



# 2019

## Coshocton Regional Medical Center

### Community Health Needs Assessment

- Coshocton County, Ohio-

*Paper copies of this document may be obtained at: Coshocton Regional Medical Center  
1460 Orange St., Coshocton OH 43812 or by phone (740) 622-6411 or via the hospital website:*

<https://www.coshoctonhospital.org/>

*Photo Credit: visitcoshocton.com*

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# Perspective / Overview

## Creating a culture of health in the community



*Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>*



The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Coshocton County, Ohio.

## 2019 Community Health Needs Assessment




This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for Coshocton Regional Medical Center.

Coshocton Regional Medical Center as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, and conducted the interviews to receive community input into community health status, needs and priorities.

-  Starting on October 3, 2019 this report was made widely available to the community via Coshocton Regional Medical Center's website <https://www.coshoctonhospital.org/> and paper copies are available free of charge at Coshocton Regional Medical Center, 1460 Orange St., Coshocton, OH 43812 or by phone (740) 622-6411.
-  Coshocton Regional Medical Center's board of directors approved this assessment and the hospital's implementation plan on October 3, 2019.

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## PROJECT GOALS

-  To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.
-  To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
-  To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“ We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we’ve been doing to improve health and has jumpstarted our next implementation plan,” said Stephanie Conn, CEO Coshocton Regional Medical Center.

“The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Kaylee Andrews, Manager of Business Development & Marketing, Coshocton Regional Medical Center.

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## Community

### Input and Collaboration

#### Data Collection and Timeline

In April 2019, Coshocton Regional Medical Center began a Community Health Needs Assessment for Coshocton County, and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in April 2019.
- 20 community members, not-for-profit organizations representing medically underserved, low-income, minority populations, the elderly, health providers, and the health department participated in two focus groups and four individual interviews for their perspectives on community health needs and issues on June 26<sup>th</sup>, 2019.
- At a meeting on August 8, 2019, Coshocton County Health Department and the City of Coshocton Health Department, along with Coshocton Regional Medical Center reviewed the results of the CHNA secondary data, primary data from interviews, focus groups and prioritized the most significant community health needs.
- The implementation plan was completed on August 30, 2019.



*Photo Credit: Coshocton Regional Medical Center Facebook Page*

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## Information Gaps

While this assessment was 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 the community's health needs.

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## Participants

Twenty individuals from seventeen community and healthcare organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Coshocton County. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the communities.

## Participation by those Representing the Broad Interests of the Community

Participants in the focus groups, and interviews and offered insight into the needs and assets of Coshocton County:

Organization	Population Represented (kids, low income, minorities, those w/o access)	Participation
Coshocton County Coordinated Transportation Agency		Focus group
Community Hospice	Seniors	Focus group
Senior Center	Seniors	Focus group
Community Center	Community	Focus group
Coshocton County Job and Family Services	Community	Focus group
Clerk of Courts	Community	Focus group
United Way		Focus group
Coshocton Regional Medical Center		Focus group
Gentlebrook Home Health	Community	Focus group
Admissions Director Signature	Seniors, families	Focus group
Coshocton Regional Medical Center	Community	Focus group
Safety-Service Director		Focus group
Family & Children First Council- Social Worker	Families	Focus group
Chamber of Commerce	Community	Focus group
Altercare Coshocton	Seniors	Focus group
Altercare Coshocton	Seniors	Focus group
Coshocton County EMS	Public health	Interview
Coshocton Sheriff's Department	Community	Interview
County Health Department		Interview
City Health Department	City of Coshocton	Interview

## Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received during the focus groups and interviews. Agencies representing these population groups were intentionally invited to the focus groups and interviews. The focus groups and interviews were representative of the whole community – by age, income, and education.

## Input of those with Expertise in Public Health

The Coshocton County Health Department participated in the individual interviews.

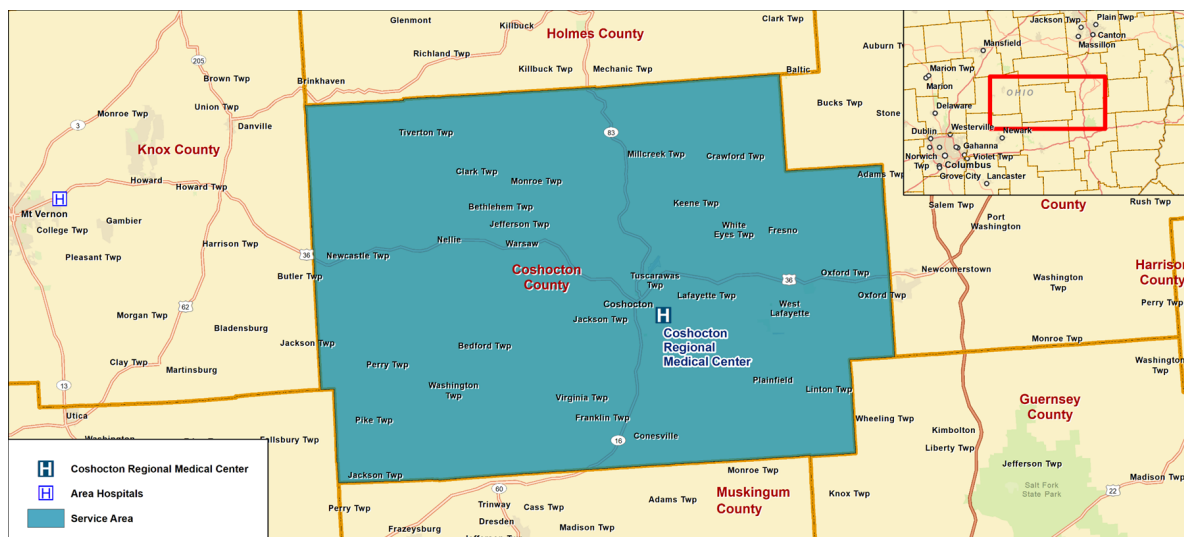
### Community Engagement and Transparency

Many members of the community participated in the focus groups and individual interviews. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of Coshocton County. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts.

