

Snapshot

2016 COMMUNITY HEALTH ASSESSMENT

Background

Hospitals that are 501 (c) (3) and public health agencies in Ohio are required to complete a community health assessment (CHA) every three years. A variety of other agencies in Ross County are also required to perform similar health assessments. Partners for a Healthier Ross County is a group of healthcare partners that came together to lead an effort to produce a “comprehensive” community health assessment – Ross County’s first such assessment. Using data from primary and secondary sources, as well as from a focus group and from a community survey, this assessment brings to life the current public health situation in Ross County.

This short summary is intended to present to the casual reader some of the highlights of the Community Health Assessment, but by no means is it intended to convey all of the data and the findings contained in the overall assessment.

PARTNERS FOR A HEALTHIER ROSS COUNTY

VISION

All people of Ross County are empowered and inspired to reach their fullest physical and mental potential in a clean and safe environment through positive community collaborations.

VALUES

Commitment, engagement, communication, and respect.

PARTNERS

Senior Advisory Council: Adena Health System; Chillicothe Gazette; Hopewell Health Center; Paint Valley ADAMH Board; Ross County Health District; United Way of Ross County; YMCA.

STEERING COMMITTEE

Adena Health System; Chillicothe City Schools; Glatfelter; Hope Clinic; Hopewell Health Center; OSU Extension; OU-Chillicothe; Ross County Community Action; Ross County Health District; Ross County Senior Center; Scioto Paint Valley Mental Health Center; South Central JFS; United Way of Ross County; Veterans Affairs Medical Center.

ASSESSMENT PROCESS

The data-driven MAPP (Mobilizing Action for Planning and Partnership) process was used in the creation of the CHA. MAPP is a six phase process that includes a four part community needs assessment, as well as an in-depth analysis of current community trends, gaps, and resources, which was used to evaluate the current state of health in Ross County and to prioritize key public health issues.

DATA

Primary data collection included a community survey completed by some 900 residents, as well as key stakeholder interviews (focus group of social workers, community volunteers, nurses, etc.). Secondary data was compiled using publicly available statistics from a variety of local, state, and national sources (e.g., U.S. Census Bureau, U.S. Department of Labor, Ohio Department of Job and Family Services, Ohio Department of Health).

FINDINGS

What follows are some of the highlights from the 2016 Community Health Assessment. By no means is this everything that community leaders and citizens might find interesting. This snapshot is intended to present a few highlights from the overall findings, which the steering committee believes to be of the highest interest and significance. If you would like to view the entire CHA, visit www.adena.org/inside/page.dT/chna or www.rosscountyhealth.com/cha.

Key Finding: *Everyone agrees that drugs, addiction, substance abuse, and their outcomes (Hepatitis C, crime, violence, etc.) combine to create a major problem in Ross County, and that these behaviors are affecting public health in a very negative way.* Over half (55%) of respondents to the community survey named substance abuse prevention as the main health behavior need; about 70% listed drug abuse as a topic children needed to know more about; and 20% said “violent crime and theft” was a top community issue. When ranking health outcomes and conditions, two-thirds of steering committee members chose “addiction” as the top condition detrimental to health. Substance use/abuse was also selected by the steering committee as the top health behavior of importance.



Key Finding: *Optimism remains, and hope is not lost.* When asked to rate their health, 87% of respondents said their health status was “good” or “fair.” Almost half of respondents (42.4%) feel Ross County is a good place to grow old; and 45.6% say it’s a good place to raise children.



Key Finding: *Depression, anxiety, and mental health support are concerns.* Forty-two percent of respondents ranked mental health support as a health topic they wanted to know more about, while 85% of the core group ranked it in their top three health behaviors of importance. The steering committee ranked depression and anxiety behind only addiction as a health

outcome/condition of importance. Ross County’s suicide rate (15.9 per 100,000 deaths) is higher than Ohio (11.6) and U.S. rates (11.8).



