



**Partners for a Healthier
Ross County**

Community Health Assessment 2019 Public Survey Results / Analysis

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Primary Data Collection

Partners for a Healthier Ross County

Adena Health System

Ross County Health District

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Primary Data Analysis:

Hospital Council of Northwest Ohio

Primary Data Analysis and Summarization

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Released March 2020

Introduction: 2019 Community Health Assessment Adult Public Survey:

The Partners for a Healthier Ross County began preparation for the public survey (primary data collection) portion of the Community Health Assessment in April and May of 2019. As part of the survey preparation, a survey instrument was designed using the 2016 Public Survey as a template and additional questions were added to the survey to better understand social determinants that lead to poorer health outcomes when analysis of the survey results. A total of 67 survey questions were included in the survey.

Public surveys were conducted beginning in May of 2019 and continued until late July of 2019. A variety of methods were used in collecting survey responses. Surveys were collected online through use of Survey Monkey and paper copy of surveys were collected in a variety of settings throughout the community and Ross County. Over 1250 surveys were attempted and collected by residents of Ross County. All survey respondents were anonymous. Only surveys from respondents who reside in Ross County were accepted. Respondents less than 18 years of age were excluded.

Analysis of Public Survey results began in August and September of 2019. Cleaning, preparation, and analysis of survey results were completed by the Partners for a Healthier Ross County along with the Hospital Council of Northwest Ohio. After data was prepared and cleaned, a total of 1058 surveys The Hospital Council of Northwest Ohio weighted survey data when analyzed.

During October and November of 2019, final analysis of data was conducted to identify key findings and populations that may be a higher risk for specific health outcomes, unhealthy behaviors, and to identify social determinants that lead to poorer health.

Public Survey Data Findings:

Adult Public Survey Data was cross analyzed to identify subgroups that may have a higher risk for health issues. Data analysis include graphs displaying Total percentage of survey respondents who answered yes to a specific question. Additional cross analysis of the results were then subdivided by Gender (Male / Female), Age (ages Less than 30, 30-64, and 64+), and Income (less than \$25,000 annual income, more than \$25,000 annual income). All findings of survey data were from Adults 18 years or older.

As with many health assessments, it is important to consider the findings of this public survey with limitations and caution. Surveys were collected from a variety of populations in Ross County to get a desired amount of responses (age, race, gender, income, education, etc.) to aid in better understanding of health issues within our community. In all instances, the public surveys were voluntary and anonymous.

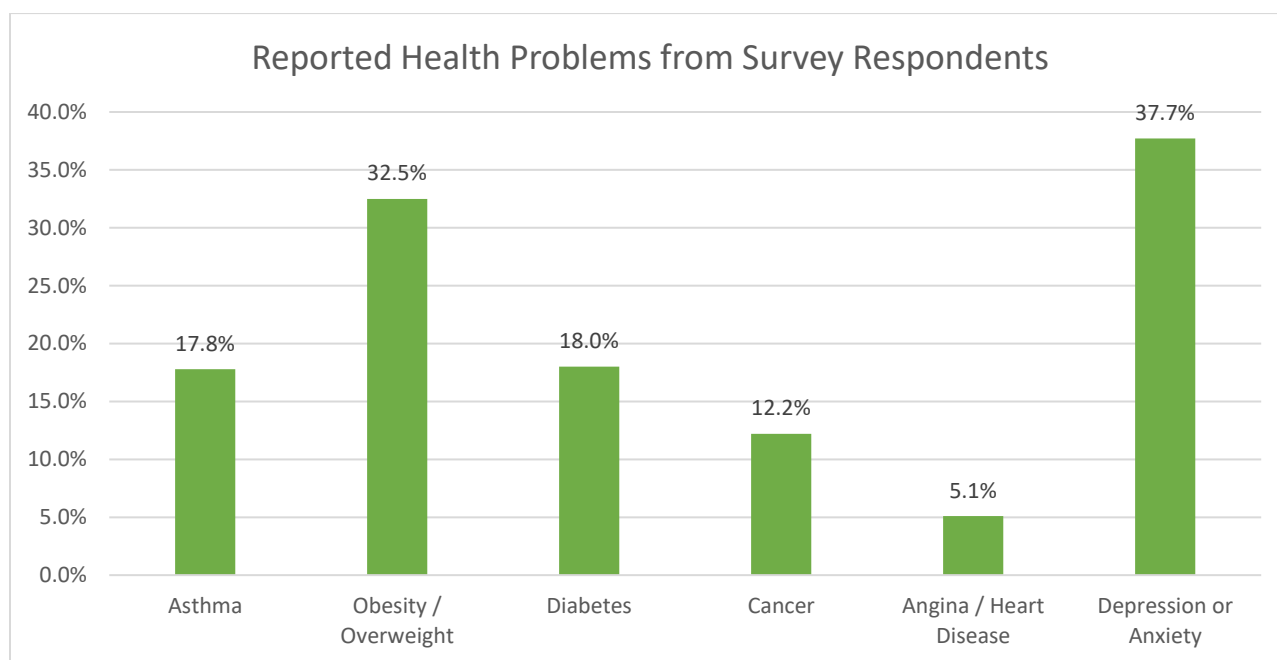
Please note: Caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

See appendix A for the Survey Weighting Table for interpretation of survey results and weightings.

Overall Top Health Issues Self-Reported by Survey Respondents (Outcome results include both those who reported currently have the health issue or have had the health issues in the past).

Key Findings for Health Outcomes from Adult Public Survey:

- Mental Health and Overweight / Obesity continue to be health issues experienced by Ross County residents.
- Chronic disease such as diabetes, cancer and heart disease continue to be top health issues.
- Asthma and respiratory health continues to be health issues experienced by Ross County residents.

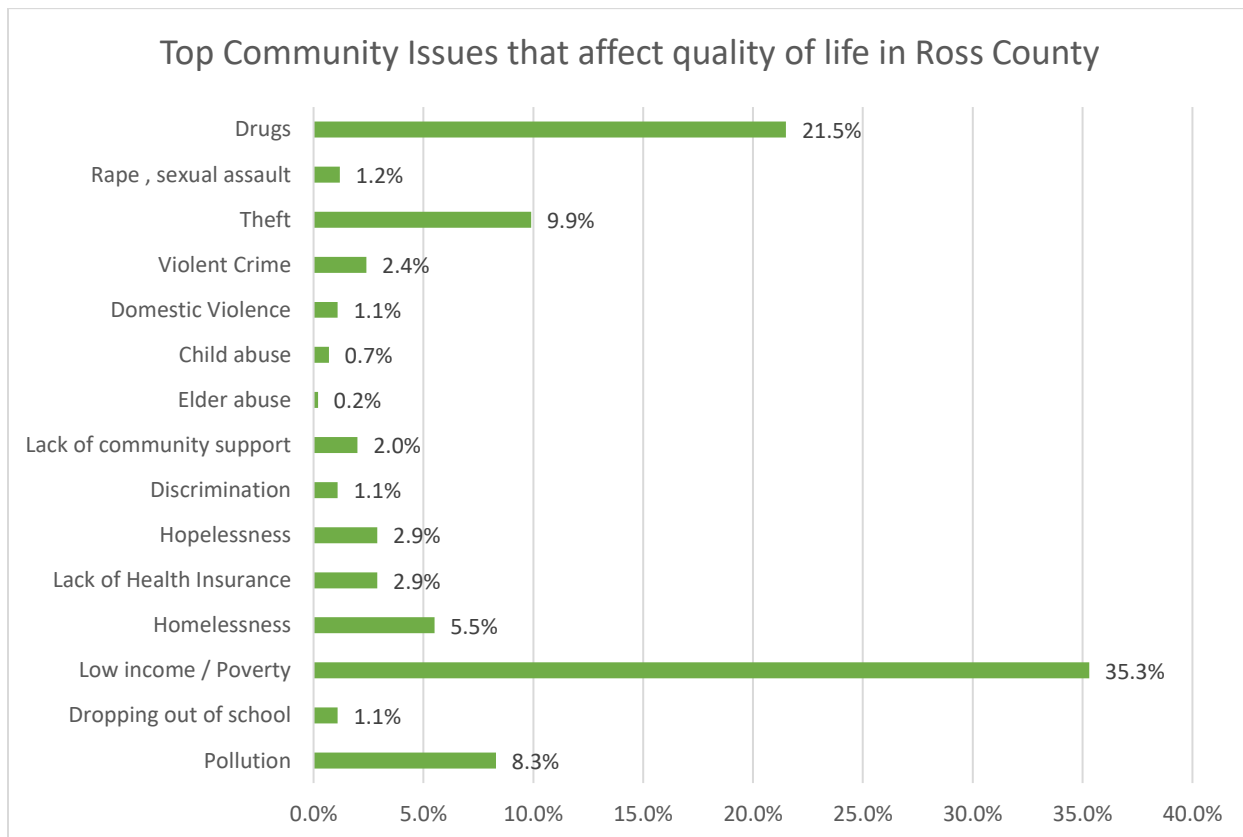


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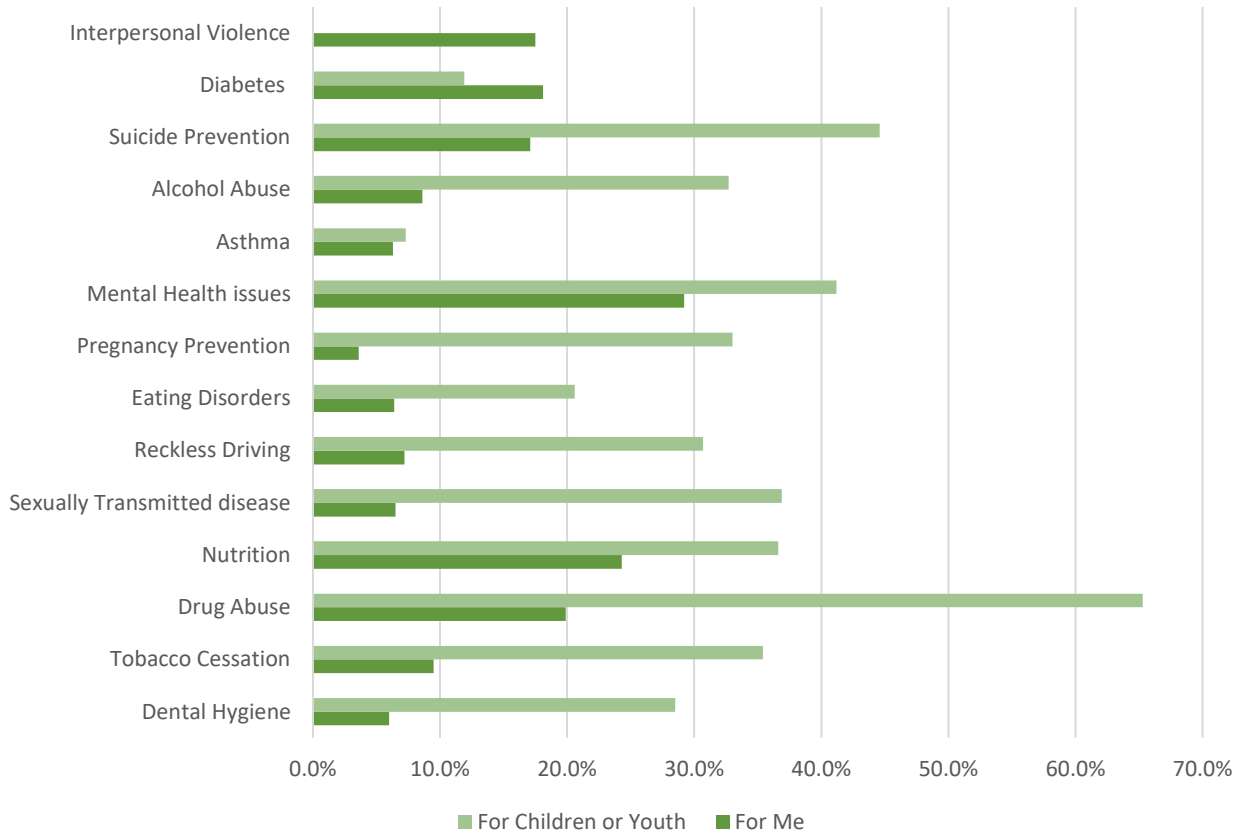
Health Perceptions:

Key Findings:

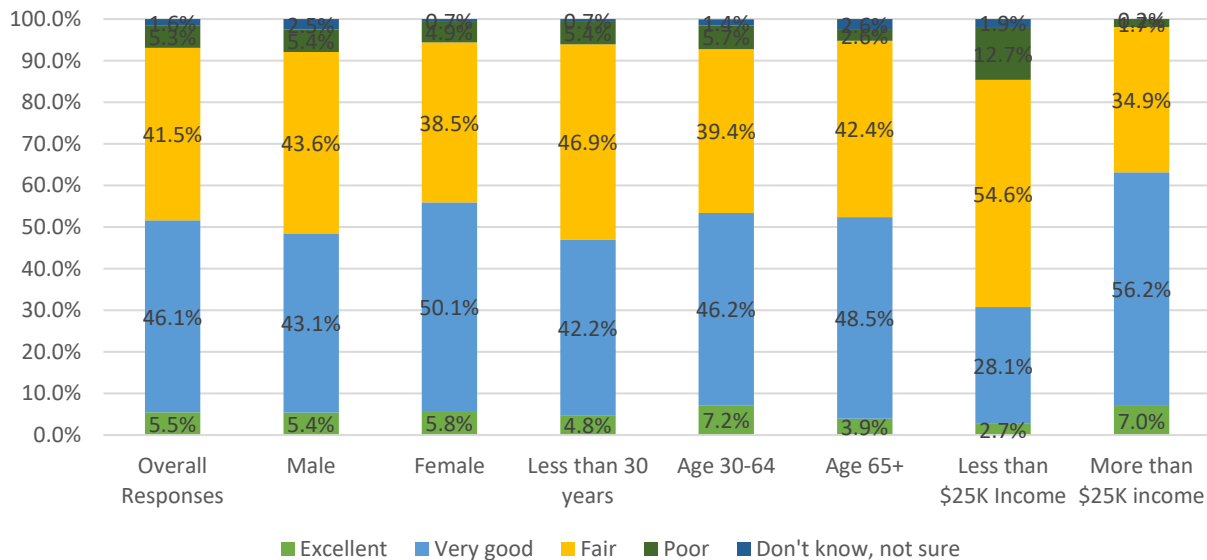
- Low income and poverty continues to be a leading issue in Ross County.
- Drug abuse continues to be a leading issue in our communities.
- Children need to continue to learn about drug abuse prevention, suicide prevention, and mental health management.
- Adults want to learn more about Drug abuse, Suicide prevention, mental health, nutrition, and tobacco prevention and cessation.
- 46.1% of adults feel they have “Very Good Health” where as 41.4% of adults feel they have “Fair Health”



What health topics do you or children need to learn more about?



