Trinity Health System

JEFFERSON COUNTY
General Health District
Prevent. Promote. Protect.

2022

COMMUNITY HEALTH NEEDS ASSESSMENT

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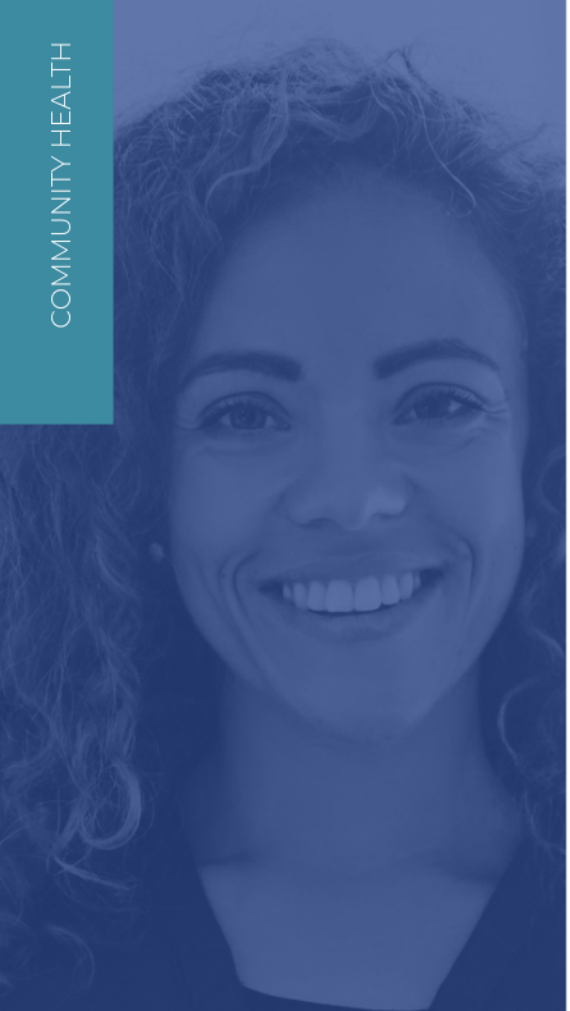
ADOPTED BY:
TRINITY HEALTH SYSTEM APRIL, 2022
JEFFERSON COUNTY HEALTH DISTRICT MAY, 2022



WELCOME

COMMUNITY HEALTH NEEDS ASSESSMENT

TRINITY HEALTH SYSTEM

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

JEFFERSON COUNTY HEALTH DISTRICT

Our Mission

The purpose of the Jefferson County General Health District (JCGHD) is to help individuals or groups achieve a more satisfying life and to improve the quality of life for the residents of the Jefferson County General Health District.

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COMMUNITY MESSAGE

Trinity Health System (THS), a member of Catholic Health Initiatives and CommonSpirit Health and the Jefferson County General Health District (JCGHD) are proud to present its 2022 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 and the Jefferson County General Health District. This report also includes secondary/disease incidence and prevalence data from Jefferson County, the primary service area of the hospital and health district. In addition secondary data is provided, where available, for Belmont and Harrison counties in Ohio and Brooke, Hancock and Ohio 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 and Jefferson County General Health District. Additionally, Trinity Health System is interested in identifying the needs and issues of the secondary service area which includes Belmont and Harrison counties in Ohio and Brooke, Hancock and Ohio 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 Jefferson General Health District, 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 communities that Trinity Health System and Jefferson County General Health District serve.

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Thank you for being a part of our community.

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WELCOME & INTRODUCTION

FROM OUR PRESIDENT & CEO

With so many changes and challenges since our last Community Health Needs Assessment (CHNA), we have had to shift our focus to the needs of those affected by the pandemic, while continuing to serve the ongoing needs of our most vulnerable in the communities we serve. Healthcare is forever changed, both the way we deliver care and the way we receive care; however, our mission remains strong to serve the needs of our community.

Thank you for your unwavering support and consideration as we complete another CHNA this time in partnership with The Jefferson County Health District. Working together, we can create a healthier Ohio Valley for our residents who live, work and play here.

Trinity Health System continues to grow its reach throughout the Ohio Valley and the region. We are proud to be serving the largest footprint of any healthcare provider in the region.

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.

Matt Grimshaw
Trinity Health System

FROM OUR HEALTH COMMISSIONER

The Jefferson County General Health District (JCGHD) is pleased to present the results of the 2021 Community Health Assessment (CHA) with the residents of Jefferson County. The 2021 CHA exemplifies a powerful collaboration between JCGHD, Trinity Health System and a number of key community stakeholders. The results in this CHA signify a beginning rather than an ending, and JCGHD is looking forward to helping address the health issues in Jefferson County with our community partners.

A tremendous wealth of community assets and health resources exist in Jefferson County, yet health disparities are clearly experienced by our residents. Through continued collaborative efforts, JCGHD will strive to positively impact the community in which our residents live, work, learn and play. The results of the CHA indicate that there is a long road ahead; however, the health issues in Jefferson County are resolvable through cross-sector cooperative action, trust, communication and collective desire to better the lives of our beloved county.

Andrew Henry
Health Commissioner

TRINITY HEALTH SYSTEM

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

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 Health System 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 Health System 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 Core Values and Quality Principles

Compassion

Care with listening, empathy and love.
Accompany and comfort those in need of healing.

Inclusion

Celebrate each person's gifts and voice.
Respect the dignity of all.

Integrity

Inspire trust through honesty.
Demonstrate courage in the face of inequity.

Excellence

Serve with fullest passion, creativity and stewardship.
Exceed expectations of others and ourselves.

Collaboration

Commit to the power of working together.
Build and nurture meaningful relationships.

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JEFFERSON COUNTY GENERAL HEALTH DISTRICT

The purpose of the Jefferson County General Health District (JCGHD) is to help individuals or groups achieve a more satisfying life and to improve the quality of life for the residents of the Jefferson County General Health District.

To achieve these goals, we provide services and programs based on assumptions and principals including, but not limited to:

- Services and programs mandated by the State Legislature and the Ohio Department of Health.
- Jefferson County General Health District adopts and enforces environmental rules and regulations to increase the quality of life of our citizens.
- All citizens of the Jefferson County General Health District should be free of communicable diseases. To this end, the Board shall create a public health nursing division.
- Medical and dental care should be available in the Jefferson County General Health District regardless of race, color, creed, or socioeconomic status. To that end, the Board may provide services if economically feasible.

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THANK YOU

We offer special thanks to the representatives of the CHNA Steering Committee and to the 832 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
Hannah Piko	DON	JCGHD
Kortney Slussar	Public Health Nurse	JCGHD
Stephanie Chester	WIC Director	JCGHD WIC
Joann Crawford	Clinical Manager, Birth Center	Trinity Health System
Dana Meadows	CFNP	Trinity Comprehensive Women's Health
Robin Leasure	DON	Coleman Professional Services
Diane Alberts	LSW	Jefferson County JFS
Linda Trushel	Contact Manager	Jefferson County Help Me Grow
Kasey Kuntz	Director of Food & Nutrition	OSU Extension Office Jefferson County
Cynthia Lytle	Community Development Director	Urban Mission
Marci Sabo	Director of Behavioral Medicine	Trinity Health System
Rachel Shorac	CHW	JCGHD
Britney Reed	Public Health Nurse	JCGHD
Michael Geoghegan	President	Eastern Gateway Community College
Anthony Sheposh	Chief Executive Officer	Jefferson Behavioral Health System
Randy Cottis	Business Manager	Jefferson County Board of Developmental Disabilities
Dan Obertance	Associate Director	Jefferson County Prevention and Recovery Board
Marc Maragos	Director of Environmental	JCGHD
Carla Gampolo	Registered Sanitarian	JCGHD
Craig Brown	Economic Development Strategist	Brooke, Hancock, Jefferson Metropolitan Planning Commission
Kyle Brown	Business Manager	IBEW Local 246
Wendy Anderson	Executive Director	St. Clairsville Chamber of Commerce
Anita Petrella	Executive Director	Jefferson Belmont Solid Waste Authority
Jamie Elenz	Epidemiologist	Columbiana County General HD
Trudy Wilson	Manager	Prime Time Office on Aging
Kim Slivka	Public Health Nurse	JCGHD
Mark Kissinger, DO	Medical Director	JCGHD & Trinity
Laura Rauch	Executive Director	United Way of Jefferson County
Jennifer Pierce	Chief of Operations	Change Inc
Chris Orris	Community Liaison	Valley Hospice
Jean Marie Swartzmiller	Case Management Director	Trinity Health System
Amy Lindsay	Clinical Coordinator	Trinity Health System
Jessica Kelley	Outreach Coordinator	Trinity Health System
Angela Kirtdoll	CHW	JCGHD
Jodi Scheetz	Director	ALIVE Shelter
Debbie Bryan	Director	City Rescue Mission
Melody McClurg	Executive Director	Jefferson Metropolitan Housing Authority
Ann Quillen	Executive Director	Ohio Valley Health Center
Ashley Steel	Executive Director	Urban Mission
Laurie Labishak	Market Director - Marketing & Communications	Trinity Health System
Andrew Henry	Jefferson County Health Commissioner	JCGHD
Liz Schriner	Market Director of Mission	Trinity Health System
Kelly Wilson	Director of Finance	JCGHD
Michele Henry	Administrative Assistant	JCGHD

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.

This CHNA was done collaboratively with Trinity Health System and Jefferson County General Health District. The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Trinity Health System and Jefferson County General Health District. The priorities identified in this report help to guide the hospital and health department's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

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 and the Jefferson County General Health District, including those with knowledge of public health, the medically underserved, and populations with chronic disease.

The 2022 Trinity Health System and Jefferson County General Health District 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 Report Chapters

Source: 2022 Strategy Solutions, Inc.

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 Collected

Source: 2022 Strategy Solutions, Inc.

Secondary data on disease incidence and mortality, as well as behavioral risk factors were gathered from the Ohio Department of Health, the West Virginia Department of Health and Human Resources, the Centers for Disease Control, as well as Healthy People 2030, County Health Rankings, US Census, and the American Community Survey. Aggregate utilization data was included from THS patient records (no private patient information was ever transmitted to Strategy Solutions, Inc.).

Demographic data was collected from Claritas-Pop-Facts Premier, 2021, Environics Analytics. Primary data collected specifically for this study were based on the primary and secondary service areas and included Jefferson, Belmont and Harrison counties in Ohio and Brooke, Hancock and Ohio counties in West Virginia. Trinity Health System and Jefferson County General Health District collected a total of 822 community surveys and conducted two focus groups as well as 10 stakeholder interviews.

On March 28, 2022, the Trinity Health System and Jefferson County General Health District 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. Strategy Solutions, Inc. presented the data to the Steering Committee and discussed the needs of the local area, what the hospital, health district and other providers are currently offering the community and discussed other potential needs that were not reflected in the data collected. A total of 46 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2030 goals, negative trends, or growing incidence). Three criteria, including 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.

Following the meeting, Steering Committee members completed the prioritization exercise via SurveyMonkey to rate each of the needs and issues on a one to ten scale by each of the selected criteria.

A total of 60 Steering Committee members participated in the prioritization exercise (31 represented THS's service area and 29 represented JCGHD's service area).

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 both the hospital and health district based on service area.

The individual leadership teams met to discuss the prioritization results and identify priorities for their 2022-2025 Implementation Plan.

REVIEW AND APPROVAL

This CHNA report was adopted by the Trinity Health System community board on April 28, 2022, and the Jefferson County General Health District Board of Directors on May 17, 2022.

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METHODOLOGY

To guide this assessment, Trinity Health System and Jefferson County General Health District's leadership teams formed a Steering Committee that consisted of hospital, health district 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 Steering Committee met on November 30, 2021 and March 28, 2022 to provide guidance on the various components of the CHNA.

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

Figure 3 is a summary of the methodology used to create the 2022 Trinity Health System and Jefferson County General Health District CHNA report.

Figure 3: THS and JCGHD 2022 CHNA Methodology Summary

Source: 2022 Strategy Solutions, Inc.

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 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, 2021, Environics Analytics; disease incidence and prevalence data obtained from the Ohio Departments of Health; the West Virginia Department of Health and Human Resources; Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention; American Community Survey and the Healthy People 2030 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.

Primary data was collected via focus groups, individual stakeholder interviews and a community survey. Survey data was collected via SurveyMonkey and analyzed using IBM SPSS statistical analysis software. Top identified issues and themes are reported from focus groups and interviews.

FOCUS GROUPS

The 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 2022 CHNA, focus groups were conducted with two different groups in February and March 2022, representing the following as shown in Table 2.

Table 2: Focus Groups Conducted

Date Conducted	Group
February 22, 2022	Chamber of Commerce
March 30, 2022	EMS Providers

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STAKEHOLDER INTERVIEWS

The 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 ten (10) 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 and February 2022. Outreach efforts were made to community organizations representing the faith based community, Veterans, college students and inner city youth although none responded to the outreach efforts.

Table 3: Stakeholder Interviews Conducted

Name	Title	Organization	Date of Interview
Mike Zinno	Superintendent	Jefferson County Board of Developmental Disabilities	1/18/2022
Lisa Marino	Market Director Occupational Health	Trinity Workcare	1/18/2022
Kim Slivka	Public Health Nurse	Jefferson County General Health District	1/20/2022
Wendy Anderson	Executive Director	St Clairsville Area Chamber of Commerce	1/24/2022
Amy Lindsay	Registered Nurse	Trinity Medical Center	1/25/2022
Rob O'Hara	CEO	YMCA ST. John Arena	2/24/2022
Iris Wilson	Health Committee Chair	NAACP	2/01/2022
John Grafton	District Representative	Jefferson County Farm Bureau/Rural	2/01/2022
Rose A. Raveaux	Executive Director	Catholic Charities of Southeastern Ohio and Sacred Heart Center of Hope	2/03/2022
Ann Quillen	Executive Director	Ohio Valley Health Center	2/17/2022

COMMUNITY SURVEY

The primary data collection process also included conducting a community survey during the months of December 2021 and January and February 2022, utilizing a mixed-methodology convenience sample, with data collection completed via paper and the Internet through SurveyMonkey.

Trinity Health System emailed the survey link to over 25,000 constituents. The link was posted on the hospital's social media (Facebook, Instagram, LinkedIn, Twitter) as well as through a website pop up screen. There were local media announcements made by area media outlets. The Chamber of Commerce also distributed via E-Blasts to their constituents in Jefferson County, Belmont County and Hancock County. Prime Time Senior Center distributed paper copies to its constituents, which were scanned and entered into SurveyMonkey by Strategy Solutions, Inc.

Jefferson County General Health District included a link to the survey on the homepage of the website as well as via social media posts. Paper surveys were distributed at the nursing clinic, test kit distributions, Heart Month Wellness Fairs and local food pantry distributions which were scanned and entered into SurveyMonkey by Strategy Solutions, Inc. Local media also aired a news story regarding the community survey.

