



SOMC 2015 COMMUNITY HEALTH

Needs Assessment

& 2016 Implementation Strategy

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I. Organizational Profile

Southern Ohio Medical Center (SOMC) is a non-profit hospital located in Portsmouth, Ohio. SOMC has 433 licensed beds, 210 staffed beds, and 20 operating rooms. SOMC is comprised of three campuses in Portsmouth, as well as multiple satellite facilities throughout the communities of Lucasville, Minford, Portsmouth, Sciotoville, Waverly, West Portsmouth, West Union and Wheelersburg in Ohio, and Greenup and Vanceburg in Kentucky.

Mission

We will make a difference.

We strive to live out that mission by providing our region with the highest quality of care, delivered by professionals who are among the best in their fields. We extend that care and passion to make a difference into the community by being a very good neighbor, employer, and community supporter.

Vision

We will become the leading medical center in our region.

We work to be recognized for having the most satisfied patients, the best possible clinical quality and outcomes, the latest in technological advancements and procedures, and the best providers and employees.

Values

Since its inception, SOMC has committed itself to excellence throughout the enterprise, developing five core strategic values that guide everything we do. These strategic values are:

Safety:	We will build and sustain an exceptionally safe organization.
Quality:	We will deliver and sustain exceptional quality of care.
Service:	We will deliver and sustain exceptional customer service.
Relationships:	We will build and sustain exceptional relationships.
Performance:	We will achieve and sustain exceptional financial performance.

Each strategic value consists of a set of specific indicators that are monitored regularly. The goal for each indicator is to achieve perfection. Teams comprised of providers and employees from all areas of the enterprise work to make improvements in the five strategic areas, promoting best practices, education, and innovation.

Cardinal Value

We honor the dignity and worth of each person. The Cardinal Value is demonstrated through our patient-centered care model and the SOMC Code of Conduct.

II. Geographical Location

SOMC is located in Portsmouth, Ohio, a rural community with a population of 20,226 situated along the winding Ohio and Scioto rivers. Portsmouth is seated at the southern tip of the state, across the river from Kentucky, and nearly two hours away from the nearest major cities of Columbus and Cincinnati in Ohio, Charleston in West Virginia and Lexington in Kentucky.

Portsmouth is a part of Scioto County and is home to 9,120 households and 5,216 families. The city is diverse in terms of race, age and education, with the median income for a household falling below \$23,850.

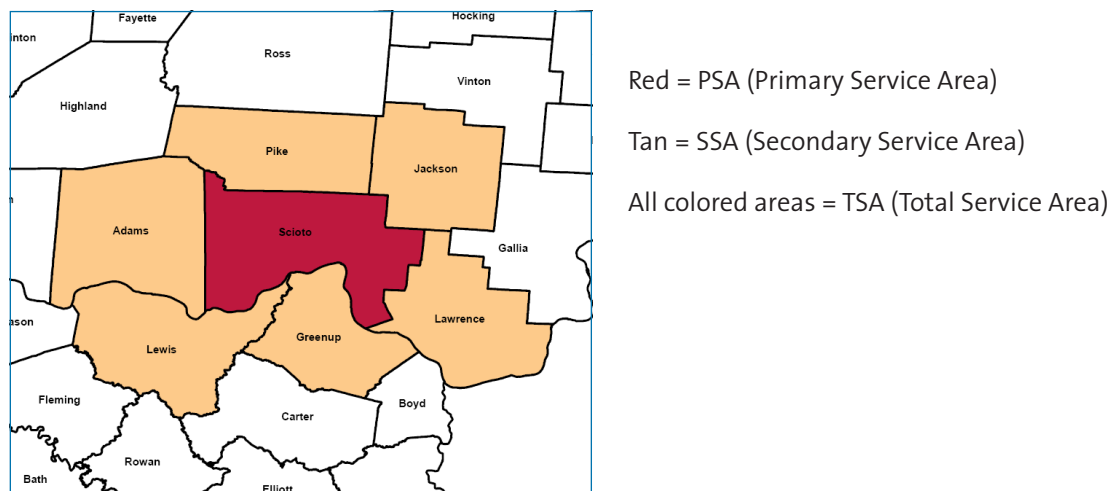
III. Population Served and Market Surveyed

In fiscal year 2015 (July 1, 2014 – June 30, 2015) SOMC received 12,209 inpatient admissions and 49,302 emergency patient visits. The hospital received 182,288 outpatient visits (including those for lab) and cared for 600 patients through Hospice Services. Inpatient surgery received 2,779 visits while outpatient surgery received 9,881.

SOMC's primary market is Scioto County and more than half of the patients we serve reside in Scioto County. SOMC also receives patients from six surrounding counties including Adams, Jackson, Lawrence, and Pike counties in Ohio and Greenup and Lewis counties in Kentucky. These counties make up the secondary service area.

