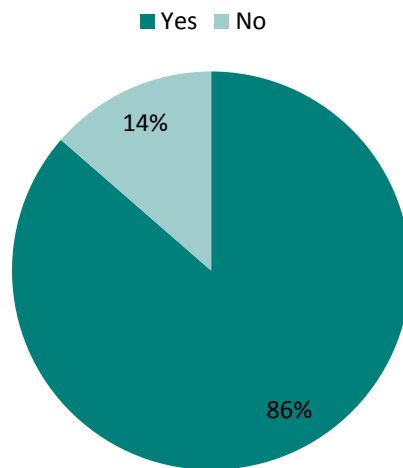


All respondents were asked if they had thought about or tried to lose weight during the past year. More than half of all respondents, 60% had thought about or tried to lose weight in the last year. As would be expected, there were large differences between how a person described their weight and whether or not they had tried to lose weight in the last 12 months. For those who described themselves as underweight, 5% had tried to lose weight in the last year. For those who characterized their weight as just about right, nearly one-third, 32%, had indicated they had tried to lose weight while the majority who thought they were overweight, 90% had tried to lose weight in the past year. Next, the 60% of respondents who had tried to lose weight in the past 12 months were asked if they felt they were successful at losing or maintaining their weight. The majority of respondents, 86%, felt they were successful at losing or maintaining their weight, the remaining 14% felt unsuccessful.

Tried to Lose Weight in Last 12 Months



Successful at Losing or Maintaining Weight *Of those who have tried in last 12 months*

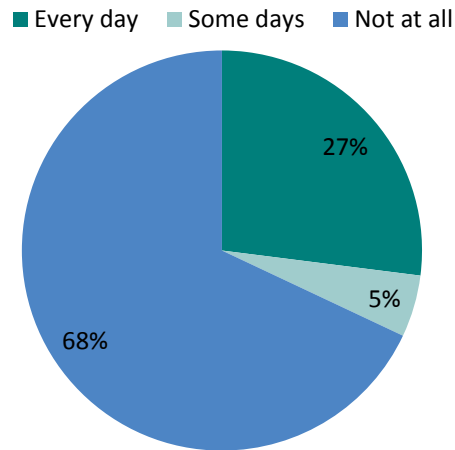




Tobacco Use

Nearly one-third or 31.7% of all respondents indicated they currently smoke cigarettes or use tobacco at varying frequencies with **every day users** amounting to 27% of all respondents. The remaining proportion of tobacco users indicated they smoke cigarettes or use tobacco less frequently or only **some days**, amounting to 4.8% of all respondents. More than two-thirds, 68.3%, of respondents reported that they **do not use tobacco at all**.

Tobacco Use



Respondents without health insurance were more likely to indicate they use tobacco compared to those with insurance. While nearly half, 45.6%, of those without health insurance reported they currently use tobacco every day, only 24.0% of those with health insurance reported the same. Household income was also strongly associated with cigarette smoking with those with an annual income less than \$25,000 per year being much more likely to indicate they use tobacco compared to those from higher income households. Age was also related to smoking activity. Respondents ages 25 to 44 were most likely to smoke every day, respondents ages 65 and older were least likely. Other groups of respondents that were more likely to smoke or use tobacco include those with a high school diploma or less education.



Tobacco Use by select demographics				
		Every day	Some days	Not at all
All respondents		27.0%	4.8%	68.3%
Demographic	Subgroup			
Gender*	Male	30.9%	7.9%	61.2%
	Female	23.9%	2.3%	73.9%
Age*	18-24	17.4%	13.0%	69.6%
	25-34	36.2%	4.3%	59.6%
	35-44	41.3%	4.8%	54.0%
	45-54	30.8%	7.7%	61.5%
	55-64	24.7%	5.2%	70.1%
	65 and over	12.5%	0.0%	87.5%
Marital Status	Married	25.0%	3.7%	71.3%
	Not married	30.5%	6.6%	62.9%
Children in Home*	Yes	39.8%	6.8%	53.4%
	No	21.7%	3.9%	74.4%
Income*	Under \$25,000	38.1%	4.1%	57.7%
	\$25-\$49,999	23.6%	6.9%	69.4%
	\$50-\$74,999	25.7%	4.3%	70.0%
	\$75-\$99,999	19.4%	0.0%	80.6%
	\$100,000 or more	4.2%	0.0%	95.8%
Employment Status*	Employed	32.5%	5.7%	61.8%
	Not employed	21.0%	3.8%	75.3%
Education Attainment*	High School Grad or less	30.9%	3.9%	65.2%
	Some college/Associate's	28.4%	10.1%	61.5%
	College Grad or more	14.8%	0.0%	85.2%
Insured*	Yes	24.0%	4.4%	71.6%
	No	45.6%	5.3%	49.1%
Question: Do you smoke cigarettes or use tobacco products every day, some days, or not at all?				

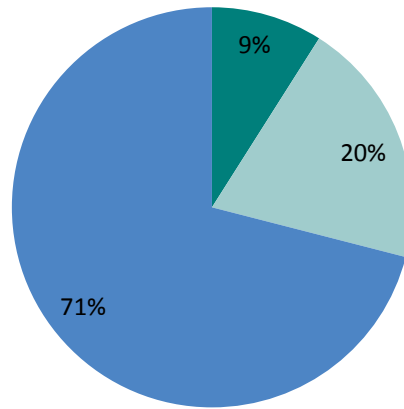
**DENOTES A STATISTICALLY SIGNIFICANT RELATIONSHIP*





Interest In Hospital Smoking Cessation Program *(of those who currently use tobacco products)*

Very Interested Somewhat Interested Not at all Interested





Key Findings- Community Leaders Focus Group

The Center for Marketing and Opinion Research conducted a focus group of 19 area community leaders to explore community health needs and opportunities to better meet those needs in the future. The agencies represented in the group included city government, the United Way, Trinity Hospital Twin City, local schools, the Department of Job and Family Services, First National Bank, YMCA, local churches, the Health Department, Red Cross, and the ADAMHS Board.

COMMUNITY HEALTH NEEDS

Participants identified important health needs facing the community. The following needs were mentioned:

- ✓ The high cost of health insurance premiums and healthcare services, in general
- ✓ The ability to find a doctor that will accept new patients, especially the uninsured population
- ✓ The high prevalence of diabetes and obesity, which can be associated with higher health care costs. One participant mentioned that if Tuscarawas County were a state, it would be the second fattest in the country.
- ✓ Lack of specialist services available in the immediate area such as Endocrinologists and Child Psychiatrists- people who need these services must go outside the local area
- ✓ Home health care services for the elderly who are not on public assistance and those under age 60 who cannot afford to pay for the services out of pocket
- ✓ Dental care for low income individuals
- ✓ Rehabilitation and detox services

In terms of the strengths of the healthcare services available in the area, the following strengths were mentioned:

- ✓ The area is designated as a doctor shortage area, which can be used as a recruitment tool (an opportunity)
- ✓ The hospital facility itself it really nice and new
- ✓ The hospital's Fit for Life program
- ✓ Transportation resources in the community
- ✓ Dedicated professionals within organizations and their ability to and interest in working together. Folks come together to rally around needs.

Specific to Trinity Hospital Twin City, the participants offered the following strengths:

- ✓ The Facility
- ✓ Making specialists available one day a week at the hospital
- ✓ Dedicated staff with real expertise
- ✓ Providing lab work to free clinic





IDENTIFIED COMMUNITY NEEDS

In a recent community survey and analysis of public data available several areas of community health needs were identified, Access to healthcare and healthy behaviors. The next part of the discussion focused on these two areas in more detail.

In terms of **access to healthcare**, the identified issues and barriers related to access to health care affecting the community included the following:

- ✓ The high costs
- ✓ Transportation limitations due to area's large rural base, especially when patients have to go outside the area
- ✓ High rate of poverty
- ✓ When the healthcare provider doesn't accept medical card

Participants offered the following suggestions or recommendations to help improve access to healthcare:

- ✓ Having more Nurse Practitioners to help alleviate the burden on PCPs and increase the Nurse Practitioner's capacity to treat patients.
- ✓ Educating the public on what is available in the community through outreach, awareness and education

Specific to if there are enough primary care physicians and medical specialists in the community, the participants offered the following feedback:

- ✓ There are not enough Primary Care Physicians in the area, particularly for the medically underserved. In addition, there is a need for PCPs to offer extended hours so that people who work, but cannot take time off, can have access to their PCP without having to go to an Urgent Care Center or ER for medical care.
- ✓ It is difficult to schedule appointments with PCPs and specialists in a reasonable time period, especially for new patients. In addition, a lot of PCPs are closed to new patients.
- ✓ There are enough dentists in the area, although many lack insurance.
- ✓ Specific specialists that are needed in the area include: Child psychiatrists, Endocrinologists, Renal Doctors, Cardiologists, Mental Health Specialists, Pediatrics, and Oncologists.
- ✓ Although the hospital brings specialists to the area on a weekly basis, there is an issue when the patients move to the next level of needing treatment. At that point, the cost of transportation and a place to stay outside of the county become barriers.

In terms of retaining and attracting doctors & specialists, participants had several recommendations including:

- ✓ Offices need to be more aggressive with their recruiting
- ✓ Telemedicine would help. It would allow many residents to have access to medical specialists without having to have them physically in the area or having the patient have to travel outside the county to receive service.
- ✓ In terms of attracting PCPs, one issue is that there are not enough affordable places to rent for prospective doctors. In addition, there needs to be more green space and recreational opportunities to help the prospective doctors with their need for a work-life balance.
- ✓ The participants also mentioned that there is a continuity issue with retaining doctors- they don't stay for a really long time; that they don't connect with the community in a way that makes them want to stay.





In terms of **healthy behaviors**, the identified issues and barriers related to being healthy and making healthy choices included the following:

- ✓ There are a lot of programs and resources available, but there is just not a lot of interest in the program or the programs are not available at a time that is convenient to the residents. An example that was given was a program at a local church that focused on how to make healthy meals-no one came.
- ✓ Making unhealthy choices is easier and it is too much of a challenge to change behavior
- ✓ The mentality of the area residents: participants felt that residents are just not in the right mindset to make the changes- residents have to want to make the changes.

The participants offered the following suggestions and recommendation in terms of helping residents make more healthy choices:

- ✓ Have to make the healthy choice the default choice.
- ✓ Need a community that provides more healthy options that are readily available- more walking and biking trails. There are no sidewalks in the area.
- ✓ Have to start to make the changes early, start with the children, so it becomes a way of life for them
- ✓ The hospital's Fit for Life Program is very effective
- ✓ The hospital having a dietician available to patients has been very useful
- ✓ Healthy Tusc has been working with area restaurants to make endorsed/healthy options and restaurants are starting to list nutritional information
- ✓ The participants felt that they needed to start thinking more outside of the box about programs- like going to where people are in addition to the programs at the churches/hospitals.

EMERGING COMMUNITY NEEDS

Participants offered the following as emerging healthcare needs in the next few years:

- ✓ A rise of addiction to prescription drugs
- ✓ The oil and gas business is going to bring a lot of new issues including more people and more vehicles. They felt that we haven't even started to touch the impact yet
- ✓ Rising number of people under 60 - too young to get services, but can't pay for it
- ✓ More and more stressed out kids at a younger age
- ✓ Rise in STD rates and young parents

PRIORITIZING CONCERNS

During the final segment of the conversation, participants were asked to vote for their top two priority areas:

1. Cost of health insurance premiums and healthcare in general
2. The need for more Primary Care Physicians in the community
3. The mentality of area residents in terms of their attitude towards healthy behaviors
4. Mental Health related needs

It was discussed that the areas in which the hospital could have the most impact was on Primary Care Physicians and access to healthcare and on the mindset of residents towards healthy behavior.