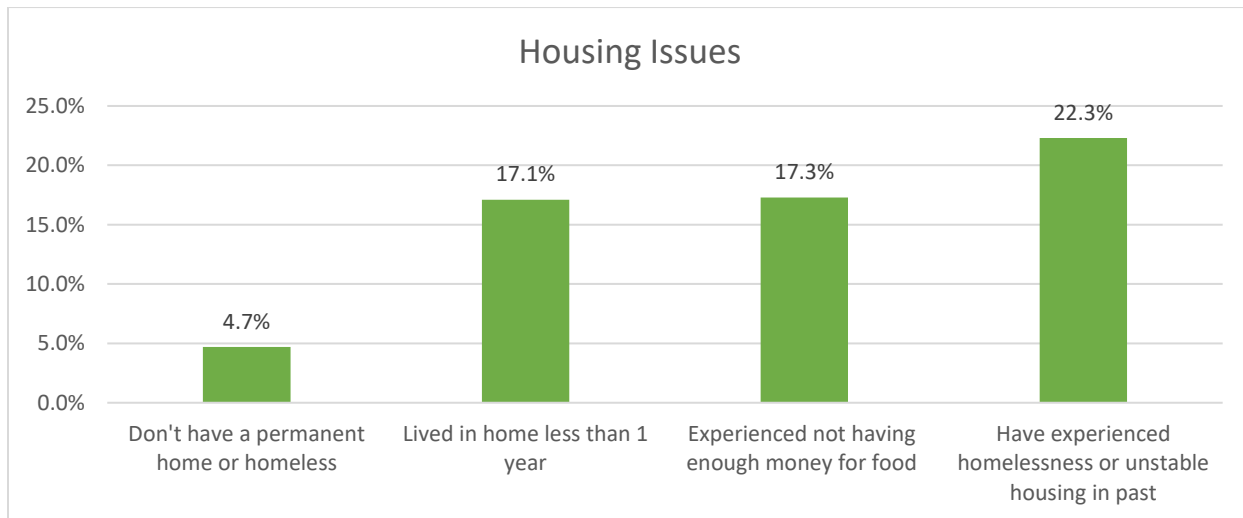
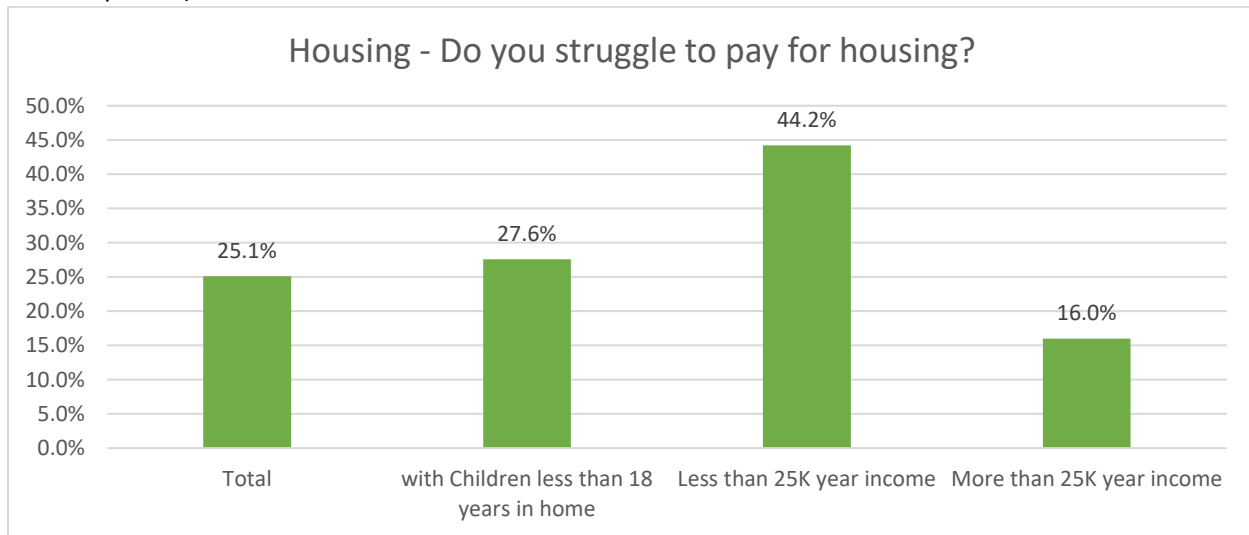
Would you say that, in general, your health is....



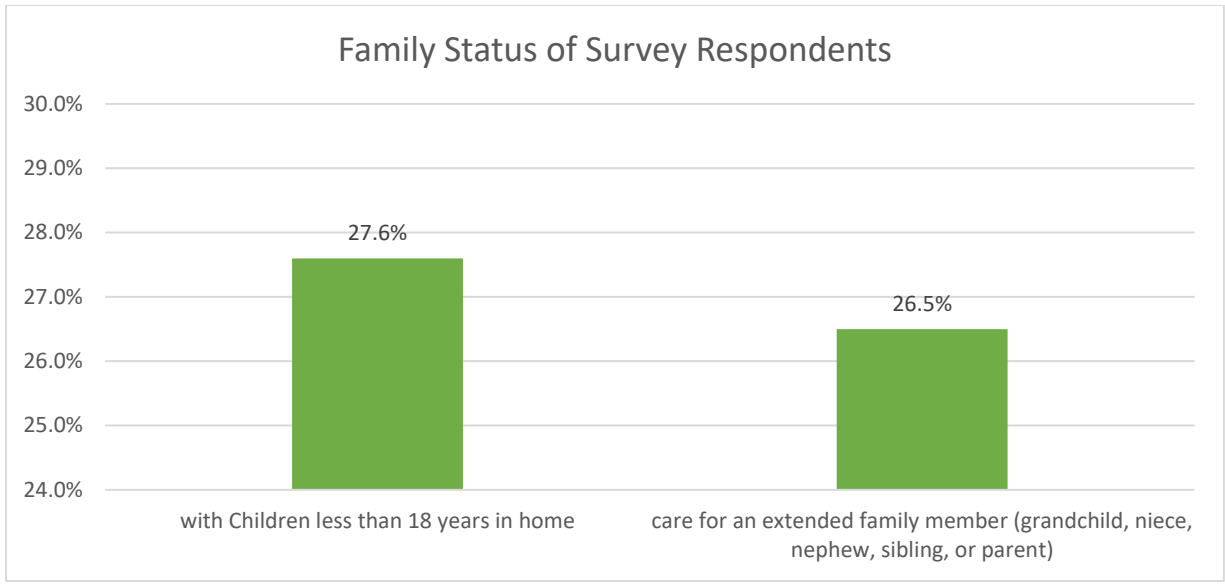
Housing:

Key Findings:

- 25% of survey respondents struggle to pay for housing. Of those who have children in their household under the age of 18, 36% say they struggle to pay for housing. 44% of those who made less than \$25,000 annual income struggle to pay for housing.
- 22% of survey respondents said they have experienced unstable housing or homelessness in the past.
- 4.7% of survey respondents said they don't have a permanent home or are homeless.
- 27.6% say they have children 18 years or younger in their home.
- 26.5% say they care for an extended member of their family (grandchild, niece, nephew, sibling, or parent)



Please note: caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

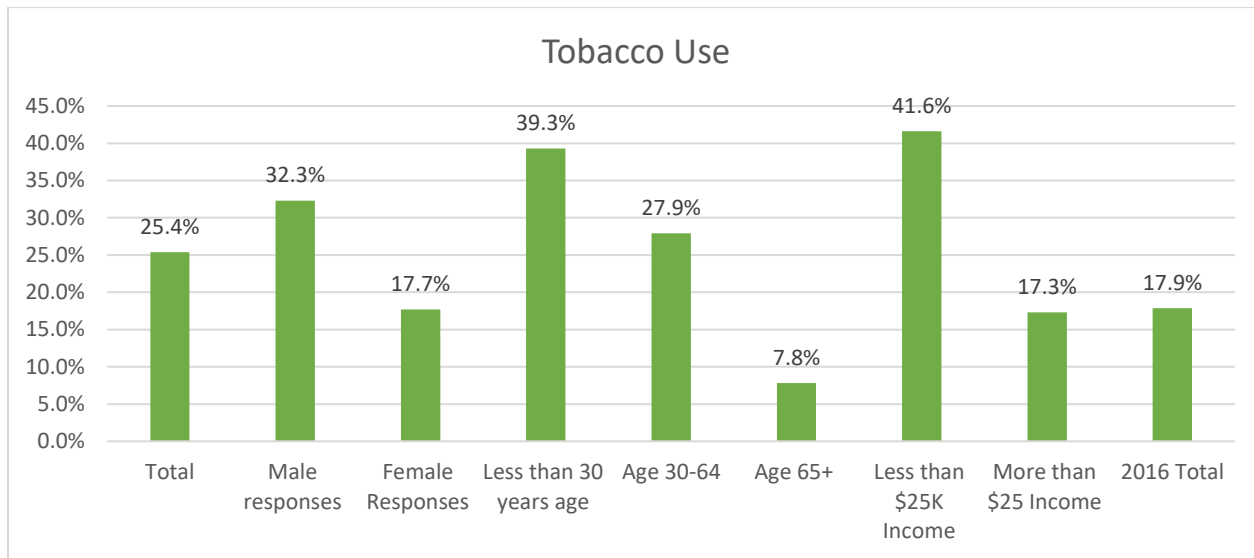


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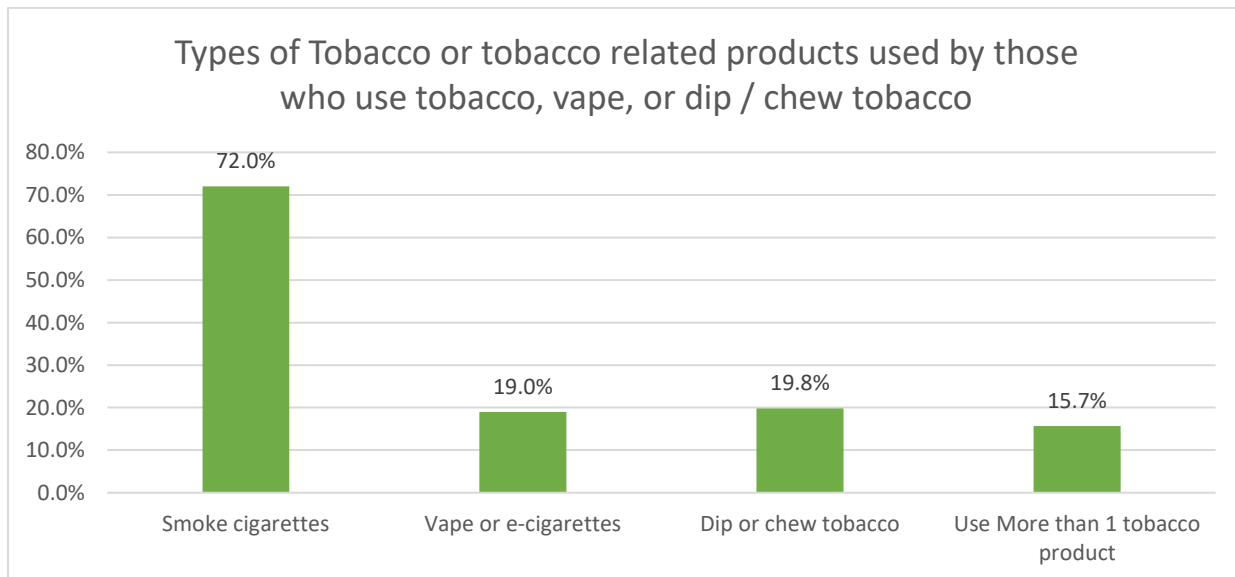
Health Behaviors: Substance Use

