Trinity Health

Community Health Needs Assessment

September 2013

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OUR MISSION

A community partner dedicated to excellence in serving the health needs of the Tri-State area.

WHO WE ARE

Trinity Health System is an extension of the missions and proud heritages of its sponsors, Tri State Health Services (reflecting the interests and perspective of the local community) and Sylvania Franciscan Health, (representing the perspectives of the health care ministry of the Sisters of St. Francis of Sylvania, Ohio). As a non-profit, charitable health care delivery system, Trinity Health System is dedicated to preserving the secular Community traditions and the Catholic traditions of its co-sponsors in the delivery of health care in the Greater Steubenville, Ohio region.

OUR CORE VALUES & QUALITY PRINCIPLES

•**Reverence**… We believe that each person is created equal in God's image and likeness.

•**Service**… We believe that each person is called to achieve full potential of mind, body, and spirit.

•**Stewardship**… We believe that we share responsibility to fulfill our specific role and to promote the proper utilization of the environment of goods and services.

Community Health Needs Assessment Requirement

As a result of the Patient Protection and Affordable Care Act (PPACA), all tax-exempt hospitals are required to assess the health needs of their community through a Community Health Needs Assessment (CHNA) once every three years. A CHNA is a written document developed for a hospital that includes a description of the community served by the hospital; the process used to conduct the assessment including how the hospital took into account input from community members including those from public health department(s) and members or representatives of medically underserved, low-income, and minority populations; identification of any persons with whom the hospital has worked on the assessment; and the significant health needs identified through the assessment process.

The written CHNA Report must include descriptions of the following:

- The community served and how the community was determined
- The process and methods used to conduct the assessment including sources and dates of the data and other information as well as the analytical methods applied to identify significant community health needs
- How the organization took into account input from persons representing the broad interests of the community served by the hospital, including a description of when and how the hospital consulted with these persons or the organizations they represent
- The prioritized community health needs identified through the CHNA as well as a description of the process and criteria used in prioritizing the identified significant needs
- The existing health care facilities and other resources within the community available to meet the significant community health needs

The CHNA requirement also includes that hospitals must adopt an Implementation Strategy to meet the significant community health needs identified through the assessment. An Implementation Strategy is a written plan that addresses each of the significant community health needs identified through the CHNA and is a separate but related document to the CHNA report.

The written Implementation Strategy must include the following:

- List of the prioritized needs the hospital plans to address and the rationale for not addressing other significant health needs identified

- Actions the hospital intends to take to address the chosen health needs

- The anticipated impact of these actions and the plan to evaluate such impact (e.g. identify data sources that will be used to track the plan's impact)

- Identify programs and resources the hospital plans to commit to address the health needs

- Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health needs

A CHNA is considered conducted in the taxable year that the written report of its findings, as described above, is approved by the hospital governing body and made widely available to the public. The

Implementation Plan is considered implemented on the date it is approved by the governing body. Conducting the CHNA and approval of the Implementation Strategy must occur in the same fiscal year. CHNA compliance is reported on IRS Form 990, Schedule H.

Community Health Needs Assessment Overview and Methodologies

The Community Health Needs Assessment (CHNA) is a requirement of all tax exempt (501(c)(3)) hospitals beginning with fiscal year 2013. As part of the IRS Form 990, Schedule H, individually licensed not-for-profit hospitals are required to assess the health needs of their community, prioritize the significant health needs, and develop implementation plans for the prioritized health needs the organization has chosen to address.

Trinity Health partnered with Truven Health Analytics to complete a Community Health Needs Assessment (CHNA) for the following facilities:

- Trinity Medical Center East
- Trinity Medical Center West

Consultant Qualifications & Collaboration

Truven Health Analytics and its legacy companies have been delivering analytic tools, benchmarks, and strategic consulting services to the healthcare industry for over 50 years. Truven Health combines rich data analytics in demographics (including the Community Needs Index, developed with Dignity Health), planning, and disease prevalence estimates with experienced strategic consultants to deliver comprehensive and actionable Community Health Needs Assessments. Trinity Health did not collaborate with any other local organization or providers in completing this assessment.

Defining the Community Served

Trinity Health approached the CHNA process as a collaborative effort between their two hospitals with both hospitals adopting a single community served definition. In order to define the community served for the purposed of the CHNA, Truven Health worked with Trinity Health to evaluate total population, Trinity inpatient discharges, Ohio/West Virginia/Pennsylvania inpatient discharges, and Medicare market share for the counties surrounding Trinity Health.   Trinity Health is dependent on Jefferson County for 71% of its inpatient discharges. A review of Medicare data also indicates that the majority of Medicare patients (60% market share) who reside in Jefferson County, seek services at Trinity Health. The surrounding counties are each served by other providers in the region. Therefore, for the purposes of the CHNA, the Trinity Health community served is defined as Jefferson County, Ohio.

Assessment of Health Needs – Methodology and Data Sources

To assess health needs of the Trinity Health community, a quantitative and qualitative approach was used. In addition to collecting data from a number of public and Truven Health proprietary sources, interviews and focus groups were conducted with individuals representing community leaders/groups, public organizations, patients, providers, and Trinity Health representatives.

Qualitative Assessment of Health Needs

To take into account the input of persons representing the broad interests of the community, Truven Health conducted one-on-one interviews as well as focus groups in July 2013. The interview questionnaire was designed to understand how participants feel about the general health status of the community and the various drivers contributing to health issues. Twelve interviews were completed for Trinity Health

Three (3) focus groups were also conducted to solicit feedback from community members. Focus groups were designed to familiarize community members with the CHNA process and gain a better understanding of the community's perspective of priority health needs. Focus groups were formatted for individual as well as small group feedback and also helped identify other community organizations already addressing health needs in the community. A total of 33 community representatives participated in the Focus Group Sessions.