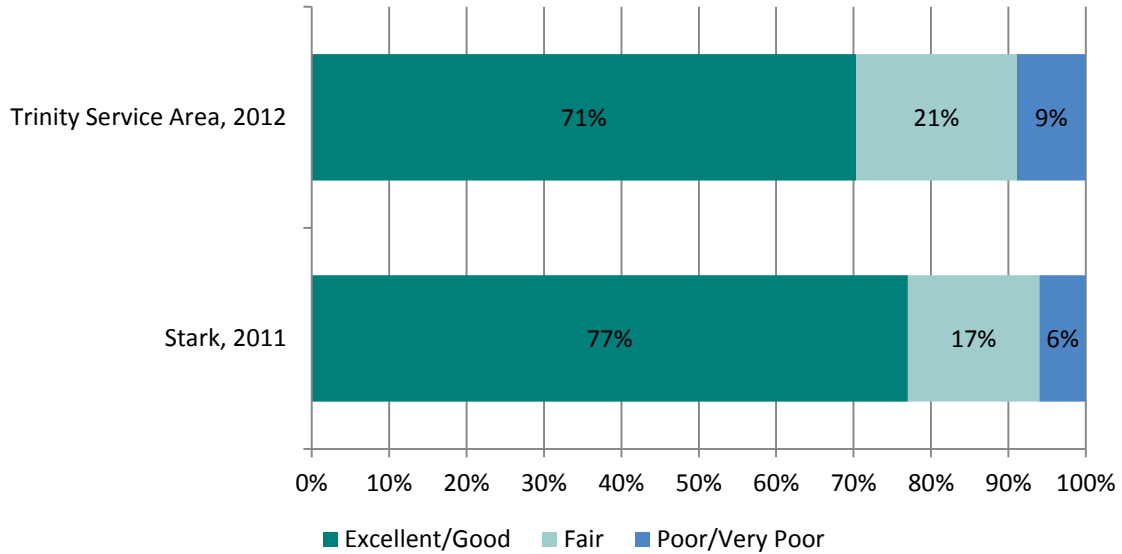




Key Findings- Secondary Data

General Health

Self-described Health



Self-described Health	Trinity Hospital 2013 CHNA	Stark 2011 CHNA
Excellent/Good	70.8%	76.7%
Fair	20.8%	17.1%
Poor/Very Poor	8.5%	6.2%
Total	N=400	N=1,065

Source:

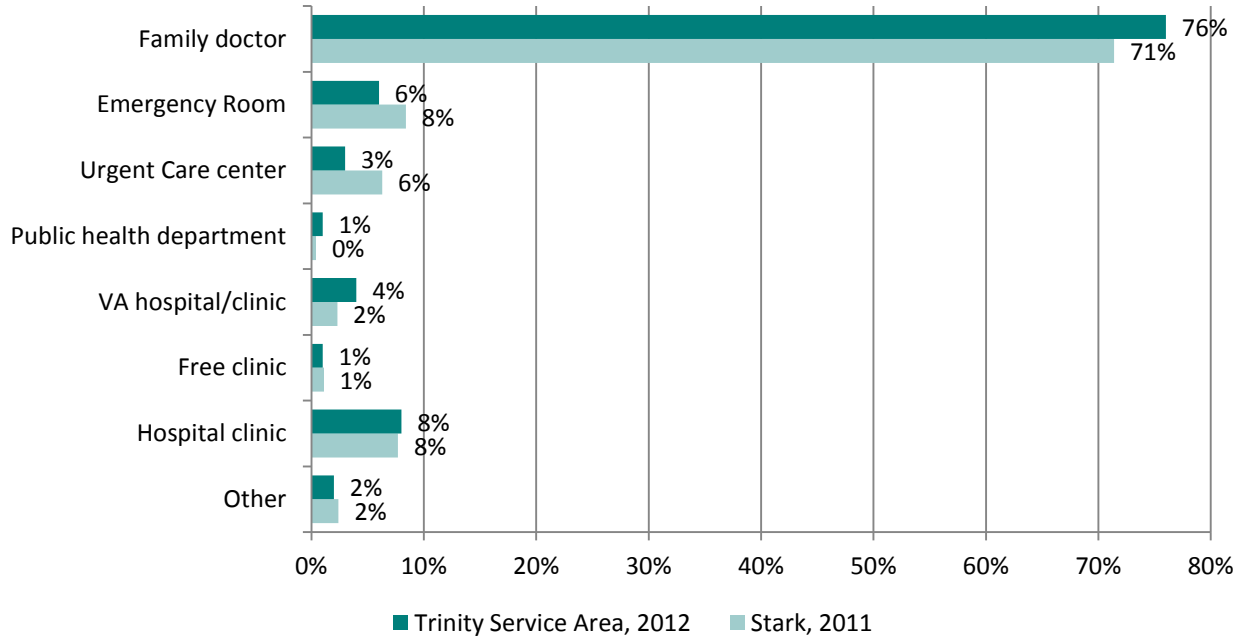
- Data for Stark County is from the 2011 Stark County Community Health Needs Assessment
- Data from Trinity Hospital CHNA is from the Community Survey of the hospital’s service area.





Health Care Access

Where Receive Healthcare Most Often



Where Receive Healthcare	Trinity Service Area, 2012	Stark 2011
Family doctor	76.3%	71.4%
Emergency Room	6.3%	8.4%
Urgent Care center	2.5%	6.3%
Hospital clinic	7.6%	7.7%
Public health department	0.8%	0.4%
VA hospital/clinic	3.5%	2.3%
Free clinic	0.8%	1.1%
Other	2.3%	2.3%
Total	N=396	N=1,061

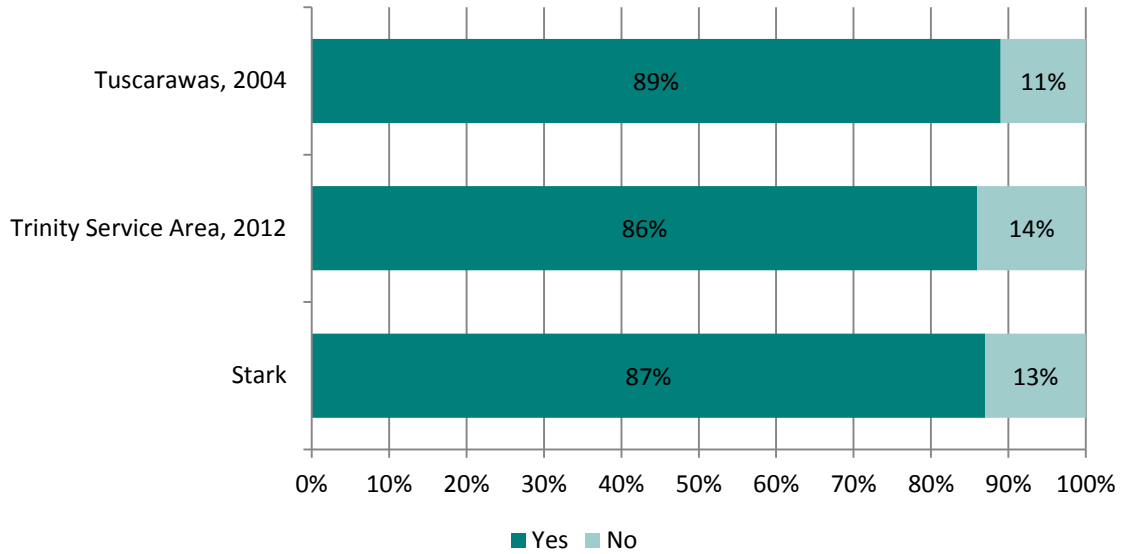
Source:

- Data for Stark County is from the 2011 Stark County Community Health Needs Assessment
- Data from Trinity Hospital CHNA is from the Community Survey of the hospital’s service area.





Currently Has Health Insurance



Have Health Insurance	Tuscarawas, 2004	Trinity Service Area, 2012	Stark, 2011
Yes	88.7%	85.7%	86.7%
No	11.3%	14.3%	13.3%
Total		N=398	N=1,061

Source:

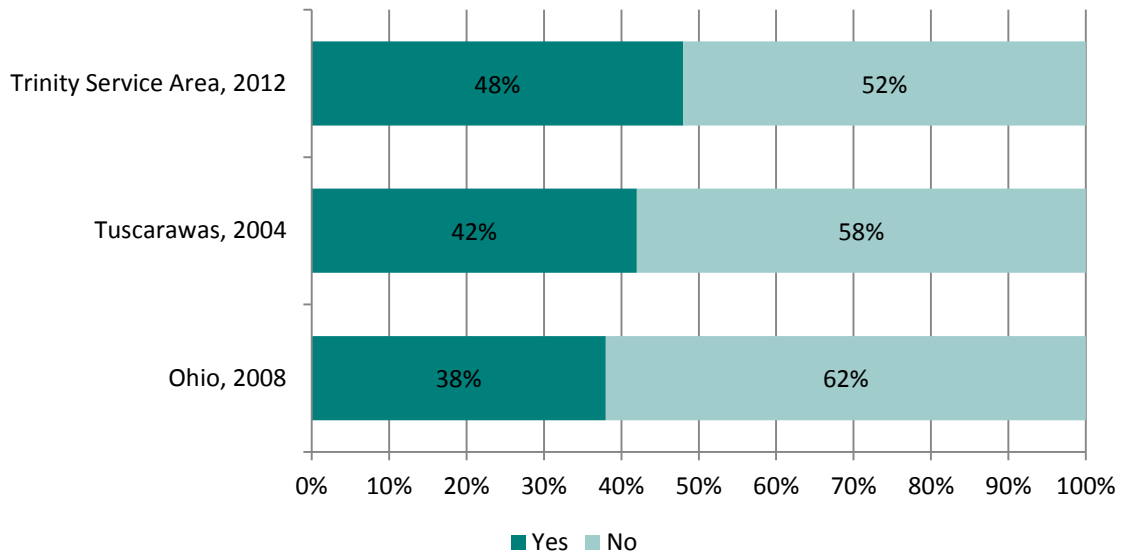
- Data for Stark County is from the 2011 Stark County Community Health Needs Assessment
- Data from Trinity Hospital CHNA is from the Community Survey of the hospital’s service area.
- Data from 2004 Tuscarawas County is from the Healthy Ohio Program through the Ohio Dept. of Health





High Cholesterol

Been Diagnosed with High Cholesterol



Have High Cholesterol	Trinity Service Area, 2012*	Tuscarawas, 2004-2007	Ohio, 2008
Yes	48.4%	41.7%	37.9%
No	51.6%	58.3%	62.1%
Total	N=399		

*Includes both the respondent and immediate family member

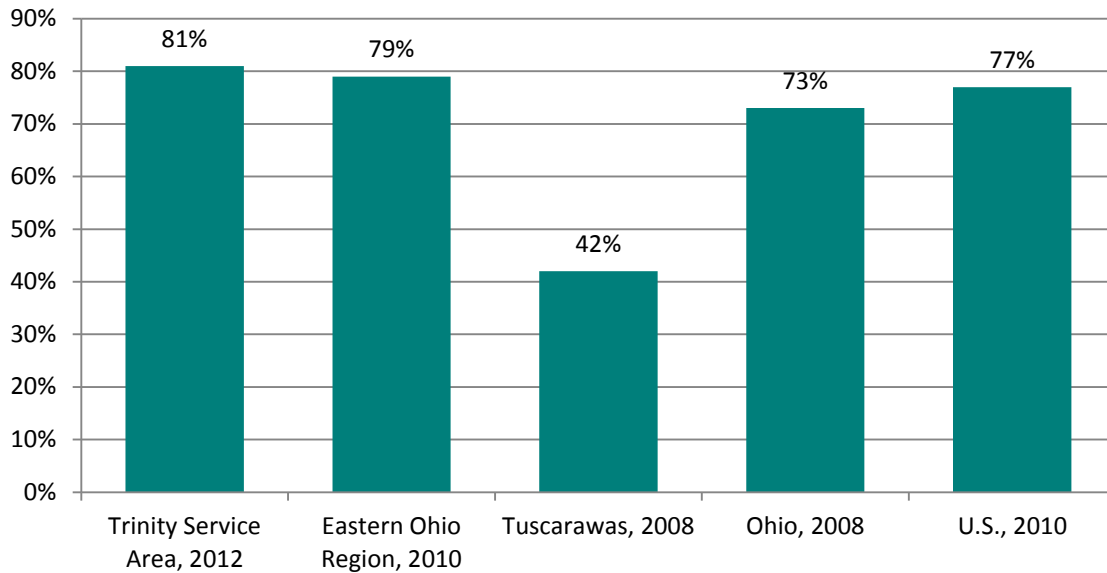
Source:

- Data from Trinity Hospital CHNA is from the Community Survey of the hospital’s service area.
- It includes the respondent or a member of their immediate family.
- Data from 2004-2007 Tuscarawas County is from the Healthy Ohio Program through the Ohio Department of Health
- Ohio data from the Ohio Behavioral Risk Factor Surveillance System.





Had Cholesterol Checked in Past 5 Years



Had Check	% of adults
Trinity Service Area, 2012	80.9%
Eastern Ohio Region, 2010	79.3%
Tuscarawas County, 2008	41.7%
Ohio, 2008	73.2%
U.S., 2010	77.0%

Source:

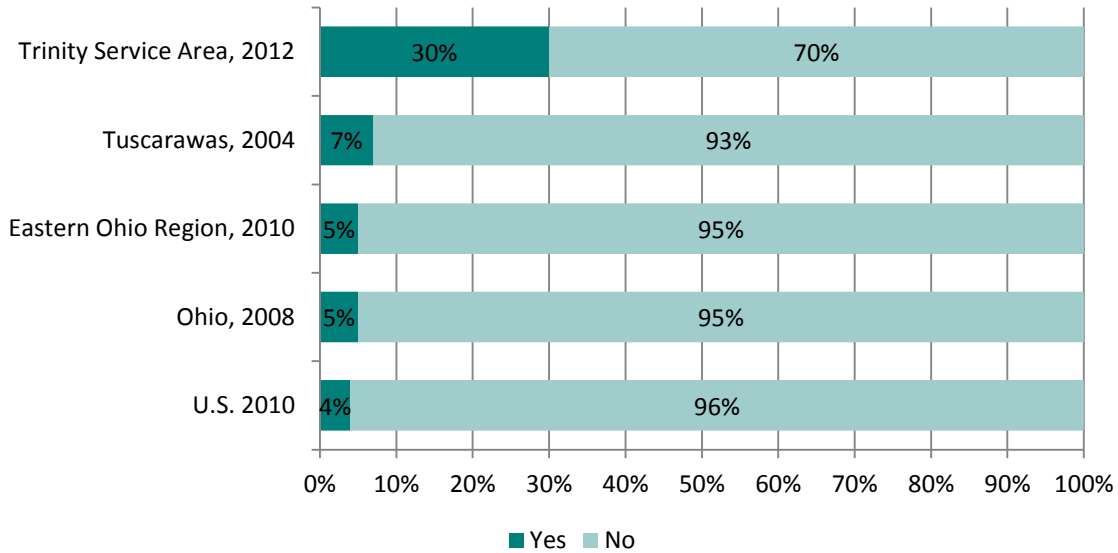
- Data from Trinity Hospital CHNA is from the Community Survey of the hospital’s service area.
- 2008 Data from the Healthy Ohio Program through the Ohio Department of Health
- Ohio Data from the Ohio Behavioral Risk Factor Surveillance System
- Data from the Eastern Ohio Region and the National Rate is from the Regional Health Needs Assessment Project Ohio’s Critical Access Hospital funded by Ohio Department of Health’s Rural Hospital Flex Program.