Key Findings:

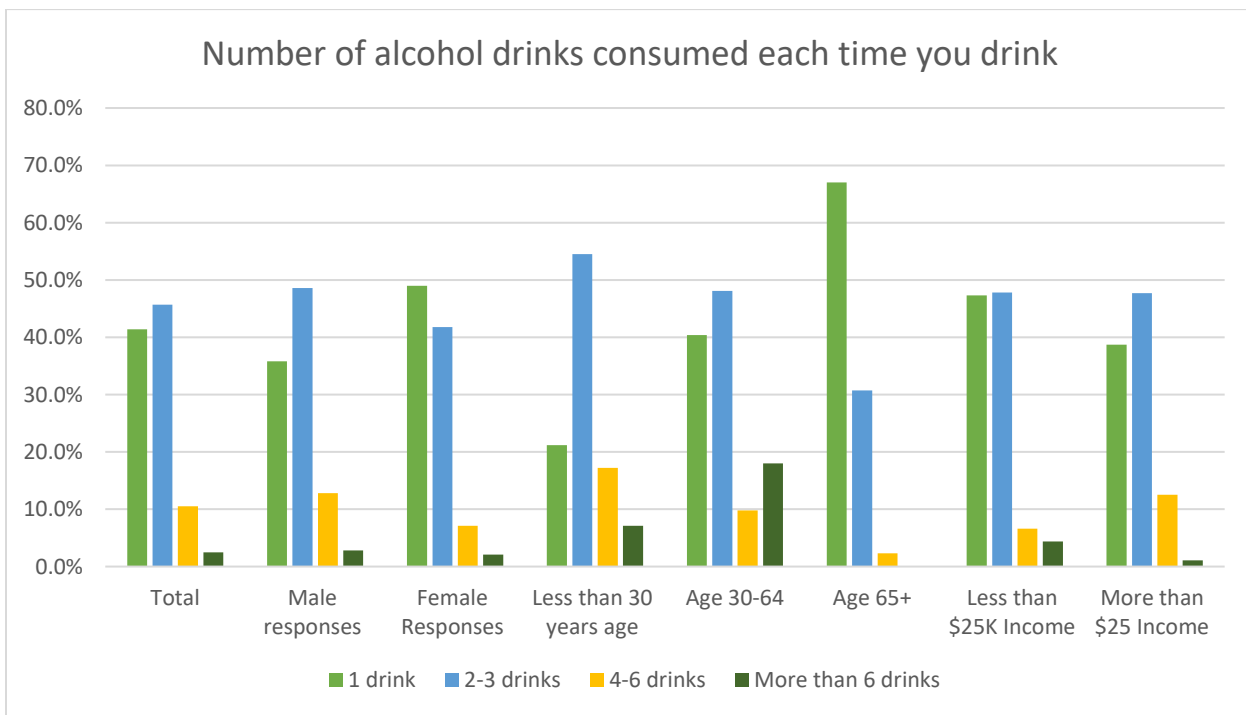
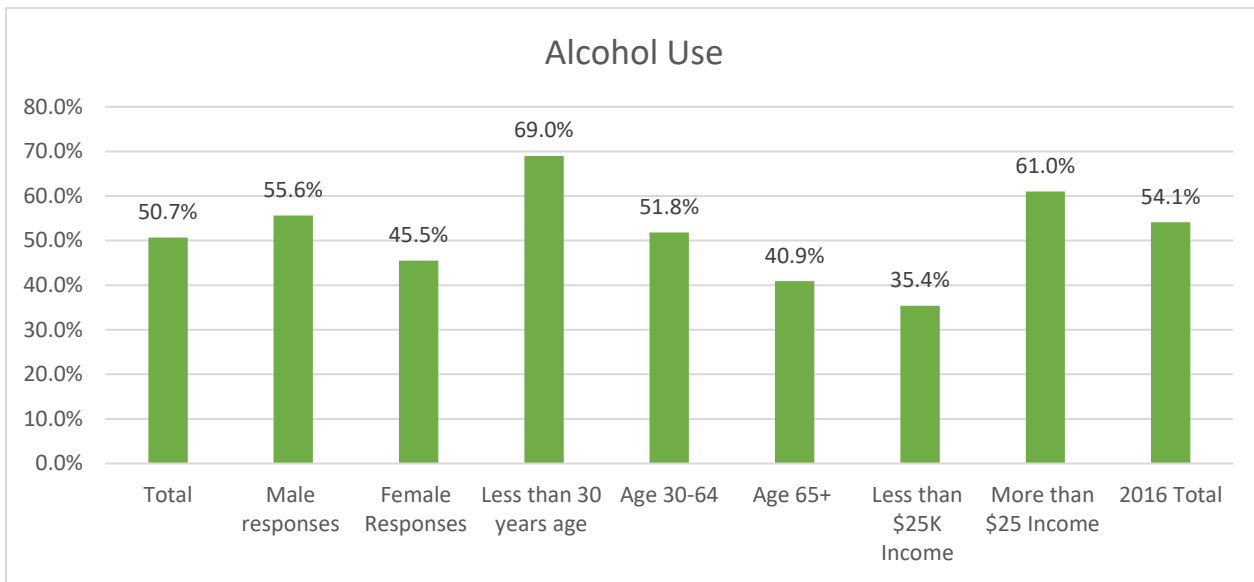
- 25% of survey respondents use tobacco.
- 50% of survey respondents use alcohol.
- 14% of survey respondents use marijuana.
- 14% of survey respondents said they have received treatment for substance use.



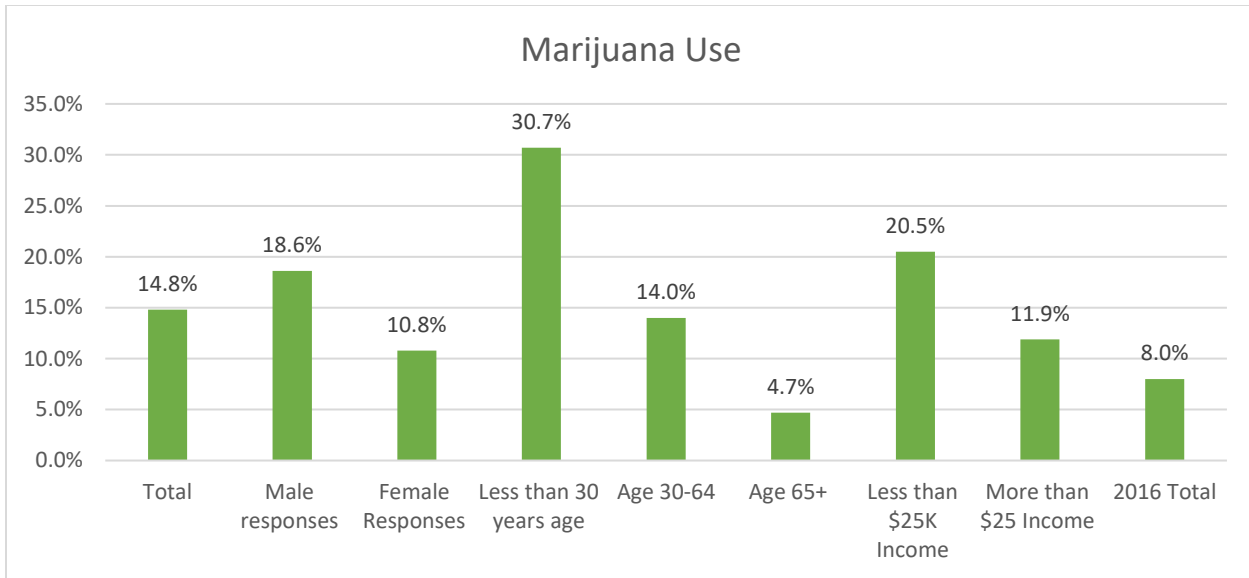
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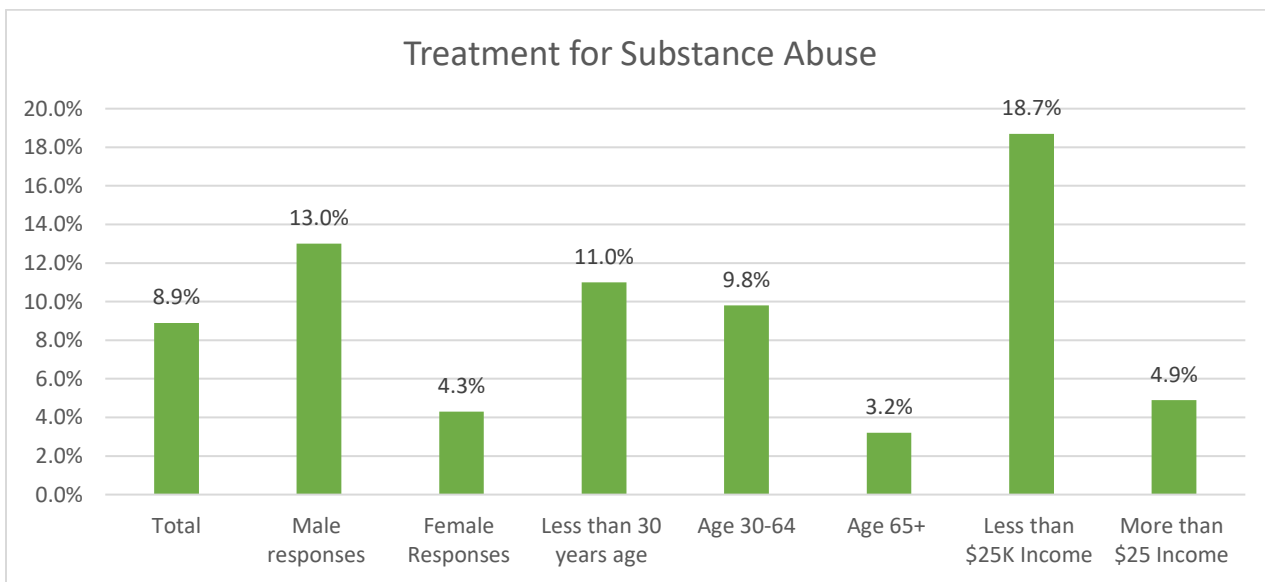
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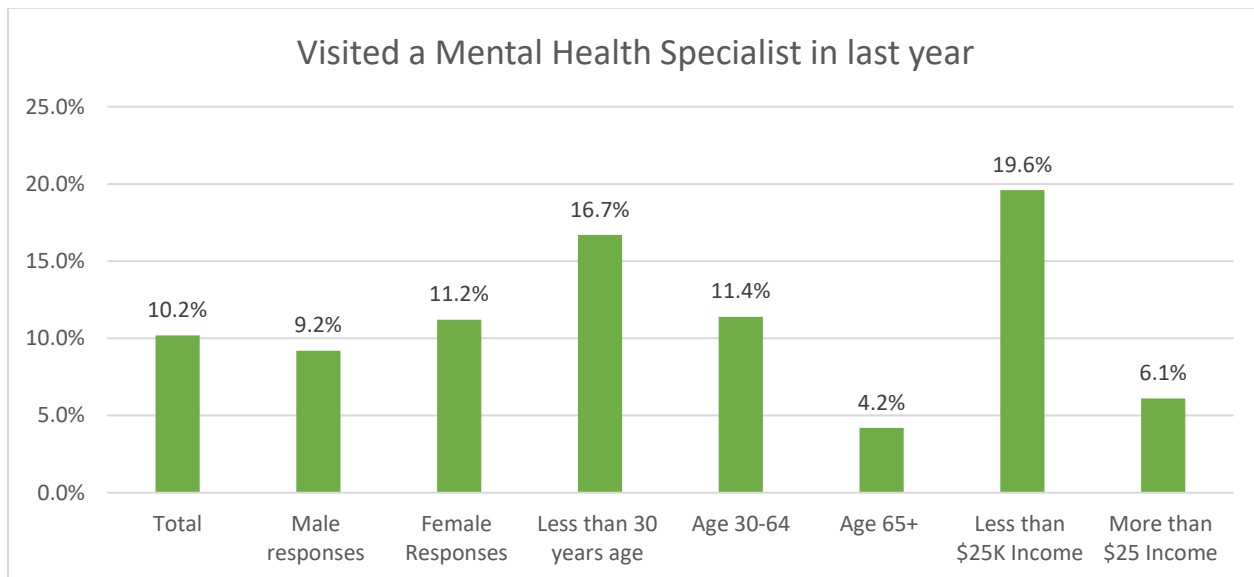
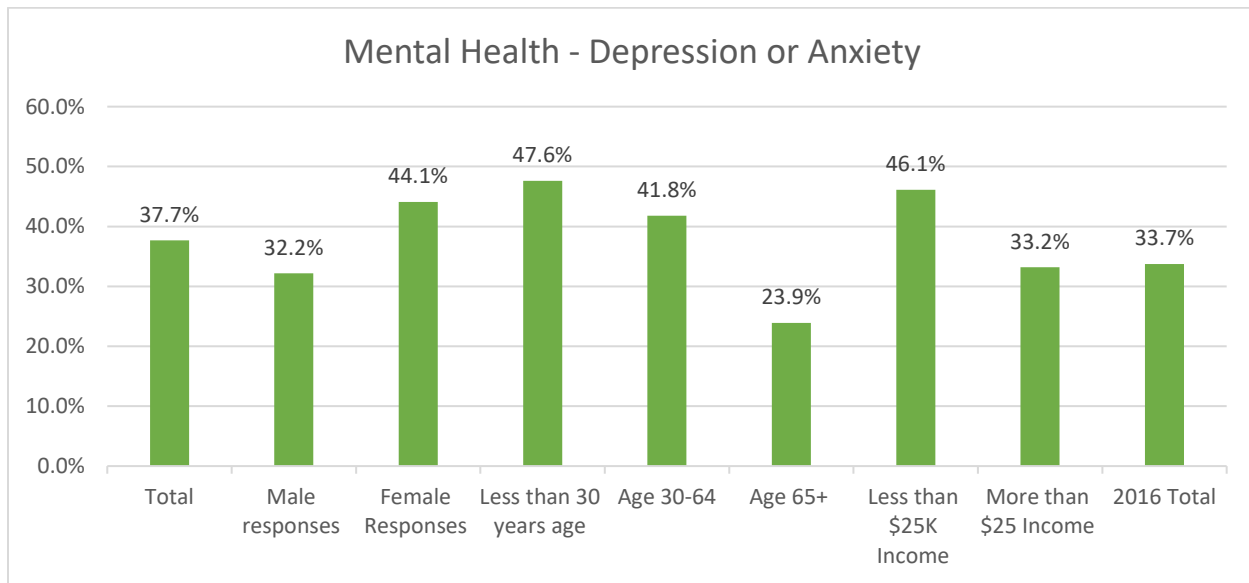
Please note: caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey

Health Outcomes

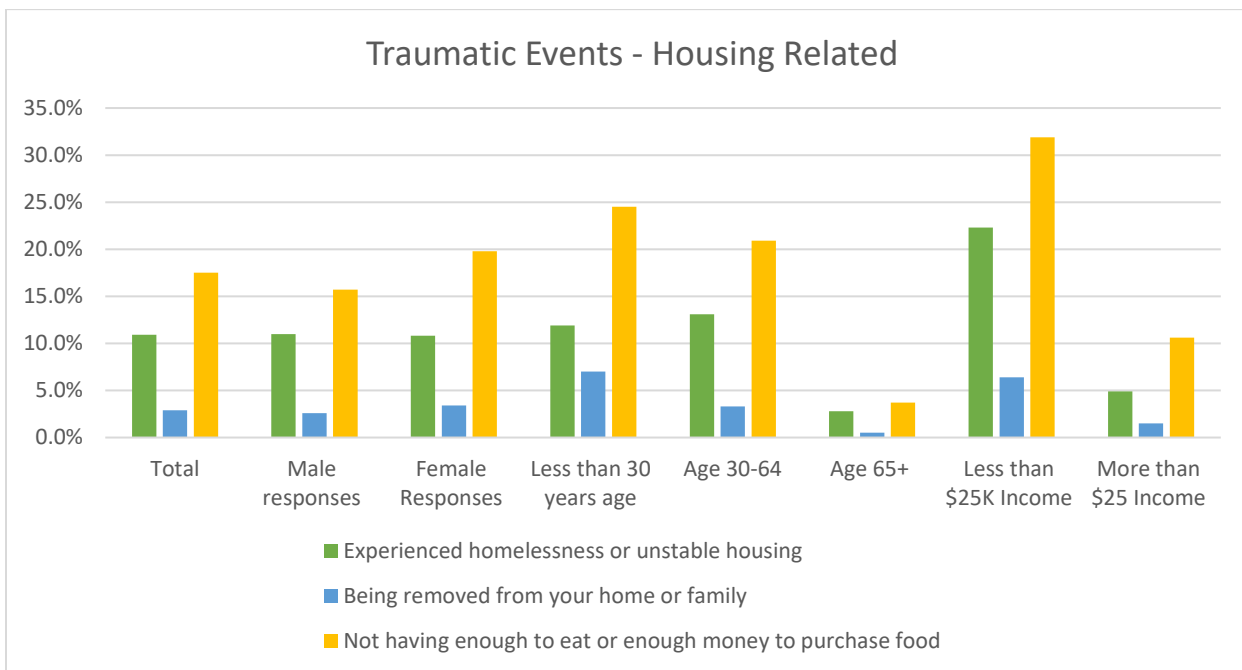
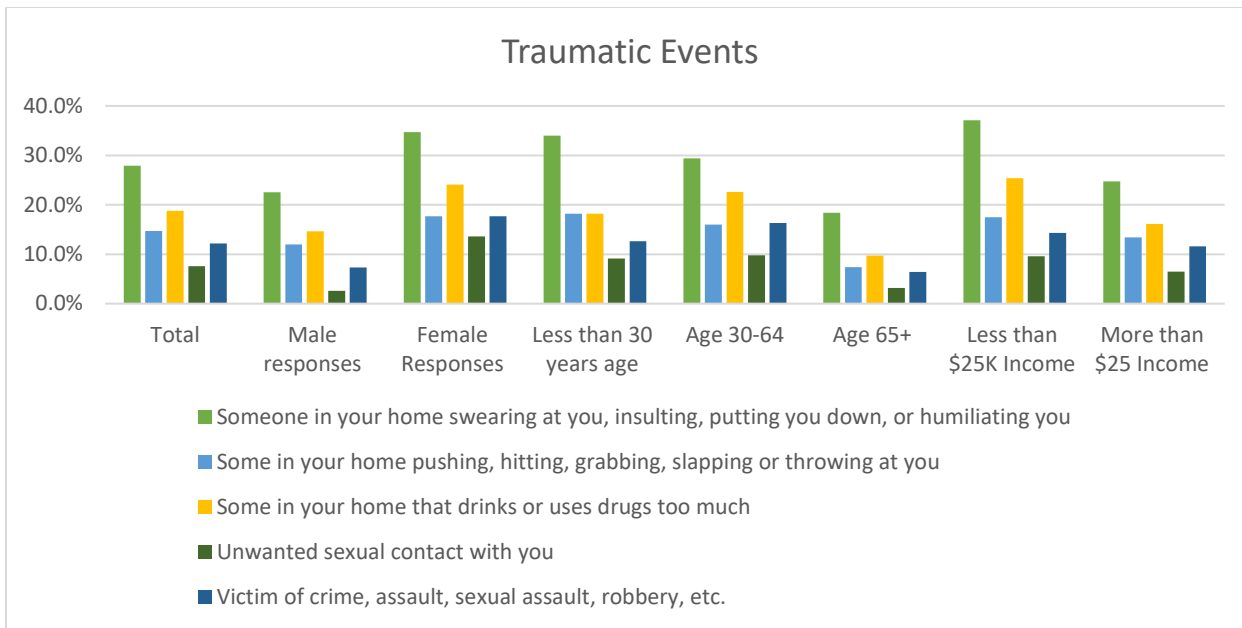
Mental Health:

Key Findings:

- Mental health continues to be a top health issue in our community, as 37% of survey respondents in 2016 noted they experience depression or anxiety but only 10% of respondents noted they visit a Mental Health Specialist.

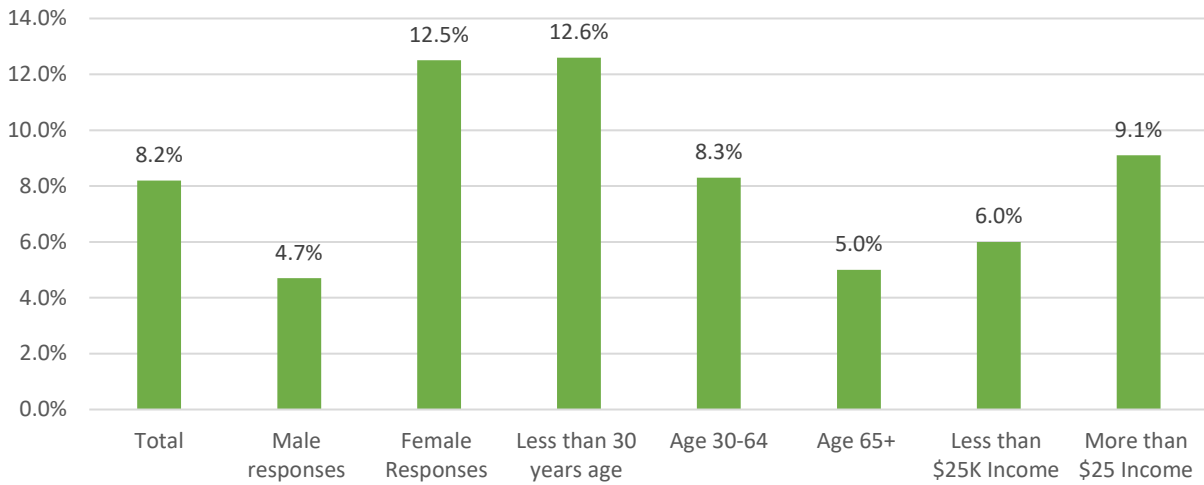


Please note: caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey

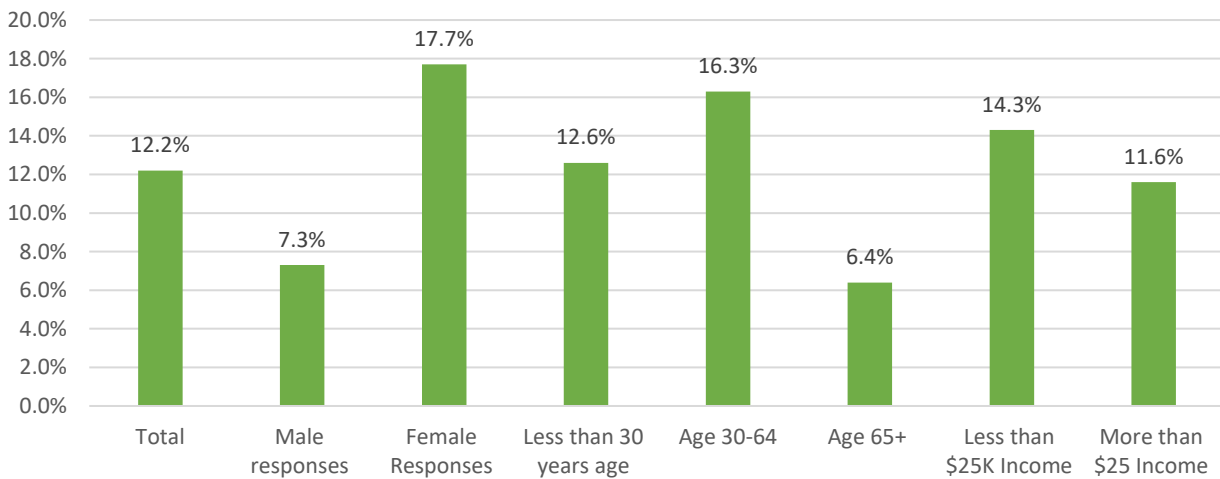


Please note: caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

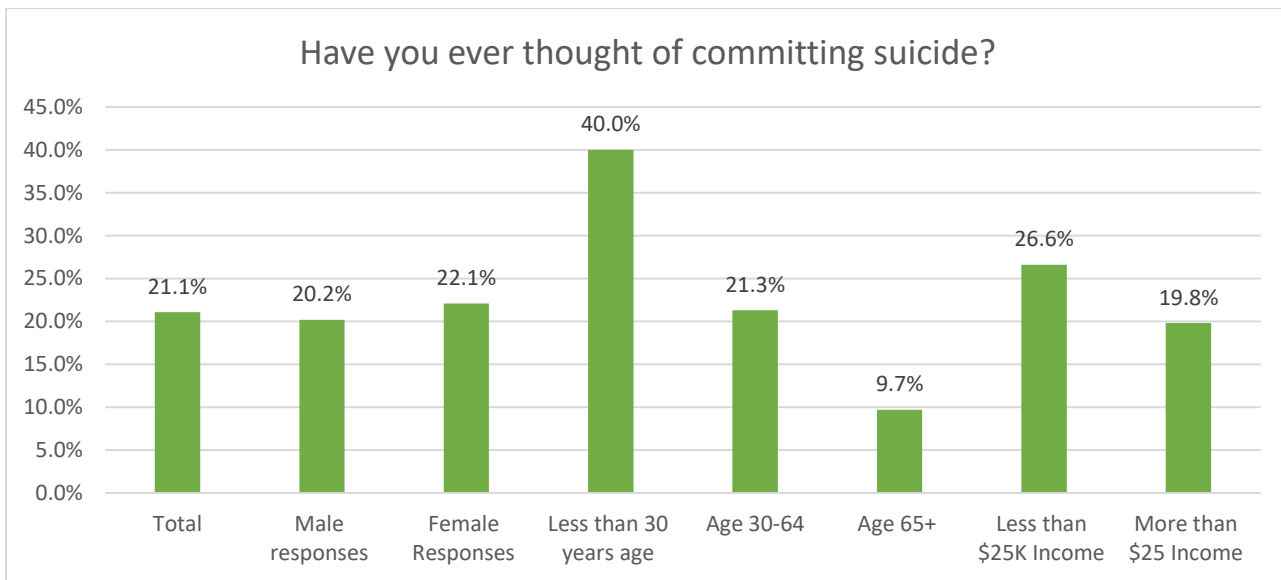
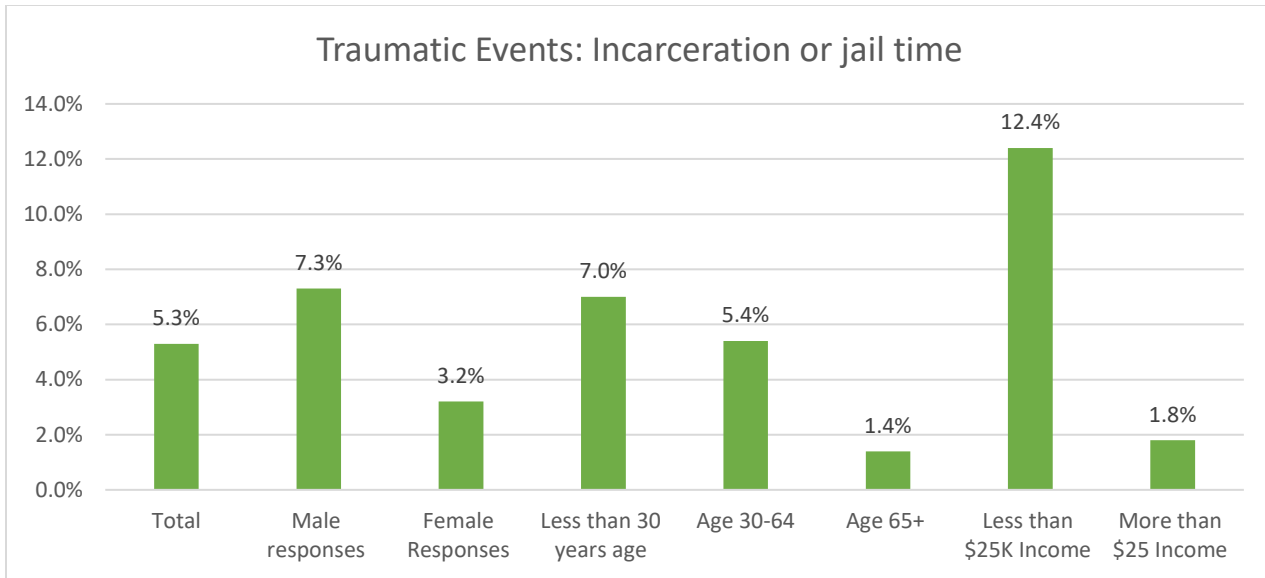
Discrimination because of gender, race, ethnicity, religious belief, sexual orientation, etc.