SOMC chose to survey market we primarily serve, including the primary (Scioto County) and secondary service areas (surrounding counties). The study area for the survey effort (referred to as the "Total Service Area" or TSA in this report) includes Scioto County ("Primary Service Area" or PSA) and the combined area of Greenup, Lewis, Adams, Jackson, Lawrence and Pike counties ("Secondary Service Area" or SSA). A geographic description is illustrated in the following map (Figure 1).

Figure 1 | Geographical Illustration of Population Served

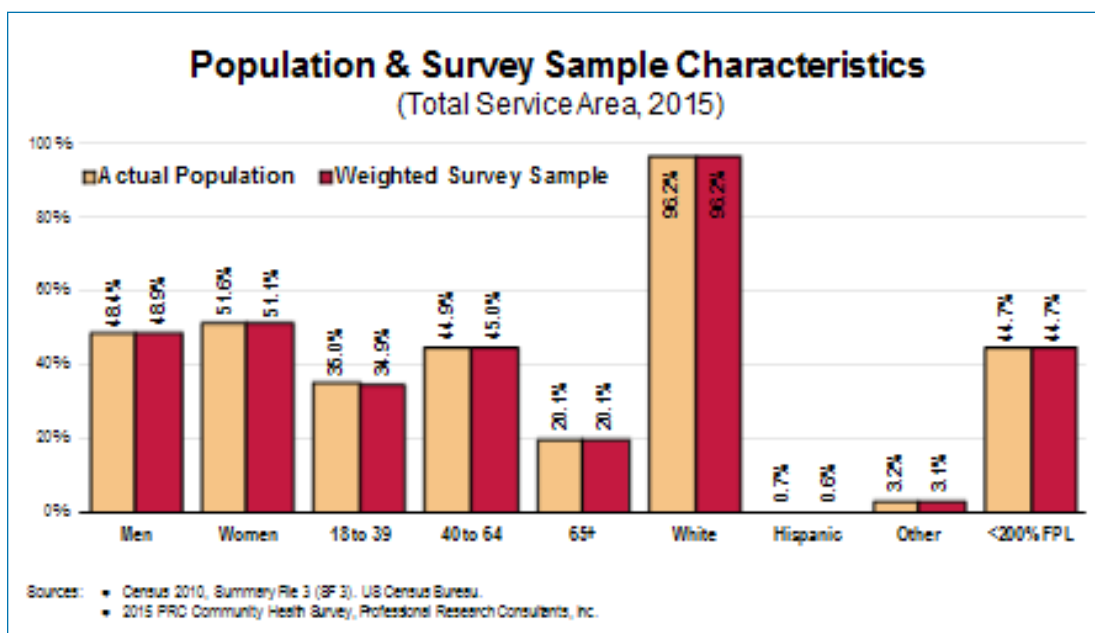


IV. Demographic Service Area & Participant Profile

The following chart (Figure 2) outlines the characteristics of the Total Service Area (TSA) for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consists 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. 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.]

The guidelines define poverty status by household income level and number of persons in the household (e.g., the 2014 guidelines place the poverty threshold for a family of four at \$23,850 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.

Figure 2 | Population and Sample Characteristics



The seven-county TSA, the focus of this Community Health Needs Assessment, encompasses 3,334.39 square miles and houses a total population of 281,969 residents, according to latest census estimates. Between the 2000 and 2010 US Censuses, the population of the TSA increased by 3,052 persons, or 1.1%. The TSA is predominantly rural, with 6 in 10 residents living in areas designated as rural. In the TSA, 23.3% of the population is infants, children or adolescents (age 0-17); another 61.0% are ages 18 to 64, while 15.7% are ages 65 and older. The TSA is “older” than the state and the nation in that the median age participating is higher.

In looking at race independent of ethnicity (Hispanic or Latino origin), 96.1% of residents of the TSA are Caucasian and 1.4% are African American. Just 0.9% of TSA residents are Hispanic or Latino. Between 2000 and 2010, the Hispanic population in the area increased by 785 or 48.3%. Only 0.3% of the TSA population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

The latest census estimate shows 21.9% of the TSA population living below the federal poverty level. In all, 44.7% of service area residents (nearly 123,000 individuals) live below 200% of the federal poverty level. Additionally, 54.6% of TSA children age 0-17 (representing an estimated 35,000 children) live below the 200% poverty threshold. Among the TSA population age 25 and older, an estimated 18.9% (over 36,000 people) do not have a high school education. According to data derived from the US Department of Labor, the unemployment rate in the TSA as of October 2015 was 6.8%.

