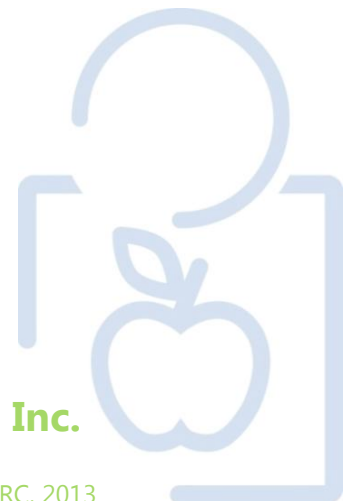# 2012 PRC Community Health Needs Assessment Report

Avita Health System Service Area

Sponsored by
AVITA HEALTH SYSTEM
Galion Community Hospital
Bucyrus Community Hospital

PRC Experience Excellence

Table Of Contents

Professional Research Consultants, Inc.

MODIFIABLE HEALTH RISKS 82

ACCESS TO HEALTH SERVICES 113

HEALTH EDUCATION & OUTREACH 136

LOCAL HEALTHCARE   140

OTHER FINDINGS   148

APPENDIX   151

INTRODUCTION

Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Avita Health System. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Avita Health System by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through one Key Informant Focus Group and 10 Key Informant interviews with local physicians.

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Avita Health System and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Avita Health System Service Area" in this report) is defined as each of the 10 residential ZIP Codes comprising the system's service area. A geographic description is illustrated in the following map.
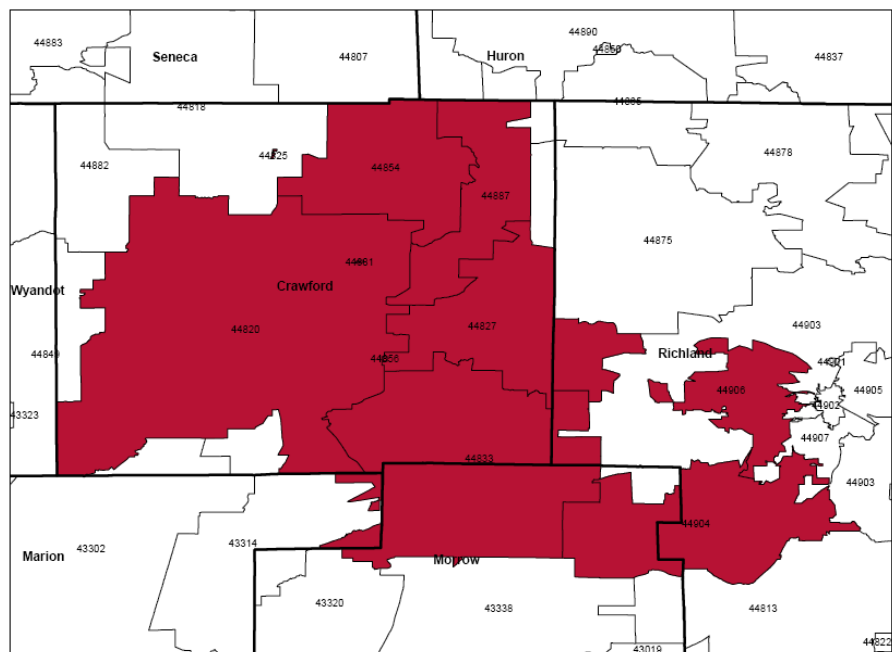
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 400 individuals age 18 and older in the Avita Health System Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ±4.9% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence
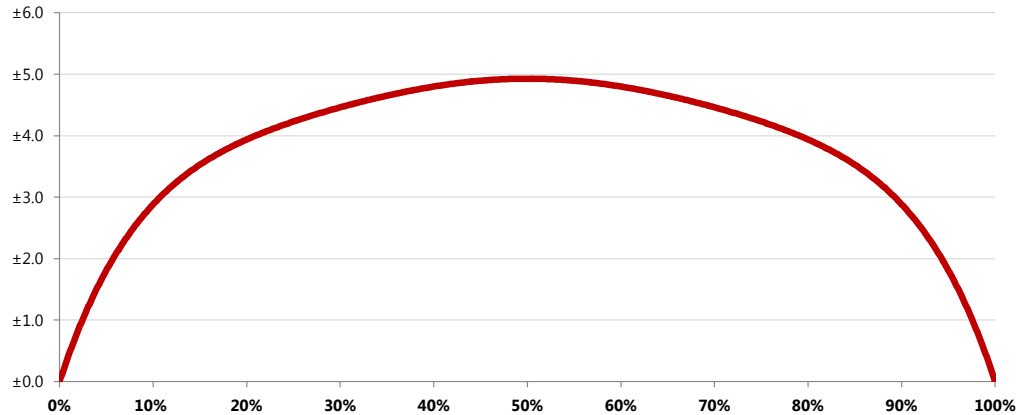
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% ± 4.9%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Avita Health System Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Sample Characteristics
(Avita Health System Service Area, 2012)

Chart legend: Actual Population (tan), Weighted Survey Sample (red)

Category	Actual Population	Weighted Survey Sample
Men	47.4%	46.1%
Women	52.6%	53.9%
18 to 39	30.9%	30.7%
40 to 64	45.0%	45.3%
65+	24.1%	24.0%
White	95.2%	95.1%
<200% FPL	38.9%	39.0%
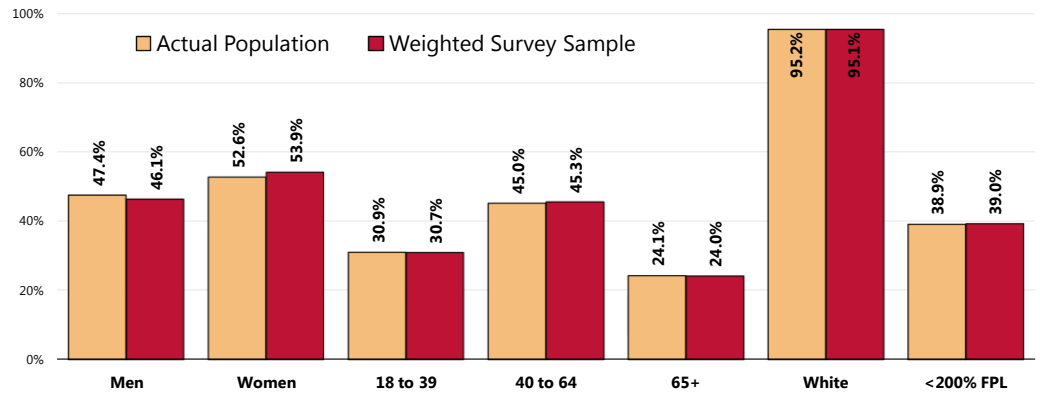
Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2012 guidelines place the poverty threshold for a family of four at $23,050 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Key Informant Focus Group

As part of the community health assessment, one focus group was held on October 25, 2012. The group was comprised of 11 key informants, including representatives from public health; social service providers, and other community leaders.

A list of recommended participants was provided by Avita Health System. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the group was scheduled to insure a reasonable turnout.

Audio from the focus group session was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Physician Interviews

In addition to the key informant focus group, PRC conducted telephone interviews with 10 local physicians about local health issues. These interviews were conversational in nature, and findings and quotes from these interviews are presented within this report alongside findings from the key informant focus group.

Benchmark Data

Ohio Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of

interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In addition, this assessment does not include secondary data from existing sources which can provide relevant data collected through death certificates, birth certificates, or notifications of infectious disease cases in the community.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment	
Disability & Chronic Pain	• Arthritis/Rheumatism (Adults 50+) • Activity Limitations

Heart Disease & Stroke	• Heart Disease Prevalence
	• Hypertension Prevalence
	• High Blood Cholesterol Prevalence
	• Top Focus Group Concern
	  ○ *Heart Disease*
	  ○ *Hypertension*

Mental Health & Mental Disorders	• Top Focus Group Concern
	  ○ *Resource Constraints*
	  ○ *Understaffed Counseling Services*
	  ○ *Suicide Rate*

Nutrition & Overweight	• Childhood Overweight
	• Top Focus Group Concern
	  ○ *Poor Eating Habits*
	  ○ *Cost of Nutritional Food*
	  ○ *Nutrition Education*
	  ○ *Chronic Disease and Poor Health Outcomes*

Substance Abuse	• Top Focus Group Concern
	  ○ *Prevalence of Drug Use (Especially Heroin)*
	  ○ *Availability of Treatment Options*
	  ○ *Need for Residential Facilities*

Tobacco Use	• Current Smokers
	• Smoke in the Home (Including Homes With Children)
	• Top Focus Group Concern
	  ○ *Health Consequences*
	  ○ *Low-Income Population & Youth*
	  ○ *Smoking Cessation Resources*

Top Community Health Concerns Among Community Key Informants

At the conclusion of the key informant focus group as well as the individual interviews, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. **Substance Abuse**

   Mentioned resources available to address this issue: Community Counseling Services, Inc.; DARE; Faith-Based Organizations; Crawford County 20/20 Vision; Avita Health System; School Districts; Crawford-Marion Board of Alcohol, Drug Addiction & Mental Health Services; Law Enforcement; Marion-Crawford Prevention Programs; Alcoholics Anonymous; Detox Facility; Maryhaven Behavioral Health.

2. **Obesity & Nutrition**

   Mentioned resources available to address this issue: Community Health Programs; Avita Health System; School Districts; Health Departments; YMCA; Local Gyms.

3. **Tobacco Use (tied)**

   Mentioned resources available to address this issue: Community Health Programs; School Districts; Health Departments; Marion-Crawford Prevention Programs; Avita Health System; Primary Care Doctors.

3. **Mental Health (tied)**

   Mentioned resources available to address this issue: Community Counseling Service, Inc.; Private Counselors; Psychiatry Hospitals; Community Health Programs; Avita Health System; Crawford-Marion Board of Alcohol, Drug Addiction & Mental Health Services; National Alliance on Mental Illness (NAMI) of Marion & Crawford County.

4. **Chronic Disease Conditions, Including Diabetes and Heart Disease**

   Mentioned resources available to address this issue: Avita Health System.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Avita Health System Service Area. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, Avita Health System Service Area results are shown in the larger, blue column.

■ The columns to the right of the Avita Health System Service Area column provide comparisons between the area and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the Service Area compares favorably (☀), unfavorably (☹), or comparably (☁) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Access to Health Services	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	13.0	☁ 16.8	☁ 14.9	🌧 0.0
% [65+] With Medicare Supplement Insurance	75.6		☁ 75.5	
% [Insured] Insurance Covers Prescriptions	92.4		☁ 93.9	
% [Insured] Went Without Coverage in Past Year	7.8		☁ 4.8	
% Difficulty Accessing Healthcare in Past Year (Composite)	34.8		☁ 37.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.5		☁ 14.3	
% Cost Prevented Getting Prescription in Past Year	13.6		☁ 15.0	
% Cost Prevented Physician Visit in Past Year	12.8		☁ 14.0	
% Difficulty Getting Appointment in Past Year	13.7		☁ 16.5	
% Difficulty Finding Physician in Past Year	11.1		☁ 10.7	
% Transportation Hindered Dr Visit in Past Year	5.2		☁ 7.7	
% Skipped Prescription Doses to Save Costs	15.6		☁ 14.8	
% Difficulty Getting Child's Healthcare in Past Year	4.5		☁ 1.9	
% [Age 18+] Have a Specific Source of Ongoing Care	75.2		☁ 76.3	🌧 95.0
% [Age 18-64] Have a Specific Source of Ongoing Care	75.2		☁ 75.1	🌧 89.4
% [Age 65+] Have a Specific Source of Ongoing Care	74.3		☁ 82.6	🌧 100.0
% Have Had Routine Checkup in Past Year	66.7		☁ 67.3	

Access to Health Services (continued)	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% Two or More ER Visits in Past Year	7.9		☁ 6.5	
% Rate Local Healthcare "Fair/Poor"	14.0		☁ 15.3	
% Leave the Area for Certain Healthcare Services	31.9			
% Member of HH Rec'd Inpatient Care in the Past 2 Yrs	31.6			
% Member of HH Rec'd Outpatient Care in the Past 2 Yrs	57.7			
% "Fair/Poor" Rating of Bucyrus Community Hospital	28.8			
% "Fair/Poor" Rating of Galion Community Hospital	18.3			
% "Fair/Poor" Rating of Marion General Hospital	14.7			
% "Fair/Poor" Rating of MedCentral Health System	18.5			
		☀ better	☁ similar	🌧 worse

Arthritis, Osteoporosis & Chronic Back Conditions	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	45.1		🌧 35.4	
% [50+] Osteoporosis	12.5		☁ 11.4	🌧 5.3
% Sciatica/Chronic Back Pain	25.5		☁ 21.5	
% Migraine/Severe Headaches	17.1		☁ 16.9	
% Chronic Neck Pain	9.7		☁ 8.3	
		☀ better	☁ similar	🌧 worse

Cancer

Cancer	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% Skin Cancer	7.7	(similar) 5.1	(similar) 8.1	
% Cancer (Other Than Skin)	6.6	(similar) 6.6	(similar) 5.5	
% [Men 50+] Prostate Exam in Past 2 Years	68.0		(similar) 70.5	
% [Women 50-74] Mammogram in Past 2 Years	76.6	(similar) 77.3	(similar) 79.9	(similar) 81.1
% [Women 21-65] Pap Smear in Past 3 Years	79.6	(similar) 81.7	(similar) 84.7	(worse) 93.0
% [Age 50+] Sigmoid/Colonoscopy Ever	65.9	(similar) 64.0	(similar) 72.0	
% [Age 50+] Blood Stool Test in Past 2 Years	23.0	(similar) 18.7	(similar) 28.3	
% [Age 50-75] Colorectal Cancer Screening	64.0			(similar) 70.5
		☀ better	☁ similar	🌧 worse

Diabetes

Diabetes	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% Diabetes/High Blood Sugar	13.2	(similar) 10.0	(similar) 10.1	
		☀ better	☁ similar	🌧 worse

General Health Status

General Health Status	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	16.9	(similar) 18.0	(similar) 16.8	
% Activity Limitations	23.0	(similar) 24.3	(worse) 17.0	
		☀ better	☁ similar	🌧 worse

Hearing & Other Sensory or Communication Disorders	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% Deafness/Trouble Hearing	10.7		☁ 9.6	
		☀ better	☁ similar	🌧 worse

Heart Disease & Stroke	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% Heart Disease (Heart Attack, Angina, Coronary Disease)	11.4		🌧 6.1	
% Stroke	3.4	☁ 3.1	☁ 2.7	
% Told Have High Blood Pressure (Ever)	43.7	🌧 32.7	🌧 34.3	🌧 26.9
% [HBP] Taking Action to Control High Blood Pressure	86.4		☁ 89.1	
% Told Have High Cholesterol (Ever)	37.3	☁ 38.9	🌧 31.4	🌧 13.5
% [HBC] Taking Action to Control High Blood Cholesterol	87.7		☁ 89.1	
% 1+ Cardiovascular Risk Factor	88.6		☁ 86.3	
		☀ better	☁ similar	🌧 worse

HIV	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% [Age 18-44] HIV Test in the Past Year	14.0		☁ 19.9	☁ 16.9
		☀ better	☁ similar	🌧 worse

Immunization & Infectious Diseases	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% [Age 65+] Flu Shot in Past Year	70.5	similar 61.4	similar 71.6	worse 90.0
% [High-Risk 18-64] Flu Shot in Past Year	47.7		similar 52.5	worse 90.0
% [Age 65+] Pneumonia Vaccine Ever	65.3	similar 69.9	similar 68.1	worse 90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	38.7		similar 32.0	worse 60.0
% Ever Vaccinated for Hepatitis B	27.2		worse 38.4	
		☀ better	☁ similar	🌧 worse

Injury & Violence Prevention	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	90.5		similar 91.6	
% Child [Age 5-17] "Always" Wears Bicycle Helmet	20.0		worse 35.3	
% Firearm in Home	40.7		similar 37.9	
% [Homes With Children] Firearm in Home	40.4		similar 34.4	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	16.0		similar 16.9	
% Victim of Domestic Violence (Ever)	11.3		similar 13.5	
		☀ better	☁ similar	🌧 worse

Mental Health & Mental Disorders	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	11.5		☁ 11.7	
% Major Depression	11.2		☁ 11.7	
% Symptoms of Chronic Depression (2+ Years)	25.8		☁ 26.5	
% Have Ever Sought Help for Mental Health	20.2		☁ 24.4	
% Typical Day Is "Extremely/Very" Stressful	11.7		☁ 11.5	
% Child [Age 5-17] Takes Prescription for ADD/ADHD	8.0		☁ 6.5	
		☀ better	☁ similar	🌧 worse

Nutrition & Weight Status	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% Healthy Weight (BMI 18.5-24.9)	28.0		☁ 31.7	🌧 33.9
% Overweight	69.3	☁ 65.9	☁ 66.9	
% Obese	32.5	☁ 29.7	☁ 28.5	☁ 30.6
% [Overweights] Trying to Lose Weight Both Diet/Exercise	33.1		☁ 38.6	
% Children [Age 5-17] Overweight	43.2		🌧 30.7	
% Children [Age 5-17] Obese	18.5		☁ 18.9	☁ 14.6
		☀ better	☁ similar	🌧 worse

Oral Health	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	62.1	⛈ 71.5	☁ 66.9	☀ 49.0
% Have Dental Insurance	61.6		☁ 60.8	
		☀ better	☁ similar	⛈ worse

Physical Activity	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% [Employed] Job Entails Mostly Sitting/Standing	50.5		☀ 63.2	
% No Leisure-Time Physical Activity	31.0	☁ 27.0	☁ 28.7	☁ 32.6
% Meeting Physical Activity Guidelines	41.4		☁ 42.7	
% Moderate Physical Activity	24.0		☁ 23.9	
% Vigorous Physical Activity	31.7		☁ 34.8	
% Child [Age 5-17] Watches TV 3+ Hours per Day	15.1		☁ 19.7	
% Child [Age 5-17] Uses Computer 3+ Hours per Day	12.1		☁ 9.9	
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	40.8		☁ 43.4	
		☀ better	☁ similar	⛈ worse

Respiratory Diseases	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% Nasal/Hay Fever Allergies	24.9		☁ 27.3	
% Sinusitis	14.9		☀ 19.4	
% Chronic Lung Disease	11.7		☁ 8.4	
% [Adult] Currently Has Asthma	8.2	☁ 9.8	☁ 7.5	
% [Child 0-17] Currently Has Asthma	8.7		☁ 6.8	
		☀ better	☁ similar	🌧 worse

Sexually Transmitted Diseases	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	3.4		☁ 7.1	
% [Unmarried 18-64] Using Condoms	29.1		☁ 18.9	
		☀ better	☁ similar	🌧 worse

Substance Abuse	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% Current Drinker	43.9	☀ 55.9	☀ 58.8	
% Chronic Drinker (Average 2+ Drinks/Day)	2.1	☀ 6.7	☀ 5.6	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	9.9	☀ 20.1	☀ 16.7	☀ 24.3
% Drinking & Driving in Past Month	0.0		☀ 3.5	
% Driving Drunk or Riding with Drunk Driver	0.4		☀ 5.5	

Substance Abuse (continued)	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% Illicit Drug Use in Past Month	0.7		☁ 1.7	☀ 7.1
% Ever Sought Help for Alcohol or Drug Problem	2.7		☁ 3.9	
		☀ better	☁ similar	🌧 worse

Tobacco Use	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% Current Smoker	21.4	☁ 25.1	🌧 16.6	🌧 12.0
% Someone Smokes at Home	20.6		🌧 13.6	
% [Non-Smokers] Someone Smokes in the Home	8.2		☁ 5.7	
% [Household With Children] Someone Smokes in the Home	23.4		🌧 12.1	
% Smoke Cigars	2.5		☁ 4.2	🌧 0.2
% Use Smokeless Tobacco	4.2		☁ 2.8	🌧 0.3
		☀ better	☁ similar	🌧 worse

Vision	Avita Health System Service Area	Avita Health System Service Area vs. Benchmarks		
		vs. OH	vs. US	vs. HP2020
% Blindness/Trouble Seeing	7.3		☁ 6.9	
% Eye Exam in Past 2 Years	58.5		☁ 57.5	
		☀ better	☁ similar	🌧 worse

GENERAL HEALTH STATUS
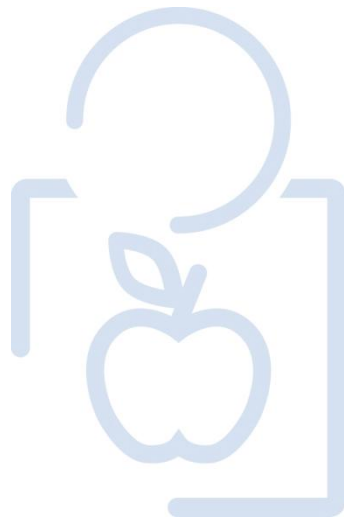
Overall Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

More than one-half (53.2%) of Avita Health System Service Area adults rate their overall health as "excellent" or "very good."

- Another 29.9% gave "good" ratings of their overall health.

Self-Reported Health Status
(Avita Health System Service Area, 2012)
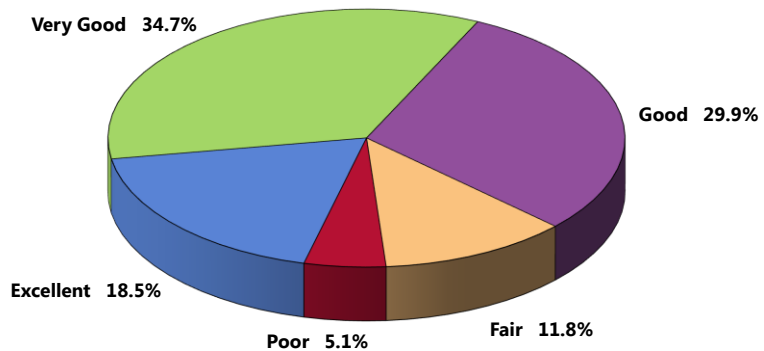
Very Good 34.7%
Good 29.9%
Excellent 18.5%
Fair 11.8%
Poor 5.1%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 16.9% of Avita Health System Service Area adults believe that their overall health is "fair" or "poor."

- Statistically similar to statewide findings.

- Almost identical to the national percentage.

Experience "Fair" or "Poor" Overall Health

16.9%	18.0%	16.8%
Avita Health System Service Area	Ohio	United States
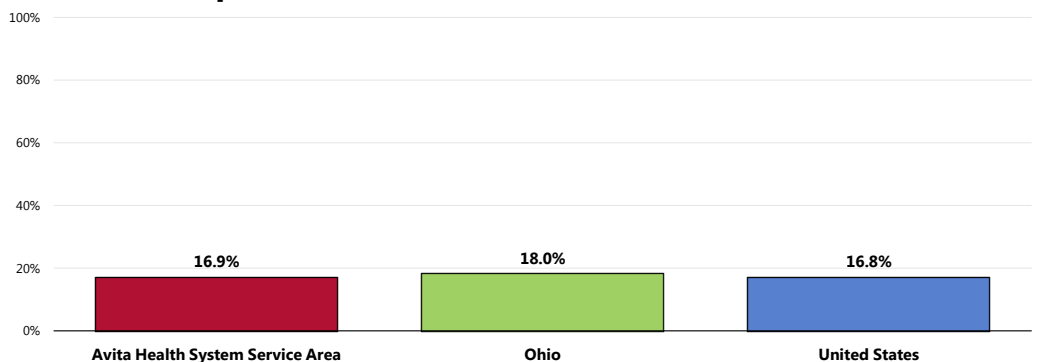
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

NOTE:

● Differences noted in the text represent significant differences determined through statistical testing.

Adults <u>more</u> likely to report experiencing "fair" or "poor" overall health include:

- Those aged 40 and older.

- Residents living at lower incomes.

- Other differences within demographic groups, as illustrated in the following chart, are <u>not</u> statistically significant.

Experience "Fair" or "Poor" Overall Health
(Avita Health System Service Area, 2012)
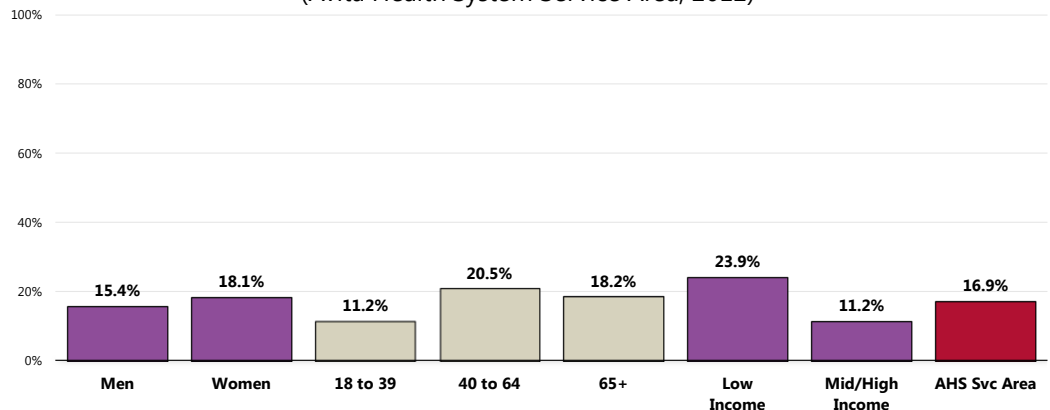
	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
	15.4%	18.1%	11.2%	20.5%	18.2%	23.9%	11.2%	16.9%

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.

- Not have had an annual dental visit.

- Not have had a mammogram in past 2 years.

- Not have had a Pap test within the past 3 years.

- Not engage in fitness activities.

- Use tobacco.

- Be overweight or obese.

- Have high blood pressure.

- Experience symptoms of psychological distress.

- Receive less social-emotional support.

- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.

- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.

- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

– Healthy People 2020 (www.healthypeople.gov)

A total of 23.0% of Avita Health System Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Comparable to the prevalence statewide.

- Less favorable than the national prevalence.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
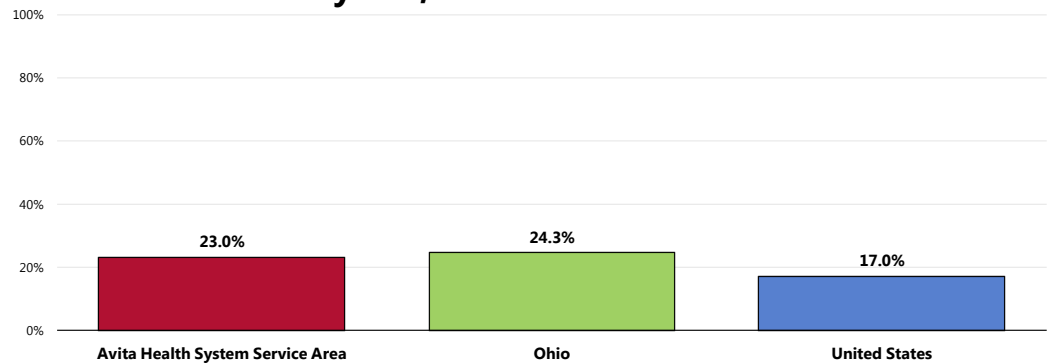
Avita Health System Service Area	Ohio	United States
23.0%	24.3%	17.0%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- 🏃 Adults age 40 and older are much more often limited in activities when compared with young adults.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
22.1%	23.8%	15.4%	27.2%	25.8%	27.5%	20.6%	23.0%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, problems with walking, arthritis/rheumatism, and/or fractures or bone/joint injuries.

Less often, depression/emotional problems were also mentioned as limiting respondents' activities, as were heart conditions.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; Avita Health System Service Area, 2012)

Back/Neck Problem	19.5%
Walking Problem	14.4%
Depression/Emotional Problem	8.0%
Arthritis/Rheumatism	7.3%
Fracture/Bone/Joint Injury	7.0%
Heart Condition	5.9%
Various Other (<3% Each)	43.8%
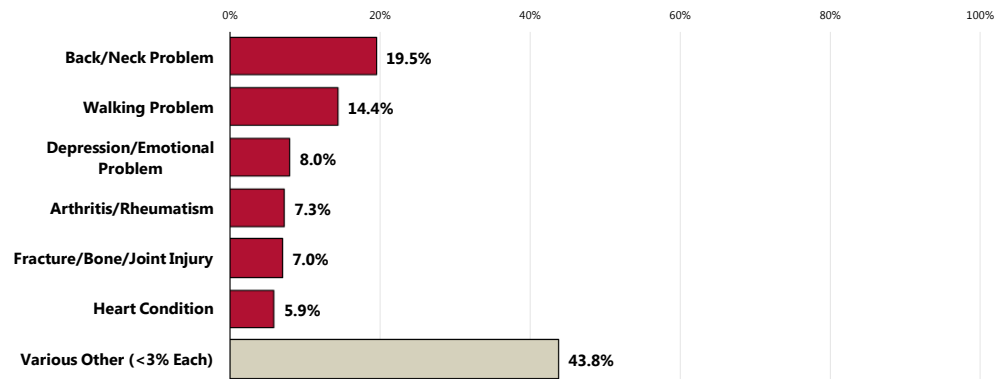
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: ● Asked of those respondents reporting activity limitations.

Professional Research Consultants, Inc.

Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.

- The greatest opportunity for prevention is among young people.

- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.

- The incidence of depression among pregnant women and adolescents can be reduced.

- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.

- There are potential indicated preventive interventions for schizophrenia.

- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.

- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.

- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.

- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.

- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

Self-Reported Mental Health Status

More than 6 in 10 (62.5%) Avita Health System Service Area adults rate their overall mental health as "excellent" or "very good."

● Another 26.1% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Avita Health System Service Area, 2012)

Very Good 32.3%
Good 26.1%
Fair 8.5%
Poor 3.0%
Excellent 30.2%
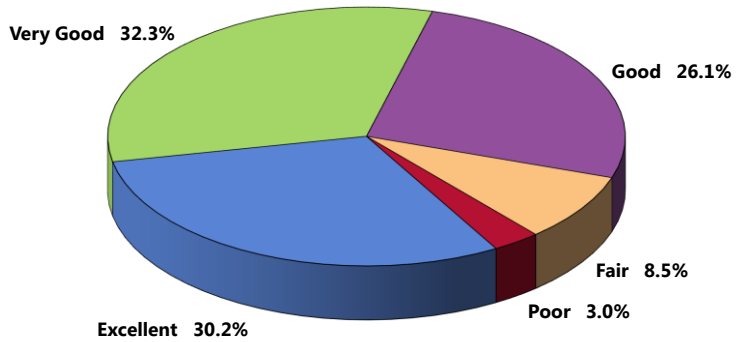
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: ● Asked of all respondents.

A total of 11.5% of Avita Health System Service Area adults, however, believe that their overall mental health is "fair" or "poor."

● Almost identical to the "fair/poor" response reported nationally.

Experience "Fair" or "Poor" Mental Health
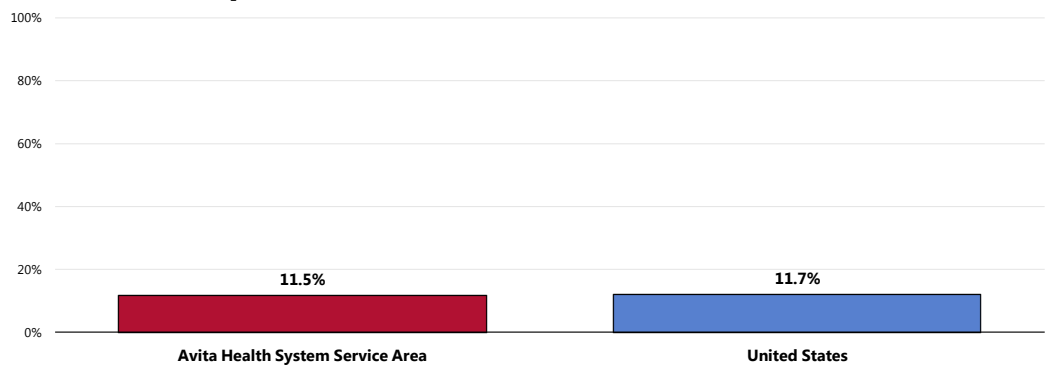
	11.5%	11.7%
	Avita Health System Service Area	United States

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
         ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

👥 Note the negative correlation between age and low ratings of mental health.

👥 Also, residents in low-income households are statistically <u>more likely</u> to report experiencing "fair/poor" mental health than those with higher incomes.

Experience "Fair" or "Poor" Mental Health
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
8.9%	13.7%	17.5%	12.3%	2.1%	20.7%	6.1%	11.5%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Major Depression

A total of 11.2% of Avita Health System Service Area adults have been diagnosed with major depression by a physician.

● Similar to the national finding.

Have Been Diagnosed With Major Depression

Avita Health System Service Area	United States
11.2%	11.7%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The prevalence of major depression is notably higher among:

- Adults under age 65.

- Community members living at lower incomes.

Have Been Diagnosed With Major Depression
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
9.7%	12.5%	12.5%	14.9%	3.4%	23.1%	3.7%	11.2%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 25.8% of Avita Health System Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- Statistically comparable to national findings.

Have Experienced Symptoms of Chronic Depression
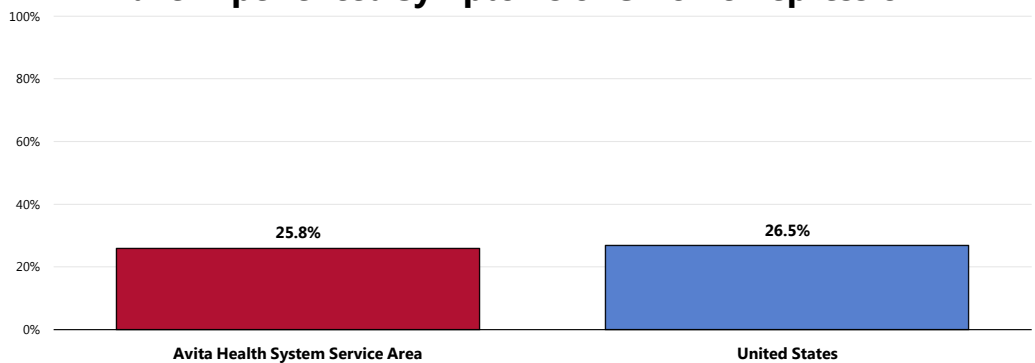
Avita Health System Service Area	United States
25.8%	26.5%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The prevalence of chronic depression is notably higher among:

- 👪 Women.
- 👪 Residents under age 65.
- 👪 Those with lower incomes.

Have Experienced Symptoms of Chronic Depression
(Avita Health System Service Area, 2012)

Category	Value
Men	20.0%
Women	30.7%
18 to 39	27.3%
40 to 64	29.6%
65+	19.1%
Low Income	34.3%
Mid/High Income	17.8%
AHS Svc Area	25.8%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

More than 4 in 10 Avita Health System Service Area adults consider their typical day to be "not very stressful" (30.1%) or "not at all stressful" (16.7%).

- Another 41.5% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day
(Avita Health System Service Area, 2012)
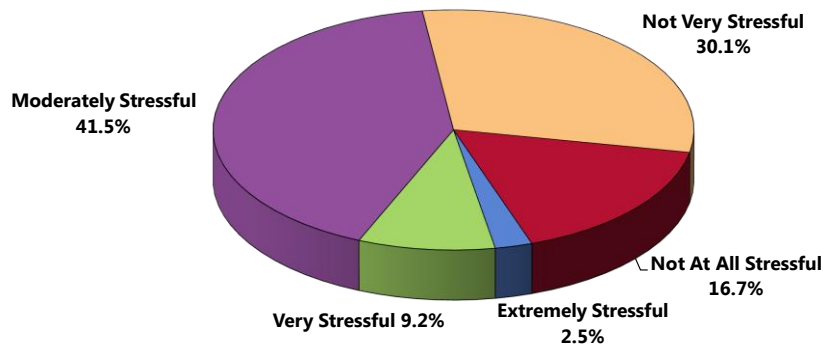
Not Very Stressful 30.1%
Moderately Stressful 41.5%
Not At All Stressful 16.7%
Very Stressful 9.2%
Extremely Stressful 2.5%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: ● Asked of all respondents.

In contrast, 11.7% of Avita Health System Service Area adults experience "very" or "extremely" stressful days on a regular basis.

● Similar to national findings.