Heart Disease

Been Diagnosed with Heart Disease



Have Heart Disease	Trinity Service Area, 2012*	Eastern Ohio Region, 2010	Tuscarawas, 2004-2007	Ohio, 2008	U.S., 2010
Yes	30.4%	4.9%	7.0%	4.8%	4.1%
No	69.6%	95.1%	93.0%	95.2%	95.9%
Total	N=398				

*Includes both the respondent and their immediate family.

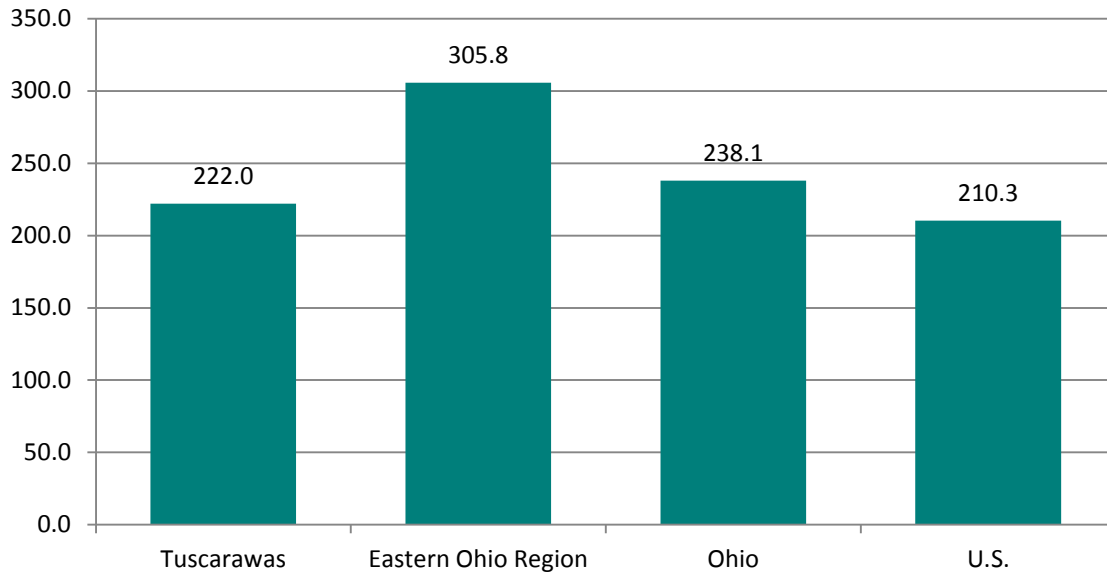
Source:

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- Ohio data from the Ohio Behavioral Risk Factor Surveillance System
- Data from the Eastern Ohio Region and the National Rate is from the Regional Health Needs Assessment Project Ohio’s Critical Access Hospital funded by Ohio Department of Health’s Rural Hospital Flex Program.





Adult Mortality Rate from Heart Disease, 2004-2007



Rate of Heart Disease	Rate per 100,000
Tuscarawas County, 2004-2007	222.0
Eastern Ohio Region, 2006-2008	305.8
Ohio, 2006-2008	238.1
U.S., 2004-2007	210.3

Source:

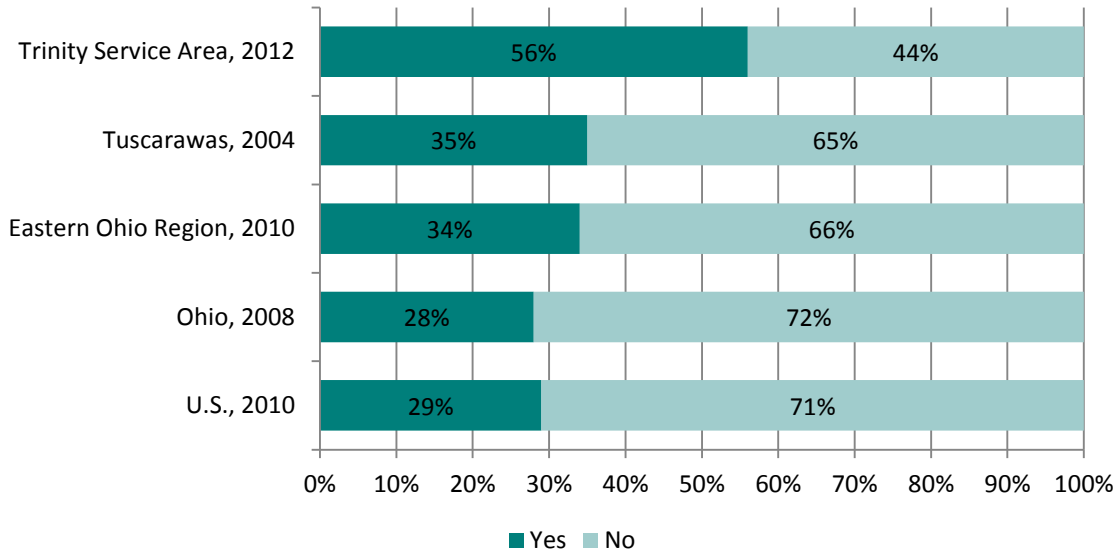
- *Tuscarawas County Data from the Healthy Ohio Program through the Ohio Department of Health*
- *U.S. rates from CDC's National Vital Statistics reports.*
- *Data from the Eastern Ohio Region and Ohio is from the Regional Health Needs Assessment Project Ohio's Critical Access Hospital funded by Ohio Department of Health's Rural Hospital Flex Program.*





High Blood Pressure

Been Diagnosed with High Blood Pressure



Been diagnosed with High Blood Pressure	Trinity Service Area, 2012*	Eastern Ohio Region, 2010	Tuscarawas, 2004-2007	Ohio, 2008	U.S., 2010
Yes	56.4%	33.6%	34.6%	27.6%	28.7%
No	43.6%	66.4%	65.4%	72.4%	71.3%
Total	N=400				

*Includes both respondent and immediate family members

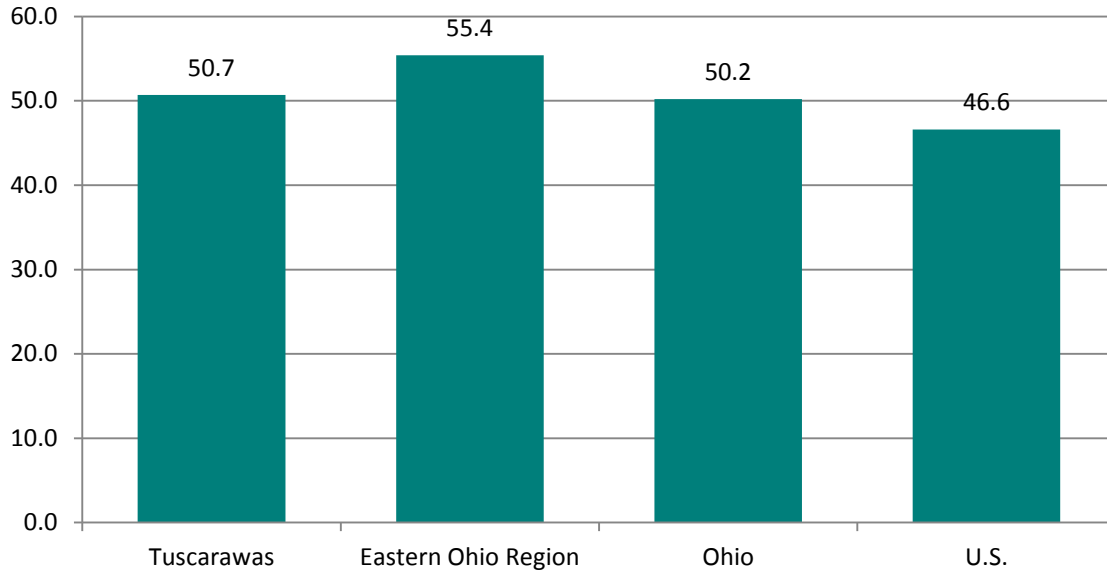
Source:

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- Ohio data from the Ohio Behavioral Risk Factor Surveillance System
- Data from the Eastern Ohio Region and Ohio is from the Regional Health Needs Assessment Project Ohio’s Critical Access Hospital funded by Ohio Department of Health’s Rural Hospital Flex Program.





Adult Mortality Rate from Stroke, 2008



Rate of Stroke Death	Rate per 100,000
Tuscarawas County	50.7
Eastern Ohio Region	55.4
Ohio	50.2
U.S.	46.6

Source:

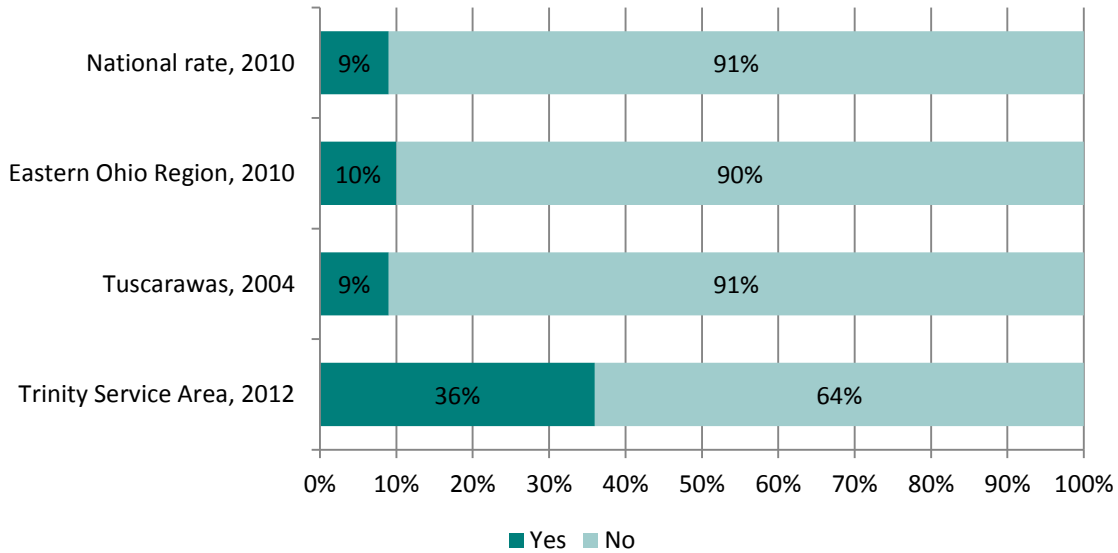
- *Data from the Healthy Ohio Program through the Ohio Department of Health.*
- *Death rates for the County is from the Statistical Analyses Unit, Office of Vital Statistics, Ohio Department of Health*
- *U.S. rates from CDC's National Vital Statistics reports*
- *Data from the Eastern Ohio Region and Ohio is from the Regional Health Needs Assessment Project Ohio's Critical Access Hospital funded by Ohio Department of Health's Rural Hospital Flex Program.*





Diabetes

Been Diagnosed with Diabetes



Have Diabetes	Tuscarawas, 2004-2007	Tuscarawas, 2012*	Eastern Ohio Region, 2010	National Rate, 2010
Yes	8.6%	35.8%	10%	9%
No	91.4%	64.2%	90%	91%
Total		N=399		

*Note: The question in the community survey asked if the respondent or someone in their immediate family had been diagnosed.