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

V. Area Health Services*

In addition to SOMC’s presence in the TSA, the PSA offers multiple other health providers/entities including:

- » Scioto County Health Department
- » Portsmouth City Health Department
- » Kings Daughters Medical Center of Ohio
- » Compass Community Health
- » Scioto County Health Coalition
- » Shawnee Family Health Center
- » Kings Daughters Medical Center Family Care Centers
- » Community Action WIC and Prenatal Clinic
- » Community Action Dental Clinic

The SSA benefits from the following additional health providers/entities:

- » Adena Urgent Care-Pike County
- » Adena/Pike Hospital-Pike County
- » Adams County Hospital-Adams County
- » Holzer Hospital and Holzer Clinic-Jackson County
- » St. Mary’s Trauma Center/Emergency Room-Lawrence County
- » KDMC Urgent Care-Lawrence County
- » KDMC Family Care Centers-Greenup County & Jackson County
- » County health departments
- » Primary Plus Physician Services-Greenup County & Lewis County)
- » Christ Care Pediatrics
- » Bellefonte Primary Care Greenup

** This list may not be comprehensive but represents an adequate listing of other health providers/entities.*

VI. Community Health Needs Assessment Methodology, Process, and Included Members and/or Entities

In 2015, Southern Ohio Medical Center began planning the 2nd required community needs assessment to comply with accreditation standards. SOMC's Community Health and Wellness team assisted with the planning and implementation of the assessment.

The Community Health and Wellness team sought third-party assistance to conduct the Community Health Needs Assessment (CHNA) in February 2015. Three different leading agencies were interviewed under set criteria identified by the Community Health team. A matrix was constructed to compare agencies. Based from interview findings and presentation, Professional Resource Consultants (PRC) was selected as the vendor. SOMC signed with PRC in July 2015 and PRC began surveying the community shortly thereafter. The final surveys were completed in November 2015. PRC completed data compilation and delivered the final report to SOMC in January 2016.

The assessment incorporated data from both quantitative and qualitative sources. Quantitative data input included primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allowed for trending and comparison to benchmark data at the state and national levels. Qualitative data input included primary research gathered through an Online Key Informant Survey.

Upon review of data, a preliminary plan was developed by key SOMC stakeholders with input from the SOMC Cancer Committee and SOMC Cancer Leadership Team on February 2, 2016, Community Outreach Leadership Team February 17, 2016, External Steering Committee (Scioto County Health Coalition) on March 11, 2016, and the Portsmouth Public Library March 30, 2016. Further refinement of the plan was solicited from the SOMC Board of Directors who approved the final plan on April 27, 2016.

The following timeline displays the chronology of events (Figure 3).
Figure 4 displays the entities represented in the External Steering Committee.

Figure 3 | CHNA 2016 Timeline

Nov. 2014	Planning meeting » Discuss quotes/ proposals
January 2015	Choose vendor CHNA
February 2015	Budget for CHNA in CH FY16 budget
May 2015	FY14 Community Benefits Report becomes available to the community per the SOMC website
July 1, 2015	begin 2016 CHNA through PRC » 800 phone surveys, over about 3 months
October 2015	online key-informant survey
November 2015	aggregate data report completion PRC
January 2016	PRC sends final data and PRC report to SOMC
Feb. - Mar. 2016	SOMC writing and finalization CHNA report Implementation planning begins
February 2, 2016	data presentation to SOMC Cancer Committee & SOMC Cancer Leadership Team
February 17, 2016	data presentation to SOMC Community Outreach Leadership Team
March 11, 2016	data presentation to Scioto County Health Coalition
March 30, 2016	data presentation to Portsmouth Public Library
April 27, 2016	Present report to SOMC Board of Directors
May 1, 2016	FY15 Community Benefits report available on SOMC website.
June 1, 2016	CHNA available to community on SOMC website

Figure 4 | 2016 External Steering Committee

Kings Daughters Medical Center Ohio	Portsmouth Public Library
Main Street Portsmouth	ADAHMS Board
Suicide Prevention Task Force	Portsmouth Chamber of Commerce
Scioto County Health Department	Portsmouth City Health Department
Scioto County Health Commissioner	Portsmouth City Health Commissioner
Compass Community Health	Shawnee State University
Breast and Cervical Cancer Project	The Counseling Center
Southern Ohio Port Authority	Southern Ohio Museum
Area Agency on Aging District 7	Shawnee State Park
Community Action	Shawnee Family Health Care Center

VII. Background and Description CHNA

The 2015 CHNA, a follow-up to studies conducted in 2000, 2007, and 2012 is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of SOMC. 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 the SOMC and PRC and is similar to the previous surveys used in the region, allowing for data trending.

A telephone interview methodology was employed — one that incorporates both landline and cell phone interviews. The sample design used for this effort consisted of a stratified random sample of 800 individuals age 18 and older in the Total Service Area (TSA), including 600 in the Primary Service Area (PSA) and 200 in the Secondary Service Area (SSA). 122 total survey items were asked of participants, which averaged a 20-25 minute telephone interview.