All Individuals were grouped into the following categories to ensure broad participation: community leaders/groups, public health and other healthcare organizations, other providers (including physicians), and Trinity Health representatives.

Trinity Health Interview and Focus Group Participants				
Community Leaders/ Groups	**Public and Other Organizations**		**Other Providers**	**Trinity Health**
Brown, Kyle (Business Manager-IBEW Local Union 246, FG)	Brown, John (Executive Director-BHS Metro Planning, FG)	Monroe, Aleta (Property Manager-Jefferson Metro Housing Authority, FG)	Bain, Linda (Administrator-Women's Health Center, FG)	Arnold, Dave (VP Operations, I) / Ogden, Don (Director of Behavioral Health, FG)
Foreman, Phyllis (Councilwoman-Village of Wintersville, FG)	Carlantonio, Sara (Property Manager-Jefferson Metro Housing Authority, FG)	Musso, Kathleen (Executive Director-American Red Cross, FG)	Gampolo, Desi (Volunteer, Family & Community Services)	De Bartolomo, Maria (Finance, FG) / Pasquarella, Kathie (Director of Education & Training, I)
Hershey, Susan (President-Jefferson County Chamber of Commerce, FG)	Kellermier, Harry (Director-City Rescue Mission, FG)	Obertance, P. David (Assistant Director-Jefferson County Prevention and Recovery Board, FG)	Macedonia, Patrick (Physician-Private Practice, FG)	Brower, Fred (CEO, I) / Piofer, RoseAnn (RN- Breast Patient Navigator, I)
Kemo, Kurt (Priest-Diocese of Steubenville, FG)	Manuel, Beth (Public Health Nurse-Jefferson County Department of Health, FG)	Owings, Judy (Interim Director-Prime Time Office on Aging, FG)	Mihalyo, Mary (Director-Therapeutic Connections Charitable Pharmacy, FG)	Cook, Cheryl (Software Application Manager, I) / Kijanka, Gary (Controller, I)
Merrian, Bob (Chair of Finance-Village of Wintersville, FG)	McVey, Mike (Superintendant-Steubenville City Schools, FG)	Reda, Patty (Health Commissioner-City of Steubenville Department of Health, FG)	Quillen, Ann (Executive Director-Jefferson County Fourth St. Health Center, FG)	Damos, Lori (Director of Nursing-Skilled Care, I) / Mulrooney, JoAnn (VP Clinical Services, I)
Mucci, Dominic (Mayor-City of Steubenville, FG)	Meeks, Laura (President-Eastern Gateway Community College, FG)	Scheetz, Jodi (Director-ALIVE Shelter, FG)	Sheposh, Anthony (CEO-Jefferson Behavioral Health System, FG)	Fairclough, Cynthia (Case Management & Social Service, FG) / Scott, Rachel (LIS Compliance Coordinator, I)
Warren, Beth Rupert (Director-United Way, FG)	Mehalik, Mike (Superintendant-Jefferson County Board of Developmental Disabilities, FG)	Steele, Ashley (Executive Director-Urban Mission, FG)		Hassan, Melissa (Director-School of Nursing, FG) / Sharpe, Janet (Director of Breast & Cervical Center, I)
Ziemba, Walt (Administrator-Village of Wintersville, FG)	Miller, Carolyn (Chair Department of Nursing-Franciscan University, FG)			John, Jerry (Director of Pharmacy, I) / Ulm, Danielle (Chief Clinical Dietitian, I)

Represents Public Health
Represents Medically Underserved Populations
Represents Low Income Populations
Represents Populations with Chronic Disease Needs
Represents Minority Populations

I = Interview Participant
FG = Focus Group Participant

Quantitative Assessment of Health Needs

In addition to the qualitative feedback, quantitative health indicators were collected and analyzed to assess community health needs. Sixty-nine indicators were evaluated for Jefferson County. The categories and indicators included the following:

Population
- High School Graduation Rate
- Students Graduating from High School
- Some College
- Births to Unmarried Women
- Children in Poverty
- Children in Single-Parent Households
- Children Receiving SNAP Benefits
- Food Insecure Children
- Estimated Number of Persons Living Below the Poverty Line
- Unemployment Rate
- Percent Rural
- Violent Crime Rate
- Homicides

Injury & Death
- Heart Disease Death Rate
- Overall Cancer Death Rate
- Chronic Lower Respiratory Disease (CLRD) Death Rate
- Stroke Death Rate
- Unintentional Injury Death Rate
- Alzheimer's Disease Death Rate
- Premature Death
- Motor Vehicle Crash Mortality Rate

Mental Health
- Population to Mental Health Provider Ratio
- Suicide Rate
- Poor Mental Health Days
- Inadequate Social Support

Health Outcomes
- Poor or Fair Health
- Average Number of Poor Physical Unhealthy Days in Past Month
- Cancer (all causes) Incidence
- Breast Cancer
- Colon Cancer
- Lung Cancer
- Percent Diabetic
- Adults Reporting Diagnosed with Hypertension
- Infant Mortality
- Mothers Not Receiving First Trimester Prenatal Care
- Low Birth Weight
- Preterm Births

Health Behaviors
- Adult Obesity
- Childhood Obesity
- Physical Inactivity
- No Exercise
- Percent Consuming Less Than 5 Fruits/ Vegetables Per Day
- Adult Smoking
- Adults Engaging in Binge Drinking During the Past 30 Days
- Birth Rate to Teens Age 15-17
- Teen Birth Rate
- HIV Prevalence
- Sexually Transmitted Infection Incidence Rate

