



COMMUNITY HEALTH NEEDS ASSESSMENT 2019

NURTURING THE HEALING MINISTRY OF THE CHURCH,
SUPPORTED BY EDUCATION AND RESEARCH AND FIDELITY
TO THE GOSPEL EMPHASIZING HUMAN DIGNITY AND SOCIAL
JUSTICE AS WE CREATE HEALTHIER COMMUNITIES

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COMMUNITY HEALTH NEEDS ASSESSMENT 2019

Reverence. Integrity.
Compassion. Excellence

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

For over 60 years, Trinity Health System has been committed to patient care through hope and healing.

2019



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WELCOME TO OUR COMMUNITY HEALTH NEEDS ASSESSMENT

**NURTURING THE HEALING MINISTRY OF THE CHURCH,
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THANK YOU FOR BEING A PART OF OUR COMMUNITY.

Trinity Health System, a member of Catholic Health Initiatives and CommonSpirit Health is proud to present its 2019 Community Health Needs Assessment (CHNA) Report. This report summarizes a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographic and other qualitative and quantitative data from the primary service area of Trinity Health System. This report also includes secondary/disease incidence and prevalence data from Jefferson County, the primary service area of the hospital. In addition secondary data is provided, where available, for Columbiana and Harrison Counties in Ohio and Brooke and Hancock Counties in West Virginia, the secondary service area of the hospital. The data was reviewed and analyzed to determine the top priority needs and issues facing the region overall.

The primary purpose of this assessment was to identify the health needs and issues of the Jefferson County community defined as the primary service area of Trinity Health System. Additionally, Trinity is interested in identifying the needs and issues of the secondary service area which includes Columbiana and Harrison counties in Ohio and Brooke and Hancock counties in West Virginia. The CHNA also provides useful information for public health and health care providers, policy makers, social service agencies, community groups and organizations, religious institutions, businesses, and consumers who are interested in improving the health status of the community and region. The results enable the hospital, as well as other community providers, to more strategically identify community health priorities, develop interventions, and commit resources to improve the health status of the region.

Improving the health of the community is the foundation of the mission of Trinity Health System, and an important focus for everyone in the service region, individually and collectively. In addition to the education, patient care, and program interventions provided through the hospital, we hope that the information in this CHNA will encourage additional activities and collaborative efforts to improve the health status of the community that Trinity Health System serves.



WELCOME INTRODUCTION FROM OUR PRESIDENT AND CEO

We would like to thank you for your continued support of Trinity Health System and your interest in our 2019-2022 Community Health Needs Assessment.

Trinity Health System, a member of Catholic Health Initiatives and CommonSpirit Health, has served this region for over 60 years and we plan to continue our mission of hope and healing for many years to come. The health and well-being of Jefferson County and its surrounding communities is at the center of all we do.

The Community Health Needs Assessment is a valuable tool in providing the information we need to make important decisions relative to programs, services and community partnerships to meet the needs of the community. The assessment provides insights into health and health related issues and gives us opportunities to create collaboration and partnership across the region.

While we cannot solve every problem alone, we are confident we can align resources and make thoughtful decisions to make our region healthier.

We appreciate the opportunity to make a positive impact on the lives of those who come to us for care as we share our plan with you.

Sincerely,

Matt Grimshaw
President and CEO
Trinity Health System
Steubenville, Ohio



TRINITY HEALTH SYSTEM

What really makes one health care facility different from another? At Trinity Health System, the answer to this question lies within the conscience of the organization– in other words, its philosophy of patient care, and in its degree of commitment to creating an environment which allows it to carry out that philosophy.

Trinity Health System provides care to a service area of just over 200,000 individuals. Trinity is accredited by the Joint Commission on the Accreditation of Hospitals, a member of the American Hospital Association, Voluntary Hospitals of America and the Catholic Hospital Association. The system offers a full array of acute and outpatient services on two campuses. Trinity also maintains physician offices, Walk-in Lab Draw facilities, the Tony Teramana Cancer Center, WorkCare and the Digestive and Nutrition Center throughout the Tri-State area.

Additionally, at Trinity we understand patient education is a vital role in maintaining a healthy community. Our staff participates in numerous health fairs and blood screening programs throughout the year.

Trinity Health System is part of CommonSpirit Health, a nonprofit, Catholic health system dedicated to advancing health for all people. It was created in February 2019 through the alignment of Catholic Health Initiatives and Dignity Health. CommonSpirit Health is committed to creating healthier communities, delivering exceptional patient care, and ensuring every person has access to quality health care.

Our Mission

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

Our Core Values and Quality Principles

REVERENCE:

Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.

INTEGRITY:

Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.

COMPASSION:

Solidarity with one another, capacity to enter into another’s joy and sorrow.

EXCELLENCE:

Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

THANK YOU

Trinity has been serving Jefferson County and surrounding communities for over 60 years. As a nationally recognized employer, Trinity continues to meet the needs of patients and employees alike.

We offer special thanks to the representatives of the CHNA Steering Committee and to the 247 citizens and stakeholder participants of the focus groups, interviews, and community survey who generously gave their time and input to provide insight and guidance to the process. Steering Committee members are listed in **Table 1** below.

Table 1
Steering Committee Members

Name	Title	Organization
Jodi Scheetz	Director	ALIVE Shelter
Michael Paproki	Executive Director	Brooke Hancock Jefferson Metropolitan Planning Commission
Debbie Bryan	Director	City Rescue Mission
James Bruce	President	Eastern Gateway Community College
Kyle Brown	Business Manager	IBEW Local 246
Anthony Sheposh	Chief Executive Officer	Jefferson Behavioral Health System
Michael Zinno	Superintendent	Jefferson County Board of Developmental Disabilities
Pam Petrilla	Executive Director	Jefferson County Prevention & Recovery Board
Debbie Bailey	Executive Director	Jefferson Metropolitan Housing Authority
Judy Owings	Director	Prime Time Office on Aging
Kate Sedgmer	Executive Director	United Way of Jefferson County
Ashley Steel	Executive Director	Urban Mission
Robert Gale	Mayor	Village of Wintersville
Linda Bain	Administrator	Women's Health Center
Don Ogden	Director of Behavioral Medicine	Trinity Health System
Cindy Fairclough	Case Management Director	Trinity Health System
Amy Lindsay	Clinical Coordinator	Trinity Health System

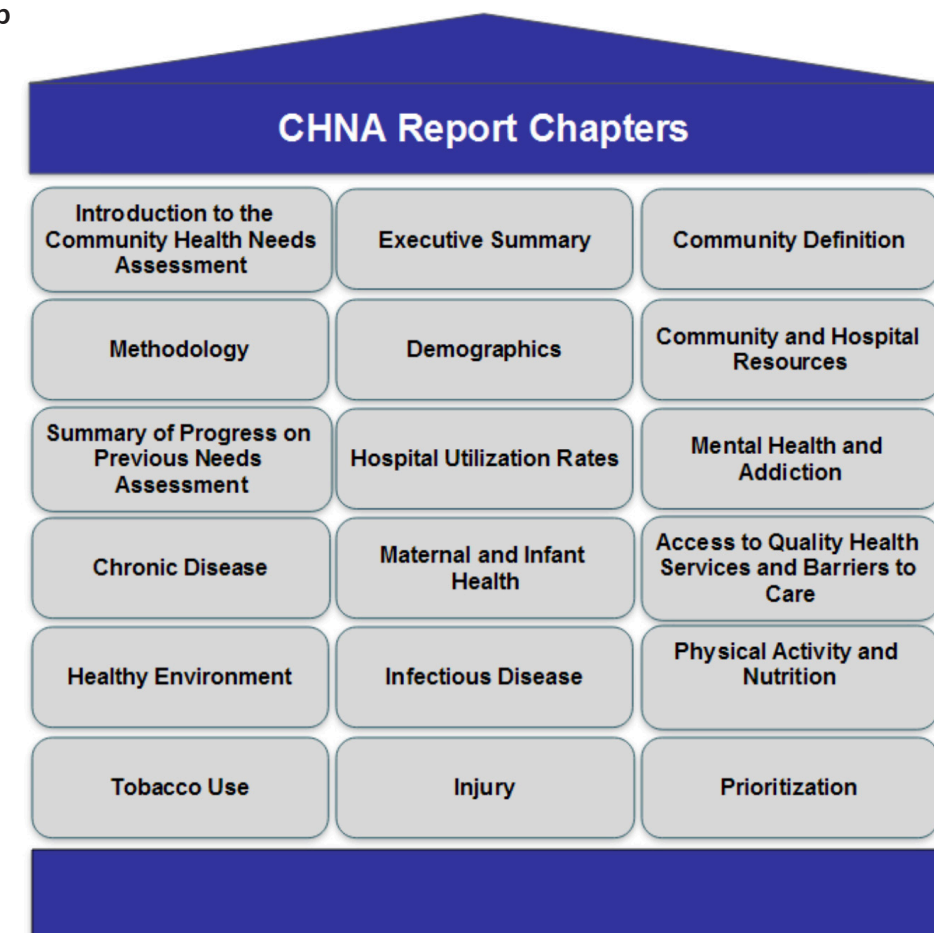
EXECUTIVE SUMMARY

A Community Health Needs Assessment (CHNA) helps to gauge the health status of a community and guide development and implementation of strategies to create a healthier community. The CHNA process also promotes collaboration among local agencies and provides data to evaluate outcomes and impact of efforts to improve the population's health. The CHNA process supports the commitment of a diverse group of community agencies and organizations working together to achieve a healthy community.

Facilitated by Strategy Solutions, Inc., a planning and research firm with its mission to create healthy communities, this CHNA follows best practices as outlined by the Association for Community Health Improvement, a division of the American Hospital Association, and ensures compliance with Internal Revenue Service (IRS) guidelines (IRS Notice 2011-52) for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014. The process has taken into account input from those who represent the broad interests of the communities served by Trinity Health System (Trinity), including those with knowledge of public health, the medically underserved, and populations with chronic disease.

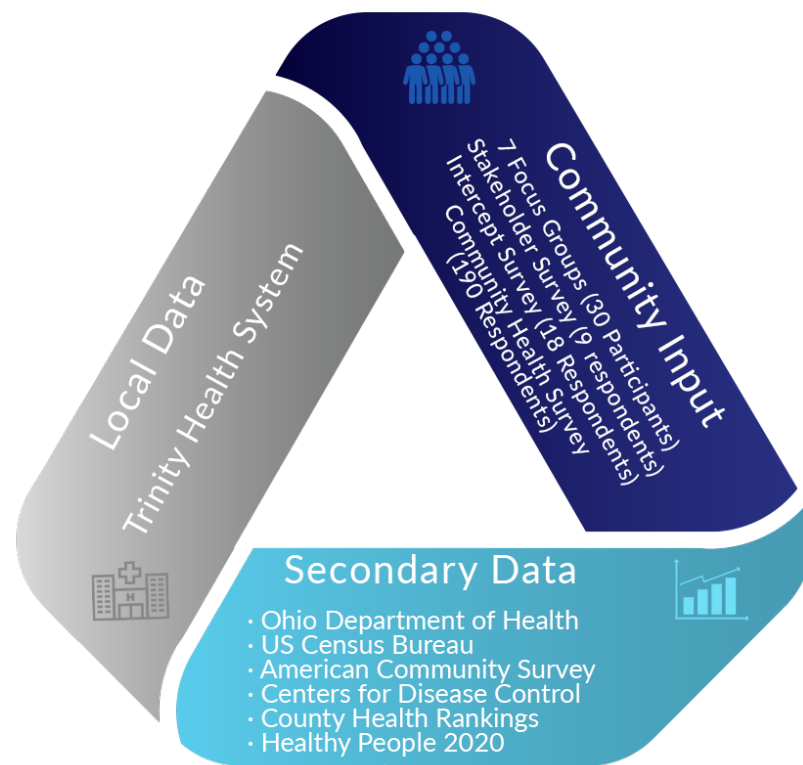
The 2019 Trinity CHNA was conducted to identify primary health issues, current health status, and health needs to provide critical information to those in a position to make a positive impact on the health of the region's residents. The results enable community members to more strategically establish priorities, develop interventions, and direct resources to improve the health of people living in the community. This CHNA includes a detailed examination of the following areas as seen in **Figure 1** below.

Figure 1
CHNA Rep



To support this assessment, data from numerous qualitative and quantitative sources were used to validate the findings, using a method called triangulation outlined in **Figure 2**.

Figure 2
Data Triangulation



Secondary data on disease incidence and mortality, as well as behavioral risk factors were gathered from the Ohio Department of Health and the Centers for Disease Control, as well as Healthy People 2020, County Health Rankings, US Census, and the American Community Survey. Aggregate utilization data was included from Trinity patient records (no private patient information was ever transmitted to Strategy Solutions, Inc.).

Demographic data was collected from Claritas-Pop-Facts Premier, 2018, Environics Analytics. Primary data collected specifically for this study were based on the primary service area of Jefferson County. Trinity collected a total of 190 community surveys and 18 intercept surveys and conducted five (5) focus groups with 29 participants as well as 10 stakeholder interviews.

On April 15, 2019, the Trinity Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the hospital's service territory. The team from SSI, including Kathy Roach, Community Health Improvement Project Manager and Jacqui Catrabone, Director Nonprofit and Community Services, presented the data to the Trinity Steering Committee and discussed the needs of the local area, what the hospital and other providers are currently offering the community, and discussed other potential needs that were not reflected in the data collected. A total of 42 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2020 goals, negative trends, or growing incidence). Four criteria, including accountable role, magnitude of the problem, impact on other health outcomes, and capacity (systems and resources to implement evidence-based solutions), were identified that the group would use to evaluate identified needs and issues.

During the meeting, Steering Committee members completed the prioritization exercise using OptionFinder, an anonymous audience response polling system to rate each of the needs and issues on a one to ten scale by each of the selected criteria.

Ten Steering Committee members participated in the prioritization exercise.

The consulting team analyzed the data from the prioritization exercise and rank ordered the results by overall composite score (reflecting the scores of all criteria) for the Trinity region, as well as for the hospital's Steering Committee.

On June 18, 2019, members of Trinity's Leadership Team met to discuss the prioritization results, review the CHNA report and identify priorities for their 2019-2021 Implementation Plan.

Review and Approval

The Trinity Health System Board of Directors approved the hospital's CHNA on June 26, 2019.

METHODOLOGY

To guide this assessment, Trinity's leadership team formed a Steering Committee that consisted of hospital and community leaders who represented the broad interests of their local region. These included representatives who understood the needs and issues related to various underrepresented groups including medically underserved populations, low-income persons, minority groups, those with chronic disease needs, individuals with expertise in public health, and internal program managers. The Trinity Steering Committee met on October 29, 2018 and April 15, 2019 to provide guidance on the various components of the CHNA.

Consistent with IRS guidelines at the time of data collection, Trinity defined its primary service area as Jefferson County. Data was also collected for the secondary service area: Columbiana and Harrison Counties in Ohio and Brooke and Hancock Counties in West Virginia.

Figure 3 is a summary of the methodology used to create the 2019 Trinity CHNA report.

Figure 3
Trinity 2018 CHNA Methodology Summary



In an effort to examine the health-related needs of the residents of the county-wide service area and to meet current IRS guidelines and requirements, the methodology employed both qualitative and quantitative data collection and analysis methods. The staff, Steering Committee members and consulting team made significant efforts to ensure that the entire primary service area, all socio-demographic groups and all potential needs, issues and underrepresented populations were considered in the assessment to the extent possible given the resource constraints of the project. This was accomplished by identifying focus groups and key stakeholders that represented various subgroups in the community. In addition, the process included public health participation and input, through extensive use of Ohio Health Department and Centers for Disease Control data and the public health department participation on the Steering Committee.

The secondary quantitative data collection process included demographic and socio-economic data obtained from Claritas-Pop-Facts Premier, 2018, Environics Analytics; disease incidence and prevalence data obtained from the Ohio Departments of Health; Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention; American Community Survey and the Healthy People 2020 goals from HealthyPeople.gov. In addition, various health and health related data from the following sources were also utilized for the assessment including County Health Rankings (www.countyhealthrankings.org). Selected Emergency Department and inpatient utilization data from the hospital was also included. Economic data was obtained through the U.S. Census Bureau. Data presented are the most recent published by the source at the time of the data collection.

Focus Groups

The Trinity Steering Committee identified target populations for the focus groups. Strategy Solutions, Inc. developed a focus group topic guide while the Steering Committee members scheduled the focus groups. Strategy Solutions, Inc. facilitated the focus groups and took notes. For the 2019 CHNA, focus groups were conducted with seven (7) different groups in January 2019 representing the following as shown in **Table 2**. See **Appendix A** for the focus group guide used for this assessment.

Table 2
Focus Groups Conducted

Date Conducted	Group	Number of Participants
January 4, 2019	Behavioral Health	6
January 8, 2019	Education	5
	Housing and Homeless	4
	Jobs and Family	4
January 9, 2019	Food	5
	Pastors	3
	Mental Health	3
Total		30

Intercept Surveys

The Trinity Steering Committee identified groups/locations for one-on-one intercept surveys to be completed. Strategy Solutions, Inc. developed the intercept survey while the Steering Committee members scheduled the locations/groups. Strategy Solutions, Inc. facilitated the intercept surveys. For the 2019 CHNA, intercept surveys were conducted at Prime Time Senior Center on January 9, 2019, with a total of 18 intercept surveys completed. See **Appendix B** for the intercept surveys used for this assessment.

Stakeholder Interviews

The Trinity Steering Committee identified target stakeholders to be interviewed. Strategy Solutions, Inc. developed the stakeholder interview guide and created all data collection tools. Strategy Solutions, Inc. staff scheduled and conducted nine (9) interviews and entered data into the collection tools. Interview questions included the following topics: top community health needs, environmental factors driving the needs, efforts currently underway to address needs, and advice for the Steering Committee. **Table 3** is a listing of the stakeholders interviewed during January, February and March 2019. See **Appendix C** for the stakeholder interview guide used for this assessment.

Table 3
Stakeholder Interviews Conducted

Name	Organization	Title	Date of Interview
Mike Zinnio	Jefferson County Board of Development Disabilities	Superintendent	January 4, 2019
Lisa Marino	WorkCare	Director	January 30, 2019
Rob O'Hara	YMCA	President	January 30, 2019
April White	Trinity Cadiz	Director	January 30, 2019
Amy Lindsay	Trinity ED	Registered Nurse and Clinical Coordinator	February 7, 2019
Sarah Elliott	Steubenville City Schools	Director of Special Education	February 12, 2019
Beth Manual	Jefferson County Health Department	Registered Nurse and Public Health Nurse	February 14, 2019
Mike Florak	Franciscan University of Steubenville	Executive Director of Community Relations	February 28, 2019
Kate Dodds (Sedgmer)	Jefferson County United Way	Executive Director	February 28, 2019

Community Survey

The primary data collection process also included conducting a community survey from March 1, 2019 to April 1, 2019, utilizing a mixed-methodology convenience sample, with data collection completed via paper and the Internet. Trinity put a link to the survey on their Facebook page and distributed via email to all internal and external stakeholders. Individuals had the option to print a paper version if they preferred to complete the survey via that modality. A total of 190 surveys were completed by the residents of the Trinity service area. See **Appendix D** for the community survey used for this assessment.

Previous Trinity CHNA Report

Trinity welcomes community feedback on its CHNA and strives to continuously meet the needs and interests of its residents. No written comments were received from the community by Trinity regarding the previous 2016 CHNA report. Trinity invites the community to provide input via their website using the Contact Now feature.

DEMOGRAPHICS

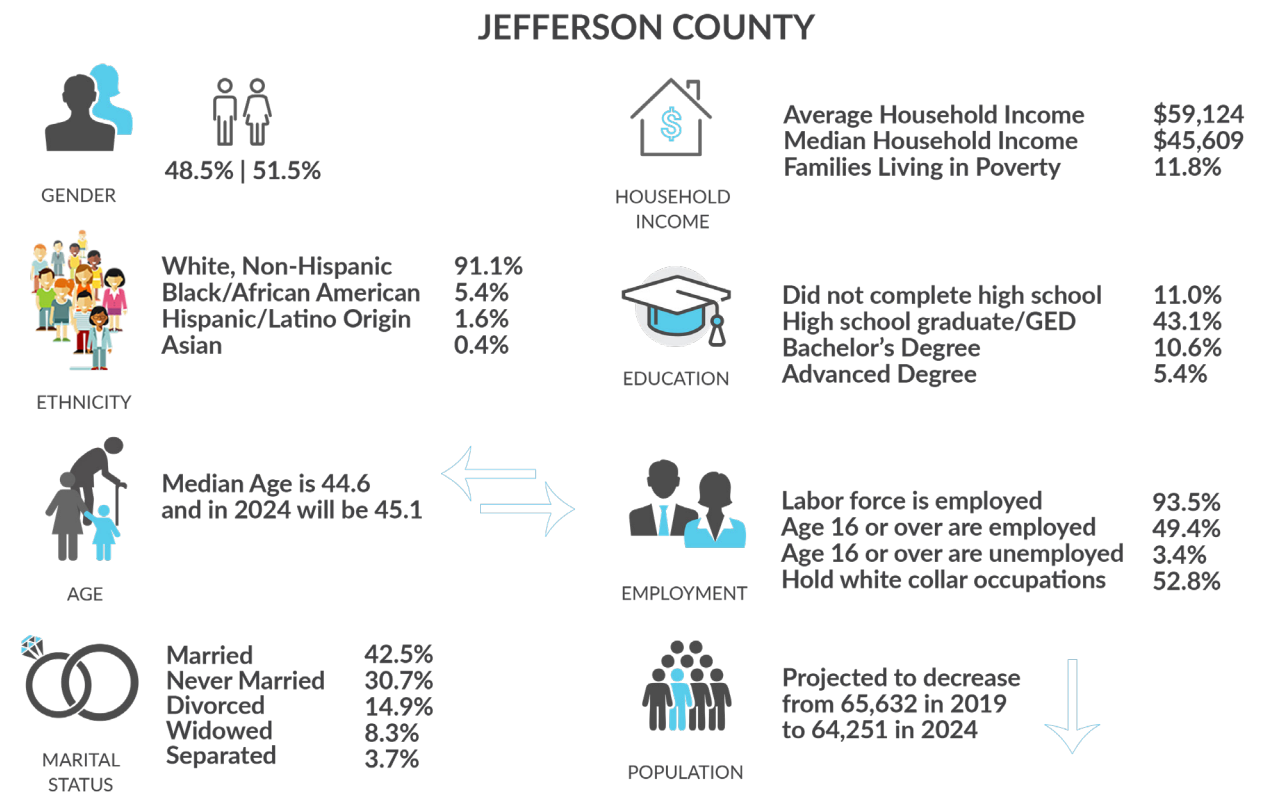


DEMOGRAPHICS

For purposes of this assessment, the Trinity primary service area geography is defined as Jefferson County, OH. The secondary service area is comprised of Columbiana and Harrison Counties in Ohio and Brooke and Hancock Counties in West Virginia. Demographic data for all of these counties was pulled from Claritas-Pop-Facts Premier, 2018, Environics Analytics and the U.S. Census Bureau – American Community Survey in order to report on the areas of: population, sex, race, age, marital status, educational status, household income, employment and poverty status, and travel time to work. Below are the demographic conclusions from this data.

The population in Jefferson County is projected to decrease from 65,632 in 2019 to 64,251 in 2024. There were slightly more females (51.5%) than males (48.5%). The population was predominantly Caucasian (91.1%). The median age was 44.6 and was projected to remain steady. Just under one-third (30.7%) of residents had never been married, while 42.5% were married, 3.7% were separated, 14.9% were divorced and 8.3% were widowed. Just over one in ten residents (11.0%) did not complete high school, while 43.1% were a high school graduate, 10.6% had a bachelor's degree and 5.4% had an advanced degree. The average household income was \$59,124, with 11.8% of families living in poverty. Most (93.5%) of the labor force was employed. Summary of the demographics are shown in **Figure 4** below.

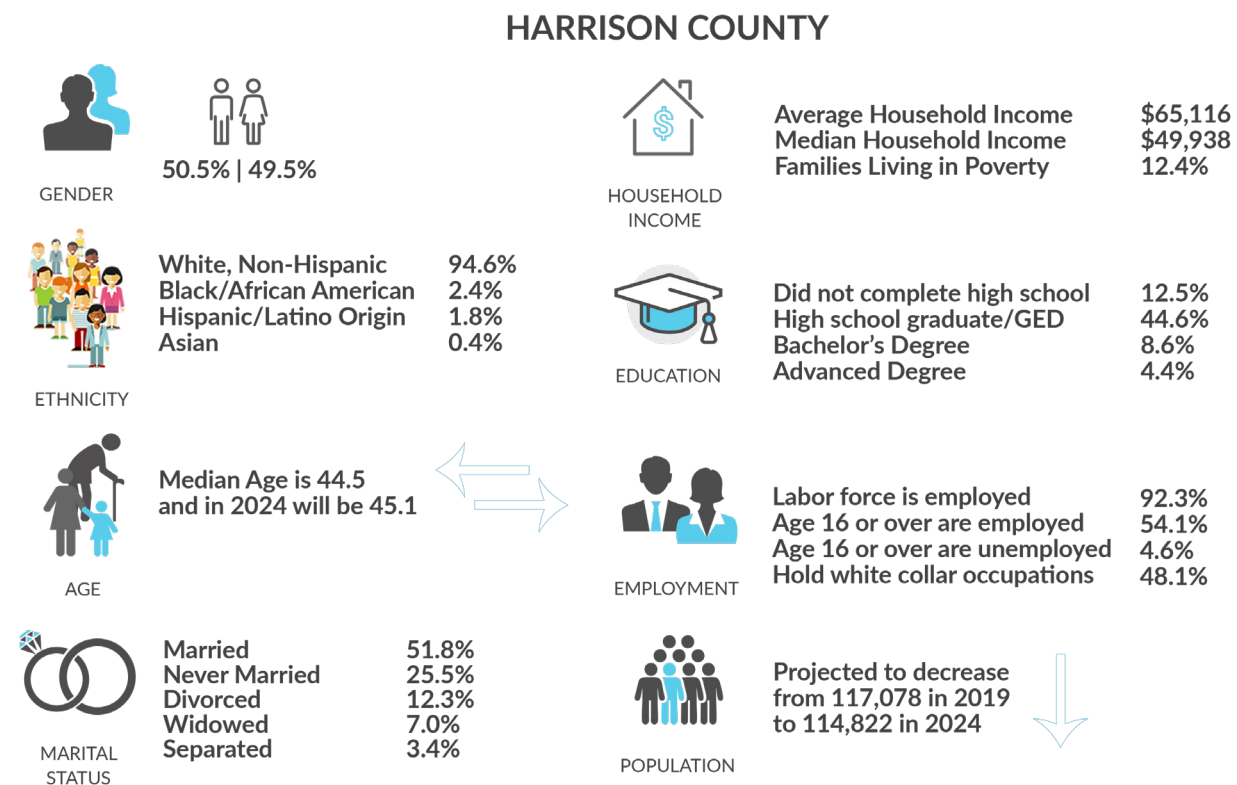
Figure 4
Jefferson County Demographics Summary



Source: Claritas-Pop-Facts Premier, 2018, Environics Analytics

The population in Harrison County is projected to decrease from 117,078 in 2019 to 114,822 in 2024. There were slightly more males (50.5%) than females (49.5%). The population was predominantly Caucasian (94.6%). The median age was 44.5 and was projected to remain steady. One in four residents (25.5%) had never been married, while 51.8% were married, 3.4% were separated, 12.3% were divorced and 7.0% were widowed. Over one in ten residents (12.5%) did not complete high school, while 44.6% were a high school graduate, 8.6% had a bachelor's degree and 4.4% had an advanced degree. The average household income was \$65,116, with 12.4% of families living in poverty. Most (92.3%) of the labor force was employed. Summary of the demographics are shown in **Figure 5** below.