### Community Selected for Assessment

Coshocton County was the primary focus of the CHNA due to the service area of Coshocton Regional Medical Center. Used as the study area, Coshocton County provided 92% of inpatient discharges. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Coshocton Regional Medical Center draws their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Coshocton Regional Medical Center's Financial Assistance Policy.

## Coshocton Regional Medical Center Study Area - 2018



Source: Coshocton Regional Medical Center 2018



# Key Findings

## Community Health Assessment

### Results

Based on the results of the CHNA from interviews, focus groups and prioritization from Coshocton County Health Department and the City of Coshocton Health Department, along with Coshocton Regional Medical Center identified significant health needs.

1. Substance Use/ Mental Health
2. Healthy Eating/ Active Living
3. Tobacco Use
4. Transportation
5. Homelessness

The remainder of the document outlines the process and data.

## Process and Methods

Both primary and secondary data sources were used in the CHNA.

### Primary methods included:

- Community focus groups
- Individual interviews with community members

### Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomic – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences



*Photo Credit: Coshocton High School Basketball Team; Coshocton Tribute*

# Demographics of the Community 2018-2023

## Description of the Communities Served

The table below shows the demographic summary of Coshocton County compared to Ohio and the U.S.

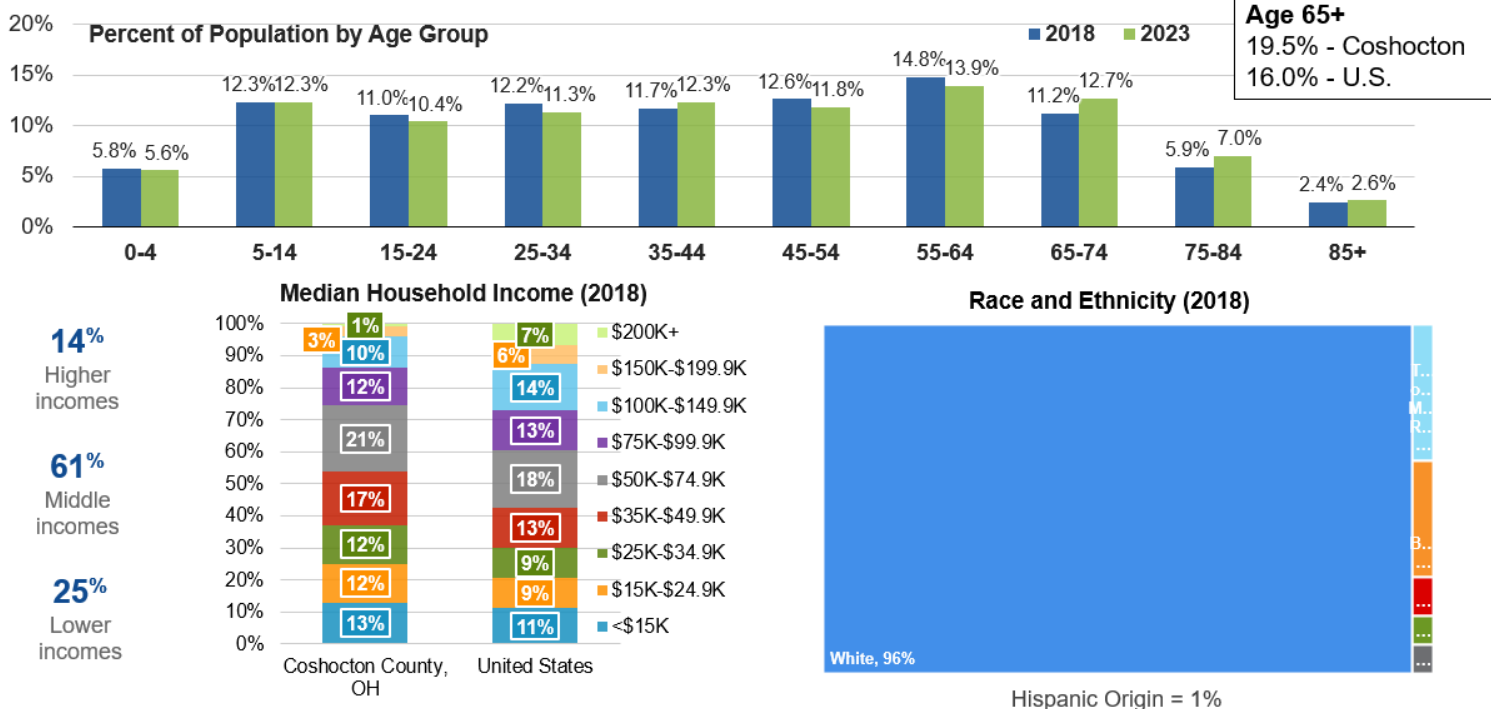
	Coshocton County	Ohio	USA
<b>Population</b>	<b>36,794</b>	11,772,676	330,088,686
<b>Median Age</b>	<b>42.3</b>	40	38.3
<b>Median Household Income</b>	<b>\$45,769</b>	\$53,378	\$58,100
<b>Annual Pop. Growth (2018-2023)</b>	<b>-0.05%</b>	0.25%	0.83%
<b>Household Population</b>	<b>14,646</b>	4,711,465	124,110,001
<b>Dominant Tapestry</b>	<b>Salt of the Earth (6B)</b>	Salt of the Earth (6B)	Green Acres (6A)
<b>Businesses</b>	<b>1,140</b>	393,112	11,539,737
<b>Employees</b>	<b>13,347</b>	6,216,272	151,173,763
<b>Medical Care Index*</b>	<b>77</b>	91	100
<b>Average Medical Expenditures</b>	<b>\$1,505</b>	\$1,770	\$1,950
<b>Total Medical Expenditures</b>	<b>\$22.0 M</b>	\$8.3 B	\$242.0 B
<b>Racial and Ethnic Make-up</b>			
<b>White</b>	<b>96%</b>	81%	70%
<b>Black</b>	<b>1%</b>	13%	13%
<b>American Indian</b>	<b>0%</b>	0%	1%
<b>Asian/Pacific Islander</b>	<b>0%</b>	2%	6%
<b>Other</b>	<b>0%</b>	1%	7%
<b>Mixed Race</b>	<b>1%</b>	3%	3%
<b>Hispanic Origin</b>	<b>1%</b>	4%	18%