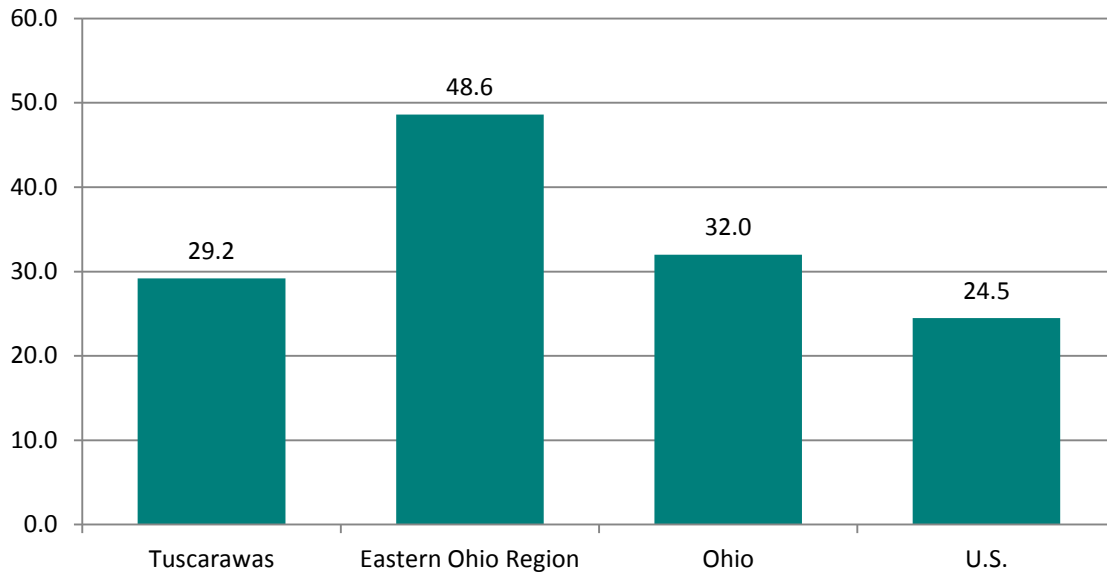
Source:

- Data from Trinity Hospital CHNA is from the Community Survey of the hospital’s service area. It includes the respondent or a member of their immediate family.
- Data from 2004-2007 Tuscarawas County is from the Healthy Ohio Program through the Ohio Department of Health.
- Data from the Eastern Ohio Region and the National Rate is from the Regional Health Needs Assessment Project Ohio’s Critical Access Hospital funded by Ohio Department of Health’s Rural Hospital Flex Program.





Adult Mortality Rate from Diabetes, 2008



Rate of Diabetes Death	Rate per 100,000
Tuscarawas County	29.2
Eastern Ohio Region	48.6
Ohio	32.0
U.S.	24.5

Source:

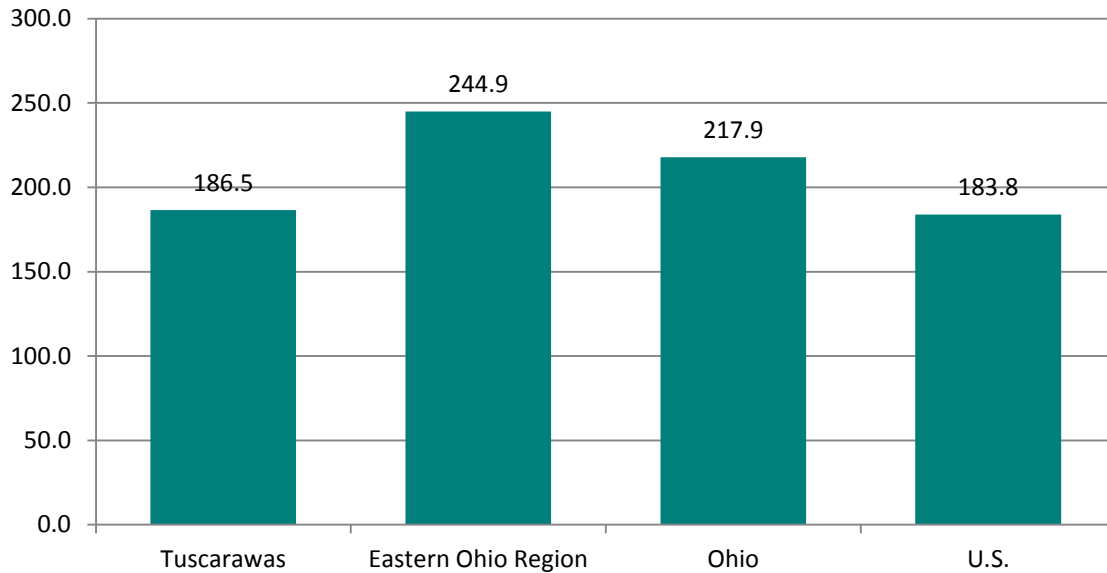
- Data from the Healthy Ohio Program through the Ohio Department of Health.
- U.S. rates from CDC’s National Vital Statistics reports.
- Data from the Eastern Ohio Region and the National Rate is from the Regional Health Needs Assessment Project Ohio’s Critical Access Hospital funded by Ohio Department of Health’s Rural Hospital Flex Program.

Cancer





Adult Mortality Rate from Cancer, 2008



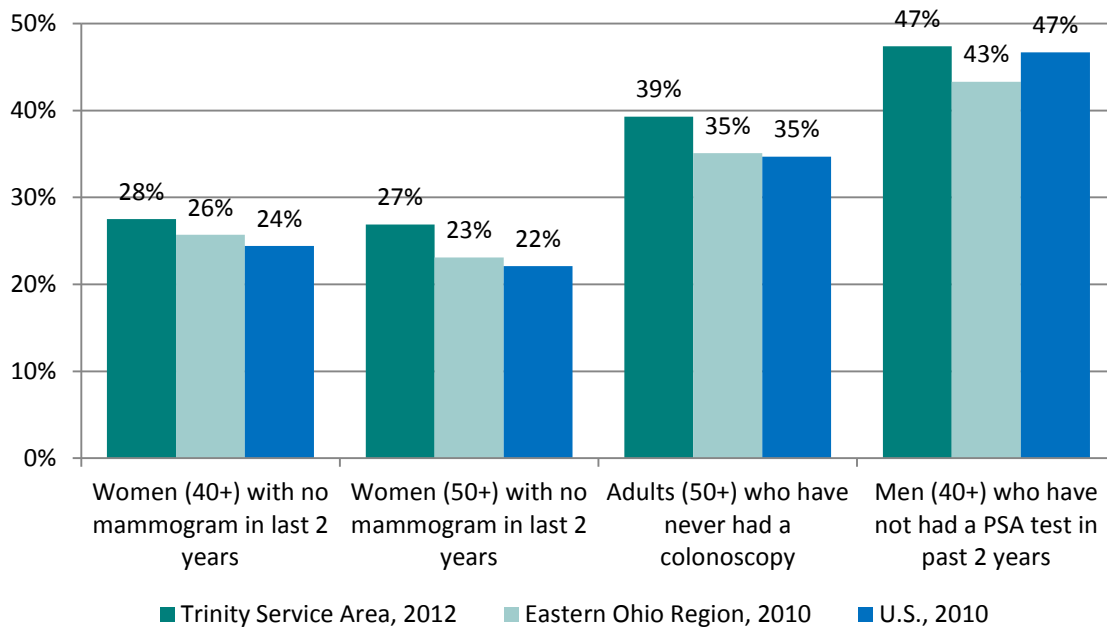
Rate of Cancer	Rate per 100,000
Tuscarawas County	186.5
Eastern Ohio Region	244.9
Ohio	217.9
U.S.	183.8

Source:

- Data from the Healthy Ohio Program through the Ohio Department of Health
- Death rates for Ohio and County are from the Statistical Analyses Unit, Office of Vital Statistics, Ohio Department of Health
- U.S. rates from CDC's National Vital Statistics reports
- Data from the Eastern Ohio Region and the National Rate is from the Regional Health Needs Assessment Project Ohio's Critical Access Hospital funded by Ohio Department of Health's Rural Hospital Flex Program.



Cancer Related Tests



Had Check	Trinity Service Area, 2012	Eastern Ohio Region, 2010	U.S., 2010
Women (40+) with no mammogram in last 2 years	27.5%	25.7%	24.4%
Women (50+) with no mammogram in last 2 years	26.9%	23.1%	22.1%
Adults (50+) who have never had a colonoscopy	39.3%	35.1%	34.7%
Men (40+) who have not had a PSA test in past 2 years	47.4%	43.3%	46.7%

Source:

- Data from Trinity Hospital CHNA is from the Community Survey of the hospital’s service area.
- Data from the Eastern Ohio Region and the National Rate is from the Regional Health Needs Assessment Project Ohio’s Critical Access Hospital funded by Ohio Department of Health’s Rural Hospital Flex Program.



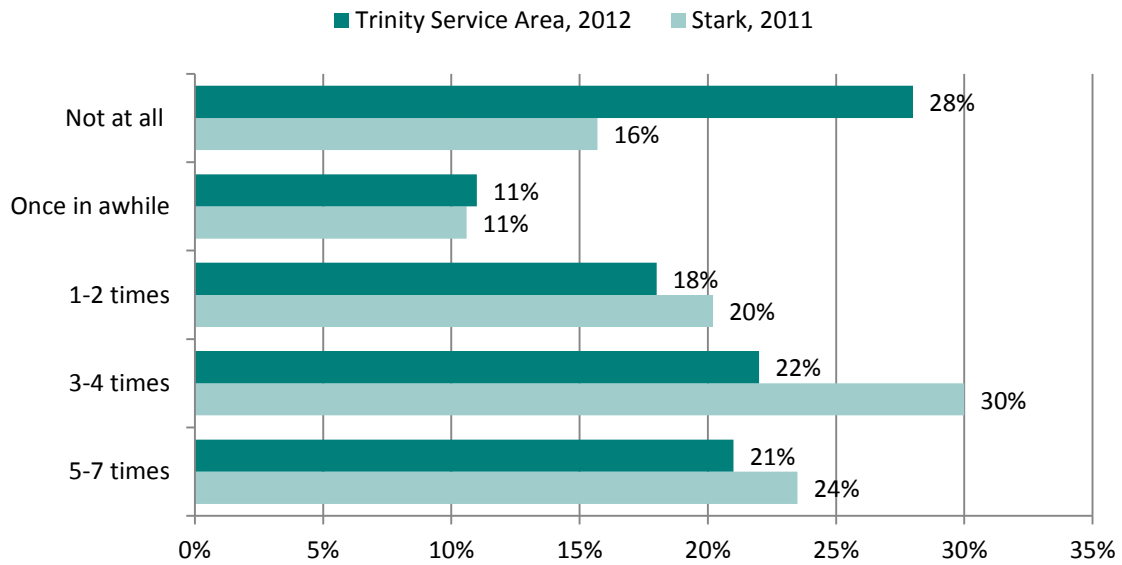
Cancer Mortality by Type/Site, 2006 to 2008

Type/Site of Cancer	Region		Ohio Rate per 100,000
	Number	Rate per 100,000	
Lung, Trachea and Bronchus	1142	71.7	64.6
Colon, Rectum, and Anus	420	26.4	21.1
Breast (female)	254	31.4	31.4
Pancreas	218	13.7	12.9
Prostate	185	23.6	21.5
Leukemia	161	10.1	8.3
Non-Hodgkin's Lymphoma	134	8.4	8.0
Esophagus	106	6.7	5.8
Bladder	95	6.0	5.6
Kidney	92	5.8	5.0
Other	1092	68.5	59.9

Data is from the Regional Health Needs Assessment Project Ohio's Critical Access Hospital funded by Ohio Department of Health's Rural Hospital Flex Program.

Exercise, Obesity and Health Lifestyle Choices

How Often Exercise in Average Week



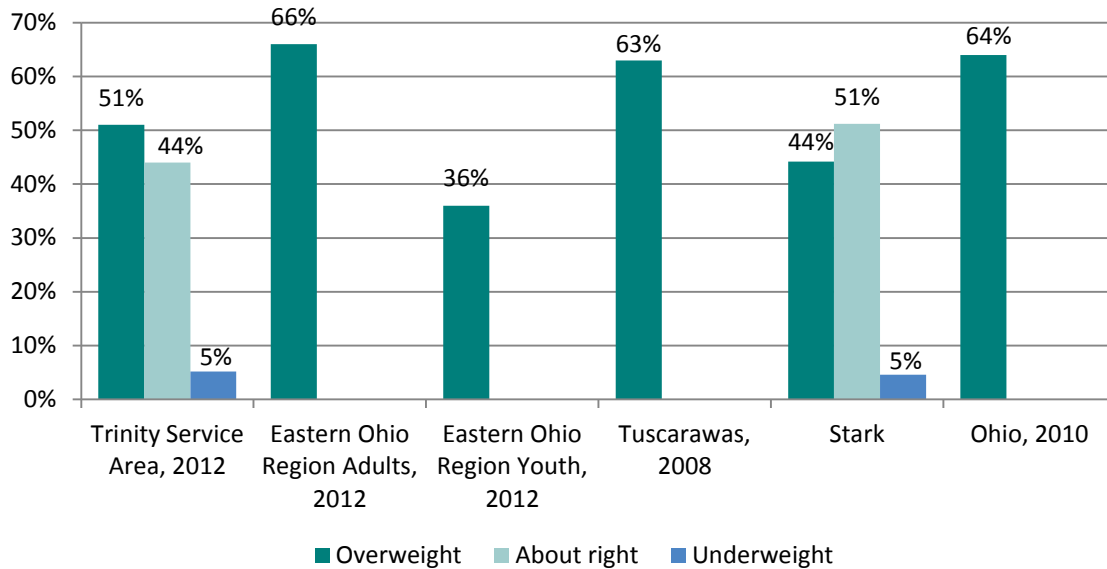
How Often Exercise	Trinity Service Area, 2012	Stark 2011
Not at all	28.0%	15.7%
Once in awhile	10.8%	10.6%
1-2 times	18.3%	20.2%
3-4 times	21.8%	30.0%
5-7 times	21.3%	23.5%
Total	N=400	N=1,065

Source:

- Data for Stark County CHNA is from the 2011 Stark County Community Health Needs Assessment
- Data from Trinity Hospital CHNA is from the Community Survey of the hospital’s service area.