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 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.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process.

A list of recommended participants was provided by SOMC; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. 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 representatives 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.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 66 community stakeholders participated in the Online Key Informant Survey, as outlined in the following table:

Figure 5 | Online Key Informant Survey Participation

Key Informant Type	Number Invited	Number Participating
Community/ Business Leader	35	27
Other Health Professionals	16	14
Physician	10	4
Public Health Representative	11	9
Social Services Provider	15	12

- » Final participation included representatives of the organizations outlined below.
- » Adams County Board of Developmental Disabilities
- » Adams County Economic and Community Development
- » Area Agency on Aging
- » CAO Head Start
- » Clay Local School District
- » Community Action Committee of Pike County
- » Compass Community Health
- » Freestore Foodbank
- » Glockner Enterprises
- » Green Local School District
- » Greenup County Senior Center
- » KDCM Ohio
- » Lewis County Health Department
- » Oak Hill Elementary
- » Ohio State University Community Engagement of SE Ohio
- » Portsmouth Area Chamber of Commerce
- » Portsmouth City Council
- » Portsmouth City Health Department
- » Portsmouth City Schools
- » Portsmouth Inner City Development Corporation
- » Potter’s House Ministries, Inc.
- » Scioto County Board of Developmental Disabilities
- » Scioto County CAO Head Start/Early Head Start
- » Scioto County Career Technical Center
- » Scioto County Emergency Management Agency
- » Scioto County General Health District
- » Scioto County Health Coalition
- » Scioto County Prosecutor’s Office
- » Scioto County Schools
- » Scioto Voice Newspaper
- » Shawnee State University
- » Southeastern Ohio Legal Services
- » Southern Ohio Medical Center—Physicians
- » USSA, INC. Adult Day Care Center
- » Veterans Services

Minority populations represented through Key Informant Survey:

African American, Appalachian, Arabic, Asian, Children (including drug-addicted infants), Disabled, Filipino, Hispanic, LGBT, Low Income, Mentally Ill, Native American, Non-English Speaking

Medically underserved populations represented through Key Informant Survey:

Cancer Patients, Children, Disabled, Elderly, High School Students, Hispanic, Homeless, LGBT, Low Functioning, Low Income, Medicare/Medicaid, Mentally Ill, Substance Abusers, Teen Smokers, Underinsured/Uninsured, Veterans, Women, Young Adults

VIII. Significant Health Needs of the Community (Figure 6)

The following “areas of opportunity” represent the significant health needs of the community, 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 area with regard to the following health issues (see also the summary tables presented in the following section).

Figure 6 | Areas of Opportunity Identified through Assessment

Access to Healthcare Services	Primary Care Physician Ratio
Cancer	Cancer Deaths Including Lung Cancer and Colorectal Cancer Deaths Lung, Colorectal, and Cervical Cancer Incidence Female Breast Cancer Screening Cervical Cancer Screening Colorectal Cancer Screening <i>*Cancer ranked as a top concern in the Online Key Informant Survey.</i>
Chronic Kidney Disease	Kidney Disease Deaths
Dementia, Including Alzheimer’s Disease	Alzheimer’s Disease Deaths
Diabetes	Diabetes Deaths Diabetes Prevalence Prevalence of Borderline/Pre-Diabetes <i>*Diabetes ranked as a top concern in the Online Key Informant Survey.</i>
Heart Disease & Stroke	Heart Disease Deaths Heart Disease Prevalence Stroke Deaths High Blood Pressure Prevalence High Blood Cholesterol Prevalence Overall Cardiovascular Risk <i>*Heart Disease & Stroke ranked as a top concern in the Online Key Informant Survey.</i>
Infant Health & Family Planning	Low-Weight Births Infant Mortality Teen Births

Injury & Violence	<p>Unintentional Injury Deaths Including Motor Vehicle Crash Deaths Bike Helmet Usage [Children 5-17] Firearm-Related Deaths Homicide Deaths</p>
Mental Health	<p>“Fair/Poor” Mental Health Suicide Deaths <i>*Mental Health ranked as a top concern in the Online Key Informant Survey.</i></p>
Nutrition, Physical Activity & Weight	<p>Fruit/Vegetable Consumption Overweight & Obesity [Adults] Medical Advice on Weight Trying to Lose Weight [Overweight Adults] Overweight & Obesity [Children] Leisure-Time Physical Activity Meeting Physical Activity Guidelines Moderate Physical Activity Vigorous Physical Activity Access to Recreation/Fitness Facilities <i>*Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.</i></p>
Potentially Disabling Conditions	<p>Activity Limitations Arthritis Prevalence (50+) Sciatica/Back Pain Prevalence Blindness/Vision Trouble Deafness/Hearing Trouble</p>
Respiratory Diseases	<p>Chronic Lower Respiratory Disease (CLRD) Deaths Chronic Obstructive Pulmonary Disease (COPD) Prevalence Asthma Prevalence [Adults] Pneumonia/Influenza Deaths Flu Vaccination [65+] Flu Vaccination [High-Risk 18-64]</p>
Substance Abuse	<p>Cirrhosis/Liver Disease Deaths Drug-Induced Deaths <i>*Substance Abuse ranked as a top concern in the Online Key Informant Survey.</i></p>
Tobacco Use	<p>Cigarette Smoking Prevalence Environmental Tobacco Smoke Exposure at Home Smokeless Tobacco Prevalence <i>*Tobacco Use ranked as a top concern in the Online Key Informant Survey.</i></p>