Access to Care
- Percent Uninsured
- Uninsured Children (<17)
- Could Not See a Doctor Due to Cost
- Primary Care Physicians per 100,000 population
- Population to Primary Care Physician Ratio
- Dentists per 100,000 Population
- Population to Dentist Ratio
- Third Graders with Untreated Tooth Decay
- Preventable Hospital Stays

Prevention
- Diabetic Screening
- Mammography Screening
- Pap Smear
- Flu Vaccine 65+
- Ever had Pneumonia Vaccine Adults 65 Years and Older

Environment
- Number of Recreational & Fitness Facilities
- % Access to Parks
- Fast Food Restaurants
- Limited Access to Healthy Foods
- Students Eligible for Free Lunch
- Daily Particulate Matter Days Drinking Water Safety

For each health indicator, a comparison was made between the county level data and benchmarks. Benchmarks were based on available data and included the United States and the State of Ohio. Health needs were identified where the county indicator did not meet the State of Ohio comparative benchmark.

Information Gaps

The majority of health indicators are only available at the county level. In evaluating data for entire counties versus ZIP code level data, it is difficult to understand the health needs for specific population pockets within a county. It is also a challenge to tailor programs to address community health needs as placement and access to those programs in one part of the county may or may not actually impact the population who truly need the service. Truven Health supplemented health indicator data with ZIP code

estimates to assist in identifying specific populations within a community where health needs may be greater.

Prioritizing Community Health Needs

To prioritize the health needs identified in the matrix, Truven Health facilitated a prioritization session with Trinity Health representatives and one external representative. Participants included:

- Fred Brower, President & CEO
- Dave Arnold, VP, Support Services & Facilities
- Steve Brown, VP, Management Services Organization
- Nick Economides, M.D., VP, Medical Affairs
- JoAnn Mulrooney, VP, Clinical Services
- Lew Musso, VP, Human Resources
- Dave Werkin, VP, Finance & CFO
- Keith Murdock, Foundation/Marketing, Public Relations
- Kathie Pasquarella, Director, Education/Training
- Maria DiBartolomeo, Manager, Decision Support/Budgeting
- Erin Menzel, Wellness Coordinator
- Michelle Wilson, YMCA Executive Director (external)

Using qualitative feedback from the interviews and focus groups, as well as the health indicator data, the issues currently impacting the community were consolidated and assembled in the following matrix to assist in identifying the significant health needs.

High Data / Low Qualitative		**High Data / High Qualitative**	
Lifestyle/Prevention	**Conditions/Diseases**	**Access to Care**	**Conditions/Diseases**
M/L Mammogram / Diabetic Screenings	H Colon Cancer	L Cost of Care (un/under insured)	M Cancer (all causes)
L Pneumonia Vaccine	H Lung Cancer	H Primary Care Physicians	H Heart Disease
M Motor Vehicle Deaths	L Stroke	H Dentists/Dental Care	H Chronic Lower Respiratory Disease*
		H Rural Communities	L Diabetes
Environment	**Maternal Health**	H Preventable Hospitalizations	H Hypertension
H Access to Parks/Recreational Facilities	M No Prenatal Care		M Overall Health Status
L Air Quality	L Pre-term Births	**Lifestyle/Prevention**	
		M Obesity	**Mental Health**
	Socioeconomic	M Lack of Exercise	H Availability of Providers
	M College Education	M Healthy Eating	M Prevalence
	L Births to Unmarried Women	M Smoking	
		L Alcohol Abuse	**Socioeconomic**
	Other	L Teen Pregnancy	L Poverty
	M Unintentional Injury Death		L Unemployment
	H Premature Death	**Environment**	L Disadvantaged Children
		M/L Access to Healthy Foods	
Low Data / Low Qualitative		**Low Data / High Qualitative**	
Lifestyle/Prevention	**Mental Health**	**Access to Care**	**Additional Topics****
Childhood Obesity	Suicides	Uninsured	Chronic Disease Overall
Sexually Transmitted Infections			Programs for Drug Abuse
Cervical Cancer Screening	**Maternal Health**	**Environment**	Access to Quality, Affordable Care
Flu Vaccine	Infant Mortality	Violent Crime	Coordination of Resources
	Low Birth weight	Homicides	Transportation for Care (Esp. Seniors)
Environment			Underinsured
Fast Food Restaurants	**Socioeconomic**		Child Mental Health
Safe Drinking Water	High School Graduation Rate		Palliative Care
	Food Insecure Children		Health Education (Wellness & Reform)
Conditions/Diseases			Affordability of Rx
Breast Cancer			Homeless/Transient Population
Alzheimer's			

* Includes COPD and Asthma
**No indictor data for these measures

The upper right quadrant of the matrix is where the qualitative data (interview and focus group feedback) and quantitative data (health indicators) converge. The upper right quadrant contains, for the sake of this analysis, are the most significant community health needs identified. After reviewing the community needs in the matrix above, participants had a discussion and agreed to focus prioritization efforts on the upper right quadrant of the matrix.

The CHNA prioritization process utilized a modified version of a method developed by Hanlon and his colleagues (see Hanlon & Pickett, 1990). First, the group selected the criteria by which to prioritize the health needs. The participants reviewed a list of nine criteria commonly used in needs prioritization. Those criteria included:

- **Magnitude -** How many persons does the problem affect, either actually or potentially?

- **Consequences -** What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community, such as economic or social burdens?

- **Feasibility -** Is the problem amenable to interventions? What technology, knowledge, or resources are necessary to effect a change? Is the problem preventable?

- **Vulnerable Populations -** Is there a high need among vulnerable populations?