Victim of crime, assault, sexual assault, robbery, etc.



Please note: caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

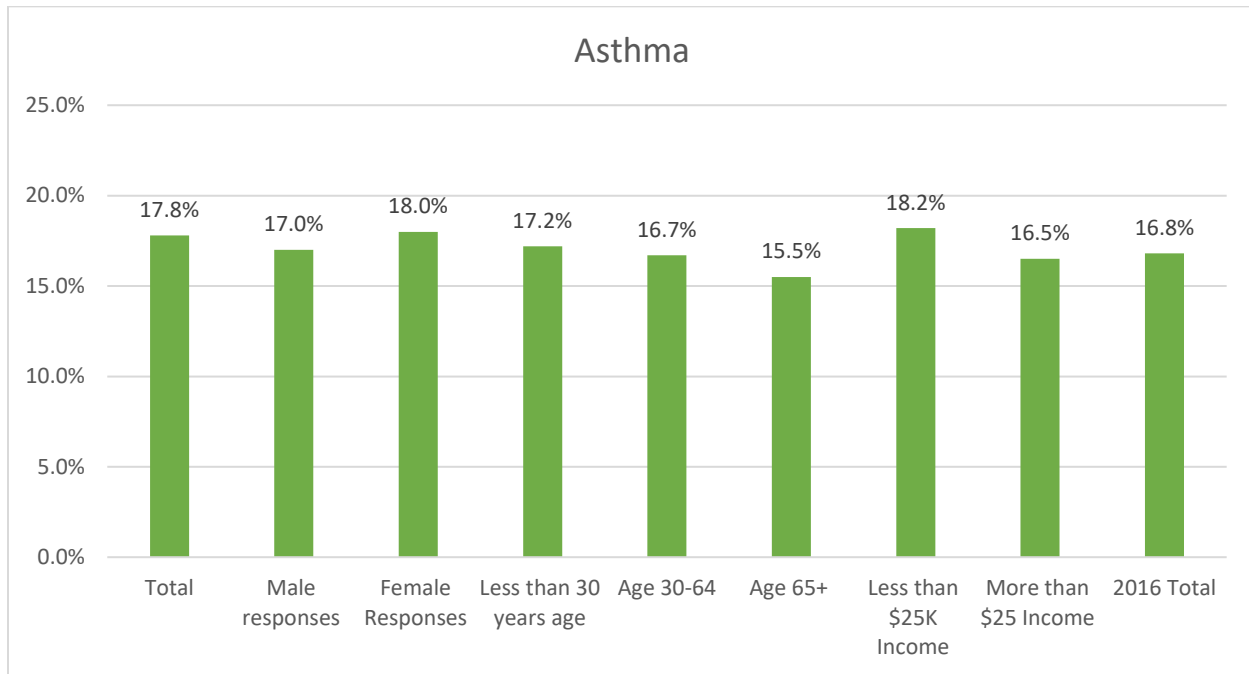


Please note: caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

Health Outcomes Asthma:

Key Findings:

- 17% of survey respondents noted they experience asthma.
- Very little variation was observed among subgroups.

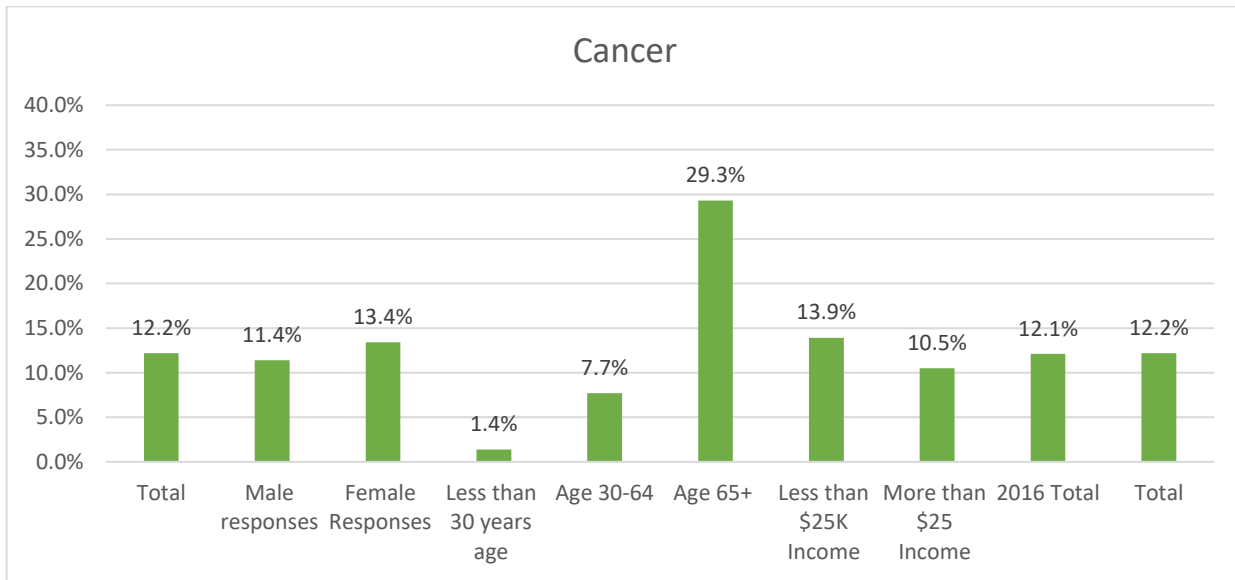


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Health Outcomes Cancer:

Key Findings:

- 12% of survey respondents answered yes to having cancer or may have had cancer in the past.
- 2016 CHA Public Survey revealed the same rate of 12% of survey respondents answering yes to having cancer or have had cancer in the past.

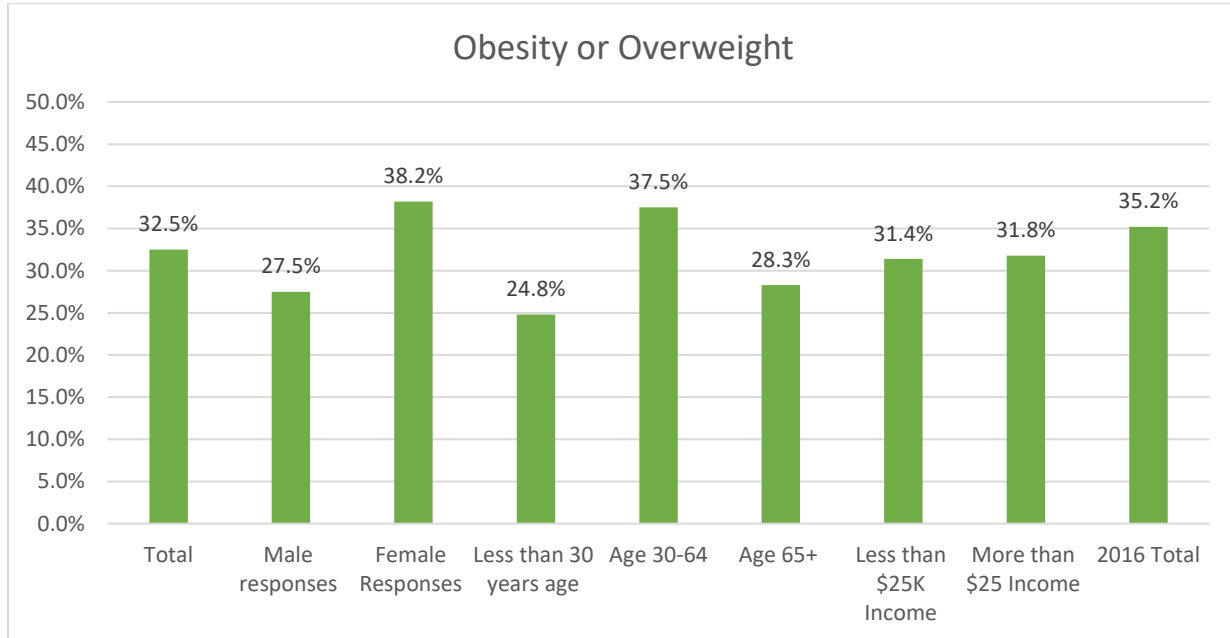
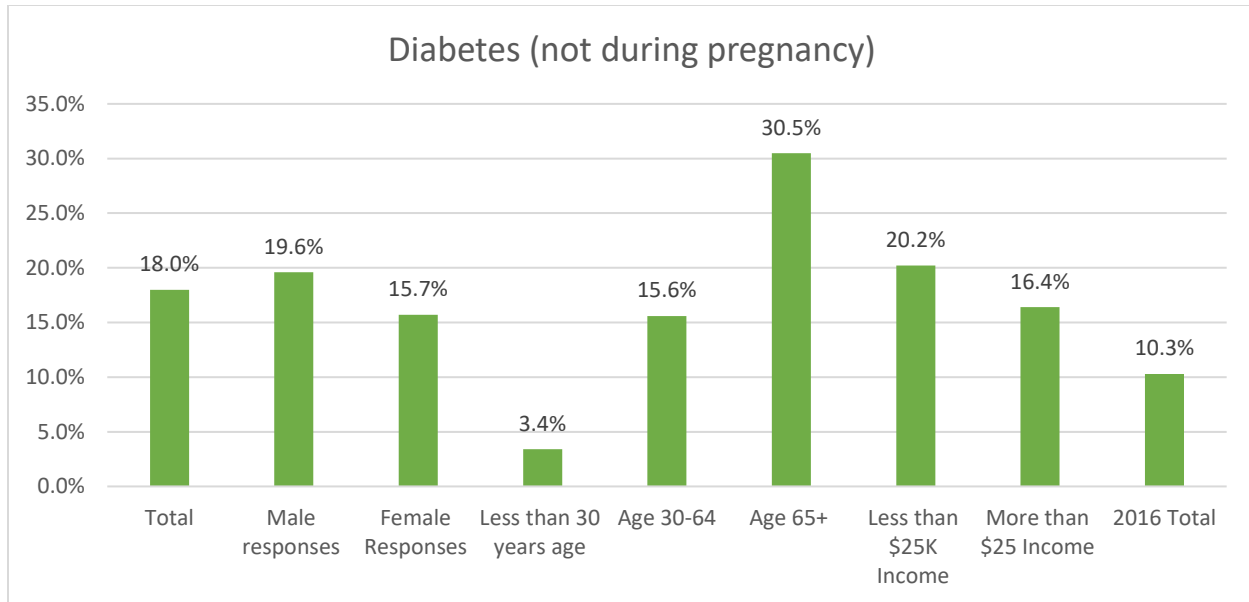


Please note: caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey

Health Outcomes Obesity and Diabetes:

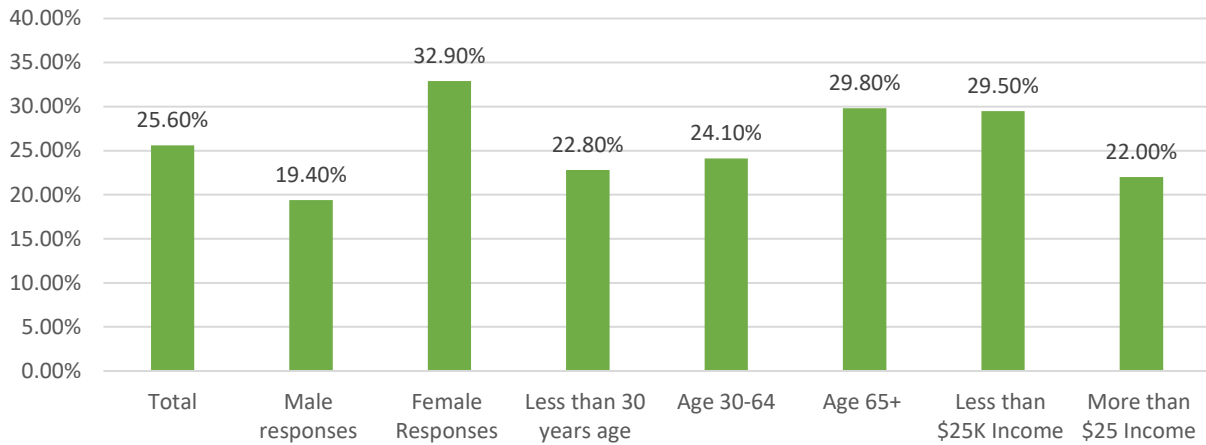
Key Findings:

- 18% of public survey respondents reported having Diabetes.
- 32.5% of survey respondents reported being overweight or obese. Some variation among subgroups exist.