IX. Process for Prioritizing & Evaluation of Impact

SOMC reviewed survey data with all key stakeholder groups and solicited feedback to influence and shape the final plan prior to presenting to the SOMC Board of Directors for final feedback and approval. Community needs were ranked in importance based on the following criteria:

- » The number of people affected,
- » the severity of the problem,
- » the health system’s ability to make a difference in the outcomes or data, and
- » the extent to which other community organizations are collaborating to meet the need in the TSA.

The top three needs encompass actions related to at least seven of the top fourteen areas of concern identified through the CHNA.

A noted area of improvement from the 2012 CHNA was the priority, “Access to Care”. Since 2007’s CHNA, we have tracked the difficulty in securing a Primary Care Provider, to obtain medical care for children, the number of adults receiving a yearly physical/checkup, and the number of adults utilizing the emergency room care at least once in the past year. Each of these metrics have notably improved. These improvements are due in part to the Affordable Care Act. Presently only 3.8% of our TSA population has no insurance coverage. SOMC has also implemented several actions to fill the void of available Primary Care Providers. In 2008, the SOMC Medical Care Foundation (MCF) was created to serve our community with the best possible medical care closer to home. Since its inception SOMC has added eleven satellite medical homes with on-site providers, laboratory, imaging and rotating specialty services in our TSA and currently employs more than 60 physicians and 23 specialists. SOMC recognized the need could not be met only through physicians; therefore, 46 mid-level providers (nurse practitioners and physician assistants) and 10 certified registered nurse anesthetist have joined the MCF to meet the demand of our patient’s medical needs. Due to these achievements SOMC has decided to continue the actions in Access to Care but also to choose an additional area of focus for the 2015 CHNA implementation efforts.

Access to Care Data	+/- Difference	2015	2012	2007
Experienced difficulty obtaining care	+6.3%	39.0%	43.2%	45.3%
Unable to obtain medical care for a child	+4.8%	0.9%	2.4%	5.7%
Adult yearly routine checkups	+12.8%	78.8%	69.7%	66.0%
Utilized Emergency Care >1x last year	+3.4%	9.7%	12.7%	13.1%

X. Prioritized Needs

Tobacco Use

A total of 22.6% of TSA adults currently smoke cigarettes, either regularly (19.0% every day) or occasionally (3.6% on some days). This statistic is similar to statewide findings and less favorable than national findings. The survey shows unfavorable results in the SSA. The current smoking percentage has statistically improved from the rate of 27.4% in 2007 to the rate of 22.6% in 2015. Cigarette smoking is more prevalent among men, adults under 65, lower-income, and non-whites. Among households with children, 13.0% have someone who smokes cigarettes in the home. This figure has also statistically improved from 31.6% in 2007. The current rate is only 3.3% higher than the national average. SOMC is proud of these results and believe they demonstrate the implementation steps and actions taken directly impacted these results. Still, key informant survey participants expressed concern with tobacco and e-vapor use in the community. Participants express worry that young adults do not believe that tobacco use results in severe health consequences. SOMC will continue to focus strategies to reduce tobacco use.

Tobacco Data	+/- Difference	2015	2012	2007
Current Smokers	-4.8%	22.6%	26.5%	27.4%
Non-smokers exposed to 2nd hand smoke	-3.1%	6.4%	9.5%	n/a
Smokeless tobacco	-2.0%	7.3%	9.3%	7.8%
Children exposed to tobacco smoker in the home	-18.6%	13.0%	25.2%	31.6%
Advised by healthcare professional to quit	+19.9%	75.0%	72.4%	55.1%

Nutrition, Physical Activity, & Obesity

Nutrition: A total of 21.8% (31.7% in 2012) of Total Service Area adults report eating five or more servings of fruits and/or vegetables per day. This statistic is well below the national percentage. Fruit/vegetable consumption has decreased significantly since 2007. Low-income residents and Non-Whites are less likely to get the recommended servings of daily fruits/vegetables. A total of 40.6% (35.5% in 2012) of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year. This is comparable to national findings and statistically improved since 2007. It is important to note that among obese respondents, only 27% (48.1% in 2012) report receiving diet/nutrition advice. The primary concerns of the Key Informant participants surrounding nutrition included poor eating habits, abundance of fast food establishments, the high cost of healthy foods, lack of nutrition and cooking education, and hunger. Contrary to improved results in tobacco use, the implementation steps introduced to educate and inform the community about the importance of good nutrition have not been equally successful.