Self-described Weight



Self-described Weight	Tuscarawas, 2008	Trinity Service Area, 2012	Eastern Ohio Region Adults, 2012	Eastern Ohio Region Youth 10-17, 2012	Stark, 2011	Ohio, 2010
Overweight	63.4%*	51.1%	66%*	36%*	44.1%	63.7%
About right		43.6%			51.2%	
Underweight		5.3%			4.6%	
Total		N=399			N=1,065	

*Combines obese and overweight

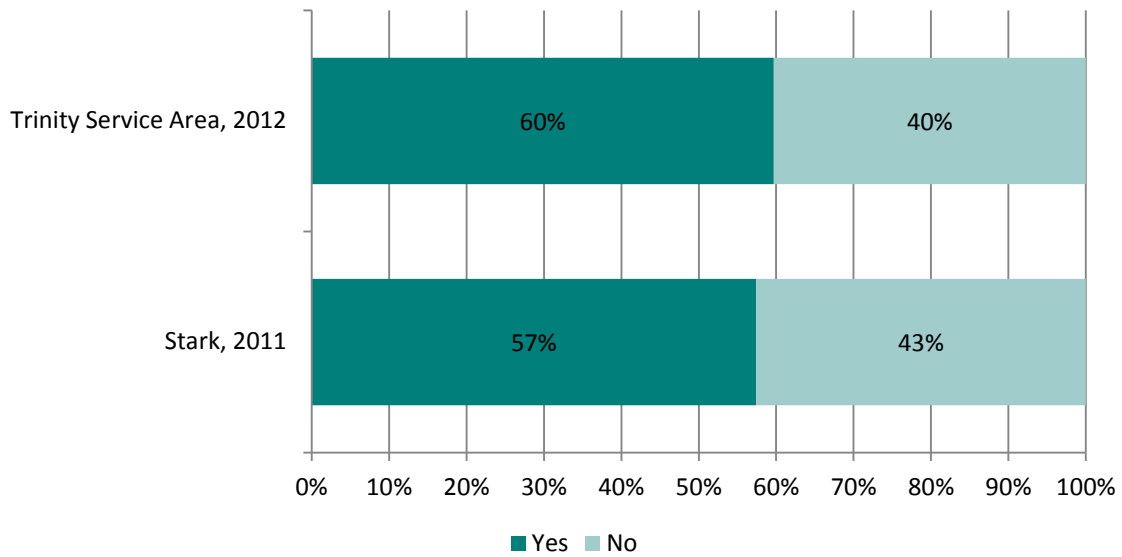
Source:

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- Data from 2008 Tuscarawas County is from the Health Ohio Project from the Ohio Department of Health.
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Tried to Lose Weight in Last 12 Months



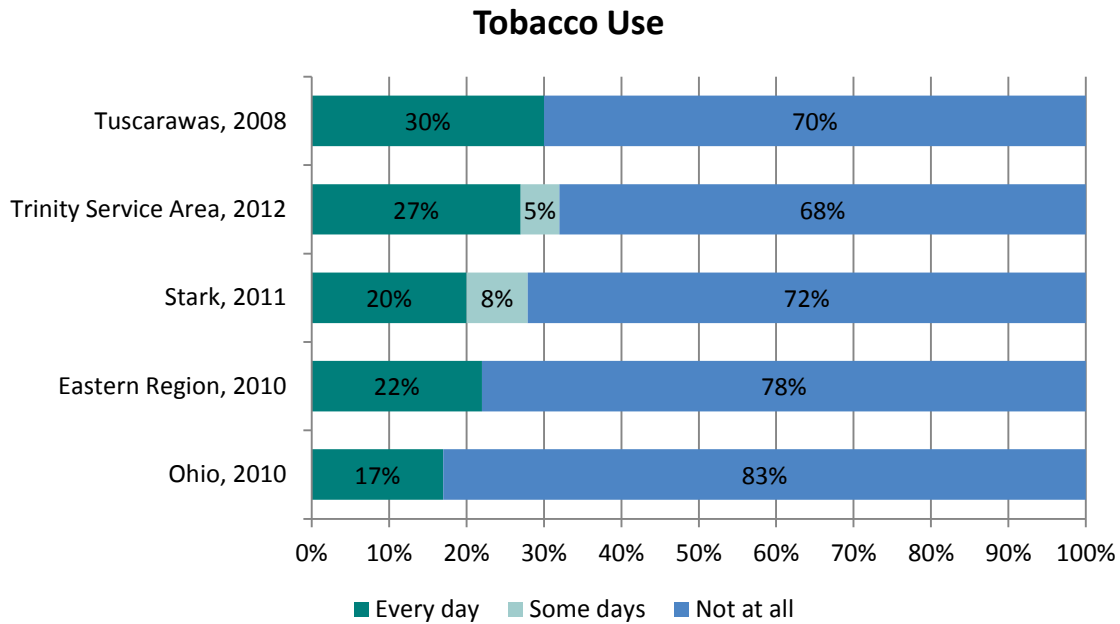
Tried To Lose Weight	Trinity Service Area, 2012	Stark, 2011
Yes	59.9%	57.4%
No	40.1%	42.6%
Total	N=399	N=1,066

Source:

- Data for Stark County is from the 2011 Stark County Community Health Needs Assessment
- Data from Trinity Hospital CHNA is from the Community Survey of the hospital's service area.



Tobacco Use



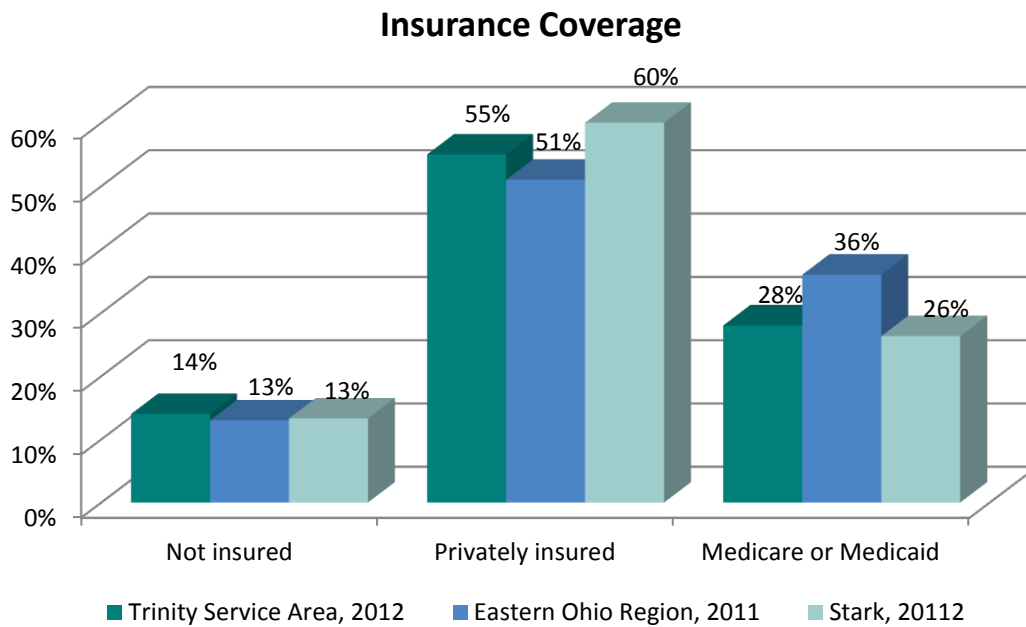
Tobacco Use	Tuscarawas, 2008	Trinity Service Area, 2012	Stark, 2011	Eastern Ohio Region, 2010	Ohio, 2010
Every day	29.6%*	27.0%	20.0%	21.8%	17.3%
Some days		4.8%	7.9%		
Not at all	70.4%	68.3%	72.1%	78.2%	82.7%
Total		N=400	N=1,066		

Source:

- Data for Stark County is from the 2011 Stark County Community Health Needs Assessment
- Data from Trinity Hospital CHNA is from the Community Survey of the hospital’s service area.
- Data from 2008 Tuscarawas County is from the Health Ohio Project from the Ohio Department of Health.
Note: The 2008 data combined every day and someday smokers.
- Ohio data from the Ohio Behavioral Risk Factor Surveillance System, ODH.



Insurance Coverage



Insurance Coverage	Trinity Service Area, 2012	Eastern Ohio Region, 2012	Stark, 2011
Not insured	14.3%	12.5%	13.3%
Privately insured	55.3%	51.2%	60.5%
Medicare or Medicaid	28.4%	35.6%	26.3%
Total	N=398		N=1038

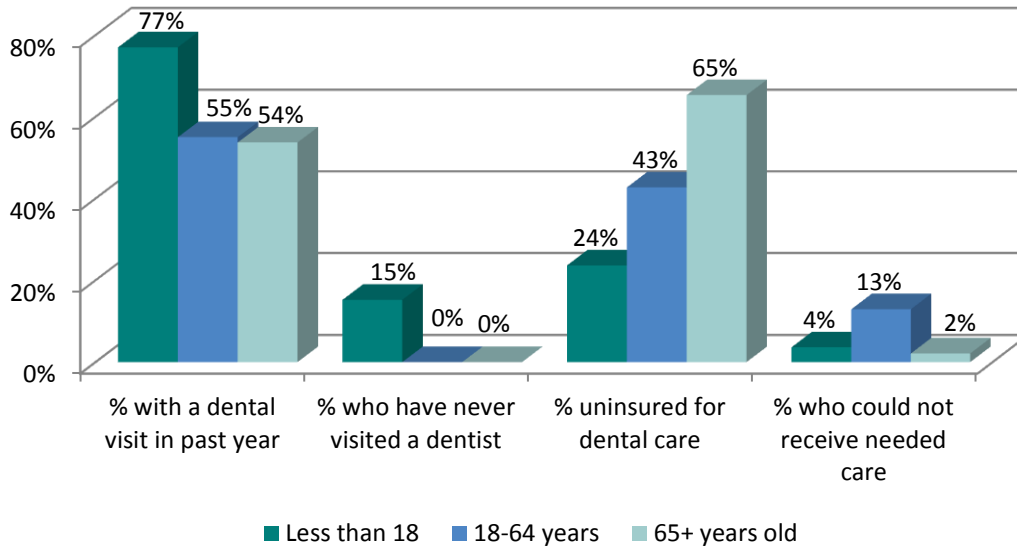
Source:

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Dental Care and Access

Oral Health Care Access



	Less than 18	18-64 years	65+ years old
% with a dental visit in past year	77.0%	55.0%	53.7%
% who have never visited a dentist	15.2%	NA	NA
% uninsured for dental care	23.6%	42.7%	65.3%
% who could not receive needed care	3.6%	12.9%	2.1%
Total			

Source:

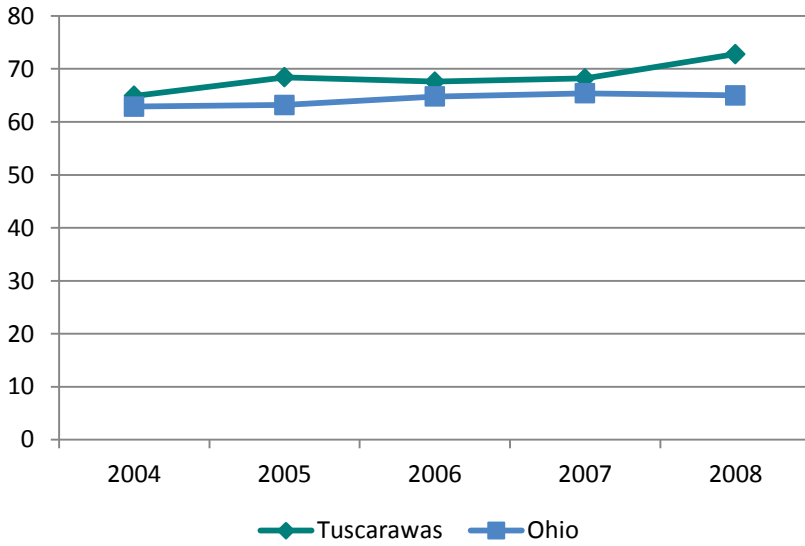
- *Data from Ohio Oral Health Surveillance System, 2010*





Birth and Death Data

Live Birth Rate

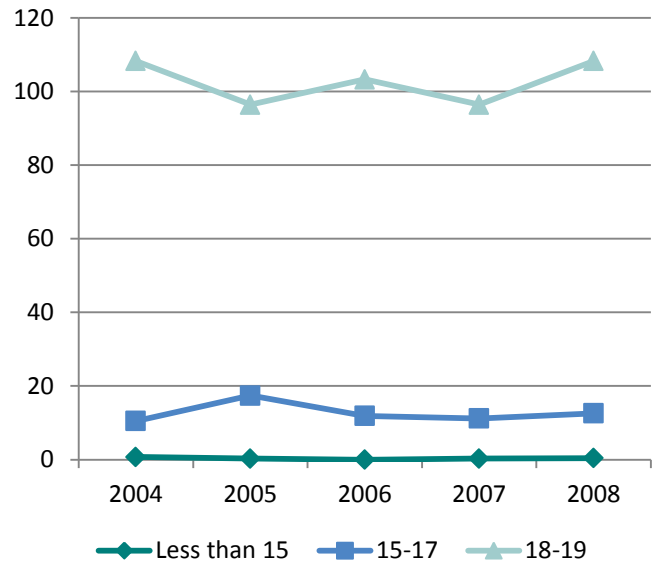


	Tuscarawas	Ohio
2004	64.9	62.9
2005	68.4	63.2
2006	67.6	64.8
2007	68.2	65.4
2008	72.8	65.0