A total of 822 surveys were completed by the residents of the Trinity Health System and Jefferson County General Health District service area.

The survey response breakdown by county was as follows:

- 787 Jefferson County
- 15 Brooke County
- 11 Hancock County
- 4 Harrison County
- 4 Belmont County
- 1 Ohio County

PREVIOUS THS CHNA REPORT

Trinity Health System invited written comments on the 2019 CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

PREVIOUS JCGHD CHNA REPORT

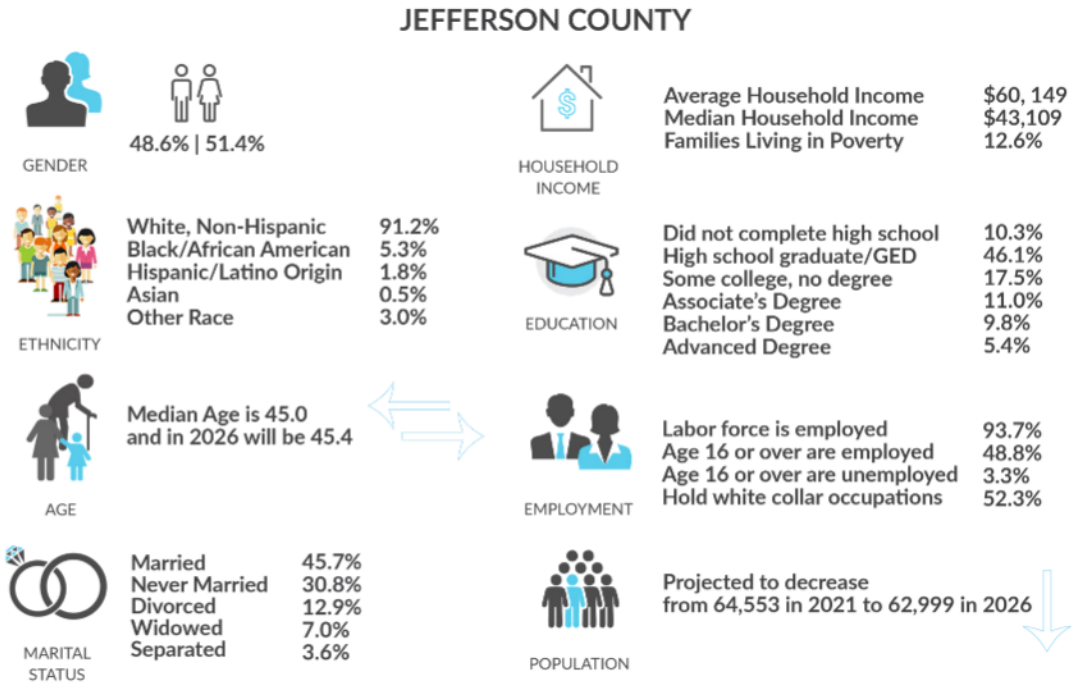
Jefferson County General Health District welcomes community feedback on its CHNA and strives to continuously meet the needs and interests of its residents. No written comments were received from the community by JCGHD regarding the previous 2017 CHNA report.

DEMOGRAPHICS

For purposes of this assessment, the THS and JCGHD primary service area geography is defined as Jefferson County, Ohio. The secondary service area for THS is comprised of Belmont and Harrison counties in Ohio and Brooke, Hancock and Ohio counties in West Virginia. Demographic data for all of these counties was pulled from Claritas-Pop-Facts Premier, 2021, 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 64,553 in 2021 to 62,999 in 2026. There were slightly more females (51.4%) than males (48.6%). The population was predominantly Caucasian (91.2%). The median age was 45.0 and was projected to remain steady. Just under one-third (30.8%) of residents had never been married, while 45.7% were married, 3.6% were separated, 12.9% were divorced and 7.0% were widowed. One in ten residents (10.3%) did not complete high school, while 46.1% were a high school graduate, 9.8% had a bachelor's degree and 5.4% had an advanced degree. The average household income was $60,149, with 12.6% of families living in poverty. Most (93.7%) of the labor force was employed. Summary of the demographics are shown in Figure 4 below.

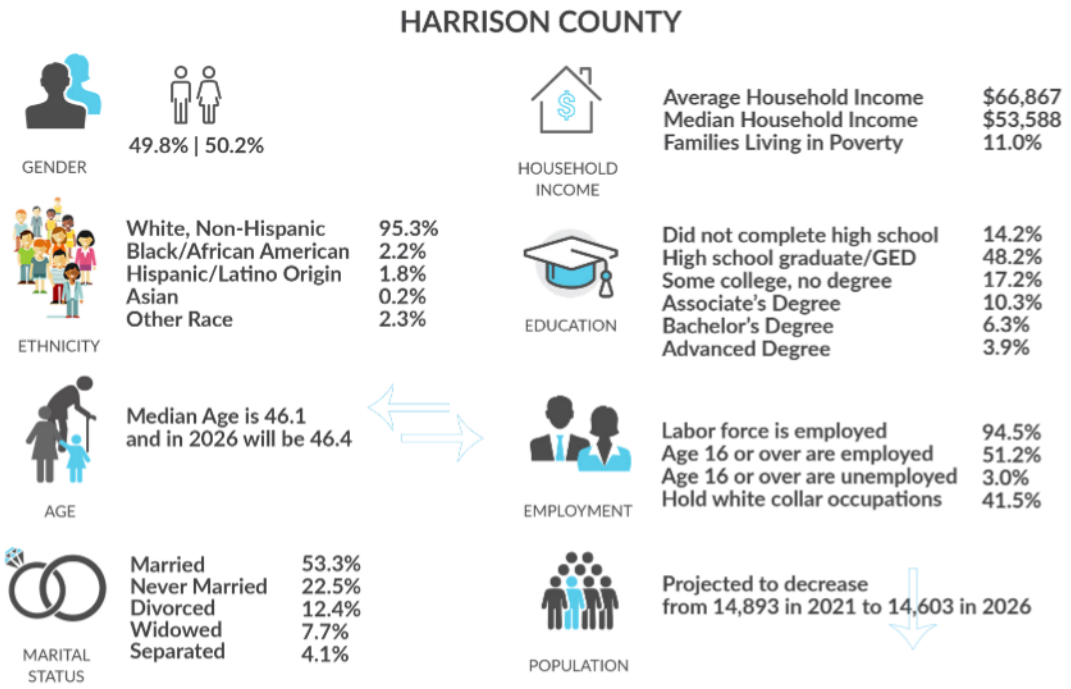
Figure 4: Jefferson County Demographics Summary



Source: Claritas-Pop-Facts Premier, 2021 Environics Analytics

The population in Harrison County is projected to decrease from 14,893 in 2021 to 14,603 in 2026. There were slightly more females (50.2%) than males (49.8%). The population was predominantly Caucasian (95.3%). The median age was 46.1 and was projected to remain steady. Just under one in four residents (22.5%) had never been married, while 53.3% were married, 4.1% were separated, 12.4% were divorced and 7.7% were widowed. Over one in ten residents (14.2%) did not complete high school, while 48.2% were a high school graduate, 6.3% had a bachelor's degree and 3.9% had an advanced degree. The average household income was $66,867, with 11.0% of families living in poverty. Most (94.5%) of the labor force was employed. Summary of the demographics are shown in Figure 5 below.

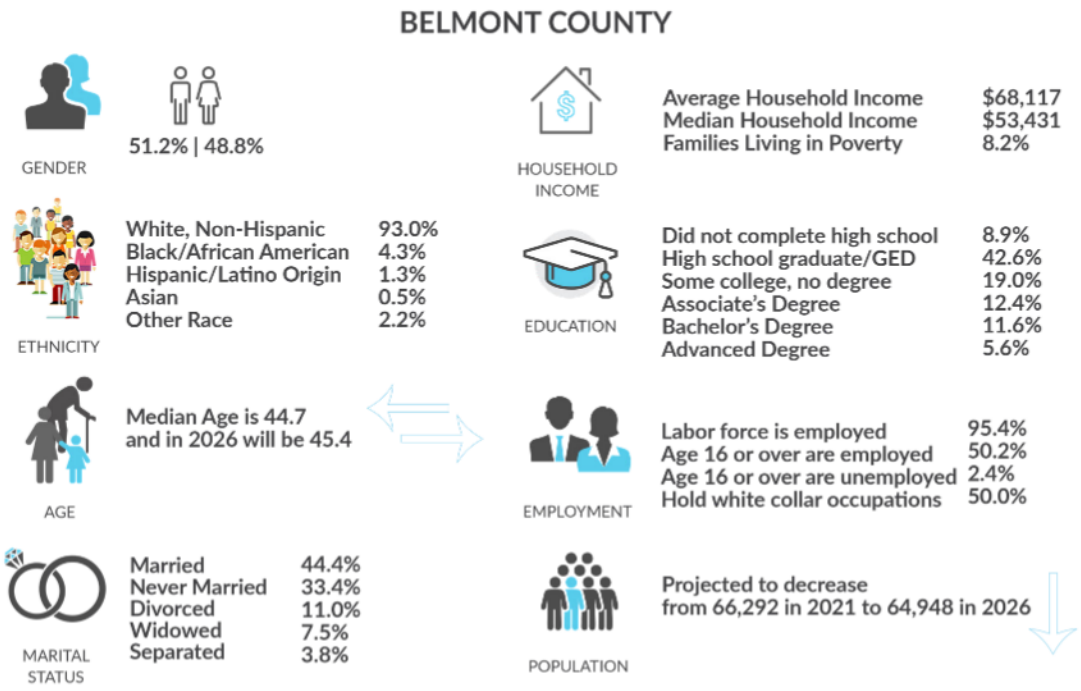
Figure 5: Harrison County Demographics Summary



Source: Claritas-Pop-Facts Premier, 2021 Environics Analytics

The population in Belmont County is projected to decrease from 66,292 in 2021 to 64,948 in 2026. There were slightly more males (51.2%) than females (48.8%). The population was predominantly Caucasian (93.0%). The median age was 44.7 and was projected to increase to 45.4. One in three residents (33.4%) had never been married, while 44.4% were married, 3.8% were separated, 11.0% were divorced and 7.5% were widowed. Just under one in ten residents (8.9%) did not complete high school, while 42.6% were a high school graduate, 11.6% had a bachelor's degree and 5.6% had an advanced degree. The average household income was $68,117, with 8.2% of families living in poverty. Most (95.4%) of the labor force was employed. Summary of the demographics are shown in Figure 6 below.

Figure 6: Belmont County Demographics Summary



Source: Claritas-Pop-Facts Premier, 2021 Environics Analytics

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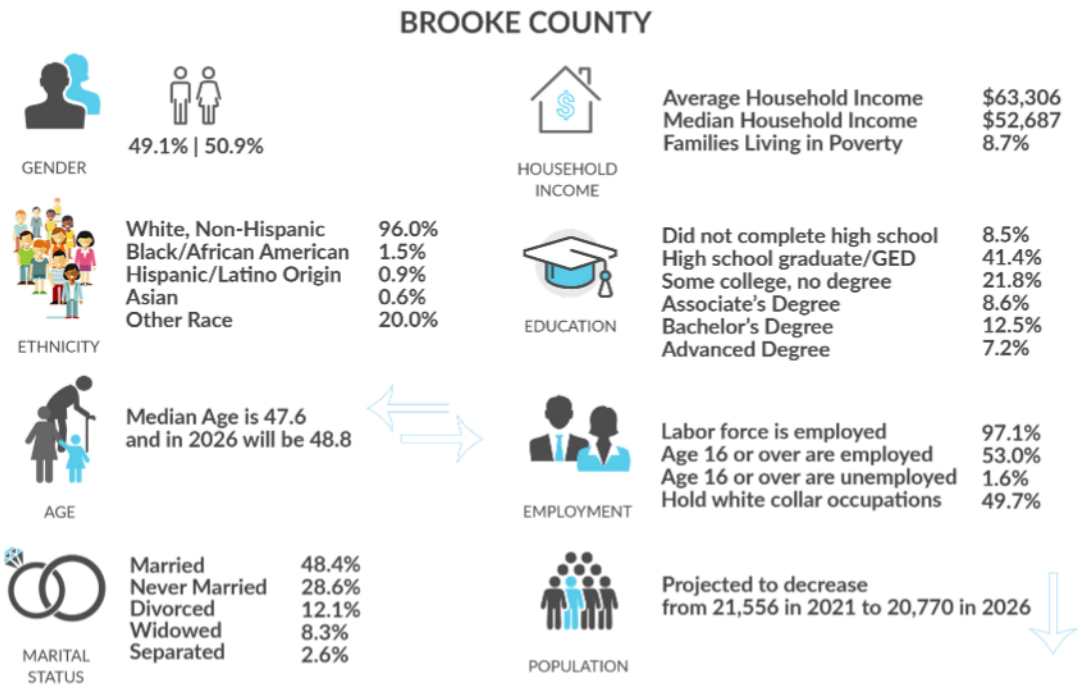
The population in Brooke County, WV is projected to decrease from 21,556 in 2021 to 20,770 in 2026. There were slightly more females (50.9%) than males (49.1%). The population was predominantly Caucasian (96.0%). The median age was 47.6 and was projected to increase to 48.8. Over one in four residents (28.6%) had never been married, while 48.4% were married, 2.6% were separated, 12.1% were divorced and 8.3% were widowed. Just under one in ten residents (8.5%) did not complete high school, while 41.4% were a high school graduate, 12.5% had a bachelor's degree and 7.2% had an advanced degree. The average household income was $63,306, with 8.7% of families living in poverty. Most (97.1%) of the labor force was employed. Summary of the demographics are shown in Figure 7 below.