Perceive Most Days As "Extremely" or "Very" Stressful
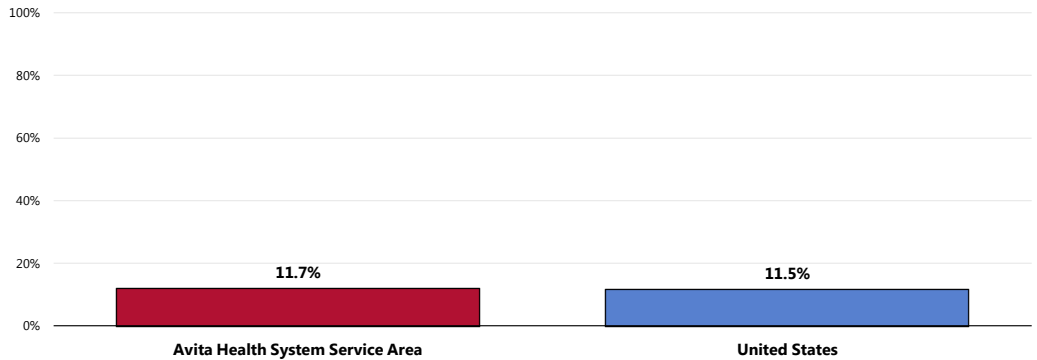
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

High stress levels are more prevalent among young adults (note the negative correlation with age).

Perceive Most Days as "Extremely" or "Very" Stressful
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
11.7%	11.8%	22.5%	9.3%	2.5%	15.6%	10.2%	11.7%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health Treatment

Among the total sample of surveyed adults, one in five (20.2%) acknowledges that they have sought professional help for a mental or emotional problem.

● Similar to national findings.

⭑ Statistically low among men and seniors (those 65+).

Have Sought Professional Mental Health Services
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area	US
14.4%	25.2%	27.8%	21.9%	8.3%	24.4%	16.8%	20.2%	24.4%
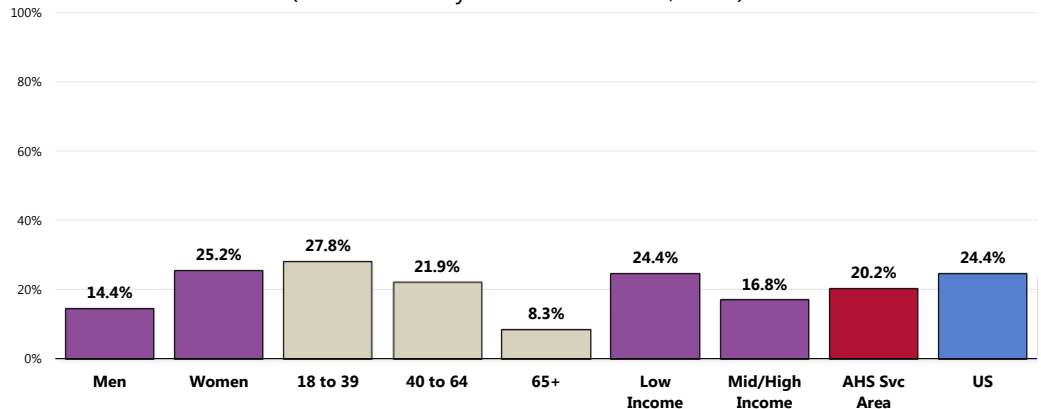
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children & ADD/ADHD

Among survey respondents with children age 5 to 17, 8.0% report that their child takes medication for ADD/ADHD.

● Statistically similar to the national prevalence.

⭑ Note the 16.0% prevalence among area **boys** age 5-17 (no girls were reported by surveyed parents to have ADD/ADHD).

Child Takes Medication for ADD/ADHD
(Among Parents of Children 5-17)

Yes 8.0%   No 92.0%

Avita Health System Svc Area

Yes 6.5%   No 93.5%

United States
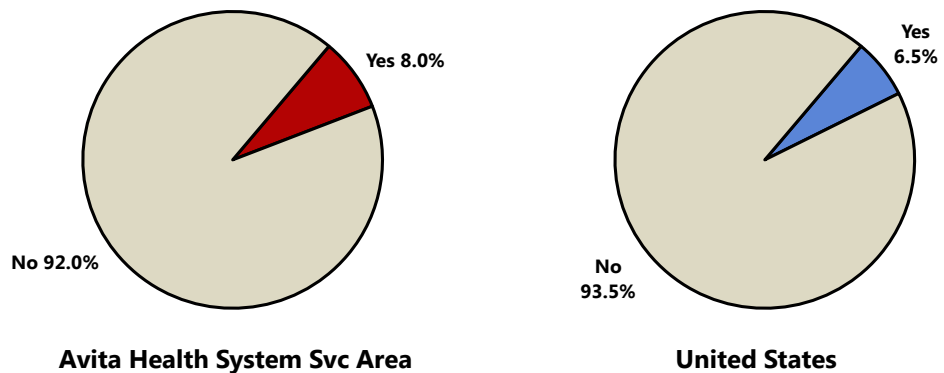
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 5 to 17.

Related Focus Group Findings: Mental Health

Many participants discussed mental health in the community, with conversation centering on these topics:

- Behavioral health resource constraints
- Community Counseling Services
- Suicide rate

Focus group respondents believe that **behavioral health services face resource constraints** due to limited funding. Community members who need inpatient treatment have to travel outside the county to Marion General Hospital or the state hospital. Many participants feel that **Community Counseling Services** provides excellent care, but remains understaffed due to limited finances. Only one on-call therapist is available to address any behavioral health crisis. A participant describes:

> *"I think one thing people don't know is if I come in to Galion emergency room and I'm having a mental health crisis, Galion screens me medically and then Community Counseling Services has a therapist that is on call to do that. And Cindy is right: two people, one during the day and one at night to do that crisis service; that isn't much."* — Community Leader

Participants worry about the high **suicide rate** in the community and see mental illness occurring in younger and younger children.

DISEASE & CHRONIC CONDITIONS
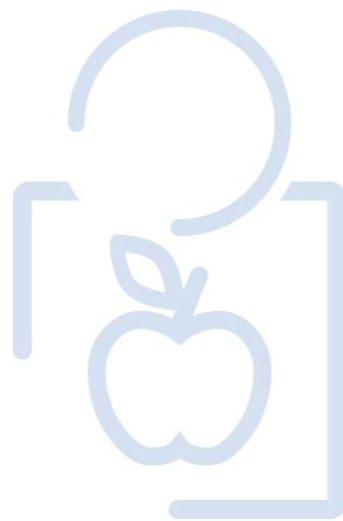
Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 11.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Less favorable than the national prevalence.

Prevalence of Heart Disease
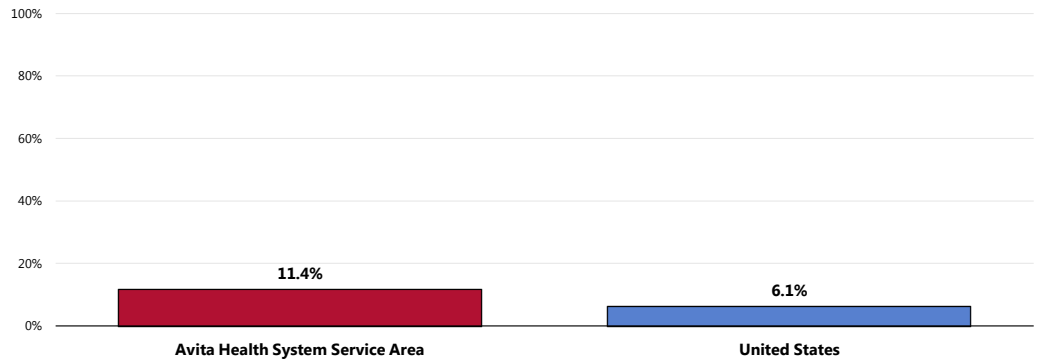
```
100%

 80%

 60%

 40%

 20%        11.4%                                    6.1%

  0%  ▉▉▉▉▉▉▉▉▉▉▉▉                            ▉▉▉▉▉▉▉▉▉▉▉▉
      Avita Health System Service Area            United States
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👪 Seniors (age 65+) in the Avita Health System Service Area are more likely to have been diagnosed with chronic heart disease.

Prevalence of Heart Disease
(Avita Health System Service Area, 2012)
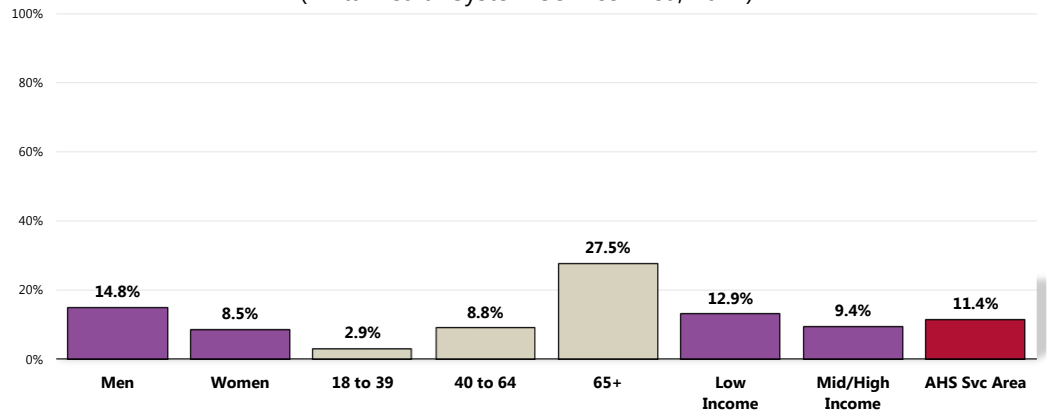
```
100%