- **Root Cause -** Is the issue a root cause of other problems? Thereby possibly affecting multiple issues.

- **Hospital Capacity -** Does the hospital have the capacity to act on the issue, including any economic, social, cultural, or political consideration?

- **Hospital Strength -** Extent to which initiatives that address the health issue can build on hospital existing strengths and resources?

- **Expertise -** Availability of local expertise regarding the health need

- **Quick Success -** The probability of quick success. Is the problem "low-hanging fruit?"

Participants were given the opportunity to remove items or add additional items to the list of criteria. After a discussion the group decided to add the criteria of **Current Strategic Alignment –** does the organization currently have initiatives that could encompass the health need? Participants were then asked to select the top 3-5 prioritization criteria.

Using a multi-voting process, the criteria selected included **magnitude, feasibility, hospital strength, current strategic alignment,** and **root cause**. After choosing the criteria, participants worked in small groups and rated each significant community health need using the criteria selected. This rating process determined an overall score for each significant health need. Health needs that scored the highest against the selected criteria served as the starting point for the health needs to be addressed.

Health Needs to be Addressed by Trinity Health

The group reviewed the highest scoring health needs and concluded that Trinity Health would address the following significant community health needs through a CHNA Implementation Strategy:

Prevention & Lifestyle
- Lack of Exercise
- Healthy Eating
- Smoking

Chronic Disease
- Hypertension & Heart Disease
- Cancer
- Chronic Lower Respiratory Disease (CLRD)
- Diabetes

Access to Care
- Primary Care Physicians (and Extenders)
- Behavioral Health

By addressing the above needs via the Implementation Strategy, Trinity Health aims to also impact the overall health status of the community which also scored high in the prioritization process.

Summary

Trinity Health conducted a Community Health Needs Assessment beginning June 2013 to identify and begin addressing the health needs of the communities they serve. Using both qualitative community feedback as well as publically available and proprietary health indicators, Trinity Health was able to identify and prioritize community health needs for their hospital system. The remainder of this report will provide a summary of findings for Trinity Health System.

Trinity Health System

Trinity Health System is an extension of the missions and proud heritages of its sponsors, Tri State Health Services (reflecting the interests and perspective of the local community) and Sylvania Franciscan Health, (representing the perspectives of the health care ministry of the Sisters of St. Francis of Sylvania, Ohio). As a non-profit, charitable health care delivery system, Trinity Health System is dedicated to preserving the secular Community traditions and the Catholic traditions of its co-sponsors in the delivery of health care in the greater Steubenville, Ohio, region. 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.

Community Served and Demographics

The Trinity Health community is defined as the ZIP codes that fall within Jefferson County limits. Also included is a table which details the ZIP codes included in the community definition.
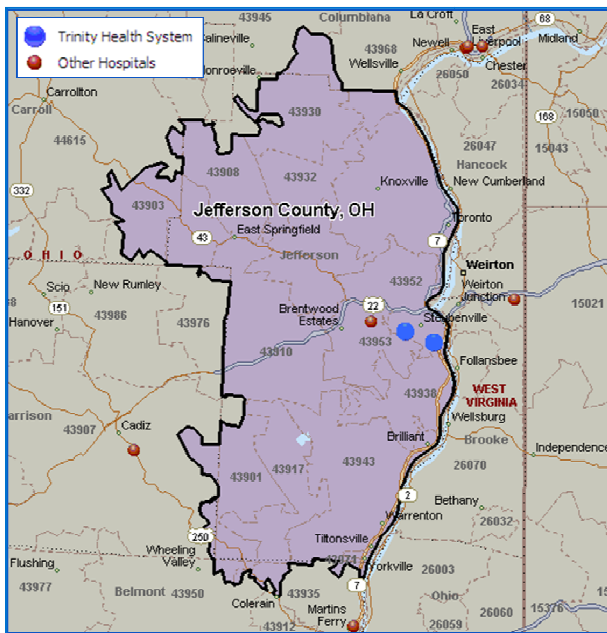

ZIP	Dominant County	Post Office Name	CBSA Name
43901	Jefferson County, OH	Adena	Steubenville-Weirton, OH-WV Metro
43903	Jefferson County, OH	Amsterdam	Steubenville-Weirton, OH-WV Metro
43908	Jefferson County, OH	Bergholz	Steubenville-Weirton, OH-WV Metro
43910	Jefferson County, OH	Bloomingdale	Steubenville-Weirton, OH-WV Metro
43913	Jefferson County, OH	Brilliant	Steubenville-Weirton, OH-WV Metro
43917	Jefferson County, OH	Dillonvale	Steubenville-Weirton, OH-WV Metro
43925	Jefferson County, OH	Bloomingdale	Steubenville-Weirton, OH-WV Metro
43926	Jefferson County, OH	Toronto	Steubenville-Weirton, OH-WV Metro
43930	Jefferson County, OH	Hammondsville	Steubenville-Weirton, OH-WV Metro
43932	Jefferson County, OH	Irondale	Steubenville-Weirton, OH-WV Metro
43938	Jefferson County, OH	Mingo Junction	Steubenville-Weirton, OH-WV Metro
43939	Jefferson County, OH	Dillonvale	Steubenville-Weirton, OH-WV Metro
43941	Jefferson County, OH	Dillonvale	Steubenville-Weirton, OH-WV Metro
43943	Jefferson County, OH	Rayland	Steubenville-Weirton, OH-WV Metro
43944	Jefferson County, OH	Richmond	Steubenville-Weirton, OH-WV Metro
43948	Jefferson County, OH	Dillonvale	Steubenville-Weirton, OH-WV Metro
43952	Jefferson County, OH	Steubenville	Steubenville-Weirton, OH-WV Metro
43953	Jefferson County, OH	Steubenville	Steubenville-Weirton, OH-WV Metro
43961	Jefferson County, OH	Toronto	Steubenville-Weirton, OH-WV Metro
43963	Jefferson County, OH	Tiltonsville	Steubenville-Weirton, OH-WV Metro
43964	Jefferson County, OH	Toronto	Steubenville-Weirton, OH-WV Metro
43970	Jefferson County, OH	Amsterdam	Steubenville-Weirton, OH-WV Metro
43971	Jefferson County, OH	Yorkville	Steubenville-Weirton, OH-WV Metro