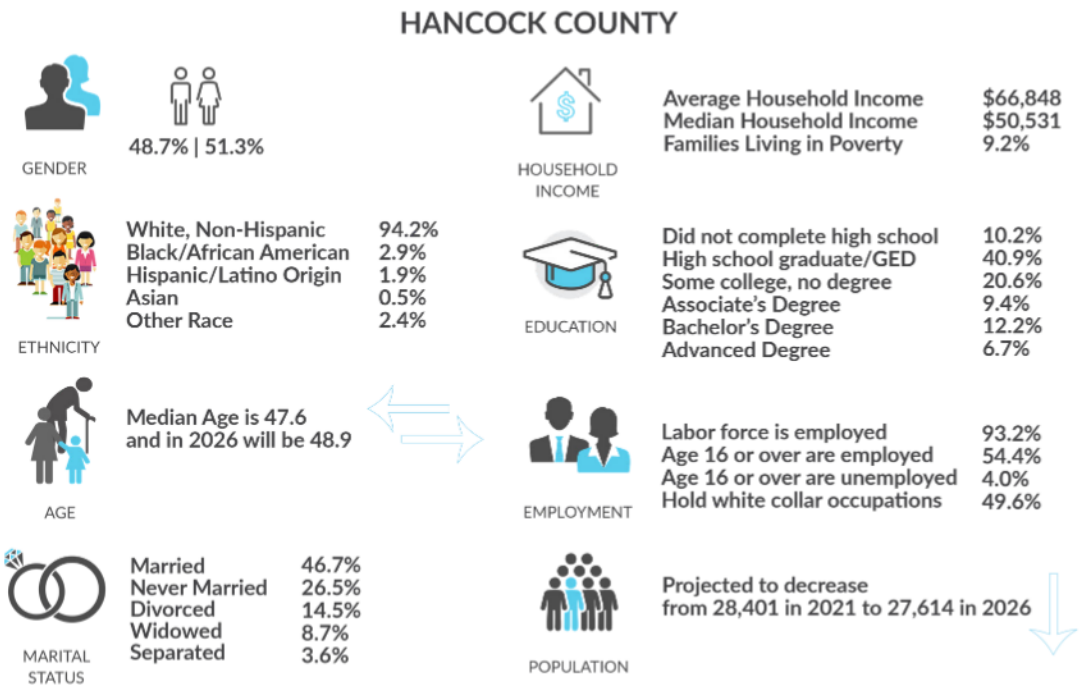
Figure 7: Brooke County, WV Demographics Summary



Source: Claritas-Pop-Facts Premier, 2021 Environics Analytics

The population in Hancock County, WV is projected to decrease from 28,401 in 2021 to 27,614 in 2026. There were slightly more females (51.3%) than males (48.7%). The population was predominantly Caucasian (94.2%). The median age was 47.6 and was projected to increase to 48.9. One in four residents (26.5%) had never been married, while 46.7% were married, 3.6% were separated, 14.5% were divorced and 8.7% were widowed. One in ten residents (10.2%) did not complete high school, while 40.9% were a high school graduate, 12.2% had a bachelor's degree and 6.7% had an advanced degree. The average household income was $66,848, with 9.2% of families living in poverty. Most (93.2%) 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, 2021 Environics Analytics

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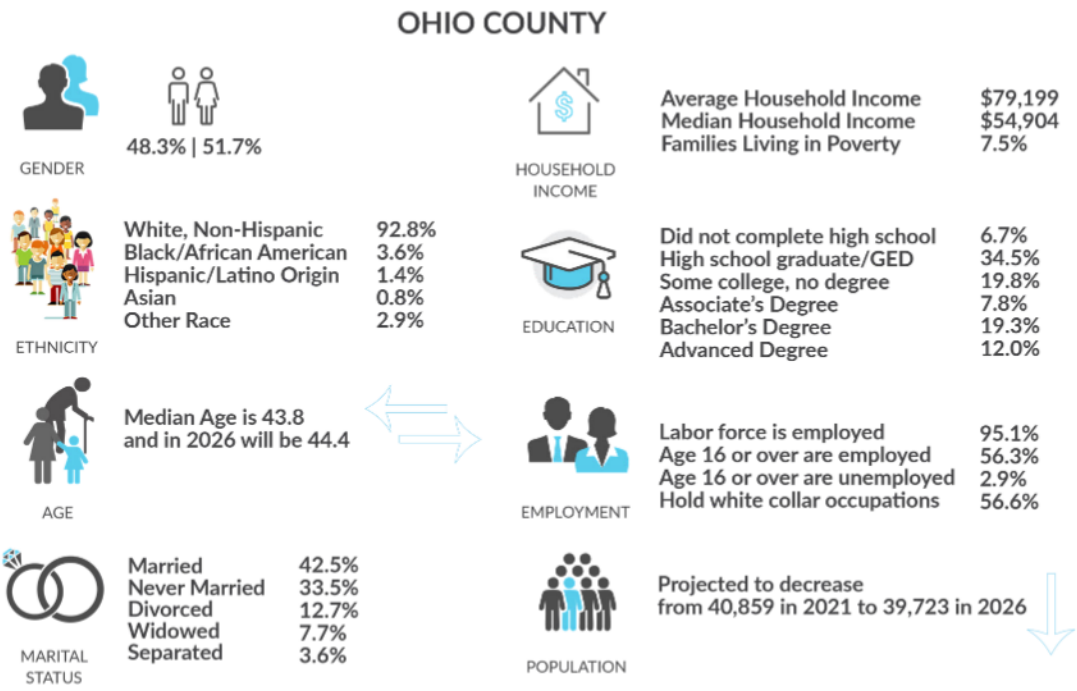
The population in Ohio County, WV is projected to decrease from 40,859 in 2021 to 39,723 in 2026. There were slightly more females (51.7%) and males (48.3%). The population was predominantly Caucasian (92.8%). The median age was 43.8 and was projected to increase to 44.4. One in three residents (33.5%) had never been married, while 42.5% were married, 3.6% were separated, 12.7% were divorced and 7.7% were widowed. Few residents (6.7%) did not complete high school, while 34.5% were a high school graduate, 19.3% had a bachelor's degree and 12.0% had an advanced degree. The average household income was $79,199, with 7.5% of families living in poverty. Most (95.1%) of the labor force was employed. Summary of the demographics are shown in Figure 9 below.

Figure 9: Ohio County, WV Demographics Summary



Source: Claritas-Pop-Facts Premier, 2021 Environics Analytics

PRIMARY AND SECONDARY SERVICE AREA

THS and JCGHD primary service area covers Jefferson County, Ohio. The secondary service area for THS covers Belmont and Harrison counties in Ohio and Brooke, Hancock and Ohio counties in West Virginia.

Figure 10 shows the state of Ohio and Figure 11 shows the state of West Virginia with the counties in the primary and secondary service area noted with the red circle.

Figure 10: State of Ohio

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Figure 11: State of West Virginia

JEFFERSON COUNTY

43901 Adena
43903 Amsterdam
43908 Bergholz
43910 Bloomingdale
43913 Brilliant
43917 Dillonvale
43925 East Springfield
43926 Empire
43930 Hammondsville
43932 Irondale
43938 Mingo Junction
43939 Mount Pleasant
43941 Piney Fork
43943 Rayland
43944 Richmond
43948 Smithfield
43952 Steubenville
43952 Wintersville
43953 Steubenville
43953 Wintersville
43961 Stratton
43963 Tiltonsville
43964 Toronto
43966 Unionport
43970 Wolf Run
43971 Yorkville

BELMONT COUNTY

43902 Alledonia
43972 Bannock
43713 Barnesville
43905 Barton
43906 Bellaire
43718 Belmont
43719 Bethesda
43912 Bridgeport
43927 Fairpoint
43977 Flushing
43928 Glencoe
43985 Holloway
43933 Jacobsburg
43951 Lafferty
43934 Lansing
43935 Martins Ferry
43759 Morristown
43940 Neffs
43983 Piedmont
43942 Powhatan Point
43950 Saint Clairsville
43947 Shadyside
43967 Warnock

HARRISON COUNTY

43907 Cadiz
43907 Moorefield
43973 Freeport
43974 Harrisville
43976 Hopedale
43981 New Athens
43984 New Rumley
43986 Jewett
43988 Scio
43989 Short Creek
44693 Deersville
44695 Bowerston
44699 Tippecanoe

BROOKE COUNTY

26030 Beech Bottom
26032 Bethany
26035 Colliers
26037 Follansbee
26070 Wellsburg
26075 Windsor Heights

HANCOCK COUNTY

26034 Chester
26047 New Cumberland
26056 New Manchester
26050 Newell
26062 Weirton

OHIO COUNTY

26003 Bethlehem
26003 Elm Grove
26003 Mozart
26003 Overbrook
26003 Warwood
26003 Wheeling
26059 Triadelphia
26060 Valley Grove
26074 West Liberty

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons). The following are Health Professional Shortage Areas (HPSA) within the service area:

- Jefferson County (Low Income Population HPSA for Primary Care and Mental Health)
- Belmont County (Low Income Population HPSA for Primary Care, Dental Health and Mental Health)
- Harrison County (Geographic HPSA for Primary Care, Low Income Population HPSA for Dental Health and Mental Health)
- Hancock County (Low Income Population HPSA for Primary Care, Dental Health and Mental Health)
- Ohio County (Low Income Population HPSA for Dental Health and Mental Health)

Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. The following are Medically Underserved Areas/Populations within the service area:

- Jefferson County (Medically Underserved Area for Primary Care)
- Belmont County (Medically Underserved Area for Primary Care)
  - » Barnesville Service Area (Medically Underserved Area for Primary Care)
- Harrison County
  - » Harris Service Area (Medically Underserved Area for Primary Care)
- Hancock County (Medically Underserved Area – Governor's Exception for Primary Care – Low Income)
- Ohio County
  - » Ohio Service Area (Medically Underserved Area for Primary Care)

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COMMUNITY AND HOSPITAL RESOURCES

Resources that are available in THS and JCGHD'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. See Figure 12 for a summary of available resources by service category for Jefferson County. Please see Figure 13 for available resources by service category for Harrison and Belmont counties, Ohio and Brooke, Hancock and Erie counties in West Virginia. For a complete listing of available services, please visit http://211.org/ or https://wv211.auntbertha.com. Table 4 (on page 25) shows the services available through Trinity Health System and Jefferson County Health District.

Figure 12: Community Resources in Jefferson County

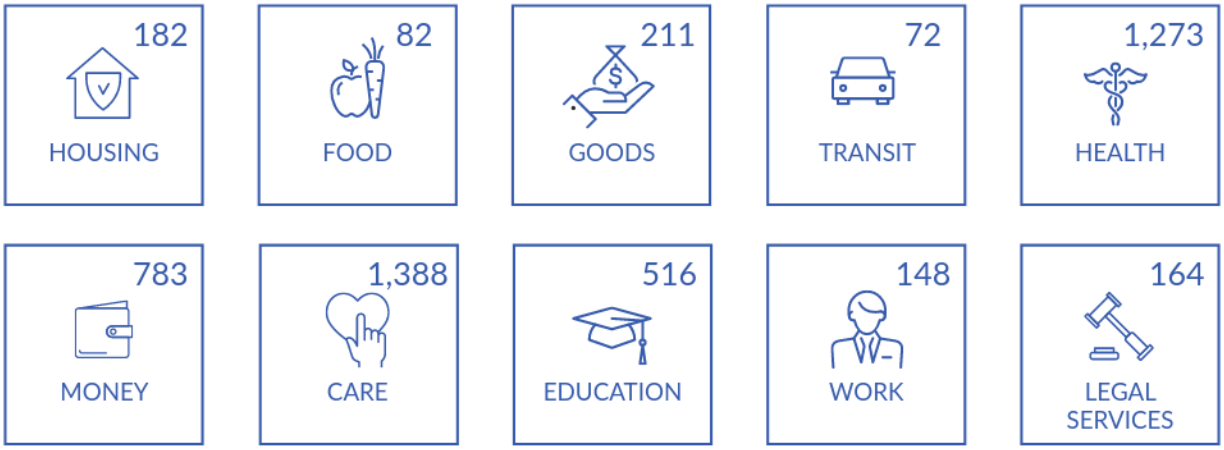

Figure 13: Community Resources in Harrison and Belmont counties, Ohio and Brooke, Hancock and Ohio counties in West Virginia

Table 4: Hospital Resources

Available Services at Trinity Health System	
Behavioral Medicine	Post Acute Services
Breast Care Center	Rehabilitation Services
Tony Teramana Cancer Center	Residency Program
Cardiovascular Services	Respiratory Care
Primary Care	School Of Medical Laboratory Science
Emergency Services	School of Nursing
Express	Sleep Disorders Center
Gastroenterology	Social Services
Graduate Medical Education	Sports Medicine
Imaging Services	Trinity WorkCare
Laboratory	Urologic Services
Occupational Medicine	Women's and Children's Services
Orthopedics And Sports Medicine	Wound Clinic
Pain Management	

Source: Trinity Health System

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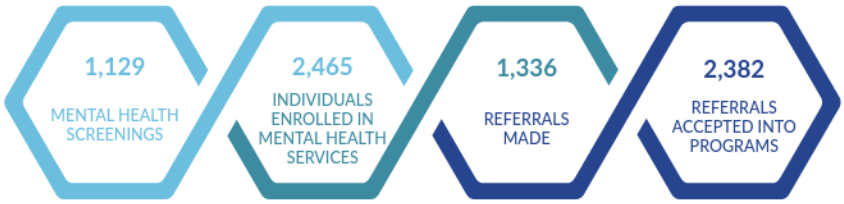
EVALUATION

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

Promote well-being and prevent mental health and substance use disorders focusing on depression, suicide, drug dependency/abuse and drug overdose deaths.

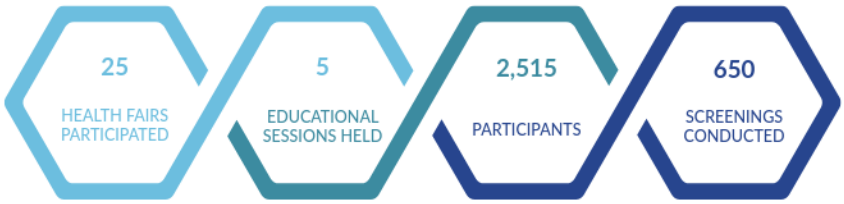
The Trinity Behavioral Health Inpatient and Outpatient Program is a collaboration with Trinity Health System and Jefferson Behavioral Health System, Jefferson County Health Department, SafeTALK Training Program, Change Inc. and NAMI. This program conducted 1,129 mental health screenings between 2019 and 2021. This collaboration enrolled 2,465 individuals in inpatient, outpatient, or intensive outpatient mental health services. There were 1,336 referrals made to programs and 2,382 referrals were accepted into various programs.



The Trinity Addiction Recovery Program is a collaboration with Trinity Health System and Jefferson Behavioral Health System, Change Inc., Family Recovery, Project DAWN, MAT Treatment and Jefferson County Prevention and Recovery. This program served 1,408 between 2019 and 2021 and there were 795 patients referred.

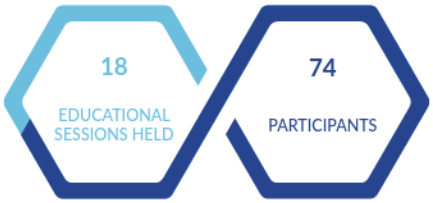
Promote chronic disease management across the continuum of care, including cardiovascular disease, diabetes and overweight/obesity

Trinity Health System did a variety of community outreach activities between 2019 and 2021, done in collaboration with Jefferson County Health Department, Urban Mission, YMCA and local school districts. Community outreach efforts included participation in 25 health fairs and 5 educational sessions. There were a total of 2,515 participants and 650 screenings were conducted.



Promote women and infant health

Trinity Health System in collaboration with A Caring Place Child Advocacy Center, WIC, AIM Women's Center, Help Me Grow, MOMS Helping MOMS, Cribs for Kids, Ohio Partners for Smoke Free Families hosted 18 educational sessions with 74 participants between 2019 and 2021.