Source: Ohio Department of Health

Tuscarawas Adolescent Birth Rate

	Less than 15	15-17	18-19
2004	0.7	10.5	108.3
2005	0.3	17.4	96.4
2006	0.0	11.9	103.3
2007	0.3	11.2	96.4
2008	0.4	12.6	108.3

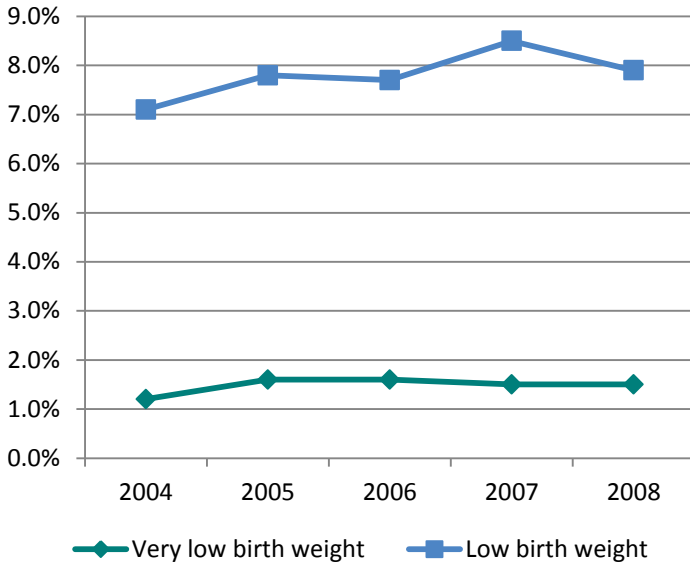


Source: Ohio Department of Health





Tuscarawas Birth Weights

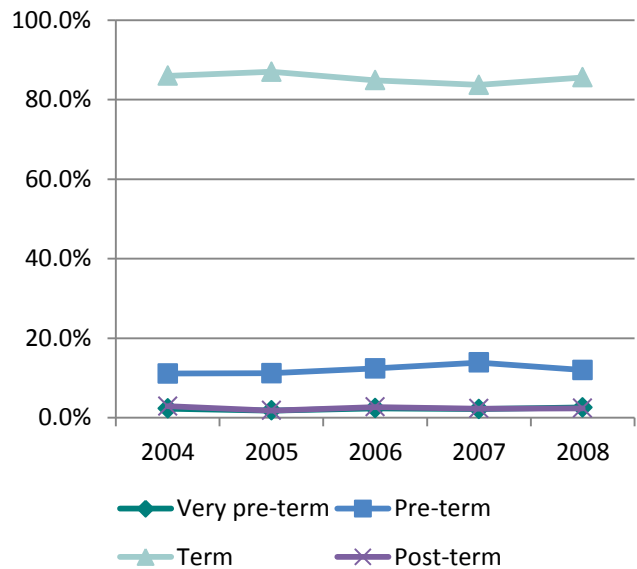


	VLBW	LBW
2004	1.2%	7.1%
2005	1.6%	7.8%
2006	1.6%	7.7%
2007	1.5%	8.5%
2008	1.5%	7.9%

Source: Ohio Department of Health

Tuscarawas Gestational Age

	Very pre-term	Pre-term	Term	Post-term
2004	2.3%	11.1%	86.0%	2.9%
2005	1.8%	11.2%	87.0%	1.8%
2006	2.4%	12.4%	84.9%	2.7%
2007	2.2%	13.9%	83.7%	2.3%
2008	2.6%	12.0%	85.6%	2.4%

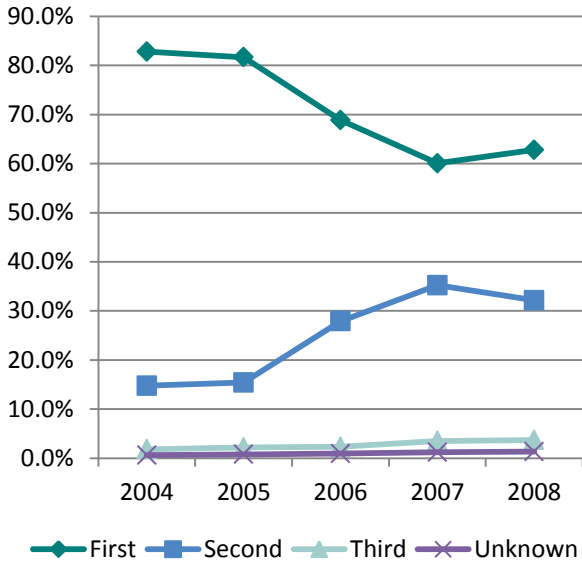


Source: Ohio Department of Health





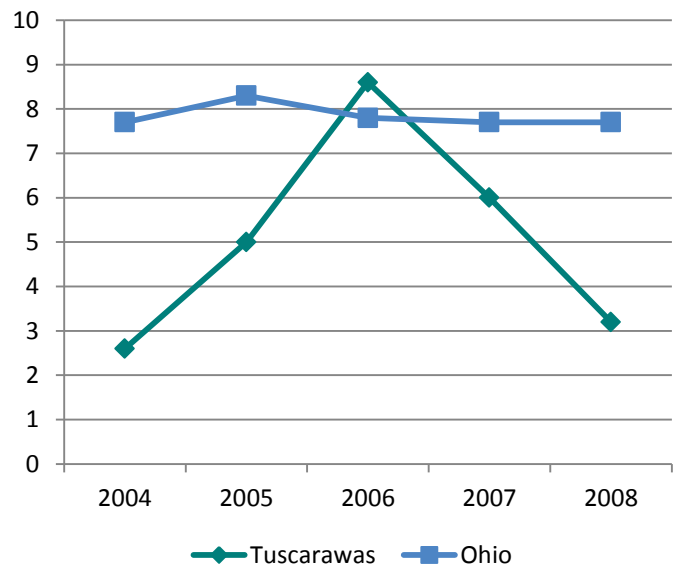
Entry Into Prenatal Care



Trimester	First	Second	Third	Unknown
2004	82.8%	14.8%	1.8%	0.6%
2005	81.7%	15.4%	2.2%	0.8%
2006	68.9%	27.9%	2.3%	0.9%
2007	60.1%	35.2%	3.5%	1.2%
2008	62.8%	32.2%	3.7%	1.3%

Source: Ohio Department of Health

Infant Mortality Rate

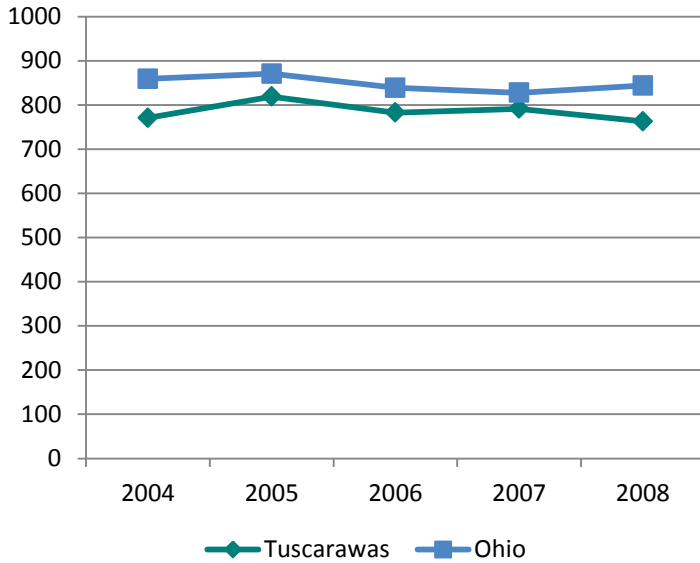


Rate per 1,000 live births	Tuscarawas	Ohio
2004	2.6	7.7
2005	5.0	8.3
2006	8.6	7.8
2007	6.0	7.7
2008	3.2	7.7

Source: Ohio Department of Health



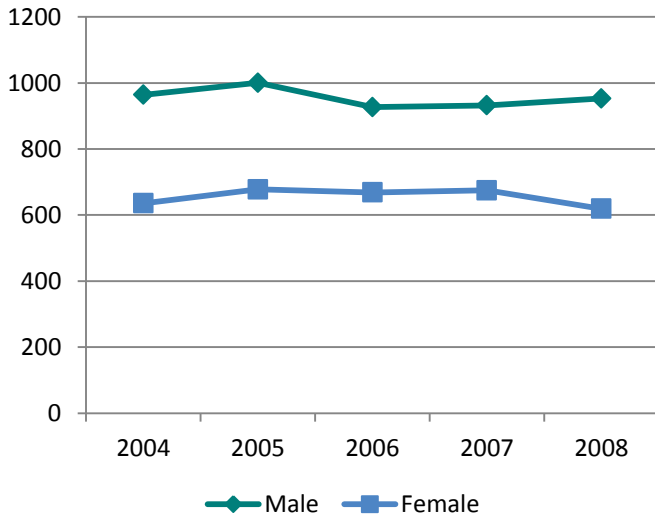
Resident Deaths



Rate per 100,000 people	Tuscarawas	Ohio
2004	770.9	859.2
2005	819.2	871.0
2006	782.8	838.8
2007	791.4	827.6
2008	763.1	844.0

Source: Ohio Department of Health

Tuscarawas Resident Death by Gender



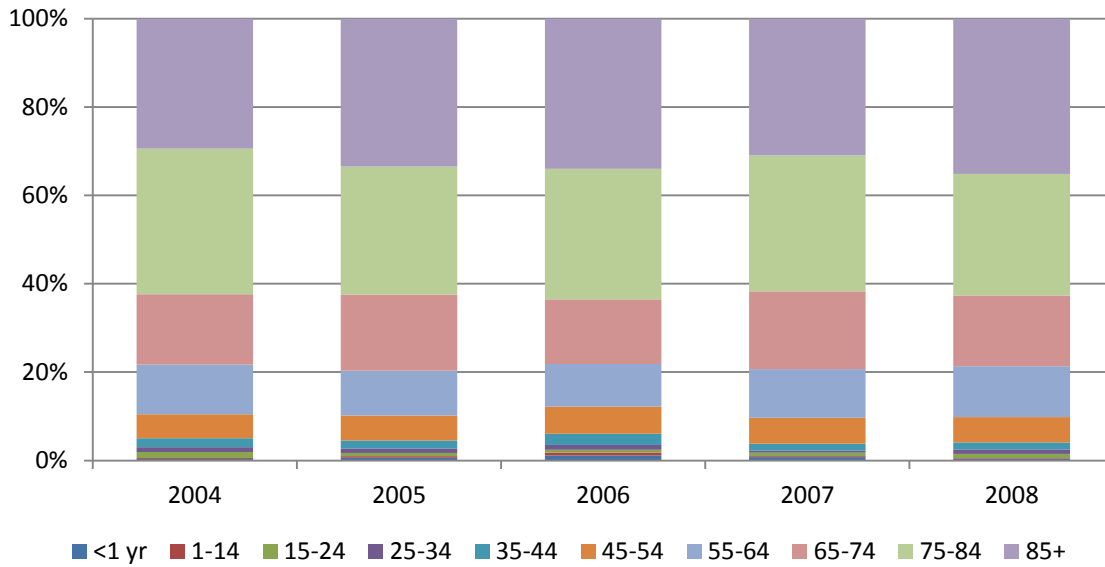
Rate per 100,000 people	Male	Female
2004	964.0	635.7
2005	1,000.4	677.5
2006	926.9	668.3
2007	932.3	674.9
2008	952.8	619.2