Source: ESRI

\*The Medical Care Index is household-based, and represents the amount spent out of pocket for medical services relative to a national index of 100.

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

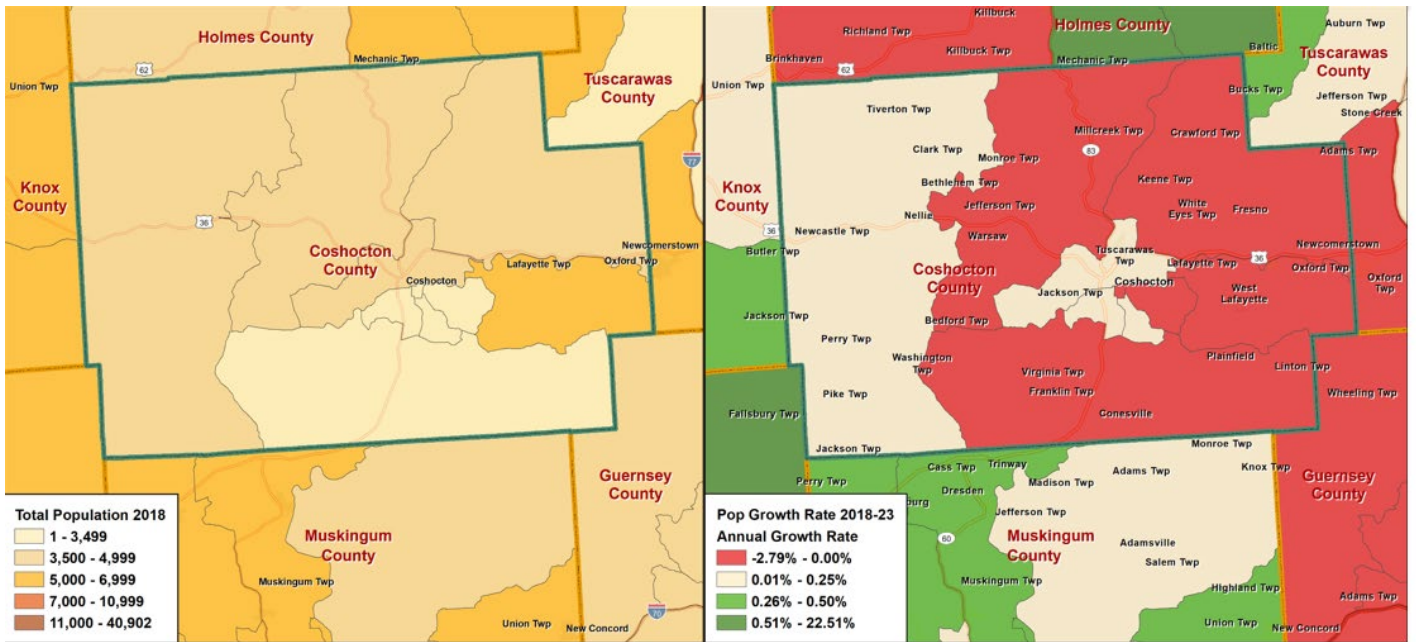
## Coshocton County



Source: ESRI

- The population of Coshocton County is projected to decrease from 2018 to 2023 (0.05% per year). Ohio is projected to increase 0.25% per year. The U.S. is projected to increase 0.83% per year.
- Coshocton County had a higher median age (42.3 median age) than OH at 40 and the U.S. at 38.3. Coshocton County percentage of the population 65 and over was 19.5%, higher than the U.S. population 65 and over at 16%.
- Coshocton County had lower median household income at \$45,769 than OH (\$53,378) and the U.S. (\$58,100). The rate of poverty in Coshocton County was 15.7% which was higher than OH (13.9%) and the U.S. (13.4%).
- The household income distribution of Coshocton County was 14% higher income (over \$100,000), 61% middle income and 25% lower income (under \$24,999).
- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Coshocton County was 77, indicating 23% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits).
- The racial and ethnic make-up of Coshocton County was 96% white, 1% black, 1% Hispanic Origin, and 1% mixed race.