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EVALUATION OF THE 2017 JCGHD CHNA IMPLEMENTATION STRATEGIES

Priority #1: Maternal and Child Health (especially low birth weight)

According to the 2017 Community Health Assessment, in Jefferson County, 12.4% of infants are born preterm and 8.5% are low birth weight. Secondhand smoke and smoking while pregnant are leading causes of low birth weight and preterm deliveries. Resources in the county can be better utilized. For instance, there is not common knowledge of resources available to reduce this negative outcome.

Goal 1.1:Reduce the percentage of infants born preterm or low birth weight in Jefferson County.	
Objective	**Status Update**
Objective 1.1.1 Increase awareness of and access to, Help Me Grow among medical professionals by 30 percent by 12.31.2020	With the hiring of a new nurse, the attainment of this goal should be realized by the date indicated.
Objective 1.1.2 Increase awareness of Help Me Grow among women in Jefferson County by making 12 times more social media posts about help me grow by 12.31.2020	With the increase in social media presence and more accurate tracking, this goal should be met.
Objective 1.1.3 Increase availability of WIC in rural areas by adding 2 rural clinics by 12.31.2020	Two rural clinics were added; A satellite clinic is currently being utilized in Toronto. A clinic in Bergoltz was open, but was closed within the last year. Technical limitations (WIC Card load) have created difficulties with remote services being offered. WIC cards can only be loaded at an actual clinic location. While education services can occur at any location.
Objective 1.1.4 Double referrals to Help Me Grow from medical professionals by tracking referrals sources, identifying gaps and existing referral sources by 13.31.2020	Current referral source tracking software indicates 8 referrals to date for 2020.
Objective 1.1.5 Identify and provide information to medical providers about incentive programs available from public and private health insurance providers by 12.31.2020	No information available at this time regarding this objective.
Objective 1.1.6 Increase availability of smoking cessation programs that can focus on expectant mothers by 12.31.2020	Referrals data indicates smoking cessation programs are discussed during in person visits. 2 referrals to smoking cessation programs were made in January and February 2020. The onset of Quarantine and temporary suspension of smoking cessation programs have hindered opportunities to emphasize smoking cessation programs among program participants.

Goal 1.2: Better understand where moms who have low birth weight and preterm babies live vs. deliver. This is necessary to decide where to better target resources within the county.	
Objective	**Status Update**
Objective 1.2.1 By 12.31.2020 consult with the Ohio Department of Health and the West Virginia Department of Health to determine the percent of births to moms who live in Jefferson County vs. outside of it and the number of moms live in Jefferson County but deliver in county	Objective activities pending. This objective may not be able to be attained due to Pandemic. Many office personnel continue to work from home as preventative, safety measures.

Priority #2: Substance Abuse

In the 2017 Community Health Assessment, more than half of Jefferson County residents identified drug abuse or addiction as the number one problem facing the county, and 24% of residents said they personally know someone with a heroin problem, 12 percent knew someone with a methamphetamines and 29 percent said they personally know someone with a prescription pain medicine problem.

In 2015, Jefferson County had 16 unintentional drug overdose deaths in and 80 drug abuse convictions. Substance abuse has been recognized as a priority at both the state and national levels.

Goal 2.1: Decrease overdose and opioid related deaths by 20 percent in the next three years.	
Objective	**Status Update**
Objective 2.1.1: Increase the distribution of Narcan (Naloxone) throughout Jefferson County by approximately 500 percent by 2020	2018: 43 kits 2019: 82 kits
Objective 2.1.2: Identify drug addiction and counseling and treatment services available in the county and create a community directory for dissemination throughout Jefferson County by 11.20.18	A pamphlet containing community resources for drug addiction and counseling services has been developed and is available.
Objective 2.1.3: Reach out to 9 smaller communities within Jefferson County to distribute the directory created in Objective 2.1.1 by 12.31.2020	Activities currently occurring to accomplish this goal
Objective 2.1.4: Promote crisis intervention number when speaking with community groups and when training personnel to use Naloxone by 12.31.2020	Activities currently occurring to accomplish this goal
Objective 2.1.5: Explore the potential for soft hand offs to treatment facilities for individuals who overdose or are identified as high risk for overdosing by 06.2019	Efforts are currently underway to explore this issue. The Health Commissioner and Director of Nursing meet on a regular basis with the Jefferson county Recovery and Prevention Board.

Goal 2.2: Increase knowledge of negative effects of opioid use among youth, teachers, and parents in Jefferson County.	
Objective	**Status Update**
Objective 2.2.1: Provide drug use education programming to all public elementary schools in Jefferson County by 12.31.2020	This goal may not be attainable due to COVID -19 pandemic altering school schedules and attendance.
Objective 2.2.2: Educate parents about drug boxes where any kind of drug (legal or not) can be left with no questions asked by 12.31.2020	Complete 10/2019 via social media and news release posts.

Priority #3: Environmental Health

One focus for the environmental health work group is open dumping, especially the open dumping of scrap tires. Open dumps including scrap tires are a significant problem for Jefferson County, with 2 – 3 such sites being identified and cleaned up annually. These dump sites pose a significant public health risk as they provide breeding grounds for mosquitoes, including those that transmit viruses such as West Nile.

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Jefferson County Health Department feels it has existing capacity to evaluate and coordinate clean-up of more illegal tire dump sites, if those sites can be identified. The department seeks to reduce the prevalence of existing dumps through better detection and by conducting more clean-ups. JCHD would also like prevent future dumping by informing the public of the health risks posed by such dumps and by encouraging courts to sentence people with litter violations to participate in clean up as community service.

A second focus for the environmental health work group is increasing public awareness of the risk of radon exposure in their homes and providing resources to people whose homes test positive for radon.

Goal 3.1 Increase the number of tire dumps cleaned up utilizing state funds.	
Objective	**Status Update**
Objective 3.1.1: Educate county and city employees who regularly patrol or travel through rural parts of Jefferson County on why illegal dumping is dangerous and how they can report it by 5.1.21	05/2018 Letter/information sent to Township Trustees regarding illegal dumping
Objective 3.1.2: Conduct a public awareness campaign to let residents of Jefferson County know about the public health impacts of tire dumps and how they can report illegal tire dumps by 5.21.2021	05/2018 website, social media posts
Objective 3.1.3: Create an Adopt-a Highway program to raise awareness and reduce littering by December 2020	Objective activities pending

Goal 3.2 Prevent future tire dumping incidents by changing perceptions of the seriousness of the problem among residents and key stakeholders. Objective(s) that address **policy change(s)** needed to accomplish goal: 3.2.1	
Objective	**Status Update**
Objective 3.2.1: Draft a model policy for courts to adopt that mandates punishment for littering related to litter clean up by 2021.	Objective activities pending
Objective 3.2.2: Conduct a public awareness campaign to let residents of Jefferson County know about the public health impacts of tire dumps and how they can report illegal tire dump	Objective activities pending
Objective 3.2.3: Help JB Green Team publicize its litter prevention and reduction efforts.	Complete. Website utilized to market JB Green Team activities and services for the community. The Website includes a direct link to the JB Green Team website.

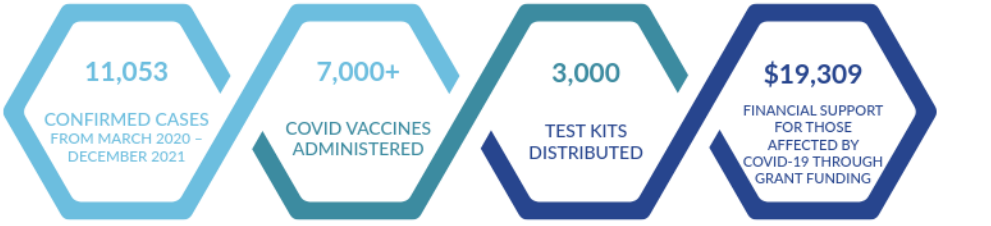
Goal 3.3 Increase access to radon screening in homes in Jefferson County to reduce the number of people living in homes with radon exposure that is not remediated.	
Objective	**Status Update**
Objective 3.3.1: Provide at least 25 free radon test kits to Jefferson County residents by August, 2018.	08/2018 25 Radon kits donated by Trinity Health System and distributed to the community
Objective 3.3.2: Follow up with those who receive positive results for radon in their homes within 6 months of obtaining a free kit.	Verification of activity pending. Test results forwarded to Trinity Healthcare according to Accreditation Coordinator notes.
Objective 3.3.3: Educate Jefferson County residents about the high rate of lung cancer in the county and about the link between radon exposure and smoking in dramatically increasing lung cancer risk via brochures distributed to various locations by August, 2019.	Complete. Activities included attending county fairs, farmers market, packets and brochures developed and distributed.

COVID-19 RESPONSE

The Jefferson County General Health District worked tirelessly, alongside Trinity Health System and other community partners, to protect the health of Jefferson County and care for those in need throughout the COVID-19 pandemic. Vital functions of the pandemic included educating the community on potential symptoms and impacts of the virus, ensuring COVID-19 mitigation strategies were followed, case investigation, helping coordinate access to testing, securing resources such as food and temporary housing for those in isolation, and vaccinating the community at a rapid pace. While the pandemic shifted the focus of many community partners for nearly two years, the relationships built by community agencies grew tremendously during these unprecedented times. One of the most noteworthy partnerships was a unified call center for vaccine appointment scheduling. This allowed county residents to access schedules for several vaccine locations in the service area by calling one centralized phone number. The days were dark but the collaboration shined brighter than ever. The vision is for these collaborative efforts to continue into the future with a common goal of a healthier Jefferson County.

In addition to the collaborative effort, as part of Trinity Health System's community outreach, we provided employee volunteers to our local food bank to assist with providing food to local residents who were hardest hit by the pandemic with loss of income and children being at home. We volunteered over 10,000 hours collectively to help with the food bank distribution.

JEFFERSON COUNTY HEALTH DEPARTMENT



**Food, household goods, prescription, utilities, housing*

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HOSPITAL UTILIZATION DATA

Table 5 shows treatment and procedures for the fiscal year ending March 31, 2022 with a month to data 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 (291%)
- Respiratory Therapy Procedures (32%)
- Rehabilitation Service Visits (13%)
- Open Heart Surgery (3%)
- General Radiation (3%)
- Laboratory Procedures (1%)

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

- Echocardiograms (65%)
- Cardiac Catheterizations (26%)
- Urgent Care Visits (18%)
- Endoscopy Procedures (17%)
- Radiation Therapy Procedures (10%)
- EEG Tests (6%)
- PET/CT Exams (5%)
- Rehabilitation Service Visits (2%)
- General Surgery (1%)

Table 5: Trinity Medical Center Treatments and Procedures FYE March 31, 2022

	MONTH-TO-DATE				YEAR-TO-DATE			
	CURRENT		PRIOR YEAR		CURRENT		PRIOR YEAR	
	IP	OP	IP	OP	IP	OP	IP	OP
PATIENT CARE SERVICES								
OUTPATIENT AMBULATORY PROCEDURES	1	53	1	405	13	2,155	19	3,416
SLEEP STUDIES	8	200	4	293	86	1,953	22	1,983
CHEMICAL DEPENDENCY VISITS	43	217	42	293	365	1,707	452	2,229
MENTAL HEALTH VISITS	277	386	279	571	2,260	3,006	2,286	3,983
WORK CARE VISITS	N/A	561	N/A	682	0	5,306	0	5,560
HOME HEALTH VISITS	N/A	1,168	N/A	1,610	0	10,367	0	13,826
PAIN CLINIC VISITS	N/A	0	N/A	0	0	0	0	0
ENDOSCOPY PROCEDURES	70	448	75	445	447	3,782	472	3,239
BIRTHS	27	N/A	18	N/A	221	0	224	0
PEDIATRIC CLINIC	N/A	0	N/A	0	0	0	0	0

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	MONTH-TO-DATE				YEAR-TO-DATE			
	CURRENT		PRIOR YEAR		CURRENT		PRIOR YEAR	
	IP	OP	IP	OP	IP	OP	IP	OP
EMERGENCY DEPARTMENT VISITS	N/A	2,359	N/A	2,679	0	22,994	0	23,725
URGENT CARE VISITS	N/A	1,493	N/A	1,355	0	15,164	0	12,857
CADIZ CLINIC VISITS	N/A	275	N/A	243	0	3,162	0	1,684
CALCUTTA CLINIC VISITS	N/A	440	N/A	282	0	4,906	0	2,768
TORONTO CLINIC VISITS	N/A	0	N/A	0	0	0	0	1,683
LABORATORY PROCEDURES	24,494	65,825	25,463	69,121	244,063	544,365	240,507	545,844
REHABILITATION SERVICES								
VISITS	2,050	2,530	1,947	2,753	18,495	22,787	16,418	22,406
PHYSICAL THERAPY	2,800	3,030	2,715	3,211	25,357	27,281	23,150	24,415
PHYSICAL THERAPY - ARENA	N/A	2,930	N/A	3,460	0	26,373	0	27,661
OCCUPATIONAL THERAPY	2,911	409	2,635	541	26,199	3,684	22,190	4,837
SPEECH THERAPY	246	42	197	50	2,217	378	1,880	293
TORONTO REHAB	N/A	863	N/A	896	0	7,770	0	7,507
TOTAL UNITS	5,957	7,274	5,547	8,158	53,773	65,486	47,220	64,713
GENERAL SURGERY	121	257	114	208	867	1,953	932	1,926
OPEN HEART SURGERY	7	0	9	N/A	64	0	62	0
CARDIAC CATHETERIZATION LAB								
CARDIAC CATHETERIZATIONS	39	144	59	142	328	1,196	406	952
INTERVENTIONS	19	36	42	39	222	403	263	326
PERIPHERAL LABS	8	60	35	111	197	665	316	769
TOTAL PV/CATH PROCEDURES	47	204	94	253	525	1,861	722	1,721
RADIOLOGY								
PATIENTS	1,068	6,355	1,216	6,765	10,268	52,881	10,675	54,213
GENERAL RADIO/FLOURO	668	3,206	759	3,340	7,112	27,176	6,935	27,861
NUCLEAR MEDICINE	36	78	57	99	254	643	509	687
NUCLEAR MEDICINE - MARKET STREET	N/A	59	N/A	66	0	439	0	452
PET/CT EXAMS	N/A	75	N/A	63	0	604	0	577
ULTRASOUND	150	657	185	819	1,288	5,059	1,483	5,756
CT SCANS	186	1,702	189	1,936	1,482	14,010	1,615	14,923
INTERVENTIONAL RADIOLOGY EXAMS	42	174	80	269	591	1,795	721	2,081
IMAGES	N/A	927	N/A	947	0	7,473	0	6,970
MAGNETIC RESONANCE IMAGING	68	411	73	426	451	3,503	502	3,526
TORONTO OP EXAMS	N/A	81	N/A	0	0	192	0	615
ONCOLOGY SERVICES								
PATIENTS	4	153	4	139	25	1,230	26	1,084
PROCEDURES	12	788	4	543	56	5,727	59	5,214
SIMULATIONS	0	48	1	40	7	405	7	378
MEDICAL CHEMOTHERAPY VISITS	N/A	336	N/A	447	0	3,243	0	3,379
RESPIRATORY THERAPY								
PATIENTS	426	346	458	439	4,347	3,290	4,079	3,493
PROCEDURES	11,389	1,643	11,963	1,673	130,326	13,175	98,612	13,519
DIAGNOSTICS								
EEG TESTS	62	193	55	193	401	1,422	419	1,343
EKG TESTS	750	750	841	1,322	6,656	9,377	7,702	11,048
ECHOCARDIOGRAMS	217	319	237	301	1,628	2,864	2,161	1,733
TOTAL OUTPATIENT PROCEDURES		87,934						