 80%

 60%

 40%
                                             27.5%
 20%  14.8%                                                12.9%              11.4%
            8.5%          8.8%                     9.4%
                   2.9%
  0%
      Men   Women  18 to 39  40 to 64  65+    Low     Mid/High   AHS Svc Area
                                              Income   Income
```

A total of 3.4% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Comparable to statewide findings.
- Comparable to national findings.

Prevalence of Stroke

Avita Health System Service Area	Ohio	United States
3.4%	3.1%	2.7%
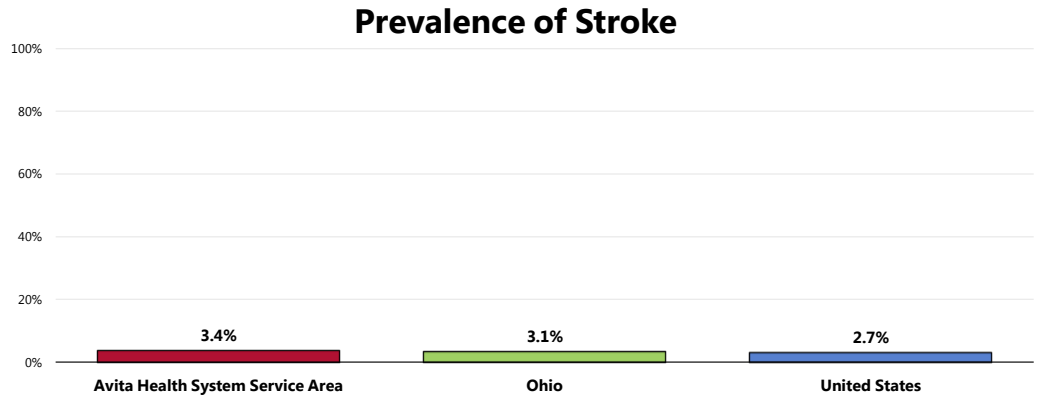
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.

Notes:
- Asked of all respondents.

Adults more likely to have been diagnosed with stroke include:

- Men.
- Seniors.

Prevalence of Stroke
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
5.7%	1.4%	1.4%	2.7%	7.6%	4.8%	1.5%	3.4%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

– Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

Prevalence of Hypertension

Over 4 in 10 (43.7%) Service Area adults have been told at some point that their blood pressure was high.

- Higher than the Ohio prevalence.
- Higher than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower

Avita Health System Service Area	Ohio	United States
43.7%	32.7%	34.3%
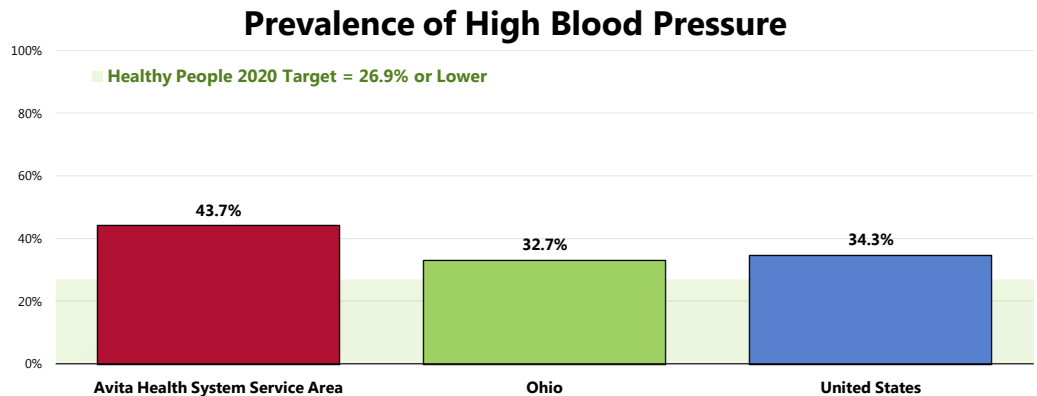
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.

Hypertension diagnoses are higher among:

👥 Men.

👥 Adults age 40 and older, and especially those age 65+.

Prevalence of High Blood Pressure
(Avita Health System Service Area, 2012)

■ **Healthy People 2020 Target = 26.9% or Lower**

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
49.1%	39.1%	25.5%	44.4%	66.3%	47.0%	41.2%	43.7%

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

Respondents reporting high blood pressure were further asked:

"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Among respondents who have been told that their blood pressure was high, 86.4% report that they are currently taking actions to control their condition.

● Statistically similar to national findings.

Taking Action to Control Hypertension
(Among Adults With High Blood Pressure)

Avita Health System Service Area	United States
86.4%	89.1%
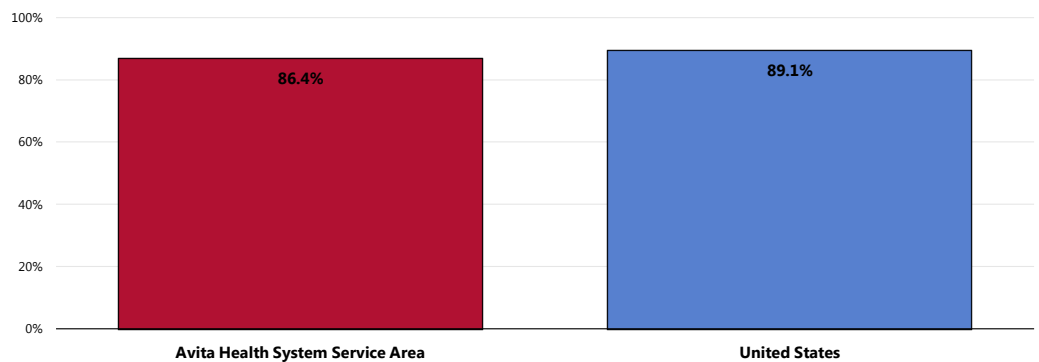
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents who have been diagnosed with high blood pressure.
• In this case, the term "action" refers to medication, change in diet, and/or exercise.

Self-Reported High Blood Cholesterol

A total of 37.3% of adults have been told by a health professional that their cholesterol level was high.

- Statistically similar to the Ohio percentage.

- Less favorable than the national prevalence.

- More than twice the Healthy People 2020 target (13.5% or lower).

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower

Avita Health System Service Area	Ohio	United States
37.3%	38.9%	31.4%
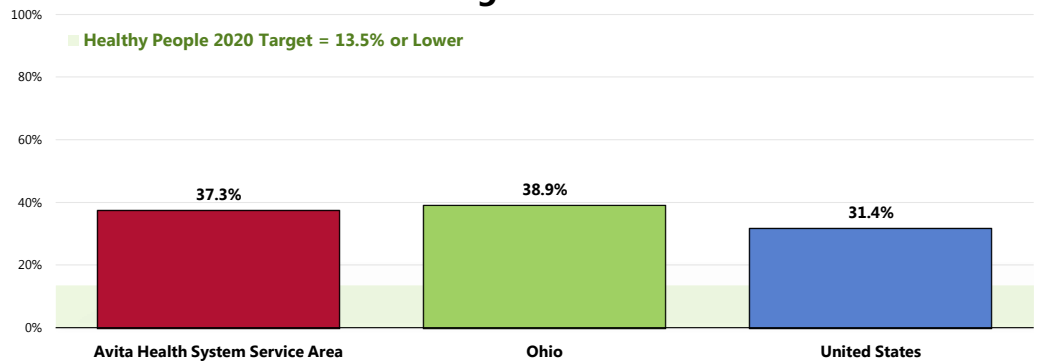
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
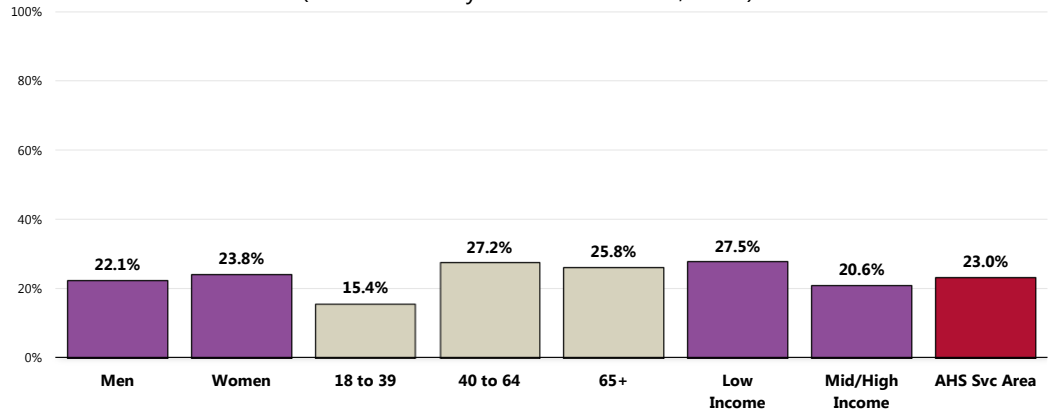- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- *The Ohio data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note the positive correlation between age and high blood cholesterol.

Prevalence of High Blood Cholesterol
(Avita Health System Service Area, 2012)

Healthy People 2020 Target = 13.5% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
41.4%	33.7%	15.9%	37.7%	64.6%	35.6%	36.5%	37.3%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among adults who have been told that their blood cholesterol was high, 87.7% report that they are currently taking actions to control their cholesterol levels.

● Comparable to that found nationwide.

Taking Action to Control High Blood Cholesterol Levels
(Among Adults with High Cholesterol)

	Avita Health System Service Area	United States
	87.7%	89.1%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
　　　　 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents who have been diagnosed with high blood cholesterol levels.
　　　　 ● In this case, the term "action" refers to medication, change in diet, and/or exercise.

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

■ High Blood Pressure

■ High Blood Cholesterol

■ Tobacco Use

■ Physical Inactivity

■ Poor Nutrition

■ Overweight/Obesity

■ Diabetes

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

A total of 88.6% of Avita Health System Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

● Similar to national findings.

Present One or More Cardiovascular Risks or Behaviors

Avita Health System Service Area: 88.6%
United States: 86.3%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

👪 Men.

👪 Adults age 40 and older.

Present One or More Cardiovascular Risks or Behaviors
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
93.3%	84.5%	82.1%	91.5%	94.0%	90.8%	88.3%	88.6%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
Notes: ● Asked of all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Cancer

Skin Cancer

A total of 7.7% of surveyed Avita Health System Service Area adults report having been diagnosed with skin cancer.

- Comparable to the Ohio prevalence.
- Comparable to the national average.

Prevalence of Skin Cancer

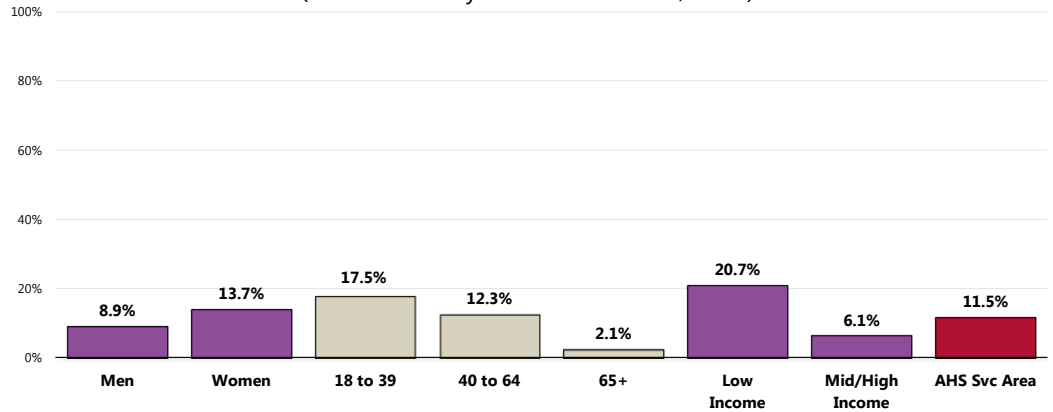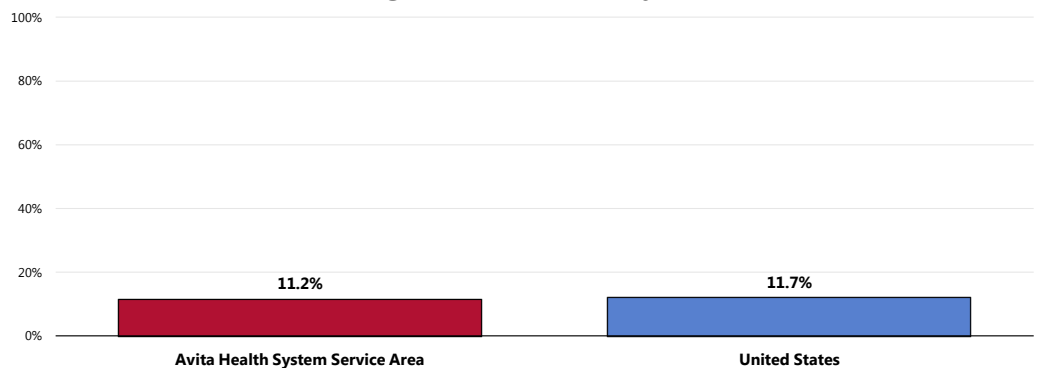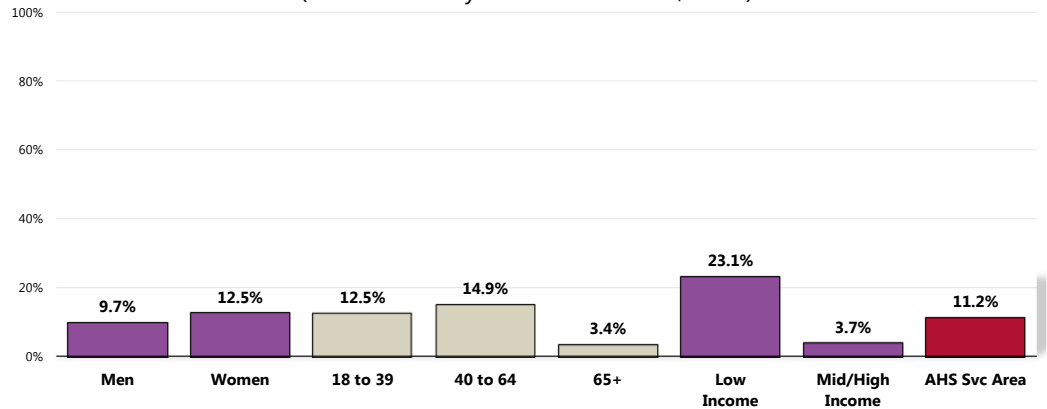|		
Avita Health System Service Area	Ohio	United States
7.7%	5.1%	8.1%
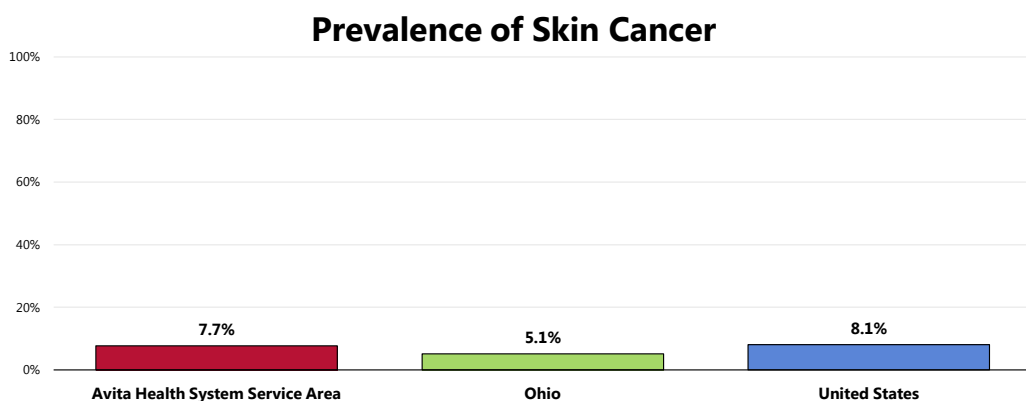
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Ohio data.

Notes:
- Asked of all respondents.

A total of 6.6% of respondents have been diagnosed with some type of (non-skin) cancer.

- Identical to the state percentage.
- Similar to the national prevalence.

Prevalence of Cancer (Other Than Skin Cancer)

Avita Health System Service Area	Ohio	United States
6.6%	6.6%	5.5%
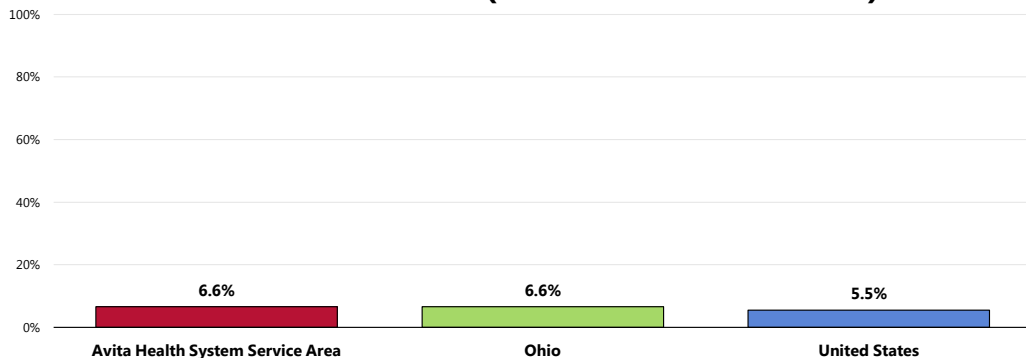
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Ohio data.
Notes: • Asked of all respondents.

Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
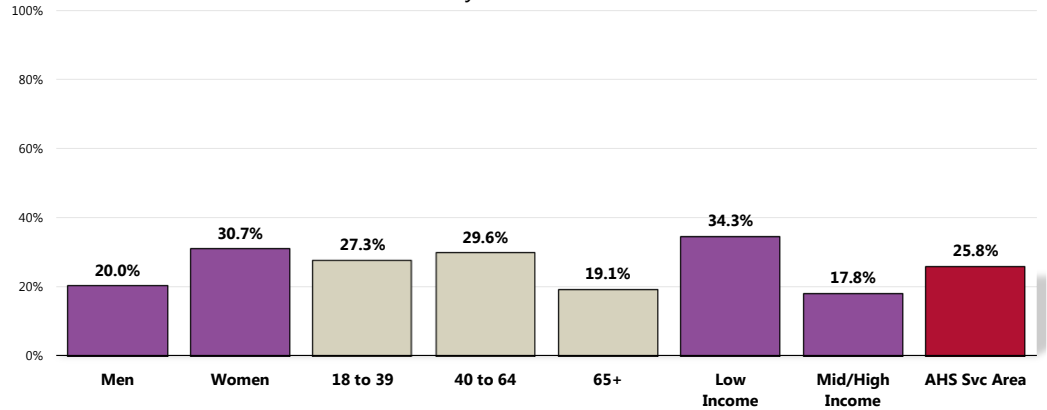
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RELATED ISSUE:
See also
*Nutrition & Overweight,
Physical Activity &
Fitness* and *Tobacco Use*
in the **Modifiable
Health Risk** section of
this report.

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Prostate Cancer Screenings

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is <u>insufficient</u> to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

–   US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Note: Due to recent (2008) changes in clinical recommendations against routine PSA testing, it is anticipated that testing levels will begin to decline.

PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, more than two in three (68.0%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Similar to national findings.

Have Had a Prostate Screening in the Past Two Years
(Among Men 50+)

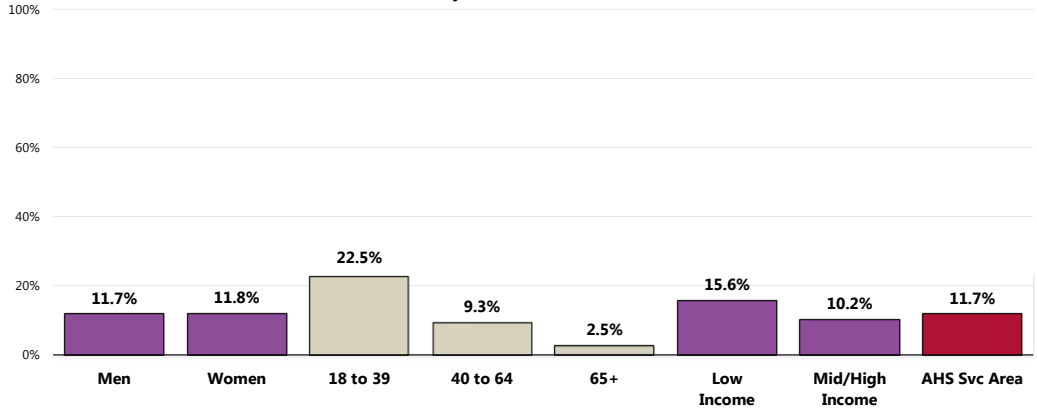| Avita Health System Service Area	United States
68.0%	70.5%
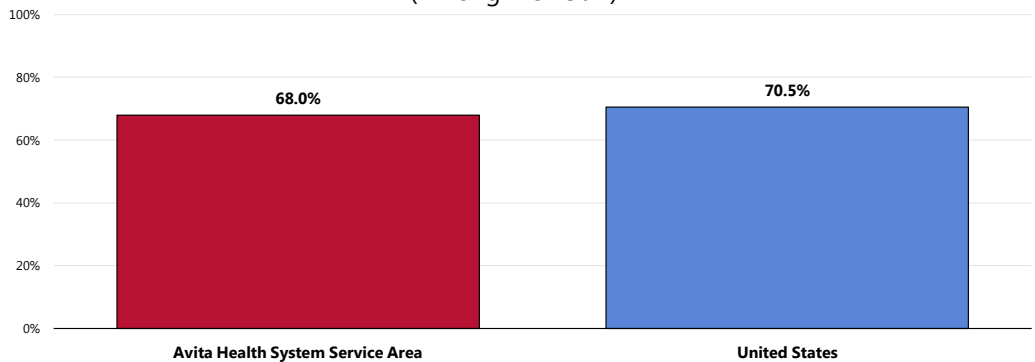
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
                  ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all male respondents 50 and older.

Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

Among women age 50-74, 76.6% had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).

Among women 40+, 68.1% had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years
(Among Women 50-74)

Healthy People 2020 Target = 81.1% or Higher

	Avita Health System Service Area	Ohio *	United States
	76.6%	77.3%	79.9%

Women 40+ = 68.1%
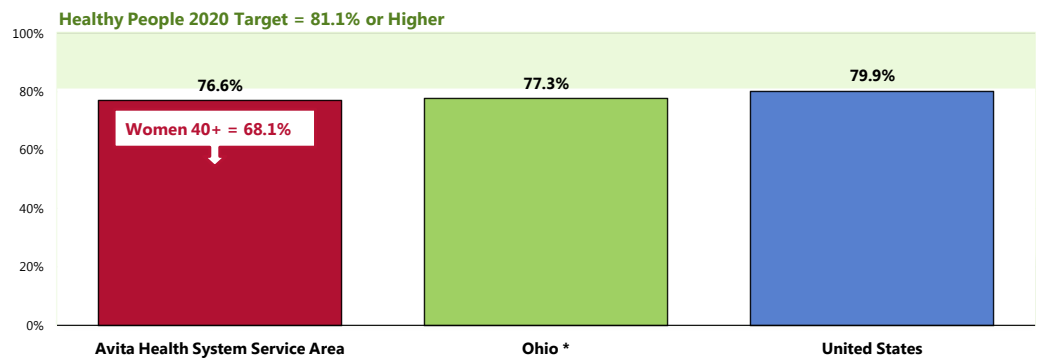
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 142-143]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Ohio data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50 to 74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women age 21 to 65, 79.6% had a Pap smear within the past three years.

- Comparable to Ohio findings (which represents all women 18+).
- Comparable to the national figure.
- Fails to satisfy the Healthy People 2020 target (93% or higher).

Have Had a Pap Smear in the Past Three Years
(Among Women 21-65)

Healthy People 2020 Target = 93.0% or Higher

	Avita Health System Service Area	Ohio*	United States
	79.6%	81.7%	84.7%
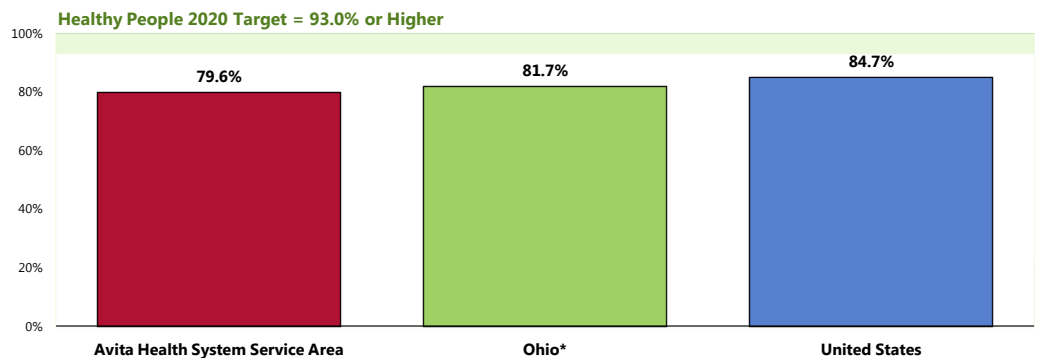
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Ohio data.
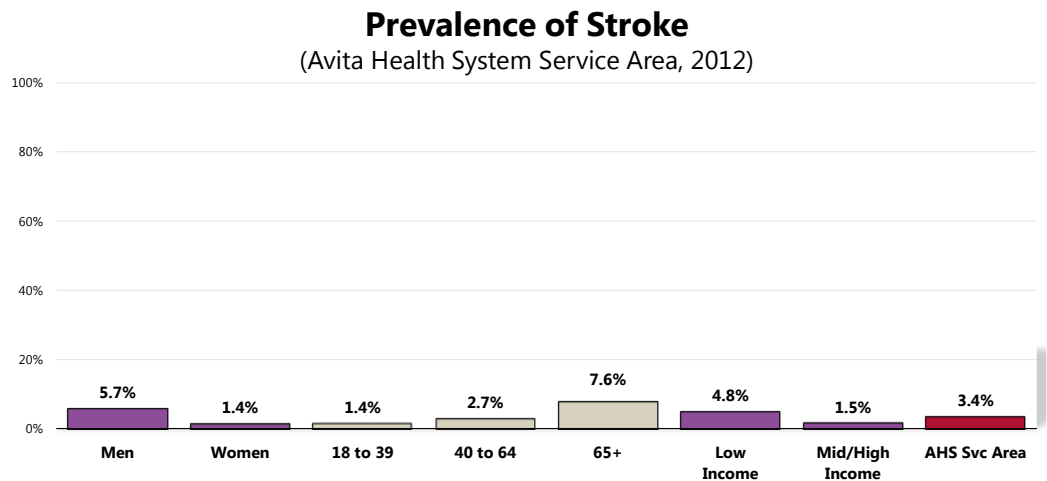- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
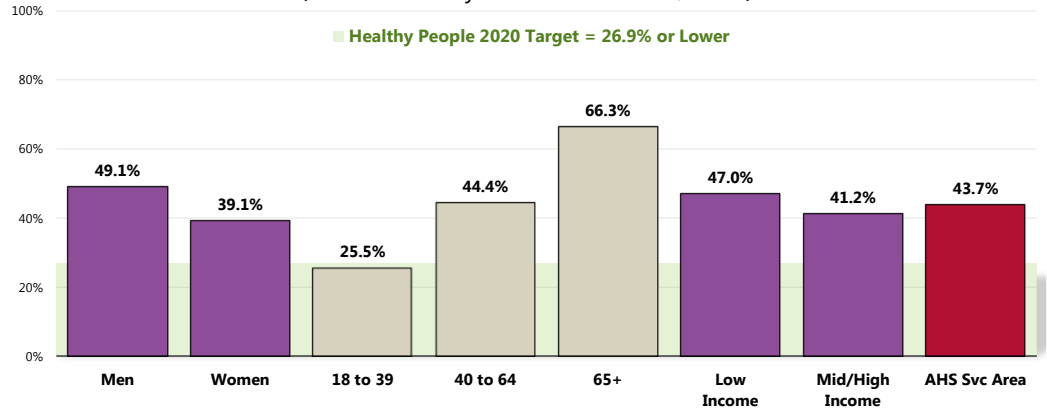- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21-65.
- *Note that the Ohio percentage represents all women 18 and older.

Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50-75, 64.0% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/ colonoscopy [lower endoscopy] within the past 10 years).

- Comparable to the Healthy People 2020 target (70.5% or higher).

Have Had a Colorectal Cancer Screening
(Among Avita Health System Service Area Adults 50-75, 2011)

Healthy People 2020 Target = 70.5% or Higher

No 36.0%

Yes 64.0%
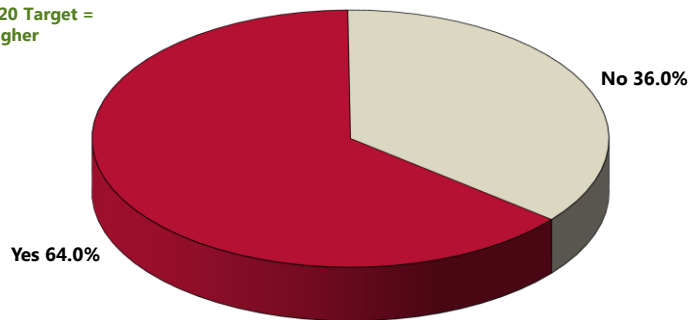
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]
Notes: ● Asked of all respondents age 50 through 75.
 ● In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, 65.9% have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- Statistically similar to Ohio findings.
- Statistically similar to national findings.

Have Ever Had a Lower Endoscopy Exam
(Among Adults 50+)
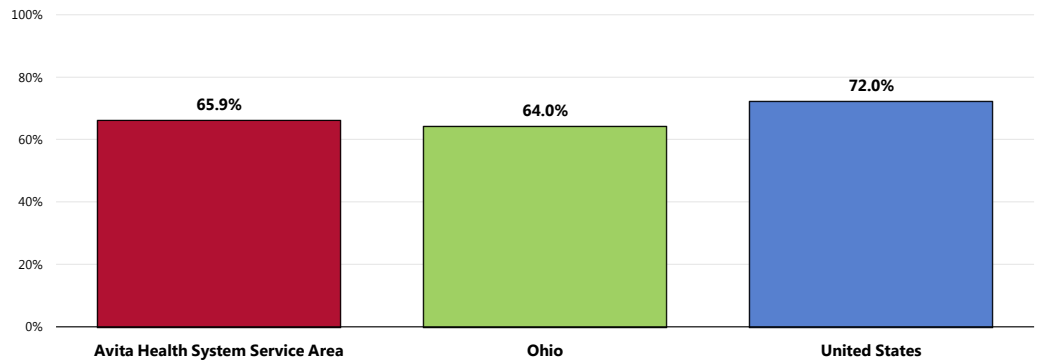
Avita Health System Service Area: 65.9%
Ohio: 64.0%
United States: 72.0%

Blood Stool Testing

Among adults age 50 and older, 23.0% have had a blood stool test (aka "fecal occult blood test") within the past two years.

● Statistically similar to the Ohio prevalence.

● Statistically similar to the national prevalence.

Have Had a Blood Stool Test in the Past Two Years
(Among Adults 50+)
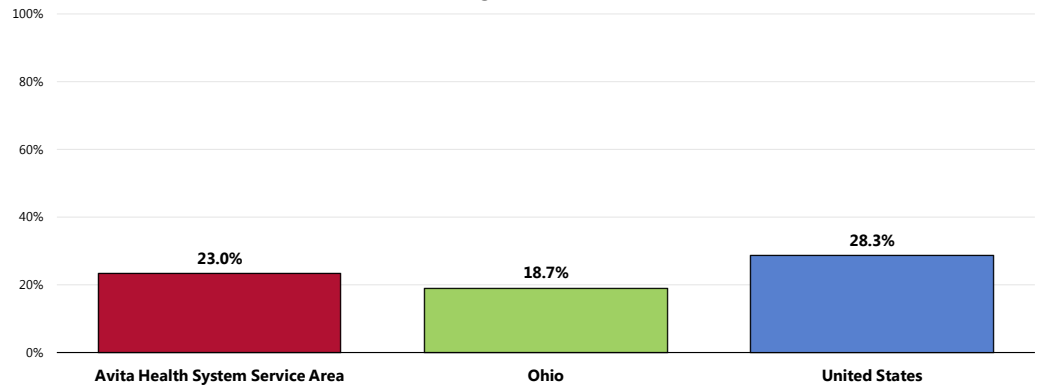
Avita Health System Service Area: 23.0%
Ohio: 18.7%
United States: 28.3%

Related Focus Group Findings: Chronic Disease

Focus group and key informant interview participants mentioned several chronic health conditions that persist in the community. These include heart disease, obesity, hypertension, pulmonary hypertension, diabetes, chronic obstructive pulmonary disease, sleep apnea, metabolic syndromes, arthritis, depression, chronic kidney disease and cancer.

Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

– Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Nasal/Hay Fever Allergies

One-fourth (24.9%) of Avita Health System Service Area adults currently suffers from or has been diagnosed with nasal/hay fever allergies.

● Similar to the national prevalence.

Prevalence of Nasal/Hay Fever Allergies

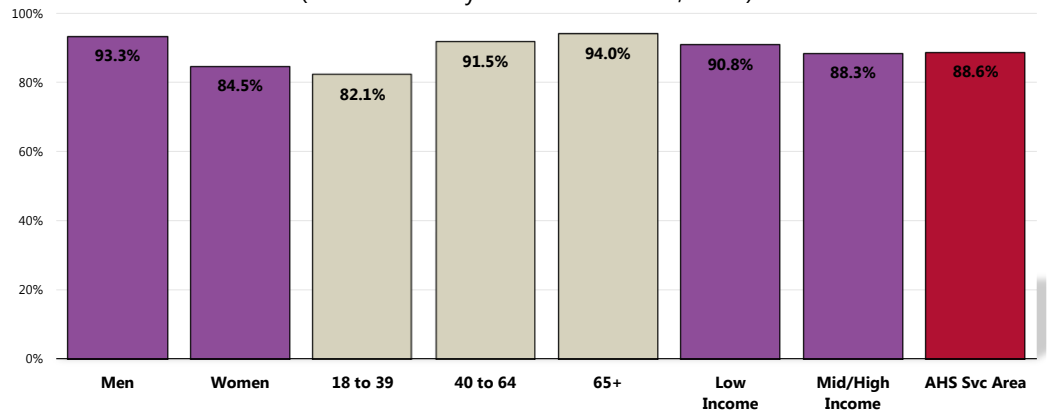|	Avita Health System Service Area	United States
	24.9%	27.3%
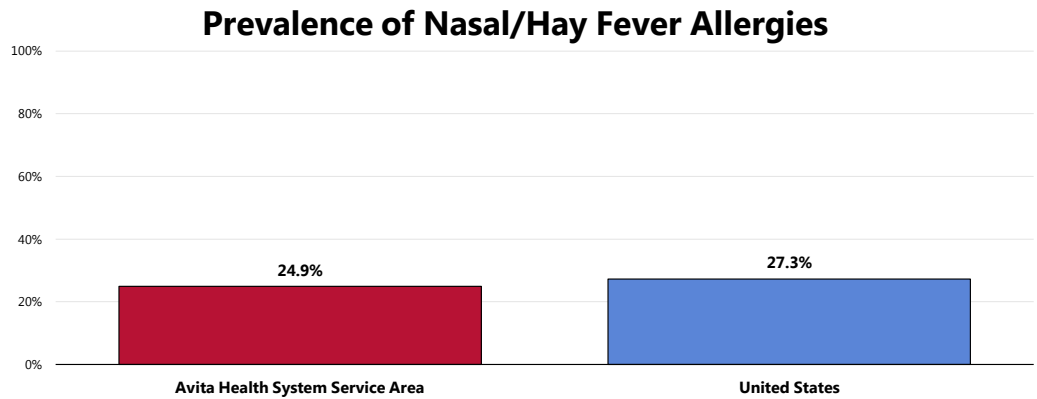
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Sinusitis

A total of 14.9% of Avita Health System Service Area adults suffer from sinusitis.

● More favorable than the national prevalence.

Prevalence of Sinusitis

	Avita Health System Service Area	United States
	14.9%	19.4%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Chronic Lung Disease

A total of 11.7% of Avita Health System Service Area adults suffer from chronic lung disease.

- Similar to the national prevalence.

Prevalence of Chronic Lung Disease

Avita Health System Service Area	11.7%
United States	8.4%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Asthma

Adults

A total of 8.2% of Avita Health System Service Area adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.

Currently Have Asthma

Avita Health System Service Area	8.2%
Ohio	9.8%
United States	7.5%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
Notes: ● Asked of all respondents.

The following adults are more likely to suffer from asthma:

- 🏃 Women.

- 🏃 Adults under 65 (note the negative correlation with age).

- 🏃 Low-income residents.

Currently Have Asthma
(Avita Health System Service Area, 2012)
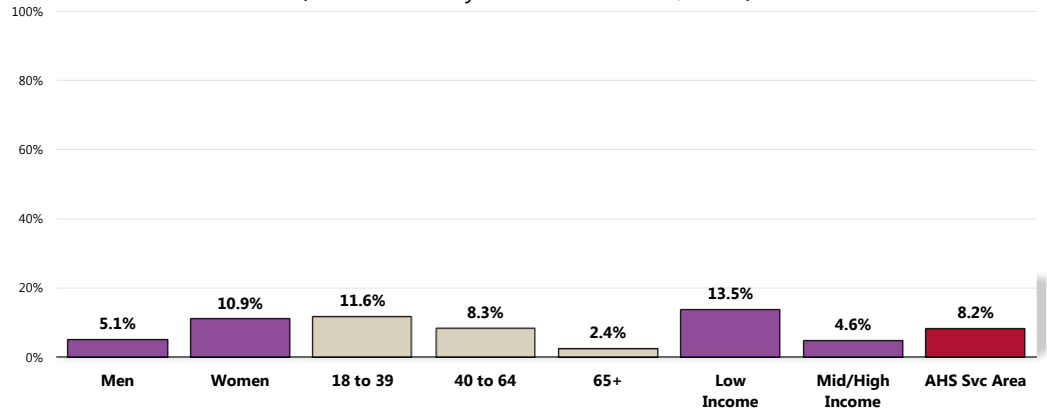
	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
	5.1%	10.9%	11.6%	8.3%	2.4%	13.5%	4.6%	8.2%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 34.3% of respondents with asthma report six or more days in the past year on which they were unable to work or carry out their usual activities because of their asthma.

Number of Days in Past Year
on Which Asthma Interfered With Work or Usual Activities
(Among Avita Health System Service Area Adults w/Asthma, 2012)

None 58.7%

Median: 0 Days

1 to 2 Days 2.2%

3 to 5 Days 4.8%

6+ Days 34.3%
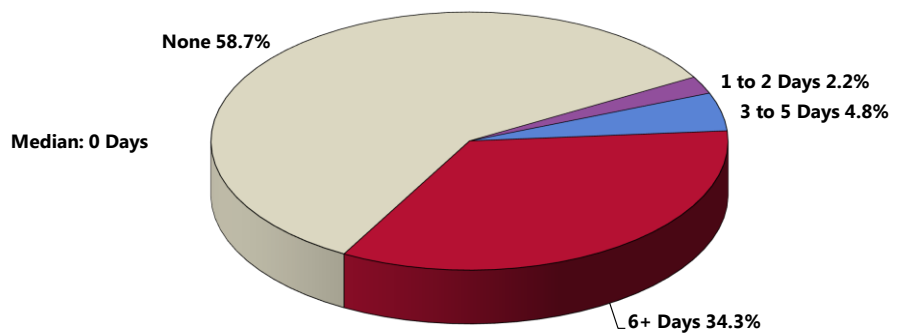
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
Notes: ● Asked of all respondents with asthma.

Among Avita Health System Service Area children under age 18, 8.7% currently have asthma.

- Statistically similar to national findings.

Child Currently Has Asthma
(Among Parents of Children Age 0-17)
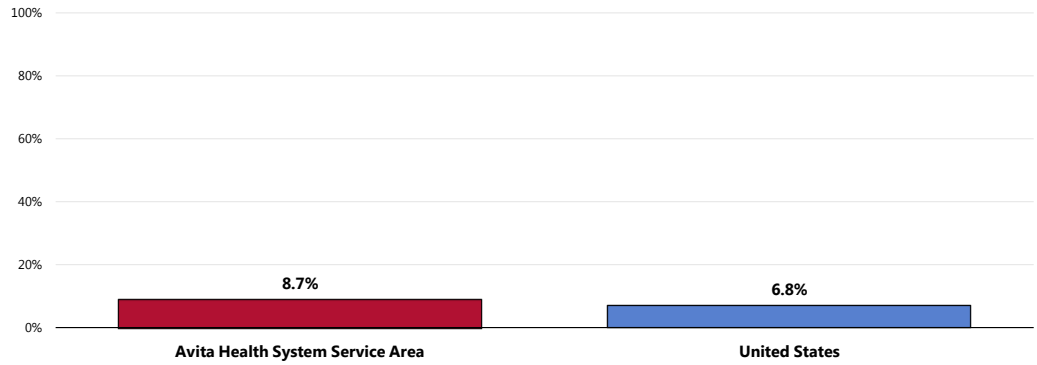
Avita Health System Service Area	8.7%
United States	6.8%

Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

Seat Belt Usage - Children

A full 90.5% of Avita Health System Service Area parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle
(Among Parents of Children Age 0-17)
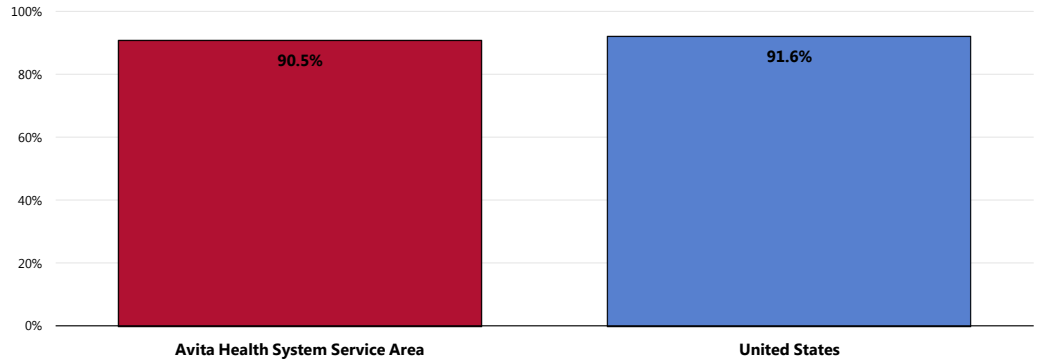
	Avita Health System Service Area	United States
	90.5%	91.6%

Bicycle Safety - Children

Just 20.0% of Service Area children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.

- Much lower than the national prevalence.

Child "Always" Wears a Helmet When Riding a Bicycle
(Among Parents of Children Age 5-17)
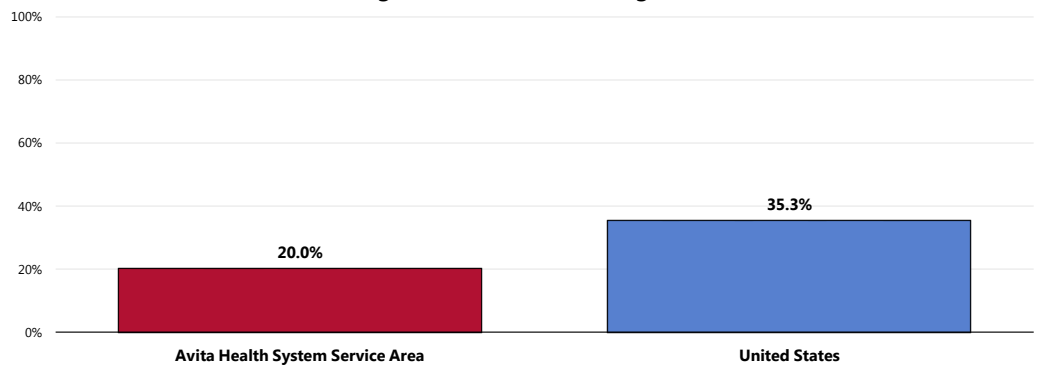
	Avita Health System Service Area	United States
	20.0%	35.3%

Presence of Firearms in Homes

Overall, 4 in 10 (40.7%) Avita Health System Service Area adults have a firearm kept in or around their home.

- Comparable to the national prevalence.

- Among Avita Health System Service Area households with children, 40.4% have a firearm kept in or around the house (similar to that reported nationally).

Have a Firearm Kept in or Around the Home

Households With Children: 40.4% (vs. 34.4% nationwide)

40.7% — Avita Health System Service Area
37.9% — United States
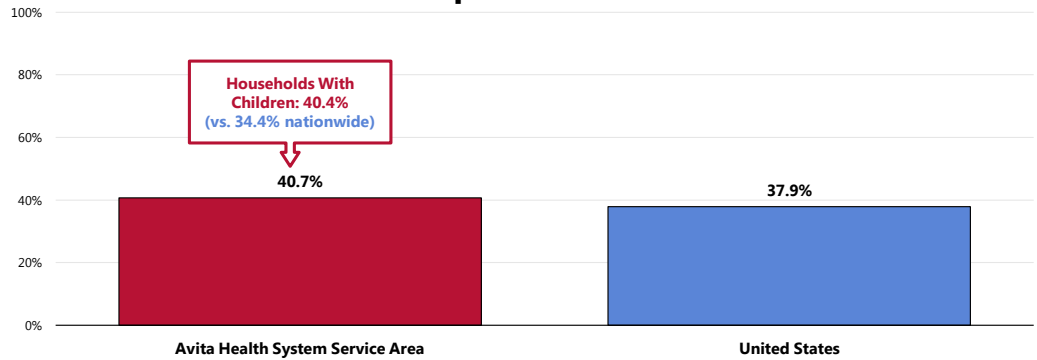
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 51, 151]
          ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
          ● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are <u>more</u> prevalent among the following respondent groups:

- Men.

- Higher-income households.

Have a Firearm Kept in or Around the House
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
50.3%	33.1%	37.9%	43.5%	40.7%	26.0%	53.3%	40.7%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
Notes: ● Asked of all respondents.
          ● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
          ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Avita Health System Service Area households with firearms, 16.0% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.

Household Has An Unlocked, Loaded Firearm
(Among Respondents Reporting a Firearm in or Around the Home)

Yes
16.0%

No
84.0%

Yes
16.9%

No
83.1%

Avita Health System Service Area

United States
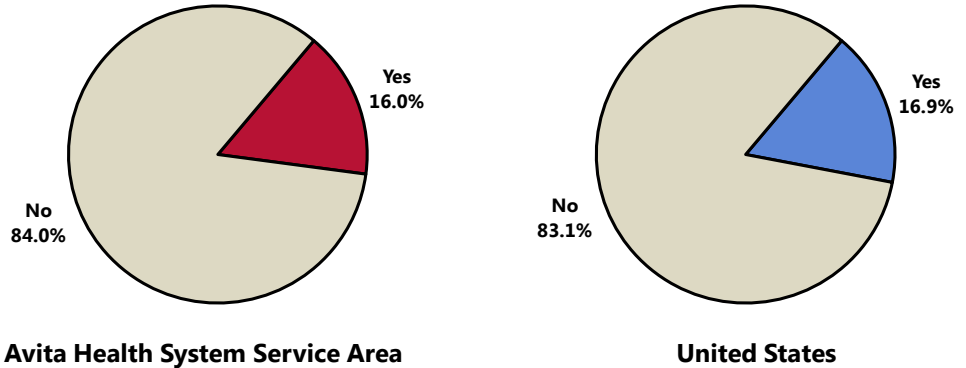
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with a firearm in or around the home.
● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Family Violence

A total of 11.3% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to national findings.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

11.3%
Avita Health System Service Area

13.5%
United States

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Reports of domestic violence are also notably higher among:

- 👥 Women.

- 👥 Young adults (under age 40).

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(Avita Health System Service Area, 2012)

Category	Value
Men	6.2%
Women	15.6%
18 to 39	16.1%
40 to 64	12.1%
65+	4.4%
Low Income	16.6%
Mid/High Income	10.9%
AHS Svc Area	11.3%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.

- Increases the risk of heart disease by 2 to 4 times.

- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

   – Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

A total of 13.2% of Avita Health System Service Area adults report having been diagnosed with diabetes.

- Similar to the proportion statewide.
- Similar to the national proportion.

Prevalence of Diabetes
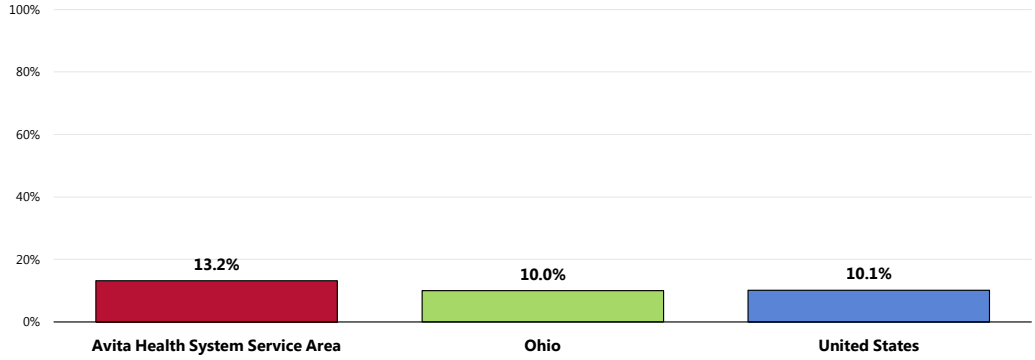
13.2%	**10.0%**	**10.1%**
Avita Health System Service Area	Ohio	United States

👪 Note the positive correlation between diabetes and age (with one in five seniors with diabetes).

Prevalence of Diabetes
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
15.0%	11.6%	4.0%	16.3%	20.2%	13.8%	11.8%	13.2%

Diabetes Treatment

Among adults with diabetes, most (89.8%) are currently taking insulin or some type of medication to manage their condition.

Taking Insulin or Other Medication for Diabetes
(Among Avita Health System Service Area Diabetics)

No 10.2%

Yes 89.8%
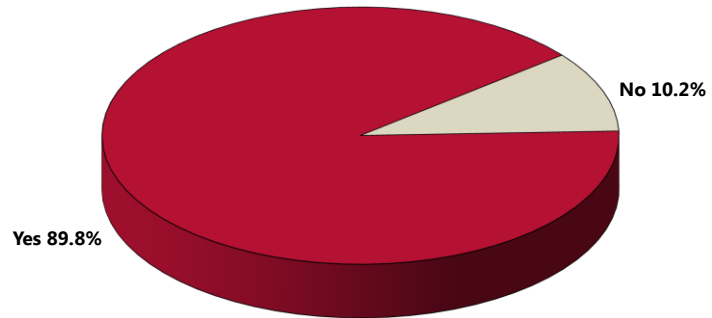
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
Notes: ● Asked of all diabetic respondents.

Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.