## 2018 Population by Census Tract and Change (2018-2023)



Source: ESRI

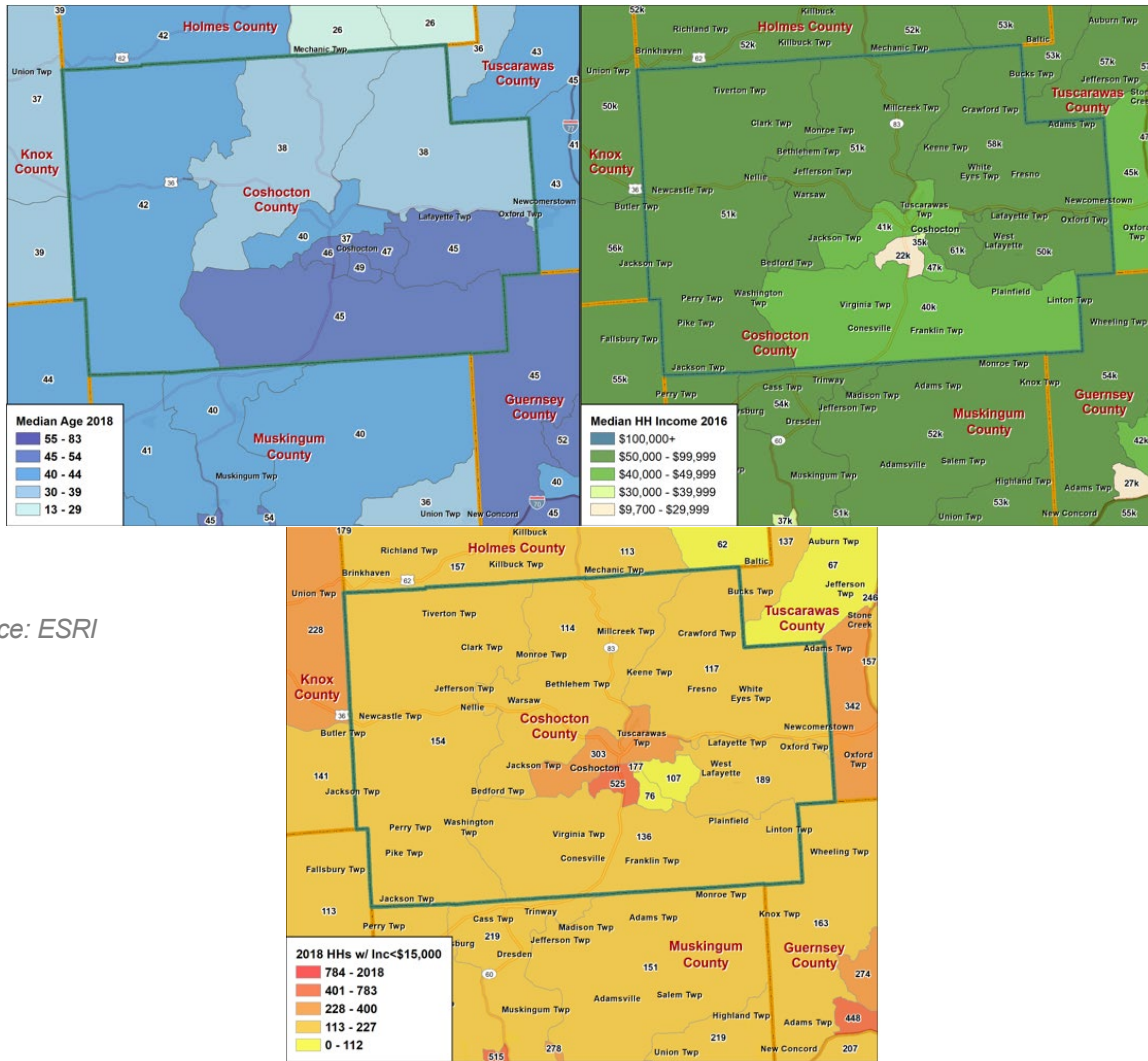
Red is population decline  
 Yellow is positive up to the OH growth rate  
 Green is greater than the OH growth rate  
 Dark Green is twice the OH growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people.

Census tracts in Coshocton County ranged between 1 - 6,999 population. The census tracts in the north including the tract in the city of Coshocton had 3,500 - 4,999 population. Four census tracts in the south had 1 - 3,499 population. The tract in West Lafayette was the largest census tract with a total population of 5,000 - 6,999.

Coshocton County’s population was projected to decrease from 2018 to 2023, by 0.5% per year. However, the tract in the west and three centralized tracts, including the tract in the city of Coshocton had a positive growth rate up to Ohio’s growth rate. The other tracts in the county were projected to decline in population.

## 2018 Median Age & Income



Source: ESRI

These maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract south of the hospital with a median age of 49 and the census tracts in the northeast with median ages of 38.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The tracts surrounding the hospital in the city of Coshocton had varying median household incomes. The tract southwest of the hospital had the lowest median household incomes with \$22K. The tract southeast of the hospital had the highest median income with \$61K.

The lower map is the number of households making less than \$15,000 per year. Again further attempting to identify those areas within the county that may have lower health status. The census tract southwest of the hospital had 525 households making less than \$15K per year. The neighboring tract to the east had 76 households making less than \$15K per year,

## Demographics, cont.

Additionally, Coshocton County's December 2018 preliminary unemployment was 4.3% compared to 4.2% for Ohio and 3.6% for the U.S. These figures do not include those who have ceased looking for work and dropped out of the workforce. However, indications are these people have begun to reenter the workforce.