Source: Trinity Health System, 2022

Table 6: Trinity Medical Center Treatments and Procedures Percent Change FYE March 31, 2022

	MONTH-TO-DATE		YEAR-TO-DATE	
	CURRENT to PRIOR YEAR		PRIOR YEAR	
	IP	OP	IP	OP
PATIENT CARE SERVICES				
OUTPATIENT AMBULATORY PROCEDURES	0%	-87%	-32%	-37%
SLEEP STUDIES	100%	-32%	291%	-2%
CHEMICAL DEPENDENCY VISITS	2%	-26%	-19%	-23%
MENTAL HEALTH VISITS	-1%	-32%	-1%	-25%
WORK CARE VISITS	0%	-18%	0%	-5%
HOME HEALTH VISITS	0%	-27%	0%	-25%
PAIN CLINIC VISITS	0%	0%	0%	0%
ENDOSCOPY PROCEDURES	-7%	1%	-5%	17%
OB CLINIC VISITS	0%	0%	0%	0%
BIRTHS	50%	0%	-1%	0%
PEDIATRIC CLINIC	0%	0%	0%	0%
EMERGENCY DEPARTMENT VISITS	0%	-12%	0%	-3%
URGENT CARE VISITS	0%	10%	0%	18%
TORONTO CLINIC VISITS	0%	0%	0%	-100%
LABORATORY PROCEDURES	-4%	-5%	1%	0%
REHABILITATION SERVICES				
VISITS	5%	-8%	13%	2%
PHYSICAL THERAPY	3%	-6%	10%	12%
PHYSICAL THERAPY - ARENA	0%	-15%	0%	-5%
OCCUPATIONAL THERAPY	10%	-24%	18%	-24%
SPEECH THERAPY	25%	-16%	18%	29%
AUDIOLOGY	0%	0%	0%	0%
TORONTO REHAB	0%	-4%	0%	4%
TOTAL MODALITIES	7%	-11%	14%	1%
GENERAL SURGERY	6%	24%	-7%	1%
OPEN HEART SURGERY	-22%	0%	3%	0%
CARDIAC CATHETERIZATION LAB				
CARDIAC CATHETERIZATIONS	-34%	1%	-19%	26%
INTERVENTIONS	-55%	-8%	-16%	24%
PERIPHERAL LABS	-77%	-46%	-38%	-14%
TOTAL PV/CATH PROCEDURES	-50%	-19%	-27%	8%
RADIOLOGY				
PATIENTS	-12%	-6%	-4%	-2%
GENERAL RADIO/FLOURO	-12%	-4%	3%	-2%
NUCLEAR MEDICINE	-37%	-21%	-50%	-6%
NUCLEAR MEDICINE - MARKET STREET	0%	-11%	0%	-3%
PET/CT EXAMS	0%	19%	0%	5%
ULTRASOUND	-19%	-20%	-13%	-12%
CT SCANS	-2%	-12%	-8%	-6%
IMAGES	0%	-2%	0%	7%
MAGNETIC RESONANCE IMAGING	-7%	-4%	-10%	-1%
TORONTO OP EXAMS	0%	0%	0%	-69%

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	MONTH-TO-DATE		YEAR-TO-DATE	
	CURRENT to PRIOR YEAR		PRIOR YEAR	
	IP	OP	IP	OP
RADIATION THERAPY				
PATIENTS	0%	10%	-4%	13%
PROCEDURES	200%	45%	-5%	10%
SIMULATIONS	-100%	20%	0%	7%
MEDICAL CHEMOTHERAPY VISITS	0%	-25%	0%	-4%
RESPIRATORY THERAPY				
PATIENTS	-7%	-21%	7%	-6%
PROCEDURES	-5%	-2%	32%	-3%
DIAGNOSTICS				
EEG TESTS	13%	0%	-4%	6%
EKG TESTS	-11%	-43%	-14%	-15%
ECHOCARDIOGRAMS	-8%	6%	-25%	65%

Source: Trinity Health System, 2022

GENERAL FINDINGS

Health Status

Measures of general health status provide information on the health of a population, especially through the monitoring of life expectancy, health life expectancy, years of potential life lost, physically and mentally unhealthy days, self-assessed health status, limitation of activity, and chronic disease prevention.

WHERE WE ARE MAKING A DIFFERENCE

No areas were prevalent from the secondary data.

WHAT THE COMMUNITY IS SAYING

Community survey respondents were asked to rate the overall health status of the community. Just under half rate the health status of the community as “Fair or Poor” (16.5% THS and 16.6% JCGHD). All of the focus group participants rated the health of the community as “Fair”.

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WHERE THERE ARE OPPORTUNITIES

Health as Fair or Poor

Although the percentage of adults who report their health as fair or poor in Jefferson County decreased from 24.3% in 2013 to 21.6% in 2022, the county was higher when compared to both the state of Ohio (18.1%) and the nation (17.0%). The percentage of adults in Belmont County who report their health as fair or poor has increased from 15.9% in 2013 to 20.5% in 2022, which was higher than both the state and nation. The same is true for Harrison County which increased from 18.8% in 2013 to 22.0% in 2022.

In West Virginia, the percentage of adults who report their health as fair or poor increased between 2013 and 2022 in Brooke (18.0% to 22.0%), Hancock (16.8% to 23.6%) and Ohio (14.0% to 21.0%) counties. In 2022, the percentage reporting health as fair or poor in the state of West Virginia was 24.3% while the nation was 17.0%. All three counties were lower than the state, although higher than the nation.

ACCESS TO QUALITY HEALTHCARE

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.

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.

WHERE THERE ARE OPPORTUNITIES

Physical Distress

Adults in Jefferson (15.1%), Belmont (14.2%) and Harrison (15.3%) counties were more likely to report being in frequent physical distress compared to the state of Ohio (13.0%).

Dental Visits

In 2020, fewer adults in Jefferson (55.0%) counties reported having visited a dentist in the past year compared to the state of Ohio (64.4%).

WHERE WE ARE MAKING A DIFFERENCE

Health Insurance

The percentage of uninsured individuals in Jefferson County has decreased from 14.3% in 2013 to 7.9% in 2022, which is comparable to the state of Ohio (7.9%) and below the nation (11.0%). The percentage of uninsured individuals in Belmont (14.1% to 7.5%) and Harrison (15.3% to 8.7%) counties also decreased during this time frame, although Harrison County was slightly higher than the state in 2022.

Between 2013 and 2022, the percentage of uninsured individuals in Brooke (16.4% to 7.0%), Hancock (16.1% to 8.5%) and Ohio (15.6% to 6.7%) counties decreased. In 2022, the percentage of uninsured individuals in the state of West Virginia was 8.1%, with Ohio and Brooke counties lower than the state and Hancock County comparable.

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Physical Distress

Adults in Brooke (15.6%), Hancock (16.7%) and Ohio (15.1%) counties were less likely to report being in frequent physical distress compared to the state of West Virginia (17.4%).

WHAT THE COMMUNITY IS SAYING

Almost one third (31.0% THS and 31.0% JCGHD) of community survey respondents are not "Always" able to access needed care. Figures 14 and 15 illustrates community survey respondents experience related to why they are unable to access needed care.

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

Source: 2022 Trinity Community Survey, Strategy Solutions, Inc. 2022

Figure 15: What the Community is Saying – Barriers to Accessing Needed Care JCGHD

Source: 2022 Trinity Community Survey, Strategy Solutions, Inc. 2022

Community survey respondents were most likely to travel to access the following services:

- Primary Care (10.3% THS, 10.1% JCGHD)
- Dental Care (9.5% THS, 9.2% JCGHD)
- Vision/Eye Care (7.5% THS, 7.5% JCGHD)

Several community survey respondents highlighted the need for additional services for the aging population.

Respondents do no not think residents can access the following when needed:

- Mental health providers (39.1% THS, 38.8% JCGHD)
- Substance use providers (32.6% THS, 32.0% JCGHD)
- Medical specialists (24.0% THS, 24.2% JCGHD)
- Transportation for medical appointments (21.5% THS, 20.9% JCGHD)
- Dentists (18.3% THS, 18.4% JCGHD)
- Providers accepting Medicaid/Medicare (17.5% THS, 17.6% JCGHD)
- Primary Care Providers (14.7% THS, 15.0% JCGHD)

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 or there is nowhere else for them to go. The lack of awareness of available services as well as what level to utilize under which circumstances was mentioned. Another spoke of the need for better coordinated care among agencies/service providers. It was noted that with some on a diversion, there is a need for an additional emergency hospital. Others talked about the need for a 24-hour primary care facilitated like a Med Express, but that accepts all insurances. The need for more providers to accept insurance and for insurance to be accepted in neighboring states was also noted. Access to care in general was also noted by a few providers. One mentioned the cost of insulin and another mentioned a sliding scale for diabetics as challenges for those with diabetes.

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CHRONIC DISEASE

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

WHERE THERE ARE OPPORTUNITIES

Cancer

In 2020, a higher percentage of adults in Jefferson (9.9%) and Belmont (12.2%) counties had ever been told they had cancer compared to the state of Ohio (7.2%).

For years 2014-2018, Jefferson County (489.2) had a higher cancer incidence rate per 100,000 when compared to the state of Ohio (467.5). The incidence rate had been fairly steady over the past 5 years. In 2015-2019, Jefferson (190.1) and Harrison (168.6) counties had a higher cancer mortality rate when compared to the state of Ohio (169.4). The mortality rate for both counties and the state did decrease in comparison to the previous 5 years.

During this time, the cancer incidence rate for children was higher in Jefferson County when compared to the state of Ohio for children younger than 15 and below (30.5 and 17.0 respectively) as well as children younger than 20 (29.8 and 18.8 respectively). Data was not available for Belmont and Harrison counties. Mortality data is not available for childhood cancer for the counties in the service area.

The breast cancer incidence rate was higher in Brooke (135.8), Hancock (130.1) and Ohio (143.7) counties in 2014-2018 when compared to the state of West Virginia (118.7). The rate for the counties and state have remained steady over the past 5 years. In 2015-2019, the breast cancer mortality rate was higher in Ohio County (22.0) when compared to the state of West Virginia (21.6), with the county rate remaining steady since the 5 years prior.

In 2021, a lower percentage of women in Jefferson County had received a mammogram screening (35.0%) when compared to the state of Ohio (45.0%). The same is true for Brooke (35.0%) and Hancock (40.0%) counties when compared to the state of West Virginia (41.0%).

The ovarian cancer incidence rate was higher in Hancock (14.4) and Ohio (13.9) counties in comparison to the state of West Virginia (12.0) in 2014-2018. Data was not available for Brooke County. Mortality data was not available for counties in the service area.

The colon and rectum cancer incidence rate was higher in Jefferson (42.8) and Belmont (44.8) counites in comparison to the state of Ohio (41.3) for years 2014-2018. Although the rate in the counties was higher in comparison to the state, the rate has been decreasing over the past 5 years.

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In 2015-2019, the cancer mortality rate was higher in Jefferson County (19.0) compared to the state of Ohio (14.8), with Belmont County (14.9) comparable to the state. Morality data was not available for Harrison County.

The lung and bronchus cancer incidence rate in 2014-2018 was higher in Jefferson (74.8) and Belmont (68.7) counties in comparison to the state of Ohio (67.3). The rate for the counites has remained steady over the past 5 years, while the rate for the state has decreased. The rate was higher in Brooke County (81.5) when compared to the state of West Virginia (79.0). For 2015-2019, the mortality rate was higher in Jefferson (50.2), Belmont (51.0) and Harrison (46.3) counties compared to the state of Ohio (45.0%). When looking at the previous 5 years, the rate for the counties has decreased while it has increased for the state. During this time the mortality rate was higher in Brooke County (53.1) when compared to the state of West Virginia (51.6) and has remained steady since the 5 years prior.

During this time the prostate cancer incidence rate was higher in Brooke (104.0) and Ohio (119.7) counties when compared to the state of West Virginia (94.3). The rate for Belmont County has deceased over the last 5 years with the rate for Ohio County and the state have remained steady. The prostate cancer mortality rate was higher in Belmont County (20.4) when compared to the state of Ohio in 2015-2019. Mortality data was not available for Harrison County.

Obesity

The percentage of adults who are obese has increased in Jefferson County from 36.5% in 2013 to 38.1% in 2022, which was higher than the state of Ohio (33.1%), nation (32.0%) and Healthy People 2030 Goal (36.0%). The same is true for Belmont (30.9% to 35.1%) and Harrison (25.5% to 36.5%) counties.

Between 2013 and 2022, the percentage of adults who are obese increased in Brooke (36.0% to 37.6%), Hancock (32.4% to 37.3%) and Ohio (30.0% to 37.7%) counties. In 2022, the percentage of adults considered obese in the state of West Virginia was 39.7%, with all three counties lower in comparison.

Heart Related

In 2020, a higher percentage of adults in Jefferson (7.7%), Belmont (7.6%), and Harrison (11.1%) counties had ever been told they had a heart attack compared to the state of Ohio (4.8%).

That year, a higher percentage of adults in Jefferson (7.7%), Belmont (5.0%) and Harrison (12.7%) counties had ever been told they had a stroke compared to the state of Ohio (4.0%).

Respiratory

In 2020, a higher percentage of adults in Jefferson (14.0), Belmont (12.2%), and Harrison (14.3%) counties had ever been told they had COPD compared to the state of Ohio (7.9%).

WHERE WE ARE MAKING A DIFFERENCE

Diabetes

The percentage of adults with diabetes has decreased in Jefferson County from 14.3% in 2013 to 11.0% in 2022, which was just above that of the state of Ohio (10.3%) and nation (9.0%). The percentage in Belmont County decreased slightly during this time period (11.5% to 10.3%) and was comparable to the state and just above the nation. The same is true for Harrison County which decreased from 14.1% to 10.9% and was just above the state and nation.