- 2-8% have chronic back pain (pain that lasts more than 3 months).

- 3-4% of the population is temporarily disabled due to back pain.

- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).

- 3rd most common reason to undergo a surgical procedure.

- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

– Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

Prevalence of Arthritis/Rheumatism

More than 4 in 10 (45.1%) Avita Health System Service Area adults age 50 and older report suffering from arthritis or rheumatism.

- Worse than that found nationwide.

Prevalence of Arthritis/Rheumatism
(Among Adults 50+)

45.1%

35.4%

Avita Health System Service Area   United States
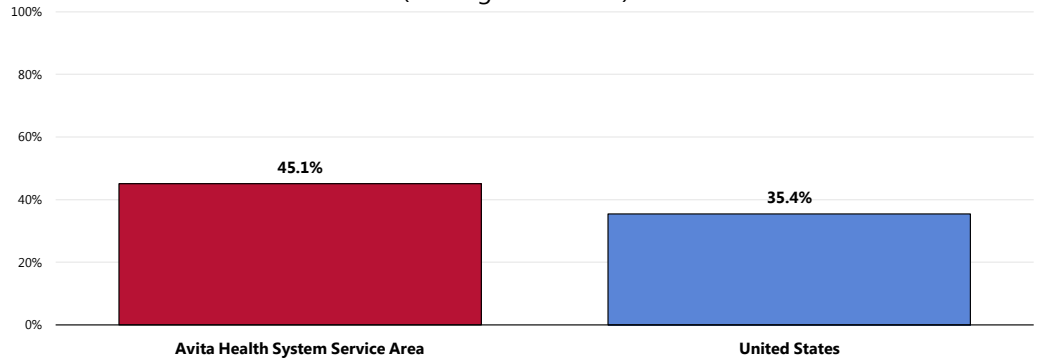
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
           ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents 50 and older.

Prevalence of Osteoporosis

A total of 12.5% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.

- More than twice the Healthy People 2020 target of 5.3% or lower.

Prevalence of Osteoporosis
(Among Adults 50+)

Healthy People 2020 Target = 5.3% or Lower

12.5%

11.4%

Avita Health System Service Area   United States

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
           ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
           ● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]
Notes: ● Reflects respondents 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 25.5% of survey respondents suffer from chronic back pain or sciatica.

- Similar to that found nationwide.

Prevalence of Sciatica/Chronic Back Pain

	Avita Health System Service Area	United States
	25.5%	21.5%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Prevalence of Migraines/Severe Headaches

A total of 17.1% of survey respondents report suffering from migraines or severe headaches.

- Similar to that found nationwide.

Prevalence of Migraines/Severe Headaches

	Avita Health System Service Area	United States
	17.1%	16.9%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

A total of 9.7% of survey respondents currently suffer from chronic neck pain.

- Statistically comparable to that found nationwide.

Prevalence of Chronic Neck Pain

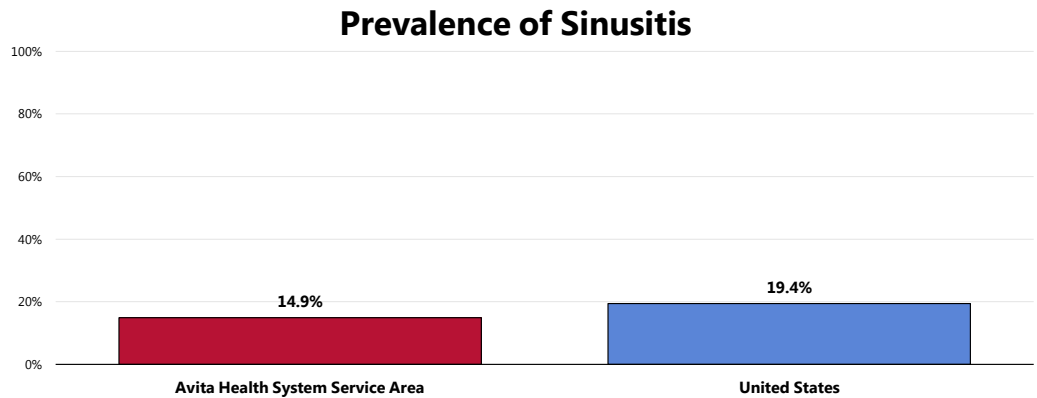|	Avita Health System Service Area	United States
	9.7%	8.3%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
         ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Vision & Hearing Impairment

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

– Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

A total of 7.3% of Avita Health System Service Area adults are blind, or have trouble seeing even when wearing corrective lenses.

- Similar to the figure found nationwide.

👪 Among Avita Health System Service Area adults age 65 and older, 7.7% have vision trouble.

Prevalence of Blindness/Trouble Seeing

Among 65+: 7.7%

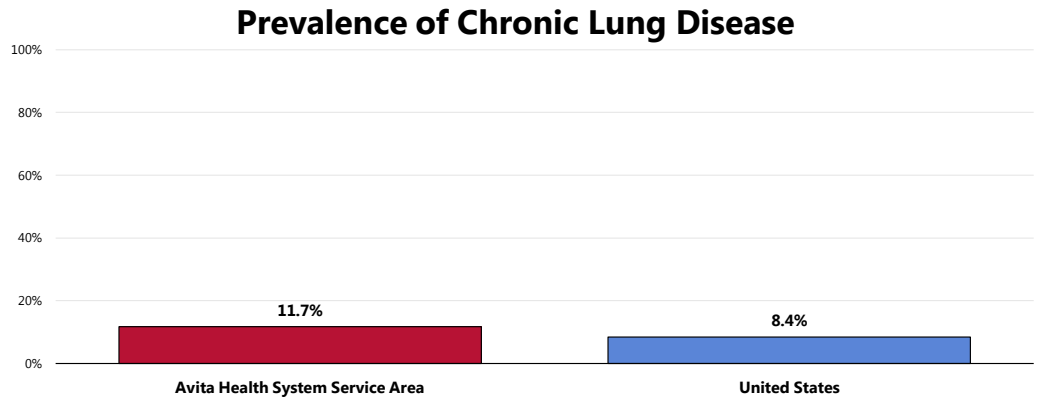| Avita Health System Service Area	United States
7.3%	6.9%
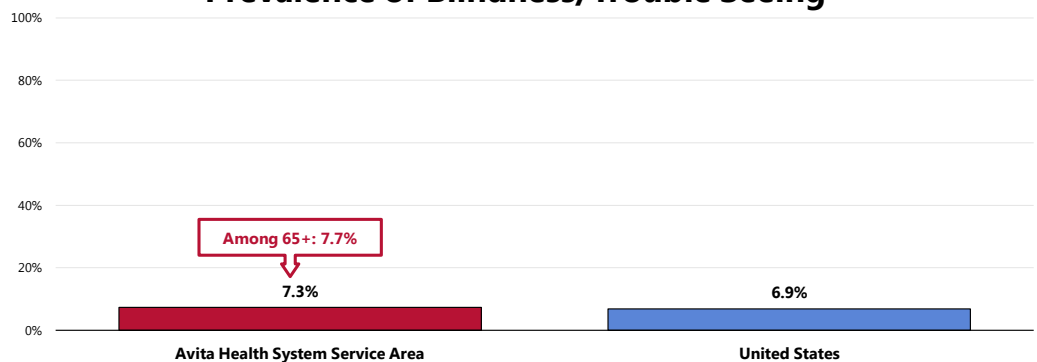
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
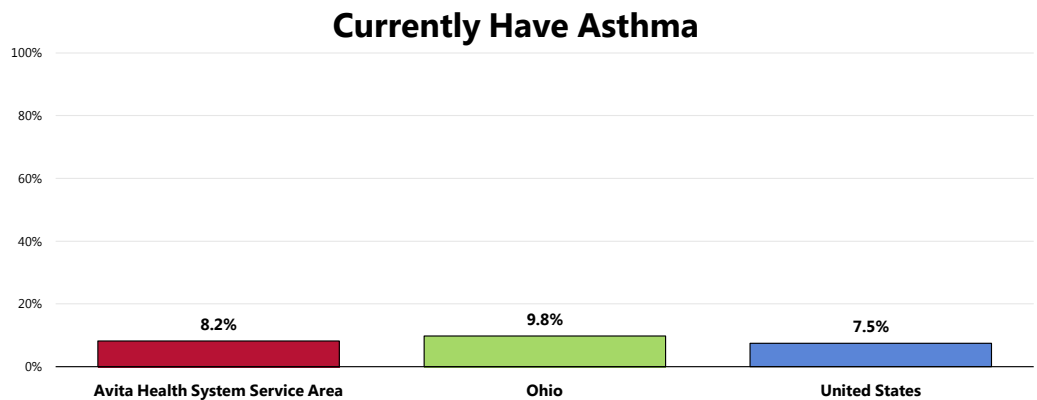- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

‒ Healthy People 2020 (www.healthypeople.gov)

In all, 10.7% of Avita Health System Service Area adults report being deaf or having difficulty hearing.

- Comparable to that found nationwide.

👥 Among Avita Health System Service Area adults age 65 and older, 24.6% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

Among 65+: 24.6%

	Avita Health System Service Area	United States
	10.7%	9.6%
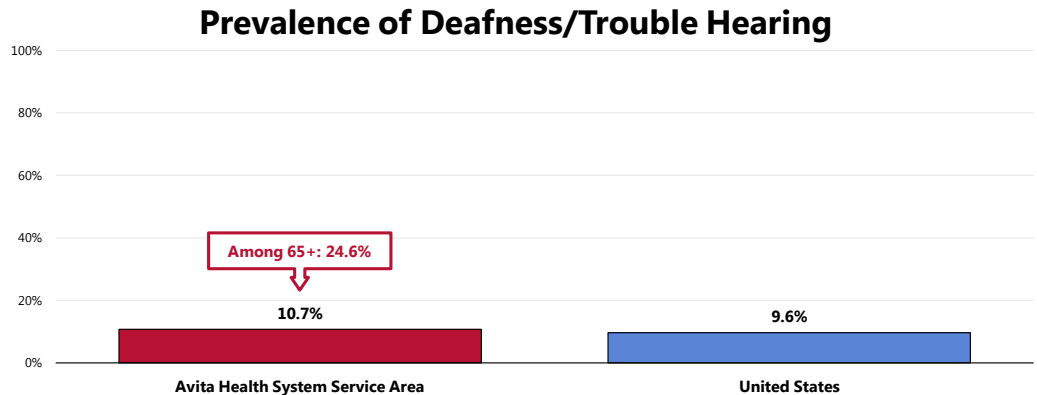
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
          • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

INFECTIOUS DISEASE
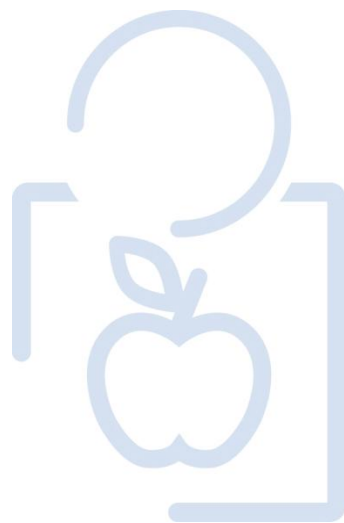
Influenza & Pneumonia Vaccination

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

– Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

Among Avita Health System Service Area seniors, 70.5% received a flu shot (or FluMist®) within the past year.

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

- Statistically comparable to the Ohio percentage.

- Comparable to the national figure.

- Fails to satisfy the Healthy People 2020 target (90% or higher).

Have Had a Flu Vaccination in the Past Year
(Among Adults 65+)

Healthy People 2020 Target = 90% or Higher

Avita Health System Service Area	Ohio	United States
70.5%	61.4%	71.6%
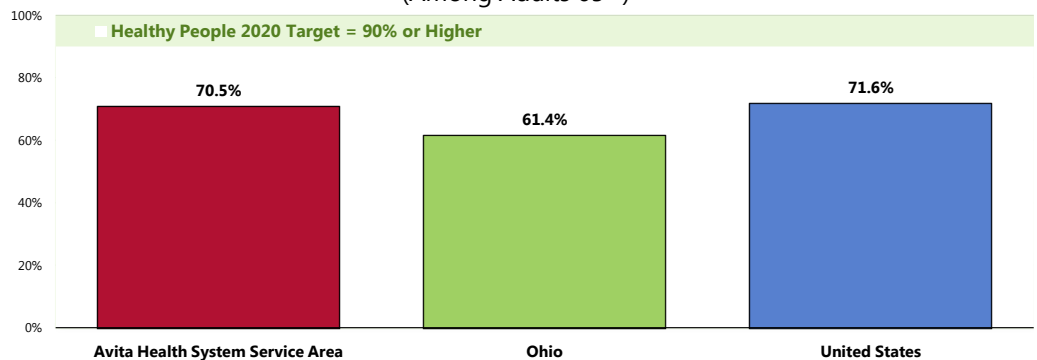
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.7]
Notes: ● Reflects respondents 65 and older.
● Includes FluMist as a form of vaccination.

High-Risk Adults

A total of 47.7% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

- Similar to national findings.

- Fails to satisfy the Healthy People 2020 target (90% or higher).

Have Had a Flu Vaccination in the Past Year
(Among High-Risk Adults 18-64)

Healthy People 2020 Target = 90% or Higher

Avita Health System Service Area	47.7%
United States	52.5%
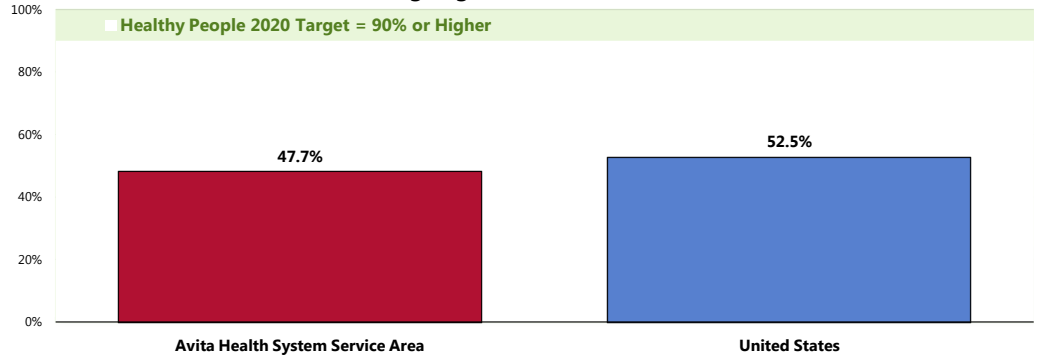
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.6]
Notes: ● Reflects high-risk respondents age 18-64.
● Includes FluMist as a form of vaccination.

Pneumonia Vaccination

Among adults age 65 and older, 65.3% received a pneumonia vaccination at some point in their lives.

- Similar to the Ohio finding.

- Similar to the national finding.

- Fails to satisfy the Healthy People 2020 target of 90% or higher.

Have Ever Had a Pneumonia Vaccine
(Among Adults 65+)

Healthy People 2020 Target = 90% or Higher

Avita Health System Service Area	65.3%
Ohio	69.9%
United States	68.1%
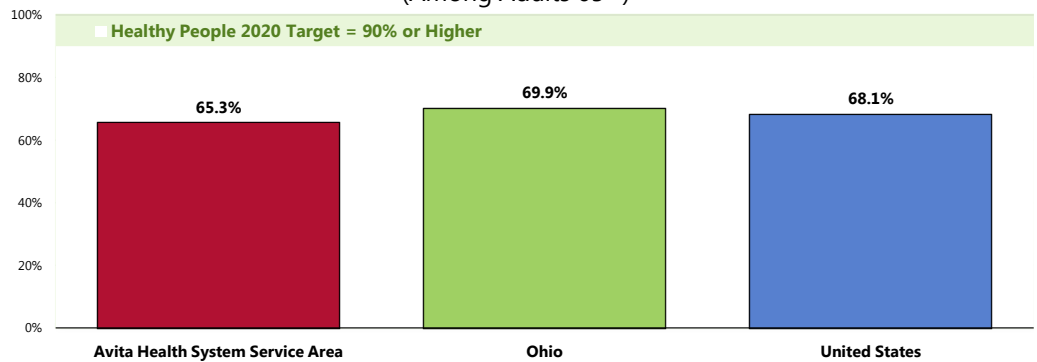
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1]
Notes: ● Reflects respondents 65 and older.

A total of 38.7% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Similar to national findings.

- Fails to satisfy the Healthy People 2020 target (60% or higher).

Have Ever Had a Pneumonia Vaccine
(Among High-Risk Adults 18-64)

Healthy People 2020 Target = 60% or Higher

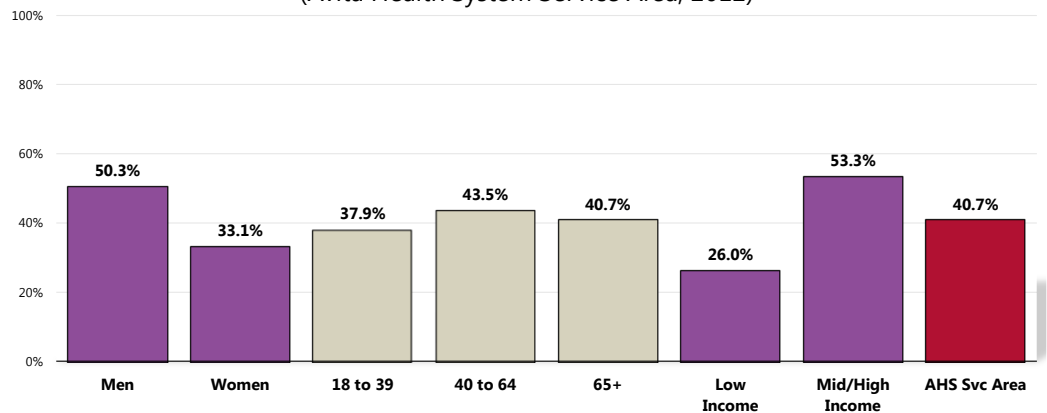|	Avita Health System Service Area	United States
	38.7%	32.0%
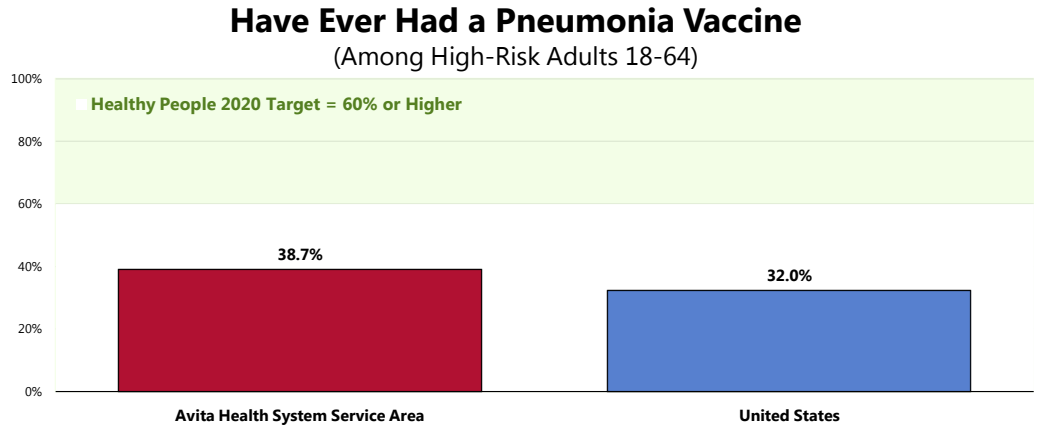
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.2]

Notes:
- Asked of all high-risk respondents under 65.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

– Healthy People 2020 (www.healthypeople.gov)

Among Avita Health System Service Area adults age 18-44, 14.0% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Comparable to the proportion found nationwide.
- Comparable to the Healthy People 2020 target of 16.9% or higher.

Tested for HIV in the Past Year
(Among Respondents 18-44)
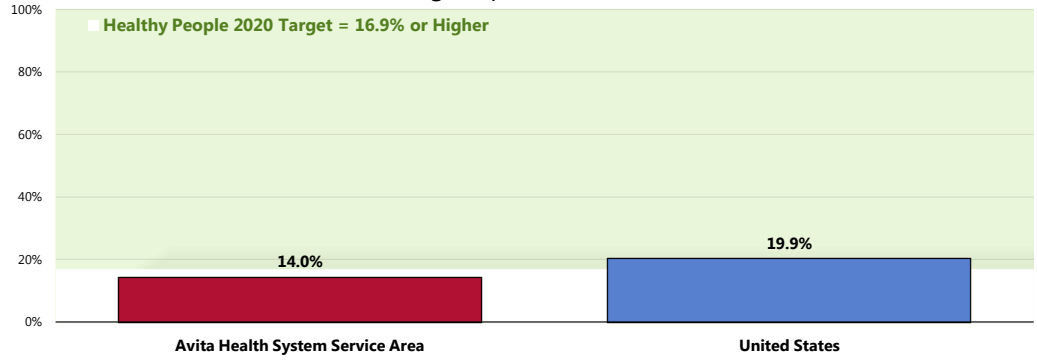
Healthy People 2020 Target = 16.9% or Higher

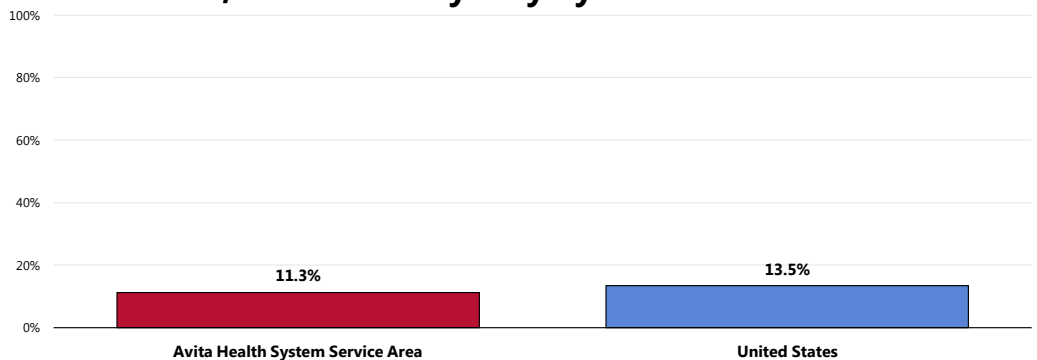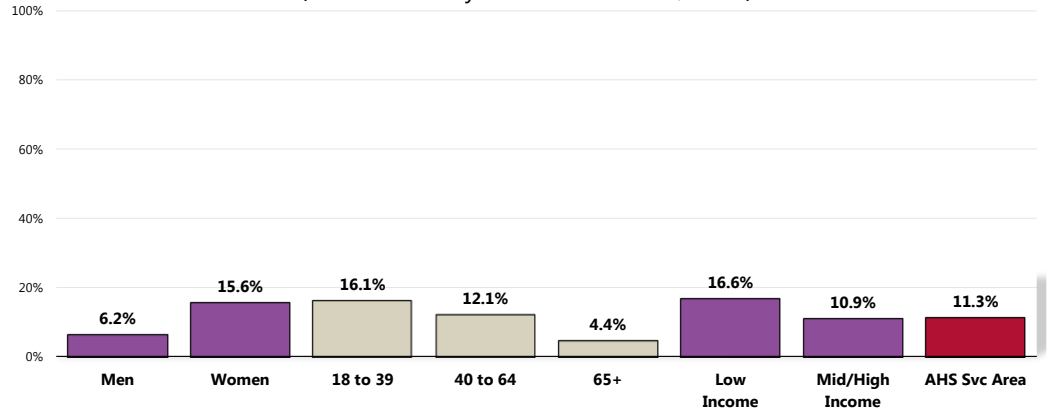|	
Avita Health System Service Area	14.0%
United States	19.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-14.1]

Notes:
- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.

By demographic characteristics:

- The differences among demographic characteristics are not significant.

Tested for HIV in the Past Year
(Among Respondents 18-44)

Healthy People 2020 Target = 16.9% or Higher

Men	Women	Low Income	Mid/High Income	Avita Health System Service Area
12.0%	15.6%	17.5%	9.0%	14.0%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-14.1]

Notes:
- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.

- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.

- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.

- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities**. Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.

- **Poverty and marginalization**. STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and access to care or health-seeking behavior is compromised.

- **Access to health care**. Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.

- **Substance abuse**. Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.

- **Sexuality and secrecy**. Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.

- **Sexual networks**. Sexual networks refer to groups of people who can be considered "linked" by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, that person is at higher risk for STDs than an individual from a nonrisky network.

Acute Hepatitis B

Hepatitis B Vaccination

Based on survey data, a total of 27.2% of residents report having received the hepatitis B vaccine.

● Lower than the percentage reported nationwide.

Have Ever Received the Hepatitis B Vaccination
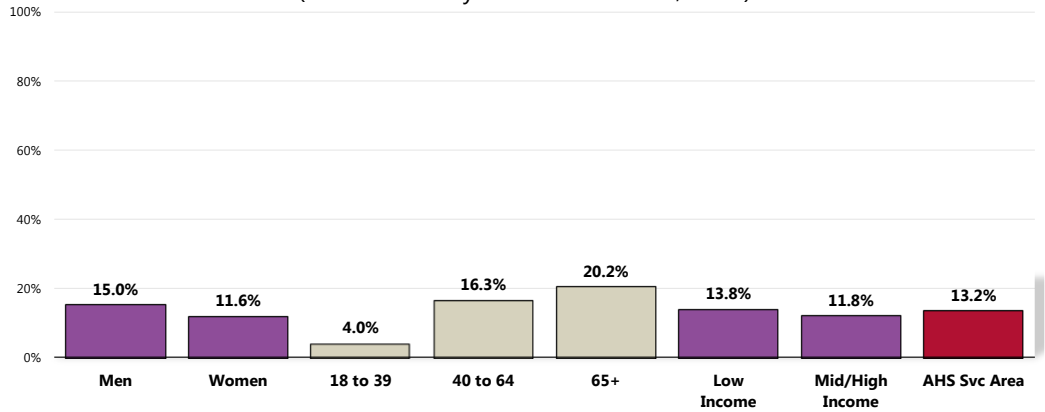
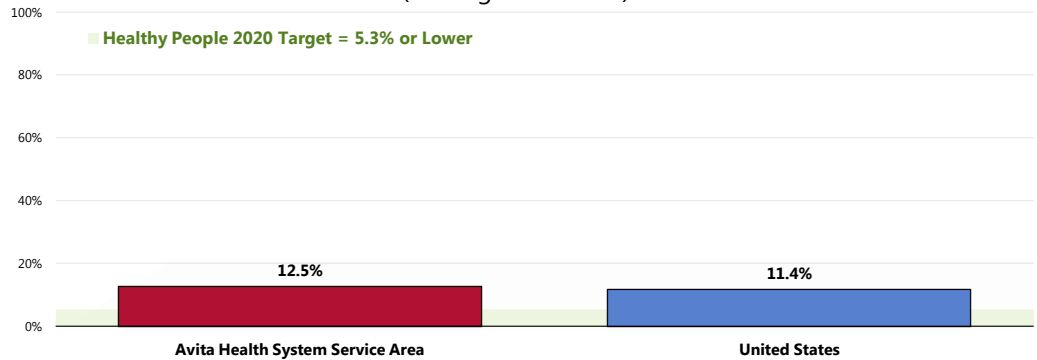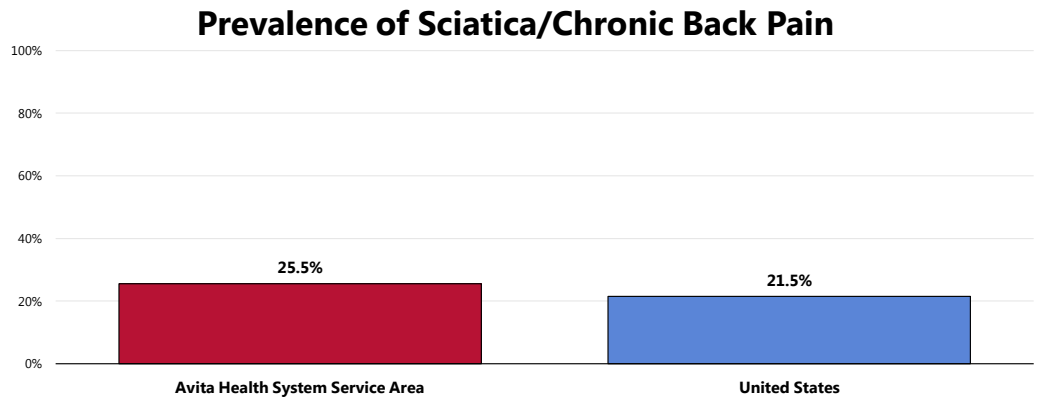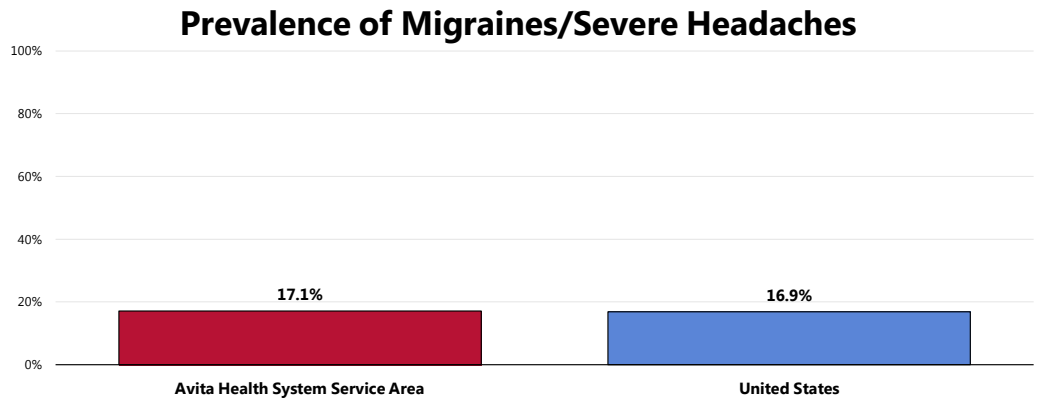| Avita Health System Service Area	United States
27.2%	38.4%
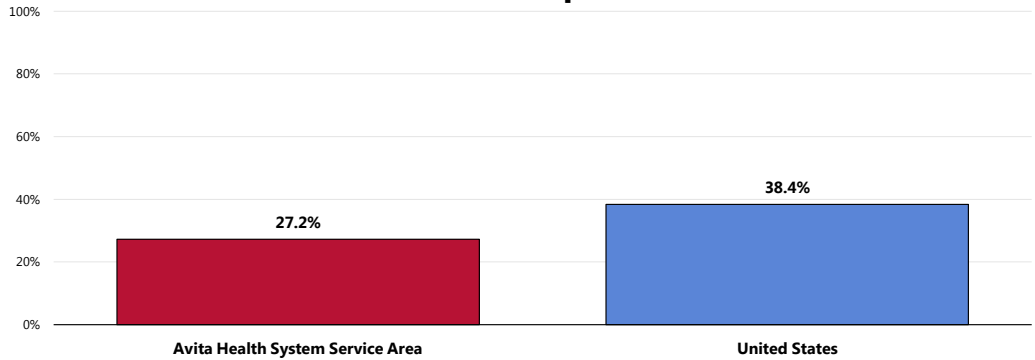
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

🏻 Note the negative correlation between age and hepatitis B vaccination.

🏻 Also, lower-income residents report a statistically low prevalence of hepatitis B vaccinations.

Have Ever Received the Hepatitis B Vaccination
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
24.8%	29.2%	38.3%	26.5%	15.7%	20.2%	30.2%	27.2%
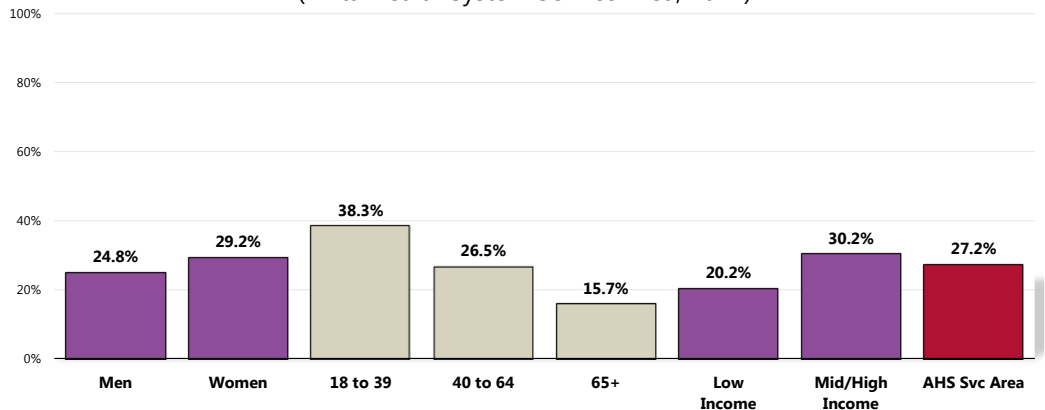
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Safe Sexual Practices

Sexual Partners

Among unmarried Avita Health System Service Area adults under 65, the vast majority cites having one (46.7%) or no (43.1%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults 18-64; Avita Health System Service Area, 2012)

None 43.1%
One 46.7%
Three/More 3.4%
Two 6.8%
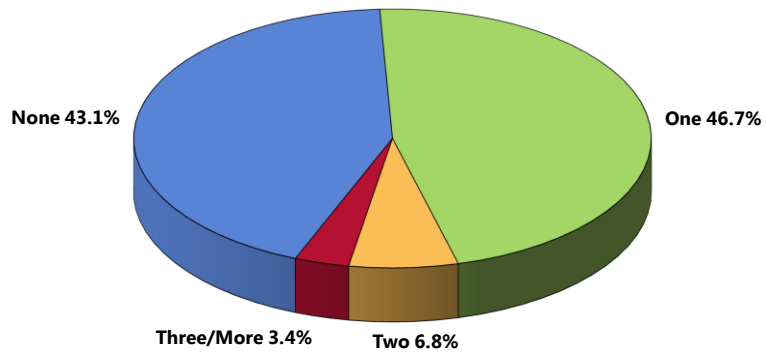
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
Notes: ● Asked of all unmarried respondents under the age of 65.

However, 3.4% report three or more sexual partners in the past year.

● Statistically comparable to that reported nationally.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults 18-64)

Avita Health System Service Area: 3.4%
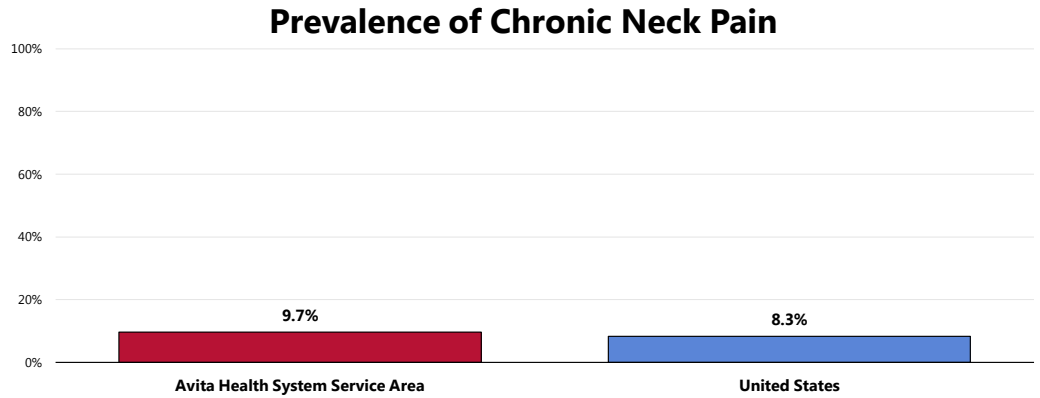United States: 7.1%
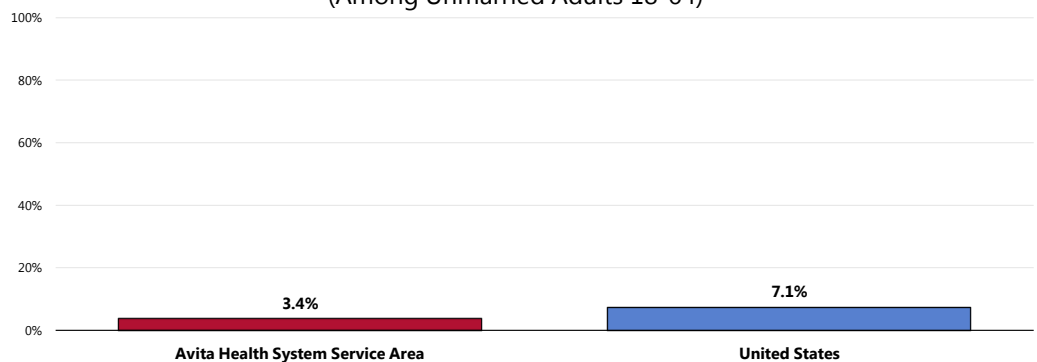
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all unmarried respondents under the age of 65.

Condom Use

Among Avita Health System Service Area adults who are under age 65 and unmarried, 29.1% report that a condom was used during their last sexual intercourse.

- Statistically similar to national findings.

Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults 18-64)

	Percentage
Avita Health System Service Area	29.1%
United States	18.9%
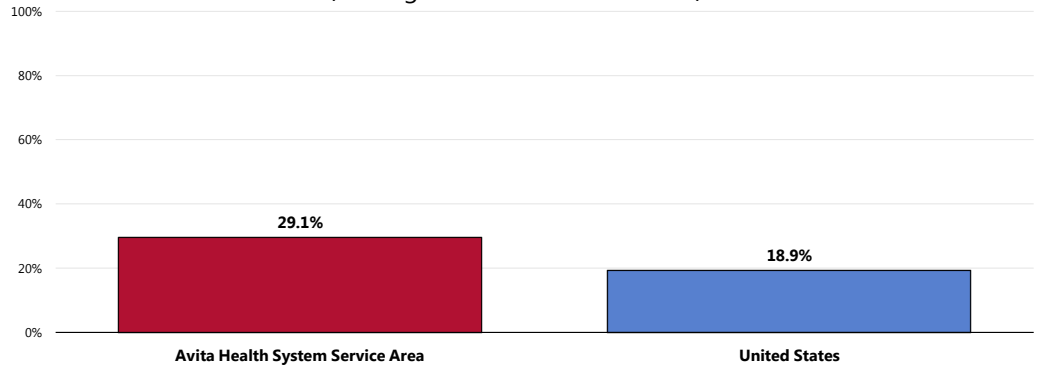
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all unmarried respondents under the age of 65.

Related Focus Group Findings: Sexually Transmitted Infections

Several participants discussed sexually transmitted infections and HIV/AIDS. The main issues include:

- Sexually transmitted infections (STIs)
- Stigmatized topic

Focus group participants worry about the epidemic proportions of **sexually transmitted infections (STIs)** occurring in the community, especially chlamydia. Attendees also express concern about HIV/AIDS because of the high injection drug use (heroin) in the community.

Attendees worry because sexual behavior and STIs remain highly **stigmatized**, so any discussion about these topics does not openly occur in the community. The public health department provides education, distributes condoms and is working to create a trusting environment so that residents will obtain testing and treatment. A focus group attendee explains the clinic:

> *"We enacted both an STD clinic and an AIDS clinic at the Crawford County Health Department to treat and we are working hard, so people trust us enough to come in to deal with those issues. So it is steadily picking up and we're seeing more people every month. I think that's something."*
> — Community Leader

MODIFIABLE HEALTH RISKS
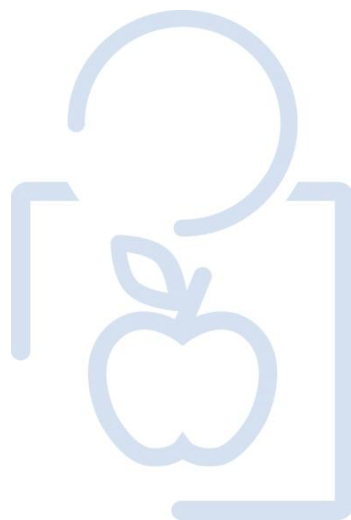
Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States

Medical Care 10%
Physical Environment 5%
Social Circumstances 15%
Genetics 30%
Lifestyle/Behaviors 40%

Tobacco	18%
Diet/Inactivity	17%
Alcohol	4%
Infectious Disease	3%
Toxic Agents	2%
Motor Vehicle	2%
Firearms	1%
Sexual Behavior	1%
Illicit Drugs	1%
Other	52%

Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002.
"Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH)
JAMA, 291(2000):1238-1245.

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Level of Activity at Work

One in two employed respondents reports low levels of physical activity at work.

- A total of 50.5% of employed respondents in the Service Area report that their job entails mostly sitting or standing, lower than the US figure.

- 27.2% report that their job entails mostly walking (similar to that reported nationally).

- 22.2% report that their work is physically demanding (higher than that reported nationally).

Primary Level of Physical Activity At Work
(Among Employed Respondents)

■ **Avita Health System Service Area**   ■ **United States**

	Sitting/Standing	Mostly Walking	Physically Demanding
Avita Health System Service Area	50.5%	27.2%	22.2%
United States	63.2%	22.2%	14.6%
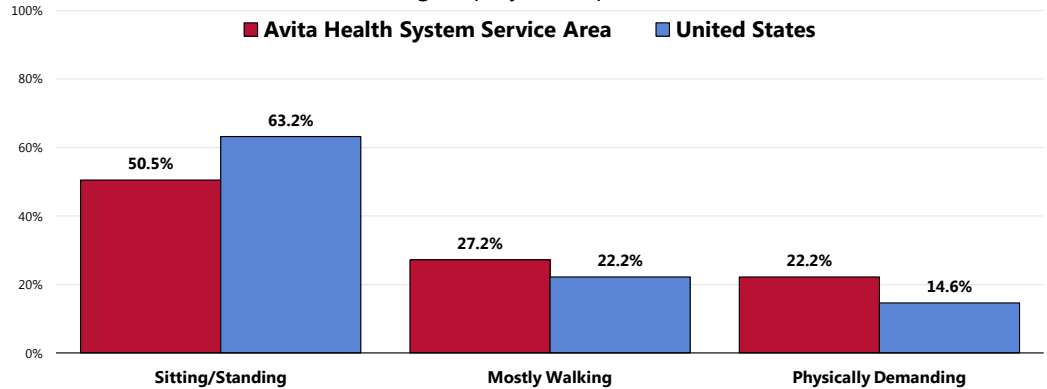
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of those respondents who are employed for wages.

Leisure-Time Physical Activity

A total of 31.0% of Avita Health System Service Area adults report no leisure-time physical activity in the past month.

- Comparable to statewide findings.

- Comparable to national findings.

- Comparable to the Healthy People 2020 target (32.6% or lower).

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

Avita Health System Service Area	Ohio	United States
31.0%	27.0%	28.7%
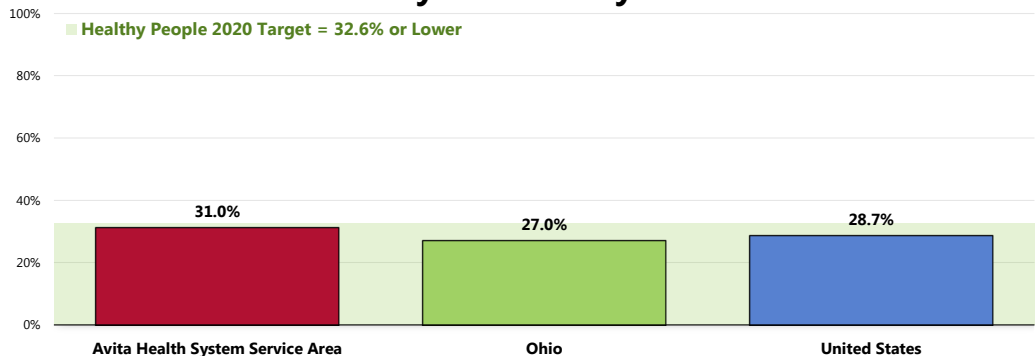
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
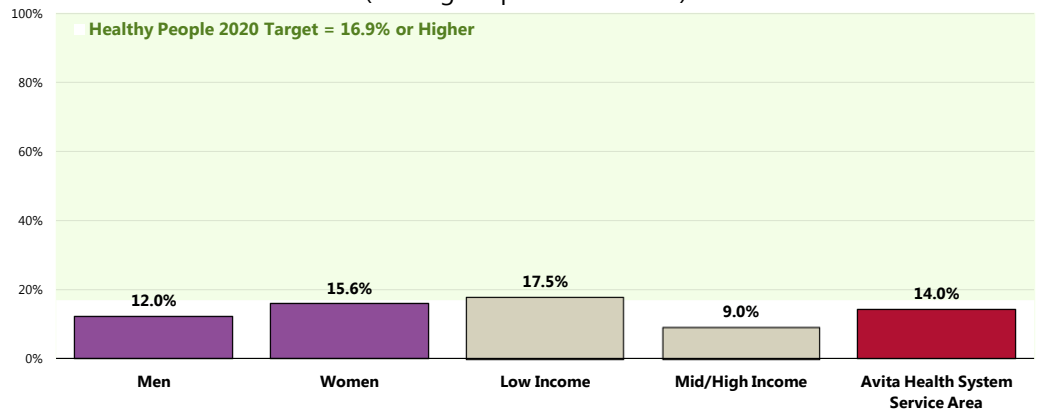● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]
Notes: ● Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

👥 Women.

👥 Lower-income residents.

No Leisure-Time Physical Activity in the Past Month
(Avita Health System Service Area, 2012)

■ Healthy People 2020 Target = 32.6% or Lower

	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
	25.4%	35.8%	24.1%	32.8%	36.5%	39.2%	25.0%	31.0%
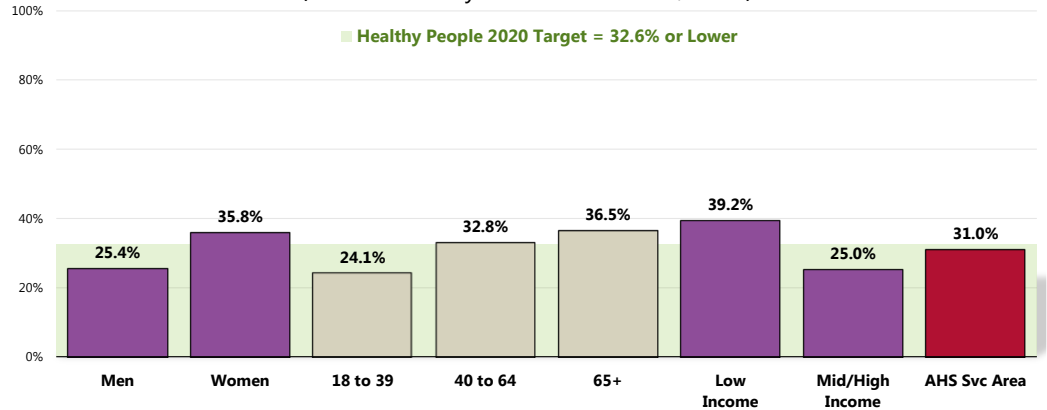
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

A total of 41.4% of Avita Health System Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Similar to national findings.

Meets Physical Activity Recommendations

	Avita Health System Service Area	United States
	41.4%	42.7%

👪 Service Area women are <u>less likely</u> to meet physical activity requirements.

Meets Physical Activity Recommendations
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
48.9%	34.8%	46.0%	37.0%	42.8%	34.6%	43.7%	41.4%

In the past month:

A total of 24.0% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Almost identical to the national level.

A total of 31.7% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Comparable to the nationwide figure.

The individual indicators of moderate and vigorous physical activity are shown here.

Moderate & Vigorous Physical Activity
(Avita Health System Service Area, 2012)
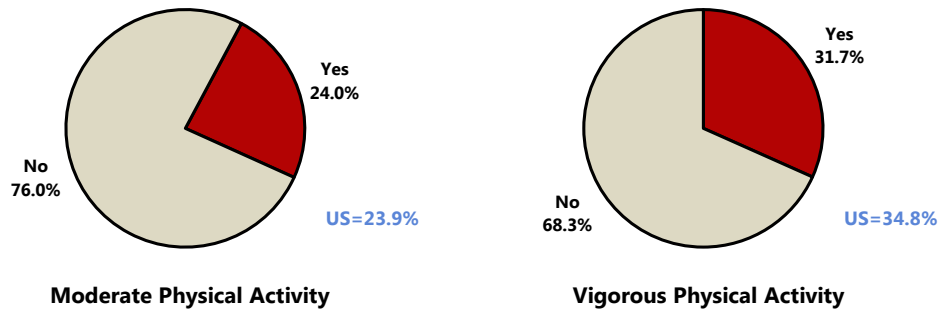
Yes
24.0%

No
76.0%

US=23.9%

Moderate Physical Activity

Yes
31.7%

No
68.3%

US=34.8%

Vigorous Physical Activity

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 170-171]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Children's Screen Time

Television Watching & Other Screen Time

Among children aged 5 through 17, 15.1% are reported to watch three or more hours of <u>television</u> per day; 12.1% are reported to spend three or more hours on <u>other types of screen time</u> for entertainment (video games, Internet, etc.).

- Both percentages are statistically comparable to national norms (not shown).

Children's Screen Time

(Among Parents of Children Ages 5-17; Avita Health System Service Area, 2012)

Hours per Day of Television

- 2 Hours 30.7%
- 1 Hour 33.8%
- <1 Hour 18.3%
- None 2.1%
- 3+ Hours 15.1%

Hours per Day of Other Screen Time
(i.e., video games, computer/Internet entertainment)

- 3+ Hours 12.1%
- None 11.3%
- 2 Hours 14.0%
- <1 Hour 33.4%
- 1 Hour 29.2%
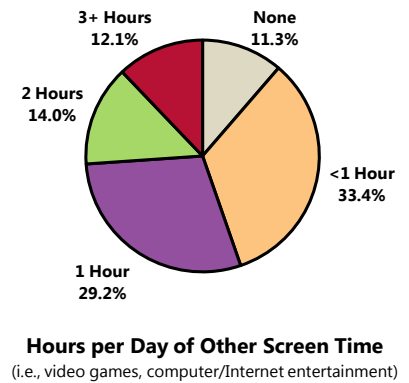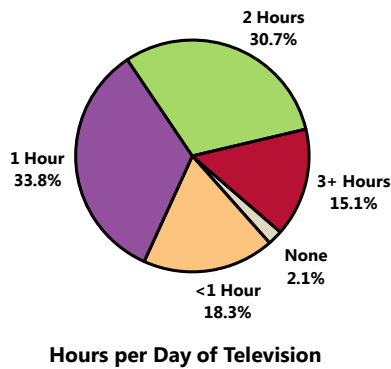
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 135-136, 172-173]
Notes: ● Asked of respondents with a child aged 5 to 17 in the household.

Total Screen Time

When combined, 40.8% of Avita Health System Service Area children aged 5 to 17 spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Comparable to the national figure.

🏃 Statistically high among area teens.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment]
(Among Parents of Children 5-17)

39.1%	42.5%	36.4%	47.5%	40.8%	43.4%
AHS Svc Area Boys 5-17	AHS Svc Area Girls 5-17	AHS Svc Area Age 5-12	AHS Svc Area Age 13-17	Avita Health System Svc Area	US
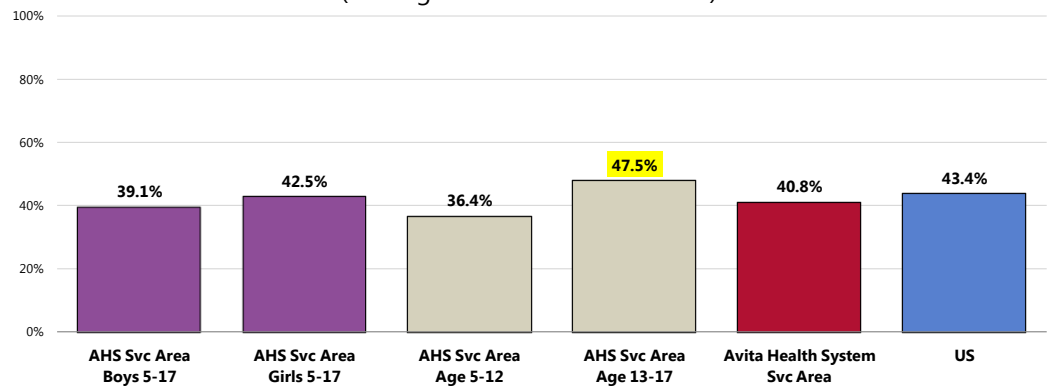
Sources: ● 2012 Professional Research Consultants, Inc. PRC Community Health Survey. [Item 174]
Notes: ● Asked of all respondents with children 5-17 at home.
● For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
● "Three or more hours" includes reported screen time of 180 minutes or more per day.

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Healthy Weight

"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