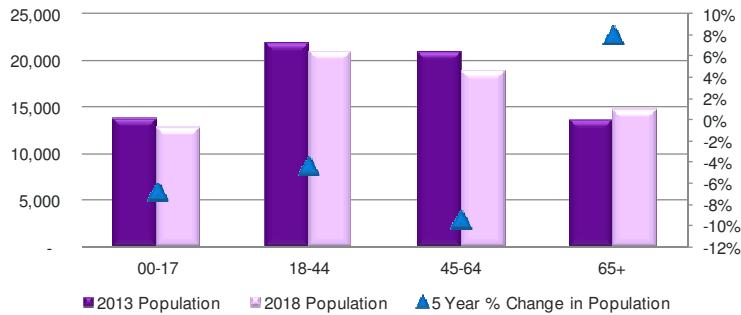The Trinity Health community served population is estimated to be 70,699. By 2018, this population is projected to decrease by 4.0%. While the largest portion of the population is made up of White Non-Hispanics (64,466), in the next 5 years the only race/ethnic groups to projected to have growth are the Hispanic and Multiracial populations (+8%, +71 individuals and +9%, +110 individuals respectively).

2013 Population by Age
Trinity Health Community

The 18-44 age group constitutes the largest portion of the Trinity Health community served, followed by the 45-64 age group.
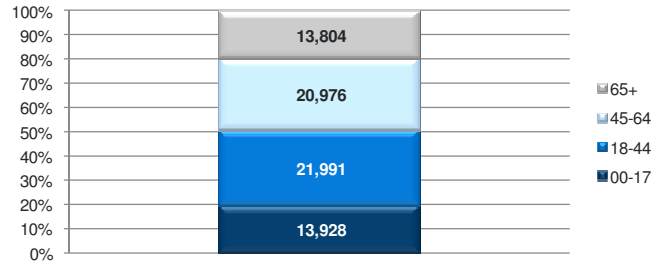
2013-2018 Population Change by Age
Trinity Health Community

- 2013 Population
- 2018 Population
- 5 Year % Change in Population

While not the largest proportion of the population, the age 65+ population is projected to have the largest percentage of growth in the next 5 years.

The median household income for the Trinity Health community served is $34,973. Over 44% of individuals have private insurance; either employer sponsored insurance (41%) or individually purchased insurance (3%). Another 18% are covered by Medicaid, 16% are uninsured and 22% are covered by Medicare or are Medicare Dual Eligible.

Interviews & Focus Groups

In the interview sessions, the majority of individuals gave the current health status of the community a grade of "C" on an A-F scale. The major issues contributing to this perceived health status include chronic disease rates, lifestyle choices, education, substance abuse, mental health, insurance coverage, and access to health services.

For the Trinity Health community, the top five health needs identified in the interview process include:

1. Prevalence of chronic conditions and diseases (cancer, cardiovascular disease, hypertension, obesity)
2. Prevention and lifestyle issues (healthy eating, health education, smoking, teen pregnancy)
3. Healthcare providers/services (dental care, primary care doctors)
4. Education (childhood intervention, medication compliance)
5. Insurance Coverage (affordability for those not eligible for employer sponsored/Medicaid, doctors who accept Medicaid/uninsured patients)

Barriers to good health care in this community include lack of insurance coverage, lack of health education, coordination of resources, access to health services (wait times), and financial resources. The elderly were identified as the top vulnerable group that will need special attention when addressing health needs.

Focus group participants were also asked to "grade" the health of the community based on an A-F scale, provide feedback in terms of that grade, and work in small groups to determine the top 3 health needs of the community. For the Trinity Health focus groups, the average grade for the health of the community was a "C." Much of this was attributed to the downturn in unemployment, the aging population, chronic conditions/diseases, prevention/lifestyle issues and the high rates of substance abuse, crime and violence in the area.

Some of the positive feedback included the community's overall strength and resilience and the number of health resources available.

The focus group split into three smaller groups to determine the top 3 health needs of the community. The top overall health needs included: more programs for chronic conditions/diseases (heart disease, cancer, etc.), access to quality, affordable care, programs for crime/violence and substance abuse, and coordination of existing programs/resources.

In the same small groups, focus group participants were asked to identify community resources that could help address the health issues in the community. Some of the resources identified include:

Churches	Jefferson County Behavioral Health	Trinity Health
ALIVE shelter	Education System	Substance Abuse Programs
DARE	Transit System	Prime Time
Women's Health Center	Community Action Council	Help Me Grow
4th Street Health Clinic	Family Service Association	Jefferson County Health Department
United Way	Urban Mission	Mental Health Centers
Big Brother/Big Sister	Prescription Drug Assistance	Trinity Charity Care
Red Cross	Nursing Homes	WIC
Salvation Army		Agape
YMCA		

Appendix A includes a more comprehensive list of existing community resources available to address the significant health needs of the community.