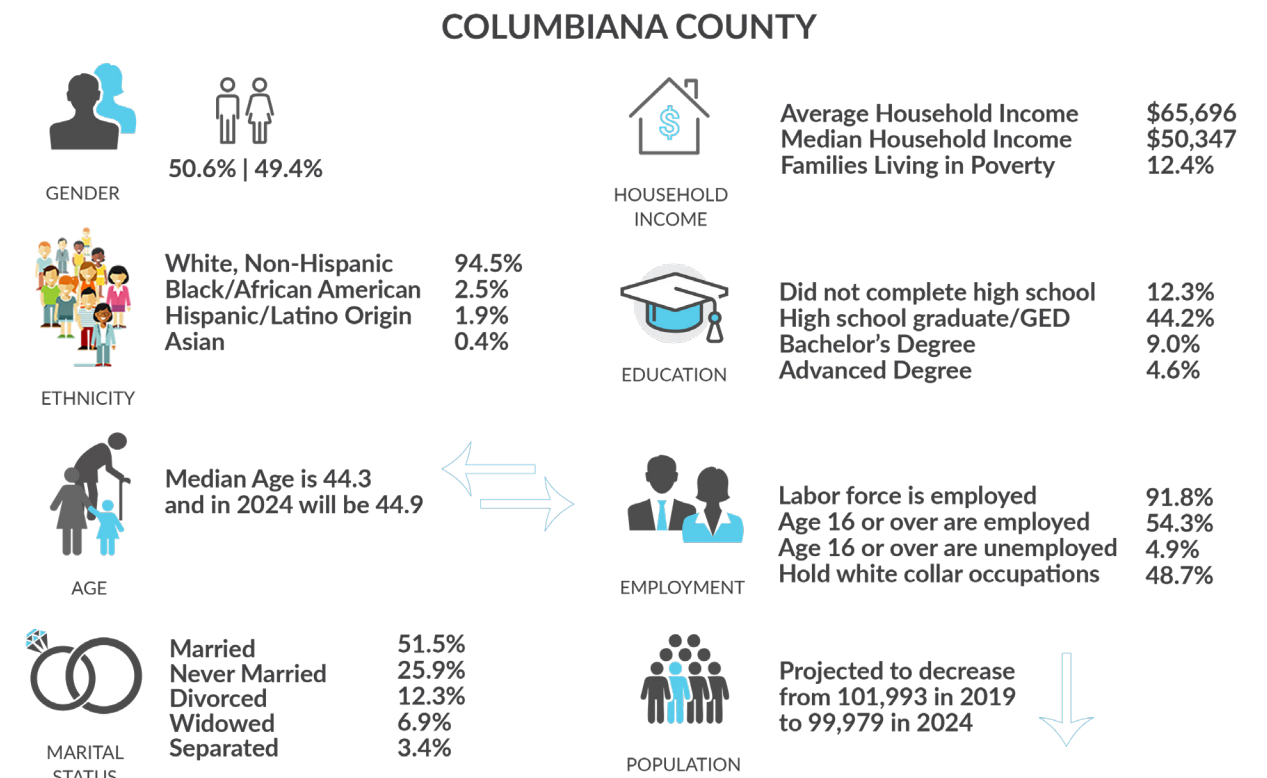
Figure 5
Harrison County Demographics Summary



Source: Claritas-Pop-Facts Premier, 2018, Environics Analytics

The population in Columbiana County is projected to decrease from 101,993 in 2019 to 99,979 in 2024. There were slightly more males (50.6%) than females (49.4%). The population was predominantly Caucasian (94.5%). The median age was 44.3 and was projected to remain steady. One in four residents (25.9%) had never been married, while 51.5% were married, 3.4% were separated, 12.3% were divorced and 6.9% were widowed. Over one in ten residents (12.3%) did not complete high school, while 44.2% were a high school graduate, 9.0% had a bachelor's degree and 4.6% had an advanced degree. The average household income was \$65,696, with 12.4% of families living in poverty. Most (91.8%) of the labor force was employed. Summary of the demographics are shown in **Figure 6** below.

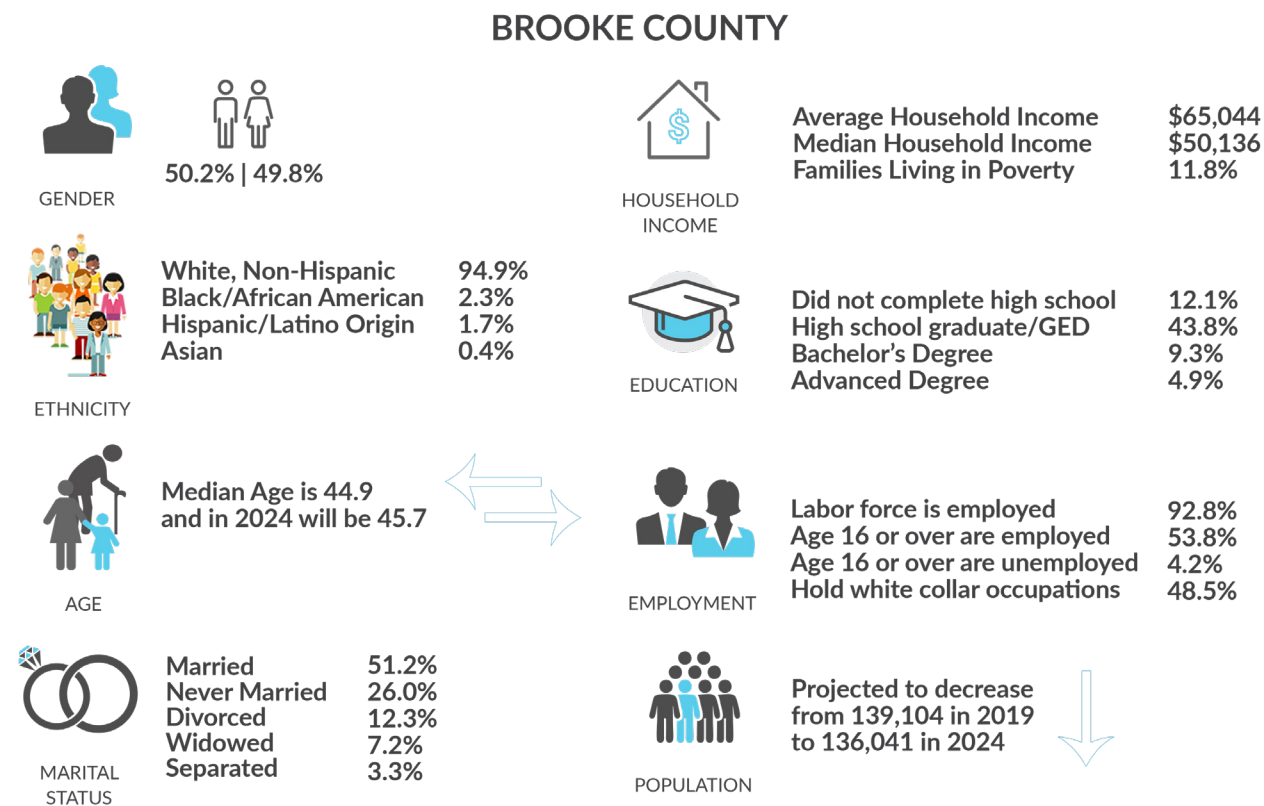
Figure 6
Columbiana County Demographics Summary



Source: Claritas-Pop-Facts Premier, 2018, Environics Analytics

The population in Brooke County, WV is projected to decrease from 139,104 in 2019 to 136,041 in 2024. There were slightly more males (50.2%) than females (49.8%). The population was predominantly Caucasian (94.9%). The median age was 44.9 and was projected to remain steady. One in four residents (26.0%) had never been married, while 51.2% were married, 3.3% were separated, 12.3% were divorced and 7.2% were widowed. Over one in ten residents (12.1%) did not complete high school, while 43.8% were a high school graduate, 9.3% had a bachelor's degree and 4.9% had an advanced degree. The average household income was \$65,044, with 11.8% of families living in poverty. Most (92.8%) of the labor force was employed. Summary of the demographics are shown in Figure 7 below.

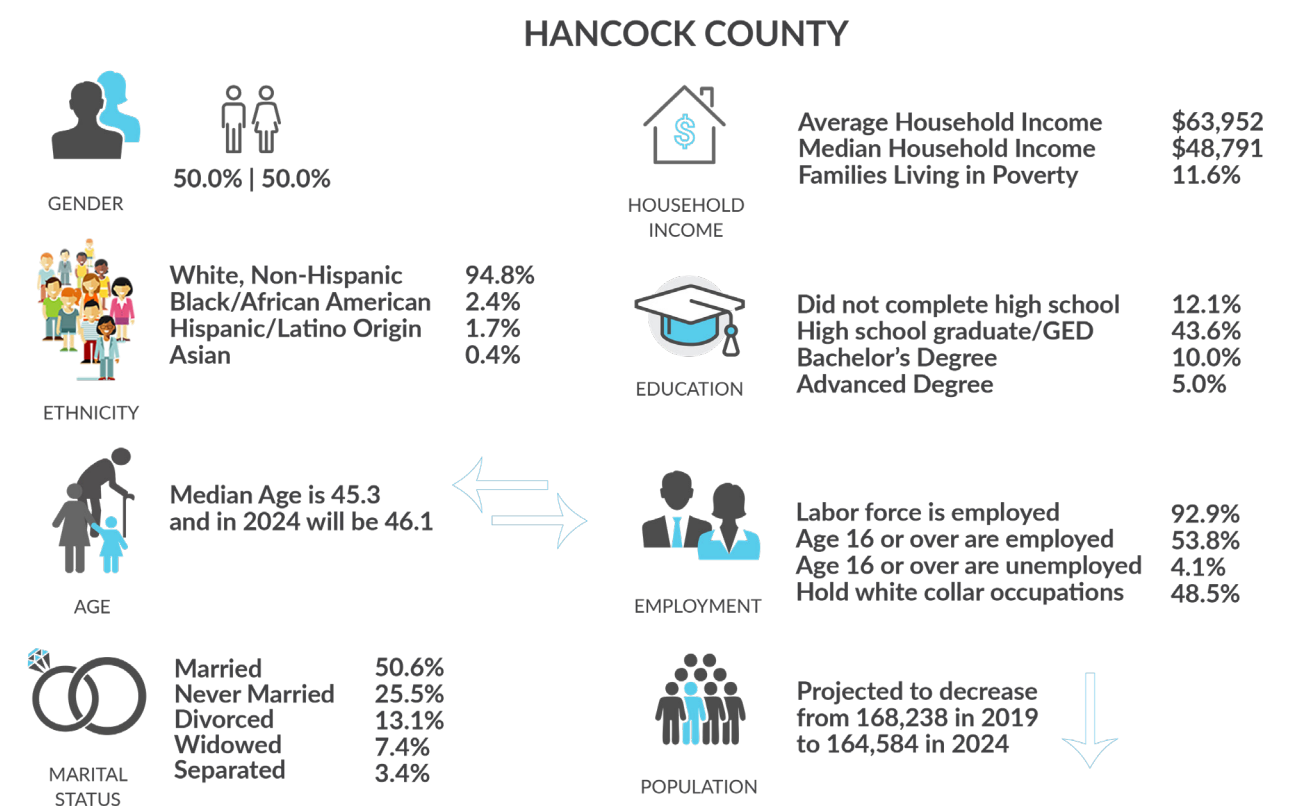
Figure 7
Brooke County, WV Demographics Summary



Source: Claritas-Pop-Facts Premier, 2018, Environics Analytics

The population in Hancock County, WV is projected to decrease from 168,238 in 2019 to 164,584 in 2024. There were an equal percentage of males (50.0%) and females (50.0%). The population was predominantly Caucasian (94.8%). The median age was 45.3 and was projected to remain steady. One in four residents (25.5%) had never been married, while 50.6% were married, 3.4% were separated, 13.1% were divorced and 7.4% were widowed. Over one in ten residents (12.1%) did not complete high school, while 43.6% were a high school graduate, 10.0% had a bachelor's degree and 5.0% had an advanced degree. The average household income was \$63,952, with 11.6% of families living in poverty. Most (92.9%) of the labor force was employed. Summary of the demographics are shown in Figure 8 below.

Figure 8
Hancock County, WV Demographics Summary



Source: Claritas-Pop-Facts Premier, 2018, Environics Analytics

PRIMARY AND SECONDARY SERVICE AREA

Trinity's primary service area covers Jefferson County. The secondary service area covers Columbiana and Harrison counties in Ohio and Brooke and Hancock counties in West Virginia. The primary and secondary service area map of the counties serviced by the hospital is shown in Figure 9 below.

Figure 9
Trinity's Primary and Secondary Service Area



PRIMARY
SERVICE AREA





COMMUNITY AND HOSPITAL RESOURCES



COMMUNITY AND HOSPITAL RESOURCES

Resources that are available in Trinity’s service area to respond to the significant health needs of the community can be found in the United Way’s 2-1-1 system. The 2-1-1 system is part of the national 2-1-1 Call Centers initiative that seeks to provide an easy-to-remember telephone number and web resource for finding health and human services– for everyday needs and in crisis situations. Residents can search the United Way’s vast database of services and providers to find the help they need. For a complete listing of available services, please visit <http://211.org>. The community and hospital resources are listed in **Appendix E** of this report. **Table 4** shows the services available through Trinity Health System.

Table 4
Hospital Resources

Behavioral Medicine	Rehabilitation Services
Breast Care Center	Respiratory Care
Tony Teramana Cancer Center	School Of Medical Laboratory Science
Cardiovascular Services	School of Nursing
Primary Care	Sleep Disorders Center
Emergency Services	Social Services
Express	Sports Medicine
Gastroenterology	Trinity WorkCare
Imaging Services	Urologic Services
Laboratory	Women’s and Children’s Services
Occupational Medicine	Pain Management
Orthopedics And Sports Medicine	Wound Clinic
Pain Management	

Source: Trinity Health System



EVALUATION OF THE 2016 TRINITY CHNA IMPLEMENTATION STRATEGIES

Activities and accomplishments from the Trinity Health System Implementation plan include the following:

GOAL 1: Mental Health/Substance Abuse

Over the past 3 years Trinity Health System has offered weekly support groups to individuals struggling with mental health or substance abuse. It is estimated that there were 208 support groups per year or 624 total over the last three years. On average 20 individuals attended each support group or a total of 4,160 annual attendees and 12,480 participants over the last three years.

Trinity Health System reached out to the local mental health board to increase access and expand services unfortunately the interest was not reciprocal and a relationship was not developed as in the absence of available funding the mental health board was not interested in developing a partnership.

Trinity Health System also explored that possibility of offering gambling addiction services but due to not funding and legislative issues was unable to offer this service.

Trinity had also hoped to have an Emergency Department liaison but unfortunately the position was not approved due to the budget.

GOAL 2: Wellness/Prevention

Trinity Health System has continued to partner with Prime Time to offer Meals on Wheels. Trinity makes and packages the meals and Prime Time is responsible for the delivery. The following are 2018 deliveries:

- Home Delivery to Seniors: 106,308
- Meals on the Mend (to seniors after being discharged from the hospital): 5,073
- Meal Sites (such as Senior Centers): 56,659

Sodexo took over food management at Trinity in 2017 and since then has implemented the mindful program in the cafeteria. Lower calorie options are always available and nutrition information is posted on all food options.

Trinity also offers healthy food options in select vending machines such as fruit, yogurt, salads and sandwiches.

Due to staff transition Trinity has not pursued a relationship with local farmers to offer a Farmers Market or done any co-sponsorship with the YMCA. Although the system has not co-sponsored anything they do collaborative events with the local YMCA and will provide healthy options at area events. The Mobile Medical Clinic has distributed \$5 vouchers to seniors to purchase fresh produce from the Farmers Market.

Dietitians do work with Trinity employees to offer nutrition education and support based on referrals.

Trinity has been able to partner with the Urban Mission to donate leftover food on a weekly basis and has been Food Recovery verified for the past 2 years.

GOAL 3: Prevention and Lifestyle - Smoking

Trinity Health System attempted to provide Freedom from Smoking cessation program to the community but was unable to put on the program due to lack of interest.

Trinity has attended local health fairs and talked to local businesses to provide education on smoking cessation to the community. Trinity offers resources and education on an online Freedom from Smoking program as well as options for nicotine replacement. Trinity has spoken with local business about providing onsite smoking cessation programs but there has been a reluctance for people to leave their jobs to participate in the program or attend during their off hours.

Trinity provides education and consulting support to all patients admitted to the system who are identified as a smoker. They receive materials and contact information on available cessation resources if they are interested. The staff speak to approximately 20 smokers per week or 1,040 annually and 3,120 over the last years (this does not account for those with multiple admissions and could be duplicative individuals).

GOAL 4: Prevention and Lifestyle – Lack of Exercise

Trinity had a nurse who was going to offer exercise classes for new moms (post-partum) but unfortunately, she left the system before classes were offered and no one has been identified to pursue that program.

Community Involvement

On May 4th, 2019 Trinity P3 Performance held the 2nd Annual 5K race to help raise money for our P3 Scholarship Fund. We had around 50 participants this year for the race and multiple community sponsors. We were able to raise \$2,000 from this event. With the money raised from our 5K we were able to give out four \$500 scholarships to local seniors who are headed to college next year.

Trinity P3 Performance teamed up with the Trinity Health System Foundation members to reach out to the youth of the local elementary schools to talk about the benefits of nutrition and daily exercise. Schools that we visited included St Paul Elementary (Weirton), Harrison Hills Elementary (Cadiz), Hills Elementary (Mingo Junction), Wintersville Elementary (Wintersville), Bishop Mussio Elementary and Middle School (Steubenville), Steubenville City Elementary Schools (Wells, East Garfield, and Pugliese West). Trinity P3 Performance spoke to specific grades at each school about nutrition and exercise which totaled around 700 kids. Also, every grade at each school was given healthy snacks for the day.

Trinity P3 Membership and Attendance

As of June 5th, 2019 we have 122 current members participating in our fitness classes. The total number of visits for 2019 is 5,337. That is the number of opportunities we have to develop relationships with community members and their perception of Trinity Health System.

We also offer private training and small group sessions for individuals in the community that are ages 10 and up. These are special membership options for individuals looking for a more 1 on 1 approach to fitness. Private training sessions are 1 on 1 with a P3 instructor with programs designed specifically for that members goals, we have had 75 private sessions this year. Small group session are for 1-6 members with likeminded goals, we have had 16 total sessions.

GOAL 5: Access to Primary Care

Over the past 3 years, Trinity has:

- Increased our providers, both physicians and extended providers (NPS and Pas)
- Opened Cadiz Express Clinic
- Taskforce continues to meet on a regular basis to develop new strategies and improved patient quality access.

Trinity Cadiz Express Clinic does not require appointments and walk-ins are welcome. We are not an emergency room. We provide treatments for minor illnesses and injuries such as splinters, stitches and setting fractures. We treat:

- Colds, flu and other viral illness
- Bronchitis and asthma attacks
- Ear, throat, sinus and urinary tract infections
- Rashes, poison ivy and minor allergic reactions
- Fractures, sprains and strains
- Cuts, scrapes and splinters
- General physicals
- Basic X-ray and lab services

And other common illnesses and injuries.

HOSPITAL UTILIZATION RATES

HOSPITAL UTILIZATION RATES

Table 5 shows treatment and procedures for the fiscal year ending March 31, 2019 with a month to date and year to date comparison. The percent change appears in Table 6.

When looking at the year to date comparison the following inpatient procedures have increased:

- Sleep Studies (44%)
- Chemical Dependency Visits (30%)
- Mental Health Visits (18%)
- Open Heart Surgery (18%)
- Cardiac Catherization (11%)
- EKG Tests (6%)

When looking at year to date comparison for outpatient procedures the following have increased:

- Sleep Studies (18%)
- Laboratory Procedures (2%)
- Rehabilitation Services Visits (3%)
- Occupational Therapy (40%)
- Speech Therapy (73%)
- Cardiac Catherization (34%)
- Radiology (4% increase in patients various procedures increased)
- Medical Chemotherapy Visits (16%)
- EEG Tests (15%)

Table 5: Trinity Medical Center Treatments and Procedures FYE March 31, 2019

	<u>MONTH-TO-DATE</u>				<u>YEAR-TO-DATE</u>			
	<u>CURRENT</u>		<u>PRIOR YEAR</u>		<u>CURRENT</u>		<u>PRIOR YEAR</u>	
	IP	OP	IP	OP	IP	OP	IP	OP
<u>PATIENT CARE SERVICES</u>								
OUTPATIENT AMBULATORY PROCEDURES	4	482	33	595	68	4,786	283	5,215
SLEEP STUDIES	5	160	2	170	36	1,584	25	1,343
CHEMICAL DEPENDENCY VISITS	37	242	44	335	350	2,373	270	3,021
MENTAL HEALTH VISITS	280	286	181	333	2,439	2,174	2,075	2,412
WORK CARE VISITS	N/A	747	N/A	700	0	6,530	0	6,615
HOME HEALTH VISITS	N/A	1,398	N/A	1,802	0	11,336	0	15,741
PAIN CLINIC VISITS	N/A	0	N/A	0	0	0	0	1,343
ENDOSCOPY PROCEDURES	71	452	69	519	529	3,945	597	4,165
BIRTHS	35	N/A	36	N/A	374	0	382	0
PEDIATRIC CLINIC	N/A	37	N/A	76	0	307	0	509
EMERGENCY DEPARTMENT VISITS	N/A	3,560	N/A	3,265	0	29,270	0	30,399
URGENT CARE VISITS	N/A	2,173	N/A	1,927	0	15,981	0	17,073
CADIZ CLINIC VISITS	N/A	372	N/A	0	0	2,393	0	0
CALCUTTA CLINIC VISITS	N/A	943	N/A	747	0	5,925	0	6,490
TORONTO CLINIC VISITS	N/A	755	N/A	470	0	4,517	0	5,051
LABORATORY PROCEDURES	33,022	58,453	27,736	56,846	263,934	492,210	270,259	481,188

	<u>MONTH-TO-DATE</u>				<u>YEAR-TO-DATE</u>			
	<u>CURRENT</u>		<u>PRIOR YEAR</u>		<u>CURRENT</u>		<u>PRIOR YEAR</u>	
	IP	OP	IP	OP	IP	OP	IP	OP
<u>REHABILITATION SERVICES</u>								
VISITS	2,649	2,727	2,727	2,826	23,266	23,993	23,799	23,387
PHYSICAL THERAPY	4,003	3,148	4,721	4,073	37,605	27,485	40,252	30,919
PHYSICAL THERAPY - ARENA	N/A	3,255	N/A	3,715	0	31,589	0	31,502
OCCUPATIONAL THERAPY	4,272	610	4,703	437	37,629	5,091	38,229	3,648
SPEECH THERAPY	216	50	280	50	2,467	333	2,736	193
TORONTO REHAB	N/A	1,046	N/A	806	0	8,269	0	8,422
TOTAL UNITS	8,491	8,109	9,704	9,081	77,701	72,767	81,217	74,684
GENERAL SURGERY	106	250	168	254	1,198	2,299	1,303	2,135
-								
OPEN HEART SURGERY	3	N/A	6	N/A	66	0	56	0
-								
<u>CARDIAC CATHETERIZATION LAB</u>								
CARDIAC CATHETERIZATIONS	60	107	27	75	416	761	375	566
INTERVENTIONS	46	37	18	25	266	274	260	238
PERIPHERAL LABS	57	120	51	106	406	927	411	891
TOTAL PV/CATH PROCEDURES	117	227	78	181	822	1,688	786	1,457