Between 2013 and 2022, the percentage of adults with diabetes decreased in Brooke (15.5% to 10.8%), Hancock (14.0% to 11.8%) and Ohio (13.0% to 10.6%) counties. In 2022, the percentage of adults with diabetes in the state of West Virginia was 13.0% and the nation was 9.0%. All the counties were lower than the state and higher than the nation.

Cancer

For years 2014-2018, Belmont (431.6) and Harrison (401.7) counties had a lower cancer incidence rate per 100,000 when compared to the state of Ohio (467.5). When looking at the 5-year trend, Belmont County saw a decrease in the cancer incidence rate, while Harrison County remained steady. In 2015-2019, the cancer mortality rate was lower in Belmont (164.1) and Harrison (168.6) counties when compared to the state of Ohio (169.4) and has decreased since the 5 years prior.

Brooke (469.4), Hancock (482.4) and Ohio (473.1) counties had a lower cancer incidence rate in 2014-2018 in comparison to the state of West Virginia (483.5). The rate has decreased over the past 5 years in Hancock County and remained fairly steady in the other counties as well as the state. In 2015-2019, Hancock (161.7) and Ohio (176.7) had a lower cancer mortality rate when compared to the state of West Virginia (180.2), with both counties and the state showing a decrease since the 5 years prior. Mortality data was not available for Brooke County.

During this timeframe, Jefferson (121.7), Belmont (119.7) and Harrison (113.5) counties had a lower breast cancer incidence rate when compared to the state of Ohio (129.6). The counties have remained steady over the past 5 years while the state rate has increased. For 2015-2019, the breast cancer mortality rate was lower in Jefferson (17.9) and Belmont (20.5) counties when compared to the state of Ohio (21.6) with the rate for the counties and state decreasing over the recent 5 years. During this time the breast cancer mortality rate was also lower in Hancock County (17.7) when compared to the state of West Virginia (21.6), with Brooke County (21.3) having a rate comparable to the state. The rate for Hancock County and the state decreased since the 5 years prior.

For years 2014-2018, the ovarian cancer incidence rate for Jefferson (8.9) and Belmont (10.1) counties was lower compared to the state of Ohio (10.3). The rate in Jefferson County and the

state of Ohio has been decreasing over the past 5 years, while the rate for Belmont County has remained steady. Data was not available for Harrison County.

The colon and rectum cancer incidence rate was lower in Harrison County (38.5) in comparison to the state of Ohio (41.3) for years 2014-2018. The county rate has also been decreasing over the past 5 years. The rate was also lower in Brooke (42.5), Hancock (41.9) and Ohio (37.6) counties in comparison to the state of West Virginia (46.1), with all counties showing a decrease over the past 5 years. In 2015-2019, the colon and rectum cancer mortality rate was lower in Brooke (12.0), Hancock (16.1) and Ohio (15.3) counties when compared to the state of West Virginia (17.0) with the counties and the state reporting a decrease since the 5 years prior.

The lung and bronchus cancer incidence rate in 2014-2018 was lower in Harrison County (51.8) in comparison to the state of Ohio (67.3). The rate for the county and state have decreased over the past 5 years. The rate was also lower in Hancock (71.2) and Ohio (69.4) counties when compared to the state of West Virginia (79.0). In 2015-2019, the lung and bronchus cancer mortality rate was lower in Hancock County (48.4) when compared to the state of West Virginia (51.6), while Ohio County (51.2) was comparable. The rate for both counties and the state had decreased since the 5 years prior.

During this timeframe, the prostate cancer incidence rate was lower in Jefferson (92.1), Belmont (91.2) and Harrison (106.6) counties when compared to the state of Ohio (107.2). The rate for Belmont County has decreased over the past 5 years while the other counties and state have remained steady. The rate was lower in Hancock County (93.5) when compared to the state of West Virginia (94.3), and the county rate has been decreasing. In 2015-2019, the prostate cancer mortality rate in Jefferson County (14.0) was lower when compared to the state of Ohio (19.4) and has decreased since the prior 5 years. During this time, the mortality rate was also lower in Hancock (15.5) and Ohio (14.1) counties when compared to the state of West Virginia (16.8). Mortality data was not available for Brooke County.

WHAT THE COMMUNITY IS SAYING

Community survey respondents identified the following among the top 10 problems in the community:

- Overweight (88.6% THS, 88.9% JCGHD)
- Obesity (88.1% THS, 88.4% JCGHD)
- Cancer (79.3% THS, 79.7% JCGHD)

Focus group participants talked about the high incidence of certain conditions like diabetes and cancer. Others talked about the fact that there are a lot of chronic health issues and chronic respiratory issues due to the mills. The EMS providers noted that they see a lot of noncompliance when it comes to managing chronic conditions.

Stakeholders mentioned diabetes, cancer, obesity, hypertension and heart related conditions among the top 3 needs of the community. One mentioned that people are dealing with chronic pain.

PHYSICAL ACTIVITY AND NUTRITION

"It would be great to have walkable areas for health outdoors. A safe trail that connects from town to town."

- Community Survey Respondent

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones, and joints. Proper nutrition and maintaining a

WHERE THERE ARE OPPORTUNITIES

Physical Activity

While the percentage of adults in Jefferson County who report physical inactivity has fluctuated between 2013 and 2022, there was a decrease between 2021 (36.1%) and 2022 (33.9%). Although there was a decrease in the most recent year, in 2022 the county was well above that state of Ohio (27.6%), nation 26.0% and Healthy People 2030 Goal (21.2%).

The percentage of adults who report physical inactivity in Belmont County increased from 30.0% in 2013 to 33.8% in 2022, which was higher when compared to the state, nation and Healthy People 2030 Goal.

In Hancock County the percentage of adults who report physical inactivity increased from 28.8% in 2013 to 31.4% in 2022, which was higher than the state of West Virginia (29.5%), nation (26.0%) and Healthy People 2030 Goal (21.2%).

The percentage also increased in Harrison County during the same time period from 30.6% to 32.8%, which was above the state, nation and Healthy People 2030 Goal.

In 2020, a lower percentage of residents in Jefferson (66.7%), Belmont (67.6%) and Harrison (71.4%) counties report have been physically active in the past 30 days when compared to the state of Ohio (75.3%).

Access to Exercise Opportunities

The percentage of adults with access to exercise opportunities in Jefferson County has fluctuated and in recent years decreased from 83.7% in 2021 to 59.4% in 2022. In 2022, the county was below both the state of Ohio (77.2%) and nation (80.0%). The percentage also decreased in Belmont (52.1% in 2014 to 39.4% in 2022) and Harrison (22.3% and 15.9% respectively) counties. In 2022, all three counties fell below the state and nation.

The percentage of adults with access to exercise opportunities during this time period also decreased in Brooke (85.3% to 57.9%) and Ohio (86.6% to 81.4%) counties. In 2022, the percentage for the state of West Virginia was 49.9%, with both counties having a higher percentage of adults with access.

Food Insecurity

The percentage of individuals in Jefferson County with a food insecurity has remained fairly consistent with 16.8% reporting food insecurity in 2014

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compared to 16.4% in 2022. In 2022, the county has a higher percentage of individuals with a food insecurity when compared to the state of Ohio (13.2%), nation (11.0%) and Healthy People 2030 Goal (6.0%).

The percentage decreased slightly in Belmont County (14.3% to 13.9%) during that time period and was comparable to the state of Ohio (13.2%), although higher than the nation and Healthy People 2030 Goal. The same is true for Harrison County which decreased from 16.2% in 2013 to 15.4% in 2022, higher than the state of Ohio, nation and Healthy People 2030 Goal.

Access to Healthy Foods

The percentage of residents with limited access to healthy foods in Jefferson County has increased from 8.5% in 2013 to 10.1% in 2022. In 2022, the county was higher than both the state of Ohio (6.9%) and the nation (6.0%). The percentage also increased in Belmont (4.9% to 6.9%) and Harrison (0.9% to 4.6%) counties during this timeframe.

The percentage of residents with limited access to healthy foods increased in Hancock County increased from 8.9% in 2013 to 17.4% in 2022, which was higher than the state of West Virginia (7.5%) and nation (6.0%).

Free or Reduced Lunch

The percentage of students receiving free or reduced lunch has increased in Jefferson County from 50.0% in 2013 to 57.9% in 2022, which was higher compared to the state of Ohio (35.8%) and nation (52.0%). During this timeframe the percentage also increased in Belmont (37.9% to 47.6%) and Harrison (46.3% to 55.5%), both higher than the state.

The percentage of students receiving free or reduced lunch increased in Hancock County during this time period from 41.3% to 44.4%, although lower than the state of West Virginia (52.0%) and nation (52.0%). The same is true for Ohio County (40.2% to 43.0%).

WHERE WE ARE MAKING A DIFFERENCE

Physical Activity

The percentage of adults who report physical inactivity has decreased in Brooke County from 35.7% in 2013 to 30.6% in 2022. The percentage for the state of West Virginia in 2022 was 29.5%. Although the percentage has decreased for the county it remains higher than the state, nation (26.0%) and Healthy People 2030 Goal (21.2%).

The percentage also decreased in Ohio County from 30.6% in 2013 to 28.5% in 2022, which was just below the state, although higher than the nation and Healthy People 2030 Goal.

Access to Exercise Opportunities

The percentage of adults in Hancock County with access to exercise opportunities increased from 67.5% in 2014 to 76.9% in 2022, which was higher than the state of West Virginia (49.9%) and just below the nation (80.0%).

Food Insecurity

The percentage of individuals with a food insecurity has decreased in Brooke County from 14.4% in 2014 to 11.5% in 2022, which was lower than the state of West Virginia (13.5%),

comparable to the nation (11.0%), but above the Healthy People 2030 Goal (6.0%). The same is true for Hancock (16.1% to 11.8%) and Ohio (14.2% to 10.8%) counties.

Access to Healthy Foods

The percentage of residents with limited access to healthy foods decreased in Brooke County from 6.3% in 2013 to 4.8% in 2022, which was lower than the state of West Virginia (7.5%) and nation (6.0%). During the time period the percentage also deceased for Ohio County from 10.4% to 6.5%, just below the state yet above the nation.

Free or Reduced Lunch

The percentage of students receiving free or reduced lunch has decreased in Brooke County from 38.9% in 2013 to 32.3% in 2022, which was lower than the state of West Virginia (52.0%) and nation (52.0%).

WHAT THE COMMUNITY IS SAYING

As seen in Figure 16, Access to Fresh Fruits and Vegetables (63.9% THS, 63.7% JCGHD), Lack of Safe Places to Walk and Play (75.5% THS, 75.9% JCGHD) and Access to Healthy Food (74.9% THS, 73.9% JCGHD) were identified as top community health needs by community survey respondents. There were also comments shared related to the need for a grocery store as well as access to safe outdoor recreation.

Figure 16: What the Community is Saying – Physical Activity and Nutrition

Source: 2022 Trinity Community Survey, Strategy Solutions, Inc. 2022

Focus group participants talked about the socioeconomic impact on the ability for one to make healthy eating choices. They noted that you can buy a hamburger for $1 or a salad for $9. This group also talked about the fact that some jobs do not give people the ability to sit down and eat a healthy meal, rather they can just grab fast food. Others noted that people need to be educated on healthy eating. Other participants talked about the culture and the fact you don't see people out walking, hiking or biking like you do in other communities. They noted that while trails are available people do not take advantage of them, highlighting safety concerns. One stakeholder talked about the fact that while food pantries are available in the community people may be embarrassed to receive support. There is the need for community education on healthy eating and how to do so within one's budget. People often think that it is cheaper to eat unhealthily but you can buy fresh fruits and vegetables at Aldi's for a reasonable price. One also spoke of the tie to health conditions with poor nutrition and the lack of exercise. Another spoke of the importance to educating youth on healthy eating and the tie to poor health. Many kids are not exposed to fresh fruits and vegetables so they are quick to say they do not like them.

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TOBACCO USE

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

WHERE THERE ARE OPPORTUNITIES

The percentage of adults who smoke in Belmont County increased from 21.7% in 2013 to 25.8% in 2022, which was higher than the state of Ohio (21.8%), nation (16.0%) and Healthy People 2030 Goal (16.2%).

The percentage of adults who smoke has increased in Hancock County from 22.6% in 2013 to 24.8% in 2022, which was lower than the state of West Virginia (26.1%), although higher than the nation (16.0%) and Healthy People 2030 Goal (16.2%).

The percentage who report being a current smoker in 2020, was higher in Jefferson (23.0%) and Harrison (18.0%) counties when compared to the state of Ohio (18.0%).

WHERE WE ARE MAKING A DIFFERENCE

The percentage of adults who smoke in Jefferson County decreased from 28.5% in 2013 to 26.4% in 2022, although remain higher than the state of Ohio (21.8%), nation (16.0%) and Healthy People 2030 Goal (16.2%). The percentage of adults who smoke also decreased in Harrison County from 34.2% in 2014 to 27.8% in 2022, which was higher than the state, nation and Healthy People 2030 Goal.

The percentage of adults who smoke in Brooke County decreased from 26.1% in 2013 to 23.7% in 2022, which was lower than the state of West Virginia (26.1%), although higher than the nation (16.0%) and Healthy People 2030 Goal (16.2%). The same is true for Ohio County which decreased from 28.0% in 2013 to 21.8% in 2022, lower than the state although higher than the nation and Healthy People 2030 Goal.

WHAT THE COMMUNITY IS SAYING

Community survey respondents identified tobacco (81.9% THS, 82.0% JCGHD) among the Top 10 community problems. Vaping (66.5% THS, 66.6% JCGHD) was also identified as a community problem.

Focus Group participants and stakeholders did not talk about tobacco use.

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MENTAL HEALTH AND SUBSTANCE USE DISORDER

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

In 2020, a higher percentage of residents in Jefferson (23.9%), Belmont (23.9%), and Harrison (27.0%) counties have been told they have a depressive disorder when compared to the state of Ohio (21.9%).

The percentage of individuals in Jefferson County who report frequent mental distress has increased from 12.6% in 2016 to 19.0% in 2022, which is higher than both the state of Ohio (17.1%) and nation (14.0%). The percentage also increased in Belmont (11.9% to 17.9%) and Harrison (12.4% to 19.1%) counties during that timeframe with both counties higher than the state and nation.

The percentage of individuals who report frequent mental distress increased between 2016 and 2022 in Brooke (13.4% to 19.6%), Hancock (13.9% to 20.2%) and Ohio (13.8% to 18.6%) counties. In 2022, the percentage of individuals who report frequent mental distress in the state of West Virginia was 22.3% and the nation was 14.0%. Brooke, Hancock and Ohio counites had a higher percentage when compared to the state and nation.

Substance Use

The percentage of adults in Jefferson County who report excessive drinking has increased slightly from 18.6% in 2013 to 19.9% in 2022, with an increase from 16.9% in 2021. In 2022, the percentage was just below the state of Ohio (20.7%) and the nation (20.0%). During this time, the percentage also increased in Harrison County from 17.3% to 19.0%.