Health Indicators

Public health indicators were collected and analyzed to assess community health needs. Sixty-nine indicators were evaluated for Jefferson County. For each health indicator, a comparison was made between the most recently available Jefferson County data and benchmarks for the same indicator. Benchmarks were based on available data and included the United States and the State of Ohio. Health needs were identified where the county indicator did not meet the State of Ohio comparative benchmark. The indicators that did not meet the state benchmark included the following:

Category	Indicator
Access to Care	Uninsured Children (<17)
Access to Care	Could not see a doctor due to cost
Access to Care	Percent Rural
Access to Care	Dentists per 100,000 population
Access to Care	Population to Dentist Ratio
Access to Care	Primary Care Physicians per 100,000 population
Access to Care	Preventable Hospital Stays
Access to Care	Population to Primary Care Physcian Ratio
Access to Care	Third Graders with untreated tooth decay
Conditions/Diseases	Overall cancer death rate
Conditions/Diseases	Stroke death rate
Conditions/Diseases	Percent Diabetic
Conditions/Diseases	Poor or fair health
Conditions/Diseases	Cancer (all causes) Incidence
Conditions/Diseases	Average number of poor physical unhealthy days in past month
Conditions/Diseases	Adults reporting diagnosed with Hypertension
Conditions/Diseases	Lung Cancer
Conditions/Diseases	Colon Cancer
Conditions/Diseases	Chronic lower respiratory disease (CLRD) death rate
Conditions/Diseases	Heart disease death rate
Environment	Limited access to healthy foods
Environment	Daily particulate matter days
Environment	Students eligible for Free Lunch
Environment	Number of Recreational & Fitness Facilities
Environment	% Access to Parks
Lifestyle/Prevention	Adults engaging in binge drinking during the past 30 days
Lifestyle/Prevention	Diabetic Screening
Lifestyle/Prevention	Birth Rate to Teens Age 15-17
Lifestyle/Prevention	Ever had Pneumonia Vaccine Adults 65 Years and Older
Lifestyle/Prevention	Adult Obesity
Lifestyle/Prevention	Physical Inactivity
Lifestyle/Prevention	Adult Smoking
Lifestyle/Prevention	No exercise
Lifestyle/Prevention	Percent Consuming less than 5 fruits/ vegetables per day
Lifestyle/Prevention	Mammography screening
Lifestyle/Prevention	Motor vehicle crash mortality rate
Maternal Health	Preterm births
Maternal Health	Mothers Not Receiving First Trimester Prenatal Care
Mental Health	Inadequate Social Support
Mental Health	Poor Mental Health Days
Mental Health	Population to Mental Health Provider Ratio
Other	Unintentional injury death rate
Other	Premature Death
Socioeconomic	Estimated number of persons living below the poverty line
Socioeconomic	Children in single-parent households
Socioeconomic	Unemployment rate
Socioeconomic	Births to unmarried women
Socioeconomic	Children in poverty
Socioeconomic	Children Receiving SNAP Benefits
Socioeconomic	Some college

Truven Health Analytics supplemented the publically available data with estimates of disease prevalence for heart disease and cancer, emergency department visit estimates, and the community need index.

Truven Health heart disease estimates indicate the majority of heart disease prevalence in the Trinity Health community has hypertension as the primary diagnosis (20,691 cases). Other diagnoses include ischemic heart disease (4,818 cases), arrhythmias (3,779 cases), and congestive heart failure (2,144 cases). Given the nature of heart disease there is significant co-morbidity between the diseases referenced above.

The 2013 cancer incidence estimates reveal at least 40 new cases of each of the following types of cancer: prostate, lung and breast. For the community served, it is estimated that there will be 331 new cancer cases for 2013.

2012-2017 Emergency Department Visits Trinity Health Community
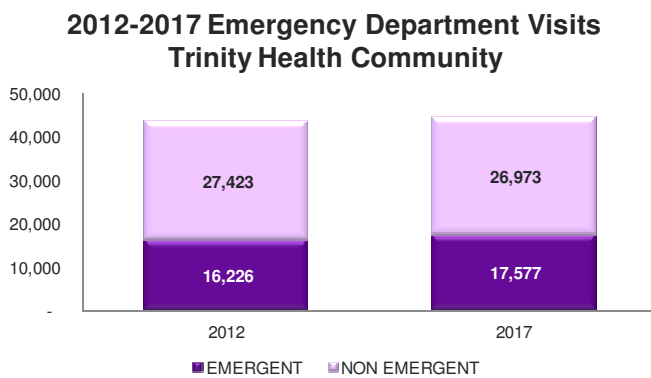
In the Trinity Health community served, emergent ED visits are projected to increase 8% in next five years while Non-Emergent visits are expected to decline 2%