	<u>MONTH-TO-DATE</u>				<u>YEAR-TO-DATE</u>			
	<u>CURRENT</u>		<u>PRIOR YEAR</u>		<u>CURRENT</u>		<u>PRIOR YEAR</u>	
	IP	OP	IP	OP	IP	OP	IP	OP
<u>RADIOLOGY</u>								
PATIENTS	1,366	6,819	1,390	6,521	11,570	58,518	12,775	56,099
GENERAL RADIO/FLOURO	797	3,417	827	3,288	6,818	29,356	7,554	28,746
NUCLEAR MEDICINE	85	77	102	103	657	744	862	957
NUCLEAR MEDICINE - MARKET STREET	N/A	56	N/A	51	0	378	0	358
PET / CT EXAMS	N/A	66	N/A	86	0	636	0	682
ULTRASOUND	238	748	238	710	1,964	6,631	2,227	6,209
CT SCANS	229	1,763	199	1,595	1,914	15,226	2,035	13,562
INTERVENTIONAL RADIOLOGY EXAMS	75	245	81	224	706	2,114	612	1,839
IMAGES	N/A	869	N/A	810	0	7,433	0	6,836
MAGNETIC RESONANCE IMAGING	70	390	68	451	643	3,694	640	3,683
TORONTO OP EXAMS	N/A	116	N/A	125	0	1,057	0	1,407
<u>ONCOLOGY SERVICES</u>								
PATIENTS	3	131	6	112	26	1,056	46	1,045
PROCEDURES	4	669	30	823	91	6,474	220	6,062
SIMULATIONS	1	50	0	44	15	455	28	394
MEDICAL CHEMOTHERAPY VISITS	N/A	373	N/A	387	0	3,511	0	3,039
<u>RESPIRATORY THERAPY</u>								
PATIENTS	796	325	826	401	6,640	2,957	7,262	3,282
PROCEDURES	4,849	545	4,546	822	39,419	5,344	42,786	6,319

	<u>MONTH-TO-DATE</u>				<u>YEAR-TO-DATE</u>			
	<u>CURRENT</u>		<u>PRIOR YEAR</u>		<u>CURRENT</u>		<u>PRIOR YEAR</u>	
	IP	OP	IP	OP	IP	OP	IP	OP
<u>DIAGNOSTICS</u>								
EEG TESTS	62	162	34	166	420	1,416	397	1,233
EKG TESTS	1,147	1,315	949	1,401	9,294	11,386	10,575	11,704
ECHOCARDIOGRAMS	274	163	257	124	2,209	1,150	2,424	1,144
TOTAL OUTPATIENT PROCEDURES		82,147						

Source: Trinity Health System

Table 6: Trinity Medical Center Treatments and Procedures Percent Change FYE March 31, 2019

	<u>MONTH-TO-DATE</u>		<u>YEAR-TO-DATE</u>	
	<u>CURRENT to PRIOR YEAR</u>		<u>PRIOR YEAR</u>	
	IP	OP	IP	OP
<u>PATIENT CARE SERVICES</u>				
OUTPATIENT AMBULATORY PROCEDURES	-88%	-19%	-76%	-8%
SLEEP STUDIES	150%	-6%	44%	18%
CHEMICAL DEPENDENCY VISITS	-16%	-28%	30%	-21%
MENTAL HEALTH VISITS	55%	-14%	18%	-10%
WORK CARE VISITS	0%	7%	0%	-1%
HOME HEALTH VISITS	0%	-22%	0%	-28%
PAIN CLINIC VISITS	0%	0%	0%	-100%
ENDOSCOPY PROCEDURES	3%	-13%	-11%	-5%
OB CLINIC VISITS	0%	0%	0%	0%
BIRTHS	-3%	0%	-2%	0%
PEDIATRIC CLINIC	0%	-51%	0%	-40%
TORONTO CLINIC VISITS				
EMERGENCY DEPARTMENT VISITS	0%	9%	0%	-4%
URGENT CARE VISITS	0%	13%	0%	-6%
	0%	61%	0%	-11%
LABORATORY PROCEDURES				
	19%	3%	-2%	2%

REHABILITATION SERVICES

VISITS	-3%	-4%	-2%	3%
PHYSICAL THERAPY	-15%	-23%	-7%	-11%
PHYSICAL THERAPY - ARENA	0%	-12%	0%	0%
OCCUPATIONAL THERAPY	-9%	40%	-2%	40%
SPEECH THERAPY	-23%	0%	-10%	73%
AUDIOLOGY	0%	0%	0%	0%
TORONTO REHAB	0%	30%	0%	-2%
TOTAL MODALITIES	-13%	-11%	-4%	-3%

GENERAL SURGERY

-37%

-2%

-8%

8%

-

OPEN HEART SURGERY

-50%

0%

18%

0%

CARDIAC CATHETERIZATION LAB

CARDIAC CATHETERIZATIONS	122%	43%	11%	34%
INTERVENTIONS	156%	48%	2%	15%
PERIPHERAL LABS	12%	13%	-1%	4%
TOTAL PV/CATH PROCEDURES	50%	25%	5%	16%

RADIOLOGY

PATIENTS	-2%	5%	-9%	4%
GENERAL RADIO/FLOURO	-4%	4%	-10%	2%
NUCLEAR MEDICINE	-17%	-25%	-24%	-22%
NUCLEAR MEDICINE - MARKET STREET	0%	10%	0%	6%
PET / CT EXAMS	0%	-23%	0%	-7%
ULTRASOUND	0%	5%	-12%	7%
CT SCANS	15%	11%	-6%	12%
IMAGES	0%	7%	0%	9%
MAGNETIC RESONANCE IMAGING	3%	-14%	0%	0%
TORONTO OP EXAMS	0%	-7%	0%	-25%

		<u>MONTH-TO-DATE</u>		<u>YEAR-TO-DATE</u>	
		<u>CURRENT to PRIOR YEAR</u>		<u>PRIOR YEAR</u>	
		IP	OP	IP	OP
<u>RADIATION THERAPY</u>					
PATIENTS		-50%	17%	-43%	1%
PROCEDURES		-87%	-19%	-59%	7%
SIMULATIONS		0%	14%	-46%	15%
MEDICAL CHEMOTHERAPY VISITS		0%	-4%	0%	16%
<u>RESPIRATORY THERAPY</u>					
PATIENTS		-4%	-19%	-9%	-10%
PROCEDURES		7%	-34%	-8%	-15%
<u>DIAGNOSTICS</u>					
EEG TESTS		82%	-2%	6%	15%
EKG TESTS		21%	-6%	-12%	-3%
ECHOCARDIOGRAMS		7%	31%	-9%	1%

Source: Trinity Health System



MENTAL HEALTH & ADDICTION

MENTAL HEALTH AND ADDICTION

Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.



WHERE THERE ARE OPPORTUNITIES

Mental Health

The number of poor mental health days reported by adults in Jefferson County has remained comparable from 2013 (4.4 days) to 4.2 days in 2019, which is comparable to Ohio (4.3 days). The number of days has also increased in Columbiana (3.5 to 4.2) and Harrison (3.3 to 4.1) counties, which is also comparable to the state.

Suicide

For 2009-2011 the suicide death rate per 100,000 in Jefferson (15.0) and Columbiana (15.8) counties was higher when compared to Ohio (12.0) and the Healthy People 2020 Goal (10.2). Although comparable to the state the rate in Harrison County (12.4) was above the Healthy People 2020 Goal.

Substance Use

The percentage of adults who report excessive drinking has increased in Columbiana County from 2013 (14.1%) to 2019 (17.5%) and in 2019 was comparable to Ohio (19.1%).

"There are not enough psychiatrists to care for all our patients who need mental health."
~Community Survey Respondent

"We need a residential drug rehabilitation center more than anything."
~Community Stakeholder



WHERE WE ARE MAKING A DIFFERENCE

Mental Health

The number of poor mental health days in Brooke County has increased slightly from 2013 (3.9) to 2019 (4.8) but remains below West Virginia (5.2). The number of days in Hancock County has remained comparable (4.5 in 2013 to 4.7 in 2019), which is also below the state.

Substance Use

The percentage of adults who report excessive drinking has remained the same in Jefferson County from 2013 (18.6%) to 2019 (18.6%) and in 2019 was comparable to Ohio (19.1%). The percentage has also remained comparable in Harrison County (17.3% in 2013 to 18.0% in 2019).

The percentage of adults who report excessive drinking has decreased in both Brooke (15.7% in 2013 to 13.2% in 2019) and Hancock (15.3% in 2013 to 12.0% in 2019) counties and is comparable to West Virginia (11.8%).



WHAT THE COMMUNITY IS SAYING

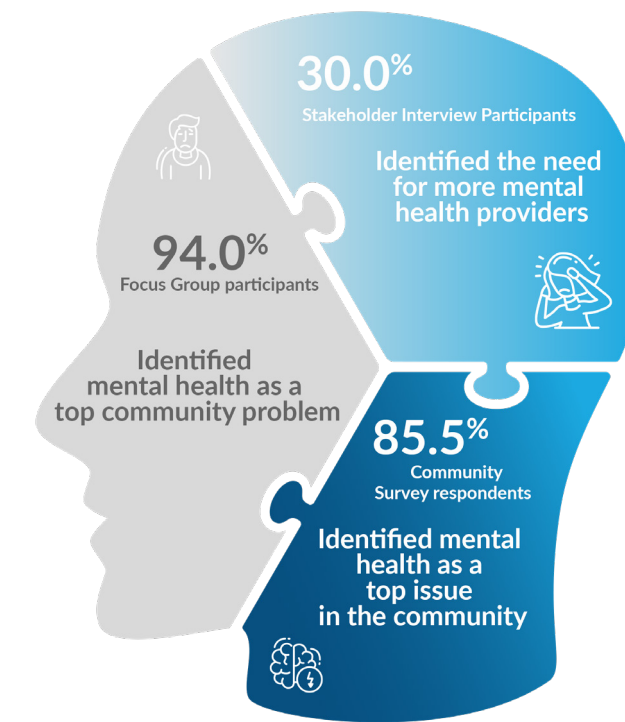
As illustrated in **Figure 10** the majority (94.0%) of focus group participants identified mental health as a top community health problem, while 85.5% of community survey respondents identified it as a top issue. Just under one third of stakeholders (30.0%) identified the need for more mental health providers.

Fewer than one in five community survey respondents agree that there is a sufficient number and range of mental/behavioral health providers in the area (18.9%) or substance use providers (16.2%). Furthermore, only one in ten community survey respondents agree that community members know how to access mental health services (10.4%) or substance use services (10.4%). Most community survey respondents think mental health (86.1%), depression (85.5%), alcohol abuse (88.4%) and illegal drug abuse (97.0%) are problems in the community.

Focus group participants discussed the need for more behavioral health services in the community. They emphasized the need for more services for children as well as long term and step-down facilities. Participants also talked about the need for detox and rehabilitation programs in the community. Given the rural nature of the community a few groups suggested the need for mobile or tele treatment options. The impact of trauma and drug use on children was also noted by a few groups.

Stakeholders talked about the need for additional behavioral health services, indicating a high need in the community. They discussed the need for varying levels of treatment as well as the importance of educating the community about behavioral health. A few talked about the challenges when individuals are experiencing both a mental health concern as well as struggling with addiction as treatment options are very limited. There are also a limited amount of crisis or 24/7 options in the community to get people they help they need when they need it. The cost of care and lack of coordination among providers were mentioned as barriers to treatment.

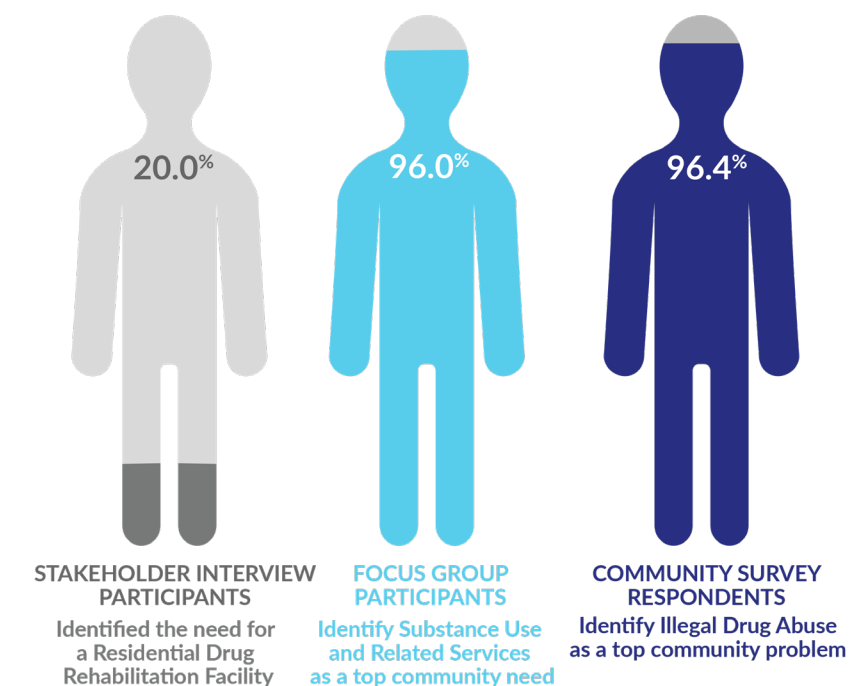
Figure 10
What the Community is Saying – Mental Health



Source: 2019 Trinity Community Survey, Focus Groups and Stakeholder Interviews

As seen in **Figure 11** illegal drug abuse was identified as a top community problem by almost all (96.4%) community survey respondents and focus group participants (96.0%). Stakeholders emphasized the need for a residential drug rehabilitation facility.

Figure 11
What the Community is Saying – Substance Use



Source: 2019 Trinity Community Survey, Focus Groups and Stakeholder Interviews

CHRONIC DISEASE

CHRONIC DISEASE

Conditions that are long-lasting, relapse, in remission and have continued persistence are categorized as chronic diseases.



WHERE THERE ARE OPPORTUNITIES

Diabetes

The diabetes mortality rate per 100,000 in Jefferson (38.1) and Harrison (32.0%) counties in 2009-2011 was higher when compared to Ohio (26.1). The percentage of adults with diabetes in Harrison County has also been increasing since 2010 (12.8%) and in 2013 was 13.2%. Although the incidence of diabetes per 1,000 adults had been decreasing in Columbiana County since 2009, the rate did increase between 2012 (9.3) and 2013 (10.2). Diabetes prevalence among adults in this county had also been decreasing since 2009, with an increase from 11.0 in 2012 to 12.5 in 2013.

Diabetes prevalence among adults in Brooke County has been increasing since 2013 (15.5%) and in 2019 (18.3%) is above West Virginia (14.4%).

“Chronic illness is a problem and when patients are noncompliant it drives high frequency visits and cost.”
~Community Survey

Asthma

“Chronic health conditions in children – diabetes, asthma, allergies – we have had an uptick in those.”
~Focus Group Participant

The percentage of children that have ever been told they have Asthma in Columbiana County in 2008 (19.9%) was higher when compared to Ohio (15.4%). In 2008 the percentage of children ever told they have Asthma in Harrison County (30.5%) was twice as high as the state.

When looking at the 3-year annual average rate of emergency room visits per 10,000 in 2009 the rate in Columbiana County (57.0) was higher when compared to Ohio (52.9). The 3-year inpatient hospitalization rate per 10,000 due to Asthma in the Jefferson (24.0), Columbiana (21.1) and Harrison (25.7) counties was also higher when compared to the state (16.2).

Cancer

In Columbiana County the Breast Cancer mortality rate per 100,000 has increased from 23.2 in 2004-2008 to 24.6 in 2011-2015, which is higher when compared to Ohio (22.9), the nation (20.9) and the Healthy People 2020 Goal (20.7). The rate in Harrison County has also increased from 29.2 in 2010-2014 to 31.7 in 2011-2015 which is also higher when compared to the state, nation and Healthy People 2020.

The percentage of women receiving mammogram screenings in all counties has been decreasing since 2013 and in 2019 Jefferson (33.0%) and Harrison (35.0%) counties is lower than Ohio (41.0%) while Columbiana County (39.0%) is comparable. The percentage has also decreased in Brooke (62.1% in 2013 to 36.0% in 2019) and Hancock (56.0% in 2013 to 33.0% in 2019) counties and in 2019 both are below West Virginia (38.0%).

The Colorectal Cancer mortality rate per 100,000 has increased slightly in Jefferson County from 18.1 in 2004-2008 to 18.4 in 2011-2015. The rate in Harrison County had been declining but has gone up since 2009-2013 (15.2) to 17.1 in 2011-2015. The current rate in both Jefferson and Harrison counties is higher when compared to Ohio (15.9), the nation (14.5) and the Healthy People 2020 Goal (14.5). The Colorectal Cancer incidence rate in Columbiana County had been decreasing but has increased from 40.8 in 2009-2013 to 47.1 in 2011-2015. This rate is higher when compared to Ohio (41.7), the nation (39.2) and the Healthy People 2020 Goal (38.7).

The Lung Cancer mortality rate per 100,000 in Jefferson County has been increasing since 2006-2010 (54.0) to 60.9 in 2011-2015. The rate has also been increasing in Harrison County from 2006-2010 (56.5) to 60.9 in 2011-2015. Both Jefferson and Harrison counties rates are higher when compared to Ohio (51.7), the nation (43.4) and Healthy People 2020 (45.5).

Obesity

The percentage of adults considered obese in Jefferson (33.6%) and Columbiana (33.0%) counties in 2012 was higher when compared to the Healthy People 2020 Goal (30.5%). The percentage in Harrison County (29.4%) is comparable to the Healthy People Goal.

The percentage of adults considered Obese in Hancock County has increased since 2013 (32.4%) to 2019 (39.7%) and in 2019 is higher when compared to West Virginia (36.3%).



WHERE WE ARE MAKING A DIFFERENCE

Diabetes

The incidence rate of new cases of diabetes per 1,000 has been decreasing in Jefferson County from 17.1 in 2010 to 13.2 in 2013. The percentage of adults with diabetes in the county has also been decreasing since 2010 (16.2%) and in 2013 was 15.4%. The same is true in Harrison County where the rate has been decreasing steadily since 2008 (16.0) and in 2013 was 10.7. The diabetes mortality rate per 100,000 in Columbiana (21.3) County in 2009-2011 was lower when compared to Ohio (26.1).

Diabetes prevalence among adults in Hancock County has been steady since 2013 (14.0%) and in 2019 (14.7%) is comparable to West Virginia (14.4%).

Asthma

The percentage of children ever diagnosed with Asthma in Jefferson County in 2008 (8.5%) was lower when compared to Ohio (15.4%). When looking at the 3-year annual average rate of emergency room visits per 10,000 in 2009 the rate in Jefferson (41.7) and Harrison counties (50.2) was lower when compared to Ohio (52.9).

Cancer

In Jefferson County the Breast Cancer mortality rate per 100,000 has decreased from 23.4 in 2004-2008 to 19.6 in 2011-2015, which is lower than Ohio (22.9), the nation (20.9) and comparable to the Healthy People 2020 Goal (20.7).

The Prostate Cancer mortality rate per 100,000 in Jefferson County has decreased from 23.0 in 2004-2008 to 17.8 in 2011-2015, which is lower than Ohio (19.5), the nation (19.5) and the Healthy People 2020 Goal (21.8). The same is true in Columbiana County which decreased from 25.8 in 2004-2008 to 17.8 in 2011-2015. Prostate data was not available for Harrison County.

The Colorectal Cancer mortality rate per 100,000 has decreased in Columbiana County from 17.9 in 2004-2008 to 14.9 in 2011-2015. The current rate is lower when compared to Ohio (15.9) and is comparable to the nation (14.5) and the Healthy People 2020 Goal (14.5). The Colorectal Cancer incidence rate per 100,000 has been decreasing in Jefferson County from 53.2 in 2005-2009 to 39.5 in 2011-2015 as well as Harrison County (56.2 in 2005-2009 to 33.4 in 2011-2015). Both are below Ohio (41.7) and the Healthy People 2020 Goal (38.7) and is comparable to the nation (39.2).

The Lung Cancer mortality rate per 100,000 in Columbiana County has been decreasing since 2004-2008 (62.5) to 51.3 in 2011-2015, which is comparable to Ohio (51.7), but remains above the nation (43.4) and Healthy People 2020 Goal (45.5).

Obesity

The percentage of adults considered Obese in Brooke County has remained comparable since 2013 (36.0%) to 2019 (36.7%) and in 2019 is comparable to West Virginia (36.3%).



WHAT THE COMMUNITY IS SAYING

Community survey respondents identified the following as problems in the community:

- Obesity (98.8%)
- Overweight (98.2%)
- Cancer (91.6%)
- Diabetes (88.5%)
- Heart Disease (86.1%)
- High Blood Pressure (83.7%)
- Asthma/COPD (83.4%)
- Stroke (81.2%)

Very few focus group participants talked about chronic disease. The few that did noted that these chronic conditions impact one's overall health and that there is a need for prevention as well as disease management. The school group noted an increase in diabetes and asthma in children in recent years.

One stakeholder indicated that there are high rates of cancer in the area. Another talked about the need for more preventative care noting people do not go for routine screenings and check-ups so many conditions could be caught and managed sooner. A few discussed that given the aging population of the community there are likely chronic conditions associated with that population.

MATERNAL AND INFANT HEALTH



MATERNAL AND INFANT HEALTH

The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life for the entire community.



WHERE THERE ARE OPPORTUNITIES

Low Birth Weight

The percentage of low birth weight babies in Harrison County has fluctuated and since 2008 (5.3%) has been increasing to 10.1% in 2010, which is higher when compared to the state (8.6%) and Healthy People 2020 Goal (7.8%).

The percentage of low birth weight babies in Hancock County has increased slightly from 2013 (7.2%) to 2019 (8.9%) and in 2019 was comparable to West Virginia (9.4%).

"We have poor OB/GYN care. Too many Nurse Practitioners and not enough doctors to follow up for continuity of care."

~Community Survey Respondents

Infant Mortality

The infant mortality rate per 1,000 live births in Jefferson County has been steadily increasing since 2001-2005 (7.3) to 9.9 in 2011-2015, which is higher when compared to Ohio (7.4) and the Healthy People 2020 Goal (6.0). The rate in Harrison County has been steadily increasing since 2007-2011 (4.7) to 2011-2015 (7.5) and is comparable to the state and just above the Healthy People 2020 Goal.

The neonatal mortality rate per 1,000 live births in Jefferson County has fluctuated but in most recent years increased from 4.8 in 2010-2014 to 5.4 in 2011-2015, which is comparable to Ohio (5.1) and the Healthy People 2020 Goal (6.0).

Prenatal Care

The percentage of mothers who received early prenatal care in 2000 in Jefferson County (83.1%) was lower when compared to Ohio (86.7%) but above the Healthy People 2020 Goal (77.9%).



WHERE WE ARE MAKING A DIFFERENCE

Low Birth Weight

The percentage of low birth weight babies in Jefferson County has fluctuated and decreased from 10.3% in 2009 to 6.6% in 2010, which is lower when compared to Ohio (8.6%) and the Healthy People 2020 Goal (7.8%). The percentage in Columbiana County has also fluctuated and most recently decreased from 8.5% in 2009 to 8.1% in 2010 and is comparable to Ohio.

The percentage of low birth weight babies in Brooke County has remained comparable from 2013 (8.7%) to 2019 (8.3%) and in 2019 was slightly lower when compared to West Virginia (9.4%).

Infant Mortality

The infant mortality rate per 1,000 live births in Columbiana County has been steadily decreasing since 2001-2005 (6.9) to 4.6 in 2011-2015, which is lower when compared to Ohio (7.4) and the Healthy People 2020 Goal (6.0).

The neonatal mortality rate per 1,000 live births in Columbiana County has fluctuated but in most recent years decreased from 3.5 in 2010-2014 to 3.1 in 2011-2015, which is lower when compared to Ohio (5.1) and the Healthy People 2020 Goal (6.0). The rate in Harrison County has also decreased in most recent years from 5.0 in 2010-2014 to 3.7 in 2011-2015.

The child mortality rate in Hancock County has decreased from 2013 (52.0) to 2019 (43.2) and in 2019 is lower when compared to West Virginia (61.1). Data is not available for Brooke County. County level data was unavailable for infant mortality.

Prenatal Care

The percentage of mothers who received early prenatal care in 2000 in Columbiana (87.9%) and Harrison (92.1%) counties was higher when compared to Ohio (86.7%) and the Healthy People 2020 Goal (77.9%).

Teen Births

The birth rate per 1,000 to females aged 15-19 has been decreasing in Jefferson County since 2006 (41.4) and in 2010 (35.1) is just above Ohio (33.5). The rate has fluctuated in Columbiana County with a decrease in most recent years from 45.3 in 2009 to 39.3 in 2010 which is above the state. The rate in Harrison County decreased from 59.5 in 2008 to 47.2 in 2010, although this is higher than the state.

The teen birth rate per 1,000 females age 15-19 has been decreasing in Brooke (26.4 in 2013 to 21.1 in 2019) and Hancock (36.5 in 2013 to 29.7 in 2019) counties and in 2019 both are below West Virginia (36.2).



WHAT THE COMMUNITY IS SAYING

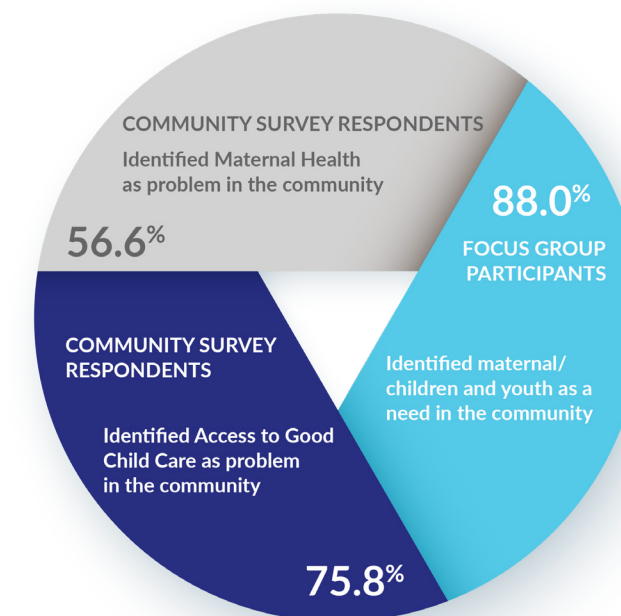
As seen in **Figure 12**, several focus group participants (88.0%) identified maternal/children and youth as a need in the community. Three fourths (75.8%) of the community survey respondents identified the need for access to good child care as a problem in the community. Over half of the survey respondents (56.6%) also identified maternal health as a problem.