Source: Ohio Department of Health





Tuscarawas Resident Death by Age



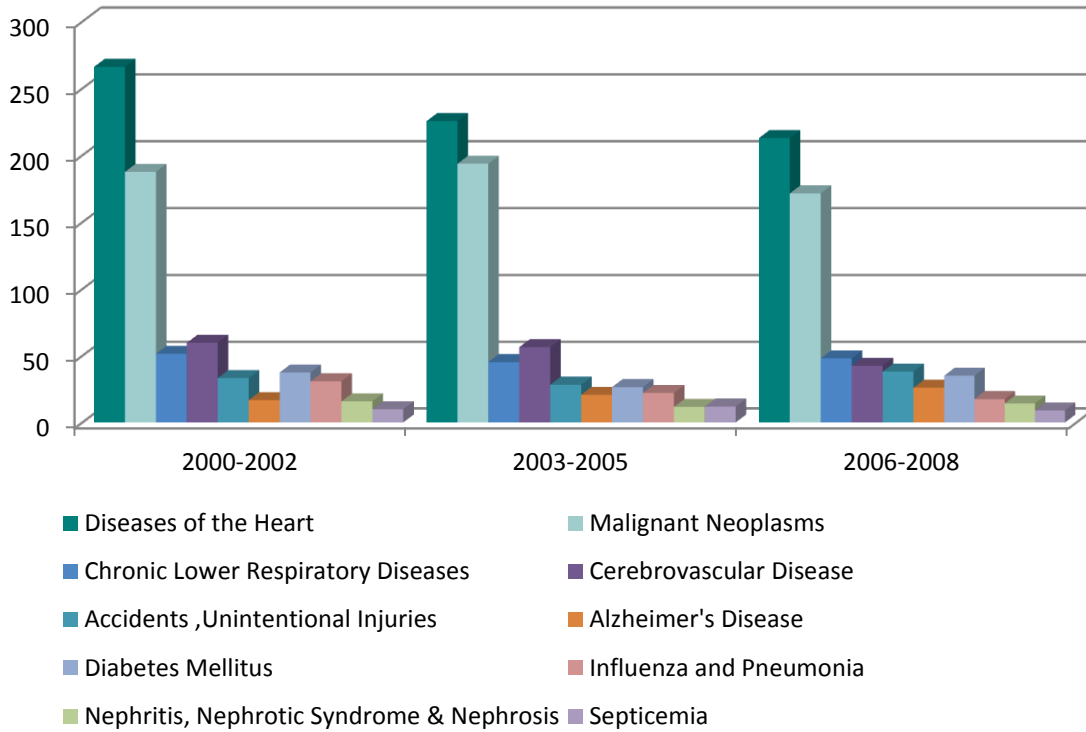
	<1 year	1 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+
2004	0.3%	0.2%	1.4%	1.0%	2.1%	5.4%	11.3%	16.0%	33.0%	29.4%
2005	0.6%	0.3%	0.7%	1.1%	1.8%	5.6%	10.2%	17.2%	29.0%	33.4%
2006	1.1%	0.7%	0.7%	1.1%	2.5%	6.2%	9.7%	14.6%	29.6%	34.0%
2007	0.7%	0.2%	0.9%	0.4%	1.6%	5.9%	11.0%	17.6%	30.8%	30.9%
2008	0.4%	0.1%	1.0%	1.0%	1.6%	5.7%	11.5%	16.0%	27.5%	35.2%

Source: Ohio Department of Health





Tuscarawas Leading Causes of Death



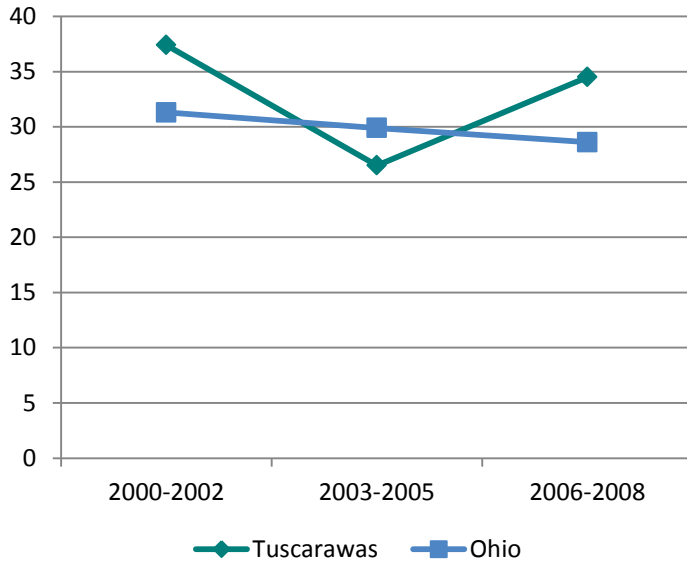
Rate per 100,000	Heart Disease	Malignant Neoplasms	Chronic Lower Resp Diseases	Cerebro-vascular Disease	Accidents	Alzheimer's Disease	Diabetes	Flu and Pneumonia	Nephritis, Nephritic Syndrome & Nephritis	Septicemia
2000-2002	266.1	187.6	51.4	59.7	33.2	16.7	37.4	30.8	15.8	9.9
2003-2005	225.5	193.6	45.2	56.4	28.3	20.7	26.5	22.1	11.6	11.9
2006-2008	212.8	171.5	48.0	42.4	38.1	26.0	35.0	17.5	14.2	9.0

Source: Ohio Department of Health





Diabetes Mortality

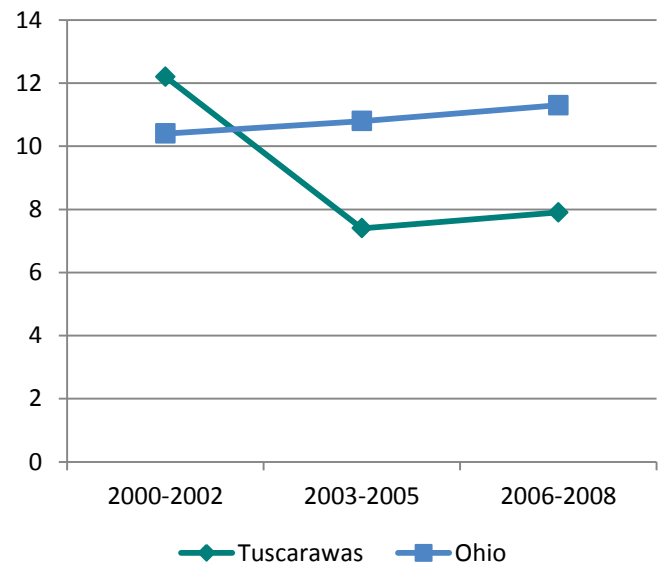


Rate per 100,000 people	Tuscarawas	Ohio
2000-2002	37.4	31.3
2003-2005	26.5	29.9
2006-2008	34.5	28.6

Source: Ohio Department of Health

Suicide Rates

Rate per 100,000 people	Tuscarawas	Ohio
2000-2002	12.2	10.4
2003-2005	7.4	10.8
2006-2008	7.9	11.3

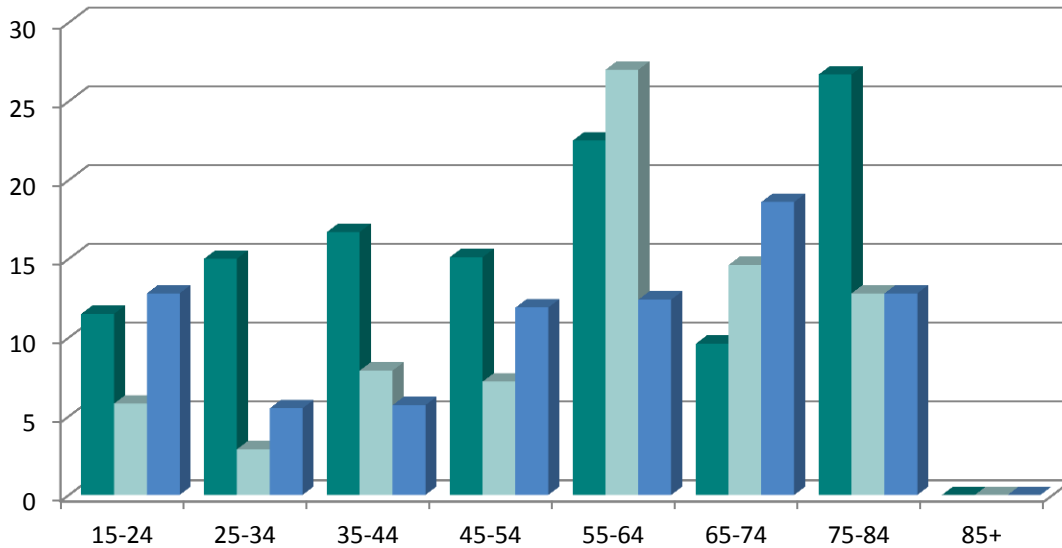


Source: Ohio Department of Health





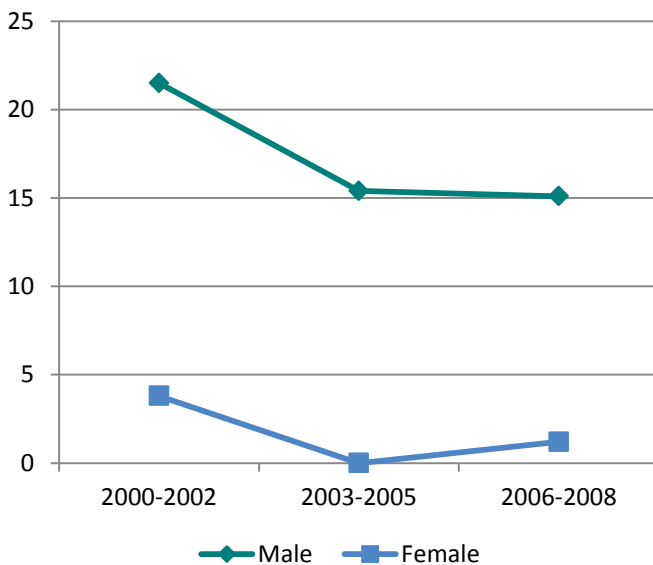
Suicide Rate by Age



Source: Ohio Department of Health

Rate per 100,000 people	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
2000-2002	11.5	15	16.7	15.1	22.5	9.6	26.7	0.0
2003-2005	5.8	2.9	7.9	7.2	27	14.6	12.8	0.0
2006-2008	12.8	5.5	5.7	11.9	12.4	18.6	12.8	0.0

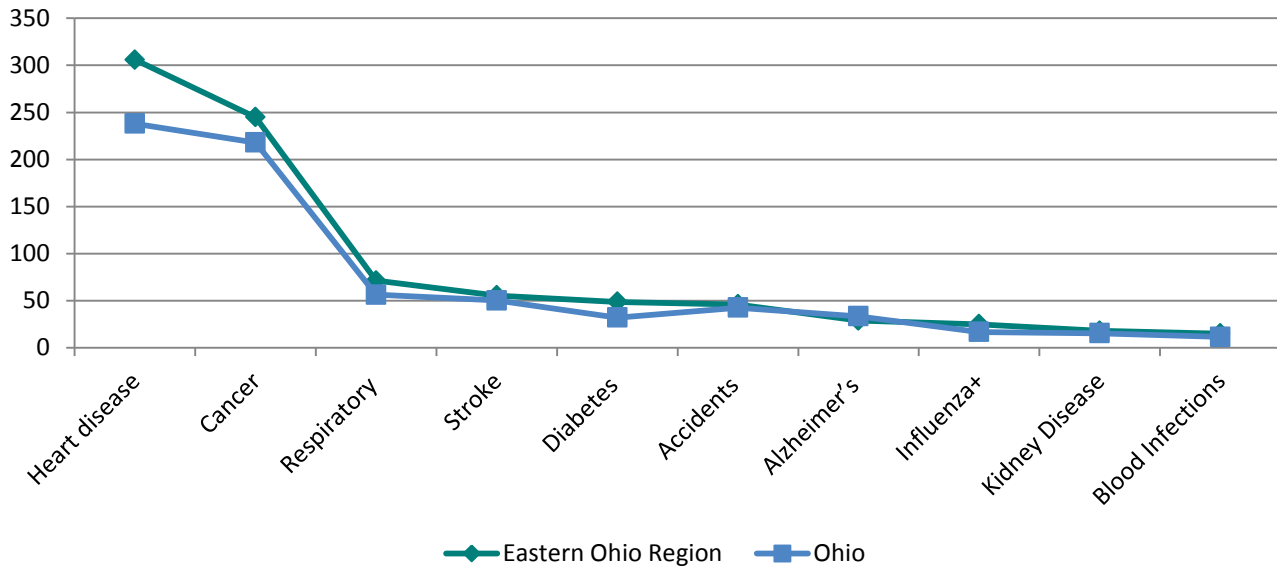
Suicide Rate by Gender



Rate per 100,000 people	Male	Female
2000-2002	21.5	3.8
2003-2005	15.4	0.0
2006-2008	15.1	1.2



Causes of Adult Mortality, 2006 to 2008



Rate per 100,000 people	Eastern Ohio Region	Ohio
Heart disease	305.8	238.1
Cancer	244.9	217.9
Chronic Lower Respiratory Diseases	71.3	56.3
Cerebrovascular Disease (Stroke)	55.4	50.2
Diabetes Mellitus	48.6	32.0
Accidents and Unintentional Injuries	45.9	42.5
Alzheimer's Disease	28.8	33.4
Influenza and Pneumonia	24.8	16.8
Kidney Disease	17.9	15.4
Infections of the Blood	15.0	11.4
Total (including leading and other causes of death)	1090.8	936.2

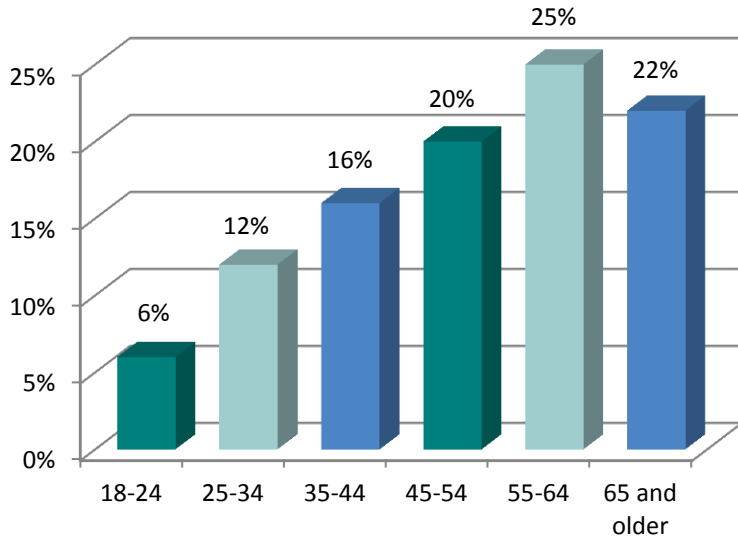
Source: Regional Health Needs Assessment Project, Eastern Ohio Profile, 2012