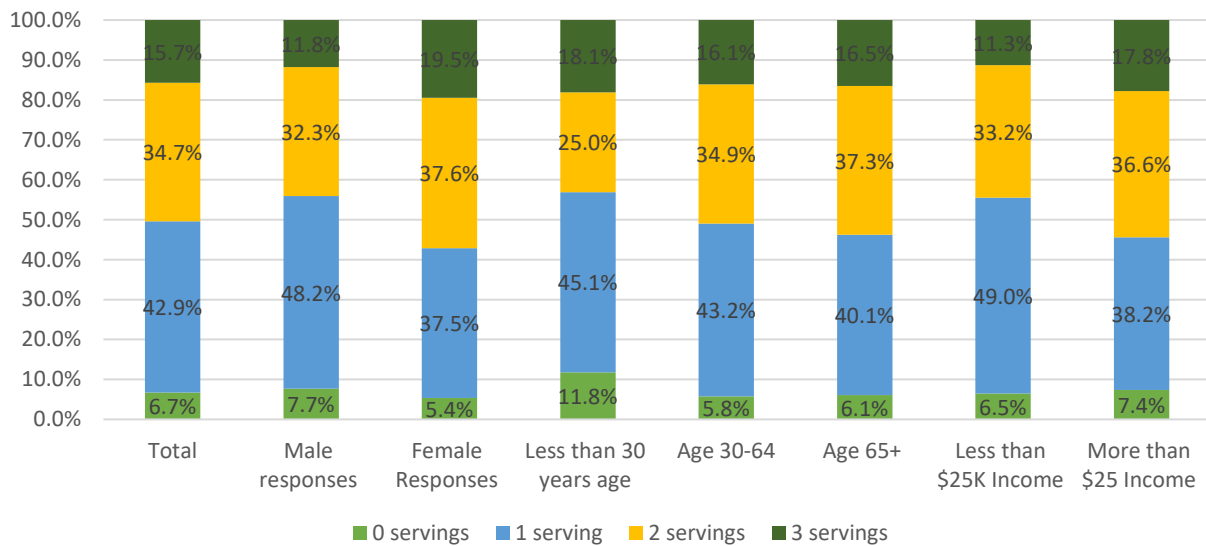


Please note: caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

Public Survey Respondents who reported **NOT HAVING** at least a half hour of exercise per week.



Daily Fruit and Vegetable Consumption

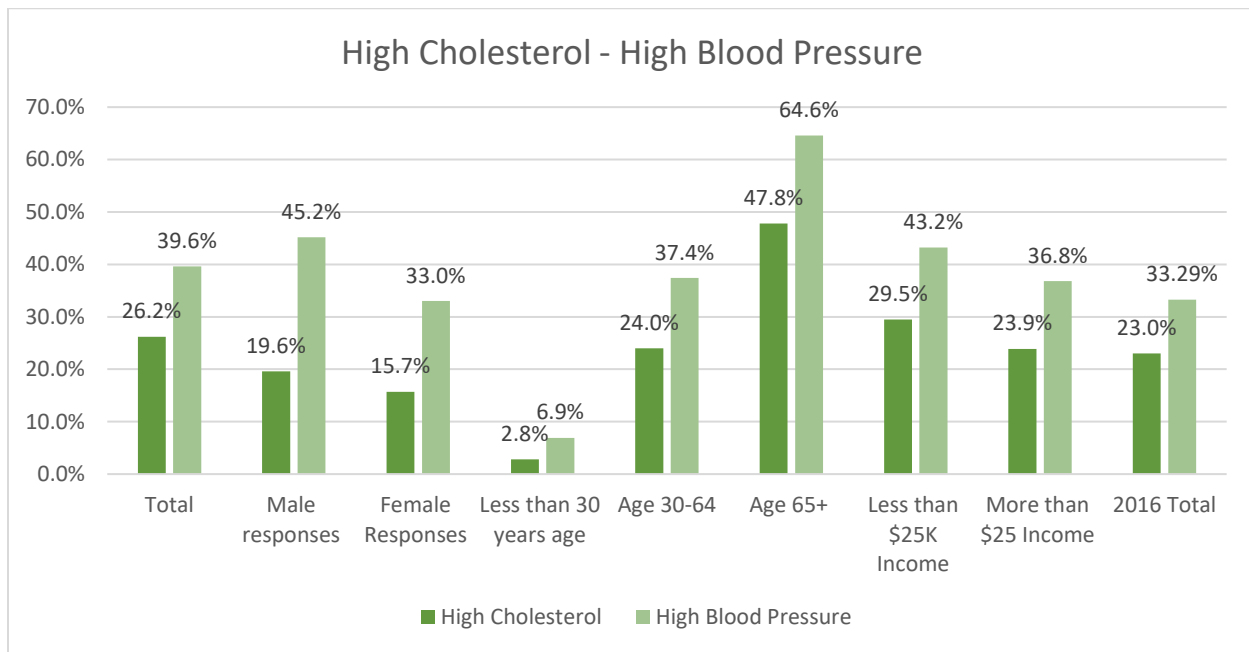


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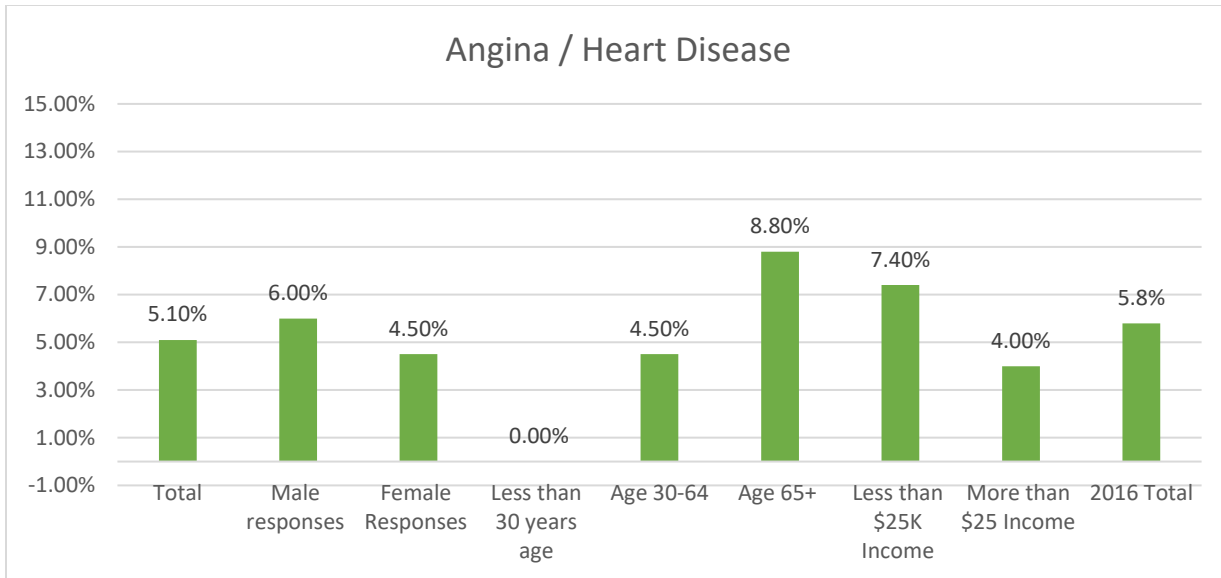
Health Outcomes Heart Health:

Key Findings:

- Age is a factor on heart health, as high cholesterol and high blood pressure in those 65 years or older as higher percent of respondents reported having high cholesterol or high blood pressure vs. those aged 30-64 and those less than 30 years of age.
- Angina and heart disease carries the same trends. 8.8% of those aged 65 years or older reported having angina or heart disease vs. 4.4% of those aged 30-64 years of age and 0% of those less than 30 years of age.