Just under one in ten community survey respondents (9.8%) traveled outside the community for pediatric health services. Teenage pregnancy (74.7%), smoking during pregnancy (60.4%) and infant mortality/miscarriages (45.8%) were also identified as problems by community survey respondents.

A few of the focus groups discussed the need for women's health services as well as safe places for women to go who find themselves in unfavorable situations. Focus group participants also talked about overall child welfare noting that many children are in less than ideal situations, but the system is overburdened leaving many stuck in their environment. The need for parent education was also identified by a few groups.

Stakeholders talked about the need for OB/GYN and pediatric services in the community. A few talked about teenage pregnancy and the need for education at a younger age. One stakeholder talked about children with medical handicap issues that travel to Pittsburgh or Akron to receive services. Another stakeholder indicated the need for more early intervention services.

Figure 12
What the Community is Saying – Maternal and Infant Health



Source: 2019 Trinity Community Survey, Focus Groups and Stakeholder



ACCESS TO QUALITY HEALTH SERVICES



ACCESS TO QUALITY HEALTH SERVICES

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone in the community.



WHERE THERE ARE OPPORTUNITIES

Health Insurance

The percentage of children in Jefferson County who do not have health insurance had decreased in 2013 (1.1%) but has slowly been increasing ever since and in 2016 was 3.9%, which was comparable to Ohio (3.6%) and nation (4.5%). The percentage in Columbiana County has fluctuated but had been decreasing since 2013 (9.2%) and in 2016 was 4.5%, which is also comparable to the state and nation. The percentage in Harrison County has been increasing since 2009-2013 (5.4%) and in 2012-2016 (9.2%) was above the state and nation.

Health as Fair or Poor

The percentage of adults reporting their health as Fair or Poor in Jefferson County has decreased since 2013 (24.3%) to 2019 (19.2%) and in 2019 is higher when compared to Ohio (17.0%).



WHERE WE ARE MAKING A DIFFERENCE

Health Insurance

The percentage of adults without health insurance in Jefferson County has been decreasing since 2011 (18.2%) and in 2016 was 5.7%, which is lower when compared to Ohio (7.7%) and the nation (12.0%). The percentage has also been decreasing in Columbiana County since 2013 (20.6%) and in 2016 (7.1%) was comparable to the state and below the nation. The percentage of adults without health insurance in Harrison County has been decreasing since 2008-2012 (17.8%) and in 2012-2016 (13.7%) was just above the state (11.9%) and below the nation (16.4%).

The percentage of disabled individuals in Jefferson County without health insurance has decreased from 17.9% in 2009 to 2.1% in 2016, which is lower when compared to Ohio (6.8%) and the nation (9.8%) and falls short of the Healthy People 2020 Goal to have 100% of individuals have health insurance.

The percentage of uninsured adults in Brooke and Hancock counties has decreased since 2013 (20.2%, 20.0% respectively) and in 2019 (6.2%, 7.4%) are both below West Virginia (8.0%). The percentage of uninsured children has also been decreasing since 2013 in Brooke (4.6%) and Hancock (4.5%) counties and in 2019 (2.2% for both) both counties are comparable to West Virginia (2.4%).

Health as Fair or Poor

The percentage of adults reporting their health as Fair or Poor in Harrison County has decreased since 2013 (18.8%) to 2019 (16.6%) and in 2019 was comparable to Ohio (17.0%). The percentage in Columbiana County has remained comparable from 2013 (19.4%) to 2019 (18.3%).

The percentage of adults reporting their health as Fair or Poor in Brooke County has been comparable since 2013 (18.0%) to 2019 (18.5%) and is below West Virginia (24.1%). The percentage in Hancock County has increased slightly from 2013 (16.8%) to 2019 (19.0%), which remains below the state.

BARRIERS TO HEALTHCARE

According to Healthy People 2020, barriers or social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the barriers of health—including both social and physical determinants.



WHAT THE COMMUNITY IS SAYING

Focus Group participants were asked to rate the overall health status of the community. As seen in **Figure 13**, the majority (93.0%) rated the health status of the community as “Fair or Poor”.

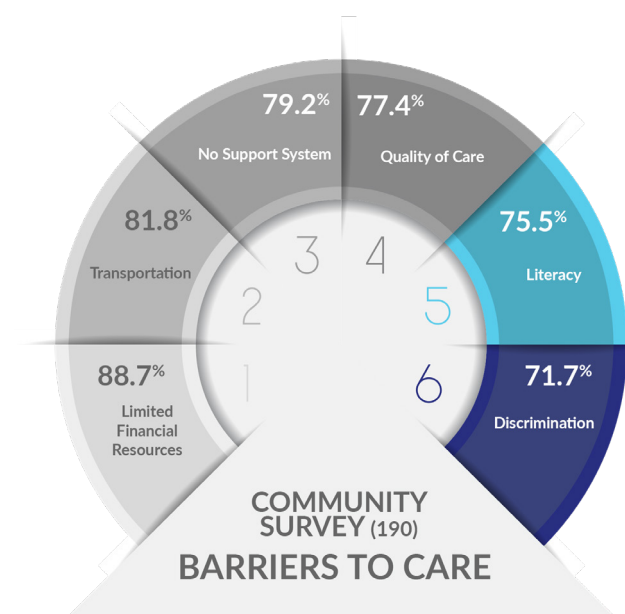
Figure 13
What the Community is Saying – Community Health Status



Source: 2019 Trinity Focus Groups and Stakeholder Interviews.

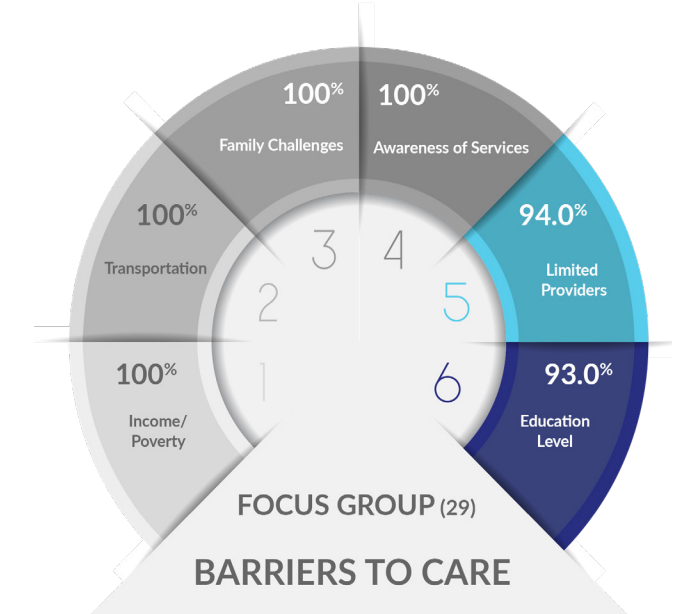
Figures 14 and 15 illustrate community survey respondents and focus group participants experience related to accessing needed care. Both groups identified limited financial resources, transportation, and literacy/education level as barriers to care. In addition, community survey respondents indicated the lack of a support system, quality child care and discrimination as barriers. Focus group participants also mentioned family challenges, lack of awareness of available services and limited providers as barriers.

Figure 14
What the Community is Saying – Barriers to Accessing Needed Care



Source: 2019 Trinity Focus Groups and Stakeholder Interviews.

Figure 15
What the Community is Saying – Accessing Needed Care



Source: 2019 Trinity Focus Groups and Stakeholder Interviews.

Stakeholders talked about the fact that many residents do not know where to go for care and often end up in the ER because they do not know where else to go. The lack of providers and free clinics were also noted as needed services in the community. Stakeholders also talked about the lack of transportation as a barrier to accessing the needed care.

HEALTHY ENVIRONMENT

HEALTHY ENVIRONMENT

Environmental quality is a general term which refers to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, weather as well as the potential effects such characteristics have on physical and mental health. In addition, environmental quality also refers to the socio-economic characteristics of a given community or area, including economic status, education, crime and geographic information.



WHERE THERE ARE OPPORTUNITIES

High School Graduation

According to the Ohio Department of Health the 2017-2018 percentage of students graduating high school in Jefferson County (89.6%) is higher when compared to both Ohio (82.1%) and Healthy People 2020 Goal (87.0%) but this percentage has been dropping since the 2010-2011 school year (90.2%).

Violence

The number of violent crime incidents per 100,000 has been increasing in Columbiana County since 2009 (5.5) and in 2014 was 13.1. The rate in Harrison County has fluctuated but increased from 0.0 in 2013 to 133.7 in 2014.

Although the violent crime in both Brooke and Hancock counties is lower when compared to West Virginia the rate has been increasing since 2013. The rate for Brooke County increased from 104.5 in 2013 to 130.5 in 2019. The rate for Hancock County increased from 89.9 in 2013 to 142.7 in 2019.

Children's Living Environment

The percentage of children living in poverty in Jefferson County has remained comparable since 2013 (27.7%) and in 2019 (26.2%) is higher when compared to Ohio (19.8%). While the percentage has decreased for children in Columbiana County (27.2% in 2013 to 23.7% in 2019) it remains above the state.

The percentage of children living in single parent households has increased in Brooke (33.4% in 2013 to 35.1% in 2019) and Hancock (34.7% in 2013 and 39.1% in 2019) and in 2019 both are higher than West Virginia (33.8%).

"We have kids living in houses without running water and electricity. There are still portions that are very Appalachian."

~Focus
Group Participant

Housing

The percentage of individuals considered living with severe housing problems in 2019 was higher for residents in Jefferson (11.0%), Columbiana (11.4%) and Harrison (12.1%) counties when compared to Ohio (14.5%).



WHERE WE ARE MAKING A DIFFERENCE

High School Graduation

According to the Ohio Department of Health the percentage of students graduating high school for the 2017-2018 school year in Columbiana County (89.3%) increased since the 2011-2012 school year (88.5%) and is higher than Ohio (82.1%) and Healthy People 2020 Goal (87.0%). The percentage in Harrison County has also increased from 88.6% during the 2011-2012 school year to 93.1% during the 2017-2018 school year.

According to County Health Rankings the percentage of students graduating high school in Brooke County in 2018 (94.0%) has increased since 2014 (89.0%) and is higher than West Virginia (86.5%). The percentage of students graduating high school in Hancock County in 2018 (88.0%) has also increased since 2014 (80.0%) and is higher than the state.

Violence

The number of violent crime incidents per 100,000 has been decreasing in Jefferson County since 2006 (69.2) and in 2014 was 5.8.

Children's Living Environment

The percentage of children living in poverty in Harrison County has decreased from 2013 (27.5%) to 2019 (21.1%) and is comparable to Ohio (19.8%). The percentage of children living in single parent homes has increased in Jefferson County since 2013 (35.8%) to 2019 (38.3%) which is higher when compared to Ohio (35.7%). The percentage has also increased in Columbiana (30.3% in 2013 to 34.1% in 2019) and Harrison (22.1% in 2013 to 30.8% in 2019) counties.

The percentage of children in poverty has decreased in Brooke (23.0% in 2013 to 19.4% in 2019) and Hancock (25.6% in 2013 to 20.4% in 2019) and in 2019 both are lower when compared to West Virginia (24.4%).

Housing

The percentage of individuals considered living with severe housing problems in 2019 was comparable for residents in Brooke (10.4%) and Hancock (11.8%) counties when compared to West Virginia (11.5%).



WHAT THE COMMUNITY IS SAYING

As seen in **Figure 16**, housing (90.0%) was identified as a top community need. Community survey respondents identified gun violence (80.7%) and human trafficking (70.3%) as problems in the community.

Focus group participants talked about the need for affordable housing in the community. Participants also talked about the poor housing conditions in the community noting some properties have bedbugs. Given the rural Appalachian population, participants also talked about the poor housing environments that do not have running water or electricity. Participants also talked about human trafficking and prostitution that is happening in the community. Focus group participants highlighted the challenges of poverty and generational poverty in the community.

One of the stakeholders talked about the need for more employment opportunities in the community for those with behavioral health issues. Another talked about underachievement and the lack of educational attainment, noting the lack of importance on education in the community.

Figure 16
What the Community is Saying – Healthy Environment



Source: 2019 Trinity Focus Groups and Community Survey

INFECTIOUS DISEASE

INFECTIOUS DISEASE

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases; these diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization).



WHERE THERE ARE OPPORTUNITIES

HIV

The HIV prevalence rate per 100,000 in Jefferson County increased from 70.2 in 2012 to 91.9 in 2017, although remains below Ohio (202.3). The rate in Columbiana County also increased from 44.1 to 65.0 for the same time period. The rate in Harrison County also increased from 50.9 to 59.1.

HIV prevalence in Brooke County has increased since 2013 (44.4) to 78.0 in 2019, although remains below West Virginia (113.3).

Sexually Transmitted Infections

The Gonorrhea incidence rate per 100,000 in Jefferson County had been decreasing since 2013 (169.2) but increased between 2016 (33.0) and 2017 (73.5) but remains well below Ohio (206.6). The same is true in Columbiana County which has fluctuated over the years with an increase between 2016 (31.8) and 2017 (41.5). The rate in Harrison County has fluctuated with an increase in most recent years from 26.1 in 2016 to 39.2 in 2017.

The Chlamydia incidence rate per 100,000 has been increasing in Harrison County since 2015 (194.2) and in 2017 (241.7) remains below Ohio (528.9).

The Chlamydia incidence rate per 100,000 has been increasing in both Brooke (162.0 in 2013 to 175.6 in 2019) and Hancock (123.9 in 2013 to 244.8 in 2019) counties and in 2019 both are below West Virginia (261.4).

Flu Vaccination

The percentage of adults receiving a flu vaccination in 2019 in Brooke (48.0%) and Hancock (44.0%) counties was higher when compared to West Virginia (41.0%).



WHERE WE ARE MAKING A DIFFERENCE

HIV

HIV prevalence in Hancock County has decreased since 2013 (63.8 to 46.6 in 2019 and remains below West Virginia (113.3).

Sexually Transmitted Infections

The Chlamydia incidence rate per 100,000 has been decreasing in Jefferson County since 2015 (372.7) and in 2017 (313.3) was lower when compared to Ohio (528.9). The incidence rate in Columbiana County has been decreasing since 2012 (275.4) and in 2016 was 198.7.



WHAT THE COMMUNITY IS SAYING

Community survey respondents identified the following as problems in the community:

- Infectious Disease (72.1%)
- Sexually Transmitted Infections (60.6%)
- Hepatitis C (57.0%)
- HIV/AIDS (52.4%)

Several (83.7%) community survey respondents received a flu vaccination in the past 12 months. Just under one third (31.2%) have ever been tested for HIV.

Focus groups talked about high rates of sexually transmitted infections. Stakeholders did not mention infectious diseases.





PHYSICAL ACTIVITY AND NUTRITION

PHYSICAL ACTIVITY AND NUTRITION

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones, and joints. Proper nutrition and maintaining a healthy weight are critical to good health.



WHERE THERE ARE OPPORTUNITIES

Physical Activity

The percentage of adults who are physically inactive in Jefferson County had been increasing until 2009 (33.3%) when it decreased and in 2013 was 28.5%. The percentage has fluctuated in Columbiana County but has been on a decline since 2010 (32.2%) and in 2013 was 26.5%. The same is true for Harrison County which decreased from 32.4 in 2010 to 28.1 in 2013. Jefferson, Columbiana and Harrison counties in 2013 were all lower than the Healthy People 2020 Goal (32.6%).



WHERE WE ARE MAKING A DIFFERENCE

The percentage of adults who are physically inactive in Brooke County has decreased from 35.7% in 2013 to 28.9% in 2019 and in 2019 is comparable to West Virginia (27.8%). The percentage in Hancock County has also decreased (28.8% in 2013 to 29.5% in 2019), which is lower when compared to the state.



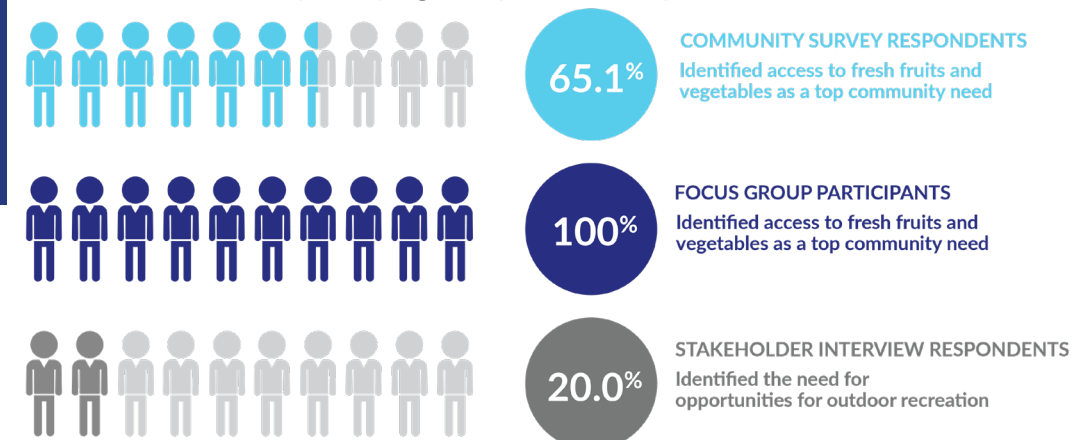
WHAT THE COMMUNITY IS SAYING

As seen in **Figure 17**, all (100%) focus group participants and many (65.1%) of the community survey respondents identified access to fresh fruits and vegetables as a top community need. One in five stakeholders (20.0%) identified the need for opportunities for outdoor recreation.

Focus group participants talked about need for protein and fresh fruits and vegetables available in food pantries. Participants also noted that a grocery store is not available downtown or in rural areas. One of the groups talked about the need for a summer food program so that children have access to meals indicating that many rely on the food backpack program. They also talked about the lack of affordable recreation options in the community.

Stakeholders interviewed mentioned food insecurity/nutrition as a community health need. Stakeholders talked about the need for health-related organizations and gyms in the community that would appeal to youth and seniors. One mentioned the need for outdoor facilities such as parks and trails.

Figure 17
What the Community is Saying – Physical Activity/Nutrition



Source: 2019 Trinity Focus Groups and Community Survey

TOBACCO USE

TOBACCO USE

Tobacco Use is an important public health indicator as it relates to a number of chronic disease issues and conditions.



WHERE WE ARE MAKING A DIFFERENCE

The percentage of adults who smoke in Jefferson County has decreased from 2014 (29.3%) to 2019 (21.4%) which is comparable to Ohio (22.5%). The percentage in Columbiana County has remained comparable (21.6% in 2014 to 21.7% in 2019), which is comparable to the state. The percentage in Harrison County has decreased since 2014 (34.2%) to 2019 (20.8%).

The percentage of adults who smoke in Brooke (26.6% in 2014 to 19.2% in 2019) and Hancock (24.7% in 2014 to 20.9% in 2019) counties has decreased and in 2019 both counties were lower when compared to West Virginia (24.8%).



WHAT THE COMMUNITY IS SAYING

Most community survey respondents identified tobacco (90.3%) as a community problem.

A few of the focus group participants talked about youth smoking and vaping indicating the prevalence is increasing.

Stakeholders did not talk about tobacco use.

INJURY

INJURY

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals.



WHERE THERE ARE OPPORTUNITIES

The unintentional injury death rate per 100,000 in 2009-2011 in Jefferson (63.3), Columbiana (42.7) and Harrison (52.5) counties was higher when compared to Ohio (41.1) and the Healthy People 2020 Goal (36.4).

The death rate per 100,000 due to motor vehicle crashes in 2012 for Columbiana (12.4) and Harrison (56.7) counties was higher than Ohio (9.0) and the Healthy People 2020 Goal (1.2).

The firearm fatalities rate in 2019 for Brooke County (19.8) was higher than West Virginia (16.6).



WHERE WE ARE MAKING A DIFFERENCE

The death rate per 100,000 due to motor vehicle crashes in 2012 for Jefferson County (1.3) was well below Ohio (9.0) and comparable to the Healthy People 2020 Goal (1.2).

The injury death rate per 100,000 in 2019 for Brooke County (106.0) is lower when compared to West Virginia (113.8) while the rate in Hancock County (111.2) is comparable.

The firearm fatalities rate in 2019 for Hancock County (10.7) was lower than West Virginia (16.6).



WHAT THE COMMUNITY IS SAYING

Community survey respondents identified gun related injuries (74.7%) as a problem in community. One of the focus groups talked about the need for a sexual assault nurse in the community. This is not a topic identified by stakeholders.



PRIORITIZATION

On April 15, 2019, the Trinity Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the hospital’s primary service territory. Kathy Roach, Community Health Improvement Project Manager and Jacqui Catrabone, Director of Community and Nonprofit Services of Strategy Solutions, Inc., presented the data to the Trinity Steering Committee and facilitated discussion about the needs of the local area, what Trinity and other providers are currently offering to the community, and identified other potential needs that were not reflected in the data collected. A total of 42 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2020 goals, negative trends, or growing incidence). Four criteria, including accountable role, magnitude of the problem, impact on other health outcomes, and capacity (systems and resources to implement evidence-based solutions), were identified that the group would use to evaluate identified needs and issues. **Table 7** identified the selection criteria.

Table 7
Prioritization Criteria

Item	Definition	Scoring		
		Low (1)	Medium (5)	High (10)
Accountable Organization	The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community	This is an important priority for the community to address	This is important but is not for this action planning effort	This is an important priority for the health system(s)
Magnitude of the Problem	The degree to which the problem leads to death, disability, or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for an epidemic	Moderate numbers/% of people affected and/or moderate risk	High numbers/% of people affected and/or risk for epidemic
Impact on Other Health Outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
Capacity (systems and resources to implement evidence-based solutions)	This would include the capacity to and ease of implementing evidence-based solutions	There is little or no capacity (systems and resources) to implement evidence-based solutions	Some capacity (system and resources) exist to implement evidence-based solutions	There is solid capacity (system and resources) to implement evidence-based solutions in this area

Accountable Organization: The purpose of the first criterion is to get your input regarding whether the “hospital/health system” is the accountable entity to address the selected issue or if the accountable entity should be “another community partner or other entity.” If you think that the hospital/health system should take a leadership role on this issue, you want to choose (10) or one of the buttons on the right side of the scale. If you think that a community partner or other entity should take a leadership role on this issue, choose (1) or one of the buttons on the left side of the scale. If you think that this is not an issue that should be addressed through this initiative, please choose (5) or one of the buttons toward the middle of the scale.

Magnitude of the Problem: The purpose of this second criterion is to get your input regarding the “magnitude of the problem.” If this is something that affects a large number of people or puts the community at risk for an epidemic, please vote this high (10) or one of the buttons toward the right side of the page. If this is something that affects a low number of people, please vote this low (1).

Impact on Other Health Outcomes: The purpose of this third criterion is to get your input regarding the “impact” on health outcomes or other conditions. If this is something that has a large impact on health outcomes or other conditions, please vote this high (10) or one of the buttons toward the right side of the page. If this is something that has little impact on health outcomes or other conditions, please vote this low (1).

Capacity: (systems and resources) to Implement Evidence Based Solutions: The purpose of this fourth criterion is to get your input regarding the “capacity” of the health system/community to address this issue and implement evidence-based solutions. Evidence based solutions are programs that are “proven” to achieve a positive outcome when implemented. If there is solid capacity in place to address this issue, please vote this high (10) or one of the buttons toward the right side of the page. If this is something that has little current capacity to address the issue or implement solutions, please vote this low (1).

During the meeting, Steering Committee members completed the prioritization exercise using OptionFinder, an anonymous audience response polling system to rate each of the needs and issues on a one to ten scale by each of the selected criteria listed above. **Table 8** illustrates the needs of the service area ranked by members of the Trinity Steering Committee. The prioritization ranking chosen for this assessment looked at the total of the magnitude of the problem combined with the impact on other health outcomes as well as current capacity to implement an evidence-based solution. The top needs that were identified include access to care, cancer, heart disease, lack of specialists and medical providers, infectious diseases, mental health, diabetes, high blood pressure and stroke.