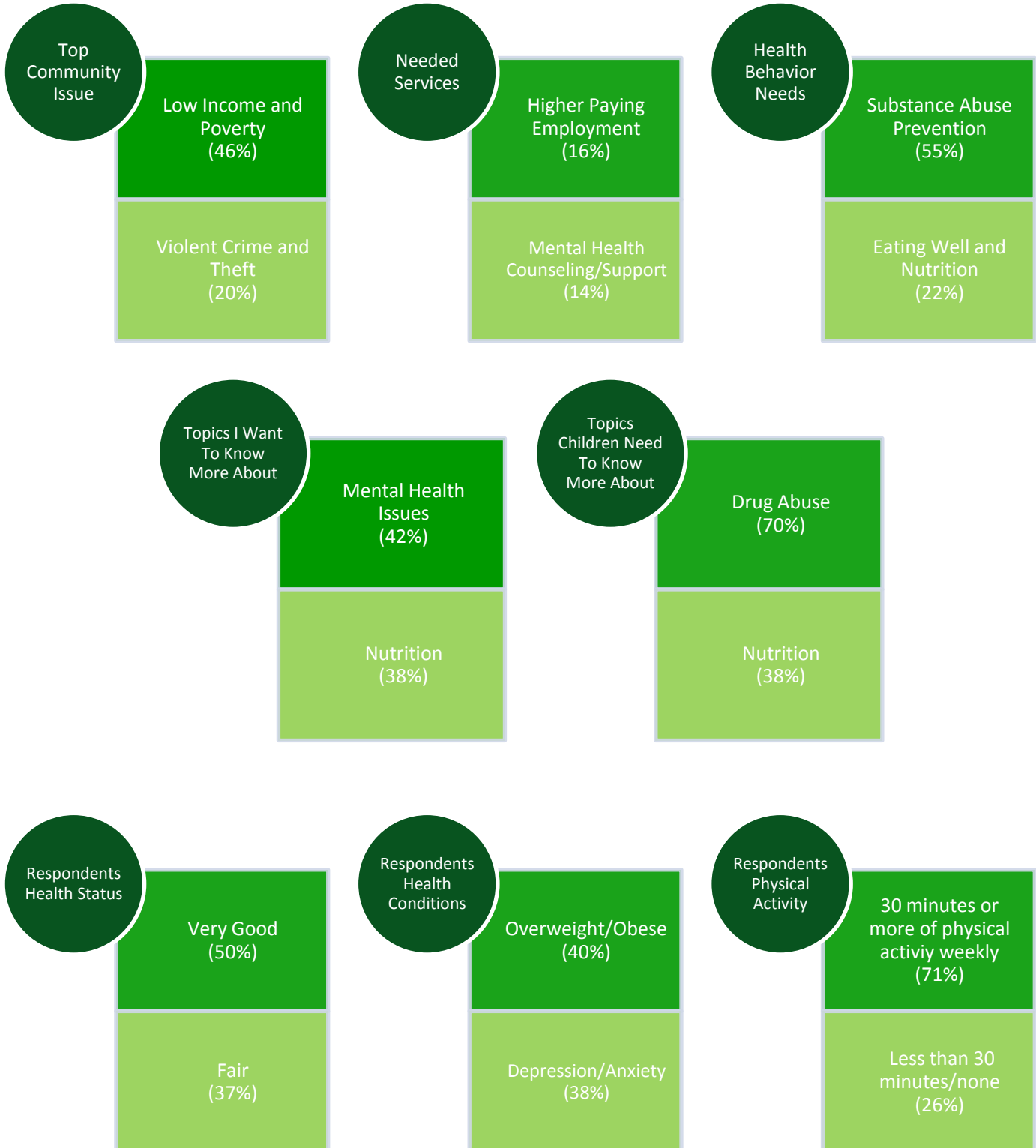
Key Finding: *Something alarming is happening in Ross County when it comes to lung cancer.* Lung cancer rates in Ross County (87.9 per 100,000 persons) are not only considerably higher than both Ohio (72.4) and U.S. (64.9) rates, but death rates from lung cancer are significantly higher (Ross – 72.7, Ohio – 57.1, U.S. – 50.6). We can speculate as to why that is (tobacco use... air quality... delays on seeking care...), but until more data is gathered this will remain a mystery.



Key Finding: *While the community does consider drug addiction the leading health issue, there is evidence supporting other, more traditional health issues as having a larger impact.* According to the County Health Rankings Ross County fares poorly compared to Ohio’s other 88 counties. We rank 72nd in Length of Life, 74th in Quality of Life, and 79th in Health Behaviors. Our obesity rates (35.9%) are higher than both state (30.1%) and national (27.1%) numbers, while we continue to have a higher percentage of smokers (31.2% locally vs. Ohio 21.7% and U.S. 18.1%). Maternal smoking rates are 27.3% in Ross County, but just 16.9% across the rest of Ohio. While our infant mortality rates are in-line with national numbers (6.6 locally vs. 6.5 nationally) we are slightly better than the rest of the state (7.7). Likewise, teen pregnancy rates here (54.5) are much higher than state (36.0) and national (36.6) rates.

Community Health Survey Highlights

Nearly 900 surveys were completed. Below are spotlighted responses from those surveyed, which reflect their perceptions about our community, as well as their opinions of healthcare and their own personal health.



"Ross County is a good place to grow old."

Agree - 42.4%

Neutral - 31.3%

Disagree - 17.8%

Strongly Agree - 5.2%

Strongly Disagree - 3.4%

"Ross County is a good place to raise children."

Agree - 45.6%

Neutral - 32.3%

Disagree - 11.9%

Strongly Agree - 7.9%

Strongly Disagree - 2.3%

"There is plenty of economic opportunity in Ross County."

Disagree - 40.7%

Neutral - 28.2%

Agree - 19.6%

Strongly Disagree - 10%

Strongly Agree - 1.6%

"Ross County is a safe place to live."

Agree - 32.4%

Neutral - 32.3%

Disagree - 26.9%

Strongly Disagree - 7%

Strongly Agree - 1.4%

Strongly Disagree - 5.6%

Strongly Agree - 7.7%

Disagree - 18.6%

Agree - 37.6%

Neutral - 30.5%

"There is good healthcare in Ross County."

Health Priorities

After considering the data from all four of the data categories, the steering committee set up a survey for members of the Partners for a Healthier Ross County so that each could vote on what they believed to be the most emergent community health needs in Ross County. Below is a summary of the top issues they identified.

Top Health Issues

- Addiction
- Obesity
- Depression and Anxiety
- Lung cancer/respiratory issues
- Infant Mortality

Top Health Behaviors

- Drug and alcohol use
- Mental health management
- Tobacco use
- Nutrition
- Primary care access and use

Top Environmental Factors

- Economics and poverty
- Basic needs access (housing, food and transportation)
- Safety
- Healthcare access
- Air quality

Leading Causes of Death

Heart disease; Cancer (all forms); Unintentional injury; Pulmonary-Respiratory disease; Stroke.

Next Steps

The Partners for a Healthier Ross County will ensure that the findings and recommendations from the current needs assessment are widely shared with the community - and tracked - so that awareness about the priorities and progress in implementing them is high. This will be done by first completing a strategic community health improvement plan, with strategic questions built around each of the health priorities. Goals and objectives, with related metrics, will then be formulated around these strategic questions.