Nutrition Data	+/- Difference	2015	2012	2007
≥5 Fruits or vegetables daily	-17.8	21.8%	31.7%	39.6%
Received diet or nutrition advise from a health professional	+2.5%	40.6%	35.5%	38.1%

Physical Activity: A total of 36.0% (42.1% 2012) of TSA adults report no leisure-time physical activity in the past month. This result is an improvement. Still, the result is lower than statewide and national findings and essentially is an unchanged result since 2007. The lack of leisure-time physical activity is higher among seniors and lower-income residents (negative correlation). A total of 37.0% (34.7% 2012) of TSA adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations). This is less favorable than national findings and does not represent an improvement since 2007. A total of 25% (22.1% 2012) of adults participated in moderate physical activity (5 times a week, 30 minutes at a time). A total of 25.7% (25.9% 2012) participated in vigorous physical activity (3 times a week, 20 minutes at a time). A total of 41.9% (34.4% 2012) of TSA adults report that their physician has asked about or given advice to them about physical activity in the past year. All of these mark an increase from the 2007 survey findings. The key informant survey participants believe many community members live a sedentary lifestyle, and few free or reduced-cost options for physical activity exist in the community.

Physical Activity Data	+/- Difference	2015	2012	2007
Adults meet physical activity recommendations (≥150 minutes each week)	-7.7%	37.0%	34.7%	44.7%
Received exercise advise from a health professional	+1.3	41.9%	34.4%	40.6%

Obesity: Based on self-reported heights and weights, 19.3% (26.8% 2012) of TSA adults are at a healthy weight. Nearly 8 in 10 TSA adults (79.8%) are overweight. Further, 46.9% (35.4% 2012) of Total Service Area adults are obese. All of these statistics are trending in the wrong direction and are less favorable than Ohio and US findings and significantly increased since 2007. Obese and overweight adults are more likely to report a number of adverse health conditions. Among these are hypertension (high blood pressure), high cholesterol, sciatica/chronic back pain, arthritis/rheumatism, activity limitations, and diabetes. A total of 24.4% (19.9% 2012) of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year which is comparable to the national findings and improved since reported in 2007. A total of 29.8% (29.7% 2012) of TSA adults who are overweight say that they are both modifying diet and increasing physical activity to try to lose weight yet the reported change since 2007 is none. Overweight/obese residents are also more likely to have overweight children. Based on the heights/weights reported by surveyed parents, 49.0% (44.6% 2012) of TSA children age 5 to 17 are overweight or obese (≥85th percentile). This figure is much higher than found nationally and is statistically unchanged since 2007. Childhood obesity (BMI >95th percentile) is also on the rise, with TSA jumping from 19.1% in 2012 to 33.5% in 2015; the TSA childhood obesity rate more than doubles the national average.

Obesity Data	+/- Difference	2015	2012	2007
Adult prevalence Obesity	-12.8%	46.9%	35.4%	34.1%
Received weight advise from a health professional	+2.6%	24.4%	19.9%	21.8%
Childhood Obesity	-14.4%	33.5%	19.1%	28.1%

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. The TSA age-adjusted death rate for cancer in 2015 is 206.3 compared to Ohio's 179.4 and the US 163.6. Together, cardiovascular disease (heart disease and stroke) and cancers accounted for one-half of all deaths in the Total Service Area in 2014. The trend is decreasing, but the many of the health behaviors that increase an individual's risk for developing cancer are on the rise in the TSA, like obesity, poor nutrition and lack of physical activity. While the tobacco prevention and cessation initiatives have had success, the TSA 68.1 lung cancer rates are still the leading cause of cancer deaths (Ohio 51.7 and US 43.4). The value of prevention and early detection of cancer is evident, but many individuals still do not take advantage of screenings. In women over the age of 40 only 68.3% in the TSA have had a mammogram in the past two years. For women age 50-74 71.3% TSA have been screened through mammography (Ohio 77% and US 83.6%). In the TSA 77.4% women age 21-65 have had a pap smear in the past three years, while comparable to the state (Ohio 78.4) is behind the US 83.9% and the trend is on the decline in the TSA since 2007. Colorectal cancer screening in the TSA 61.8% is much lower than the US 75.1% and again is a negative trend in the TSA since 2012.