Table 8 Prioritization Results

Indicators	Accountability	Magnitude	Impact	Capacity	A+M+I+C	Ranking	Alignment to SHIP
Access to Care: Access to Health Care	5.7	8.2	8.3	5.8	28.0	1	Healthcare System and Access
Chronic Disease: Cancer	7.5	7.5	6.7	6.3	28.0	2	Chronic Disease
Chronic Disease: Heart Disease	6.3	7.1	7.0	6.2	26.6	3	Chronic Disease
Access to Care: Lack of Specialists (including pediatric specialists)	9.5	6.0	6.5	4.5	26.5	4	Healthcare System and Access
Access to Care: Medical Providers	7.0	6.7	7.6	5.1	26.4	5	Healthcare System and Access

Indicators	Accountability	Magnitude	Impact	Capacity	A+M+I+C	Ranking	Alignment to SHIP
Communicable Diseases: Infectious Diseases	8.0	4.7	7.1	6.4	26.2	6	
Mental Health: Mental Health Issues	5.3	7.2	7.2	6.4	26.1	7	Mental Health and Addiction
Chronic Disease: Diabetes	5.5	6.7	7.8	5.9	25.9	8	Chronic Disease
Chronic Disease: High Blood Pressure	6.3	6.1	7.4	5.8	25.6	9	Chronic Disease
Chronic Disease: Stroke	7.3	5.7	6.8	5.2	25.0	10	Chronic Disease
Substance Use Disorder: Opioid/Drug Use	5.2	8.3	5.9	5.6	25.0	11	Mental Health and Addiction
Mental Health: Depression	6.0	6.2	7.0	5.3	24.5	12	Mental Health and Addiction
Chronic Disease: Obesity/Overweight	5.0	7.2	7.1	4.9	24.2	13	Chronic Disease
Mental Health: Suicide	5.0	6.2	6.7	5.8	23.7	14	Mental Health and Addiction
Women, Infants and Children: Maternal Health	7.0	4.9	5.8	5.7	23.4	15	Maternal and Infant Health
Mental Health: Lack of Mental Health Services and Providers	5.1	6.7	6.1	5.3	23.2	16	Maternal and Infant Health
Women, Infants and Children: Prenatal Care	7.1	4.2	6.1	5.6	23.0	17	Maternal and Infant Health
Access to Care: Affordable Health Care (including affordable health insurance, medications, deductible, etc.)	4.7	6.8	6.8	4.6	22.9	18	Healthcare System and Access
Chronic Disease: Education on Chronic Disease Management	6.8	4.1	6.1	5.8	22.8	19	Chronic Disease
Substance Use Disorder: Rehabilitation Facilities	5.7	6.4	6.5	4.1	22.7	20	Mental Health and Addiction
Chronic Disease: Asthma/COPD	6.3	5.3	5.7	5.3	22.6	21	Chronic Disease
Physical Activity/Nutrition: Access to Healthy Foods	3.5	6.9	7.0	5.2	22.6	22	Public Health System, Prevention and Health Behaviors
Communicable Diseases: Immunization Awareness	4.9	4.7	5.7	7.2	22.5	23	
Access to Care: Transportation	4.0	6.8	6.9	4.7	22.4	24	Healthcare System and Access
Access to Care: Dental Care	6.2	4.9	6.4	4.5	22.0	25	Healthcare System and Access
Communicable Diseases: HIV/AIDS	5.5	4.6	5.6	6.2	21.9	26	
Access to Care: Healthy Aging	4.7	5.2	6.5	5.3	21.7	27	Healthcare System and Access
Substance Use Disorder: Alcohol Use	5.0	6.0	5.4	5.3	21.7	28	Mental Health and Addiction
Women, Infants and Children: Infant Mortality/Miscarriages	7.0	3.8	4.7	6.2	21.7	29	Maternal and Infant Health

Indicators	Accountability	Magnitude	Impact	Capacity	A+M+I+C	Ranking	Alignment to SHIP
Chronic Disease: Pain Management	7.4	4.1	5.0	5.1	21.6	30	Chronic Disease
Access to Care: Health Literacy	6.1	5.7	4.8	4.8	21.4	31	Healthcare System and Access
Communicable Diseases: STDs	4.9	5.0	5.5	5.8	21.2	32	
Women, Infants and Children: Smoking During Pregnancy	5.2	3.3	6.2	6.0	20.7	33	Maternal and Infant Health
Substance Use Disorder: Tobacco Use	4.5	4.5	5.5	5.8	20.3	34	Public Health System, Prevention and Health Behaviors
Communicable Diseases: Hep C	5.9	4.2	4.8	5.3	20.2	35	
Access to Care: Livable Wages/Poverty	1.5	6.1	6.4	5.3	19.3	36	Social Determinants
Healthy Environment: Lack of Proper Housing and Affordable Housing)	2.3	6.6	5.6	4.3	18.8	37	Social Determinants
Healthy Environment: Human Trafficking	3.8	4.2	4.7	5.7	18.4	38	Public Health System, Prevention and Health Behaviors
Women, Infants and Children: Teen Pregnancy	4.5	4.0	3.9	5.4	17.8	39	Maternal and Infant Health
Healthy Environment: Gun Related Injuries	3.4	4.0	3.4	5.1	15.9	40	Public Health System, Prevention and Health Behaviors
Physical Activity/Nutrition: Outdoor Recreation Activities	1.8	3.9	4.5	5.5	15.7	41	Public Health System, Prevention and Health Behaviors
Healthy Environment: Gun Violence	2.0	3.8	3.2	5.0	14.0	42	Public Health System, Prevention and Health Behaviors

Source: 2019 Trinity Health System Prioritization, Strategy Solutions, Inc.

The above significant needs will be addressed in Trinity's Implementation Strategy, which will be published under a separate cover and accessible to the public.

REVIEW AND APPROVAL

The 2019 CHNA was presented and approved by the Trinity Board of Directors on June 26, 2019. The Trinity 2019 CHNA is posted on the Trinity website (www.trinityhealth.com). Printed copies are available by emailing Khoa Nguyen, Vice President, Mission Integration, at khoanguyen@trinityhealth.com.

APPENDIX A EXECUTIVE SUMMARY INDICATORS

TABLE 9: OH BEHAVIORAL RISK FACTORS SURVEILLANCE SURVEY

	Region 13: Belmont, Carroll, Harrison, Jefferson, Monroe and Washington Counties				Trend	OH	US	HP 2020	OH	US	HP 2020
OH BEHAVIORAL RISK FACTORS SURVEILLANCE SURVEY	2013	2014	2015	2016	+/-/=	Comp	Comp	Comp	2016	2016	Goal
ACCESS											
Reported Health Poor or Fair		22.5%	20.5%	23.3%	+	+	+		18.0%	16.7%	
No Health Insurance (ages 18-64)		7.1%	10.3%	7.5%	+	+	-	+	6.8%	11.9%	0%
CHRONIC DISEASE											
Ever Told They Had Heart Disease- Age 35 and Older	11.5%	12.0%	8.0%	11.0%	-	-	+		7.4%	4.4%	
Ever Told They Had a Stroke- Age 35 and older	4.4%	3.6%	5.0%	4.0%	-	-	+		3.6%	3.0%	
Ever Told They Had Chronic Obstructive Pulmonary Disease (COPD), Emphysema, or Chronic Bronchitis	12.9%	12.4%	10.3%	10.8%	-	-			8.7%		
Ever Told They Had Kidney Disease, Not Including Kidney Stones, Bladder Infection or Incontinence	2.9%	2.4%	4.6%	2.7%	-	-	-		2.9%	2.8%	
Overweight (BMI 25+)			30.1%	35.0%	+	+	-		34.8%	65.4%	
Obese (BMI 30+)		35.1%	31.8%	34.8%	-	-	+	+	31.5%	30.1%	30.5%
Adults Who Were Ever Told They Have Diabetes	17.8%	13.7%	13.4%	14.1%	-	+	+		11.1%	10.5%	
HEALTHY ENVIRONMENT											
Adults Who Have Ever Been Told They Have Asthma	10.4%	14.1%	11.2%	17.1%	+	+	+		14.0%	14.0%	
Adults Who Currently Have Asthma		11.5%	9.5%	11.8%	+	+	+		9.7%	9.1%	
INFECTIOUS DISEASE											
Ever Tested for HIV, Ages 18-64		21.5%	24.6%	25.6%	+	-			33.8%		
MENTAL HEALTH AND SUBSTANCE ABUSE											
Ever Told They Had Depression	24.9%	21.0%	22.9%	15.1%	-	-			17.4%		
Adults Who Reported Being Binge Drinkers (5 drinks for men, 4 for women)		17.9%	14.3%	18.2%	+	+	+	-	17.9%	16.9%	24.2%
TOBACCO USE											
Adults Who Reported Being a Current Smoker		23.8%	23.8%	25.6%	+	+	+	+	22.5%	17.0%	12.0%

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Centers for Disease Control and Prevention. 2017. Mental Health Basics. <https://www.cdc.gov/mentalhealth/basics.htm>Centers for Disease Control and Prevention. 2017. HIV Basics. <https://www.cdc.gov/hiv/basics/index.html>

TABLE 10: CANCER SITES AND TYPES, 2010-2014

Cancer Site/Type	Incidence				Mortality			
	Jefferson County		Ohio	U.S.	Jefferson County		Ohio	U.S.
	Cases	Rate	Rate	Rate	Deaths	Rate	Rate	Rate
All Sites/Types	442	464.1	459.8	442.7	192	188.8	181.1	166.1
Bladder	22	21.5	21.9	19.8	4	3.6	5.1	4.4
Brain & Other CNS	5	6.0	6.8	6.4	3	2.9	4.5	4.3
Breast (Female)	59	118.8	123.8	124.9	12	22.7	23.0	21.2
Cervix	3	9.7	7.4	7.4	2	5.4	2.5	2.3
Colon & Rectum	37	38.8	41.5	40.1	18	17.9	16.3	14.8
Esophagus	8	7.6	5.2	4.2	6	5.9	5.0	4.1
Hodgkin Lymphoma	<1	*	2.6	2.6	<1	*	0.4	0.3
Kidney & Renal Pelvis	16	16.3	16.6	15.6	5	4.5	4.1	3.9
Larynx	3	3.4	4.1	3.1	<1	*	1.3	1.0
Leukemia	8	8.3	12.0	13.7	5	5.3	7.1	6.8
Liver & Intrahepatic Bile Duct	7	7.2	6.5	8.6	5	4.9	5.6	6.3
Lung & Bronchus	83	83.1	69.9	55.8	60	59.8	52.7	44.7
Melanoma of the Skin	14	16.3	20.4	22.3	3	3.3	2.9	2.7
Multiple Myeloma	3	3.2	5.9	6.6	3	2.7	3.6	3.3
Non-Hodgkin Lymphoma	22	24.4	18.9	19.5	8	8.1	6.5	5.9
Oral Cavity & Pharynx	12	13.4	11.4	11.2	4	3.6	2.5	2.5
Ovary	6	13.0	11.4	11.7	4	7.7	7.6	7.4
Pancreas	13	12.9	12.5	12.5	12	11.2	11.4	10.9
Prostate	54	113.5	113.1	119.8	9	20.6	19.9	20.1
Stomach	5	4.7	6.4	7.3	3	3.2	2.8	3.2
Testis	1	5.1	5.6	5.7	<1	*	0.3	0.3
Thyroid	20	25.6	14.5	14.2	<1	*	0.5	0.5
Uterus	12	23.4	28.7	25.7	3	5.2	4.9	4.6

TABLE 11: COUNTY HEALTH RANKINGS (1 OF 2), JEFFERSON COUNTY, OH

COUNTY HEALTH RANKINGS	JEFFERSON COUNTY							Trend	OH	US	HP Goal	OH (the last year)	2016 US	HP 2020
Other Indicators	2013	2014	2015	2016	2017	2018	2019	+/-/=	Comp	Comp	Comp	Rate	Rate	Goal
ACCESS														
Mammography Screenings	54.9%	51.7%	53.3%	58.0%	54.0%	54.0%	33.0%	-	-		-	41.0%		81.1%
Uninsured	14.3%	14.6%	13.8%	12.9%	9.5%	7.3%	5.9%	-	-			6.7%		
Diabetic Monitoring (% Receiving HbA1c)			79.7%	80.3%	76.8%	71.7%						85.1%		
Uninsured Adults	17.1%	17.6%	16.4%	15.5%	11.0%	8.3%	6.6%	-	-			7.8%		
Uninsured Children	6.4%	5.8%	6.1%	5.1%	5.2%	4.3%	3.8%	-	=			3.8%		
Could Not See Doctor Due to Cost	16.2%	15.0%	15.0%									12.7%		
HEALTHY ENVIRONMENT														
Unemployment Rates	11.2%	10.3%	10.2%	8.0%	7.4%	8.3%	7.3%	-	+			5.0%		
High School Graduation Rates		89.9%	90.2%	93.1%	90.6%	90.6%	92.7%	+	+	+		85.3%	84.0%	
Children Living in Poverty	27.7%	26.7%	26.7%	31.1%	28.5%	24.0%	26.2%	-	+	-		19.8%	41.0%	
Children Living in Single Parent Homes	35.8%	33.4%	36.0%	35.5%	35.5%	36.7%	38.3%	+	+	+		35.7%	35.0%	
Disconnected Youth					15.4%	15.4%	6.3%	-	+	-		5.7%	11.7%	
Frequent Physical Distress				12.1%	12.1%	12.5%	12.5%	+	=			12.5%		
Premature Death (Years of Potential Life Lost)	9,573.5	9,573.5	10,707.9	10,684.2	10,329.3	10,460.3	10,700.3	+	+			8491.6		
Premature Age-Adjusted Mortality	481.3	481.3	507.2	510.6	498.6	501.9	499.3	+	+			403.4		
Severe Housing Problems		12.1%	11.7%	11.1%	10.7%	11.4%	11.0%	-	-			14.5%		
PHYSICAL ACTIVITY AND NUTRITION														
Food Insecurity		16.8%	16.8%	17.3%	16.7%	16.4%	16.5%	-	+	+	+	15.1%	12.5%	6.0%
Limited Access to Healthy Foods	8.5%	8.5%	8.5%	8.5%	8.5%	9.8%	9.8%	+	+			6.8%		
Free or Reduced Lunch	50.0%	50.0%	49.6%	50.0%	63.6%	64.9%	62.8%	+	+			39.0%		
Adult Obesity	36.5%	36.1%	33.3%	33.6%	36.6%	36.1%	35.9%	-	+			31.8%		
Poor Physical Health Days	4.1	4.1	4.1	4.1	4.0	4.2	4.2	+	+			4.0		
Poor or Fair Health	24.3%	25.2%	25.2%	18.1%	17.3%	18.5%	19.2%	-	+			17.0%		
Physical Inactivity	33.3%	32.5%	31.6%	28.5%	28.5%	30.0%	32.2%	-	+			24.6%		
Access to Exercise Opportunities		50.5%	62.5%	70.0%	70.0%	85.2%	75.5%	+	-			84.1%		
Diabetes	14.3%	16.2%	14.9%	13.0%	15.4%	14.6%	15.0%	+	+			11.7%		

No data

US graduation rate year ending 2016 taken from:

US child poverty rate: <https://www.mailman.columbia.edu/public-health-now/news/america%E2%80%99s-child-poverty-rate-remains-stubbornly-high-despite-important-progress>US children living in single parent homes: <https://datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by#detailed/1/any/false/870/10,11,9,12,1,185,13/432,431>US disconnected youth: <http://www.measureofamerica.org/disconnected-youth/>US low birthweight babies: https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htmUS teen birth rate 15-19: <https://www.cdc.gov/teenpregnancy/about/index.htm>US food insecurity: <http://www.feedingamerica.org/hunger-in-america/the-united-states/>US Alcohol Impaired Driving: <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450>

TABLE 12: COUNTY HEALTH RANKINGS (2 OF 2), JEFFERSON COUNTY, OH

COUNTY HEALTH RANKINGS	JEFFERSON COUNTY							Trend	OH	US	HP Goal	OH (the last year)	2016 US	HP 2020
Other Indicators	2013	2014	2015	2016	2017	2018	2019	+/-/=	Comp	Comp	Comp	Rate	Rate	Goal
ACCESS														
Mammography Screenings	54.9%	51.7%	53.3%	58.0%	54.0%	54.0%	33.0%	-	-		-	41.0%		81.1%
Uninsured	14.3%	14.6%	13.8%	12.9%	9.5%	7.3%	5.9%	-	-			6.7%		
Diabetic Monitoring (% Receiving HbA1c)			79.7%	80.3%	76.8%	71.7%						85.1%		
Uninsured Adults	17.1%	17.6%	16.4%	15.5%	11.0%	8.3%	6.6%	-	-			7.8%		
Uninsured Children	6.4%	5.8%	6.1%	5.1%	5.2%	4.3%	3.8%	-	=			3.8%		
Could Not See Doctor Due to Cost	16.2%	15.0%	15.0%									12.7%		
HEALTHY ENVIRONMENT														
Unemployment Rates	11.2%	10.3%	10.2%	8.0%	7.4%	8.3%	7.3%	-	+			5.0%		
High School Graduation Rates		89.9%	90.2%	93.1%	90.6%	90.6%	92.7%	+	+	+		85.3%	84.0%	
Children Living in Poverty	27.7%	26.7%	26.7%	31.1%	28.5%	24.0%	26.2%	-	+	-		19.8%	41.0%	
Children Living in Single Parent Homes	35.8%	33.4%	36.0%	35.5%	35.5%	36.7%	38.3%	+	+	+		35.7%	35.0%	
Disconnected Youth					15.4%	15.4%	6.3%	-	+	-		5.7%	11.7%	
Frequent Physical Distress				12.1%	12.1%	12.5%	12.5%	+	=			12.5%		
Premature Death (Years of Potential Life Lost)	9,573.5	9,573.5	10,707.9	10,684.2	10,329.3	10,460.3	10,700.3	+	+			8491.6		
Premature Age-Adjusted Mortality	481.3	481.3	507.2	510.6	498.6	501.9	499.3	+	+			403.4		
Severe Housing Problems		12.1%	11.7%	11.1%	10.7%	11.4%	11.0%	-	-			14.5%		
PHYSICAL ACTIVITY AND NUTRITION														
Food Insecurity		16.8%	16.8%	17.3%	16.7%	16.4%	16.5%	-	+	+	+	15.1%	12.5%	6.0%
Limited Access to Healthy Foods	8.5%	8.5%	8.5%	8.5%	8.5%	9.8%	9.8%	+	+			6.8%		
Free or Reduced Lunch	50.0%	50.0%	49.6%	50.0%	63.6%	64.9%	62.8%	+	+			39.0%		
Adult Obesity	36.5%	36.1%	33.3%	33.6%	36.6%	36.1%	35.9%	-	+			31.8%		
Poor Physical Health Days	4.1	4.1	4.1	4.1	4.0	4.2	4.2	+	+			4.0		
Poor or Fair Health	24.3%	25.2%	25.2%	18.1%	17.3%	18.5%	19.2%	-	+			17.0%		
Physical Inactivity	33.3%	32.5%	31.6%	28.5%	28.5%	30.0%	32.2%	-	+			24.6%		
Access to Exercise Opportunities		50.5%	62.5%	70.0%	70.0%	85.2%	75.5%	+	-			84.1%		
Diabetes	14.3%	16.2%	14.9%	13.0%	15.4%	14.6%	15.0%	+	+			11.7%		

No data

US graduation rate year ending 2016 taken from:

US child poverty rate: <https://www.mailman.columbia.edu/public-health-now/news/america%E2%80%99s-child-poverty-rate-remains-stubbornly-high-despite-important-progress>US children living in single parent homes: <https://datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by#detailed/1/any/false/870/10,11,9,12,1,185,13/432,431>US disconnected youth: <http://www.measureofamerica.org/disconnected-youth/>US low birthweight babies: https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htmUS teen birth rate 15-19: <https://www.cdc.gov/teenpregnancy/about/index.htm>US food insecurity: <http://www.feedingamerica.org/hunger-in-america/the-united-states/>US Alcohol Impaired Driving: <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450>

TABLE 13: COUNTY HEALTH RANKINGS (1 OF 2), COLUMBIANA COUNTY, OH

COUNTY HEALTH RANKINGS	COLUMBIANA COUNTY							Trend	OH	US	HP Goal	2016 OH	US	HP 2020
Other Indicators	2013	2014	2015	2016	2017	2018	2019	+/-/=	Comp	Comp	Comp	Rate	Rate	Goal
ACCESS														
Mammography Screenings	64.1%	58.5%	58.3%	59.0%	60.0%	60.0%	39.0%	-	-		-	41.0%		81.1%
Uninsured	15.6%	16.0%	14.5%	15.1%	10.8%	8.6%	7.0%	-	+			6.7%		
Diabetic Monitoring (% Receiving HbA1c)			86.2%	86.8%	85.6%	85.6%		-	+			85.1%		
Uninsured Adults	19.2%	19.3%	17.7%	18.1%	12.6%	10.1%	7.9%	-	+			7.8%		
Uninsured Children	6.0%	7.3%	5.9%	6.6%	5.8%	4.8%	4.7%	-	+			3.8%		
Could Not See Doctor Due to Cost	18.9%	19.5%	19.5%					+				12.7%		
HEALTHY ENVIRONMENT														
Unemployment Rates	10.2%	8.0%	8.1%	6.4%	5.9%	6.6%	6.0%	-	+			5.0%		
High School Graduation Rates		78.6%	79.3%	80.0%	85.8%	85.8%	93.4%	+	+	+		85.3%	84.0%	
Children Living in Poverty	27.2%	24.9%	27.4%	23.5%	22.3%	26.5%	23.7%	-	+	-		19.8%	41.0%	
Children Living in Single Parent Homes	30.3%	32.0%	32.9%	32.4%	35.1%	34.9%	34.1%	+	-	-		35.7%	35.0%	
Disconnected Youth					19.8%	19.8%	9.0%	-	+	-		5.7%	11.7%	
Frequent Physical Distress				11.7%	11.6%	12.8%	12.8%	+	+			12.5%		
Premature Death (Years of Potential Life Lost)	7623.2	7623.2	8302.6	8403.6	8266.2	8383.9	9113.1	+	+			8491.6		
Premature Age-Adjusted Mortality	386.3	386.3	390.6	400.8	406.5	421.3	427.8	+	+			403.4		
Severe Housing Problems		13.5%	13.3%	13.1%	12.7%	12.3%	11.4%	-	-			14.5%		
PHYSICAL ACTIVITY AND NUTRITION														
Food Insecurity		15.5%	15.5%	15.9%	15.0%	14.6%	14.5%	-	-	+	+	15.1%	12.5%	6.0%
Limited Access to Healthy Foods	6.4%	6.4%	6.4%	6.4%	6.4%	7.7%	7.7%	+	+			6.8%		
Free or Reduced Lunch	41.2%	41.2%	41.1%	39.1%	50.2%	53.8%	58.7%	+	+			39.0%		
Adult Obesity	30.7%	32.0%	32.3%	26.9%	33.0%	34.8%	34.3%	+	+			31.8%		
Poor Physical Health Days	4.8	4.7	4.7	3.9	3.8	4.2	4.2	-	+			4.0		
Poor or Fair Health	19.4%	20.1%	20.1%	15.9%	17.0%	18.3%	18.3%	-	+			17.0%		
Physical Inactivity	29.4%	32.2%	31.5%	30.9%	26.5%	26.4%	26.8%	-	+			24.6%		
Access to Exercise Opportunities		60.1%	70.6%	71.6%	71.6%	81.1%	79.4%	+	-			84.1%		
Diabetes	13.1%	12.3%	11.7%	12.1%	12.5%	11.9%	13.1%	=	+			11.7%		

No data

US graduation rate year ending 2016 taken from:

US child poverty rate: <https://www.mailman.columbia.edu/public-health-now/news/america%E2%80%99s-child-poverty-rate-remains-stubbornly-high-despite-important-progress>US children living in single parent homes: <https://datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by#detailed/1/any/false/870/10,11,9,12,1,185,13/432,431>US disconnected youth: <http://www.measureofamerica.org/disconnected-youth/>US low birthweight babies: https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htmUS teen birth rate 15-19: <https://www.cdc.gov/teenpregnancy/about/index.htm>US food insecurity: <http://www.feedingamerica.org/hunger-in-america/the-united-states/>US Alcohol Impaired Driving: <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450>

TABLE 14: COUNTY HEALTH RANKINGS (2 OF 2), COLUMBIANA COUNTY, OH

COUNTY HEALTH RANKINGS	COLUMBIANA COUNTY							Trend	OH	US	HP Goal	2016 OH	US	HP 2020
Other Indicators	2013	2014	2015	2016	2017	2018	2019	+/-/=	Comp	Comp	Comp	Rate	Rate	Goal
MENTAL HEALTH AND SUBSTANCE ABUSE														
Frequent Mental Distress				12.2%	12.2%	13.0%	13.0%	+	-			13.5%		
Mental Health Providers Ratio			1471:1	1187:1	1191:1	1165:1	1063:1	+	-			706:1		
Poor Mental Health Days	3.5	3.7	3.7	4.1	4.1	4.2	4.2	+	-			4.3		
Insufficient Sleep				36.8%	36.8%	39.8%	39.8%	+	+			38.0%		
Excessive Drinking	14.1%	14.9%	14.9%	16.4%	16.6%	17.5%	17.5%	+	-			19.1%		
Adult Smoking	19.6%	21.6%	21.6%	20.9%	20.2%	21.7%	21.7%	+	-			22.5%		
HEALTHY MOTHERS, BABIES, AND CHILDREN														
Teen Birth Rate	40.1	39.9	39.5	38.2	37.8	35.1	32.8	-	+			25.7		
Low Birthweight	7.7%	7.7%	7.9%	8.0%	7.9%	7.8%	7.5%	-	-			8.6%		
Child Mortality Rate	59.0	61.4	58.1	63.4	49.6	46.8	49.7	-	-			57.8		
Infant Mortality Rate	*	7.0	6.7	6.6	6.3	5.7	5.0	-	-			7.4		
INFECTIOUS DISEASE														
Chlamydia Rate	138.2	195.2	277.0	234.7	244.6	212.9	196.6	+	-			520.9		
HIV Prevalence Rate	66.8	62.3	62.3	69.5	76.5	93.8	93.8	+	-			212.5		
Flu Vaccinations (new to CHR in 2019)							47.0					47.0		
INJURY														
Motor Vehicle Crash Mortality Rate	13.8	13.8	14.0	13.1	12.2	13.6	14.4	+	+			10.1		
Alcohol Impaired Driving Deaths		38.6%	36.4%	36.4%	35.8%	34.4%	34.6%	-	+	+		33.1%	28.0%	
Drug Poisoning Mortality Rate		9.4	12.8									15.0		
Drug Overdose Mortality Rate				21.7	25.6	29.9	39.8	+	+			36.5		

No data

US graduation rate year ending 2016 taken from:

US child poverty rate: <https://www.mailman.columbia.edu/public-health-now/news/america%E2%80%99s-child-poverty-rate-remains-stubbornly-high-despite-important-progress>US children living in single parent homes: <https://datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by#detailed/1/any/false/870/10,11,9,12,1,185,13/432,431>US disconnected youth: <http://www.measureofamerica.org/disconnected-youth/>US low birthweight babies: https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htmUS teen birth rate 15-19: <https://www.cdc.gov/teenpregnancy/about/index.htm>US food insecurity: <http://www.feedingamerica.org/hunger-in-america/the-united-states/>US Alcohol Impaired Driving: <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450>