Based on self-reported heights and weights, 28.0% of Avita Health System Service Area adults are at a healthy weight.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).

Healthy Weight
(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)
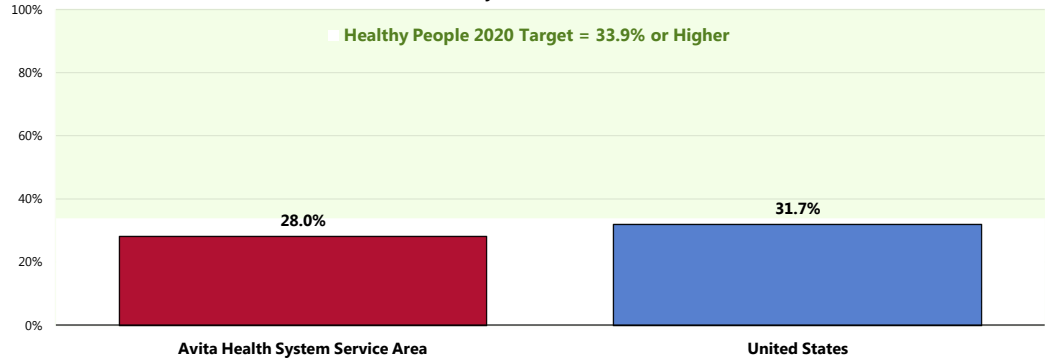
Healthy People 2020 Target = 33.9% or Higher

Avita Health System Service Area	28.0%
United States	31.7%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Based on reported heights and weights, asked of all respondents.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]
● The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥25.

Nearly 7 in 10 Avita Health System Service Area adults (69.3%) are overweight.

- Comparable to the Ohio prevalence.
- Comparable to the US overweight prevalence.

Prevalence of Total Overweight
(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)

Avita Health System Service Area	69.3%
Ohio	65.9%
United States	66.9%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
Notes: ● Based on reported heights and weights, asked of all respondents.
● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 32.5% of Avita Health System Service Area adults are obese.

- Comparable to Ohio findings.
- Comparable to US findings.
- Comparable to the Healthy People 2020 target (30.6% or lower).

Prevalence of Obesity
(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)
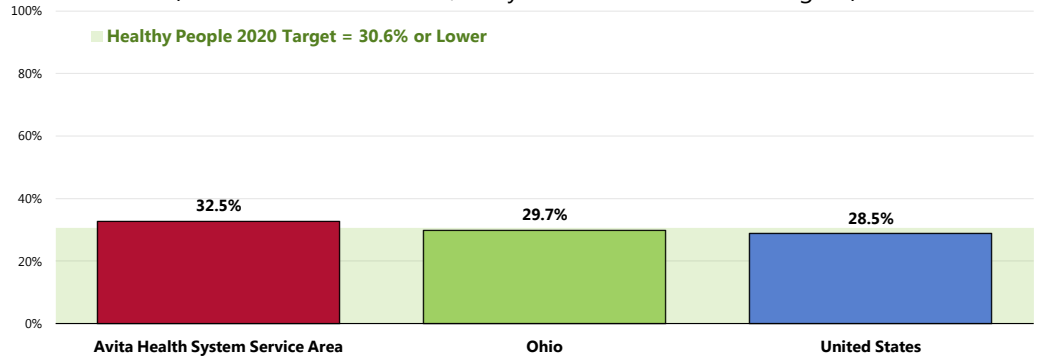
■ **Healthy People 2020 Target = 30.6% or Lower**

Avita Health System Service Area	Ohio	United States
32.5%	29.7%	28.5%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is statistically more prevalent among:

- 👪 Adults between the ages of 40 and 64.

Prevalence of Obesity
(Percent of Obese Adults; BMI of 30.0 or Higher; Avita Health System Service Area, 2012)
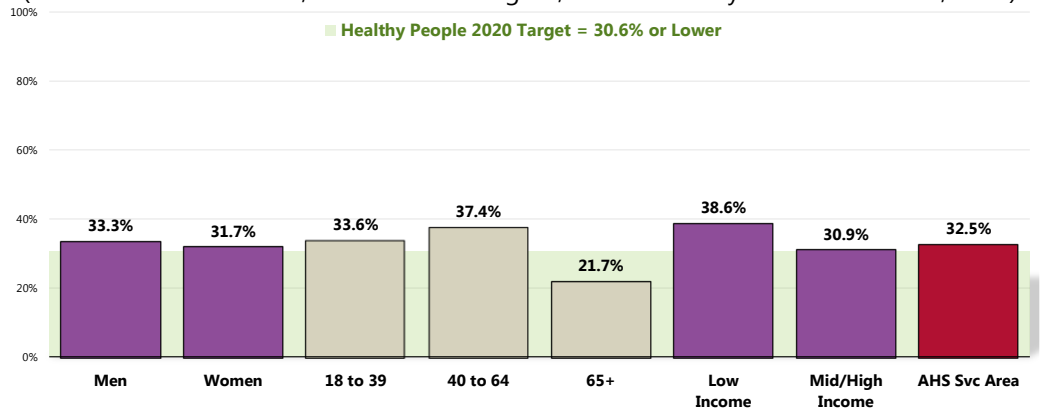
■ **Healthy People 2020 Target = 30.6% or Lower**

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
33.3%	31.7%	33.6%	37.4%	21.7%	38.6%	30.9%	32.5%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Actual vs. Perceived Body Weight

A total of 4.0% of obese adults and 40.1% of overweight (but not obese) adults feel that their current weight is "about right."

- 58.4% of <u>overweight</u> (but not obese) adults see themselves as "<u>somewhat</u> overweight."

- 30.6% of <u>obese</u> adults see themselves as "<u>very</u> overweight."

Actual vs. Perceived Weight Status
(Among Adults Who Are Overweight/Obese Based on BMI; AHS Service Area, 2012)

■ Among Adults Overweight But Not Obese (BMI 25.0-29.9)   ■ Among Obese Adults (BMI 30+)

	Perceive Self as "Very/Somewhat Underweight"	Perceive Self as "About the Right Weight"	Perceive Self as "Somewhat Overweight"	Perceive Self as "Very Overweight"
Overweight But Not Obese	0.0%	40.1%	58.4%	1.5%
Obese Adults	0.9%	4.0%	64.5%	30.6%
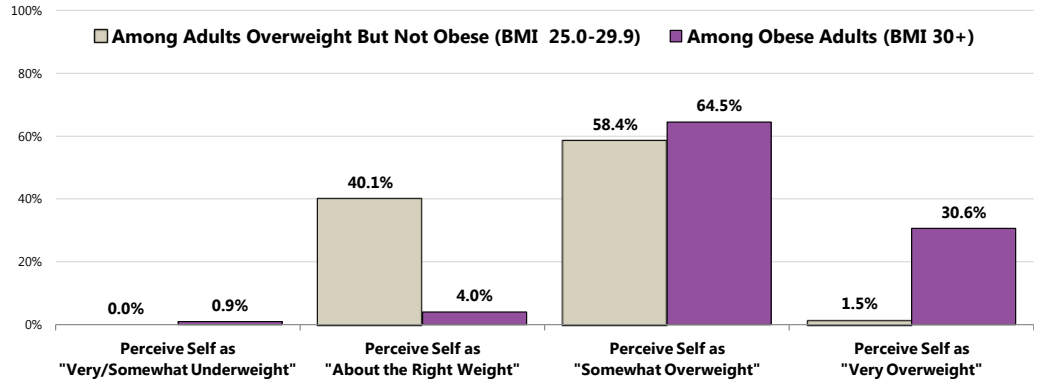
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • BMI is based on reported heights and weights, asked of all respondents.
• The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Obese (and often overweight) adults are more likely to report a number of adverse health conditions.

Among these are:

- Hypertension (high blood pressure).

- High cholesterol.

- Arthritis/rheumatism.

- Activity limitations.

- "Fair" or "poor" physical health.

- Diabetes.

- Major depression.

Overweight and obese adults are also much more likely to have children who are obese.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Avita Health System Service Area, 2012)

☐ Healthy Weight   ☐ Overweight/Not Obese   ☐ Obese

	Healthy Weight	Overweight/Not Obese	Obese
High Blood Pressure	26.6%	47.1%	57.7%
High Cholesterol	22.5%	48.5%	42.1%
Arthritis/Rheumatism	18.0%	27.5%	37.5%
Child is Obese	4.9%	17.0%	34.5%
Activity Limitations	17.2%	22.2%	29.3%
"Fair/Poor" Health	11.3%	14.2%	22.7%
Diabetes	8.0%	11.7%	21.2%
Major Depression	5.1%	6.4%	19.9%
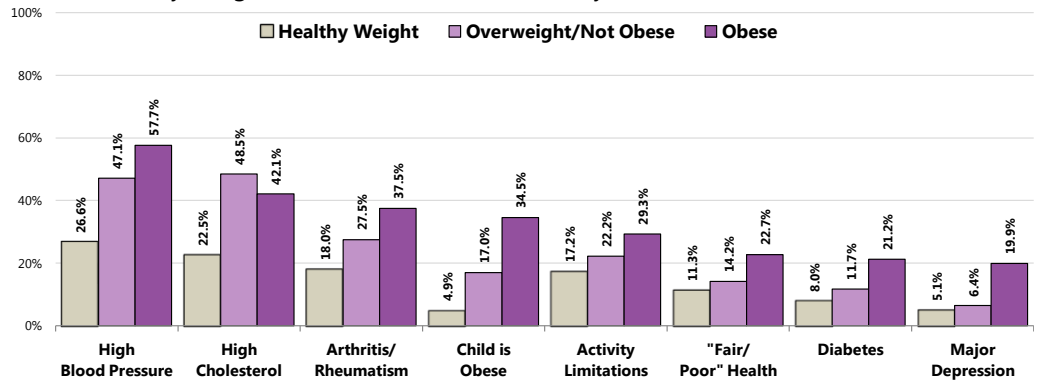
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 28, 33, 44, 46, 48, 104, 180]
Notes: • Based on reported heights and weights, asked of all respondents.

Weight Management

Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.

- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.

- Experience complications during pregnancy.

- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

– Healthy People 2020 (www.healthypeople.gov)

A total of 33.1% of Avita Health System Service Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.

- Note: 45.9% of <u>obese</u> Avita Health System Service Area adults report that they are trying to lose weight through a combination of diet and exercise, similar to what is found nationally.

Trying to Lose Weight by Both
Modifying Diet and Increasing Physical Activity
(By Weight Classification)

	Avita Health System Service Area	United States
Overweight/Obese	33.1%	38.6%
Obese	45.9%	41.1%
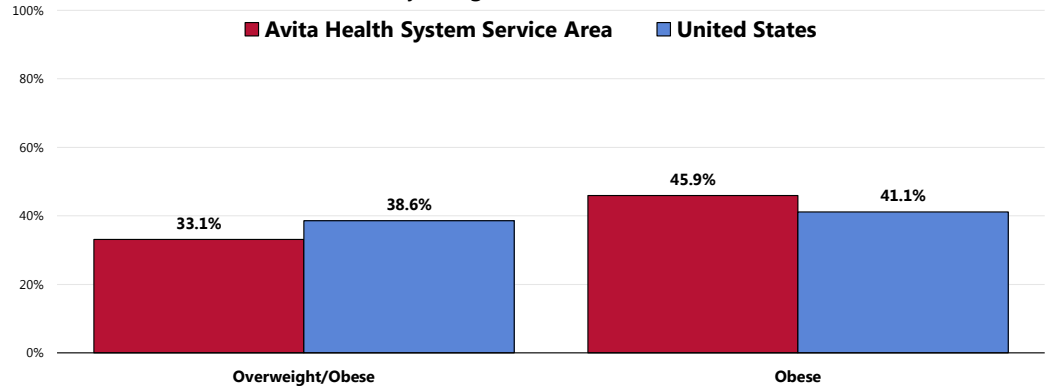
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 177]
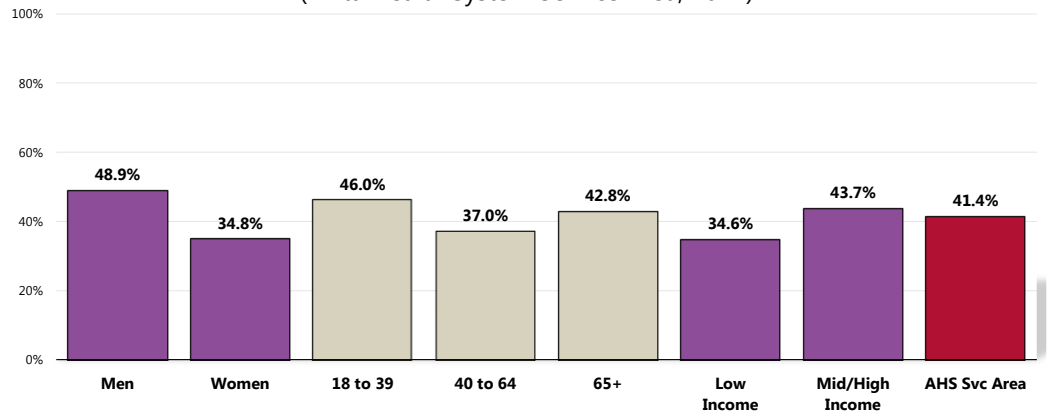- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.

Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight   <5th percentile
- Healthy Weight   ≥5th and <85th percentile
- Overweight   ≥85th and <95th percentile
- Obese   ≥95th percentile

– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 43.2% of Avita Health System Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Worse than the national prevalence.

- Statistically high among boys (age 5 to 17) and children aged 5 to 12.

Child Total Overweight Prevalence
(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)
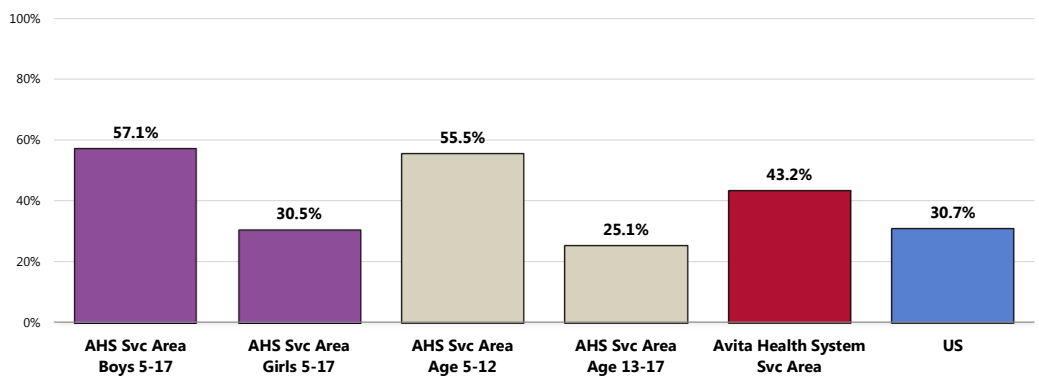
Category	Percent
AHS Svc Area Boys 5-17	57.1%
AHS Svc Area Girls 5-17	30.5%
AHS Svc Area Age 5-12	55.5%
AHS Svc Area Age 13-17	25.1%
Avita Health System Svc Area	43.2%
US	30.7%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
               ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 5-17 at home.
               ● Overweight among children is estimated based on children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 18.5% of area children age 5 to 17 are obese (≥95th percentile).

- Almost identical to the national percentage.

- Statistically similar to the 2020 target (14.6% or lower for children age 2-19).

- Statistically high among boys (age 5 to 17) and children aged 5 to 12.

Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
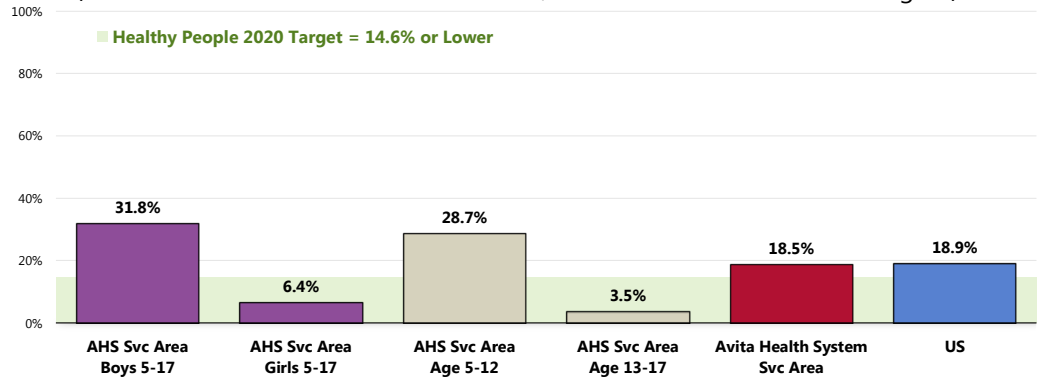
Healthy People 2020 Target = 14.6% or Lower

Category	Value
AHS Svc Area Boys 5-17	31.8%
AHS Svc Area Girls 5-17	6.4%
AHS Svc Area Age 5-12	28.7%
AHS Svc Area Age 13-17	3.5%
Avita Health System Svc Area	18.5%
US	18.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Related Focus Group Findings: Obesity

Many focus group participants and key informant interviewees discussed obesity. The main concerns include:

- Nutrition
    - *Poor eating habits*
    - *Chronic disease and poor health outcomes*
    - *Cost of healthy foods*
    - *Need for nutrition education*
- Physical Activity
    - *Sedentary lifestyle*
    - *County infrastructure*
    - *Cost of organized sports*

Participants agree that obesity is a major health concern for the community. Both poor **nutrition** and limited **physical activity** impact the local level of obesity; respondents believe that residents possess **poor eating habits** and that higher weight status leads to multiple **chronic diseases and poor health outcomes**. Attendees believe that lower-income residents have less access to healthy food when compared to those with higher incomes who have the ability and means to eat healthy. For some residents the **cost of healthy foods** creates a barrier to access and fast food is the cheaper, more convenient option. The bottom line remains: community members continue to choose unhealthy options and consume diets rich in fat and sugar.

> *"Partly it's choosing. Part of it is fast food is easy to get, but partly it's choosing healthy foods. Some of them I'll tell them to drink more water. They'll tell me, 'I don't like water. I don't drink water.' Their water is coffee and pop, so that's part of the issue here."* — Healthcare Professional

> *"I mean you walk into a Kroger or anyplace -- and guys let's be honest, it is a cornucopia of healthy food. But you've got to go over there and choose it. You have got to eat it before the banana goes bad. Oh by the way I can buy chips and those babies can sit there for a week, two weeks and be just as good as anything. So sorry, in the age of the consumer junk food and bad*

food the bad things are way too readily accessible and way too inexpensive." — Community Leader

Food stamp recipients and the Women, Infant and Children (WIC) program allow people to choose what food they purchase, which means many times the nutritious, perishable options are not chosen.

"We have a very high population around here that is on the WIC dollars as well as the food stamps and there is no mandated system that says you have to use so many dollars on vegetables, so many on fruit, so many on lean meats, so many on whole grains. There's nothing that says that. They have just random use of whatever they want. So if they want to go out and get three loaves of bread with Cheez Whiz and a bag of potato chips they're going to cover it, versus the same number of dollars going towards healthy foods." — Healthcare Professional

Currently, parents do not know how to teach healthy eating habits because they do not eat healthy themselves. Participants believe that the community **needs nutrition education**, but this education must begin at an early age in order to have an impact.

Focus group and key informant interviewees also feel strongly that low levels of physical activity contribute to obesity levels in their community. Many respondents believe that community members live **sedentary lifestyles** and express much concern about residents' inactivity. Participants agree that children must be taught the value of regular physical activity so that it can become part of their life at a young age. Healthcare providers struggle to communicate the importance of regular vigorous exercise to their patients.

"And knowing that there is a difference between activity and exercise. I've got people who get offended when I say they don't exercise when they say, 'Well I keep house.'" — Healthcare Professional

In addition to community members resistance to exercise, the **county does not possess the infrastructure** for physical activity, and limited safe walking or biking trails exist.

"Both the cities of Bucyrus and Galion don't have very good infrastructure which would support walking or bicycling or anything like that. Most of the roads are fairly crowded and not designed for bicycle lanes or anything. There are a lot of outlying areas with rural roads that really you can't -- I mean you can but it's not very safe to run on, or cycle on." — Healthcare Professional

The **cost of organized sports** can also become a barrier for some families. The local YMCA offers scholarships for low income families, but transportation to and from the activity may be another roadblock.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

Current Drinking

A total of 43.9% of area adults had at least one drink of alcohol in the past month (current drinkers).

- More favorable than the statewide proportion.
- More favorable than the national proportion.

Current Drinkers
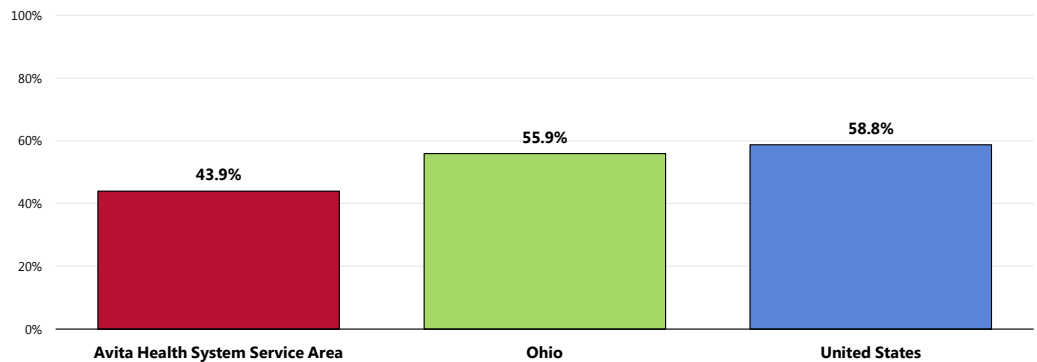
	Avita Health System Service Area	Ohio	United States
	43.9%	55.9%	58.8%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

Current drinking is more prevalent among men and adults in upper-income households.

Current Drinkers
(Avita Health System Service Area, 2012)
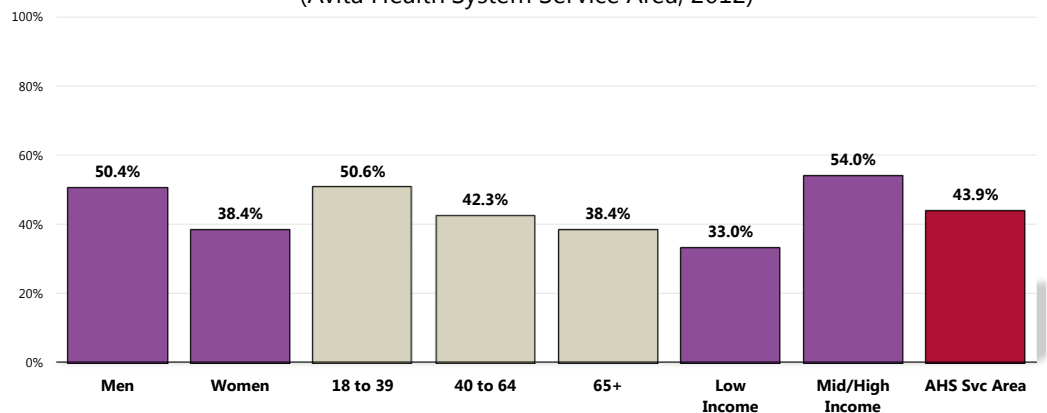
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
50.4%	38.4%	50.6%	42.3%	38.4%	33.0%	54.0%	43.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

A total of 2.1% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Lower than the statewide proportion.

- Lower than the national proportion.

Chronic Drinkers
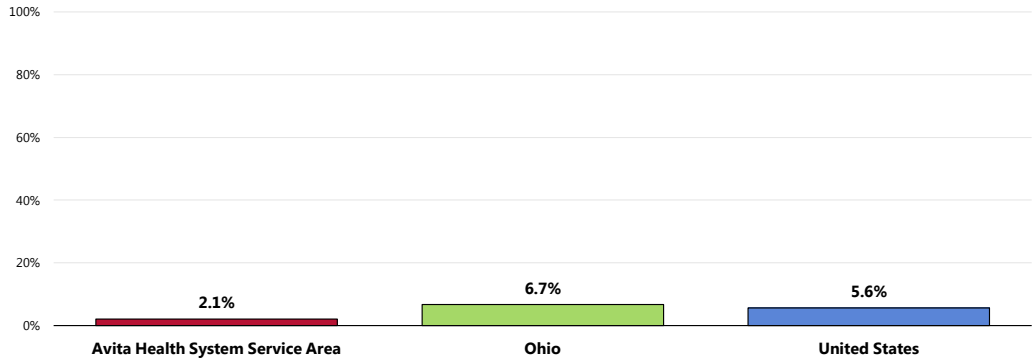
2.1%	6.7%	5.6%
Avita Health System Service Area	Ohio	United States

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 186]
          ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
          ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
          ● Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
          ● *The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

- Chronic drinking is more prevalent among men, adults under 65, and residents in upper-income households.

Chronic Drinkers
(Avita Health System Service Area, 2012)
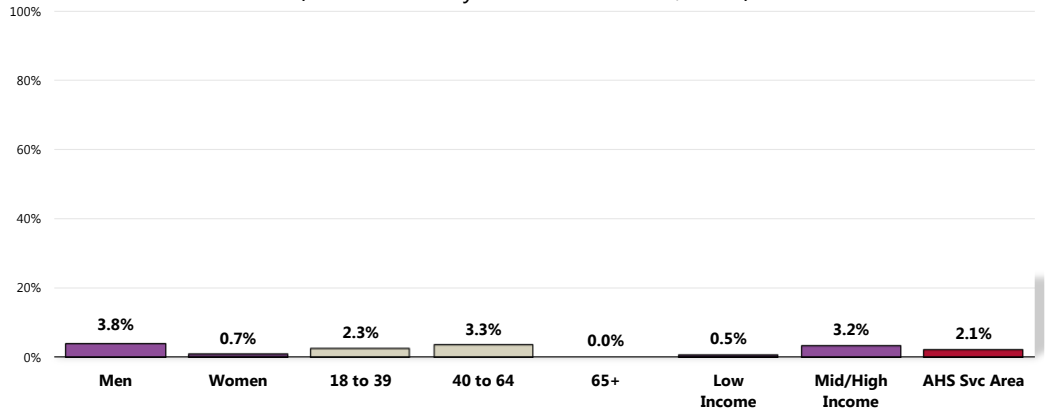
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
3.8%	0.7%	2.3%	3.3%	0.0%	0.5%	3.2%	2.1%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 186]
Notes: ● Asked of all respondents.
          ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
          ● Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

A total of 9.9% of Avita Health System Service Area adults are binge drinkers.

- Better than Ohio findings.

- Better than the national figure.

- Easily satisfies the Healthy People 2020 target (24.3% or lower).
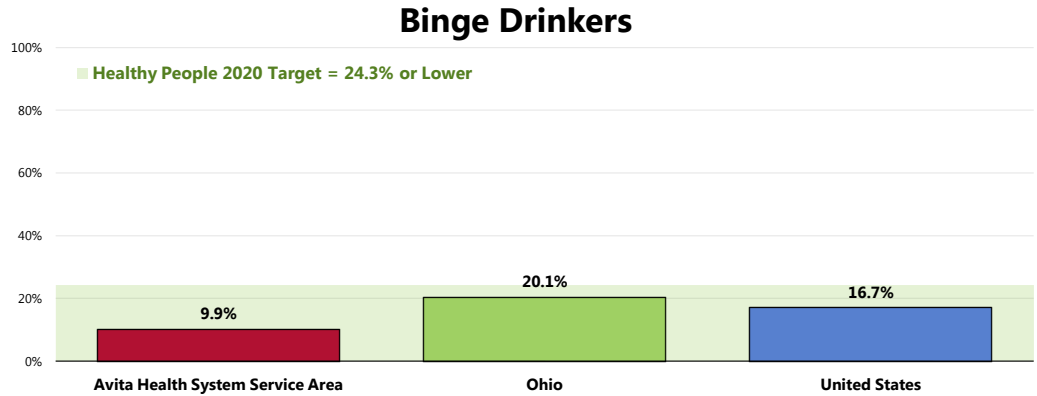
Binge Drinkers

Healthy People 2020 Target = 24.3% or Lower

	Avita Health System Service Area	Ohio	United States
	9.9%	20.1%	16.7%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 187]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]
Notes: ● Asked of all respondents.
● Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Young men (under 40).

- Adults under age 65 (note the negative correlation with age).

Binge Drinkers
(Avita Health System Service Area, 2012)

Healthy People 2020 Target = 24.3% or Lower

Men 18-39: 15.9%

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
11.2%	8.8%	17.0%	10.9%	0.0%	9.6%	10.1%	9.9%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 187]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

No Service Area respondents acknowledged having driven a vehicle in the past month after they had perhaps too much to drink.

● The national prevalence is 3.5%.

Have Driven in the Past Month
After Perhaps Having Too Much to Drink

	Avita Health System Service Area	United States
	0.0%	3.5%
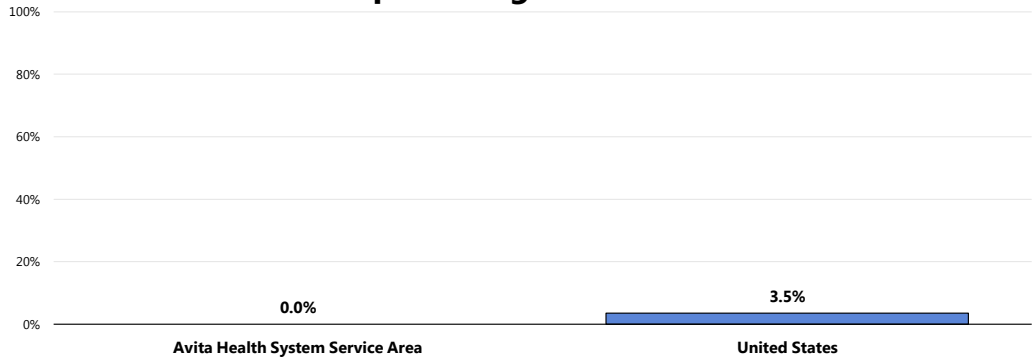
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Just 0.4% of Avita Health System Service Area adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

● More favorable than the national findings.

Have Driven Drunk OR Ridden With a Driver
in the Past Month Who Had Too Much to Drink

	Avita Health System Service Area	United States
	0.4%	5.5%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Illicit Drug Use

A total of 0.7% of Avita Health System Service Area adults acknowledges using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower

Avita Health System Service Area	0.7%
United States	1.7%
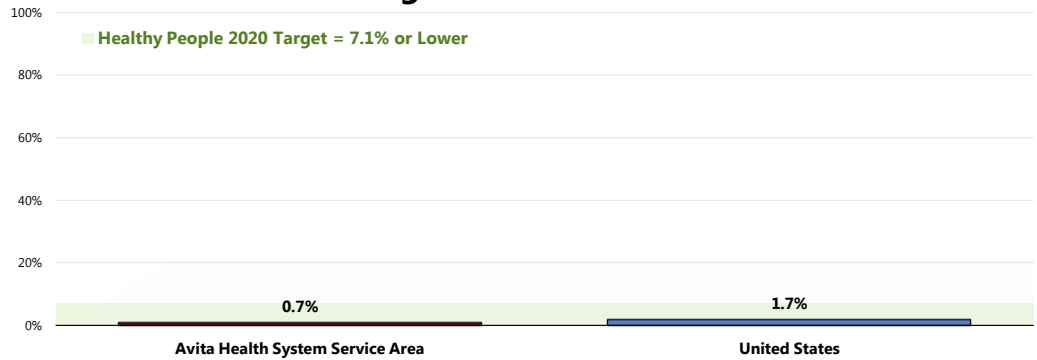
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Alcohol & Drug Treatment

A total of 2.7% of Avita Health System Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Statistically similar to national findings.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Avita Health System Service Area	2.7%
United States	3.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 64]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

The focus group respondents and key informant interviewees are concerned about substance abuse in the community. The main issues discussed surrounding substance abuse included:

- Prevalence of drug use
  - *Heroin*
- Substance abuse treatment programs
- Need for local substance abuse treatment residential facilities

A number of focus group participants express concern with the **prevalence and availability of drugs** in the community, especially, heroin, marijuana, cocaine, designer drugs, prescription drugs and other opiates. Attendees believe that **heroin** is more prevalent than marijuana in Crawford County and that residents also have easy access to prescription drugs. Substance abuse cuts across the county and effects community members' ability to obtain (and maintain) employment due to drug testing. Respondents also see multi-generational issues; one participant describes the overall negative impact drug abuse can have on families:

> *"But each one of the family members got the other one hooked on heroin because then it supplies their source because at some point the more people you get hooked into it they're buying it for you because if you're going to go buy five bags I get two out of those five. So that's one of the things I'm seeing in a very short period of time with heroin in this community is that -- it's a family problem."* — Community Leader

Participants stress the importance of **substance abuse treatment programs**, but worry due to the inadequate funding. Limited addiction resources operate in the community; however, participants agree that more treatment programs are needed. Alcoholics and Narcotics Anonymous groups represent two strong support systems in the county. Additionally, one local physician offers suboxone treatment program, but many potential patients remain on a waiting list. Community Counseling provides some outpatient treatment but is understaffed.