The Truven Health Community Need Index (CNI) is a statistical approach to identifying health needs in a community. The CNI takes into account vital socio-economic factors (income, cultural, education, insurance and housing) about a community to generate a CNI score for every populated ZIP code in the United States. The CNI is strongly linked to variations in community healthcare needs and is a strong indicator of a community's demand for various healthcare services. The CNI score by ZIP code identifies specific areas within a community where healthcare needs may be greater.
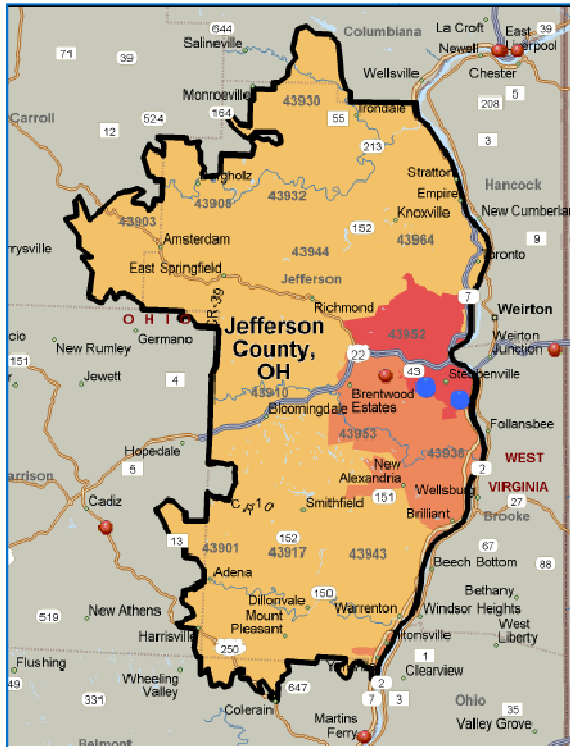
Overall, the Trinity Health community served has a CNI of 3.2 on a scale of 1.0 (lowest needs) – 5.0 (highest needs). The ZIP codes with the highest CNI scores are in and surrounding Steubenville to the south.

CNI Score by ZIP Code

Highest Need

	4.0 to 5.0
	3.0 to 3.9
	2.0 to 2.9
	1.0 to 1.9

Lowest Need

🟦 Trinity Health System
🔴 Other Hospitals
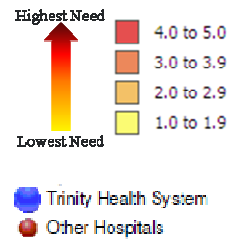
Summary

Taking into account the quantitative health indicators along with the community feedback, six prioritized health needs for the Trinity Health community were identified. The community health needs assessment identified a number of health issues related to chronic diseases, lifestyle choices, and/or socioeconomic environmental factors. Trinity Health worked with other stakeholders to determine which of the prioritized community health they will address. With the goal of improving the health of the community, implementation plans with specific tactics and time frames will be developed to address these health needs.

Appendix A: Community Resources To Address Significant Health Needs

Program Name	Description	Website	Phone Number	Health Need
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.	www.jcfshc.org	740-283-2856	Access to Care
A.L.I.V.E. Shelter	A.L.I.V.E. provides shelter and services for domestic violence and dating violence victims.	www.unitedway-jc.org/members.html	740-283-3444	Socio-economic
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, medical/legal referral, adoption information, educational programs, and post abortion healing retreats.	www.aimwomenscenter.com/services	740-283-3636	Teen Pregnancy
Alcoholics Anonymous / Narcotics Anonymous	Support Groups	area53aa.org www.na.org	740-283-7020	Behavioral Health, Overall Health Status
Alzheimer's Association of Greater East Ohio	Alzheimer's Support Group	www.alz.org/akroncantonyoungstown/	740-264-5591	Behavioral Health, Overall Health Status
Area Agency on Aging Region 9	AAA9 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 education, long-term care consultation, pre-admission review, energy assistance, and adult protective services.	www.aaa9.org	800-945-4250	Access to Care, Overall Health Status, Socio-economic
Autism Society of America	Support Groups	www.autism-society.org	740-537-4718	Behavioral Health, Overall Health Status
Better Breathers Club	COPD Support Group	www.trinityhealth.com/calendar/event/39/	740-264-8196 740-264-8098	Behavioral Health, 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.	www.bbbsjeff.org	740-264-3306	Disadvantaged Children
Blessed Sacrament Church	Food Pantry	wintersvilleparishes.yolasite.com/	740-264-9547	Socio-economic

Program Name	Description	Website	Phone Number	Health Need
Breast Cancer Survivors Support Group	Support Group	www.trinityhealth.com/programs-services/additional-services/womens-health	740-283-7407	Behavioral Health, Overall Health Status
Bureau for Children with Medical Handicaps (BCMH)	A health care program in the Ohio Department of Health (ODH). BCMH links families of children with special health care needs to a network of quality providers and helps families obtain payment for the services their children need. Located at the Jefferson County Health Department	www.odh.ohio.gov/odhprograms/cmh/cwmh/bcmh1	740-283-8541	Disadvantaged Children
CHANGE Inc.	CHANGE, Inc. encourages the integration of services, the building of partnerships, and the consolidating of resources to empower families towards healthy self-sufficient living. Services include medical care and health, housing, transportation, food, emergency and economic assistance.	changeinc.org	740-314-8258	Access to Care, Socio-economic, Overall Health Status
Charity Hospice	Grief Support Group	www.charityhospice.org	740-264-3443	Behavioral Health, Overall Health Status
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	jeffersoncountycac.com	740-282-0971	Socio-economic, Disadvantaged Children, Overall Health Status
DARE	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.	www.dare-oh.org www.cityofsteubenville.us/police	740-283-6000	Disadvantaged Children
Family & Children First	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.	www.fcf.ohio.gov	614-752-4044	Disadvantaged Children, Socio-economic, Overall Health Status
Family Service Association	The Mission of the Family Service Association of Steubenville, Ohio is to strengthen and support families and individuals by providing quality Services which include: Mental Health Counseling, Guardianship, Representative Payee, and Licensed Child Care.	www.facebook.com/pages/Family-Service-Association/424027760975659	740-283-4763	Behavioral Health, Disadvantaged Children