TABLE 15: COUNTY HEALTH RANKINGS (1 OF 2), HARRISON COUNTY, OH

COUNTY HEALTH RANKINGS	HARRISON COUNTY							Trend	OH	US	HP Goal	2016 OH	US	HP 2020
Other Indicators	2013	2014	2015	2016	2017	2018	2019	+/-/=	Comp	Comp	Comp	Rate	Rate	Goal
ACCESS														
Mammography Screenings	54.4%	48.6%	41.2%	50.0%	52.1%	52.1%	35.0%	-	-		-	41.0%		81.1%
Uninsured	15.3%	15.2%	13.7%	14.0%	10.6%	8.1%	7.2%	-	+			6.7%		
Diabetic Monitoring (% Receiving HbA1c)			74.4%	75.8%	74.1%	74.1%		-	-			85.1%		
Uninsured Adults	18.1%	18.0%	16.4%	16.7%	12.1%	8.8%	7.9%	-	+			7.8%		
Uninsured Children	7.8%	7.4%	6.1%	6.6%	6.5%	6.1%	5.5%	-	+			3.8%		
Could Not See Doctor Due to Cost	n/a	10.5%	10.5%									12.7%		
HEALTHY ENVIRONMENT														
Unemployment Rates	10.3%	8.1%	7.6%	5.9%	6.3%	7.5%	6.0%	-	+			5.0%		
High School Graduation Rates		87.5%	87.5%	82.5%	82.5%	82.5%	88.4%	+	+	+		85.3%	84.0%	
Children Living in Poverty	27.5%	29.3%	26.1%	25.6%	24.3%	23.9%	21.1%	-	+	-		19.8%	41.0%	
Children Living in Single Parent Homes	22.1%	29.2%	28.6%	30.4%	29.9%	29.8%	30.8%	+	-	-		35.7%	35.0%	
Disconnected Youth					23.1%	23.1%	n/a					5.7%	11.7%	
Frequent Physical Distress				11.7%	12.2%	12.0%	12.0%	+	-			12.5%		
Premature Death (Years of Potential Life Lost)	6480.8	8048.3	8715.4	8646.0	9410.0	9157.9	9277.4	+	+			8491.6		
Premature Age-Adjusted Mortality	430.4	430.4	448.1	444	461.5	488.5	157.2	-	-			403.4		
Severe Housing Problems		16.0%	16.0%	14.1%	13.4%	12.9%	12.1%	-	-			14.5%		
PHYSICAL ACTIVITY AND NUTRITION														
Food Insecurity		16.2%	15.5%	15.8%	14.5%	14.5%	14.9%	-	+	+		15.1%	12.5%	6.0%
Limited Access to Healthy Foods	0.9%	0.9%	0.9%	0.9%	0.9%	1.0%	1.0%	+	-			6.8%		
Free or Reduced Lunch	46.3%	46.3%	53.0%	53.2%	50.2%	47.8%	54.9%	+	+			39.0%		
Adult Obesity	25.5%	29.9%	28.5%	23.8%	30.3%	35.5%	34.7%	+	+			31.8%		
Poor Physical Health Days	n/a	8.8	8.8	3.9	4.1	4.0	4.0	-	=			4.0		
Poor or Fair Health	18.8%	17.6%	17.6%	16.9%	16.8%	16.6%	16.6%	-	-			17.0%		
Physical Inactivity	30.6%	32.4%	28.6%	29.4%	28.1%	29.5%	27.7%	-	+			24.6%		
Access to Exercise Opportunities		22.3%	54.4%	53.7%	53.7%	29.6%	26.7%	+	-			84.1%		
Diabetes	14.1%	12.8%	12.9%	12.6%	13.2%	13.3%	12.5%	-	+			11.7%		

No data

US graduation rate year ending 2016 taken from:

US child poverty rate: <https://www.mailman.columbia.edu/public-health-now/news/america%E2%80%99s-child-poverty-rate-remains-stubbornly-high-despite-important-progress>US children living in single parent homes: <https://datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by#detailed/1/any/false/870/10,11,9,12,1,185,13/432,431>US disconnected youth: <http://www.measureofamerica.org/disconnected-youth/>US low birthweight babies: https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htmUS teen birth rate 15-19: <https://www.cdc.gov/teenpregnancy/about/index.htm>US food insecurity: <http://www.feedingamerica.org/hunger-in-america/the-united-states/>US Alcohol Impaired Driving: <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450>

TABLE 16: COUNTY HEALTH RANKINGS (2 OF 2), HARRISON COUNTY, OH

COUNTY HEALTH RANKINGS	HARRISON COUNTY							Trend	OH	US	HP Goal	2016 OH	US	HP 2020
Other Indicators	2013	2014	2015	2016	2017	2018	2019	+/-/=	Comp	Comp	Comp	Rate	Rate	Goal
MENTAL HEALTH AND SUBSTANCE ABUSE														
Frequent Mental Distress				12.4%	12.4%	12.8%	12.8%	+	-			13.5%		
Mental Health Providers Ratio			3906:1	3109:1	3863:1	3827:1	3804:1	+	-			706:1		
Poor Mental Health Days	3.3	3.1	3.1	4.1	4.1	4.1	4.1	+	-			4.3		
Insufficient Sleep				36.5%	36.5%	38.5%	38.5%	+	+			38.0%		
Excessive Drinking	17.3%	18.4%	18.4%	16.3%	15.8%	18.0%	18.0%	+	-			19.1%		
Adult Smoking	n/a	34.2%	34.2%	20.1%	19.1%	20.8%	20.8%	-	-			22.5%		
HEALTHY MOTHERS, BABIES, AND CHILDREN														
Teen Birth Rate	45.1	42	45.0	45.1	45.0	42.0	38.4	-	-			25.7		
Low Birthweight	9.1%	9.0%	8.4%	7.5%	7.3%	6.7%	6.0%	-	-			8.6%		
Child Mortality Rate	n/a	n/a	n/a	73.8	91.3	99.9	92.7	+	+			57.8		
Infant Mortality Rate	*	n/a	n/a	n/a	n/a	n/a	n/a					7.4		
INFECTIOUS DISEASE														
Chlamydia Rate	113.5	164.0	152.7	210	211.2	193.0	207.1	+	-			520.9		
HIV Prevalence Rate	n/a	37.0	37.0	37.5	37.8	38.0	38.0	+	-			212.5		
Flu Vaccinations (new to CHR in 2019)							39.0					47.0		
INJURY														
Motor Vehicle Crash Mortality Rate	18.9	18.9	17.1	19.0	20.9	21.9	20.2	+	+			10.1		
Alcohol Impaired Driving Deaths		31.3%	25.0%	20.0%	21.7%	29.6%	27.3%	-	-	-		33.1%	28.0%	
Drug Poisoning Mortality Rate		n/a	n/a									15.0		
Drug Overdose Mortality Rate				n/a	21.5	n/a	23.9	+	-			36.5		

No data

US graduation rate year ending 2016 taken from:

US child poverty rate: <https://www.mailman.columbia.edu/public-health-now/news/america%E2%80%99s-child-poverty-rate-remains-stubbornly-high-despite-important-progress>US children living in single parent homes: <https://datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by#detailed/1/any/false/870/10,11,9,12,1,185,13/432,431>US disconnected youth: <http://www.measureofamerica.org/disconnected-youth/>US low birthweight babies: https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htmUS teen birth rate 15-19: <https://www.cdc.gov/teenpregnancy/about/index.htm>US food insecurity: <http://www.feedingamerica.org/hunger-in-america/the-united-states/>US Alcohol Impaired Driving: <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450>

TABLE 17: COUNTY HEALTH RANKINGS (1 OF 2), BROOKE COUNTY, WV

COUNTY HEALTH RANKINGS	BROOKE COUNTY							Trend	WV	US	HP Goal	WV (the last year)	2016 US	HP 2020
Other Indicators	2013	2014	2015	2016	2017	2018	2019	+/-/=	Comp	Comp	Comp	Rate	Rate	Goal
ACCESS														
Mammography Screenings	62.1%	54.8%	53.1%	54.0%	61.9%	61.9%	36.0%	-	-	-		38.0%		81.1%
Uninsured	16.4%	16.6%	15.4%	14.9%	9.0%	6.0%	5.2%	-	-			6.5%		
Diabetic Monitoring (% Receiving HbA1c)			81.0%	79.1%	80.3%	80.3%		-	-			84.3%		
Uninsured Adults	20.2%	20.3%	18.9%	17.7%	10.8%	7.0%	6.2%	-	-			8.0%		
Uninsured Children	4.6%	4.7%	4.5%	5.9%	3.4%	2.8%	2.2%	-	-			2.4%		
Could Not See Doctor Due to Cost	17.4%	16.8%	16.8%									17.4%		
HEALTHY ENVIRONMENT														
Unemployment Rates	11.4%	9.6%	8.4%	7.2%	7.3%	6.9%	6.1%	-	+			5.2%		
High School Graduation Rates		89.0%	89.0%	89.0%	94.0%	94.0%	91.9%	+	+	+		89.4%	84.0%	
Children Living in Poverty	23.0%	21.5%	23.0%	22.5%	20.3%	20.7%	19.4%	-	-	-		24.4%	41.0%	
Children Living in Single Parent Homes	33.4%	30.0%	33.8%	35.4%	28.1%	28.3%	35.1%	+	+	+		33.8%	35.0%	
Disconnected Youth					17.1%	17.1%	n/a	=	+	+		8.8%	11.7%	
Frequent Physical Distress				13.4%	13.9%	13.7%	13.7%	+	-			16.8%		
Premature Death (Years of Potential Life Lost)	8257.1	8257.1	9776.7	11049.0	10733.9	9804.7	10540.9	+	-			10645.5		
Premature Age-Adjusted Mortality	433.1	433.1	472.4	475.6	454.1	449.1	435.4	+	-			493.0		
Severe Housing Problems		9.3%	8.4%	8.8%	9.6%	9.9%	10.4%	+	-			11.5%		
PHYSICAL ACTIVITY AND NUTRITION														
Food Insecurity		14.4%	14.0%	14.3%	14.1%	13.4%	12.5%	-	=	+		14.6%	12.5%	6.0%
Limited Access to Healthy Foods	6.3%	6.3%	6.3%	6.3%	6.3%	7.4%	7.4%	+	+			6.6%		
Free or Reduced Lunch	38.9%	38.9%	41.7%	44.3%	40.8%	46.8%	31.8%	-	-			44.6%		
Adult Obesity	36.0%	34.4%	34.0%	34.9%	39.0%	39.4%	36.7%	+	+			36.3%		
Poor Physical Health Days	4.7	4.7	4.7	4.5	4.8	4.7	4.7	=	-			5.2		
Poor or Fair Health	18.0%	19.0%	19.0%	19.3%	20.1%	18.5%	18.5%	+	-			24.1%		
Physical Inactivity	35.7%	35.7%	35.1%	32.7%	28.2%	29.1%	28.9%	-	+			27.8%		
Access to Exercise Opportunities		85.3%	50.1%	45.8%	45.8%	85.5%	92.0%	+	+			60.4%		
Diabetes	15.5%	16.3%	14.7%	12.5%	16.1%	18.2%	18.3%	+	+			14.4%		

No data

US graduation rate year ending 2016 taken from:

US child poverty rate: <https://www.mailman.columbia.edu/public-health-now/news/america%E2%80%99s-child-poverty-rate-remains-stubbornly-high-despite-important-progress>US children living in single parent homes: <https://datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by#detailed/1/any/false/870/10,11,9,12,1,185,13/432,431>US disconnected youth: <http://www.measureofamerica.org/disconnected-youth/>US low birthweight babies: https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htmUS teen birth rate 15-19: <https://www.cdc.gov/teenpregnancy/about/index.htm>US food insecurity: <http://www.feedingamerica.org/hunger-in-america/the-united-states/>US Alcohol Impaired Driving: <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450>

TABLE 18: COUNTY HEALTH RANKINGS (2 OF 2), BROOKE COUNTY, WV

COUNTY HEALTH RANKINGS	BROOKE COUNTY							Trend	WV	US	HP Goal	WV (the last year)	2016 US	HP 2020
Other Indicators	2013	2014	2015	2016	2017	2018	2019	+/-/=	Comp	Comp	Comp	Rate	Rate	Goal
MENTAL HEALTH AND SUBSTANCE ABUSE														
Frequent Mental Distress				13.4%	14.0%	14.0%	14.0%	+	-			17.2%		
Mental Health Providers Ratio			11869:1	7843:1	7783:1	7659:1	7481:1	+	-			832:1		
Poor Mental Health Days	3.9	4.2	4.2	4.4	4.7	4.8	4.8	+	-			5.2		
Insufficient Sleep				34.3%	34.3%	35.9%	35.9%	+	-			39.9%		
Excessive Drinking	15.7%	14.6%	14.6%	12.2%	12.4%	13.2%	13.2%	-	+			11.8%		
Adult Smoking	26.1%	26.6%	26.6%	22.0%	20.7%	19.2%	19.2%	-	-			24.8%		
HEALTHY MOTHERS, BABIES, AND CHILDREN														
Teen Birth Rate	26.4	26.5	24.8	24.3	23.3	21.4	21.1	-	-			36.2		
Low Birthweight	8.7%	8.1%	9.0%	8.6%	8.3%	8.2%	8.3%	-	-			9.4%		
Child Mortality Rate	n/a	n/a	n/a	56.2	58.7	n/a	n/a					61.1		
Infant Mortality Rate	*	n/a	n/a	n/a	n/a	n/a	n/a					7.1		
INFECTIOUS DISEASE														
Chlamydia Rate	162.0	121.6	121.6	146.7	130.6	148.7	175.6	+	-			261.4		
HIV Prevalence Rate	44.4	6.0	29.8	28.8	22.4	78.0	78.0	+	-			113.3		
Flu Vaccinations (new to CHR in 2019)							48.0%					41.0		
INJURY														
Motor Vehicle Crash Mortality Rate	11.1	11.1	10.7	11.3	9.6	9.7	7.3	-	-			16.6		
Alcohol Impaired Driving Deaths		25.0%	8.0%	25.0%	16.7%	0.0%	50.0%	+	+	+		30.7%	28.0%	
Drug Poisoning Mortality Rate		21.7	30.2									24.4		
Drug Overdose Mortality Rate				35.2	38.2	42.9	40.7	+	-			47.0		

No data

US graduation rate year ending 2016 taken from:

US child poverty rate: <https://www.mailman.columbia.edu/public-health-now/news/america%E2%80%99s-child-poverty-rate-remains-stubbornly-high-despite-important-progress>US children living in single parent homes: <https://datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by#detailed/1/any/false/870/10,11,9,12,1,185,13/432,431>US disconnected youth: <http://www.measureofamerica.org/disconnected-youth/>US low birthweight babies: https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htmUS teen birth rate 15-19: <https://www.cdc.gov/teenpregnancy/about/index.htm>US food insecurity: <http://www.feedingamerica.org/hunger-in-america/the-united-states/>US Alcohol Impaired Driving: <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450>

TABLE 19: COUNTY HEALTH RANKINGS (1 OF 2), HANCOCK COUNTY, WV

COUNTY HEALTH RANKINGS	HANCOCK COUNTY							Trend	WV	US	HP Goal	WV (the last year)	2016 US	HP 2020
Other Indicators	2013	2014	2015	2016	2017	2018	2019	+/-/=	Comp	Comp	Comp	Rate	Rate	Goal
ACCESS														
Mammography Screenings	56.0%	51.6%	53.6%	50.0%	55.9%	55.9%	33.0%	-	-		-	38.0%		81.1%
Uninsured	16.1%	16.5%	16.3%	16.1%	9.7%	7.0%	6.2%	-	-			6.5%		
Diabetic Monitoring (% Receiving HbA1c)			81.2%	81.3%	81.1%	81.1%		-	-			84.3%		
Uninsured Adults	20.0%	20.4%	20.2%	19.6%	11.8%	8.4%	7.4%	-	-			8.0%		
Uninsured Children	4.5%	4.6%	4.3%	5.8%	3.3%	2.7%	2.2%	-	-			2.4%		
Could Not See Doctor Due to Cost	14.4%	14.2%	14.2%									17.4%		
HEALTHY ENVIRONMENT														
Unemployment Rates	12.0%	9.4%	8.3%	7.9%	7.8%	6.9%	6.1%	-	+			5.2%		
High School Graduation Rates		80.0%	81.0%	88.0%	88.0%	88.0%	90.0%	+	+	+		89.4%	84.0%	
Children Living in Poverty	25.6%	23.5%	23.0%	21.0%	21.5%	21.0%	20.4%	-	-	-		24.4%	41.0%	
Children Living in Single Parent Homes	34.7%	34.9%	38.4%	35.4%	38.0%	41.2%	39.1%	+	+	+		33.8%	35.0%	
Disconnected Youth					13.8%	13.8%	n/a	=	+	+		8.8%	11.7%	
Frequent Physical Distress				13.9%	14.3%	13.8%	13.8%	-	-			16.8%		
Premature Death (Years of Potential Life Lost)	8550.9	8550.9	9121.9	9045.5	10858.7	10771.1	12271.1	+	+			10645.5		
Premature Age-Adjusted Mortality	416.2	416.2	429.2	439.4	467.6	493.0	495.0	+	+			493.0		
Severe Housing Problems		11.0%	11.4%	11.2%	11.4%	11.5%	11.8%	+	+			11.5%		
PHYSICAL ACTIVITY AND NUTRITION														
Food Insecurity		16.1%	15.0%	15.1%	15.2%	14.5%	13.3%	-	-	+	+	14.6%	12.5%	6.0%
Limited Access to Healthy Foods	8.9%	8.9%	8.9%	8.9%	8.9%	9.4%	9.4%	+	+			6.6%		
Free or Reduced Lunch	41.3%	41.3%	45.0%	45.0%	50.1%	52.6%	54.3%	+	+			44.6%		
Adult Obesity	32.4%	32.6%	34.7%	38.0%	34.8%	38.1%	39.7%	+	+			36.3%		
Poor Physical Health Days	4.2	4.0	4.0	4.7	4.8	4.6	4.6	+	-			5.2		
Poor or Fair Health	16.8%	17.2%	17.2%	19.7%	22.0%	19.0%	19.0%	+	-			24.1%		
Physical Inactivity	28.8%	31.7%	34.4%	33.9%	31.3%	30.9%	29.5%	+	+			27.8%		
Access to Exercise Opportunities		67.5%	75.0%	71.6%	71.6%	95.1%	94.7%	+	+			60.4%		
Diabetes	14.0%	14.2%	13.5%	12.9%	12.0%	13.5%	14.7%	+	+			14.4%		

No data

US graduation rate year ending 2016 taken from:

US child poverty rate: <https://www.mailman.columbia.edu/public-health-now/news/america%E2%80%99s-child-poverty-rate-remains-stubbornly-high-despite-important-progress>US children living in single parent homes: <https://datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by#detailed/1/any/false/870/10,11,9,12,1,185,13/432,431>US disconnected youth: <http://www.measureofamerica.org/disconnected-youth/>US low birthweight babies: https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htmUS teen birth rate 15-19: <https://www.cdc.gov/teenpregnancy/about/index.htm>US food insecurity: <http://www.feedingamerica.org/hunger-in-america/the-united-states/>US Alcohol Impaired Driving: <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450>

TABLE 20: COUNTY HEALTH RANKINGS (2 OF 2), HANCOCK COUNTY, WV

COUNTY HEALTH RANKINGS	HANCOCK COUNTY							Trend	WV	US	HP Goal	WV (the last year)	2016 US	HP 2020
Other Indicators	2013	2014	2015	2016	2017	2018	2019	+/-/=	Comp	Comp	Comp	Rate	Rate	Goal
MENTAL HEALTH AND SUBSTANCE ABUSE														
Frequent Mental Distress				13.9%	14.2%	14.1%	14.1%	+	-			17.2%		
Mental Health Providers Ratio			1045:1	941:1	828:1	800:1	775:1	+	+			832:1		
Poor Mental Health Days	4.5	4.5	4.5	4.5	4.6	4.7	4.7	+	-			5.2		
Insufficient Sleep				34.3%	34.3%	40.1%	40.1%	+	+			39.9%		
Excessive Drinking	15.3%	15.0%	15.0%	11.2%	12.4%	12.0%	12.0%	-	+			11.8%		
Adult Smoking	22.6%	24.7%	24.7%	22.5%	22.8%	20.9%	20.9%	-	-			24.8%		
HEALTHY MOTHERS, BABIES, AND CHILDREN														
Teen Birth Rate	36.5	34.2	34.1	34.8	34.9	29.3	29.7	-	-			36.2		
Low Birthweight	7.2%	7.1%	7.3%	7.6%	8.0%	8.4%	8.9%	+	-			9.4%		
Child Mortality Rate	52.0	52	40.9	41.2	58.8	46.7	43.2	-	-			61.1		
Infant Mortality Rate	*	n/a	n/a	n/a	n/a	n/a	n/a					7.1		
INFECTIOUS DISEASE														
Chlamydia Rate	123.9	147.2	178.2	194.7	201.4	255.7	244.8	+	-			261.4		
HIV Prevalence Rate	63.8	18.0	69.6	72.8	69.5	46.6	46.6	-	-			113.3		
Flu Vaccinations (new to CHR in 2019)							44.0%					41.0%		
INJURY														
Motor Vehicle Crash Mortality Rate	12.9	12.9	13.5	12.1	13.2	12.3	13.8	+	-			16.6		
Alcohol Impaired Driving Deaths		50.0%	14.0%	37.5%	35.7%	33.3%	15.4%	-	-	-		30.7%	28.0%	
Drug Poisoning Mortality Rate		28.0	31.1									24.4		
Drug Overdose Mortality Rate				48.5	53.2	51.4	49.5	+	+			47.0		

No data

US graduation rate year ending 2016 taken from:

US child poverty rate: <https://www.mailman.columbia.edu/public-health-now/news/america%E2%80%99s-child-poverty-rate-remains-stubbornly-high-despite-important-progress>US children living in single parent homes: <https://datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by#detailed/1/any/false/870/10,11,9,12,1,185,13/432,431>US disconnected youth: <http://www.measureofamerica.org/disconnected-youth/>US low birthweight babies: https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htmUS teen birth rate 15-19: <https://www.cdc.gov/teenpregnancy/about/index.htm>US food insecurity: <http://www.feedingamerica.org/hunger-in-america/the-united-states/>US Alcohol Impaired Driving: <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450>

TABLE 21: OHIO HEALTH INDICATORS BY COUNTY (1 OF 8)

State of Ohio-Health Indicators by County	JEFFERSON COUNTY	COLUMBIANA COUNTY	HARRISON COUNTY
Chronic Disease and Conditions			
Adults with Diabetes (2010)	16.20%	12.30%	12.80%
Age-Adjusted Death Rate due to Breast Cancer (2006-2010) (per 100,000 females)	26.10	20.40	no data
Age-Adjusted Death Rate due to Colorectal Cancer (2006-2010) (per 100,000)	18.10	15.40	18.70
Breast Cancer Incidence Rate (2005-2009) (per 100,000 females)	114.10	109.80	95.00
Children with Asthma (2008)	8.50%	19.90%	30.50%
Colorectal Cancer Incidence Rate (2005-2009) (per 100,000)	53.20	55.60	56.20
Incidence of Diabetes Among Adults (2010) (per 1,000)	17.10	12.20	12.90
Lung Cancer Incidence Rate (2005-2009) (per 100,000)	75.40	75.60	77.30
Percent of Diabetic Medicare Enrollees Receiving a Hemoglobin A1c Test in the Past Year (2003-2006)	74.44%	79.02%	80.60%
Prostate Cancer Incidence Rate (2005-2009) (per 100,000)	165.20	141.80	134.40
Reported Notifiable Diseases (2012) (per 100,000)	100.90	82.60	76.40
Data was taken from here: http://ship.oh.networkofcare.org/ph/			
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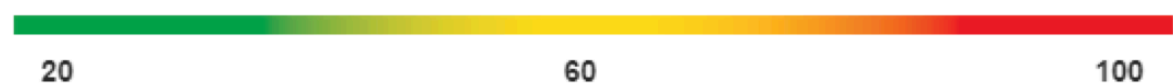


TABLE 22: OHIO HEALTH INDICATORS BY COUNTY (2 OF 8)

State of Ohio-Health Indicators by County	JEFFERSON COUNTY	COLUMBIANA COUNTY	HARRISON COUNTY
Demographics			
4th Grade Students Proficient in Math (2012-2013)	79.33%	85.68%	58.10%
4th Grade Students Proficient in Reading (2012-2013)	90.41%	90.85%	81.73%
8th Grade Students Proficient in Math (2012-2013)	78.75%	79.88%	69.90%
8th Grade Students Proficient in Reading (2012-2013)	85.89%	88.65%	82.13%
Gini Coefficient (2008-2012) (see note to right on what it is)	44.33	42.06	43.25
High School Graduation (2011-2012)	90.20%	88.56%	90.70%
Mean Travel Time to Work (2005-2009)	21.80	24.20	27.90
Median Household Income (2008-2012)	\$40,115.00	\$41,870.00	\$37,088.00
People 25+ with a Bachelors Degree or Higher (2008-2012)	14.77%	12.96%	7.83%
Population Density (per square mile) (2009)	165.80	202.50	37.90
Renters Spending 30% or more of Household Income on Rent (2010-2012)	41.00%	35.92%	no data
Single-Parent Households (2008-2012)	12.05%	12.28%	11.67%
Student-to-Teacher Ration (2010-2011)	15.08	16.83	16.68
Students Passing the Ohio Graduation Tests (OGT) in Mathematics (2012-2013)	77.96%	86.97%	81.35%
Students Passing the Ohio Graduation Tests (OGT) in Reading (2012-2013)	85.53%	88.29%	83.90%
Unemployed Workers in Civilian Labor Force (2013)	8.80%	7.10%	6.80%
Voter Turnout (2012)	36.19%	25.51%	36.20%
Workers who Commute to Work: Public Transportation (2008-2012)	0.71%	0.46%	0.34%
Workers who Drive Alone to Work (2008-2012)	82.57%	84.99%	86.50%

Data was taken from here: <http://ship.oh.networkofcare.org/ph/>

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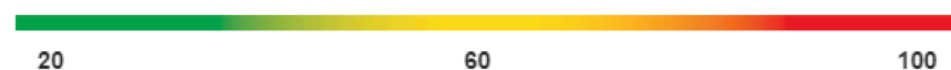


TABLE 23: OHIO HEALTH INDICATORS BY COUNTY (3 OF 8)