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## Business Profile

60.1% percent of employees in Coshocton County were employed in:

- Health care & social assistance (18.4%)
- Manufacturing (15.8%)
- Retail trade (10.2%)
- Education services (8.1%)
- Accommodation & food services (7.6%)

*Source: ESRI*

Retail and accommodation and food service jobs offer health insurance at a lower rate than manufacturing, healthcare, and educational services. Coshocton County loses 2,457 net commuters per day commuting into the county for work, with 4,563 commuting out of the county and 2,106 commuting into the county.

*Source: US Census Bureau, American Community Survey (2009-2013)*

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week, work, church and school. These are three excellent places to reach people to create a culture of health.

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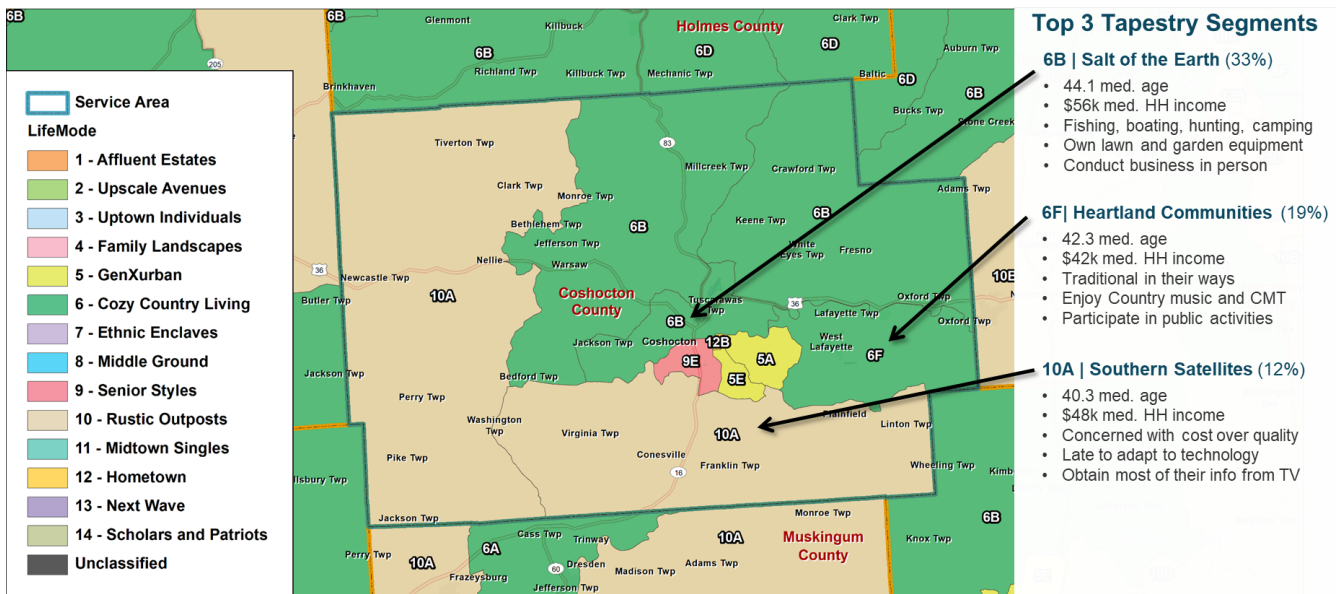
*Photo Credit: Visit Coshocton Facebook Page*

## Tapestry Segmentation

Demographics include population, age, sex, race, for example. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 63.6% of Coshocton County are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly.

The dominant Tapestry Segments in the county was Salt of the Earth (33%), Heartland Communities (19%), and Southern Satellites (12%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>. Studying the Tapestry Segments in the study area helps determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus groups and interviews. Studying their Tapestry Segment can help do that.



Source: ESRI

# Tapestry Segmentation, cont.



LifeMode Group: Cozy Country Living

## Salt of the Earth

6B

**Households:** 3,545,800  
**Average Household Size:** 2.59  
**Median Age:** 44.1  
**Median Household Income:** \$56,300

### WHO ARE WE?

*Salt of the Earth* residents are entrenched in their traditional, rural lifestyles. Citizens here are older, and many have grown children that have moved away. They still cherish family time and also tending to their vegetable gardens and preparing homemade meals. Residents embrace the outdoors; they spend most of their free time preparing for their next fishing, boating, or camping trip. The majority has at least a high school diploma or some college education; many have expanded their skill set during their years of employment in the manufacturing and related industries. They may be experts with DIY projects, but the latest technology is not their forte. They use it when absolutely necessary, but seek face-to-face contact in their routine activities.

### OUR NEIGHBORHOOD

- This large segment is concentrated in the Midwest, particularly in Ohio, Pennsylvania, and Indiana.
- Due to their rural setting, households own two vehicles to cover their long commutes, often across county boundaries.
- Home ownership rates are very high (Index 133). Single-family homes are affordable, valued at 25 percent less than the national market.
- Nearly two in three households are composed of married couples; less than half have children at home.

### SOCIOECONOMIC TRAITS

- Steady employment in construction, manufacturing, and related service industries.
- Completed education: 40% with a high school diploma only.
- Household income just over the national median, while net worth is nearly double the national median.
- Spending time with family their top priority.
- Cost-conscious consumers, loyal to brands they like, with a focus on buying American.
- Last to buy the latest and greatest products.
- Try to eat healthy, tracking the nutrition and ingredients in the food they purchase.