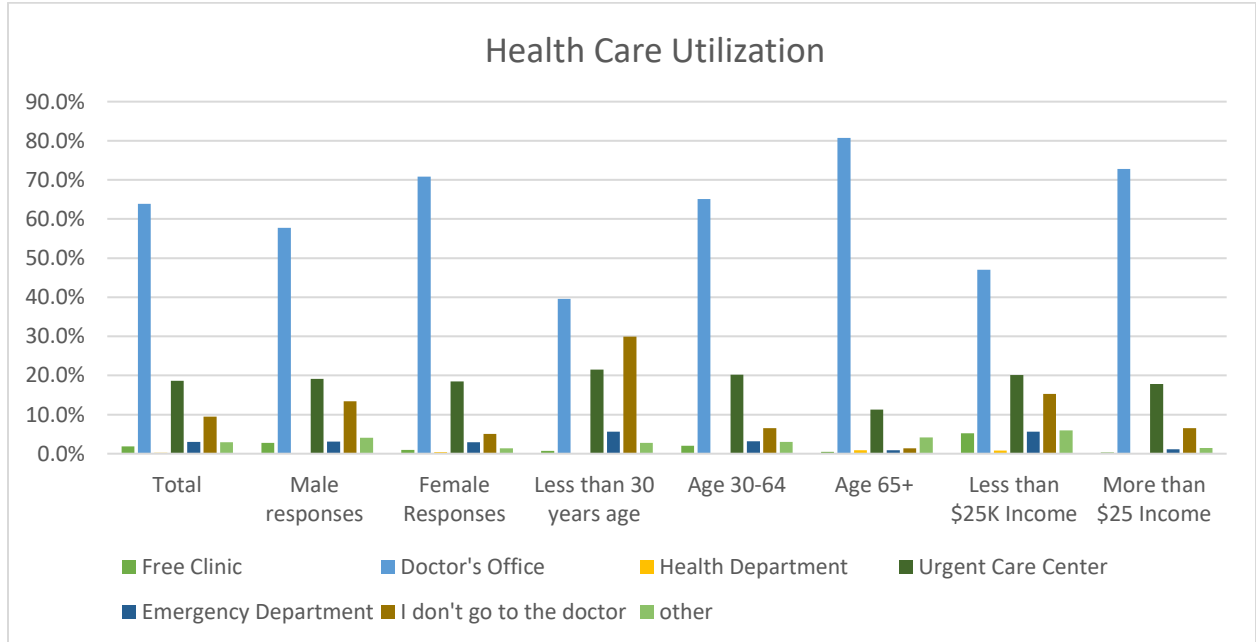
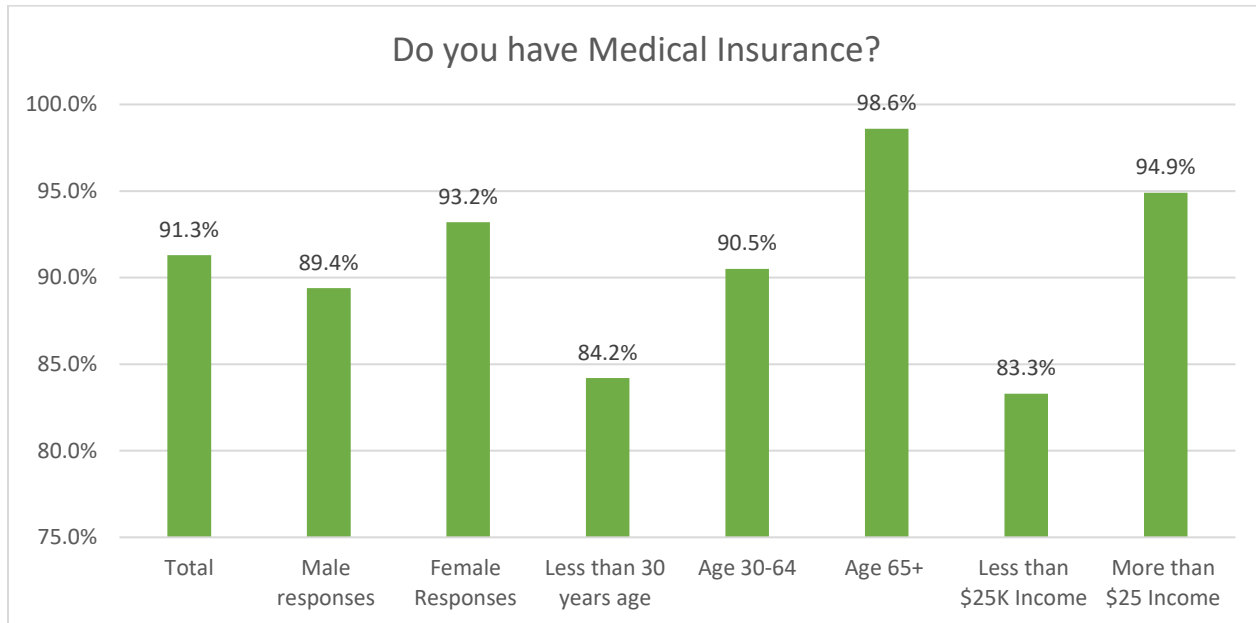
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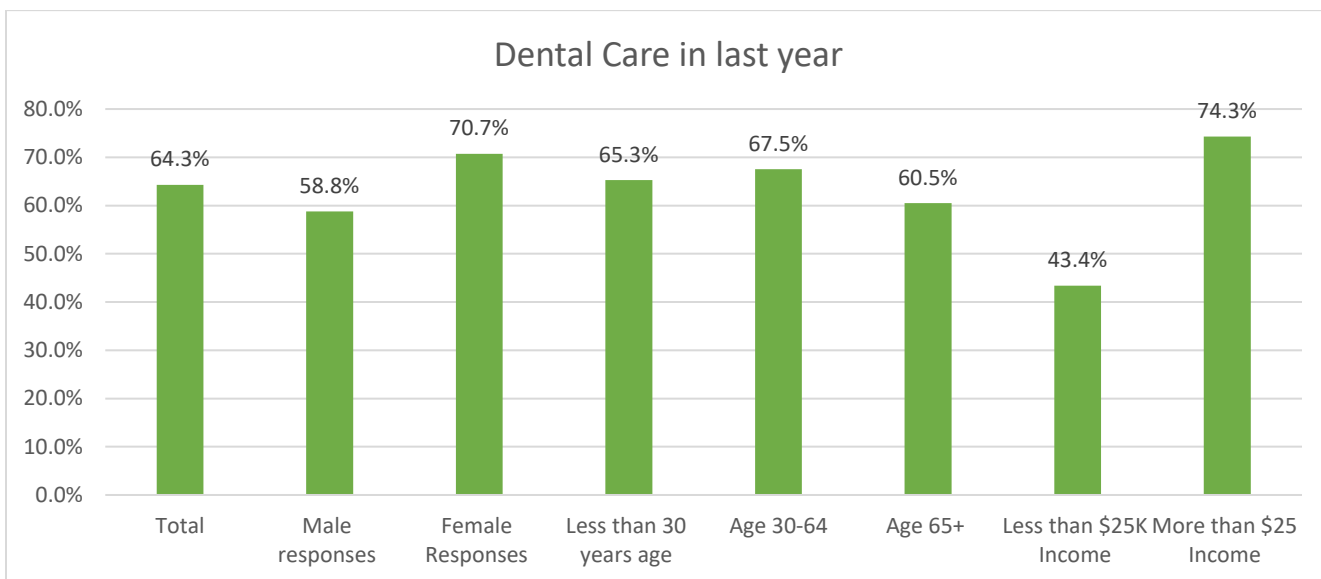
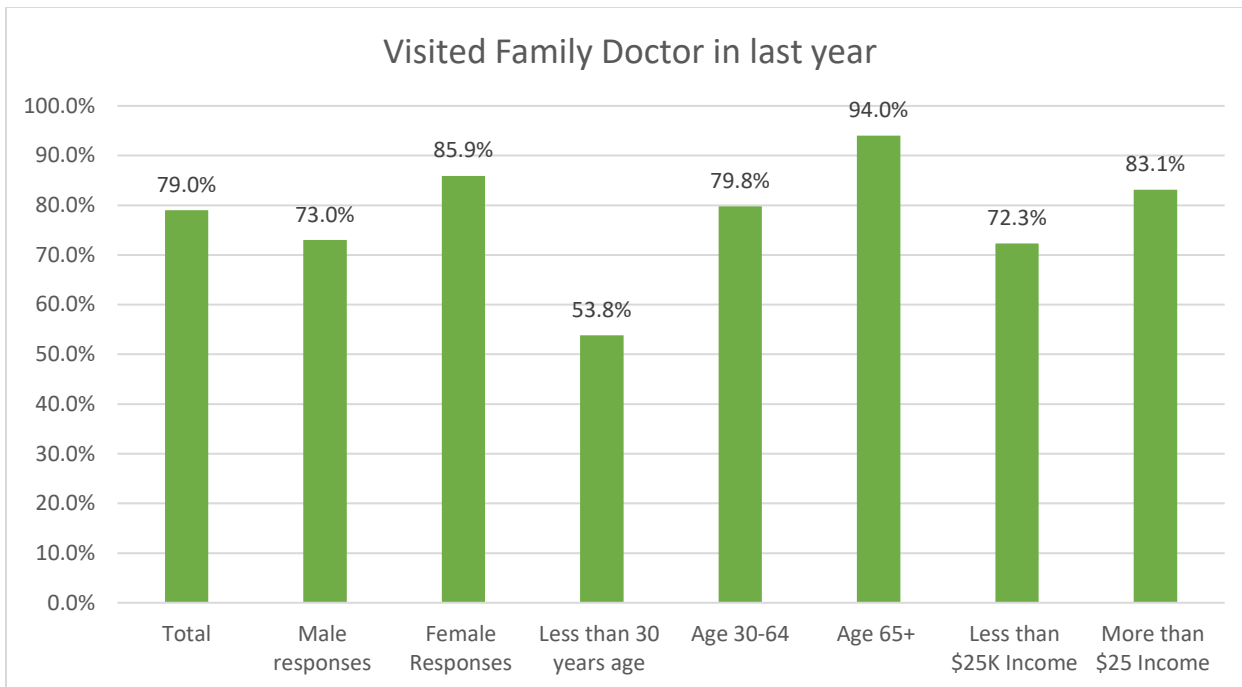
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Access to Health Care:

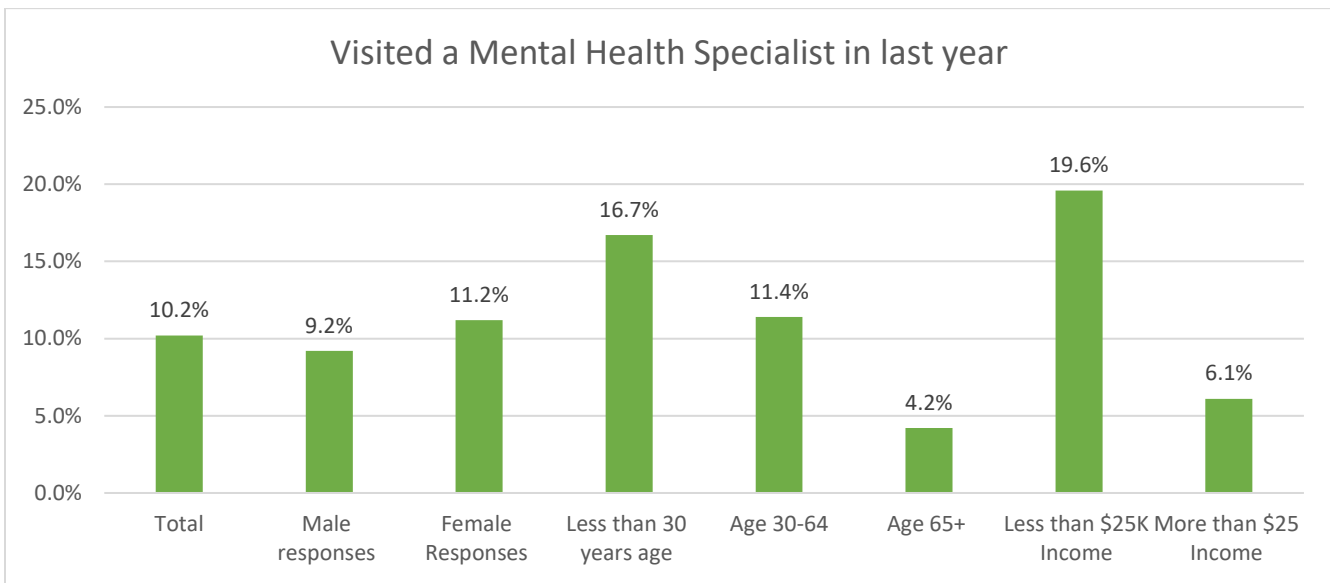
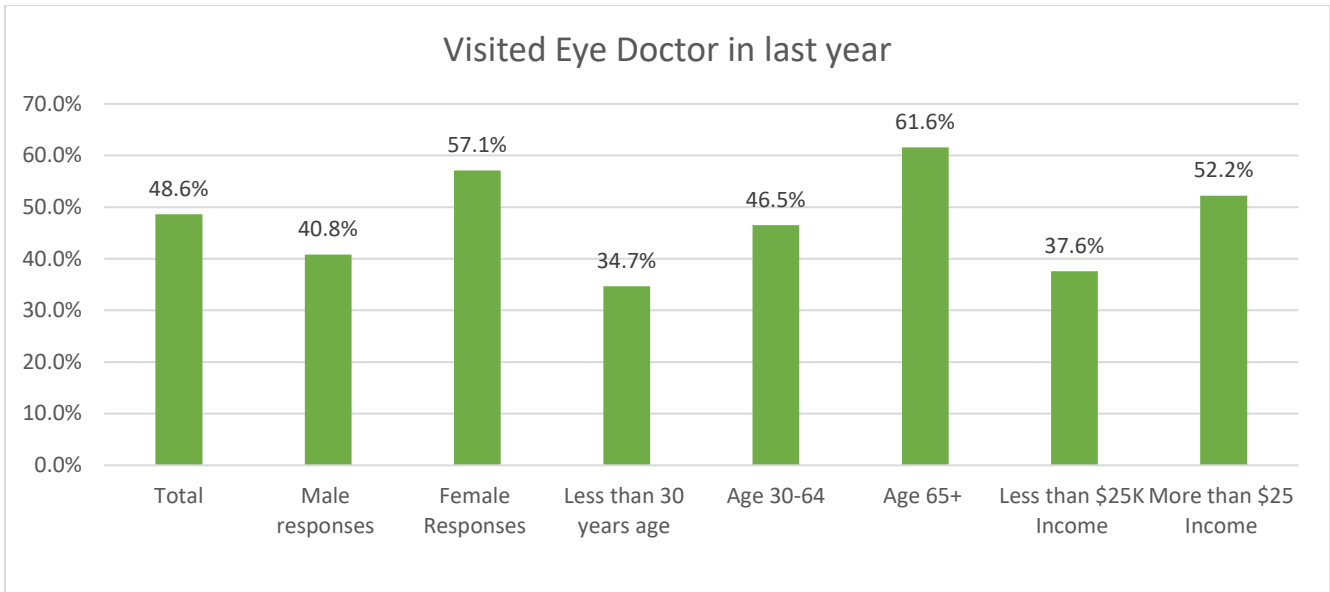
Key Findings: Many survey respondents feel that Access to Health Care is a concern in our community as 22% of open comments regarding improvements in our community for better health were related to health care access.



Please note: caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.