Appendix- Service Area Demographics

Age

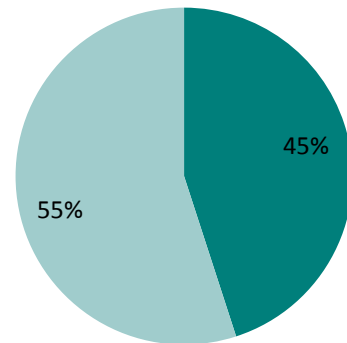


Age	# of Responses	% of Sample
18 to 24	23	5.8%
25 to 34	47	11.9%
35 to 44	63	15.9%
45 to 54	78	19.7%
55 to 64	97	24.5%
65 and over	88	22.2%
Total	N=396	100.0%

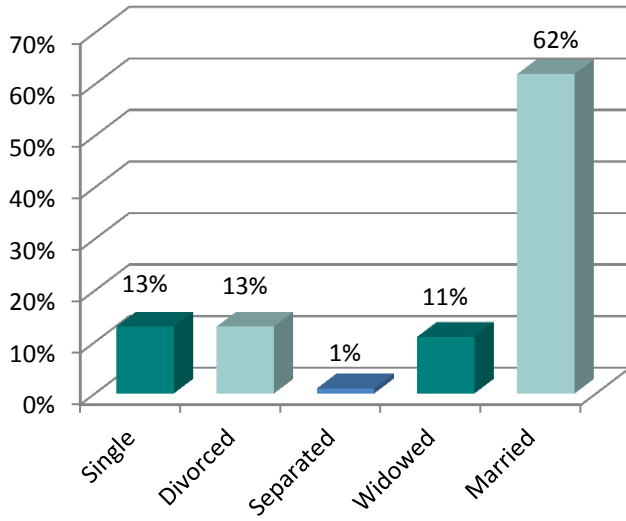
Gender

■ Male ■ Female

Gender	# of Responses	% of Sample
Male	178	44.5%
Female	222	55.5%
Total	N=400	100.0%



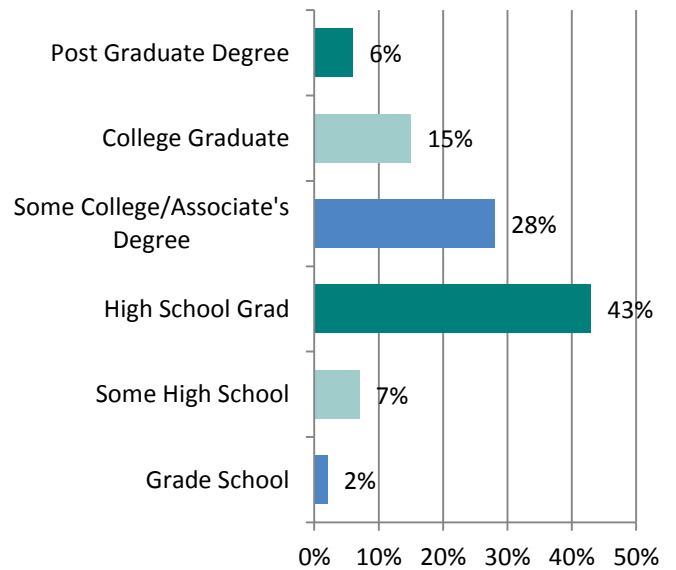
Marital Status



Marital Status	# of Responses	% of Sample
Single, never married	53	13.4%
Divorced	51	12.9%
Separated	4	1.0%
Widowed	43	10.9%
Married	244	61.8%
Total	N=395	100.0%

Education Attainment	# of Responses	% of Sample
Grade School	8	2.0%
Some High School	28	7.1%
High School Graduate	171	43.1%
Some College/Associate's	109	27.5%
College Graduate	58	14.6%
Post Graduate Degree	23	5.8%
Total	N=397	100.0%

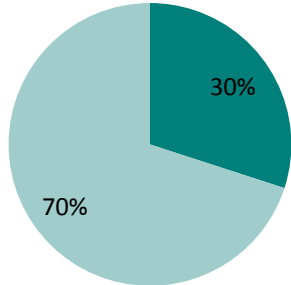
Education Attainment





Children in Household

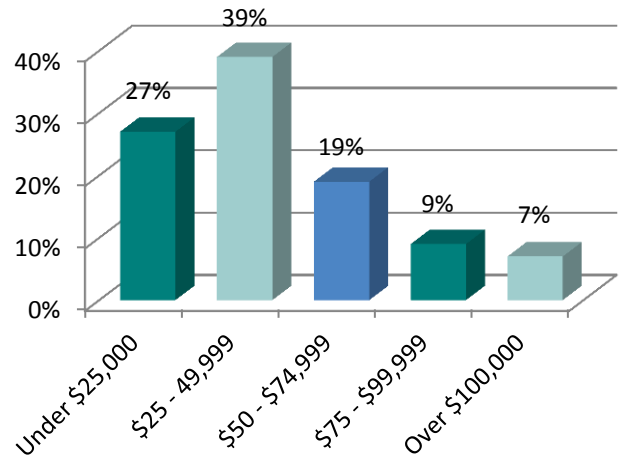
■ Yes ■ No



Children in Household	# of Responses	% of Sample
Yes	118	29.6%
No	281	70.4%
Total	N=399	100.0%

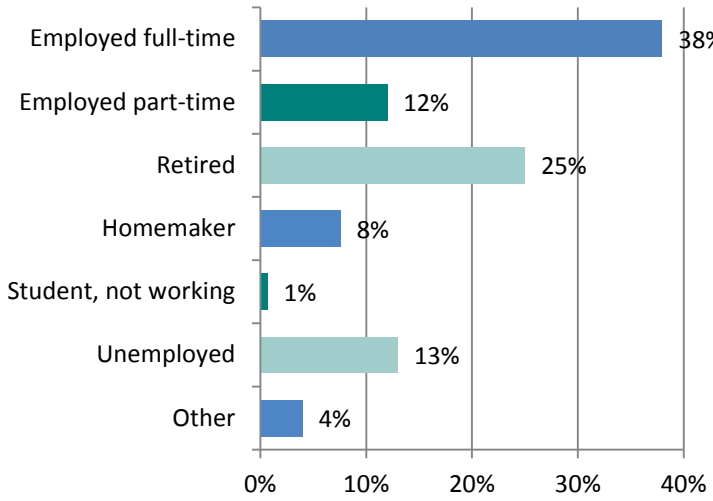
Annual Household Income	# of Responses	% of Sample
Under \$25,000	97	26.5%
\$25 - \$49,999	144	39.3%
\$50 - \$74,999	70	19.1%
\$75 - \$99,999	31	8.5%
Over \$100,000	24	6.6%
Total	N=366	100.0%

Annual Household Income





Employment Status



Employment Status	# of Responses	% of Sample
Employed full-time	152	38.2%
Employed part-time	46	11.6%
Retired	99	24.9%
Homemaker	33	8.3%
Student, not working	4	1.0%
Unemployed	50	12.6%
Other	14	3.5%
Total	N=398	100.0%

Zip code		
	# of Responses	% of Responses
44663	90	22.5%
44683	85	21.3%
44621	59	14.8%
44629	35	8.8%
43973	30	7.5%
43988	30	7.5%
44695	30	7.5%
43837	16	4.0%
44699	14	3.5%
44653	6	1.5%
44682	5	1.3%
Total	400	(n=400)





Appendix- Survey Instrument

Hello....This is.... calling from CMO Research. We are conducting a brief study about the health needs of residents in your area. This should take less than 10 minutes and all your answers will remain confidential. The survey is voluntary, but we would really appreciate your cooperation.

1. This first set of questions focuses on the health needs in your community.

First, What do you think is the MOST important HEALTHCARE issue facing your community?

2. For each of the following health care programs or services, please tell me if you think it is very important, somewhat important or not at all important to have the service available in your community.
 - a. Cholesterol Checks
 - b. Blood Sugar Checks
 - c. Smoking Cessation Programs
 - d. Weight Loss Programs
 - e. Urology or Bladder or Prostate Health
 - f. Endocrinology or Care for Diabetes
3. If a local hospital provided free one-hour seminars on various health related topics, how interested would you be in attending the seminar if the topic were of interest to you? Very interested, somewhat interested, or not at all interested?

IF INTERESTED: What health related topics would you be MOST interested in?

4. Turning now to another topic...Generally, how would you describe your health... excellent, good, fair, poor, or very poor?
5. Has a doctor, nurse, or other health professional EVER told you or a member of your immediate family that you had any of the following?
 - a. First... Diabetes
 - b. Heart Disease
 - c. Respiratory conditions such as asthma, emphysema or COPD
 - d. High Cholesterol
 - e. High Blood Pressure
 - f. A mental health condition such as anxiety or depression
6. (FEMALES) Have you ever had a mammogram?
IF YES: How long has it been since your last mammogram?
7. (MALES) Have you ever had a PSA test, for prostate cancer?
IF YES: How long has it been since your last PSA test?





8. Have you ever had a colonoscopy?
IF YES: How long has it been since your last one?
9. Have you ever had an exam to check for potential skin cancer?
IF YES: How long has it been since your last exam or check?
10. Have you ever had your blood cholesterol checked?
IF YES: How long has it been since you last had your blood cholesterol checked?
11. When you are need of health care, where do you receive it MOST often?
12. Do you have one person or group you think of as your doctor or healthcare provider?
13. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
14. Were there any healthcare services that you or a family member needed in the past 2 years that you were unable to get?
IF YES: What was it that you needed? AND- Why were you unable to get the needed service?
15. In the past two years, have you or a family member needed to see a specialist or doctor that you were unable to find locally or had to wait more than 30 days to schedule an appointment?
IF YES: What type of specialist or doctor was it?
16. During the past month, other than your regular job, did you participate in any physical activity or exercise such as walking, running, lifting weights, team sports, golf, or gardening for exercise?
17. How often do you exercise in an average week? Not at all, 1 to 2 times, 3 to 4 times, 5 to 7 times, or every once in a while?
18. How would you describe your own personal weight situation right now... Very overweight, somewhat overweight, about right, somewhat underweight, or very underweight?
19. During the past 12 months, have you thought about or tried to lose weight?
20. Do you smoke cigarettes or use tobacco products every day, some days, or not at all?
21. How interested would you be in attending a smoking cessation program at a local hospital? Would you say very interested, somewhat interested, or not at all interested?
22. In what year were you born ?
23. Are there any children under the age of 18 residing in your home?





24. Do you currently have health insurance?

25. Which of the following categories best describes your current health insurance plan?

READ LIST

- (1) Employer paid
- (2) Private insurance
- (3) Medicare or Medicaid

26. What is the highest grade of school or year of college you have completed?

27. Is the total yearly income for your family ...before taxes, under..or over \$50,000.

28. What is your PRESENT marital status . . .Single- never married, divorced, separated, widowed, or married?

29. Are you currently employed?

30. What is the zip code at your place of employment?

Thank you very much for your time and cooperation. That concludes our interview. For quality control purposes, someone from CMO Research may call your household to verify the completion of this survey.

[RECORD RESPONDENT GENDER]

- (1) Male
- (2) Female





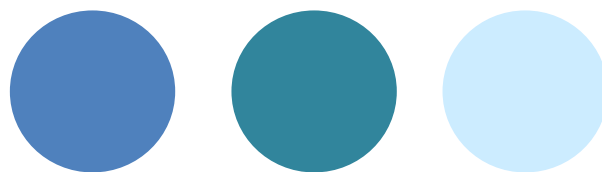
About CMOR. . . .

The Center for Marketing & Opinion Research provides public opinion research services to colleges and universities, hospitals and healthcare organizations, and community-based organizations and government agencies. We measure what matters using telephone, web and mail surveys, field, intercept and key informant interviews, focus group administration, as well as a wide range of consulting services.

CMOR understands that a “one-size-fits-all” approach to research is typically not in its clients’ best interest. Instead, we prefer to build authentic, long-term partnerships with clients based on quality and mutual goals. CMOR serves as the INsourced research department for its clients, with a tradition of excellence and exceeding expectations. Our team is committed to staying current with the best practices of the public opinion research industry to ensure that the data collected is both reliable and statistically valid.

At CMOR, all data is collected on-site allowing us to oversee the quality of the data that is being collected as well as monitor the cost, giving our clients the most value for their investment. CMOR houses a 24-station CATI lab as well as two focus groups rooms.

Our relationship with our clients does not end when the project is finished. If you have a question about your report or need further interpretation of data 3 or 6 months down the road, we remain available to you; we are happy to help.



LET CMOR MEASURE WHAT MATTERS TO YOU





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