State of Ohio-Health Indicators by County	JEFFERSON COUNTY	COLUMBIANA COUNTY	HARRISON COUNTY
Health Behaviors			
Adults who are Physically Inactive (2010)	32.50%	32.20%	32.40%
HIV Prevalence Rate (2012) (per 100,000)	70.20	44.10	50.90
Recreation & Fitness Facilities Density (2011) (per 1,000)	0.04	0.06	0.00
Salmonella Infection Rate (2012) (per 100,000)	17.50	8.50	6.40
Health Care			
Adults with Private Health Insurance (2008-2012)	43.12%	41.82%	40.32%
Adults without Health Insurance (2008-2012)	16.90%	18.20%	17.80%
Ambulatory Care Sensitive Conditions (2002) (per 1,000)	126.99	114.50	129.16
Children without Health Insurance	5.40%	4.70%	6.30%
Disabled Persons without Health Insurance (2008-2012)	17.51%	18.37%	18.38%
Emergency Room Visit Rate Due to Asthma (2009) (per 10,000)	41.70	57.00	50.20
Hospitalization Rate Due to Asthma (2007-2009) (per 10,000)	24.00	21.10	25.70
Influenza-Associated Hospitalization Rate (2012) (per 100,000)	5.80	25.40	12.70
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TABLE 24: OHIO HEALTH INDICATORS BY COUNTY (4 OF 8)

State of Ohio-Health Indicators by County	JEFFERSON COUNTY	COLUMBIANA COUNTY	HARRISON COUNTY
Health Outcomes			
Age-Adjusted Death Rate due to Alzheimer's Disease (2009-2011) (per 100,000)	28.40	25.50	38.10
Age-Adjusted Death Rate due to an Aortic Aneurysm (2009-2011) (per 100,000)	3.30	4.60	4.50
Age-Adjusted Death Rate due to Cancer (2009-2011) (per 100,000)	197.80	176.80	191.50
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) (2004-2010) (per 100,000)	43.60	47.10	48.00
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases (2009-2011) (per 100,000)	73.10	60.50	51.00
Age-Adjusted Death Rate due to Coronary Heart Disease (2004-2010) (per 100,000)	247.80	148.70	231.60
Age-Adjusted Death Rate due to Diabetes (2009-2011) (per 100,000)	38.10	21.30	32.00
Age-Adjusted Death Rate due to Heart Disease (2009-2011) (per 100,000)	299.10	200.60	272.70
Age-Adjusted Death Rate due to Homicide (2009-2011) (per 100,000)	5.50	3.10	no data
Age-Adjusted Death Rate due to Influenza and Pneumonia (2009-2011) (per 100,000)	21.30	22.10	20.40
Age-Adjusted Death Rate due to Lung Cancer (2006-2010) (per 100,000)	54.00	56.50	56.50
Age-Adjusted Death Rate due to Parkinson's Disease (2009-2011) (per 100,000)	3.50	4.40	1.50
Age-Adjusted Death Rate due to Suicide (2009-2011) (per 100,000)	15.00	15.80	12.40
Age-Adjusted Death Rate due to Unintentional Injuries (2009-2011) (per 100,000)	63.30	42.70	52.50
Age-Adjusted Death Rate due to Drug Poisoning (2004-2010) (per 100,000)	19.00	9.00	no data
Age-Adjusted Death Rate due to Motor Vehicle Collisions (2012) (per 100,000)	1.35	12.49	56.76
Age-Adjusted Death Rate due to Motor Vehicle Collisions; Alcohol Related Crashes (2012) (per 100,000)	0.00	5.35	12.61
Death (all causes) (2002-2008) (per 1000,000)	969.70	902.80	945.10
Heart Disease Deaths (per 100,000 population) (2002-2008)	309.90	229.90	289.30
Pedestrian Death Rate (2011) (per 100,000)	0.00	0.00	0.00
People with a Physical Disability (2005-2007) (see note to right)	14.39	10.92	no data
Physically Unhealthy Days (age adjusted per person) (2004-2010)	4.70	4.60	10.00
Unintentional Injury Deaths (excluding motor vehicle accidents) (2002-2008)	35.10%	21.80%	26.30%
Data was taken from here: http://ship.oh.networkofcare.org/ph/			

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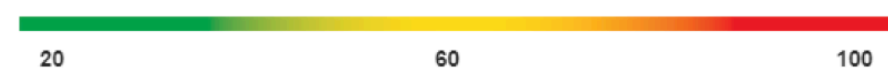


TABLE 25: OHIO HEALTH INDICATORS BY COUNTY (5 OF 8)

State of Ohio-Health Indicators by County	JEFFERSON COUNTY	COLUMBIANA COUNTY	HARRISON COUNTY
Health Risk Factors			
Adults who are Obese (2010)	36.10%	32.00%	29.90%
Adults who Smoke (2006-2012)	29.00%	22.00%	34.00%
Infectious Disease			
Chlamydia Incidence Rate (2012) (per 100,000)	281.20	275.40	151.30
Gonorrhea Incidence Rate (2012) (per 100,000)	116.20	62.10	0.00
Hepatitis A, B and C Infection Rate (2012) (per 100,000)	0.00	0.00	0.00
Measles Infection Rate (2012) (per 100,000)	0.00	0.00	0.00
Mumps Infection Rate (2012) (per 100,000)	0.00	0.00	0.00
Syphilis Incidence Rate (2012) (per 100,000)	0.00	1.90	0.00
Tuberculosis Incidence Rate (2013) (per 100,000)	0.00	0.00	0.00
Varicella (Chickenpox) Infection Rate (2012)	5.80	2.80	0.00
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TABLE 26: OHIO HEALTH INDICATORS BY COUNTY (6 OF 8)

State of Ohio-Health Indicators by County	JEFFERSON COUNTY	COLUMBIANA COUNTY	HARRISON COUNTY
Maternal and Infant Health			
Babies with Low Birth Weight (less than 2,500 grams or 5 pounds, 8 ounces) (2010)	6.60%	8.10%	10.10%
Births to Mothers 40-54 Years of Age (2003-2009)	2.10%	1.60%	2.10%
Births to Mothers Aged Under 18 (2003-2009)	4.10%	3.30%	3.70%
Births to Unmarried Mothers (2003-2009)	44.50%	41.60%	38.80%
Infant Mortality Rate (2011) (Per 1,000 live births)	15.24	4.50	0.00
Mothers who Received Early Prenatal Care (2000)	83.10%	87.90%	92.10%
Neonatal Mortality Rate (2011) (per 1,000 live births for infants under 28 days of age)	9.15	2.70	0.00
Postneonatal Mortality Rate (2011) (per 1,000 live births for infants between 28-364 days)	6.10	1.80	0.00
Preterm Births (2005-2011)	12.60%	12.00%	13.60%
Teen Birth Rate (2010) (females aged 15-19 per 1,000 live births)	35.10	39.30	47.20
Teen Pregnancy Rate (number of pregnancies per 1,000 females aged 15-19) (2010)	46.90	57.00	58.40
Mental Health and Substance Abuse			
Mentally Unhealthy Days (age adjusted per person) (2004-2010)	4.40	3.80	4.20
People with a Mental Disability (2005-2007) (see note to right)	6.91	7.20	no data
Physically or Mentally Unhealthy Days (Age adjusted per person) (2004-2010)	7.80	7.70	13.10

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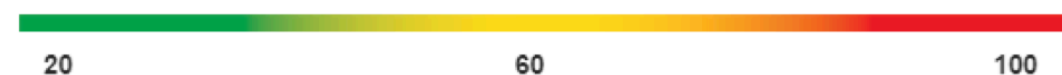


TABLE 27: OHIO HEALTH INDICATORS BY COUNTY (7 OF 8)

State of Ohio-Health Indicators by County	JEFFERSON COUNTY	COLUMBIANA COUNTY	HARRISON COUNTY
Physical Environment			
Children with Elevated Blood Lead Levels (2011)	2.02%	1.62%	2.96%
Farmers Market Density (2013) (rate per 1,000 population)	0.03	0.00	0.06
Fast-food Restaurants Density (2011) (per 1,000)	0.68	0.58	0.50
Grocery Store Density (2011) (per 1,000 population)	0.28	0.17	0.50
Healthy Food Outlets (2006)	30.43%	47.62%	45.45%
Homeownership Rate (2008-2012)	73.49%	72.57%	77.74%
Liquor Store Density Rate (2006) (per 10,000 population)	0.29	0.82	1.29
Ozone Days (2005)	12.00	5.00	5.00
Recognized Carcinogens Released into Air (2012) (Pounds)	540948.62	127549.01	no data
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TABLE 28: OHIO HEALTH INDICATORS BY COUNTY (8 OF 8)

State of Ohio-Health Indicators by County	JEFFERSON COUNTY	COLUMBIANA COUNTY	HARRISON COUNTY
Social Determinants of Health			
Children Living Below Poverty Level (2008-2012)	28.10%	25.40%	31.50%
Families Living Below Poverty Level (2008-2012)	11.70%	11.80%	14.90%
Households with Public Assistance (2008-2012)	3.22%	2.74%	4.06%
Households without a Car and > 1 Mile from a Grocery Store (2010)	3.82%	2.77%	3.45%
Low-income and >1 Mile from a Grocery Store (2010)	8.49%	6.40%	0.85%
Low-Income Persons who are SNAP Participants (2007)	35.49%	35.85%	34.89%
People Living 150% Above Poverty Level (2008-2012)	72.97%	73.20%	71.15%
People Living Below Poverty Level (2008-2012)	16.80%	16.10%	19.40%
Per Capita Income (2008-2012)	\$22,151.00	\$21,308.00	\$19,972.00
Students Eligible for the Free Lunch Program (2010)	50.01%	41.17%	46.35%
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APPENDIX B

FOCUS GROUP GUIDE

COMMUNITY HEALTH ASSESSMENT



TRINITY HEALTH

FOCUS GROUP TOPIC GUIDE

I. Introduction

Hello, my name is _____ and we're going to be talking about community health. We are attempting to conduct a community health assessment by asking diverse members of the community to come together and talk to us about community health problems, services that are available in the community, barriers to people using those services, and what kinds of things that could or should be done to improve the health of the community.

Does anyone have any initial questions?

Let's get started with the discussion. As I stated earlier, we will be discussing different aspects of community health. First, I have a couple of requests. One is that you speak up and only one person speaks at a time.

The other thing is, please say exactly what you think. There is no right or wrong answers in this. We're just as interested in your concerns as well as your support for any of the ideas that are brought up, so feel free to express your true opinions, even if you disagree with an idea that is being discussed.

I would also ask that you do some self-monitoring. If you have a tendency to be quiet, force yourself to speak and participate. If you like to talk, please offer everyone a chance to participate. Also, please don't be offended if I think you are going on too long about a topic and ask to keep the discussion moving. At the end, we will vote on each of the topic areas brought up and rank them according to how important they are to the health status of the community.

Also, we have an outline of the topics that we would like to discuss before the end of our meeting. If someone brings up an idea or topic that is part of our later questions, I may ask you to "hold that thought" until we get to that part of our discussion.

Now, to get started, perhaps it would be best to introduce ourselves. Let's go around the table one at a time and I'll start. Please tell your name, a current community initiative or project that you are currently involved in (or a community health issue that is important to you) and your favorite flavor of ice cream.

II. Overall Community Health Status

- A. Overall, how would you rate the health status of your community? Would you say, in general, that your community's health status is Excellent, Very Good, Good, Fair or Poor. OPTIONFINDER

NOTE: If someone asks how we define community, ask, "How would you define it?"

- B. Why do you say that?

III. Community Health Needs

- A. Based on your experience in your neighborhood and community, what do you think the single biggest community health need is? (BUILD LIST INTO OPTIONFINDER).

- B. Why do you say that?

- C. How much of a problem do you think each is in this community? OPTIONFINDER

- D. What is your level of awareness of the Social Determinants of Health (SDOH)? (OPTIONFINDER).

1. I have no idea what those are
2. I have an understanding of what those are but we are not doing anything to screen or address
3. I have an understanding of what those are and we are working to identify how to screen and/or address
4. We are screening our clients but not addressing any SDOH
5. We are screening our clients and working to address any SDOH they are experiencing
6. Something else

- E. What Social Determinants of Health are people in this community experiencing?
BUILD LIST INTO OPTIONFINDER

- F. How much of a problem do you think each is in this community? OPTIONFINDER

IV. Access to Services

- A. What are the most needed programs/services in the community? BUILD INTO OPTIONFINDER

- B. To what extent are these programs/services available in the community? OPTIONFINDER

1. This program/service is not available in the community
2. This program/service is available in the community but is not adequately addressing the need (i.e. not enough providers, missing program components, limited acceptance of insurance, not available to all populations, etc.)
3. This program/service is available in the community and is adequately addressing the need

V. Potential Solutions

- A. What suggestions do you have to help improve the health of the community?
BUILD INTO OPTIONFINDER

- B. How important is each of these to focus on over the next 3 years? OPTIONFINDER

1. Not Important
2. ...
3. Somewhat Important
4. ...
5. Extremely Important

- C. Who do you think should take the lead on each? OPTIONFINDER

1. The hospital should take the lead on this
2. The hospital should collaborate with another community agency and co-lead this
3. A community agency should take the lead on this

- D. What potential barriers do you envision when implementing the solutions, we have been discussing?

- E. What are the reasons current or past solutions have not worked in the community?

- F. What suggestions do you have to scale solutions to reach more than a few people at a time?

- G. What advice would you give those of us who are working on this community assessment?

APPENDIX C INTERCEPT SURVEY TEMPLATE

One-On-One Intercept Survey Template

1. What would you say are the top 3 health needs of the community? Why do you say that?
2. Based on the 3 needs you just listed, what, if anything is the hospitals, Departments of Health or the community doing to address these needs?
3. What additional services are needed in the community that you feel are missing?
4. What, if any, barriers are you or your family experiencing related to health care?
5. How would you rate the health of the community? Would you say it is Excellent, Very Good, Good, Fair or Poor?
 - a. Why do you say that?
6. How would you rate your personal health? Would you say it is Excellent, Very Good, Good, Fair or Poor?
 - a. Why do you say that?

Thank you for taking the time to talk with us to support the Trinity Health System Community Health Needs Assessment Process.

1. First of all, could you tell me a little bit about yourself and your background/ experience with community health related issues.

2. What, in your opinion, are the top 3 community health needs for Trinity Health's?	3. Why did you say <i>[insert each need they said in #2]</i> and what issues come to mind regarding that health need?
1.	
2.	
3.	
Others mentioned:	

4. Check to see if the area they were selected to represent is one of the top priorities identified above. If not mentioned, say....

Our records indicate that you were selected to participate in these individual interviews because you have specific background/experience/ knowledge regarding _____. What do you feel are the key issues related to this topic area?

APPENDIX D

STAKEHOLDER INTERVIEW GUIDE

What, in your opinion are the issues and the environmental factors that are driving the needs in this topic area?

5. What activities/initiatives are currently underway in the community to address the needs within this topic area?
6. What more, in your opinion, still needs to be done in order to address each of your community health topic areas mentioned above?
7. In your opinion, what role do you think Trinity Health should take in addressing these needs? And, how can the hospital work with local organizations to address the needs you mentioned? Would you be open to the hospital leading the process?
8. For this community health needs assessment, Trinity Health will be looking at the social determinants of health and the effect they have on the health of the community. In your opinion, do you connect poverty and the social determinants of health to poor health in certain populations of the community? If so, what is that connection?
9. As the hospital begins to create goals and objectives for the implementation strategy action plan, working on issues and needs identified through the community health improvement process, if asked, would you be interested in participating in a collaborative to address the identified issues and needs?
10. What advice do you have for the project steering committee who is implementing this community health assessment process?

APPENDIX E

COMMUNITY HEALTH SURVEY TEMPLATE

Trinity Health is interested in learning about the health of the residents it serves. Your input in this process is very important. We are asking that you complete this survey that will help us to identify the needs of our community so that we can work together to address those needs. The survey should take approximately 5-10 minutes to complete, and we ask that you please complete by March 15, 2019.

Your responses are important and will provide us with information that will allow us to identify the most pressing needs of our community so that we might all work together to address those needs. Please note that your responses are completely anonymous. If you have questions regarding the survey, or need assistance completing this survey please contact Jacqui or Kathy at 1-866-480-8003.

Thank you in advance for your participation!

1. Where do you and your family members routinely receive health care services? (Select all that apply)

- ☐ Clinic
 ☐ Primary Care Doctor
 ☐ Chiropractor
☐ Hospital Emergency Room
 ☐ Urgent Care Facility
 ☐ Eye Doctor
☐ Dentist
 ☐ Gynecologist
 ☐ Specialist
☐ No Routine Healthcare Received
 ☐ Other, Please Specify _____

2. Are you and your family members able to get the healthcare services that you need

- ☐ Yes ☐ No

3. What would make it easier for you and your family to obtain care?

4. Do you have a primary care healthcare provider?

- ☐ Yes ☐ No

5. Are you able to visit a doctor when needed?

- ☐ Always ☐ Sometimes ☐ Seldom ☐ Never

6. Why are you unable to "Always" visit a doctor when needed? (Select all that apply)

- ☐ No Insurance
 - ☐ Cannot Get an Appointment
 - ☐ Cannot Afford It/Too Expensive
 - ☐ Other, Please Specify
 - ☐ Lack of Transportation
 - ☐ Doctor is Too Far Away
 - ☐ Too High of a Copay

7. Please make when you last had the following screenings:

[illegible]

8. In the past year, for which types of services did you need to travel out of your community because they were not readily available or accessible? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health Services for Older Adults |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Laboratory or Other Tests |
| <input type="checkbox"/> Vision/Eye Care | <input type="checkbox"/> X-Rays |
| <input type="checkbox"/> Mental or Behavioral Health Care | <input type="checkbox"/> Chiropractic Care |
| <input type="checkbox"/> Pediatric Health Services | <input type="checkbox"/> None of These |
| <input type="checkbox"/> Other, Please Specify _____ | |

9. Please rate your level of agreement with the following statements:

[illegible]

10. What type of health insurance do you have?

- ☐ No Health Care Insurance
 ☐ Private/Commercial Insurance
☐ Medicaid
 ☐ VA/Military
☐ Medicare
☐ Other, Please Specify _____

11. What are the biggest health issues facing your community?

12. How much of a problem is each of the following in your community?

[illegible]

12. How much of a problem is each of the following in your community?

	Very Serious Problem	Serious Problem	Somewhat of a Problem	Small Problem	Not a Problem	Do Not Know Enough to Answer
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Transmitted Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gun Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gun Related Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of Medical Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Mortality/Miscarriages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women Smoking During Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. What health issues exist in your community that may not have existed five years ago?

14. How much of a problem is each of the following in the community?

	Very Serious Problem	Serious Problem	Somewhat of a Problem	Small Problem	Not a Problem	Do Not Know Enough to Answer
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Support System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Enough Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Good Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of Safe Places to Walk and Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hunger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Healthy Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Please list any other problems people in the community are experiencing that were not listed above.

16. How would you describe your current health status?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

17. What is your age?

☐ 15-24 ☐ 45-54
☐ 25-34 ☐ 55-64
☐ 35-44 ☐ 65+

18. Please indicate your race (select all that apply):

☐ White or Caucasian ☐ American Indian or Alaska Native
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ Hispanic or Latino ☐ Another Race
☐ Asian or Asian American ☐ Prefer Not to Answer
☐ Other, Please Specify _____

19. How many...

Adults live in your household? _____
 Children live in your household? _____

20. What is your zip code? _____

21. How long have you lived in this community?

☐ Less than 1 year ☐ 5 years to less than 10 years
☐ 1 year to less than 3 years ☐ 10 or more years
☐ 3 years to less than 5 years

22. What is your gender?

☐ Male ☐ Female

23. What is your annual household income?

☐ Less than \$10,000 ☐ \$75,000 - \$99,999
☐ \$10,000 - \$24,999 ☐ \$100,000 - \$149,999
☐ \$25,000 - \$49,999 ☐ \$150,000 or more
☐ \$50,000 - \$74,999 ☐ I don't know or choose not to answer

Thank you taking the time to provide this valuable input!

APPENDIX F COMMUNITY AND HOSPITAL RESOURCES LISTING

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
Adena United Methodist Church	Food Pantry	n/a	740-546-3785	Socio-economic
AIM Women's Center	Women's clinic with services including pregnancy test, ultrasound, STD/STI Testing and Treatment, medical/legal referral, adoption information, educational programs, abortion information, parenting information.	https://www.aimwomenscenter.com/	24-Hour Helpline: 740-346-6705 Option line Toll Free: 800-712-HELP	Teen Pregnancy
Alcoholics Anonymous/Narcotics Anonymous	Support Groups	https://area53aa.org/ https://www.na.org/		Behavioral Health, Overall Health Status
ALIVE Inc. Alternatives to Living In Violent Environments	ALIVE Inc. provides shelter and services for domestic violence and dating violence victims. They have emergency sheltering, a 24 hour crisis hotline, court and legal advocacy, housing and financial advocacy support groups and provide community education.	http://www.aliveshelter.org/	24 Hour Crisis Hotlines (calls are confidential) Domestic Violence: 740-283-3444 888-611-SAFE National Teen Dating Abuse Helpline: 866-331-9474 Sexual Assault: 740-512-6092	Socio-economic

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
Alzheimer's Association of Greater East Ohio	Alzheimer's Support Group	https://www.alz.org/akroncantonyoungstown	24/7 Helpline: 800-272-3900	Behavioral Health, Overall Health Status
American Cancer Society	Provides support to patients, funds and conducts research, and provides information on prevention.	https://www.cancer.org/	800-227-2345	Overall Health Status
American Lung Association	Provides support and education for people living with asthma, lung cancer, chronic obstructive pulmonary disease (COPD).	https://www.lung.org/	800-586-4872	Overall Health Status
American Red Cross Northeast Ohio Region Lake to River Chapter (Ashtabula, Trumbull, Mahoning, Columbiana, and Jefferson Counties)	Disaster assistance: shelter, meals, health and mental services, and emergency preparedness	https://www.redcross.org/local/ohio/northeast.html	Disaster Relief: 330-392-2551	Behavioral Health, Overall Health Status
Area Agency on Aging Region 9	AAA 9 works with people, communities and organizations to educate, prepare and assist them in meeting the needs of aging. Program and resources include: assisted living, care coordination, care-giver support and	https://aaa9.org/	800-945-4250	Access to Care, Overall Health Status, Socio-economic

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
	education, long-term care consultation, pre-admission review, energy assistance, and adult protective services.			
Autism Society of America	Support Groups	https://www.autism-society.org/	800-328-8476	Behavioral Health, Overall Health Status
Better Breathers Club-Steubenville, OH	COPD, pulmonary fibrosis, and asthma Support Group	https://action.lung.org/site/TR?fr_id=16800&pg=entry		Overall Health Status
Big Brother Big Sister	Big Brothers Big Sisters strive to provide positive role models to give today's youth hope and the courage to avoid negative peer pressure.	https://fcsserves.org/program/big-brothers-big-sisters/	740-264-3306	Disadvantaged Children
Blessed Sacrament Church	Food Pantry	http://www.wintersvilleparishes.org/	740-264-0868	Socio-economic
Breast Cancer Support Group	Held the 1st Tuesday of every month from 5:30-7:00 pm in the Tony Teramana Cancer Center Lobby	https://trinityhealth.com/about-pastoral-care/	740-264-8000	Overall Health Status

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
CHANGE Inc.	CHANGE, Inc. is a community action and healthy agency that encourages the integration of services, the building of partnerships, and the consolidating of resources to empower families towards healthy self- sufficient living. Serves northern West Virginia (Hancock, Brooke, Ohio, and Marshall Counties) and Jefferson County, Ohio.	https://www.changeinc.org/	740-314-8258	Access to Care, Socio-economic, Overall Health
Charity Hospice	Provides hospice services "in-home" and also to those residing in nursing facilities and personal care homes.	https://www.charityhospice.org/	740-264-2280	Behavioral Health, Overall Health Status
Charity Hospice Support Groups	Bereavement Support and Alzheimer's Support Groups	https://www.charityhospice.org/	740-264-2280	Behavioral Health, Overall Health Status

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
Children with Medical Handicaps Program (CMH) (Formerly called the Bureau for Children with Medical Handicaps (BCMH) Ohio Department of Health (ODH)	A health care program in the Ohio Department of Health (ODH) that helps to cover the cost of medical bills for children with medical handicaps. Located at the Jefferson County Health Department	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-with-medical-handicaps/welcome-to	740-283-8541	Disadvantaged Children
Coleman Professional Services	Now provides all of Family Service Association's Programs as of June of 2016. Provides psychiatry, counseling, and case management for children, adolescents and adults, including treating people with a dual diagnosis of addiction and a mental illness. Coleman also provides residential and employment services.	http://www.colemanservices.org/	740-996-7100	Behavioral Health, Disadvantaged Children

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
Community Action Council	The CAC is committed to restore and revitalize the quality of life in Jefferson County, and move the residents towards self-sufficiency. CAC adapts and provides programs that are accessible, affordable, and culturally-sensitive to meet the needs of the community. Programs include: Head Start, Senior Companions, Emergency Homeless Program, Emergency Medical Assistance, Home Energy Assistance Program (HEAP), adult and dislocated worker programs, Ohio Means Jobs, Senior Community Service Employment Program (SCSEP), housing programs, home buying programs, and Teen Parenting	www.jeffersoncountycac.com	740-282-0971	Socio-economic, Disadvantaged Children, Overall Health Status

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
D.A.R.E.	D.A.R.E. provides students with the skills necessary to recognize and resist pressures to experiment with drugs and to avoid gangs and violence. The most important facet of D.A.R.E. is the use of specially trained police officers to deliver the curriculum within the schools.	http://dare-oh.org/ http://cityofsteubenville.us/police-department/	740-283-6000	Disadvantaged Children
Family Recovery Center	Clinical services available for adults, adolescents and children experiencing symptoms due to alcohol/drug use/abuse, effects of another's use, and/or mental health issues. Also provides prevention services toward youth before they are involved in substance use/abuse or early intervention, toward youth who are experimenting, using	http://www.familyrecovery.org/home	740-283-4946	Behavioral Health