LifeMode Group: Cozy Country Living

## Heartland Communities

6F

**Households:** 2,850,600  
**Average Household Size:** 2.39  
**Median Age:** 42.3  
**Median Household Income:** \$42,400

### WHO ARE WE?

Well settled and close-knit, *Heartland Communities* are semirural and semiretired. These older householders are primarily homeowners, and many have paid off their mortgages. Their children have moved away, but they have no plans to leave their homes. Their hearts are with the country; they embrace the slower pace of life here but actively participate in outdoor activities and community events. Traditional and patriotic, these residents support their local businesses, always buy American, and favor domestic driving vacations over foreign plane trips.

### OUR NEIGHBORHOOD

- Rural communities or small towns are concentrated in the Midwest, from older Rustbelt cities to the Great Plains.
- Distribution of household types is comparable to the US, primarily (but not the majority) married couples, more with no children, and a slightly higher proportion of singles (Index 112) that reflects the aging of the population.
- Residents own modest, single-family homes built before 1970.
- They own one or two vehicles; commutes are short (Index 82).

### SOCIOECONOMIC TRAITS

- Retirees in this market depress the average labor force participation rate to less than 60% (Index 94), but the unemployment rate is comparable to the US.
- More workers are white collar than blue collar; more skilled than unskilled.
- The rural economy of this market provides employment in the manufacturing, construction, utilities, healthcare, and agriculture industries.
- These are budget savvy consumers; they stick to brands they grew up with and know the price of goods they purchase. Buying American is important.
- Daily life is busy, but routine. Working on the weekends is not uncommon.
- Residents trust TV and newspapers more than any other media.
- Skeptical about their financial future, they stick to community banks and low-risk investments.



Note: The Index represents the ratio of the segment rate to the US rate multiplied by 100. Consumer preferences are estimated from data by GfK MRI.



# Tapestry Segmentation, cont.



LifeMode Group: Rustic Outposts

## Southern Satellites

10A

Households: 3,856,800

Average Household Size: 2.67

Median Age: 40.3

Median Household Income: \$47,800

### WHO ARE WE?

*Southern Satellites* is the second largest market found in rural settlements but within metropolitan areas located primarily in the South. This market is typically nondiverse, slightly older, settled married-couple families, who own their homes. Two-thirds of the homes are single-family structures; almost a third are mobile homes. Median household income and home value are below average. Workers are employed in a variety of industries, such as manufacturing, health care, retail trade, and construction, with higher proportions in mining and agriculture than the US. Residents enjoy country living, preferring outdoor activities and DIY home projects.

### OUR NEIGHBORHOOD

- About 78% of households are owned.
- Married couples with no children are the dominant household type, with a number of multigenerational households (Index 112).
- Most are single-family homes (67%), with a number of mobile homes (Index 509).
- Most housing units were built in 1970 or later.
- Most households own 1 or 2 vehicles, but owning 3+ vehicles is common (Index 144).

### SOCIOECONOMIC TRAITS

- Education: almost 40% have a high school diploma only (Index 140); 45% have college education (Index 73).
- Unemployment rate is 6%, slightly higher than the US rate.
- Labor force participation rate is 59.1%, slightly lower than the US.
- These consumers are more concerned about cost rather than quality or brand loyalty.
- They tend to be somewhat late in adapting to technology.
- They obtain a disproportionate amount of their information from TV, compared to other media.

### Focus Groups and Interview Results

Twenty community stakeholders representing the broad interests of the community as well as representing low income, medically underserved and minority populations participated in two focus groups and three individual interviews on June 26<sup>th</sup>, 2019 for their input into the community's health. Community participation in the focus groups and interviews represented a broad range of interests and backgrounds. Below is a summary of the 90-minute focus group discussions and the individual interviews.

#### 1. How do you define health?

- Mental, physical
- Mind, body and spirit
- Physical, wellness, living conditions, environment, mental, social, emotional, as perceived by the person

#### 2. Generally, how would you describe the health of the Coshocton community?

- Differs – balance of healthy and unhealthy
- Improving – with the focus on healthy lifestyles, people are paying more attention
- Comparable to other surrounding counties
- Not as good as it could be
- Poor, fair

#### 3. What are the biggest health concerns or issues for Coshocton County?

##### Transportation

- Primary funding is difficult, tied to many regulations
- One of the biggest issues with transportation is people that fall through the cracks, those that don't qualify for Medicaid and don't have money for transportation.
- Agency receives 12-13 calls per week with people wanting transportation to jobs
- People at the sober living facilities can't get to the AA meetings
- No wheelchair transit
- People with limited mobility can't get to a grocery store and have to use a convenience store and eat poorly and contributes to diabetes.
- Noncompliance – resources limited and transportation, can't get healthy foods

##### Access to care and insurance

- Lack of primary care doctors
- High deductible health plans, high co-pays, lack of good insurance, unaffordable healthcare
- Insurance – determines what care you're going to get

##### Socioeconomic and Cultural Issues

- Unemployment – losing employers (electric plant) and employer-based health insurance and small employers usually don't offer health insurance.
- Changing – less middle class, farming, working community
- 80% of students are on the free and reduced lunch/breakfast program; 5 locations to provide summer lunches.
- Poverty and welfare – lack of resources, lack of access to care due to lack of money
- Low education level
- Inability to recognize poor decisions, culture
- Poor to moderate income designation