Cancer Data	+/- Difference	2015	2012	2007
Mammogram in past 2 Years Women age 50-74	+1.8%	71.3%	69.5%	70.1%
Had a Pap Smear in past 3 years Women age 21-65	-2.1%	77.4%	77.2%	79.5%
Colorectal Screening among adults age 50-75	-3.6%	61.8%	65.4%	n/a

XI. 2016 Implementation Strategies

Tobacco Use
Community need identified through CHNA
Cigarette Smoking Prevalence in Adults in TSA <ul style="list-style-type: none"> • 22.6% adults currently smoke cigarettes
Smokeless Tobacco use in Adults in TSA
Age Adjusted Death Rates for Heart Disease, Cancer, and Chronic Lower Respiratory Disease (CLRD) in the TSA are above the Ohio and National Averages <ul style="list-style-type: none"> • Heart Disease 238.9 TSA (Ohio 187.3 and US 169.1) • Cancer 206.3 TSA (Ohio 179.4 and US 163.6) • CLRD 77.1 TSA (Ohio 49.4 and US 41.4)
Low Infant Birth-weight 9.5% TSA (Ohio 8.6 % and US 8.2%) Infant Mortality 8.8% (Ohio 7.4% and US 5.9%)
69.% of Key Informants perceive tobacco use as a “Major Problem”
Strategies and Actions
Continue year-round availability of tobacco cessation ALA Freedom from Smoking classes and include free medication aid <ul style="list-style-type: none"> • Develop and deploy programming related to 2nd and 3rd hand tobacco exposure • Promote tobacco cessation programming specifically targeted around smokeless tobacco and nicotine
Continue availability of youth tobacco prevention and cessation programs <ul style="list-style-type: none"> • Search for emerging messaging and best prevention strategies • Stay current for trends related to e-cigarettes, marijuana, and other emerging products • Develop and deploy programming related to 2nd and 3rd hand tobacco exposure
Partner with SCHC or other entities to promote or establish tobacco-related prevention, intervention, or legislative strategies
Expand and continue lung navigation and lung cancer screening program availability
Goals
Decrease percentage of adult regular smokers by 2%
Decrease percentage of non-smokers exposed to smoke in the home to match US average (6.3%)
Decrease percentage of children exposed to second-hand smoke in the home to match US average (9.7%)
Decrease percentage of smokeless tobacco use to match US average (4.0%)

Nutrition and Obesity

Community need identified through CHNA

Age Adjusted Death Rates for Heart Disease, Cancer, Stroke, and Diabetes in the TSA are above the Ohio and National Averages

- Heart Disease 238.9 TSA (Ohio 187.3 and US 169.1)
- Cancer 206.3 TSA (Ohio 179.4 and US 163.6)
- Stroke 46.4 TSA (Ohio 40.4 and US 36.5)
- Diabetes 30.8 TSA (Ohio 25.7 and US 21.1)

Fruit and Vegetable Consumption ≥ 5 per day

- 78.2% TSA is not consuming recommended amount of fruits and vegetables (US 39.5%)
- 27% TSA finds it “somewhat difficult” to “difficult” to buy fresh produce (US 24.4%)

Overweight and Obesity (Adults and Children)

- Prevalence of overweight 79.8% TSA (Ohio 65.1% and US 63.1%)
- Prevalence of obesity 46.9% TSA (Ohio 30.4% And US 29.0%)
- Prevalence of child overweight/obesity 49.0% TSA (US 31.5%)

Diabetes and Pre-Diabetes Prevalence

- Diagnosed diabetes 15.4% TSA (Ohio 10.4% and US 11.7%)
- Diagnosed pre-diabetes 8.2% TSA (US 5.1%)
- 60.3% of Key Informants perceive diabetes as a “Major Problem”

67.7% of Key Informants perceive nutrition, physical activity and weight as a “Major Problem”

Strategies and Actions

Continue year-round availability for nutrition education offerings

- SOMC Outpatient Dietician
- Lose & Win courses
- Diabetes Self-Management Education
- Diabetes Medical Nutrition Therapy
- Mission: Nutrition! presentations for all age groups
- Rethink Your Drink presentations for all age groups
- Grocery Store Tours with a Registered Dietician

Partner with SCHC or other entities to promote and establish nutrition-related promotion, education and intervention

Partner with SCHC or other entities to promote and establish obesity-related interventions

Expand nutrition and weight-management program availabilities

- Learn and Burn (Weight Watchers)
- Meal planning presentations and informational handouts
- Healthy U Chronic Condition self-management classes

Continue support for access to healthy foods

- Major sponsor of Market Street Portsmouth Farmer’s Market
- Employee giving campaign donations to Steven Hunter’s Power Packs program

Goals

Increase the TSA adults who report eating five or more servings of fruits and/or vegetables per day by 8%