Between 2013 (13.9%) and 2022 (17.3%) the percentage of adults who report excessive drinking increased in Ohio County and in 2022 was higher than the state of West Virginia (15.2%).

WHERE WE ARE MAKING A DIFFERENCE

Substance Use

The percentage of adults who report excessive drinking decreased in Belmont County between 2013 (21.9%) and 2022 (18.1%). In 2022, the percentage was lower when compared to the state of Ohio (20.7%) and nation (20.0%).

The percentage of adults who report excessive drinking in Brooke County has remained steady between 2013 (15.7%) and 2022 (15.2%), with a decrease noted from 2021 (16.1%). In 2022, the percentage for the county was comparable to the state of West Virginia (15.2%) and lower than the nation (20.0%). The same is true for Hancock County which decreased from 15.3% to 14.8% during this time period.

WHAT THE COMMUNITY IS SAYING

As illustrated in Figure 17 illegal drug abuse was identified among the top 3 community problems by 87.4% of the THS community survey respondents and 87.6% of the JCGHD community survey respondents. Depression was also identified among the top 10 community problems by 78.8% of THS community survey respondents and 79.1% of JCGHD community survey respondents.

Over a third of the community survey respondents of THS (39.1%) and JCGHD (38.8%) do not think residents have access to mental health providers. Additionally, 32.6% of the THS community survey respondents and 32.0% of the JCGHD community survey respondents do not think residents have access to substance use providers.

Community Stakeholder

"We have programs for substance abuse; however, programs are designed for those with an open schedule. People working full time can't commit to program requirements."

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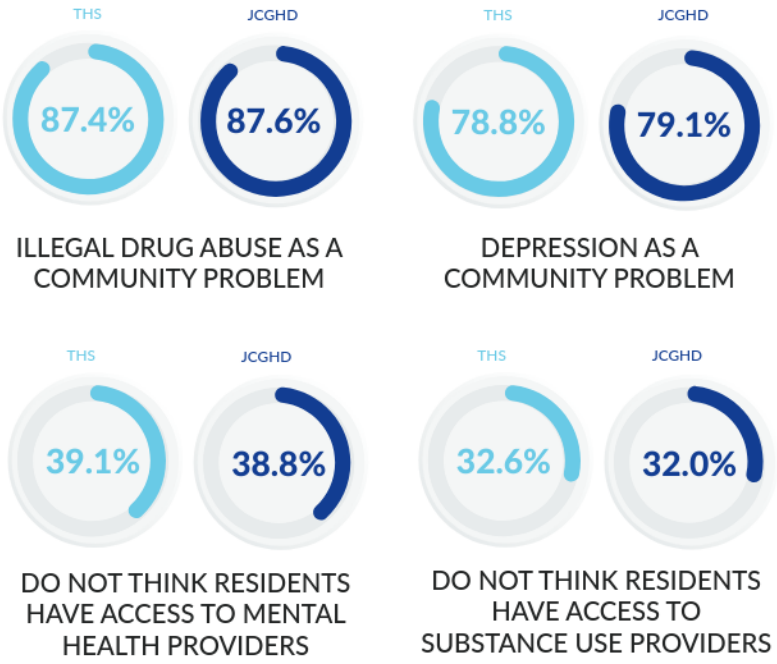
Focus group participants discussed the increase in mental health and substance use in the county, noting this has gotten worse with the pandemic. Participants talked about the fact that the system is overwhelmed. They noted the problems have increased while the system has gotten smaller. Participants talked about the lack of services for children noting they may sit in the Emergency Department for up to 36 hours before they get accepted at a place that is 50 miles away. EMS providers talked about the difficulty getting people into recovery programs.

Stakeholders identified mental health and substance use among the top 3 problems facing the community. They mentioned the staff shortages and the impact that is having on getting people needed services. Some mentioned the need for coping skills among the youth. Others talked about the length of time people are in the Emergency Department waiting for an appropriate placement. Stakeholders noted that there is not inpatient drug and alcohol program. The need for services for those with a dual diagnosis was also mentioned as a gap. Furthermore, there are limited services in the outlying areas of the county. The increase in opioid use and overdoses were mentioned as well. Stress and depression among the rural farmers was noted by a stakeholder. Stress as a result of the pandemic was mentioned by another noting that the pandemic exacerbated issues.

Figure 17: What the Community is Saying – Mental Health and Substance Use



Source: 2022 Trinity Community Survey, Strategy Solutions, Inc. 2022

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

The percentage of students graduating high school decreased in Jefferson County between 2014 (89.9%) and 2022 (84.6%). In 2022, this was just above the state of Ohio (83.3%) but below the nation (86.0%). Belmont County also saw a decrease in high school graduation during this time (89.8% to 86.1%).

Violence

The violent crime rate per 100,000 in Ohio County (678) in 2021 was higher when compared to the state of West Virginia (330).

Children's Living Environment

In Ohio County, the percentage of children living in poverty did not change much when looking at 2013 (21.6%) to 2022 (21.4%) there has been an increase from 17.6% in 2021. The county also has a slightly higher percentage of children living in poverty when compared to the state of West Virginia (20.3%) and nation (16.0%).

Broadband Connectivity

In 2021, fewer residents in Jefferson (77.0%), Belmont (73.9%) and Harrison (72.1%) counties have broadband access when compared to the state of Ohio (81.8%).

Air Quality

In 2021, the air-pollution particulate matter rate in Jefferson County (12.2) was higher when compared to the state of Ohio (9.0).

That year, the air-pollution particulate matter rate in Brooke (9.1) and Ohio (8.2) counties was higher than the state of West Virginia (7.8).

Unemployment

Unemployment nearly doubled in Jefferson County between 2021 (5.9%) and 2022 (10.1%) and in 2022 was higher than the state of Ohio (8.1%) and nation (8.0%). The same is true for Belmont (5.6% to 10.1%) and Harrison (5.3% to 9.2%) counties.

"There is not enough for the children to have entertainment or fun around this area! Need fun, affordable things for them to do"

- Community Survey Respondent

Between 2021 and 2022, the unemployment rate also increased in Brooke (5.2% to 9.0%), Hancock (5.2% to 10.0%) and Ohio (4.5% to 8.4%). In 2022, the unemployment rate in the state of West Virginia was 8.3%, with all counties having a higher rate.

WHERE WE ARE MAKING A DIFFERENCE

High School Graduation

The percentage of students graduating high school increased in Harrison County between 2013 (87.5%) and 2022 (92.5%). In 2022, the county had a higher percentage of students graduating when compared to the state of Ohio (83.3%) and nation (86.0%).

Between 2014 (89.0%) and 2022 (96.0%) the percentage of students graduating high school increased in Brooke County and in 2022 was higher than the state of West Virginia (91.5%) and the nation (86.0%). The same is true for Hancock (80.0% to 97.0%) and Ohio (81.0% to 98.0%) counties.

Children's Living Environment

The percentage of children living in poverty in Jefferson County decreased from 27.7% in 2013 to 20.8% in 2022, although remained higher than the state of Ohio (16.6%) and the nation (16.0%). The same is true for Belmont (24.0% to 18.2%) and Harrison (27.5% to 18.9%) counties.

During this timeframe the percentage of children living in poverty also decreased in Brooke (23.0% to 16.8%), and Hancock (25.6% to 17.8%) counties. In 2022, both were below the state of West Virginia (20.3%) but above the nation (16.0%).

Between 2013 (35.8%) and 2022 (28.3%) the percentage of children living in single parent homes in Jefferson County decreased, although remained higher than the state of Ohio (26.9%) and nation (25.0%). The same is true for Belmont (31.7% to 23.5%) and Harrison (22.1% to 20.0%) counties.

During this time the percentage also decreased in Brooke (33.4% to 29.1%), Hancock (34.7% to 26.8%) and Ohio (28.5% to 27.5%) counties. In 2022 the percentage of children living in single parent homes in West Virginia was 24.3% with all counties having a higher percentage.

Housing

The percentage of residents with severe housing problems decreased in Jefferson County between 2014 (12.1%) and 2022 (11.5%), and in 2022 was lower than the state of Ohio (13.4%) and nation (17.0%). During this timeframe the percentage also decreased in Belmont (8.5% to 8.3%) and Harrison (16.0% to 11.8%) counties.

Between 2014 and 2022, the percentage of residents with severe housing problems decreased in Brooke (9.3% to 8.9%) and Ohio (11.1% to 9.5%) counties. Hancock County did not change (11.0% to 10.9%). In 2022, the percentage of residents with severe housing problems in the state of West Virginia was 11.1%, with the counties falling just below.

WHAT THE COMMUNITY IS SAYING

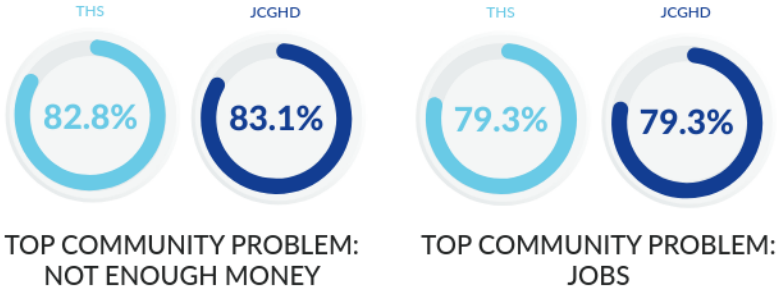
As seen in Figure 18, not enough money (82.8% THS, 83.1% JCGHD) and jobs (79.3% THS, 79.3% JCGHD) were identified among the Top 10 community health problems by community survey respondents.

There were several comments made regarding the quality of air and water in the community and the impact that has on health. A few also mentioned gangs and gun violence.

Focus group participants talked about safety concerns around outdoor trails. They note that while they exist, people do not use them because they are concerned over safety.

One of the stakeholders talked about the breakdown of the family unit in the community and the impact that is having on youth. Another talked about the lack of broadband connectivity in parts of the community. Another mentioned the health implications of the mills and impact on air and water.

Figure 18: What the Community is Saying – Healthy Environment



Source: 2022 Trinity Community Survey, Strategy Solutions, Inc. 2022

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HEALTHY WOMEN, MOTHERS, BABIES AND CHILDREN

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. One commented on the connection between obesity and chronic conditions.

WHERE THERE ARE OPPORTUNITIES

Low Birth Weight

There was a slight increase in the percentage of low birth weight babies born in Belmont County between 2013 (7.9%) and 2022 (8.4%), although the percentage was just below the state of Ohio (8.6%).

Between 2013 (7.2%) and 2022 (9.0%) the percentage of low birth weight babies increased in Hancock County, although in 2022 was just below the state of West Virginia (9.5%).

Infant and Child Mortality

The infant mortality rate per 1,000 live births increased in Jefferson County between 2014 (7.9) and 2022 (9.2) and in 2022 was higher than the state of Ohio (7.0) and nation (6.0).

The child mortality rate per 100,000 under the age of 18 also increased in Jefferson County from 57.8 in 2013 to 71.3 in 2022, which was higher than the state of Ohio (56.9) and the nation (50.0).

In 2022, the child mortality rate (64.4) was higher in Brooke County in comparison to the state of West Virginia (57.7) and the nation (50.0). Recent infant mortality data was not available for the county.

WHERE WE ARE MAKING A DIFFERENCE

Low Birth Weight

The percentage of low birthweight babies has not changed much in Jefferson County between 2013 (8.5%) and 2022 (8.2%), and in 2022 was slightly lower than the state of Ohio (8.6%) and slightly higher than the nation (8.0%).

Between 2013 (9.1%) and 2022 (6.0%) the percentage of low birthweight babies decreased in Harrison County and in 2022, was lower than the state of Ohio (8.6%) and nation (8.0%).

The percentage of low birthweight babies has not changed much in Brooke

"Abuse of children – neglect, physical and emotional. Children being exposed to traumatic events in their homes."

- Community Survey Respondent

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County between 2013 (8.7%) and 2022 (8.6%), and in 2022 was lower than the state of West Virginia (9.5%) and slightly higher than the nation (8.0%). There was also not much change in Ohio County (8.9% to 8.3%), although in 2022 the county was lower than the state.

Infant and Child Mortality

The infant mortality rate per 1,000 live births remained the same in Belmont County between 2013 (6.6) and 2022 (6.6), which was just below the state of Ohio (7.0).

The child mortality rate per 100,000 under the age of 18 decreased in Belmont County from 50.1 in 2013 to 47.3 in 2022, which was lower in comparison to the state of Ohio (56.9) and the nation (50.0).

The child mortality rate decreased in Ohio County from 63.8 in 2013 to 34.5 in 2022, lower than both the state and nation. Recent infant mortality data is not available.

Recent infant and child mortality data is not available for Harrison or Hancock counties.

Teen Births

The teen birth rate per 1,000 for youth aged 15-19 decreased in Jefferson County between 2013 (37.1) and 2022 (22.9), although in 2022 was higher than the state of Ohio (20.9) and the nation (19.0). During this time the same is true for Belmont (38.9 to 25.2) and Harrison (45.1 to 29.4) counties.

Between 2013 and 2022, the teen birth rate decreased in Brooke (26.4 to 20.0), Hancock (36.5 to 22.9) and Ohio (34.9 to 21.3) counties. In 2022 the teen birth rate per 1,000 youth aged 15-19 in West Virginia was 28.4, with all counties lower in comparison.

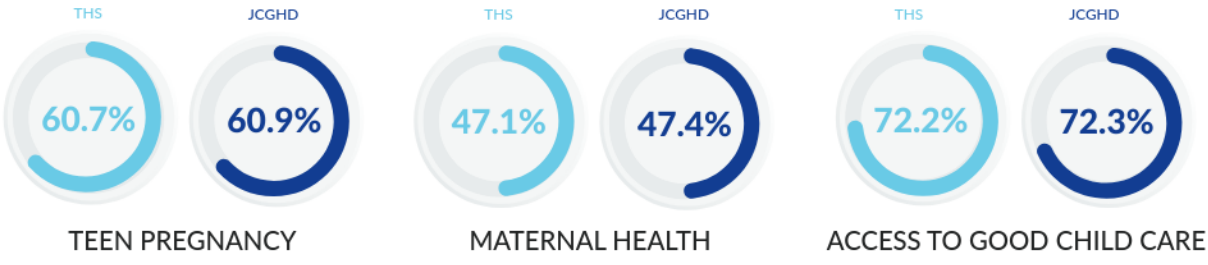
WHAT THE COMMUNITY IS SAYING

As seen in Figure 19, community survey respondents for THS (72.2%) and JCGHD (72.3%) think access to good childcare is an issue. Several also identified teen pregnancy as an issue (60.7% THS and 60.9% JCGHD). Just under half of the community survey respondents (47.1% THS and 47.4% JCGHD) identified maternal health as an issue. There were several comments made on the survey regarding the need for pediatric care and access to pediatric specialists.

The focus groups did not talk about child or maternal health.