Focus group members recognize that the chances of long-term sobriety are low after an individual's first rehabilitation stay, but agree that people gain skills to aid in their recovery during this experience. A focus group participant describes the difficulties addicts face when transitioning out of recovery programs:

> *"I think a lot of it is they lose (use substances) because of peer pressures out there in the county. I mean they've got all the fundamentals and they've done an excellent job trying to get these people on the road to recovery but the peer pressures are difficult. Well we call that the people, places and things to avoid. If people are in recovery they have to stay away from the people, places and things that were common to them when they were using. That is an incredible challenge."* — Community Leader

Attendees **want a local residential facility**, or half-way house, for addicts to transition into in order to increase the chance of sobriety. A healthcare professional describes the importance of a drug-free environment for newly recovering addicts:

"What we need is some sort of residential facility for drug addicts that are attempting to remain clean, but in an environment where heroin is more available than marijuana is very difficult for these people to stay clean once they actually detox and start going through whatever counseling or 12 steps. So we need some sort of residential facility for these people where they can count on having a drug-free environment to reside." — Healthcare Professional

In the past several years, Crawford County has become very aggressive in combating substance abuse issues. The Opiate Task Force was formed to combat drug and alcohol misuse. One healthcare professional describes some of the recent efforts undertaken:

"The community has been very aggressive at least getting the word out and trying to work with law enforcement and physicians and ministerial associations and not just on preventing diversion of opiates but also in the treatment of people who are addicted to opiates, whether it's heroin or prescription drugs." — Healthcare Professional

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer

- Heart disease

- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)

- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

More than one in five Avita Health System Service Area adults currently smokes cigarettes, either regularly (18.1% every day) or occasionally (3.3% on some days).

Cigarette Smoking Prevalence
(Avita Health System Service Area, 2012)
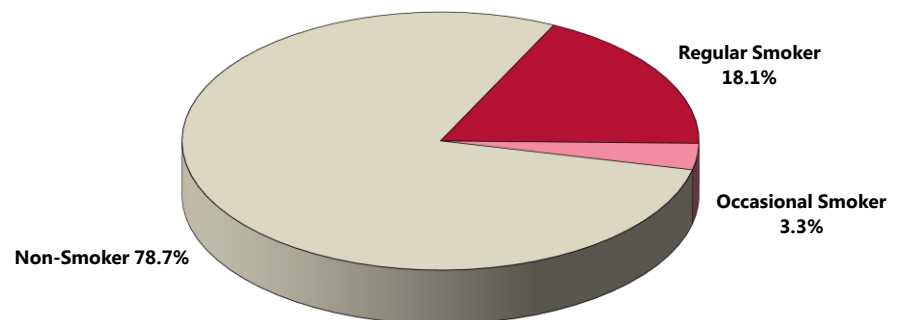
Regular Smoker
18.1%

Occasional Smoker
3.3%

Non-Smoker 78.7%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 181]
Notes: ● Asked of all respondents.

- Comparable to the statewide percentage.

- Worse than national findings.

- Fails to satisfy the Healthy People 2020 target (12% or lower).

Current Smokers
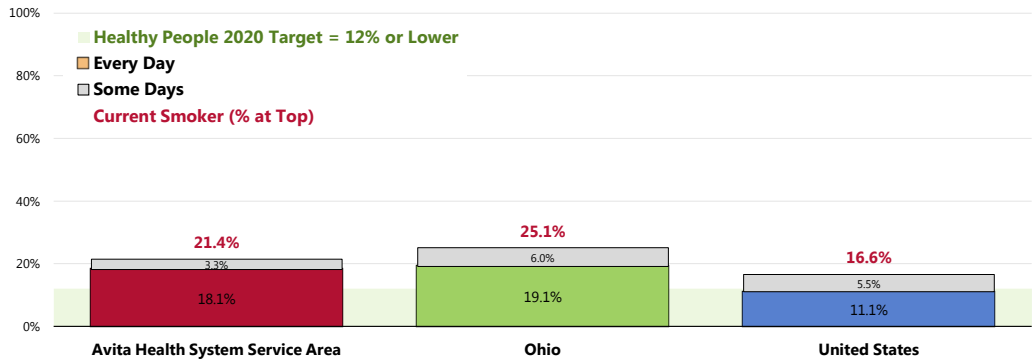
Healthy People 2020 Target = 12% or Lower
Every Day
Some Days
Current Smoker (% at Top)

	Avita Health System Service Area	Ohio	United States
Current Smoker	21.4%	25.1%	16.6%
Some Days	3.3%	6.0%	5.5%
Every Day	18.1%	19.1%	11.1%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]
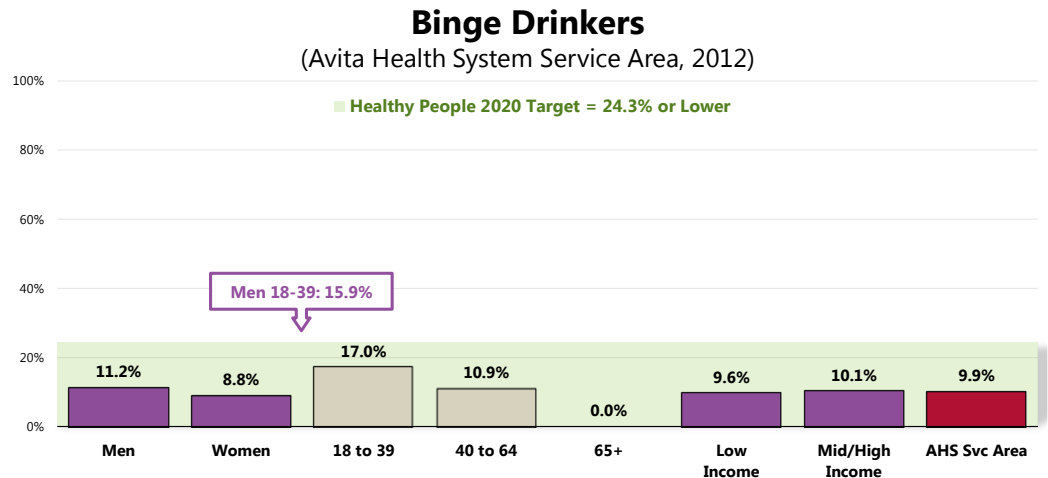Notes: ● Asked of all respondents.
● Includes regular and occasional smokers (everyday and some days).

Cigarette smoking is more prevalent among:

🏃 Adults under 65 (note the negative correlation with age).

Note also:

🏃 27.2% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers
(Avita Health System Service Area, 2012)

Healthy People 2020 Target = 12% or Lower

Women 18-44 who smoke: 27.2%

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
24.4%	18.8%	29.5%	26.0%	4.3%	28.0%	18.7%	21.4%
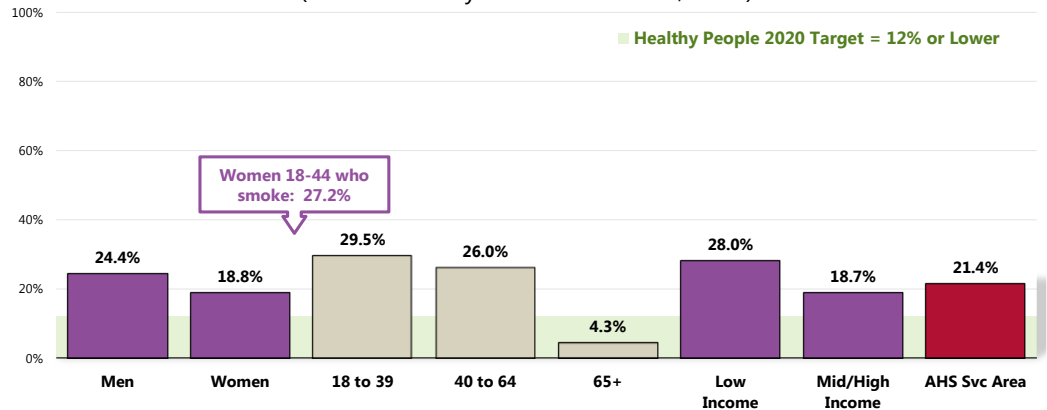
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 181-182]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Includes regular and occasion smokers (everyday and some days).

A total of 20.6% of Avita Health System Service Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Higher than national findings.

- Note that 8.2% of Avita Health System Service Area non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home

Non-smokers exposed to smoke in the home: 8.2%

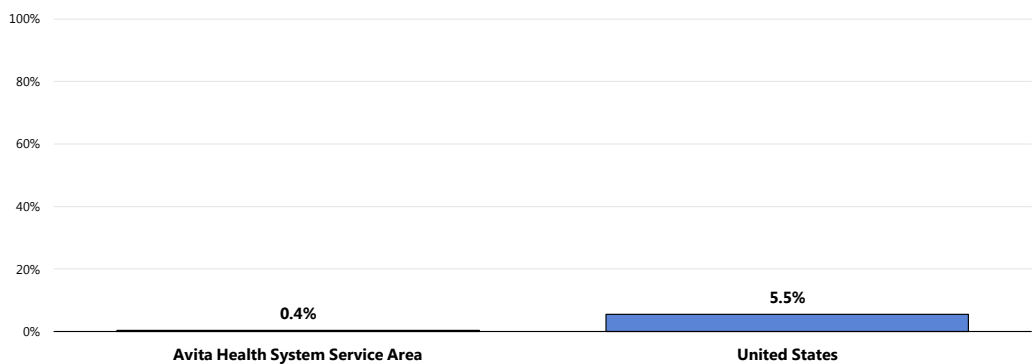- Avita Health System Service Area: 20.6%
- United States: 13.6%
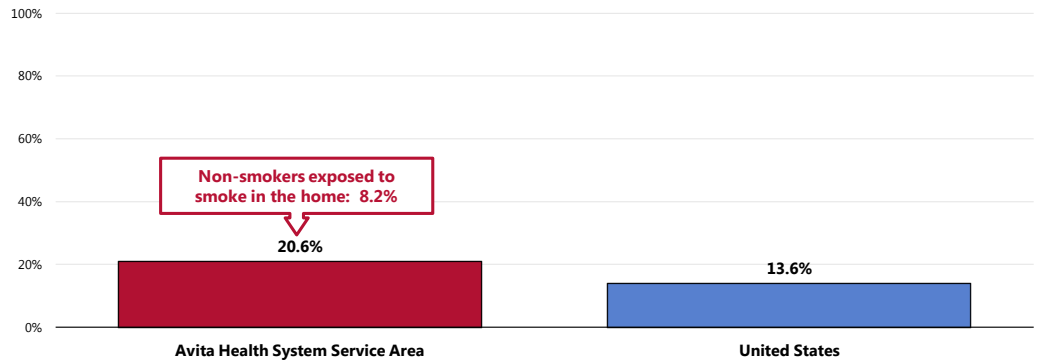
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 55, 183]
　　　　● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
　　　　● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among residents under 65 and those with lower incomes.

Member of Household Smokes At Home
(Avita Health System Service Area, 2012)

- Men: 18.7%
- Women: 22.3%
- 18 to 39: 28.0%
- 40 to 64: 24.2%
- 65+: 6.3%
- Low Income: 35.9%
- Mid/High Income: 12.9%
- AHS Svc Area: 20.6%
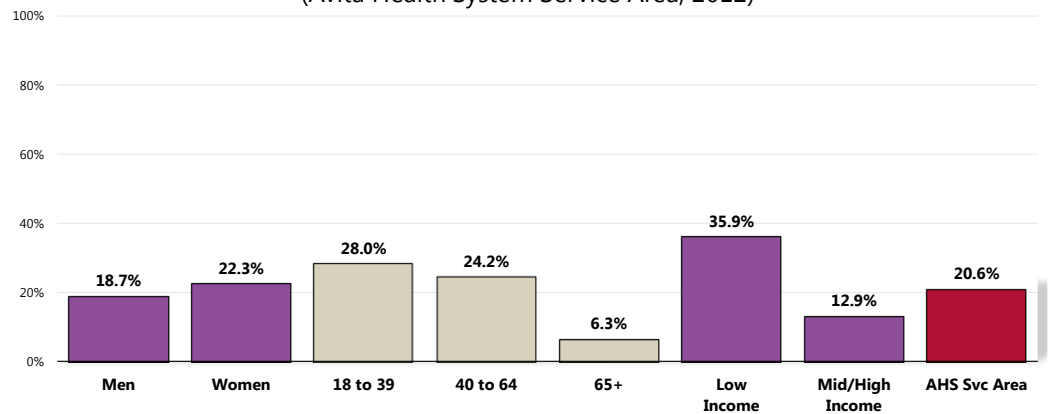
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]
Notes: ● Asked of all respondents.
　　　　● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
　　　　● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 23.4% have someone who smokes cigarettes in the home.

- More than twice the national prevalence.

Percentage of Households With Children In Which Someone Smokes in the Home

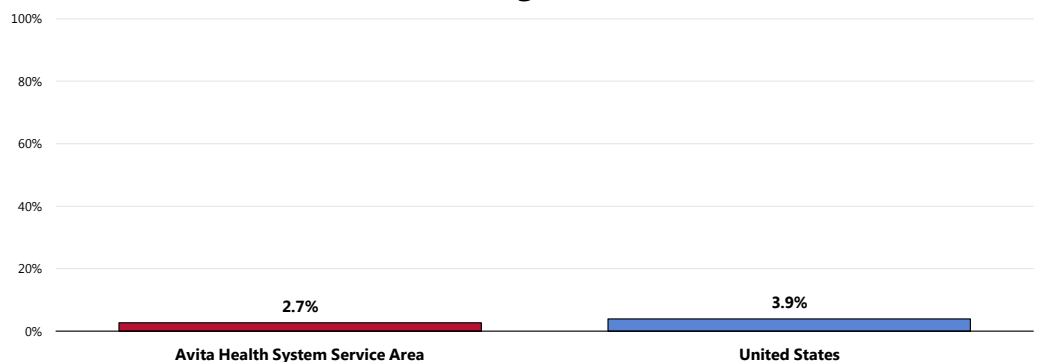|	Avita Health System Service Area	United States
	23.4%	12.1%
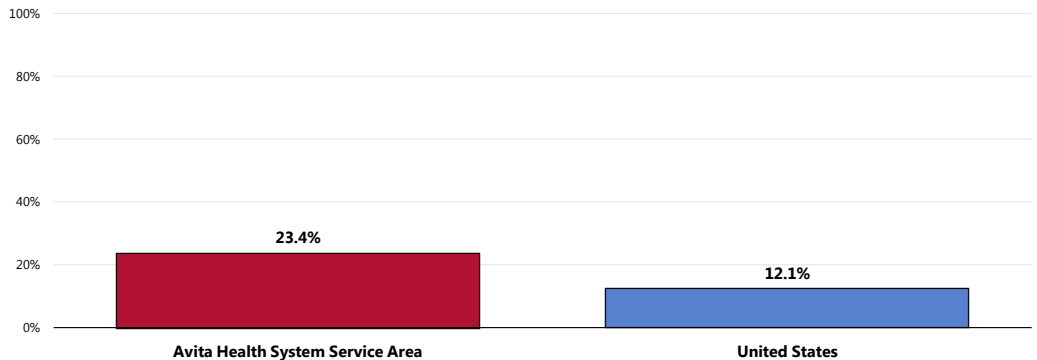
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 184]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked among parents of children age 0-17.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Cigars

A total of 2.5% of Avita Health System Service Area adults use cigars every day or on some days.

- Similar to the national percentage.

- Fails to satisfy the Healthy People 2020 target (0.2% or lower).

Use of Cigars

Healthy People 2020 Target = 0.2% or Lower

	Avita Health System Service Area	United States
	2.5%	4.2%
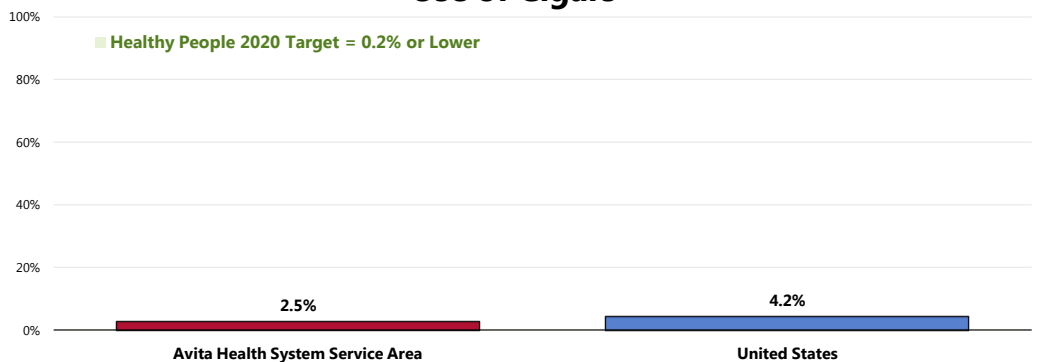
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.3]

Notes:
- Asked of all respondents.

Smokeless Tobacco

A total of 4.2% of Avita Health System Service Area adults use some type of smokeless tobacco every day or on some days.

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower

Avita Health System Service Area	United States
4.2%	2.8%

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]
Notes: • Asked of all respondents.
 • Smokeless tobacco includes chewing tobacco or snuff.

Related Focus Group Findings: Tobacco

Many participants are concerned with tobacco use in the community, focusing on these topics during discussion:

- Health consequences of tobacco use
- Lower income and young people
- Smoking cessation resources

Focus group participants agree that cigarette smoking is a concern for the community and worry about the **health consequences of long-term tobacco use** (increased chances of lung cancer or chronic obstructive pulmonary disease). Respondents believe that **lower income** residents are more likely to be smokers:

> *"Being poorer you do tend to do more smoking -- you're not doing as much, you sit around, you smoke, you drink, do drugs. You don't have anything else to occupy your time such as employment."* — Healthcare Professional

Other attendees worry about the number of **youth** who begin smoking as teenagers or college students, and know the health costs of tobacco use.

> *"I'm horrified to go to an Ohio State football game down there and the famous tailgating and you have these college-educated young men down there and they're carrying their cup around and they're spitting in it. And I'm sitting there, looking at these highly-educated women that are with them, I'm going, 'What in God's name are you doing with this clown?'"* — Community Leader

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Attendees do not know if Avita Health System still offers **smoking cessation resources**, but believe those programs had been successful. Primary care physicians do offer smoking cessation counseling referrals and medication for smoking cessation.

ACCESS TO HEALTH SERVICES

Health Insurance Coverage
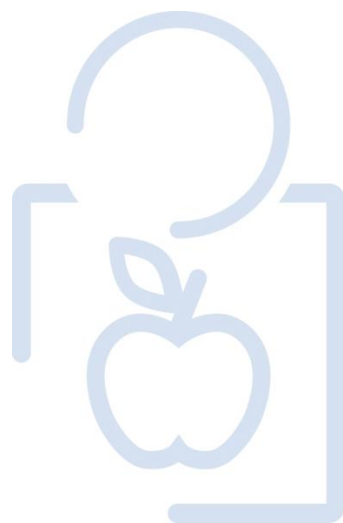
Type of Healthcare Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

A total of 61.7% of Avita Health System Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 25.4% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults 18-64; Avita Health System Service Area, 2012)
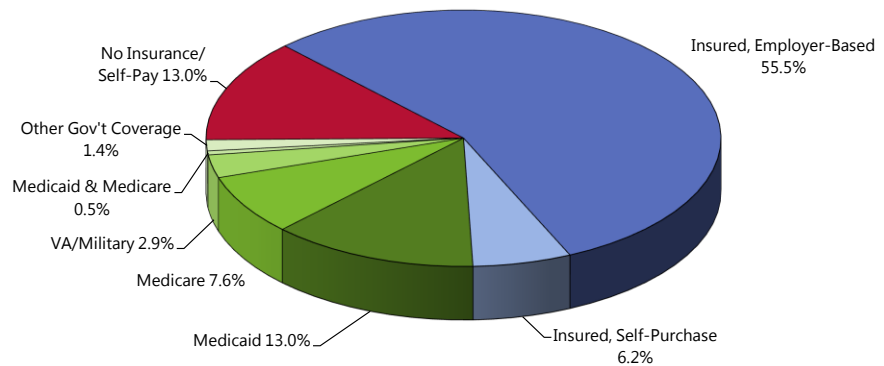
- No Insurance/Self-Pay 13.0%
- Other Gov't Coverage 1.4%
- Medicaid & Medicare 0.5%
- VA/Military 2.9%
- Medicare 7.6%
- Medicaid 13.0%
- Insured, Self-Purchase 6.2%
- Insured, Employer-Based 55.5%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
Notes: ● Reflects respondents age 18 to 64.

Prescription Drug Coverage

Among insured adults, 92.4% report having prescription coverage as part of their insurance plan.

- Similar to the national prevalence.

Health Insurance Covers Prescriptions at Least in Part
(Among Insured Respondents)

Avita Health System Service Area	92.4%
United States	93.9%
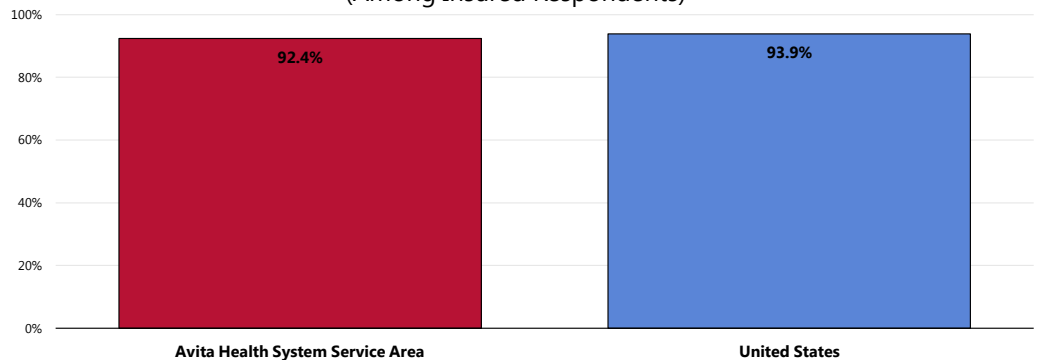
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 77]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with healthcare insurance coverage.

Among Medicare recipients, three in four (75.6%) have additional, supplemental healthcare coverage.

- Nearly identical to that reported among Medicare recipients nationwide.

Have Supplemental Coverage in Addition to Medicare
(Among Adults 65+)

	Avita Health System Service Area	United States
	75.6%	75.5%
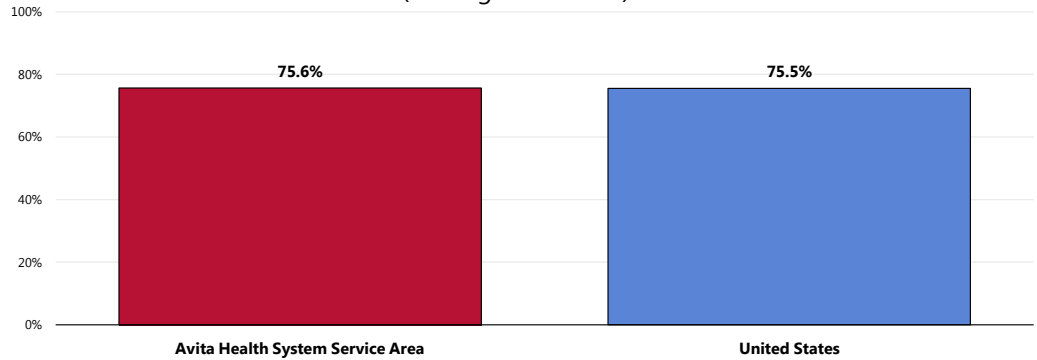
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 76]
　　　　　● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents age 65+.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have <u>no</u> type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 13.0% report having no insurance coverage for healthcare expenses.

- Similar to the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

Lack of Healthcare Insurance Coverage
(Among Adults 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)

	Avita Health System Service Area	Ohio	United States
	13.0%	16.8%	14.9%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
　　　　　● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Ohio data.
　　　　　● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
　　　　　● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
Notes: ● Asked of all respondents under the age of 65.

The following adults are more likely to be without healthcare insurance coverage:

- Residents living at lower incomes (note the 24.1% uninsured prevalence among low-income adults).

Lack of Healthcare Insurance Coverage
(Among Adults 18-64; Avita Health System Service Area, 2012)

Healthy People 2020 Target = 0.0% (Universal Coverage)

Men	Women	18 to 39	40 to 64	Low Income	Mid/High Income	AHS Svc Area
12.0%	14.0%	14.6%	12.0%	24.1%	5.7%	13.0%
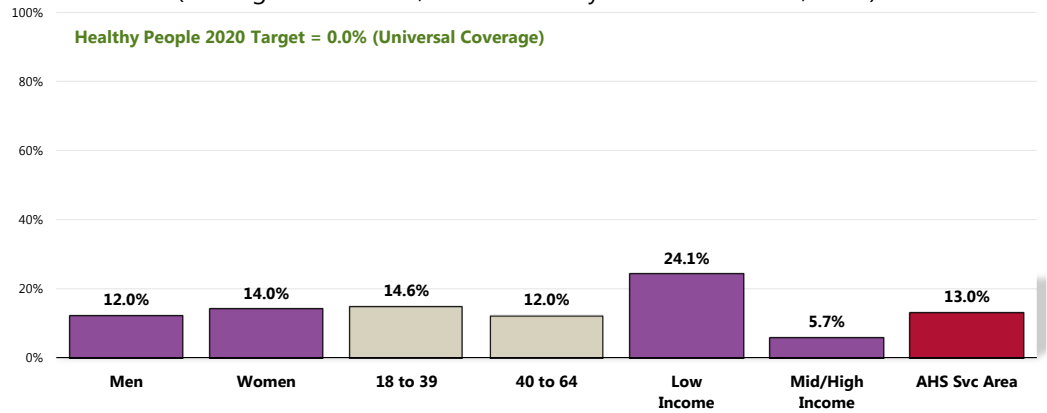
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
Notes: ● Asked of all respondents under the age of 65.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- As might be expected, uninsured adults in the Avita Health System Service Area are less likely to receive routine care, are less likely to have a specific source for care, and are more likely to have experienced difficulties accessing healthcare.

Preventive Healthcare
(By Insured Status; Avita Health System Service Area, 2012)
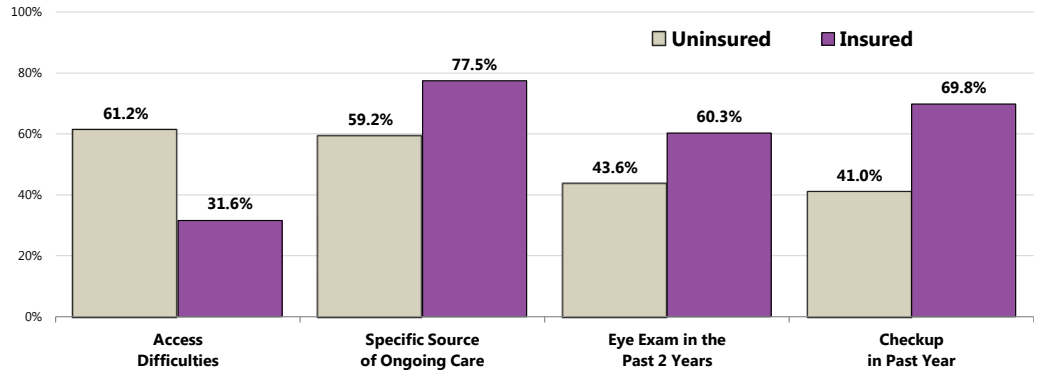
☐ Uninsured ☐ Insured

	Uninsured	Insured
Access Difficulties	61.2%	31.6%
Specific Source of Ongoing Care	59.2%	77.5%
Eye Exam in the Past 2 Years	43.6%	60.3%
Checkup in Past Year	41.0%	69.8%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 19, 20, 190, 193]
Notes: ● Asked of all respondents.

Among currently insured adults in the Avita Health System Service Area, 7.8% report that they were without healthcare coverage at some point in the past year.

- Statistically similar to US findings.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year
(Among Insured Adults)

Avita Health System Service Area	7.8%
United States	4.8%
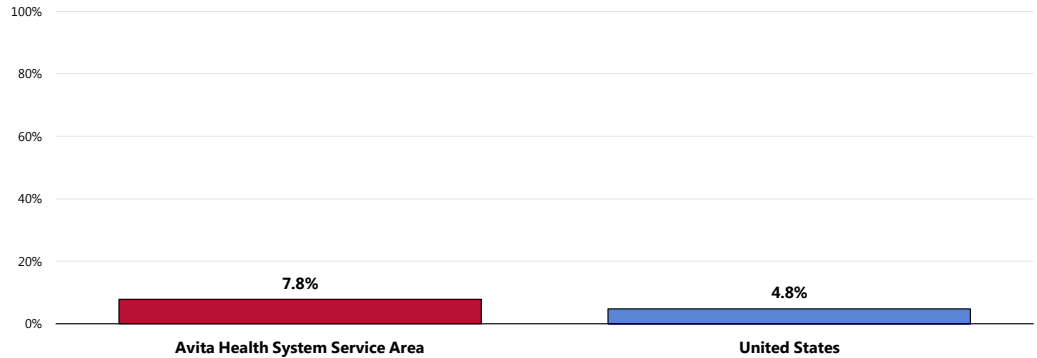
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 78]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all insured respondents.

Among insured adults, the following segments are <u>more likely</u> to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 40.

- Lower-income residents.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year
(Among Insured Adults; Avita Health System Service Area, 2012)

| Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
8.2%	7.5%	14.1%	6.6%	3.6%	15.8%	3.9%	7.8%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 78]

Notes:
- Asked of all insured respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

This indicator reflects the percentage of the <u>total</u> population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 34.8% of Avita Health System Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

● Similar to national findings.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

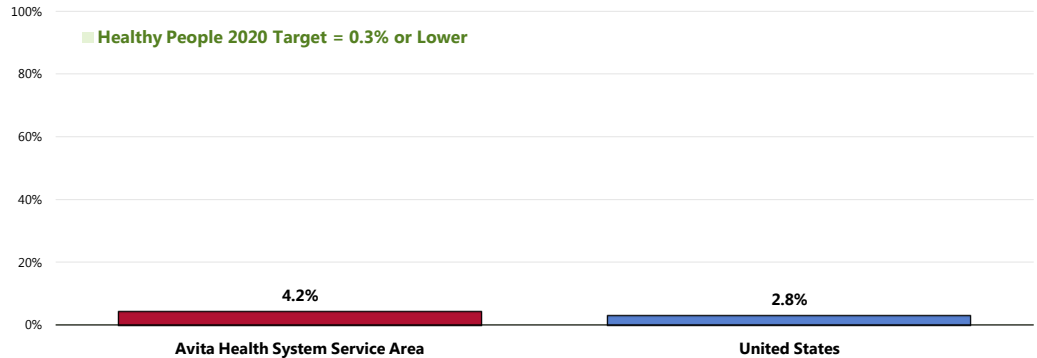|	Avita Health System Service Area	United States
	34.8%	37.3%
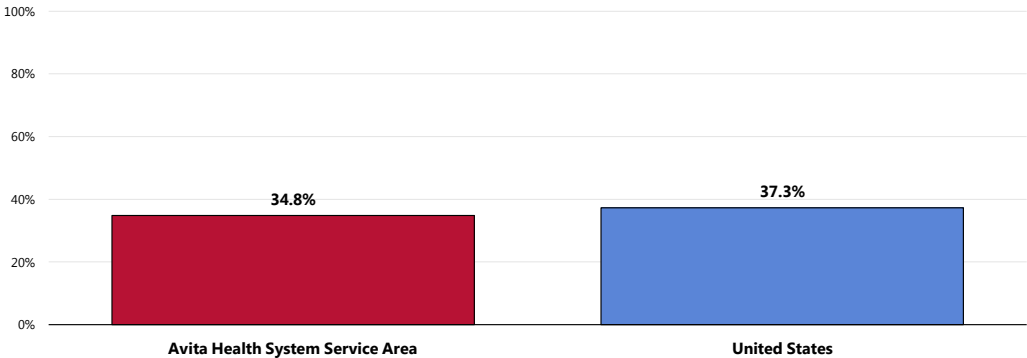
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups <u>more often</u> report difficulties accessing healthcare services:

👪 Residents under 65 (note the negative correlation with age).

👪 Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Avita Health System Service Area, 2012)

Category	Percentage
Men	32.1%
Women	37.2%
18 to 39	46.6%
40 to 64	37.2%
65+	16.9%
Low Income	48.5%
Mid/High Income	30.5%
AHS Svc Area	34.8%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, difficulty getting a medical appointment impacted the greatest share of Avita Health System Service Area adults (13.7% say that they had trouble getting a medical appointment in the past year).

● The proportion of Avita Health System Service Area adults impacted was statistically comparable to that found nationwide for **each** of the tested barriers.

● Among those residents who were affected by inconvenient office hours in the past year, 30.5% prefer an appointment on a **weekday morning** and 28.1% would prefer an appointment on a **weekday afternoon**. Fewer (18.9%) would prefer a medical appointment **before or after working hours** on a weekday.

Barriers to Access Have Prevented Medical Care in the Past Year
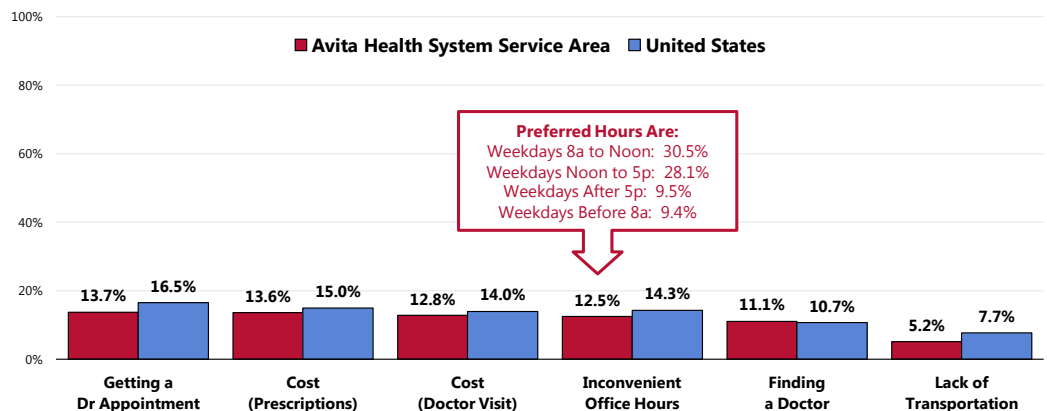
■ Avita Health System Service Area   ■ United States

Preferred Hours Are:
Weekdays 8a to Noon: 30.5%
Weekdays Noon to 5p: 28.1%
Weekdays After 5p: 9.5%
Weekdays Before 8a: 9.4%

| Barrier	Avita Health System Service Area	United States
Getting a Dr Appointment	13.7%	16.5%
Cost (Prescriptions)	13.6%	15.0%
Cost (Doctor Visit)	12.8%	14.0%
Inconvenient Office Hours	12.5%	14.3%
Finding a Doctor	11.1%	10.7%
Lack of Transportation	5.2%	7.7%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
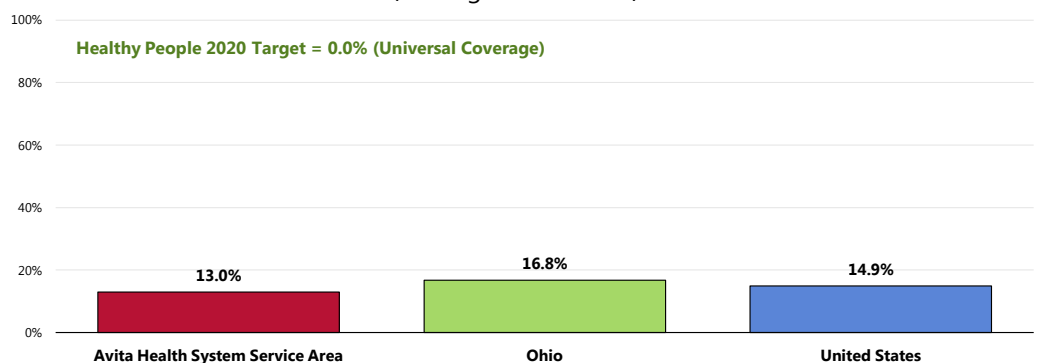Notes: ● Asked of all respondents.

♦♦♦ As might be expected, Avita Health System Service Area adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those related to cost.

Barriers to Healthcare Access
(By Insured Status, Adults 18+; Avita Health System Service Area, 2012)
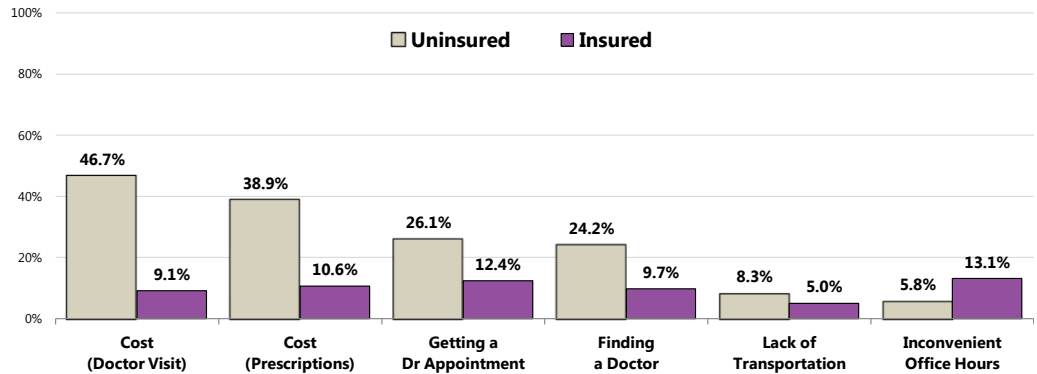
	Uninsured	Insured
Cost (Doctor Visit)	46.7%	9.1%
Cost (Prescriptions)	38.9%	10.6%
Getting a Dr Appointment	26.1%	12.4%
Finding a Doctor	24.2%	9.7%
Lack of Transportation	8.3%	5.0%
Inconvenient Office Hours	5.8%	13.1%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11, 13]
Notes: ● Asked of all respondents.

Prescriptions

Among all Avita Health System Service Area adults, 15.6% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

● Statistically comparable to national findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

Avita Health System Service Area	United States
15.6%	14.8%
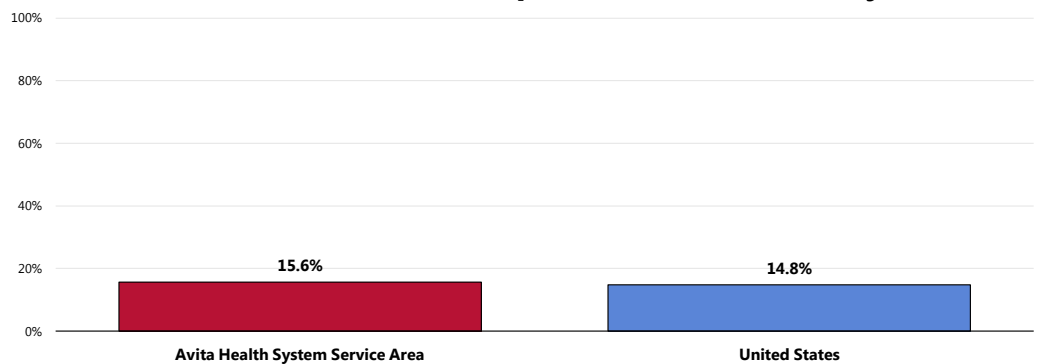
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
         ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

♦♦♦ Adults under the age of 65 (note the negative correlation with age).

♦♦♦ Respondents with lower incomes.

♦♦♦ Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(Avita Health System Service Area, 2012)

Category	Value
Men	10.3%
Women	16.4%
18 to 39	20.6%
40 to 64	14.3%
65+	4.6%
Low Income	26.1%
Mid/High Income	7.9%
Insured	10.6%
Uninsured	38.9%
AHS Svc Area	13.6%

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 4.5% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Among Parents of Children 0-17)

Parents with trouble obtaining medical care for their child mainly reported barriers due to cost or lack of insurance coverage. Inconvenient office hours and long waits for an appointment were also mentioned.

Region	Value
Avita Health System Service Area	4.5%
United States	1.9%
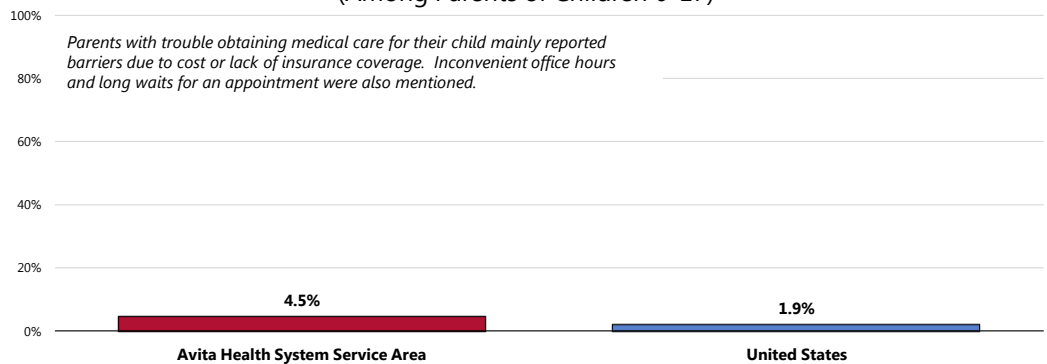
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 124-125]
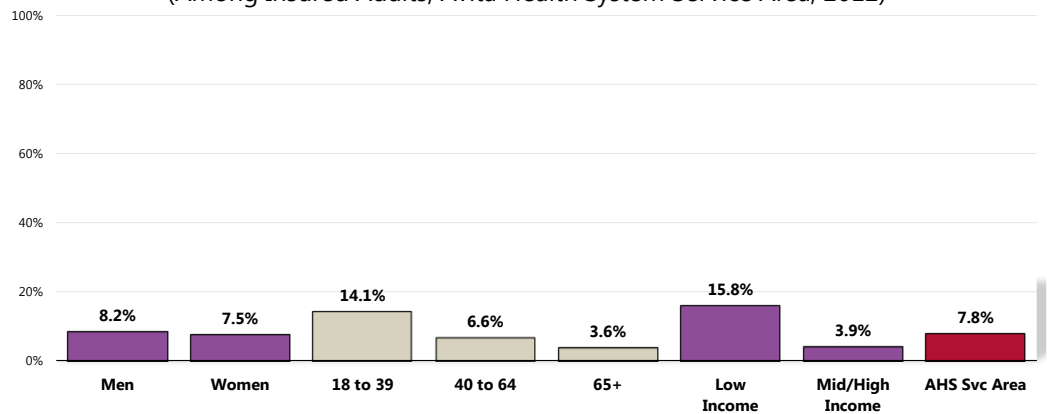• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited inconvenient office hours and long waits for appointments.

Related Focus Group Findings: Access to Healthcare

Focus group participants are concerned with access to healthcare in the community, with emphasis on the following issues:

- Access to healthcare barriers
  - *Insurance status*
  - *Cost*
  - *Transportation*