Decrease TSA adult overweight by 2%

Decrease TSA adult obesity by 5%

Decrease the TSA children age 5 to 17 reported as overweight/ obese by 5%

Physical Activity

Community need identified through CHNA

Age Adjusted Death Rates for Heart Disease, Cancer, Stroke, and Diabetes in the TSA are above the Ohio and National Averages

- Heart Disease 238.9 TSA (Ohio 187.3 and US 169.1)
- Cancer 206.3 TSA (Ohio 179.4 and US 163.6)
- Stroke 46.4 TSA (Ohio 40.4 and US 36.5)
- Diabetes 30.8 TSA (Ohio 25.7 and US 21.1)

Adults report no leisure-time activity in the past month
36.0% TSA (Ohio 28.5% and US 20.7%)

- 37% of adults meet physical activity recommendations (US 50.3%)
- 75% TSA adults get no moderate physical activity (US 30.6%)
- 74.3% TSA adults get no vigorous physical activity (US 38%)

3.9 TSA population has access to physical fitness facility per 100,000 (Ohio 9.5 and US 9.7)

67.7% of Key Informants perceive nutrition, physical activity and weight as a "Major Problem"

Strategies and Actions

Continue year-round availability for physical activity offerings

- Multiple SOMC LIFE Center locations
- Group fitness offerings
- Personal training
- Cardiac and Pulmonary Rehab
- Kidz Fit and children's swim lessons
- Targeted school and civic group offerings

<p>Promote additional physical activity opportunities</p> <ul style="list-style-type: none"> • 5k runs • Annual triathlon • Annual Amazing Race challenge • Southern Ohio Senior Olympic Games • T-ruck, Krav Maga, and other special offerings
<p>Continue support of local high school athletics through Sports Motion program</p> <ul style="list-style-type: none"> • Dedicated athletic trainer available at all varsity athletic events • Saturday morning sports injury clinic • Next-day appointments for sports-related injuries • 20+ hours of Community Health or LIFE Center activities available to all contracted schools
<p>Partner with SCHC or other entities to promote and establish physical activity-related offerings</p> <ul style="list-style-type: none"> • Connex-Southern Ohio bicycle path
<p>Expand physical activity program availabilities</p> <ul style="list-style-type: none"> • Learn and Burn (Weight Watchers & LIFE Center physical activity partnership) • Youth Fitness offerings
<p>Continue support for access to physical activity opportunities</p> <ul style="list-style-type: none"> • Free fitness demonstration at area schools and civic groups • Free fitness at the Farmer's Market • Free disc golf • Public bicycle rack donation • Free activity groups, ie. walking, biking, etc.
<p>Goals</p>
<p>Increase the TSA adults who report meeting the physical activity recommendation by 4%</p>

<p>Cancer</p>
<p>Community need identified through CHNA</p>
<p>Age Adjusted Death Rates for Cancer in the TSA are above the Ohio and National Averages 206.3 TSA (Ohio 179.4 and US 163.6)</p> <ul style="list-style-type: none"> • Lung Cancer 68.1 TSA (Ohio 51.7 and US 43.4) • Female Breast Cancer 20.4 TSA (Ohio 22.8 and US 20.9) • Colorectal Cancer 18.7 TSA (Ohio 16.2 and US 14.6) • Prostate Cancer 15.3 (Ohio 18.7 and US 19.2)

Cancer Screenings

- Mammogram: Women age 50-74 who have had a mammogram in the past 2 years 71.3% TSA (Ohio 77% and US 83.3%)
- Pap smear: Women age 21-65 who have had a pap smear in the past 3 years 77.4% TSA (Ohio 78.4% and US 83.9%)
- Colorectal screening: Adults age 50-75 who have had a fecal occult blood test in past year and/or a lower endoscopy in the past 10 years 61.8% TSA (US 75.1%)

71.4% of Key Informants perceive cancer as a “Major Problem”

Strategies and Actions

Continue year-round availability screening offerings

- Monthly breast cancer screenings
- Low-dose CT scan lung cancer screenings for at-risk individuals
- Free cardiac and diabetes risk screenings throughout the community

Promote additional cancer-prevention and early detection opportunities

- Expand and continue lung navigation and lung cancer screening program availability
- Advocate for FIT and colonoscopy testing
- Educate public regarding available screening exams and promote early detection and risk reduction strategies
- Advocate for HPV gene testing and vaccine

Continue support for Breast Navigation program

- Paint it PINK! Activities and awareness each October
- Dedicated breast health navigators for system entry and education

Continue support of smoking cessation, nutrition and physical activity programming

Partner with SCHC or other entities to promote cancer prevention related offerings

Goals

Increase the TSA women who report having a mammogram in the past two years by 7%

Increase the TSA women who report having a pap smear in the past three years by 8%

Increase the TSA adults who report having a colorectal cancer screening by 6%

XII. CHNA Approvals

By: _____



Date: _____

4.29.16

Southern Ohio Medical Center

Very Good things are happening here