One stakeholder talked about the fact that children are coming from broken families and that number has increased over the past few years. Others talked about the fact that grandparents are raising grandparents. The need for children to have positive role models and safe places to go was also mentioned.

Figure 19: What the Community is Saying – Healthy Environment



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

HIV prevalence has increased in Jefferson County between 2013 (79.5) and 2022 (116.7) but remains lower than the state of Ohio (235.3) and the nation (378.0). The same is true for Belmont (62.2 to 149.6) and Harrison (37.0 in 2014 to 69.7) counties.

During this time HIV prevalence also increased in Brooke County (44.4 to 67.4), although in 2022 was lower in comparison to the state of West Virginia (129.2) and the nation (378.0). Between 2013 and 2022, HIV prevalence increased in Ohio County (130.9 to 134.0) and in 2022 was higher than the state.

Sexually Transmitted Infections

In Jefferson County the chlamydia rate increased from 268.3 in 2013 to 335.2 in 2022, although in 2022 the rate was lower than the state of Ohio (559.4) and the nation (551.0). During this time the rate also increased in Belmont (177.6 to 279.1) and Harrison (113.5 to 212.8) counties.

Between 2013 (123.9) and 2022 (201.3) the chlamydia rate increased in Hancock County, although remained lower in comparison to the state of West Virginia (313.0) and the nation (551.0). The rate also increased in Ohio County during this time period (216.0 to 289.8).

Flu Vaccination

There has not been much change in the percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination in Belmont County between 2019 (43.0%) and 2022 (43.0%), with the county falling below the state of Ohio (51.0%), nation (48.0%) and Healthy People 2030 Goal (70.0%). The same is true for Harrison County (39.0% to 38.0%).

The percentage decreased in Brooke County from 48.0% in 2019 to 46.0% in 2022, although was higher than the state of West Virginia (42.0%).

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Pneumonia Vaccination

A smaller percentage of adults aged 65 and older, in 2020, in Jefferson (55.3%) and Harrison (57.1%) counties had received the pneumonia vaccination when compared to the state of Ohio (58.2%).

WHERE WE ARE MAKING A DIFFERENCE

HIV

HIV prevalence decreased in Hancock County from 63.8 in 2013 to 51.9 in 2022, which was lower than the state of West Virginia (129.2) and the nation (378.0).

Sexually Transmitted Infections

The chlamydia rate has decreased in Brooke County from 162.0 in 2013 to 145.9 in 2022, and in 2022 was lower in comparison to the state of West Virginia (313.0) and the nation (551.0).

Flu Vaccination

In Jefferson County, the percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination increased from 42.0% in 2019 to 45.0% in 2022. Despite the increase in recent years, in 2022, the county remained below the state of Ohio (51.0%), nation (48.0%) and Healthy People 2030 Goal (70.0%).

The percentage also increased in Hancock County during this time period (44.0% to 48.0%), which was higher than the state of West Virginia (42.0%).

WHAT THE COMMUNITY IS SAYING

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

- Infectious Disease (70.5% THS, 70.3% JCGHD)
- Sexually Transmitted Infections (48.1% THS, 47.9% JCGHD)
- Hepatitis C (41.7% THS, 41.4% JCGHD)
- HIV/AIDS (39.3% THS, 39.0% JCGHD)

Several (85.5% THS, 85.4% JCGHD) community survey respondents received a flu vaccination in the past 12 months. Most of the community survey respondents age 65 and older have received the pneumonia vaccine (80.6% THS, 80.9% JCGHD). COVID-19 was identified by several community survey respondents in the comments as a problem in the community with others expressing concerns over masking and the vaccination. Several respondents received the COVID-19 Vaccine (85.6% THS, 85.8% JCGHD)

One stakeholder talked about the high number of calls received for STD testing. Focus groups participants did not mention infectious diseases.

INJURY

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

WHERE THERE ARE OPPORTUNITIES

The motor vehicle crash rate has increased in Hancock County from 12.9 in 2013 to 13.6 in 2022, which was higher the nation (12.0). During this time the rate also increased in Ohio County (6.4 to 8.1).

Between 2014 (25.0%) and 2022 (66.7%) the percentage of alcohol impaired driving deaths more than doubled in Brooke County and in 2022 was higher than the state of West Virginia (26.1%), nation (27.0%) and Healthy People 2030 Goal (28.3%). The percentage also increased in Ohio County (20.8% to 37.5%).

The drug overdose mortality rate increased in Jefferson County between 2016 (27.4) and 2022 (40.3), and in 2022 was higher than the state of Ohio (38.3) and the nation (23.0). During this time period, the rate also increased in Belmont County (16.8 to 33.4). Data was not available for Harrison County in 2022.

During this time period drug overdose mortality rate also increased in Brooke County (35.2 to 39.5), although in 2022 was lower in comparison to the state of West Virginia (56.8). The rate also increased in Hancock (48.5 to 55.5) and Ohio (16.8 to 58.7) counties.

WHERE WE ARE MAKING A DIFFERENCE

The motor vehicle crash mortality rate has deceased in Jefferson County from 12.2 in 2013 to 9.5 in 2022, which was lower in comparison to the state of Ohio (10.4) and the nation (12.0). During this time the rate also decreased in Belmont County (12.6 to 8.6).

Between 2013 (11.1) and 2022 (7.0) the motor vehicle crash rate decreased in Brooke County and in 2022 was lower in comparison to the state of West Virginia (15.9) and the nation (12.0).

In Jefferson County, the percentage of alcohol impaired driving deaths deceased between 2014 (46.2%) and 2022 (33.3%), although in 2022 was slightly higher than the state of Ohio (32.5%), nation (27.0%) and Healthy People 2030 Goal (28.3%). The same is true for Belmont (43.8% to 33.3%) and Harrison (31.3% to 24.1%) counties.

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During this time, the percentage of alcohol impaired driving deaths decreased in Hancock County from 50.0% to 30.0%, although in 2022 remained higher than the state of West Virginia (26.1%), nation (27.0%) and Healthy People 2030 Goal (28.3%).

WHAT THE COMMUNITY IS SAYING

Community survey respondents identified gun related injuries (66.4% THS, 66.7% JCGHD) as a problem in community.

This is not a topic identified by stakeholders or focus group participants.

PRIORITIZATION

On March 28, 2022, the 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 and health district's primary service territory. Strategy Solutions, Inc. presented the data to the Steering Committee and facilitated discussion about the needs of the local area, what Trinity and JCGHD 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 46 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2030 goals, negative trends, or growing incidence). Three criteria, including 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

		Scoring		
Item	Definition	Low (1)	Medium (5)	High (10)
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

Magnitude of the Problem: The purpose of this 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 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).

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Capacity: (systems and resources) to Implement Evidence Based Solutions: The purpose of this 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).

Following the meeting, Steering Committee members completed the prioritization exercise using SurveyMonkey 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 Trinity service area ranked by members of the 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 Obesity/Overweight, Mental Health, Substance Use, Diabetes and Tobacco Use.

Table 8: Trinity Health System Prioritization Results

Trinity Health System (N=31)	Magnitude	Impact	Capacity	Total
Obesity/Overweight	9.47	9.72	7.94	27.14
Mental Health	9.53	8.61	7.94	26.08
Substance Use	9.53	9.17	7.35	26.05
Diabetes	8.42	8.89	8.53	25.84
Tobacco Use	8.42	7.83	8.53	24.78
Heart Disease/Heart Related	7.89	7.56	7.35	22.80
Poverty	6.84	8.11	7.35	22.31
Hypertension/High Blood Pressure	7.16	7.50	7.65	22.30
Physical Inactivity/Access to Recreation	7.89	7.56	6.82	22.27
Behavioral health resources for adults	6.68	8.11	7.41	22.21
Availability/Access to behavioral health providers/services	7.16	7.83	7.06	22.05
Poor or Fair Health	7.37	7.83	6.82	22.03
Cancer	7.21	8.06	6.53	21.80
Children Living in Poverty	7.11	7.78	6.82	21.71
Behavioral health resources for children	7.32	7.94	5.82	21.08
COPD	6.68	6.56	7.12	20.36
Preventative Care	6.00	7.06	7.12	20.17
High Cholesterol	6.63	5.94	7.12	19.69
Food Insecurity/Access to Food	6.11	6.72	6.53	19.36
Healthy Aging	5.63	6.28	7.06	18.97
Elder care/services	5.58	6.00	7.06	18.64

Results continued on page 67

Table 8 (Continued): Trinity Health System Prioritization Results

Trinity Health System (N=31)	Magnitude	Impact	Capacity	Total
Sexually Transmitted Infections	6.11	5.22	7.18	18.50
Jobs/Employment	5.95	6.17	6.24	18.35
Maternal and Child Health	4.95	5.72	7.12	17.79
Community education on available services	5.16	5.22	7.35	17.73
Transportation	6.16	6.50	4.94	17.60
Availability/Access to physical health providers/services	4.47	6.00	6.53	17.00
Alcohol-Impaired Driving Deaths	5.26	4.56	6.76	16.58
Affordable Pharmacy	6.05	5.06	5.29	16.40
Care Coordination	5.26	5.44	5.18	15.88
Mammogram Screenings	3.89	5.39	6.35	15.64
Education on Healthy Living	4.26	5.22	5.94	15.43
Environmental Health	4.53	5.22	5.41	15.16
COVID-19/COVID-19 Related	3.89	4.28	6.88	15.05
Infant/Child Mortality	4.42	5.17	5.35	14.94
Violent Crime	4.11	5.22	5.53	14.86
Premature deaths	5.26	4.44	5.12	14.83
Teen Pregnancy	3.63	4.56	6.59	14.78
Flu Vaccinations	3.28	3.78	7.53	14.58
Broadband Access	4.74	4.22	5.12	14.08
Air Pollution	4.72	4.72	4.18	13.62
Water quality	3.84	4.94	4.65	13.43
Mobile clinic	3.68	4.72	4.71	13.11
Injury Deaths	3.58	4.22	3.94	11.74
Motor Vehicle Crash Deaths	3.16	3.28	4.65	11.08
West Nile	1.42	1.72	4.24	7.38

Source: 2022 Trinity Health System Prioritization, Strategy Solutions, Inc.

Much of the above significant needs will be addressed in Trinity Health System's Implementation Strategy, which will be published under a separate cover and made accessible to the public. The six areas with a few sub areas that Trinity Health System will be focusing on over the next three years through the Implementation Strategy Action Plan are:

- Obesity/Overweight
  - » Physical Inactivity/Access to Recreation
- Mental Health
- Substance Use
- Diabetes
- Tobacco Use
- Heart Disease/Heart Related
  - » Hypertension/High Blood Pressure

Following the meeting, Steering Committee members completed the prioritization exercise using SurveyMonkey to rate each of the needs and issues on a one to ten scale by each of the selected criteria listed above. Table 9 illustrates the needs of the JCGHD service area ranked by members of

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the 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 Obesity/Overweight, Mental Health, Substance Use, Diabetes and Tobacco Use.

Table 9: Jefferson County General Health District Prioritization Results

Jefferson County General Health District (N=29)	Magnitude	Impact	Capacity	Total
Obesity/Overweight	9.44	9.71	7.81	26.96
Mental Health	9.50	8.53	7.81	25.84
Substance Use	9.50	9.12	7.19	25.81
Diabetes	8.33	8.82	8.44	25.59
Tobacco Use	8.33	7.71	8.44	24.48
Physical Inactivity/Access to Recreation	8.06	7.71	6.94	22.70
Heart Disease/Heart Related	7.78	7.41	7.19	22.38
Availability/Access to behavioral health providers/services	7.28	7.71	6.88	21.86
Poverty	6.67	8.00	7.19	21.85
Hypertension/High Blood Pressure	7.00	7.35	7.50	21.85
Behavioral health resources for adults	6.50	8.00	7.25	21.75
Poor or Fair Health	7.22	7.71	6.63	21.55
Cancer	7.06	7.94	6.31	21.31
Children Living in Poverty	6.94	7.65	6.63	21.22
Behavioral health resources for children	7.17	7.82	5.56	20.55
Preventative Care	6.06	7.18	7.25	20.48
COPD	6.50	6.35	6.94	19.79
High Cholesterol	6.44	5.71	6.94	19.09
Food Insecurity/Access to Food	5.89	6.53	6.31	18.73
Sexually Transmitted Infections	6.17	5.24	7.31	18.71
Healthy Aging	5.39	6.06	6.88	18.32
Jobs/Employment	5.72	6.24	6.31	18.27
Elder care/services	5.33	5.76	6.88	17.97
Transportation	6.22	6.59	4.94	17.75
Maternal and Child Health	4.94	5.76	6.94	17.65

Table 9 (Continued): Jefferson County General Health District Prioritization Results

Jefferson County General Health District (N=29)	Magnitude	Impact	Capacity	Total
Air Pollution	4.94	4.94	4.13	14.01
Flu Vaccinations	3.18	3.41	7.38	13.96
Broadband Access	4.44	4.18	5.13	13.75
Water quality	3.78	4.94	4.63	13.34
Mobile clinic	3.33	4.71	4.69	12.73
Injury Deaths	3.72	4.18	3.88	11.77
Motor Vehicle Crash Deaths	3.28	3.18	4.63	11.08
West Nile	1.44	1.76	4.44	7.65

Source: 2022 Jefferson County General Health District Prioritization, Strategy Solutions, Inc.

Much of the above significant needs will be addressed in Jefferson County General Health District Implementation Strategy, which will be published under a separate cover and made accessible to the public. The four areas that JCGHD will be focusing on over the next three years through the Implementation Strategy Action Plan are:

- Maternal & Child Heath
- Mental Health & Substance Abuse
- Environmental Health
- Healthy Living

REVIEW AND APPRIVAL

This CHNA was adopted by the Trinity Health System community board on April 28, 2022. The report is widely available to the public on the hospital's website (https://trinityhealth.com), and a paper copy is available for inspection upon request at Trinity Health System's Community Health Office. Written comments on this report can be submitted to Trinity Health Systems Community Health Office (380 Summit Avenue, Steubenville, Ohio 43952) or by email to (marketing@trinityhealth.com).

This CHNA was adopted by the Jefferson County General Health District Board of Directors on May 17, 2022. The report is widely available to the public on the health district's website https://jchealth.com), and a paper copy is available for inspection upon request at Jefferson County General Health District's Office. Written comments on this report can be submitted to Jefferson County General Health District's Office (500 Market Street #7, Steubenville, OH 43952) or by email (info@jchealth.com) or via phone (740-283-8530).


THE
JEFFERSON
COUNTY TOWER
JEFFERSON COUNTY
PORT AUTHORITY
WIC
Jefferson County
Extension
MANPOWER
EASTERSEALS

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

The purpose of the Jefferson County General Health District (JCGHD) is to help individuals or groups achieve a more satisfying life and to improve the quality of life for the residents of the Jefferson County General Health District.