## Focus Group and Interview Results, cont.

### 3. What are the biggest health concerns or issues for Coshocton County? (cont.)

#### Substance Use Disorder

- Addiction – drugs, alcohol, behavior creates trauma, opioids, drinking culture
- Drug abuse fueling major crime, meth, heroin, opioids, fentanyl, LSD, marijuana
- Theft – robberies, laundering, domestic assaults
- Creating foster care and broken homes

#### Healthy eating and active living

- Lack of education on healthy lifestyle – obesity, diabetes
- Eating habits – poor diet, healthy food is more expensive. Produce goes bad quickly and people don't know how to prepare it
- Obesity – includes diabetes, heart disease
- Not enough exercise or activities

#### Chronic Diseases

- Coronary artery disease (CAD), Chronic obstructive pulmonary disease (COPD), Congestive heart failure (CHF) are high
- Cancer/death rate from cancer is higher than the state average
- Elderly population with no support system

#### Others

- Losing residents retirement population – no retirement living, leaving to follow grandkids
- Bed bugs
- Mental health population highly underserved, low resources and lack of ability to recognize mental health

### 4. What are the most important health issues facing medically-underserved, low-income and minority populations?

- Same health issues affect all the segments of population

#### Access

- Low income population and/or uninsured use the ER as a doctor
- Medication is expensive
- Access to services – transportation, underinsured. Services are available but reluctant to use
- Transportation

#### Others

- There is an Amish community in the county, but unaware of their issues are
- Health department – Hepatitis C, working with homeless community
- Homeless – 10-20 who don't have a roof but many more couch surf or live in cars
- Mental health
- Heavy smoking in low income population
- Obesity – poor eating habits, eating from the Circle K, diabetes
- Limited resources
- Non-compliance
- Lack of positive attitudes and look elsewhere for comfort

## Focus Group and Interview Results, cont.

### 5. What are the most important health issues facing children/adolescents?

#### Abuse and neglect

- Sexual abuse and abuse in general
- Parents aren't raising their children well, neglect (outcome of addiction)
- Lack of stability, love and attention

#### Not living with parents (some result of substance abuse)

- Homelessness – kids couch surfing. The schools open early so kids can bathe.
- Foster care because of drug epidemic
- Grandparents raising grandkids, primarily due to drug abuse

#### Healthy eating and active living

- Obesity and diabetes – lack of exercise/activity and more video games, phones
- Not starting at a young age with healthy choices

#### Others

- Lack of pediatricians and dentists – some kids can't travel out of town to a pediatrician
- Increase infection and illness in unsanitary living conditions
- Mental health diagnosis
- Autism rates
- Accident-related deaths

### 6. What are the most important health issues facing seniors?

#### Access

- Access to care, no public transportation
- Lack of local oncology services – must travel out of town.
- Need more physicians and dialysis
- Insurance guidelines – Anthem Medicare deny all claims; this behavior will decrease healthcare in the community

#### Support

- Retirement age people don't have the support they need. Home Health is swamped.
- Take care of themselves, stubborn, self-sufficient
- Don't know about resources like Meals on Wheels or take advantage of senior programs
- Children and grandchildren living with parents and grandparents
- Seniors getting taken advantage of and elder abuse

#### Chronic Diseases

- Mental illnesses – hoarding issues
- CHF, COPD, diabetes, MRSA, lots of infection, poor hygiene



*Photo Credit: Coshocton Regional Medical Center*

## Focus Group and Interview Results, cont.

### 7. The community performed a CHNA in 2016 and identified priorities for health improvement

1. Cardiovascular disease
2. Diabetes
3. Cancer
4. Chronic lower respiratory disease
5. Substance abuse
6. Depression

### What has changed most related to health status in the last three years?

#### Better

- Working on substance abuse – family drug court, outcomes starting to show
- Resources are increasing for substance abuse and mental health

#### Worse

- Substance abuse still a priority, gotten worse. Marijuana, meth, opioids, ADHD drugs still issues
- Drug abuse and mental health have gotten worse
- Alcohol is an issue – legal and accepted alcohol issues
- Transportation needs have grown
- Obesity higher causing diabetes
- Medicaid – noncompliant with medication
- Lack of motivation
- Teen pregnancy

### 8. What behaviors have the most negative impact on health?

- Literacy, education
- Nutrition – exercise, motivation, eating healthy economics, time, parents not cooking
- Tobacco use resulting in COPD, emphysema and lots of resources as the people age.
- Substance abuse abuse – Methamphetamine mostly with some opioids, use of Narcan has doubled. Alcohol is most abused.
- Food pantries throwing away so many fruits and vegetables. People don't get enough fruits and vegetables.
- Alcohol culture
- Farming community tobacco use is high
- Defensiveness when addressing health issues
- Generationally – communal living
- Personal hygiene
- Teen pregnancy/ sexually transmitted diseases



Photo Credit:  
visitcoshocton.com

## Focus Group and Interview Results, cont.

### 9. What environmental factors have the most negative impact on health?

- Injection wells coming back into the state putting toxic waste one-mile underground. Well water may be changed, emotionally driven issue. Not completely sure it's safe.
- West Lafayette water isn't as good as city water. Lots of the community is still on well water.
- Lack of running water
- Farming chemicals
- Lead (older houses)
- Lack of sidewalks in the city
- Safety depends on neighborhood
- Homes- poor conditions
- Hoarding issue
- Amish population – horses on highways