- ER overutilization

Focus group and key informant interview participants believe that residents encounter several **barriers** when trying to **access healthcare services** in the community. Attendees agree that healthcare access can be dependent on residents' **insurance status**, and that residents who are under-insured or uninsured may need to leave the community for care. The underinsured population includes the working poor, those residents who may qualify for employer insurance but the deductibles are too high or the monthly employee cost is too great, so they elect to go without. For these residents, **cost** becomes a major roadblock to obtaining healthcare and care is often not sought until the disease has progressed. As more than one respondent described:

> *"I think we have a large group of working poor as well because there are several families paying $800 to $1,000 for family insurance, in addition to having $5,000 and $10,000 deductibles. So I think a lot of families aren't seeking that medical care because they can't afford it."*
> — Community Leader

> *"I think we're seeing people that haven't been receiving healthcare because they can't afford it or they get healthcare when they crash and burn and end up in the ER and have to be admitted to the hospital. When the disease process has gotten to the point where they're having end organ damage or like a person with uncontrolled diabetes or the person who's got COPD."*
> — Healthcare Professional

The public health clinic in Crawford County serves as a triage center for uninsured persons, but the best option is the 3rd Street Family Health Services clinic in Mansfield or the Federally Qualified Health Center in Marion.

In addition, many Medicaid recipients leave the county to obtain medical care, although respondents believe that the number of primary care doctors accepting Medicaid has improved in the past few years with the expansion of Medicaid.

Participants also view **transportation** as an obstacle to accessing healthcare and other services. Residents do not have access to a public bus system, so the Council on Aging is the only option for those without a personal vehicle. The Council on Aging charges a minimal fee, but requires 48-hour notice. Focus group attendees feel that some residents abuse 911 as their personal taxi service.

Respondents report that some community members **over-utilize the emergency room** because they do not know where to go for healthcare services. Community members who regularly frequent the emergency room use it as a convenient place to get care ("no appointment necessary") instead of a crisis center. A respondent explains:

> *"Well someone could have just a regular cold and still go to the ER. Someone might have problems sleeping and just go to the ER. We used the ER for crisis but there are a lot of people in this world that use it for non-crisis reasons."* — Community Leader

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider

- Good patient-provider communication

- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is also known as a "medical home."

A hospital emergency room is <u>not</u> considered a source of ongoing care in this instance.

Three in four (75.2%) Avita Health System Service Area adults were determined to have a specific source of ongoing medical care (a "medical home").

- Similar to national findings.

- Fails to satisfy the Healthy People 2010 objective (95% or higher).

Have a Specific Source of Ongoing Medical Care

[All Ages] Healthy People 2020 Target = 95% or Higher

	Avita Health System Service Area	United States
	75.2%	76.3%
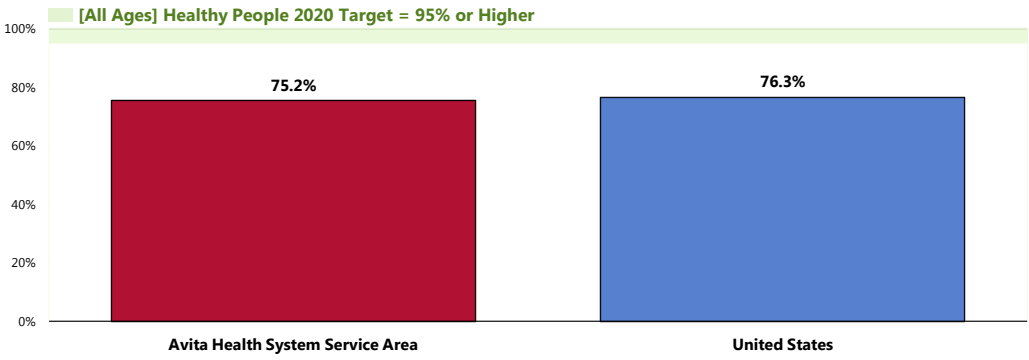
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
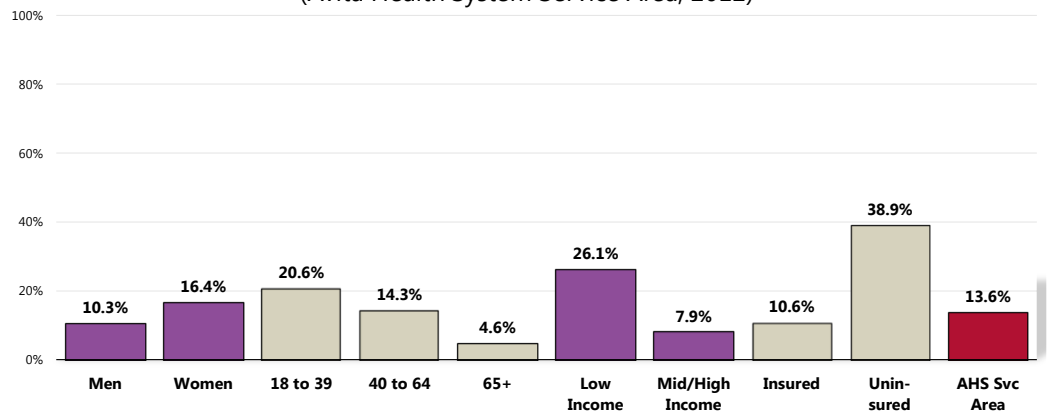- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

When viewed by demographic characteristics, the following population segments are <u>less likely</u> to have a specific source of care:

- Lower-income adults.

- Among adults age 18-64, 75.2% have a specific source for ongoing medical care, almost identical to national findings (not shown).

  – Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).

- Among adults 65+, 74.3% have a specific source for care, similar to the figure reported among seniors nationally (not shown).
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care
(Avita Health System Service Area, 2012)

[All Ages] Healthy People 2020 Target = 95.0% or Higher
[18-64] Healthy People 2020 Target = 89.4% or Higher
[65+] Healthy People 2020 Target = 100%
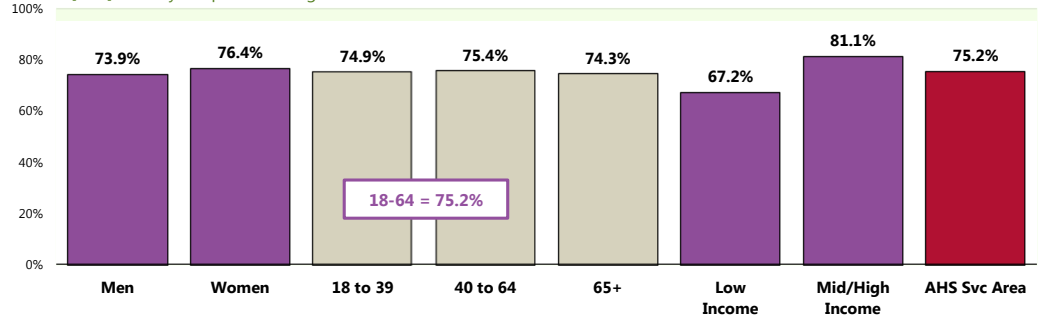
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
73.9%	76.4%	74.9%	75.4%	74.3%	67.2%	81.1%	75.2%

18-64 = 75.2%

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 190-192]
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Preferred Place for Medical Care

Asked where they prefer to receive care for their general health needs, 64.2% of respondents mentioned a primary care clinic and 18.7% prefer to receive care at a hospital emergency room. Urgent care clinics were mentioned less often (11.5%).

Preferred Place for General Health Needs
(Avita Health System Service Area, 2012)

Primary Care Clinic 64.2%
Hospital ER 18.7%
Urgent Care Clinic 11.5%
Uncertain 3.9%
Other 1.7%
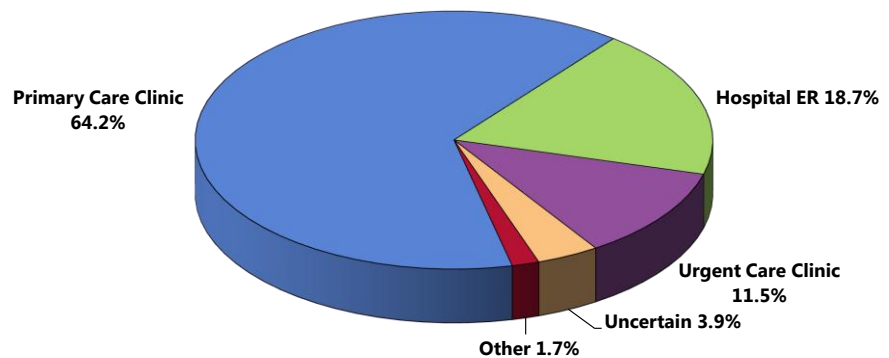
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 16]
Notes: • Asked of all respondents.

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (59.8%) identified a particular doctor's office, while 13.6% seek care at some type of clinic. Note that 5.3% mentioned using a hospital emergency room for their medical care.

Particular Place Utilized for Medical Care
(Avita Health System Service Area, 2012)
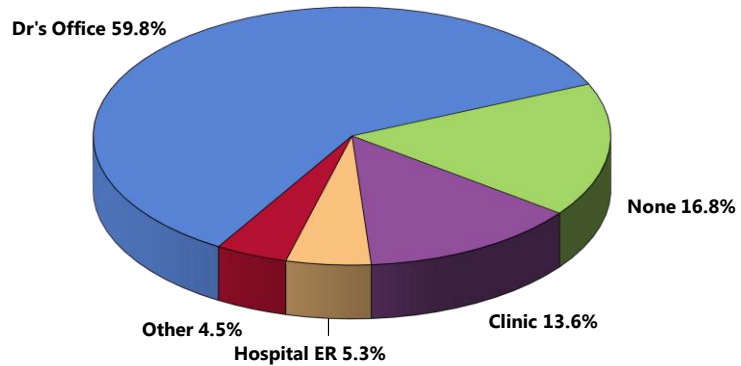
Dr's Office 59.8%

None 16.8%

Clinic 13.6%

Hospital ER 5.3%

Other 4.5%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17-18]
Notes: ● Asked of all respondents.

Utilization of Primary Care Services

A total of two in three (66.7%) Service Area adults visited a physician for a routine checkup in the past year.

● Comparable to national findings.

Have Visited a Physician for a Checkup in the Past Year

100%

80%

66.7%   67.3%

60%

40%

20%

0%

Avita Health System Service Area   United States
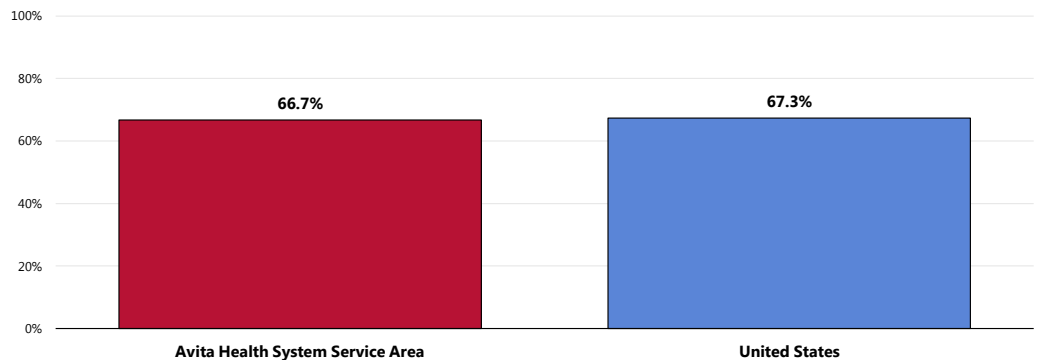
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
          ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

👪 Adults under age 65 are <u>much less likely</u> to have received routine care in the past year when compared with area seniors.

Have Visited a Physician for a Checkup in the Past Year
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
65.7%	67.5%	61.5%	59.5%	85.1%	62.5%	66.9%	66.7%
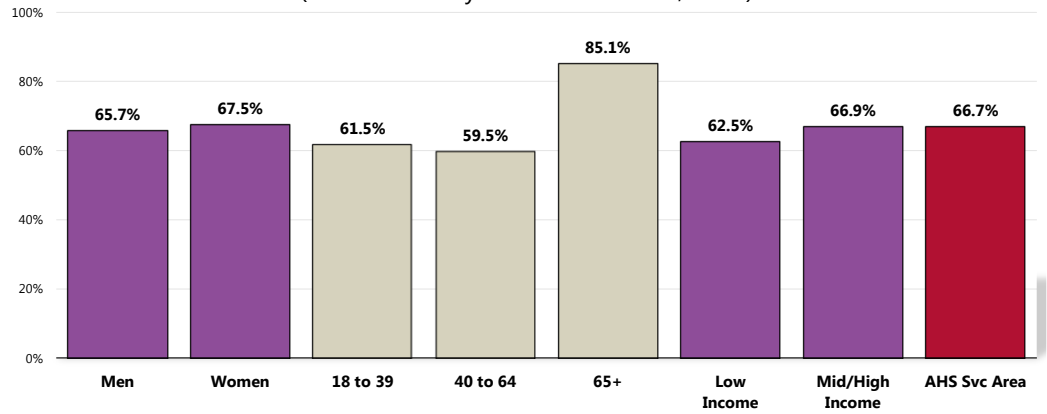
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Inpatient Care

Household Experience With Hospitalization

A total of 31.6% of Avita Health System Service Area residents indicate that they or a household member received some type of <u>inpatient</u> care in the past two years.

👪 Statistically similar by demographic characteristics.

Member of Household Received Inpatient Care in the Past Two Years
(Avita Health System Service Area, 2012)

Category	Percent
Men	27.4%
Women	35.1%
18 to 39	37.1%
40 to 64	25.7%
65+	36.4%
Low Income	33.9%
Mid/High Income	26.7%
Insured	32.5%
Uninsured	27.1%
AHS Svc Area	31.6%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hospital Used

Asked where they received the recent inpatient care, 34.0% of these adults mentioned MedCentral in Mansfield, followed by 15.9% receiving care at Galion Community and 10.1% at Marion General.

● Fewer adults with recent inpatient care reported receiving care at Riverside Methodist (6.5%), Bucyrus Community (4.7%), OSU Medical Center (4.3%) and MedCentral in Shelby (3.7%).

Hospital Used for Recent Inpatient Care
(Households w/Members Receiving Recent Inpatient Care; AHS Service Area, 2012)

- Other 20.8%
- MedCentral (Shelby) 3.7%
- OSU Med Ctr 4.3%
- Bucyrus Community 4.7%
- Riverside Methodist 6.5%
- Marion General 10.1%
- Galion Community 15.9%
- MedCentral (Mansfield) 34.0%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
Notes: ● Asked of those respondents with members of the household receiving inpatient care in the past two years.

Evaluation of Inpatient Care

When asked to rate their recent inpatient experience, two in three (68.7%) respondents with a recent inpatient experience among household members gave "excellent" or "very good" ratings of the <u>overall quality of care</u> received.

- Another 21.9% gave "good" ratings of their inpatient care.

- In contrast, 9.4% gave "fair" or "poor" ratings of the overall quality of inpatient care received.

With regard to the quality of <u>physician care</u> during the inpatient stay, three in four (75.9%) respondents gave "excellent" or "very good" ratings of the overall quality of care received.

- Another 15.4% gave "good" ratings of their inpatient care.

- In contrast, 8.6% gave "fair" or "poor" ratings of the physician care received.

Rating of Recent Inpatient Care
(Among Households With Recent Inpatient Care; AHS Service Area, 2012)
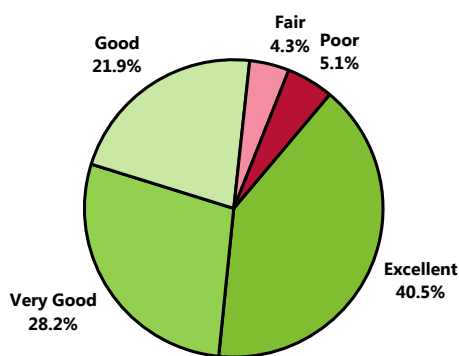
Rating of Overall Quality of Care

Good 21.9%
Fair 4.3%
Poor 5.1%
Excellent 40.5%
Very Good 28.2%
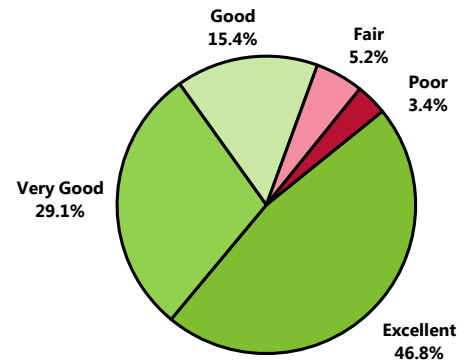
Rating of Physician Care During Stay

Good 15.4%
Fair 5.2%
Poor 3.4%
Excellent 46.8%
Very Good 29.1%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 114-115]
Notes: ● Asked of those respondents in households with recent inpatient experiences.

Outpatient Care

Household Experience With Outpatient Care

Over one-half (57.7%) of survey respondents indicate that they or a member of their household received some type of <u>outpatient</u> care in the past two years.

The prevalence does not vary significantly by demographic characteristics.

Member of Household Received Outpatient Care in the Past Two Years
(Avita Health System Service Area, 2012)

| Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Insured	Uninsured	AHS Svc Area
56.0%	59.0%	61.1%	57.9%	53.4%	64.1%	53.2%	58.1%	51.4%	57.7%
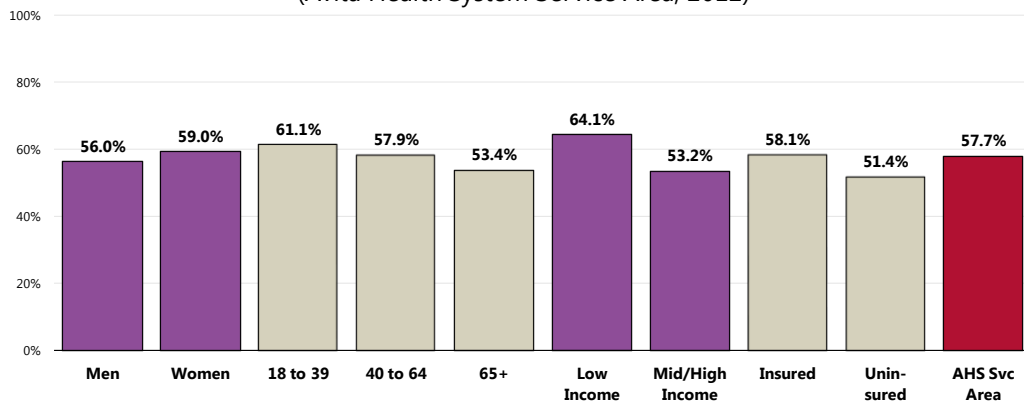
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hospital Used
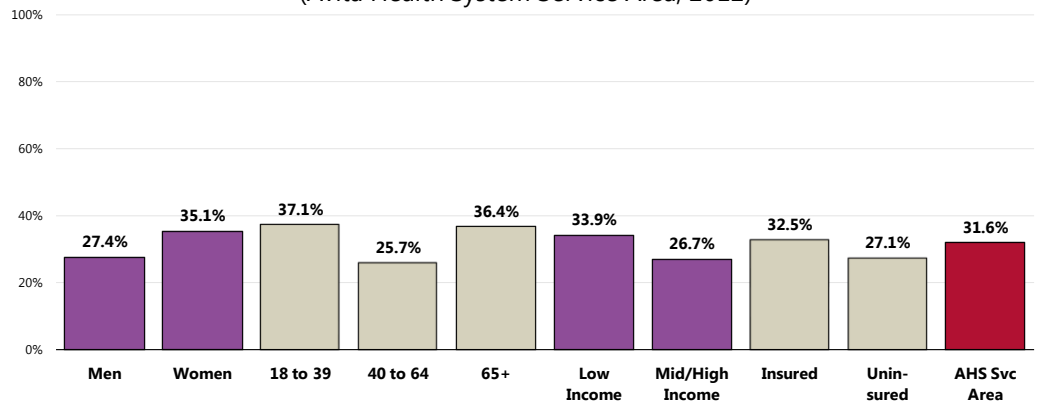
Asked where they received their recent outpatient care, MedCentral in Mansfield received the highest share of responses (28.4%), followed by Galion Community Hospital (26.1%) and Bucyrus Community Hospital (14.0%).

- Far fewer adults with recent outpatient care reported receiving the care at Marion General Hospital (3.7%) and MedCentral in Shelby (3.4%).

Hospital Used for Recent Outpatient Care
(Households w/Members Receiving Recent Outpatient Care; AHS Service Area, 2012)

Other 24.3%
MedCentral (Mansfield) 28.4%
MedCentral (Shelby) 3.4%
Marion General 3.7%
Bucyrus Community 14.0%
Galion Community 26.1%
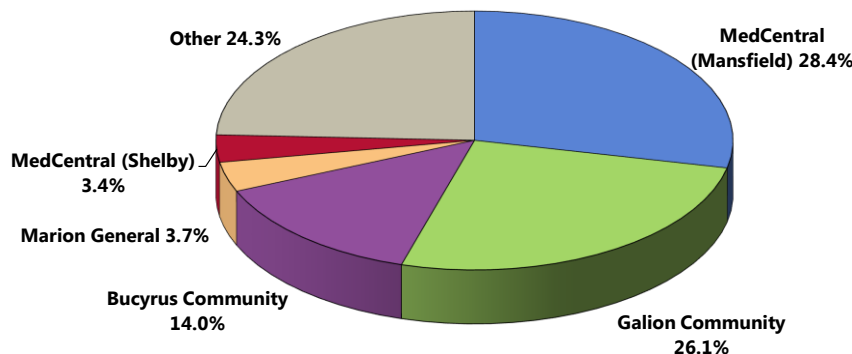
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: ● Asked of those respondents with members of the household receiving outpatient care in the past two years.

Emergency Room Utilization

A total of 7.9% of Avita Health System Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings.

Have Used a Hospital Emergency Room More Than Once in the Past Year

Used the ER because:
- Emergency Situation = 48.7%
- Weekend/After Hours = 36.0%
- Access Problems = 5.7%

Avita Health System Service Area	7.9%
United States	6.5%
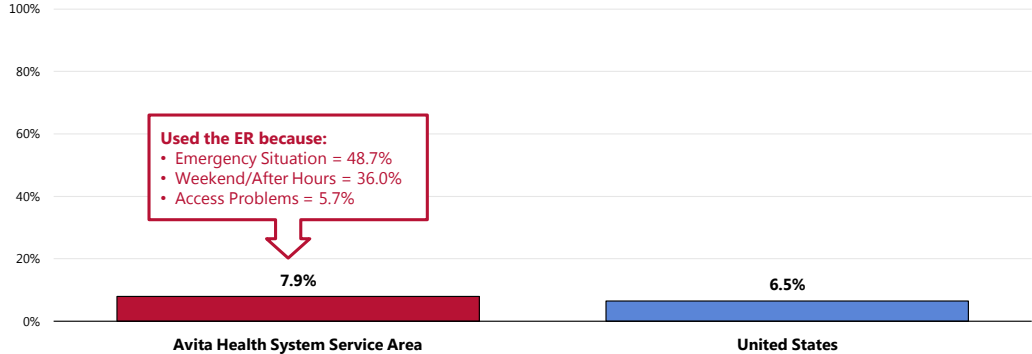
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 23-24]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Of those using a hospital ER, 48.7% say this was due to an **emergency or life-threatening situation**, while 36.0% indicated that the visit was during **after-hours or on the weekend**. A total of 5.7% cited **difficulties accessing primary care** for various reasons.

- Service Area residents in lower-income households are statistically more likely to report ER use when viewed by demographic characteristics.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
6.1%	9.4%	10.6%	7.7%	5.2%	13.6%	4.6%	7.9%
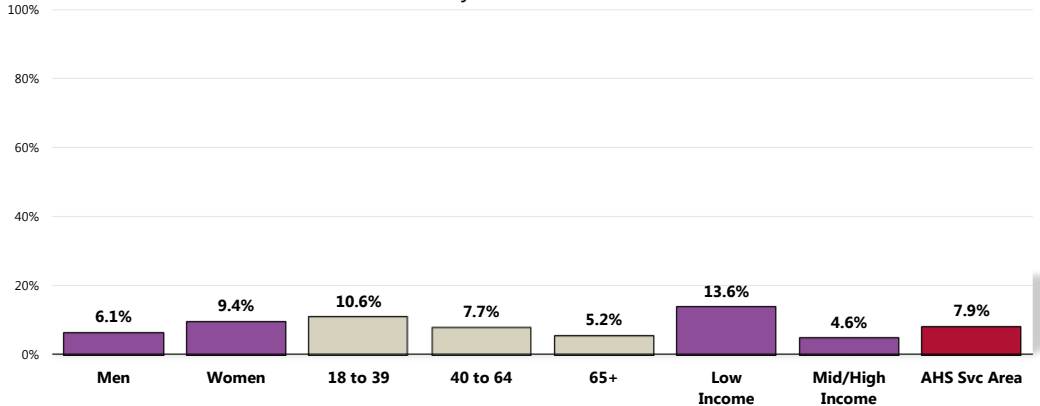
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
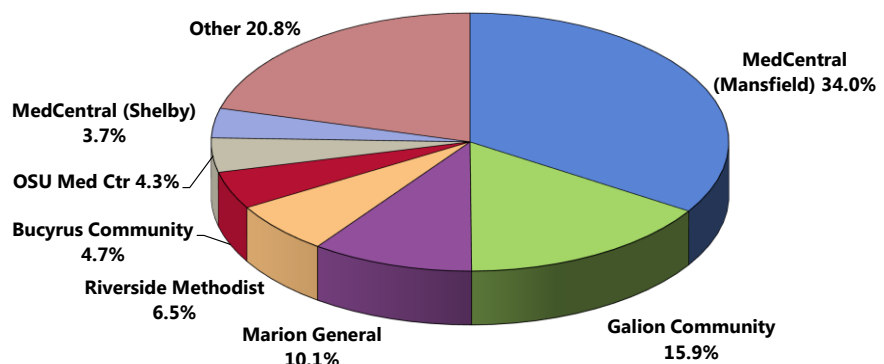
Outmigration for Medical Care

Asked if they ever have to leave the area for medical services, 31.9% of survey respondents answered affirmatively.

- While 12.3% of these adults are leaving the area for **"all services,"** specific services frequently being sought outside the community include **surgery** (mentioned by 19.2% of adults who seek services outside the community), **cardiac care** (11.9%), and **OB/GYN** services (6.9%).

- Note that 6.4% of residents leaving the area for care are seeking **major medical** care, while 5.3% need some type of **primary care**, and 3.7% leave the community for **emergency services**.

Leaving the Community for Healthcare Services
(Avita Health System Service Area, 2012)

Leave the Community for Certain Healthcare Services

No 68.1%
Yes 31.9%

Specific Services Sought Outside the Community

Emergency Care 3.7%
Pediatrics 3.5%
Mental Health 3.3%
Other (Each <3%) 21.7%
Primary Care 5.3%
Major Medical 6.4%
OB/Gyn 6.9%
Surgery 19.2%
Cardiac Care 11.9%
All Services 12.3%
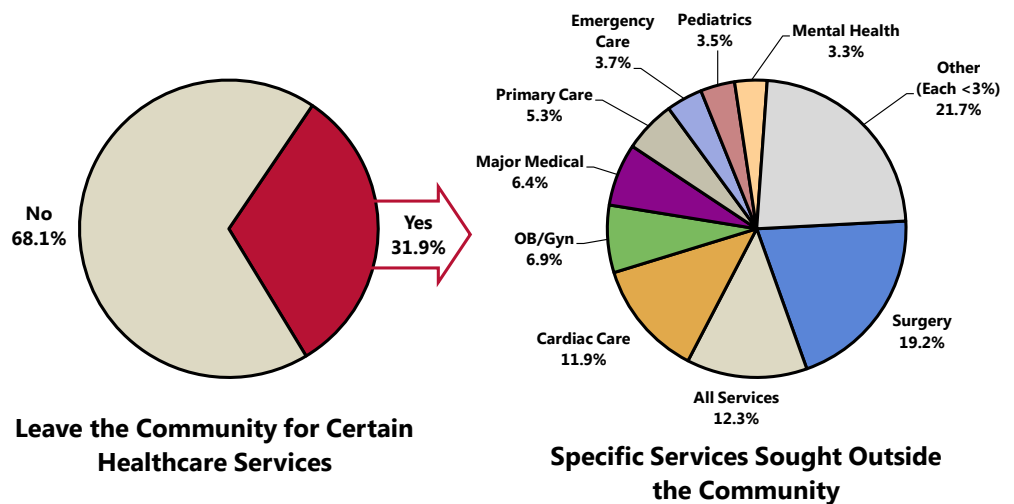
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 107-108]
Notes: • Asked of all respondents.

When asked why they feel the need to leave the area for medical care, 4 in 10 of these adults mentioned that the services are missing in the community, while 35.2% mentioned the quality of care found elsewhere. Far fewer respondents mentioned a doctor's recommendation, familiarity, cost or insurance issues, and personal preference.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

  – Healthy People 2020 (www.healthypeople.gov)

Dental Care

Just over 6 in 10 Avita Health System Service Area adults (62.1%) have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than statewide findings.

- Similar to national findings.

- Satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or
Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher

Avita Health System Service Area	Ohio	United States
62.1%	71.5%	66.9%
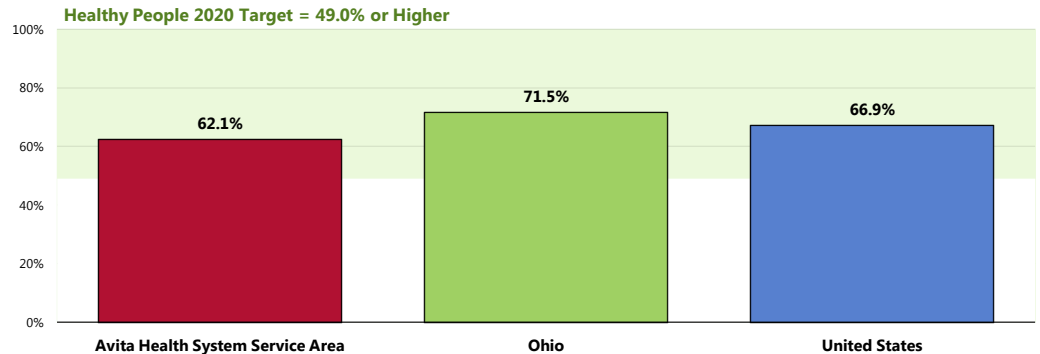
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Ohio data.

Notes:
- Asked of all respondents.

- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the 2020 target).

- As might be expected, persons with dental insurance report much higher utilization of oral health services than those without dental coverage.

Have Visited a Dentist or
Dental Clinic Within the Past Year
(Avita Health System Service Area, 2012)

Healthy People 2020 Target = 49.0% or Higher

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Dental Insurance	No Dental Insurance	AHS Svc Area
66.0%	58.7%	59.1%	62.3%	66.4%	41.0%	75.6%	68.8%	51.5%	62.1%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Insurance

More than 6 in 10 Avita Health System Service Area adults (61.6%) have dental insurance that covers all or part of their dental care costs.

- Comparable to the national finding.

Have Insurance Coverage That Pays All or Part of Dental Care Costs
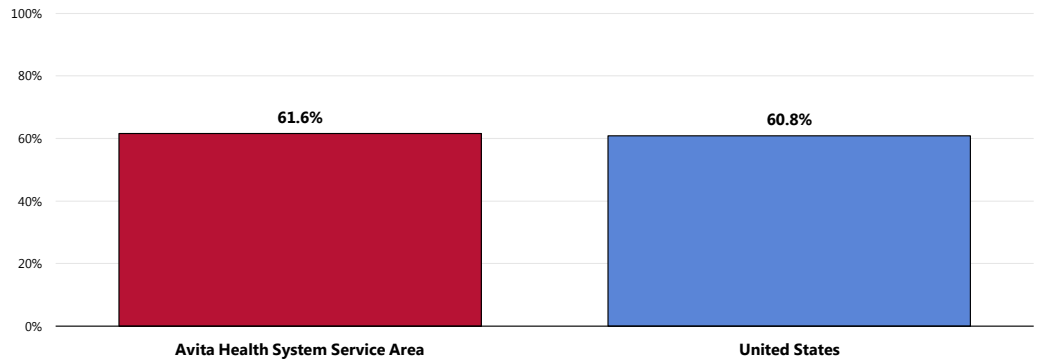
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
          • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Related Focus Group Findings: Oral Health

Several participants discussed oral health in the community, with particular focus on the following:

- Limited number of dentists who accept Medicaid

Attendees report that dentistry represents a major service gap in Crawford County, especially for those without private dental insurance. There are few, if any, preventative dental care options for **Medicaid recipients**. Many dentists will not accept Medicaid because of the low reimbursement rate.

Vision Care

A total of 58.5% of residents had an eye exam in the past two years during which their pupils were dilated.

● Similar to national findings.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

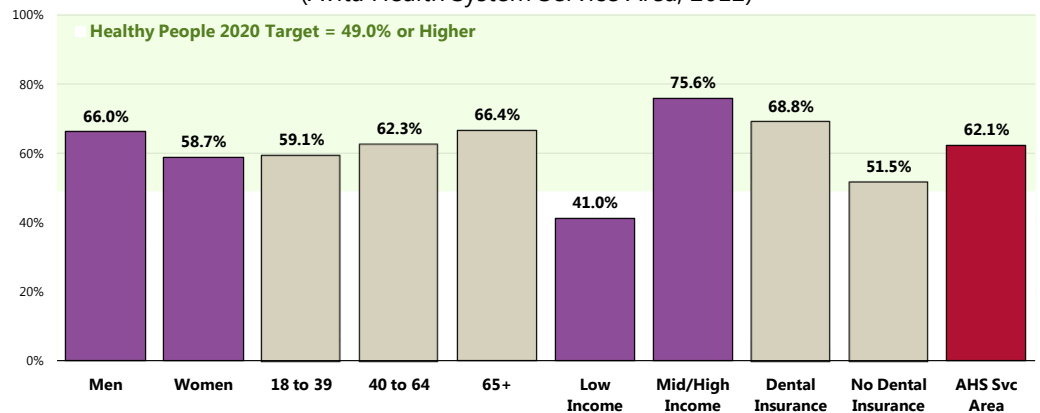|	Avita Health System Service Area	United States
	58.5%	57.5%
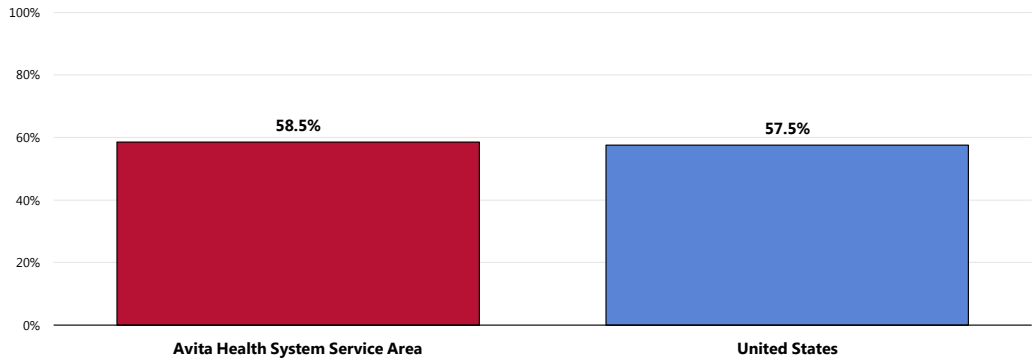
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Recent vision care in the Avita Health System Service Area is <u>less</u> often reported among:

👪 Adults under 65 (note the positive correlation between age and recent eye exams).

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
57.8%	59.1%	42.7%	56.7%	81.3%	52.7%	58.2%	58.5%
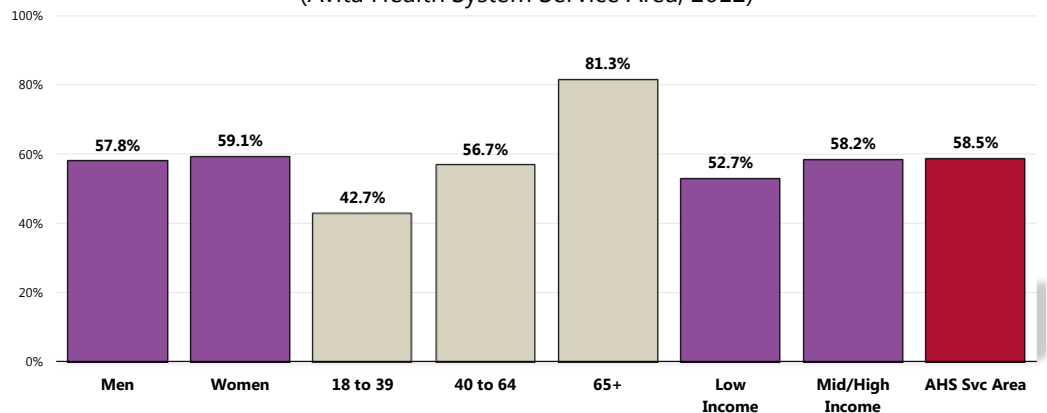
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

HEALTH EDUCATION & OUTREACH
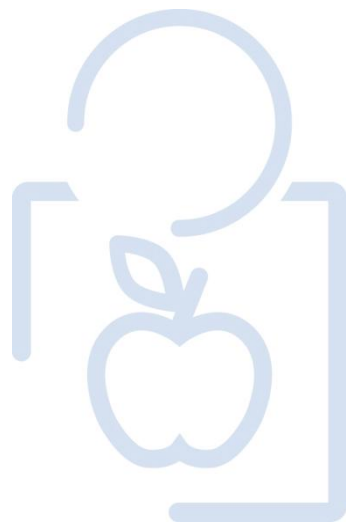
Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 52.3% of Avita Health System Service Area adults cited their **family physician** as their primary source of healthcare information.

- The **Internet** received the second-highest response, with 16.0%.

  – Other sources mentioned include friends or relatives (5.4%), books and magazines (5.3%), work (4.2%) and insurance (3.5%).

- Just 0.4% of survey respondents say that they <u>do not receive any</u> healthcare information.

Primary Source of Healthcare Information
(Avita Health System Service Area, 2012)

Internet 16.0% • Other 12.9% • Friends/Relatives 5.4% • Books/Magazines 5.3% • Work 4.2% • Insurance 3.5% • Don't Receive Any 0.4% • Family Doctor 52.3%