Program Name	Description	Website	Phone Number	Health Need
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 (e.g.	www.goodwillgoodskills.org/east-central-ohio	1-800-942-3577	Socio-economic
Heartland Health Fair	Designed as the "Largest Heart Risk Appraisal Under One Roof Trinity Health System sponsors this program along with Prime Time Office on Aging to help community members improve their health through screenings and information.	www.trinityhealth.com	740-264-8296	Heart Disease/ Hyper-tension
Help Me Grow	Help Me Grow is a home-based, child-development program.	www.jchealth.com/helpmegrow	740-283-8530	Disadvantaged Children
Homeless Shelters	Cathedral Apartments Hutton House	n/a	Cathedral Apts 740-282-5150 Hutton House 740-282-8903	Socio-economic
Jefferson County Behavioral Health System	Jefferson Behavioral Health System is a full service mental health and drug & alcohol treatment facility that offers services to adults, children, and families. Also provides Beacon House Safe Haven a permanent residential housing and services for homeless mentally ill adults who may find it difficult to secure and maintain housing.	www.jcprb.org	740-264-7751	Behavioral Health
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	740-283-0961	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 to residents including infectious diseases, child and family health services, physicals, immunization, outreach clinics, blood pressure screenings, children with medical handicaps and flu immunizations.	www.jchealth.com	740-283-8530	Access to Care, Prevention, Environment, Conditions/Diseases, Behavioral Health, Socio-economic, Overall Health Status
Lupus Support	Lupus Support Group	www.lupus.org/ohio	740-282-8010	Behavioral Health, Overall Health Status
Mended Hearts	Heart Patient Support Group	mendedhearts.org	740-283-7210	Behavioral Health, Overall Health Status

Program Name	Description	Website	Phone Number	Health Need
Mobile Lab Services	Trinity Health System Go Lab Mobile	www.trinityhealth.com n/a	Trinity 740-264-8185 Go Lab 740-632-7827	Access to Care
Mom's Meals	Meal Delivery Service	www.MomsMeals.com	1-877-508-6667	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 (HDSP) Program, Ohio Diabetes Prevention and Control Program (ODPCP).	www.odh.ohio.gov/atoz/atoz.aspx#p	800-266-4346	Access to Care, Prevention, Environment, Conditions/Diseases, Behavioral Health, Socio-economic, Overall Health Status
Other Shelters	Gill House YWCA Projects for Assistance in Transition from Homelessness (PATH)	Gill House: n/a YWCA: www.facebook.com/pages/YWCA-Steubenville-Ohio/136078316502519 PATH: pathprogram.samhsa.gov	Gill House 740-282-5338 YWCA 740-282-1261 PATH 740-264-7751	Socio-economic, Overall Health Status
Overeaters Anonymous	Support Group	www.oa.org	740-264-2424	Behavioral Health, Overall Health Status
PrimeTime	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.	www.facebook.com/PrimeTimeOfficeOnAging	740-283-7470	Access to Care, Lifestyle/Prevention, Environment, Socio-economic Overall Health Status
Reach to Recovery	Breast Cancer Patient Support Group	www.trinityhealth.com/programs-services/additional-services/womens-health	740-283-7407	Behavioral Health, Overall Health Status
Red Cross	Disaster assistance: shelter, meals, health and mental services, and emergency preparedness	www.**redcross**.org/**oh**/wintersville	740-264-7244	Behavioral Health, Overall Health Status

Program Name	Description	Website	Phone Number	Health Need
Smoking Cessation Program	Smoking Cessation Support Group	www.trinityhealth.com/calendar/event/29/	740-264-8196 740-264-8098	Behavioral Health, Overall Health Status
Soup Kitchens	Holy Name Cathedral St. Paul's Episcopal Church Urban Mission	n/a	Holy Name 740-264-6177 St. Paul's 740-282-5366 Urban Mission 740-282-8010	Socio-economic
The Salvation Army	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.	www.use.salvationarmy.org	740-282-5121	Socio-economic
Trinity ExpressCare	Offers express services for such things as colds, flu, rashes, stitches and fractures. Referrals to any area specialist for advanced care.	www.trinityhealth.com/programs-services/outpatient-services/trinity-expresscare	740-346-2702	Access to Care
Trinity Health Behavioral Health Medicine	Provide inpatient and outpatient behavioral health and addiction recovery services	www.trinityhealth.com	740-264-8296	Behavioral Health
Trinity Health Pastoral Care	Grief Support Group	www.trinityhealth.com	740-264-8130	Behavioral Health, Overall Health Status
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.	www.unitedway-jc.org/index.html	740-284-9000	Overall Health Status
Upper Ohio Valley Sexual Assault Help Center	Support Group	n/a	740-282-6022	Behavioral Health, 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.	www.urbanmission.org (Note: website under construction) www.facebook.com/UrbanMissionInc/info	740-282-8010	Socio-economic

Program Name	Description	Website	Phone Number	Health Need
Valley Hospice	S.H.A.R.E of the Upper Ohio Valley – support for those who have experienced a loss during pregnancy/childhood.	www.valleyhospice.org	304-233-4778	Behavioral Health, Overall Health Status
Valley Hospice Compassionate Friends	Community Grief Support Group	www.valleyhospice.org	740-284-4440	Behavioral Health, Overall Health Status
Veterans Services Commission	Provides temporary financial assistance to needy veterans, dependents, and/or widows. Eligibility and verification of a definite financial need is determined through the application process. Assistance is provided through food orders and cash vouchers.	www.jeffersoncountyoh.com/CountyOffices/VeteransServiceCommission.aspx	740-283-8571	Socio-economic
YMCA	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. Programs include fitness facilities and classes, wellness orientations and cardio-strength centers, and reduced cost for youth and adult sports programs.	www.ymcanet.org/Steubenville	740-264-7183	Lifestyle/ Prevention, Overall Health Status
YWCA	YWCA is dedicated to eliminating racism and empowering women. Programs include job training, financial literacy, childcare programs, scholarships and more.	www.ywca.org	740-282-1261	Socio-economic