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
	and abusing substances.			
Goodwill Industries of Greater Cleveland and East Central Ohio, Inc	Works to improve the quality of life and employment opportunities for all people. Services include employment and life skills.	https://www.goodwillgoodskills.org/	800-942-3577	Socio-economic
Heartland Health Fair	Blood Screening and Health Evaluations	https://trinityhealth.com/event/heartland/	740-264-8296	Heart Disease/Hypertension
Help Me Grow	Help Me Grow (HMG) offers two voluntary programs to prenatal women, children, and families: HMG Early Intervention provides family-centered services for infants and toddlers to age three with a developmental delay, disability, or a medical condition likely to result in a	http://www.jcesc.k12.oh.us/helpmegrow.aspx	740-283-3347	Disadvantaged Children

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
	delay or disability. HMG Home Visiting provides first time expectant or new parents the information and support they need to be prepared for the birth of their child and provides ongoing education and support for families to maximize their child's health and development to age three.			
Homeless Shelters	Cathedral Apartments Hutton House-Urban Mission	n/a	740-282-5150 740-282-8903	Socio-economic
Jefferson County 4th Street Health Clinic	Provide quality healthcare to the uninsured adults of Jefferson County who are at 200% federal poverty level. Provide screenings, education, referrals and prescription assistance.	n/a	740-283-2856	Access to Care

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
Jefferson County Children's Services	The Children Services Division is responsible for responding to reports of child abuse/neglect/dependency, Provides foster-care services, a children's home, and adoption services to children in need of alternative placement outside of the home. The Division works to maintain families while assuring child protection.	www.jcdjfs.com/ChildrenServices.aspx	740-282-0961	Disadvantaged Children
Jefferson County Health Department	Provide to Jefferson County General Health District residents WIC (women, infant, and child) programs including nutrition and breastfeeding classes, registered/licensed dietitian consults, nutrition collaboration with Head Start, hemoglobin testing and other educational talks. Public nursing services also provided	www.jchealth.com	740-283-8530	Access to Care, Prevention, Environment, Conditions/Diseases, Behavioral Health, Socio-economic, Overall Health Status

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
	to residents including infectious diseases, child and family health services, physicals, immunization, outreach clinics, blood pressure screenings, children with medical handicaps and flu immunizations.			
Jefferson County Ohio Veterans Service Commission	<p>The Jefferson County Veterans Service Commission (VSC) is dedicated to helping the veterans of Jefferson County and their dependents. The VSC is staffed by accredited Veteran Service Officers who help veterans and their family members when they apply to the VA for their benefits.</p> <p>The VSC is also dedicated to aiding veterans and/or their dependents during times of need.</p> <p>Emergency financial</p>	http://jvets.net/	740-283-8571	Socio-economic

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
	assistance is available to eligible Jefferson County veterans and family members, who have demonstrated need and meet the office policy guidelines.			
Jefferson County Prevention and Recovery Board (JCPRB)	The JCPRB plans, coordinates, funds and evaluates efficient, outcome-driven mental health and recovery services of the highest quality that are accessible to all of the diverse residents of Jefferson County.	www.jcprb.org	740-282-1300 Free, 24/7 Crisis Support Crisis Text Line: 741741	Behavioral Health
Lupus Foundation of America Greater Ohio	Lupus Support Group	www.lupus.org/ohio	440-717-0183 Toll Free: 888-NO-LUPUS	Behavioral Health, Overall Health Status
Mended Hearts of Steubenville	Heart Patient Support Group	https://connect.mendedhearts.org/communities/chapter/slandingpage?CommunityKey=fe4fa3b3-cb32-4cc0-8c22-ed9c43ded668	740-266-2271	Behavioral Health, Overall Health Status

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
Mom's Meals	Meal Delivery Service	www.MomsMeals.com	877-508-6667	Access to Healthy Foods
Ohio Department of Health	Programs include: primary care and rural health, Primary Care Office, primary care physician recruitment, Safety Net Clinics (dental care), school-based dental sealant programs (S-BSPs), Preventive Health and Health Services Block Grant (PHHSBG), Uninsured Care Program, Ohio Adolescent Health Partnership (OAHP), WIC, Breast and Cervical Cancer Project, Comprehensive Cancer Control Program, Cancer Incidence Surveillance System (OCISS), Tobacco Use Prevention and Cessation Program, Ohio Heart Disease and Stroke Prevention	https://odh.ohio.gov/wps/portal/gov/odh/home	614-466-3543	Access to Care, Prevention, Environment, Conditions/Diseases, Behavioral Health, Socio-economic, Overall Health Status

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
	(HDSP) Program, Ohio Diabetes Prevention and Control Program (ODPCP).			
Ohio Family & Children First Jefferson County FCF Council	Ohio Family and Children First (OFCF) is a partnership of state and local government, communities and families that enhances the well-being of Ohio's children and families by building community capacity, coordinating systems and services, and engaging families.	https://www.fcf.ohio.gov https://www.fcf.ohio.gov/Contact-Us/Local-FCF-Jefferson	(419) 636 6725 ext. 5279 740-491-0548	Disadvantaged Children, Socio-economic, Overall Health Status

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
Other Shelters	YWCA Projects for Assistance in Transition from Homelessness (PATH)	www.facebook.com/pages/YWCA-Steubenville-Ohio/136078316502519 PATH: https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path	YWCA: 740-282-1261	Socio-economic, Overall Health status
Overeaters Anonymous	Support group including face-to-face meetings, telephone meetings, online meetings and non-real-time meetings. There is a meeting at the Wintersville United Methodist Church.	www.oa.org	740-264-2424	Behavioral Health, Overall Health Status
PrimeTime Office on Aging	Mission is to keep PrimeTime members Healthy Independent and Productive (HIP) as they age. Services include: meals, transportation for medical appointments, legal assistance, health education and exercise, safety, mobile medical screenings, and Parkinson's Support group	http://www.primetimejeffersoncounty.com/	740-314-5197	Access to Care, Lifestyle/Prevention, Environment, Socio-economic, Overall Health Status

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
Sexual Assault Help Center, Inc.	Serves victims of sexual violence in the Upper Ohio Valley. Provides crisis intervention, supportive & professional counseling, education, Sexual Assault Support Groups for Women, Parents & Caregivers, Children & Preteens and Teens & Young Adults, and PREA (Prison Rape Elimination Act) Victim Advocacy.	https://www.sexualassaulthelpcenter.com	304-234-1783 24 hour hotline: 800-884-7242 304-234-8519	Behavioral Health, Overall Health Status
SHARE Pregnancy & Infant Loss Support	S.H.A.R.E of the Upper Ohio Valley – support for those who have experienced a loss during pregnancy/childhood.	http://nationalshare.org/wp-content/uploads/2016/06/Ohio_ShareChapters.pdf	304-277-5093	Behavioral Health, Overall Health Status
Soup Kitchens	Holy Name Cathedral St. Paul's Episcopal Church Urban Mission	n/a	740-264-6177 740-282-5366 740-282-8010	Socio-economic

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
The Salvation Army Steubenville Corps	The Salvation Army in Steubenville is dedicated to serving the men, women, and children who are at-risk and in need of financial, social service, and spiritual support. In teaching life skills, Salvation Army provides individuals with an opportunity to maximize their physical, emotional, and spiritual being to effect life change.	https://neo.salvationarmy.org/northeastohio/steubenville	740-282-5121	Socio-economic
Trinity ExpressCare Wintersville	Offers express services for such things as colds, flu, rashes, stitches and fractures. Referrals to any area specialist for advanced care.	https://trinityhealth.com/express/	740-346-2702	Access to Care

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
Trinity Health Behavioral Medicine	Provide inpatient and outpatient behavioral health and addiction recovery services	https://trinityhealth.com/behavioral-medicine/	Mental Health Outpatient programs or crisis stabilization unit: 740-283-7882 Addiction Services Outpatient programs or detoxification services: 740-283-7024	Behavioral Health
Trinity Health Pastoral Care	Chaplains serve as a resource for patients, families and loved ones, as well as Trinity Health staff and employees. They do not impose their beliefs or seek to evangelize. Chaplains are trained to work with both the religious and non-religious in helping them use their beliefs as a resource in their time of need.	www.trinityhealth.com	740-264-8000	Behavioral Health, Overall Health Status

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
United Way of Jefferson County	United Way allows for the financial support of 18 member agencies and programs through monthly allocation distributions. United Way increases the organized capacity of people to care for one another through the support of the local United Way agency. In March 2013 the Jefferson County United Way 211 Information & Referral System became operational.	https://www.unitedway-jc.org/	740-284-9000	Overall Health Status
Urban Mission	The Urban Mission is the one of the largest charities in the Upper Ohio Valley, offering food, shelter and other essential services to our community's low income families. Provide hunger relief, shelter for families, hot meals, furniture, clothing and spiritual care.	https://www.urbanmission.org/	Main Offices: 740-282-8010 Warehouse: 740-282-2911 Hutton House Homeless Shelter Main Office: 740-282-8903	Socio-economic

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
Valley Hospice	Grief Support Groups	www.valleyhospice.org	740-859-5660	Behavioral Health, Overall Health Status
YMCA Wellness Center at St. John Arena	<p>The YMCA is a membership organization dedicated to improving the quality of life in our community. Through programs, service and leadership, the YMCA promotes ethical values that contribute to its members' growth in building healthy spirits, minds and bodies. The YMCA is open for all, providing financial assistance to those in need.</p> <p>Programs include fitness facilities and classes, wellness orientations and cardio-strength centers, and reduced cost for youth and adult sports programs.</p>	https://www.ymcanet.org/st-john	740-264-7183	Lifestyle/Prevention, Overall Health Status

Community Asset Listing				
Program Name	Description	Website	Phone Number	Health Need
YWCA	YWCA is dedicated to eliminating racism and empowering women. Programs include job training, financial literacy, childcare programs, scholarships and more.	https://www.facebook.com/YWCASteubenville/	740-282-1261	Socio-economic

Hospital Resources			
Program	Description	Website	Phone Number
Behavioral Medicine	The Behavioral Medicine Department offers both inpatient and outpatient treatment services to individuals with psychiatric illnesses and/or substance use disorders. Both the Mental Health Program and the Drug and Alcohol Program are certified by the Ohio Department of Mental Health and Addiction Services.	https://trinityhealth.com/behavioral-medicine/	Mental Health Services Outpatient Programs or Crisis Stabilization Unit: 740-283-7882 Addiction Services Outpatient Programs or Detoxification Services: 740-283-7024
Breast Care Center	Offers routine and diagnostic mammography, 3D breast imaging, ultrasounds, biopsies and MRIs	https://trinityhealth.com/breast-health/	740-264-8000
Tony Teramana Cancer Center	Our facility takes a patient-centered approach to care. Services also include: nutritional services, lab services, pastoral care services, the American Cancer Society Resource Center; volunteer program; Look Good Feel Better program; Oncology Patient Advocacy, cancer	https://trinityhealth.com/tony-teramana-cancer-center/	Radiation Oncology: 740-264-8700 Medical Oncology: 740-266-3900 Outpatient Center: 740-283-7440

Hospital Resources			
Program	Description	Website	Phone Number
	<p>support groups and various cancer screenings.</p> <p>Teramana Outpatient Center services include orthopedics, PICC service, wound care, minor outpatient surgery, laser ophthalmology, wound clinic, Vascular Access (PIC) Specialist, injections, and pain management procedures.</p>		
Cardiovascular Services	<p>The Trinity Cardiac Catheterization Lab is available 24/7 to handle the patient when appropriated. Open Heart Surgery for cardiac bypass and valve disease is also available 24/7 with an experienced quality staff.</p> <p>Trinity's Heart Center also offers an extensive listing of cardiac services. Our invasive lab has three suites with state of the art equipment to perform diagnostic and interventional procedures in the area of cardiac and</p>	https://trinityhealth.com/chest-pain/	740-264-8000

Hospital Resources			
Program	Description	Website	Phone Number
	peripheral vascular modalities. Our diagnostic labs of the Heart Center include Echocardiography, EKG, Holter Monitors, Cardioversions, and Stress Testing (nuclear, stress echo and exercise).		
Emergency Services	Emergency Services are available at Trinity Medical Center West and is open 24 hours a day, 7 days a week. It covers all levels of emergency and urgent care including: cardiac emergencies, chest pain center, trauma, acute respiratory emergencies, fractures and medical emergencies including, but not limited to: acute appendicitis, acute abdominal pain, chest pain, gall bladder attacks, cerebral aneurysms, unexplained bleeding or severe pain and pediatric emergencies. They also cover obstetrical	https://trinityhealth.com/emergency-services/	740-264-8000 Women's Health & Birth Center: 740-264-8040

Hospital Resources			
Program	Description	Website	Phone Number
	emergencies and childbirth, and if possible call the Women's Health & Birth Center prior to leaving to come to the center.		
ExpressCare	<p>Trinity ExpressCare in Wintersville is a one stop, full service walk-in clinic offering medical treatment to all ages for illness and injury in a friendly, convenient & timely manner.</p> <p>Our highly trained staff of nurses, medical assistants, radiology technologists, and advance practice professionals are here 8am-8pm, 7 days a week & Holidays. We serve the community for treatment of such things as colds, flu, rashes, sprains, stitches. We also offer outpatient labs and diagnostic x-rays with an order from your physician.</p>	https://trinityhealth.com/express/	740-346-2702

Hospital Resources			
Program	Description	Website	Phone Number
ExpressClinic	Trinity ExpressClinic has locations in Toronto, Calcutta, and Cadiz Ohio. They treat minor illnesses and injuries including: colds, flu, and other viral illness; bronchitis and asthma attacks; ear, throat, sinus and urinary tract infections; rashes, poison ivy, and minor allergic reactions; fractures, sprains, and strains; cuts, scrapes, and splinters; general physicals; and basic x-ray and lab services.	https://trinityhealth.com/express/	Toronto: 740-537-3898 Calcutta: 330-932-0909 Cadiz: 740-320-4048
Gastroenterology Trinity Digestive & Nutritional Center	Specializes in diagnostic studies of the esophagus, stomach, small intestine, and colon. Services include: screening & therapeutic colonoscopy; gastroscopy and upper endoscopy; push enteroscopy, flexible sigmoidoscopy, capsule endoscopy studies, and argon plasma coagulation. Located behind Fort Steuben Mall.	https://trinityhealth.com/gastroenterology/	Dr. Desai: 740-346-2766 Dr. Jahdi: 740-282-9093 Dr. Termanini: 740-264-2686

Hospital Resources			
Program	Description	Website	Phone Number
Imaging Services Trinity West	Imaging services include general diagnostic radiology, ultrasound, CT scans, Nuclear Medicine-including general and cardiac nuclear medicine and PET/CT nuclear imaging, MRI Imaging. Procedures that are performed in radiology are services performed with US, CT, or Fluoroscopic Guidance and include biopsies, abscess drainages, joint injections, thoracentesis, paracentesis, gallbladder drains, myelograms, and lumbar punctures.	https://trinityhealth.com/imaging-services/	Trinity West Radiology Department: 740-264-8287 For Central Scheduling Department: 740-283-7440 Ultrasound Department: 740-264-8667 CT Department: 740-264-8372 Nuclear Medicine Services: 740-264-8141 Cardiac Nuclear Medicine: 740-264-8262 PET/CT Nuclear Imaging: 740-264-8795 MRI Department: 740-264-8036

Hospital Resources			
Program	Description	Website	Phone Number
			Imaging Department: 740-264-8149

Hospital Resources			
Program	Description	Website	Phone Number
Imaging Services Trinity East	Imaging services include general diagnostic x-rays, the images mammography center which includes the following services: digital 3D tomosynthesis screening and diagnostic mammograms, ultrasounds of the breast, Bone Densitometry (DEXA Scans), Stereotactic Core and Ultrasound Guided Core Breast Biopsies.	https://trinityhealth.com/imaging-services/	Central Scheduling: 740-283-7440 Trinity East Diagnostic x-ray Services: 740-283-7227 Images Mammography Center: 740-283-7848
Imaging Services Trinity ExpressCare	Diagnostic x-ray services are available from 8am – 8pm, 7 days a week. No appointment is necessary for general diagnostic x-rays.	https://trinityhealth.com/imaging-services/	For questions about diagnostic x-ray services available at Trinity ExpressCare please call 740-346-2702.
Laboratory	Trinity Health System Department of Laboratories currently provides full anatomical and clinical pathology services to hospital in-patients and out-patients of all ages on a 24-hour basis, seven days per week. The Laboratory Department performs necessary biological and chemical test procedures	https://trinityhealth.com/laboratory/	Department of Laboratories: 740-264-8185

Hospital Resources			
Program	Description	Website	Phone Number
	<p>that aid the ordering physician in diagnosis, prognosis and monitoring treatment and maintenance of his/her patients. All patients are required to have a written physician order for services requested.</p> <p>Outpatient clinics include: Trinity West, Toronto ExpressClinic, ExpressCare, Tri-State Plaza Draw Site and the Calcutta Express Clinic.</p>		
Occupational Medicine	<p>Outpatient occupational therapy at Trinity (Located at the West Campus) is provided both as an extension of services received as an inpatient or you can receive services as a new patient. We are staffed to provide expertise with all neurological and orthopedic disorders and specialize in the area of hand disorders.</p> <p>Disorders/injuries include</p>	https://trinityhealth.com/occupational-medicine/	740-264-8117

Hospital Resources			
Program	Description	Website	Phone Number
	<p>(but not limited to): stroke, multiple sclerosis, muscular dystrophy, arthritis, amputee, total hip or knee arthroplasty, Carpal Tunnel syndrome, DeQuervain's tendonitis, fractures/disorders, sprains, Dupetryns contracture, nerve/tendon laceration and acute trauma.</p> <p>They provide exercise, various modalities (including paraffin, ultrasound, iontophoresis, fluidotherapy and E-stim), functional activities, splinting/bracing, and ADL training.</p>		

Hospital Resources			
Program	Description	Website	Phone Number
Orthopedics and Sports Medicine	<p>Trinity Orthopedic & Spine Institute provides a complete multi-disciplinary approach, focusing on the diagnosis, treatment and prevention of injuries and diseases of the musculoskeletal system.</p> <p>Trinity Orthopedic & Spine Institute offers the region's most comprehensive orthopedic care from an expert team of renowned physicians. From nonsurgical treatment to surgery and post-surgical rehabilitation, the Institute provides coordinated care, offering all of its services in one convenient location and allowing patients to be diagnosed and receive rehabilitation plans in the same day.</p> <p>From diagnosis to recovery, our expert team, state-of-the-art</p>	https://trinityhealth.com/orthopedics-and-sports-medicine/	740-264-8000

Hospital Resources			
Program	Description	Website	Phone Number
	equipment, advanced treatment options and imaging technology elevates Trinity Health System's level of care to the community. This enables our patients to receive excellent treatment close to home and gets them back into motion quickly.		
Pain Management	Dr. Gahlot specializes in interventional pain management and chronic pain management.	https://trinityhealth.com/pain-management/	To refer a patient or consult with Dr. Gahlot, call: 740-792-4110
Primary Care	The Trinity Professional Group has highly qualified doctors, nurse practitioners, and physician assistants who take the time to get to know each of our patients and find fulfillment in knowing that when it comes to your plan of care, we're not just <i>a doctor</i> , we're <i>your doctor</i> .	https://trinityhealth.com/professional-group/	740-264-8000

Hospital Resources			
Program	Description	Website	Phone Number
Rehabilitation Services	<p>Our Rehab Unit is a Medicare-certified 20 bed facility that provides care for patients with a wide variety of medical conditions. We provide comprehensive rehabilitation care to our patients through specialized equipment and facilities that include all private rooms, a customized rehab therapy gym, an activities of daily-living apartment and a communal dining/activity room.</p> <p>Home Health Care Services: Skilled nursing care, physical therapy, occupational therapy, home health aides, infusion therapy, diabetic education, enteral and parenteral nutrition, enterostomal therapy, registered dietician, wound management, short stay skilled observation. A</p>	https://trinityhealth.com/rehabilitation-services/	<p>For Referrals: 740-264-8025</p> <p>Central Intake: 800-451-6585 or 740-283-7501</p>

Hospital Resources			
Program	Description	Website	Phone Number
	<p>professional registered nurse is available for emergencies twenty-four hours a day, seven days a week.</p> <p>Trinity Home Health guarantees quality skilled care to patients and their families in the privacy of their home setting. Call our Central Intake Phone Number 24-hours a day, seven days a week for professional home health services.</p>		
Respiratory Services	<p>The Respiratory Care department at Trinity Medical Center West is staffed by 22 licensed respiratory care practitioners (RCP). Inpatient respiratory services are available twenty-four hours per day 365 days per year.</p> <p>Outpatient respiratory diagnostics are available through our Pulmonary Function Laboratory Monday through Friday.</p>	https://trinityhealth.com/respiratory-care/	740-264-8000

Hospital Resources			
Program	Description	Website	Phone Number
	<p>Respiratory care services to inpatients include a full range of therapeutics including bronchodilator aerosol treatments, oxygen therapy, and chest physical therapy. Respiratory care staff are responsible for all invasive and non-invasive mechanical ventilation per physician order. The RCP are members of the cardiopulmonary resuscitation team (CODE BLUE) and the Rapid Response Team (medical emergencies). Inpatient diagnostics include arterial blood gas sampling and assistance with emergency bronchoscopy procedures.</p>		
School of Medical Laboratory Science	<p>Open to individuals who have a Bachelor of Science in Biology or Chemistry and who meet the requirements. First class to begin July 2019. Applications will be accepted beginning in February 2019. Offering</p>	https://trinityhealth.com/school-of-medical-laboratory-science/	740-264-8447

Hospital Resources			
Program	Description	Website	Phone Number
	instruction and training in microbiology, clinical chemistry, hematology, immunology, and immunohematology.		
School of Nursing	The Trinity Health System School of Nursing is a 2 year diploma nursing education program. We assist students to achieve educational outcomes which prepare them to meet the holistic health care needs of individuals, families, and communities throughout the life span.	https://trinityson.com/	740-266-1230
Sleep Disorders Center	The Trinity Sleep Lab, diagnoses and treats patients who have difficulties falling asleep or staying asleep at night, problems with excessive daytime sleepiness, or other medical problems that may occur or exacerbate during sleep.	https://trinityhealth.com/sleep-disorders-center/	740-264-8000

Hospital Resources			
Program	Description	Website	Phone Number
Social Services	<p>How can Social Services help you or your loved ones? Trinity Health System Social Service is aware that planning for your discharge or the discharge of your loved one may be a complex issue. Social workers are skilled and experienced in working with your healthcare team to assess the patient's current needs and work toward an effective plan. When a healthcare emergency occurs, social workers are trained to provide patients and families with emotional support, assess needs, provide information on community services and make appropriate referrals.</p> <p>Social Workers may connect patients with home health services to continue care at home; assist in obtaining needed durable medical</p>	https://trinityhealth.com/social-services/	740-264-8318

Hospital Resources			
Program	Description	Website	Phone Number
	equipment such as wheelchairs or hospital beds; help you choose and transition to another level of care such as a rehabilitation center, skilled nursing facility or an assisted living facility; and assist in completing advanced directives and medical power of attorney for healthcare documents.		
Sports Medicine Trinity Sports Medicine & Performance Center	Dr. Scarpone and the staff of Trinity Sports Medicine are committed to returning athletes and every day people back to their activities as safely and quickly as possible. Our services include physical therapy, athletic training, regenerative medicine, concussion testing, gait training, ACL Prevention program, and much more.	https://www.trinitysportsmedicine.com/	Dr. Scarpone: 740-266-3866 Physical Therapy: 740-266-3872

Hospital Resources			
Program	Description	Website	Phone Number
Trinity WorkCare	<p>Our goal is to offer health care in your work environment with health and wellness programs for your employees. WorkCare services are grouped into four main categories that can be customized to meet your business' needs: Work Screenings, Work Surveillance, Work Health and Work Treatment.</p> <p>Our qualified staff can provide a wide range of convenient, budget-friendly services to help you create a safe work environment. We will help you build a healthy workforce and achieve compliance on regulatory issues, which will positively impact your organization's productivity and financial performance.</p>	https://www.trinityworkcare.com/	740-264-0087
Urologic Services	Dr. Ferrera specializes in adult and pediatric urology while Dr. Singh specializes in urology.	https://trinityhealth.com/urologic-services/	Dr. Ferrera: 740-283-7300 Dr. Singh: 740-282-6291

Hospital Resources			
Program	Description	Website	Phone Number
Women's and Children's Services	Trinity health offers many women's health services, as well as pediatric services. Their pediatric unit consists of seven (7) semi-private rooms.	https://trinityhealth.com/womens-and-childrens-services/	Women's Health IMAGES – Breast Center: 740-283-7848 Women's Health & Birth Center: 740-264- 8040 Outpatient OB Clinic: 740-283-7000 Breast and Cervical Cancer Grant Program: 740-283-7015 Breast Care Case Management: 740- 283-7164 Educational Offerings on women's health concerns: 740-283- 7407 Menopause Education Program: 740-283- 7407 Breast Cancer Support Group: 740-283-7164 Pediatric Department: 740-264-8190

Hospital Resources			
Program	Description	Website	Phone Number
Wound Clinic	<p>At Trinity we are dedicated to providing our patients exceptional, personalized, treatment focused on wound healing. We treat our patients as a whole and search for the underlying cause of the wound. We have excellent resources to get our patients the highest quality care, including vascular studies, labs, and referrals to our specialists when needed. Trinity Wound Care Center has been taking excellent care of patients since 2005. We treat wounds including diabetic ulcers, venous stasis ulcers, traumatic wounds/hematomas, non-healing surgical wounds, abscesses/cysts, pressure injuries, denuded skin from incontinence, cellulitis, burns, skin tears, lacerations, and lymphedema.</p> <p>Procedures include suture</p>	<p>https://trinityhealth.com/wound-clinic/</p>	<p>740-264-8661</p> <p>To schedule an appointment: 740-283-7440</p>

Hospital Resources			
Program	Description	Website	Phone Number
	and staple removal, foreign body removal, incision and drainage, punch biopsies, cultures, compression wraps, Unna boots, debridement, and wound VAC therapy.		