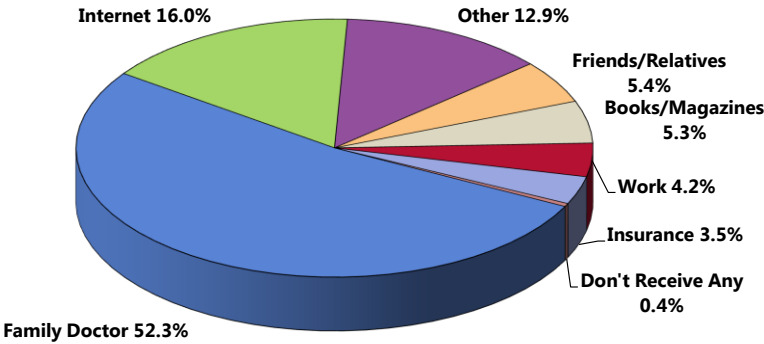
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of all respondents.

Related Focus Group Findings: Health Education & Prevention

Participants agree that health education and prevention are critical components in maintaining healthy lifestyles. Topics of discussion included:

- Importance of prevention
- Need for health education
- Public health department

Focus group participants and key informant interviewees agree that health education is an **important aspect of prevention** and improving the overall health of community members. Currently, many treatment programs exist, but do not include a lot of health education or prevention programming. Respondents recognize that primary prevention is not reimbursable, but remains a critical link to long-term health. Avita Health System provides diabetic and stroke support groups, but these programs need to be expanded and made more readily accessible. Avita also sponsors health fairs, but many have poor attendance and advertising of these activities should improve.

Local healthcare organizations **need to educate** people about maintaining a healthy lifestyle, including the importance of diet and exercise. However, residents must take ownership over their health and seek a long-term solution, not just a quick fix. Participants would like health education to begin early and occur in the school setting.

> *"We suffer from a lack of education in early childhood that being healthy takes work and therefore we get people who are disappointed that that's what's being told to them. Then they get upset because we're prescribing pills."*— Healthcare Professional

Attendees also recognize that real change takes time, and emphasized that community members and local agencies must remain committed to health education and prevention activities.

> *"See everything we've talked about today, pardon me, is that rehab -- how do we treat after the fact. None of this has really been proactive, which the problem with proactive: it's a long time. It takes commitment for multi-generations. It isn't us sitting in this room its people that follow us 25, 30 years from now have to have the same commitment."*— Community Leader

The **public health department** conducts most of the current health education in Crawford County. Public health nurses operate in the school system, assist in triage, and send information home with students. Public health also helps connect people with resources or referrals. The Women, Infant and Children (WIC) and Help Me Grow programs conduct outreach to families, but funding is always at-risk. In addition, many public health departments and non-profit agencies have limited budgets to advertise the services, so these programs remain the community's "best kept secrets."

Related Focus Group Findings: Collaboration

Participants spent time discussing the varying levels of collaboration occurring in the community between non-profit organizations, schools, healthcare providers and hospitals. Conversation included references to:

- Varying opinions about the level of collaboration
- Successful collaborations include:
    - *AVITA*
    - *Crawford 20/20 Vision*
    - *Opiate task force*
- Healthcare communication

Focus group respondents and key informant interviewees had **varying opinions about the level of collaboration** occurring in the community. Several attendees believe that collaborative efforts exist, and that positive changes surrounding collaboration have occurred in the past several years because of the troubled economy. Group members described Avita Health System, Crawford 20/20 Vision and the Opiate Task Force as collaborative examples. The **Avita Health System** excels at collaboration and partners with chambers, school systems, and other local businesses. Several participants described the CEO as very active in the community, which helps to foster the collaborative efforts.

The **Crawford 20/20 Vision** also represents another successful collaboration in the community, seeking to foster collaborative efforts, decrease duplicative services and create action plans. A focus group attendee describes how the vision is changing the ways in which agencies think about one another:

> "The 20/20 Vision's helped a lot of us to realize that we can't stand alone and that a community 10 miles away isn't our enemy. It's critical and if we don't join forces the problems will continue to worsen." — Community Leader

The **Opiate Task Force** is another recent collaboration which has conducted several education events about substance abuse and works to decrease substance use and abuse in the community. Although this collaboration has made great strides, members believe that additional partner agencies could increase the awareness. A participant explains:

> "We formed an opiate task force a year ago in April and we brought in Operation Street Smart to do community education; we'll bring them back in February. We're doing an opiate summit in partnership with 20/20 … We invited elected officials and other folks to that … I think one of our challenges has been we get the usual partners at the table but there are some glaring absences. We have never had anybody from education participate in that at all. Multiple invitations have gone out and we are challenged at times to get children services to be a cooperating partner. It would be critical for them to do so because as everyone has said so many kids and families are impacted by substance abuse." — Community Leader

Other participants believe that while collaborative efforts do exist, there remain opportunities for improvement. Key informant interviewees recognize the complexity of medicine, but believe that **communication between physicians and other healthcare providers** could improve. Interviewees feel much inefficiency exists within healthcare correspondence and it continues to be difficult to share health information. Others feel that community organizations continue to operate in silos and do not work together. A healthcare professional shares his idea of what good collaboration would entail:

> "Collaboration means a process where organizations begin to share information and goals and develop common goals with that shared information and then coordinate the daily activities of the organizations with other organization focused on those goals." — Healthcare Professional

LOCAL HEALTHCARE
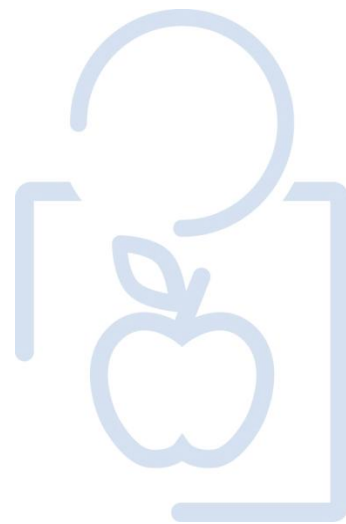
Perceptions of Local Healthcare Services

Just over one-half of Avita Health System Service Area adults (51.4%) rates the overall healthcare services available in their community as "excellent" or "very good."

- Just over one-third (34.7%) gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(Avita Health System Service Area, 2012)
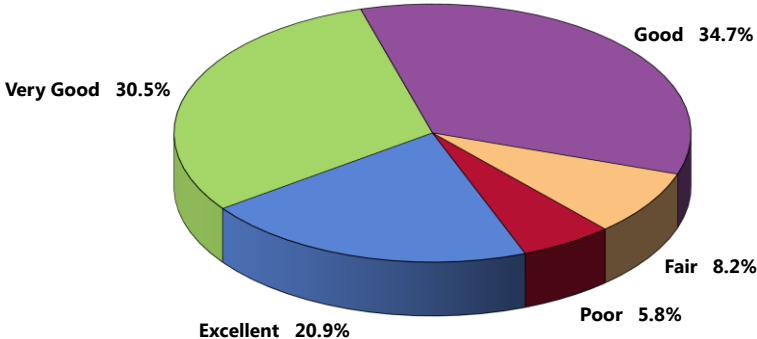
Good   34.7%

Very Good   30.5%

Fair   8.2%

Poor   5.8%

Excellent   20.9%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 6]
Notes: ● Asked of all respondents.

However, 14.0% of residents characterize local healthcare services as "fair" or "poor."

- Comparable to the figure reported nationally.

Perceive Local Healthcare Services as "Fair/Poor"

100%
80%
60%
40%
20%
0%

14.0%
Avita Health System Service Area

15.3%
United States
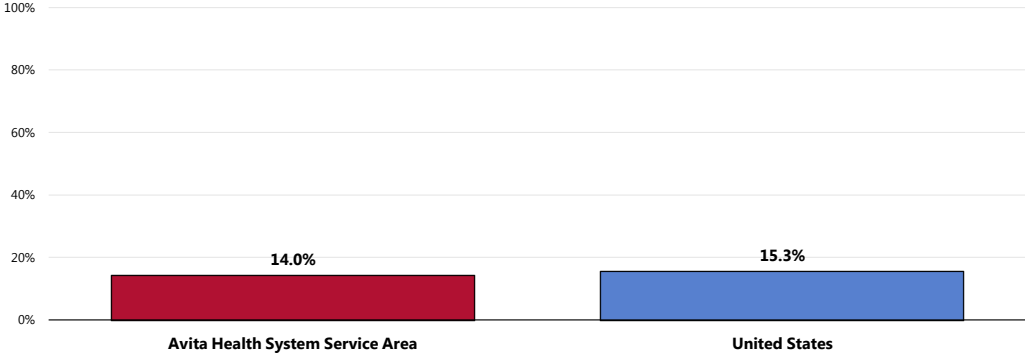
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 6]
          ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The following residents are more critical of local healthcare services:

- ♦ Those under age 65.
- ♦ Residents with lower incomes.
- ♦ Uninsured adults.

Perceive Local Healthcare Services as "Fair/Poor"
(Avita Health System Service Area, 2012)
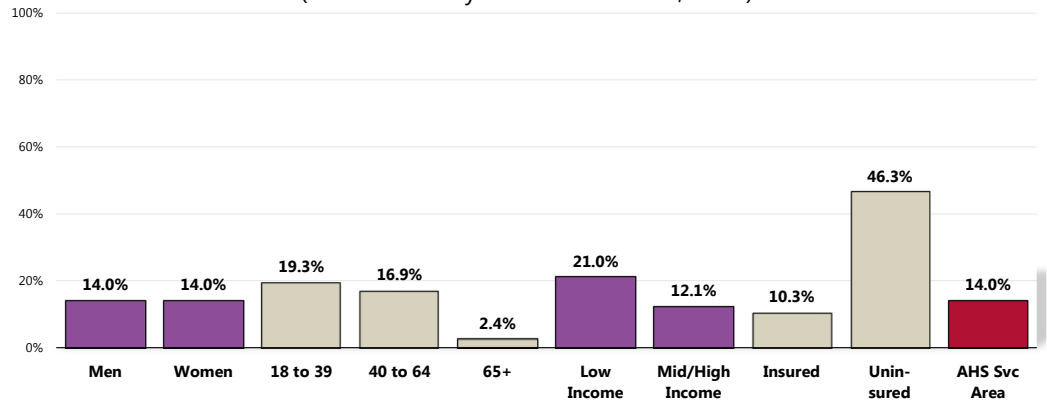
| Category	Value
Men	14.0%
Women	14.0%
18 to 39	19.3%
40 to 64	16.9%
65+	2.4%
Low Income	21.0%
Mid/High Income	12.1%
Insured	10.3%
Uninsured	46.3%
AHS Svc Area	14.0%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceptions of Local Hospitals

Impressions of Bucyrus Community Hospital

Asked about their impression of Bucyrus Community Hospital, 31.5% of survey respondents gave "excellent" or "very good" responses.

- Another 4 in 10 (39.8%) gave "good" ratings of the hospital.

Impression of Bucyrus Community Hospital
(Avita Health System Service Area, 2012)
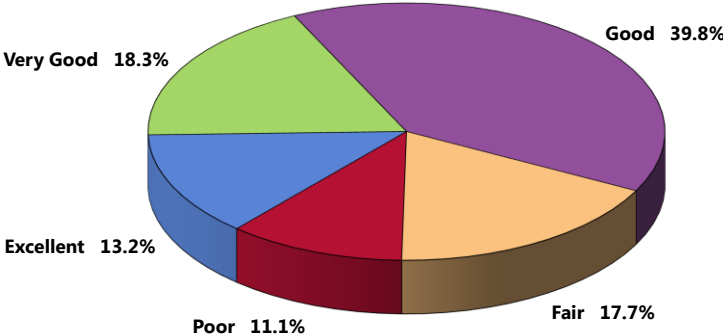
Good 39.8%
Very Good 18.3%
Excellent 13.2%
Poor 11.1%
Fair 17.7%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
Notes: ● Asked of all respondents.

On the other hand, 28.8% of Avita Health System Service Area respondents have "fair" or "poor" impressions of Bucyrus Community Hospital.

Low ratings were statistically high among the following:

- Adults under age 65.

Rate Bucyrus Community Hospital as "Fair/Poor"
(Avita Health System Service Area, 2012)
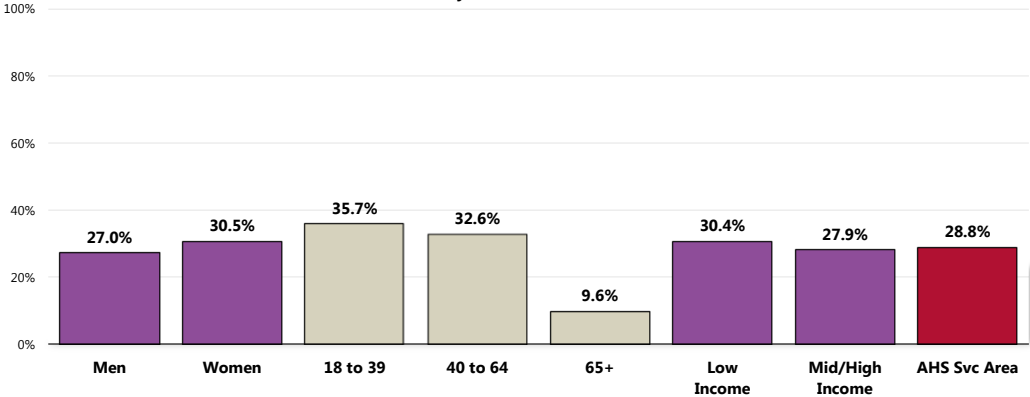
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
27.0%	30.5%	35.7%	32.6%	9.6%	30.4%	27.9%	28.8%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

When asked about Galion Community Hospital, 47.1% of Service Area adults gave "excellent" or "very good" responses.

● Another 34.5% gave "good" ratings of the hospital.

Impression of Galion Community Hospital
(Avita Health System Service Area, 2012)

Very Good 30.9%
Good 34.5%
Excellent 16.2%
Poor 7.6%
Fair 10.7%

On the other hand, 18.3% of Service Area residents consider Galion Community Hospital to be "fair" or "poor."

Low ratings were statistically high among the following:

🏃 Adults under age 65 (note the negative correlation with age).

🏃 Residents in lower-income households.

Rate Galion Community Hospital as "Fair/Poor"
(Avita Health System Service Area, 2012)

	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
	19.8%	17.0%	25.4%	20.5%	5.2%	25.1%	15.2%	18.3%

A total of 46.8% of survey respondents gave "excellent" or "very good" ratings when asked about their impression of Marion General Hospital.

●   Another 38.6% gave "good" ratings of Marion General.

Impression of Marion General Hospital
(Avita Health System Service Area, 2012)

Very Good   33.4%
Good   38.6%
Excellent   13.4%
Poor   2.8%
Fair   11.9%

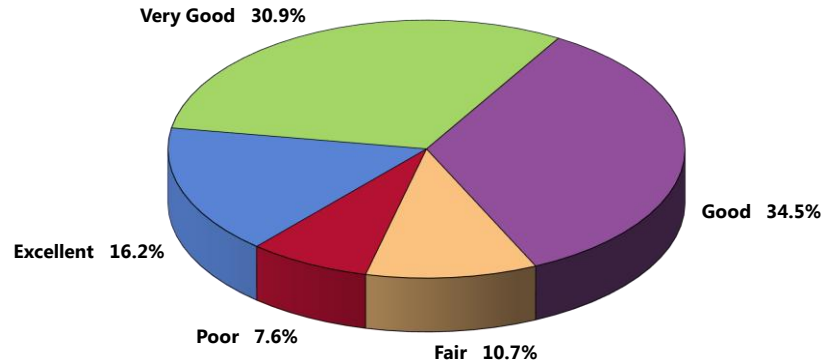Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 118]
Notes: ● Asked of all respondents.
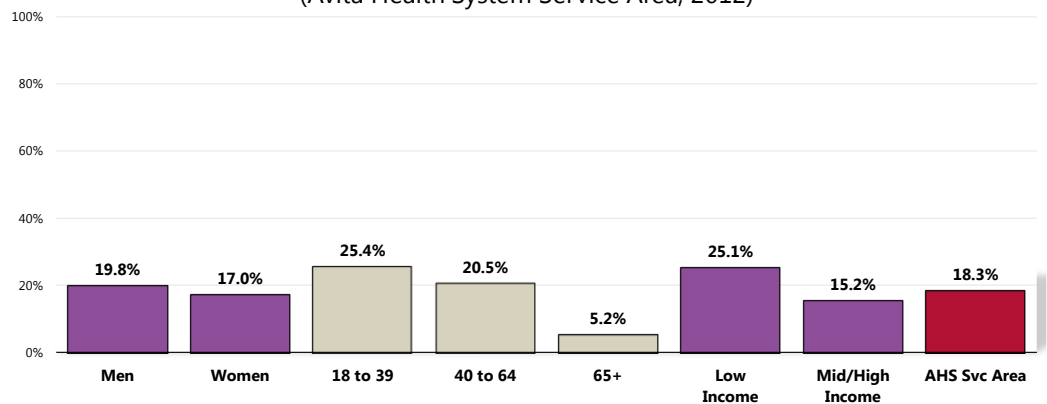
On the other hand, 14.7% of Avita Health System Service Area residents have "fair" or "poor" impressions of Marion General Hospital.

Low impressions were notably high among:

👪   Residents from lower-income households.

Rate Marion General Hospital as "Fair/Poor"
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
16.8%	12.7%	20.3%	12.1%	11.3%	21.0%	11.2%	14.7%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 118]
Notes: ● Asked of all respondents.
            ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
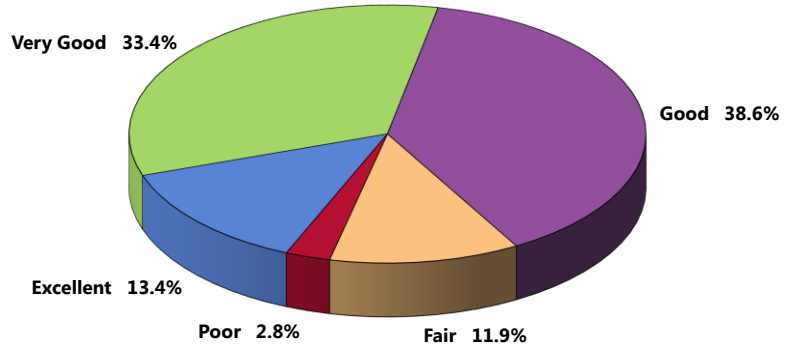
Impressions of MedCentral Health System

Asked about their impression of MedCentral Health System (with hospitals in Shelby and Mansfield), 45.1% of survey respondents gave "excellent" or "very good" responses.

- Another 36.3% gave "good" ratings of the health system.

Impression of MedCentral Health System
(Avita Health System Service Area, 2012)

Very Good 29.5%
Good 36.3%
Excellent 15.6%
Poor 9.5%
Fair 9.0%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
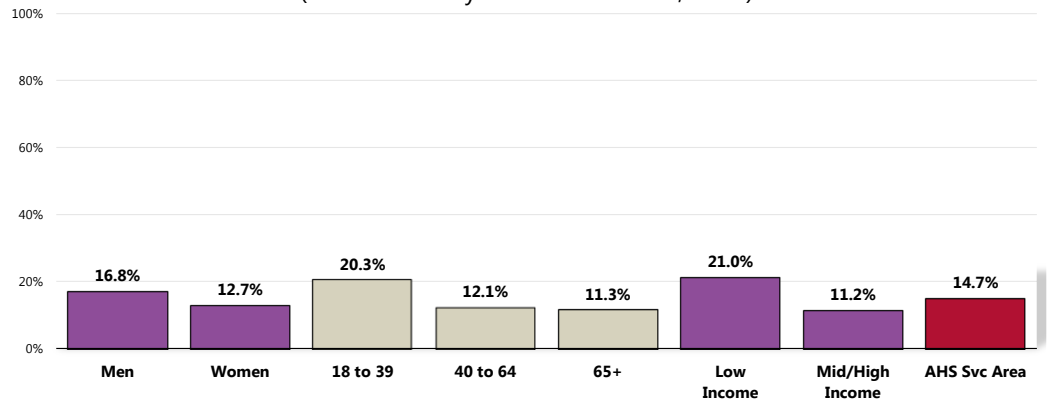Notes: ● Asked of all respondents.
● MedCentral Health System includes hospitals in Mansfield and Shelby.

On the other hand, 18.5% of Avita Health System Service Area residents report having "fair" or "poor" impressions of MedCentral Health System.

Low ratings were statistically high among the following:

- Adults under age 65 (note the negative correlation with age).

Rate MedCentral Health System as "Fair/Poor"
(Avita Health System Service Area, 2012)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	AHS Svc Area
21.7%	15.7%	27.1%	21.1%	4.3%	18.1%	20.8%	18.5%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
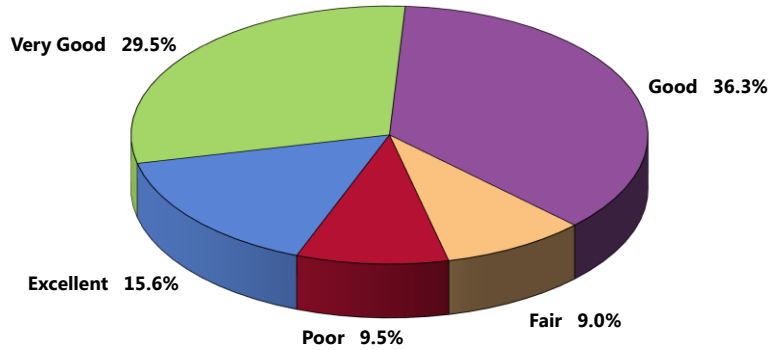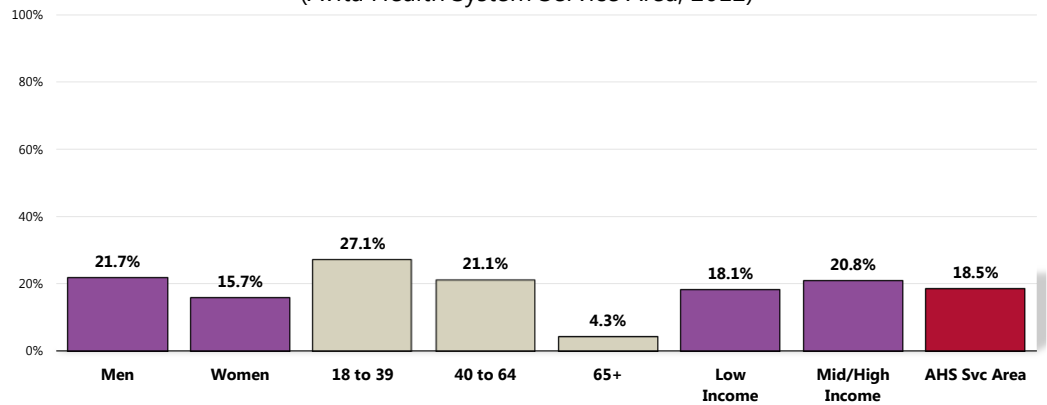● MedCentral Health System includes hospitals in Mansfield and Shelby.

Service Gaps

Related Focus Group Findings: Gaps in Services

The following issues were mentioned in the Key Informant Focus Group as perceived service gaps in Crawford County (presented in alphabetical order):

- Cardiologists
- Chronic disease management and education
- Dermatology specialists
- Elderly care services, including adult day cares and in home healthcare
- Electronic Medical Records
- Endocrinology specialists
- Epidemiologists
- Free clinics
- Health education
- Massage therapy
- Mental health services, including psychiatrists and psychologists
- Nutrition services and education
- Oral health services
- Physical activity classes
- Rheumatology specialists
- Substance abuse treatment facilities
- Tobacco cessation programs
- Weight loss services

OTHER FINDINGS
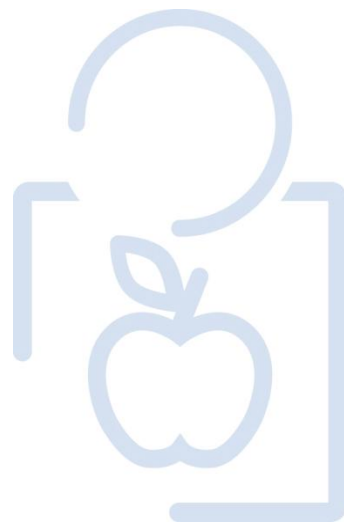
Seniors

Related Focus Group Findings: Elderly Residents

Many participants discussed the health of senior citizens. The main issues included:

- Aging population
- Transportation

Participants have concerns about the health of elderly residents and agree that the **community is aging**. There are several nursing homes, assisted living facilities and an adult day care program in Crawford County, but participants worry for the seniors who remain in their homes. For senior citizens who no longer possess a driver's license, some may become home-bound. The Council on Aging does provide limited **transportation options**, but the service requires notice.

Respondents report that the community needs education about aging well and the importance of physical activity at any age. A healthcare professional explains:

> *"Even at all stages of life there's some kind of exercise you can do. Elders that exercise are a lot less likely to end up institutionalized in long-term care facilities because they're less apt to fall, they usually have better health awareness and their diseases or chronic diseases are better managed usually if they're motivated to exercise."* — Healthcare Professional

Housing

Focus group attendees and key informant interview participants agree that a large amount of **substandard housing** exists in Crawford County. Many of these homes are dilapidated and poorly maintained; local residents report high levels of mold and a soaring prevalence of bed bugs and fleas in these homes, all of which have an effect on residents' health. One participant describes a frequent statement made about the housing in the community:

> *"Old houses, a lot of lead in the houses, some of the houses are poorly maintained, trash, debris, there are abandoned homes, and there are complaints of fleas, bed bugs, mice and raccoons, different pests."*— Healthcare Professional

APPENDIX
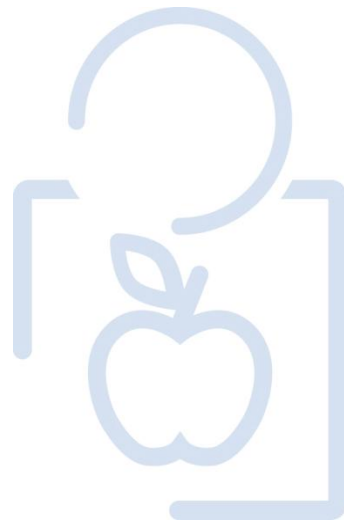
Community Stakeholder Input

Key Informant Focus Groups

A focus group held as part of this Community Health Needs Assessment incorporated input from 11 key informants (or community stakeholders) in the area, with special emphasis on persons who work with or have special knowledge about vulnerable populations in the four counties, including low-income individuals, minority populations, those with chronic conditions, and other medically underserved residents.

A list of these participants is provided below.

Community Stakeholder Focus Group Thursday, October 25th, 7:00-9:00 AM			Populations Served			
			Medically Underserved	Low-Income Residents	Minority Populations	Populations w/ Chronic Disease
Focus Group Participant	**Title**	**Organization**				
Jim Spreng	Owner	Spreng Capital Management Inc.				
Cindy Wallis	Director of Programming and Clinical Operations	Community Counseling	X	X	X	X
Scott Kibler	Health Commissioner	Crawford County	X	X	X	X
Jody Demo-Hodgins		Board of Alcohol, Drug Addiction, and Mental Health Services	X	X	X	X
Dave Sharrock	Mayor	Village of Crestline				
Joe Polito	Newspaper owner	Crestline Advocate				
Craig Miley	Owner/President	Miley Realty & Auctions				
Jay Wagner, Esq	Attorney	Wagner Law Firm				
Joe Kleinknecht	President	Galion Chamber of Commerce				
Pastor Scott Blevins		United Methodist Church	X	X	X	X
Don Covert	President	Covert Manufacturing				

Expertise in Public Health

Note that one of the focus group participants has special knowledge of and expertise in public health; his credentials and experience include:

W. Scott Kibler, District Health Commissioner
Crawford County General Health District
November 2007 – Present

Overall responsibilities for fiscal, operations and administration which include: nursing clinics and related medical services; Environmental Health Division; vital statistics-birth and death records; WIC-women, infants and children's programs; HMG-Help Me Grow and public health emergency preparedness.

Education: Masters of Health Administration and modified business degree, Ohio State University and Ball State University.

Physician Interviews

PRC also collected qualitative input through one-on-one telephone interviews with 10 local physicians, identified below:

- Dr. Becky Strickland
- Dr. Eric Haus
- Dr. James Goudy II
- Dr. James Kerbs
- Dr. Fereshte Khavari
- Dr. Andrew Lee
- Dr. Larry Leone
- Dr. Stephen Novack
- Dr. Daryl Sander
- Dr. Todd Strickland

Input from these interviews are incorporated alongside focus group findings throughout this report.