



# 2013 Community Health Needs Assessment

**Prepared for: Trinity Hospital Twin City**

*PREPARED BY:*



*... We Measure What Matters*



## 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.







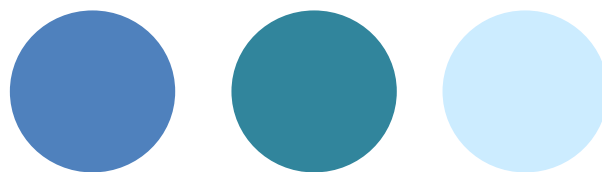
# About CMOR. . . .

**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.



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