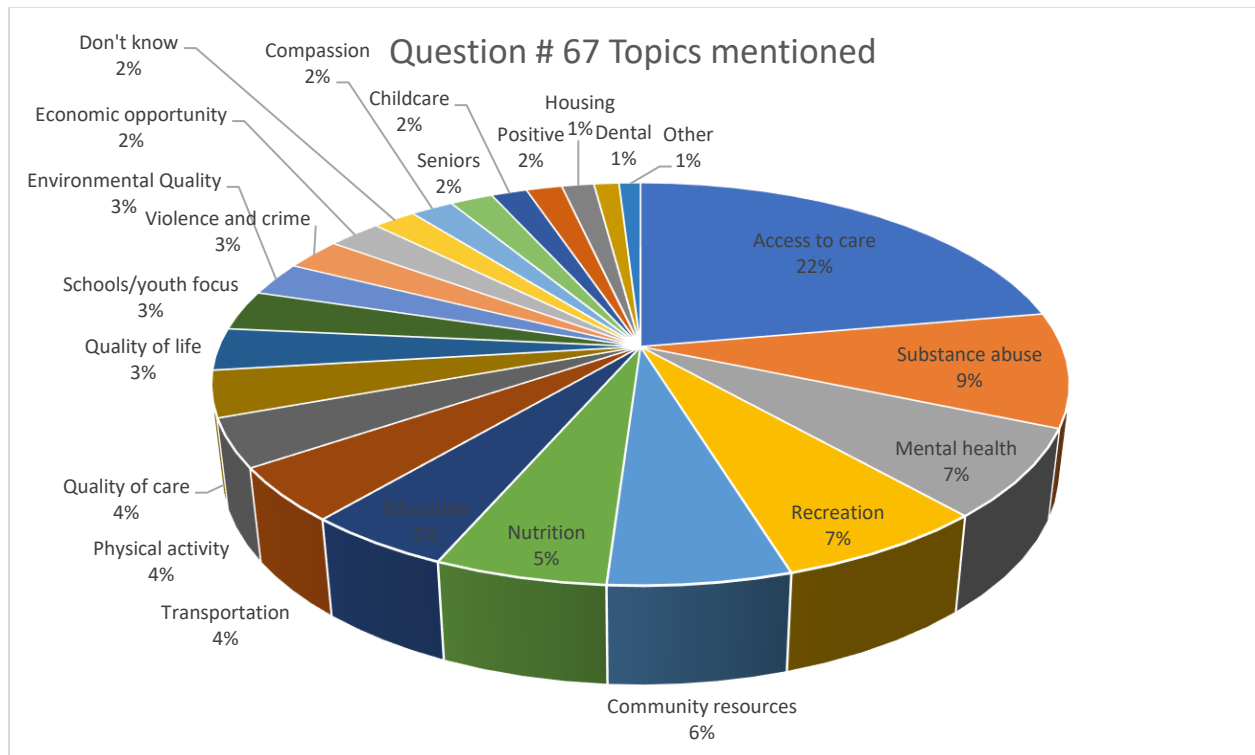
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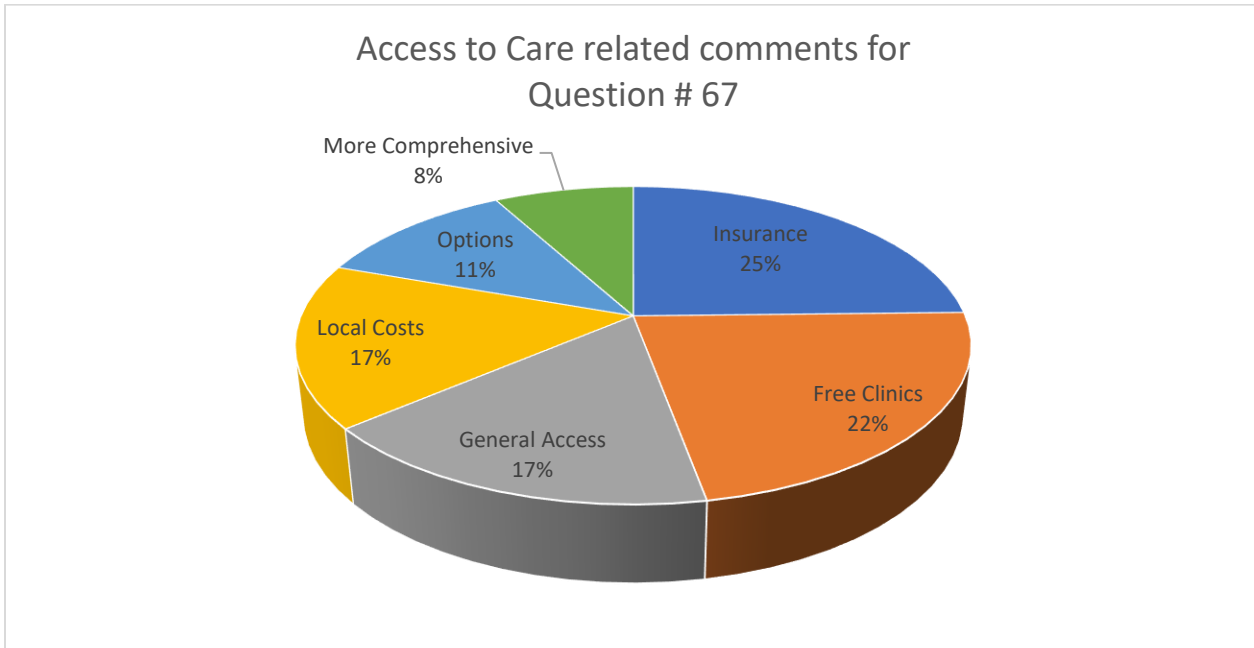
Please note: caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

Public Survey Question # 67 – What would you like to see in Ross County to help the community with health?

Background: Data collected from public surveys during the Partners for a Healthier Ross County’s 2019 Community Health Assessment were used for this study. Analysis of qualitative responses from survey participants for question # 67 were used. A total of 541 survey respondents answered question # 67. Of the 541 responses, topics were organized into the following categories to further analyze the community health needs identified by survey respondents for question # 67. A total of 621 different health related topics or needs were identified by the 541 responses and were categorized by the following general subjects.



Focusing on Access to Care: Responses related to Access to Care were further subdivided on the following topics to better understand access to health care related health needs identified by survey respondents.



Appendix A- Methods for Weighting the 2019 Ross County Health Assessment Adult Public Survey Data

Data from sample surveys have the potential for bias if there are different rates of response for different segments of the population. In other words, some subgroups of the population may be more represented in the completed surveys than they are in the population from which those surveys are sampled. If a sample has 25% of its respondents being male and 75% being female, then the sample is biased towards the views of females (if females respond differently than males). This same phenomenon holds true for any possible characteristic that may alter how an individual responds to the survey items.

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2019 Ross County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Ross County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (7 different age categories), and income (8 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Ross County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2019 Ross County Survey and the 2017 Census estimates.

2019 Ross Survey			2017 Census		Weight	
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Sex</u>	<u>Number</u>	<u>Percent</u>
Male	214	57.21925	20,912	Male	214	57.21925
Female	160	42.78075	21,384	Female	160	42.78075

In this example, it shows that there was a larger portion of males in the sample compared to the actual portion in Ross County. The weighting for males was calculated by taking the percent of males in Ross County (based on Census information) (49.44203%) and dividing that by the percent found in the 2019 Ross County sample (57.21925%) [$49.44203 / 57.21925 =$ weighting of 0.864080 for males]. The same was done for females [$50.55797/42.78075 =$ weighting of 1.181793 for females]. Thus, males' responses are weighted less by a factor of 0.864080 and females' responses weighted heavier by a factor of 1.181793.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.90969 [1.18179 (weight for females) x 0.93956 (weight for White) x 1.60291 (weight for age 35-44) x 1.07297 (weight for income \$50-\$75k)]. Thus, each individual in the 2019 Ross County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 24.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus, a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

1. **Total weight** (product of 4 weights) – for all analyses that did not separate age, race, sex, or income.
2. **Weight without sex** (product of age, race, and income weights) – used when analyzing by sex.
3. **Weight without age** (product of sex, race, and income weights) – used when analyzing by age.
4. **Weight without race** (product of age, sex, and income weights) – used when analyzing by race.
5. **Weight without income** (product of age, race, and sex weights) – used when analyzing by income.
6. **Weight without sex or age** (product of race and income weights) – used when analyzing by sex and age.
7. **Weight without sex or race** (product of age and income weights) – used when analyzing by sex and race.
8. **Weight without sex or income** (product of age and race weights) – used when analyzing by sex and income.

Category	Ross County Sample	%	2017 Census	%	Weighting Value
Sex:					
Male	214	57.21925	20,912	49.44203	0.864080
Female	160	42.78075	21,384	50.55797	1.181793
Age:					
20 to 34 years	21	5.78512	7,044	22.83825	3.94775
35 to 44 years	36	9.91736	4,903	15.89664	1.60291
45 to 54 years	56	15.42700	5,846	18.95406	1.22863
55 to 59 years	36	9.91736	3,282	10.64099	1.07297
60 to 64 years	58	15.97796	2,883	9.34734	0.58501
65 to 74 years	92	25.34435	3,870	12.54742	0.49508
75 to 84 years	50	13.77410	2,070	6.71141	0.48725
85+ years	14	3.85675	945	3.06390	0.79443
Race:					
White	355	95.17426	37,822	37,822	0.93956
Non-White	18	4.82574	4,474	4,474	2.19196
Household Income:					
Less than \$25,000	51	15.36145	2,760	16.80468	1.09395
\$25,000 to \$34,999	29	8.73494	1,865	11.35533	1.29999
\$35,000 to \$49,999	49	14.75904	2,481	15.10594	1.02350

\$50,000 to \$74,999	75	22.59036	3,314	20.17779	0.89320
\$75,000 to \$99,999	54	16.26506	2,556	15.56259	0.95681
\$100,000 to \$149,999	45	13.55422	2,259	13.75426	1.01476
\$150,000 or more	29	8.73494	1,189	7.23941	0.82879

Appendix B – Public Survey Health Outcomes and Behaviors Cross Tabulation Tables

Substance Use

	Total Survey Responses	Age	Gender	Income
Have you ever drank alcohol?	50.7% of survey respondents said they have consumed alcohol Total response count=966	69.0% of those less than 30 years of age said they drank alcohol vs. 51.8% of those 30-64 years of age and 40.9% of those 65+ years of age.	55.5% Males said they have consumed alcohol vs. 45.5% females	61.0% of respondents who make more than \$25K income reported having consuming alcohol vs. 35.4% of those who make less than \$25K
Do you currently smoke, vape, or dip tobacco	25.4% of survey respondents said they currently smoke, vape, or dip Total response count=963	39.3% of those less than 30 years of age said they currently smoke, vape, or dip, vs. 27.9% 30-64 years of age, 7.8% 65+ years of age.	32.3% Males said they currently smoke, vape, or chew tobacco vs. 17.7% females	41.6% of respondents who make less than \$25K said they currently smoke, vape, or dip vs. 17.3% of respondents who make \$25K or more.
Have you used recreational marijuana?	14.8% of survey respondents said they have used recreational marijuana Total response count=881	30.7% of survey respondents less than 30 years of age said they have used recreational marijuana vs. 14% of those 30-64 years of age and 4.7% of those 65+ years of age	18.6% of survey respondents that are male said they have used recreational marijuana vs. 10.8% of females	20.5% of those who make less than \$25K said they have used recreational marijuana vs. 11.9% of those who make more than \$25K

	Smoke cigarettes	Vape or use of e-cigarettes	Dip or chew tobacco	Use more than 1 form of tobacco
Tobacco, Smoking, Vaping, Dip	72% of those who said they currently smoke, vape, or dip said they smoke cigarettes.	19.0% of those who said they currently smoke, vape, or dip said they vape or use e-cigarettes	19.8% of those who said they currently smoke, vape, or dip said they dip or chew tobacco.	15.7% of those who said they currently smoke, vape, or dip said they use more than 1 form of tobacco products.

Health Outcomes

	Total Survey Responses	Age	Gender	Income
Diabetes (not during pregnancy)	18.0% of survey respondents have been told they have diabetes Total response count=966	30.5% of 65+ years of age reporting having diabetes vs. 15.6% of those 30-64 years of age, 3.4% of those less than 30 years of age	19.6% of males reporting having diabetes vs. 15.7% females	20.2% of respondents who make Less than \$25k income reported having diabetes vs. 16.4% of those who make more than \$25K
Cancer	12.2% of survey respondents have been told they have cancer. Total response count=981	29.5% of 65+ years of age reported having cancer vs. 7.7% of 30-64 years of age, 1.4% of those less than 30 years of age	-	13.9% of respondents who make Less than \$25k income reported having cancer vs. 10.5% of those who make more than \$25K
Asthma	17.5% of survey respondents have been told they have asthma. Total response count=966	-	-	18.2% of respondents who make Less than \$25k income reported having asthma vs. 16.5% of those who make more than \$25K
Depression or Anxiety	37.6% of survey respondents have been told they have depression or anxiety Total response count=966	47.6% of those 18-30 years of age say they have depression or anxiety vs. 41.8% of 30-64 years of age, 23.9% of 65+ years of age	44.1% of Females reported having depression or anxiety vs. 32.2% of Males	46.1% of those who make Less than \$25k income reported Depression or anxiety vs. 33.2% of those who make more than \$25k per year.
High Blood Pressure	39.6% of survey respondents have been told they have high blood pressure Total response count=966	64.6% of 65+ years of age respondents have been told they have high blood pressure vs. 37.5% of 30-64 years of age, 6.9% of less than 30 years of age.	45.2% of Males reported having high blood pressure vs. 33.0% of females	43.2% of those who make less than \$25K per year reported high blood pressure vs. 36.5% of those who make more than \$25K per year
High Cholesterol	26.2% of survey respondents have been told they have high cholesterol Total response count=966	47.8% of 65+ years of age respondents have been told they have high cholesterol vs. 24.0% of 30-64 years of age, 2.8% of less than 30 years of age.	-	29.5% of those who make less than \$25K per year reported high cholesterol vs. 23.9% of those who make more than \$25K per year.
Overweight / Obesity	32.5% of survey respondents have been told they are overweight or obese. Total response count=966	37.5 % of 30-64 Years of age reported being overweight or obese vs. 28.3% 65+ years of age, 24.8% less than 30 years of age	38.2% of females reported being overweight or obese vs. 27.5% males	-

Angina/ Heart Disease	5.1% of respondents have been told they have angina or heart disease Total response count=966	8.8% of those 65+ years of age reported having heart disease vs. 4.5% of those 30-64 years of age, 0% less than 30 years of age.	6.0% of males reported having heart disease vs. 4.5 % females	7.4% of those who make less than \$25K per year reported having heart disease vs. 4.0% of those who make more than \$25K per year.
Osteoporosis	6.8% of survey respondents have been told they have osteoporosis Total response count=966	11.5% of respondents 65+ years of age reported having osteoporosis vs. 6.4% of those 30-64 years of age, 2.1% of those less than 30.	10.4% of Females vs. 4.0% of males reported having osteoporosis.	9.7%% of respondents who make Less than \$25k income reported having osteoporosis vs. 4.2% of those who make more than \$25k