### 10. What do you think the barriers will be to improve health in the communities?

- Transportation
- Funding
- Culture – lack of planning ahead, despair, depression
- Compliance, resistance to change, need individual responsibility and to empower people
- Drugs
- Benefits cliff – if people get a job, they lose benefits
- Working poor crisis – jobs offer pay barely living wage
- Insurance major expense – affects mostly part-time employment, not offering full-time employment can't afford the insurance
- Shortage of primary care and psychiatrists
- People don't feel a connection with the people trying to help them
- Parents don't want kids to get better, need to start at a younger age to see a change

### 11. Where do members of the community turn for basic healthcare needs?

- Urgent care
- Emergency Room
- Hospital
- Community physicians
- Muskingum Valley Health Center
- Doctors
- Health department
- Child and family services
- Hope Clinic – free clinic, Thursday nights
- All well – mental health

## Focus Group and Interview Results, cont.

### 12. What community assets support health and wellbeing?

- National Alliance on Mental Illness (NAMI) group
- Hospital is a huge asset – tries to improve health, health fairs, etc..
- Peer Support available 4 hours, 7 days a week
- Healthy lifestyle classes available
- AA and NA meetings
- Family Children First Council –childhood trauma
- Chamber of Commerce –safety council
- Senior Center– exercise classes, meals
- Kiwanis have a produce giveaway once a month
- Summer programs – feeding program
- A small, sharing community, community pulls together, tight knit, faith based, good work ethic
- Schools/library – education on resources available
- Community Center – free exercise classes
- Drug free and homeless coalition
- Muskingum Valley Health Center – lots of resources, social work, mental health, pay for transfer
- Coshocton County Coordinated Transportation Agency
- Salvation Army
- Kids America – camp can be free
- Well-funded clubs – rotary, Kiwanis
- Coshocton Foundation
- Trinity Church – drug program
- Help Me Grow
- Head Start
- All Well
- CBHC – sober living housing, adding behavioral health choices
- Children programs and housing
- County health board – Maternal and child clinic-well childcare
- Job and family services
- Wonderful parks – Lake park, free pools passes
- Free dinner once a week at different churches
- Clean, safe community
- United Way strong with wide participation
- PVT Foundation – Coshocton Foundation
- Kno-Ho-Co dental clinics

### 13. What improvement activities should be a priority for Coshocton County to improve health?

#### Access to care and insurance

- More physicians
- Moving to high deductible health plans - expensive
- Need telehealth
- The community is meeting chronic needs with emergency responses.
- Need community paramedicine program where paramedics make house calls to check on people and do education especially for seniors.
- Transportation – handicapped access, volunteer driver program
- EMS – expanding transportation get patients to and from non-emergency transport

#### Children's programs

- Start younger to impact children – daycare, education, places for kids to go, build resiliency,
- Schools – build a program around health education
- Child and family services
- Comprehensive, intensive family counseling, learned behaviors
- Mentoring program

#### Better built environment

- More sidewalks and ramps
- Decent housing

#### Funding

- Flexible funding for community priorities with less strings attached
- Different funding streams to keep programs going

## Focus Group and Interview Results, cont.

### 13. What improvement activities should be a priority for Coshocton county to improve health? (cont.)

#### Substance abuse resources

- More support, peer support helps stop drug abuse not necessarily economics
- Increase awareness of all the resources, places to seek treatment
- Build a new, bigger jail to recover people and not send them back out
- Make the community center evolve more into a drop-in center for mental health and substance abuse
- Smoking cessation program

#### Socioeconomic support

- Poverty level – more tools and resources to better help themselves
- Homelessness – Hepatitis C
- So many job openings, match people to job openings
- Motivate people to work rather than receive benefits
- Teach financial literacy
- There needs to be a balance – want to help people, but don't want to create dependence

#### Mental Health

- Trauma informed care and focus on resiliency
- Suicide rates – kids, elderly, free and accessible mental health

#### Others

- Career center, fill jobs locally, push other professions besides going to college



Photo Credit: Coshocton County Courthouse; [www.civkartproject.org](http://www.civkartproject.org)



## Health Status Data

Based on the 2018 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin<sup>2</sup>, Coshocton County ranked 45<sup>th</sup> healthiest county in Ohio out of the 88 counties ranked (1= the healthiest; 88 = unhealthiest), 29<sup>th</sup> for health outcomes and 61<sup>st</sup> for health factors.

County Health Rankings suggest the areas to explore for improvement in Coshocton County were identified as higher adult smoking, higher adult obesity, higher ratio of primary care physicians per population, lower percentage of flu vaccinations, lower unemployment, lower percentage of adults with some college, and higher air pollution. The areas of strength were identified as lower uninsured percentage, higher percentage of high school graduation, and lower percentage of children in single-parent households.

When analyzing the health status data, local results were compared to Ohio, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Coshocton County's results were worse than OH and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in Ohio and eventually the Nation, Coshocton County must close several lifestyle gaps. For additional perspective, Ohio was ranked the 40<sup>th</sup> healthiest state out of the 50 states (Source: 2018 America's Health Rankings). Ohio strengths were low percentage of uninsured population, high rate of primary care physicians, and low occupational fatality rate. Ohio challenges were high prevalence of smoking, high levels of air pollution, and low immunization coverage among children.

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## Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and surveys. If a measure was better than Ohio, it was identified as a strength, and where an indicator was worse than Ohio, it was indicated an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red symbols, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

In most of the following graphs, Coshocton County will be blue, Ohio (OH) will be red, U.S. green and the 90th percentile of counties in the U.S. gold. \* indicates a change in the BRFSS Survey calculations of results. 2016 forward cannot be compared to prior year results.

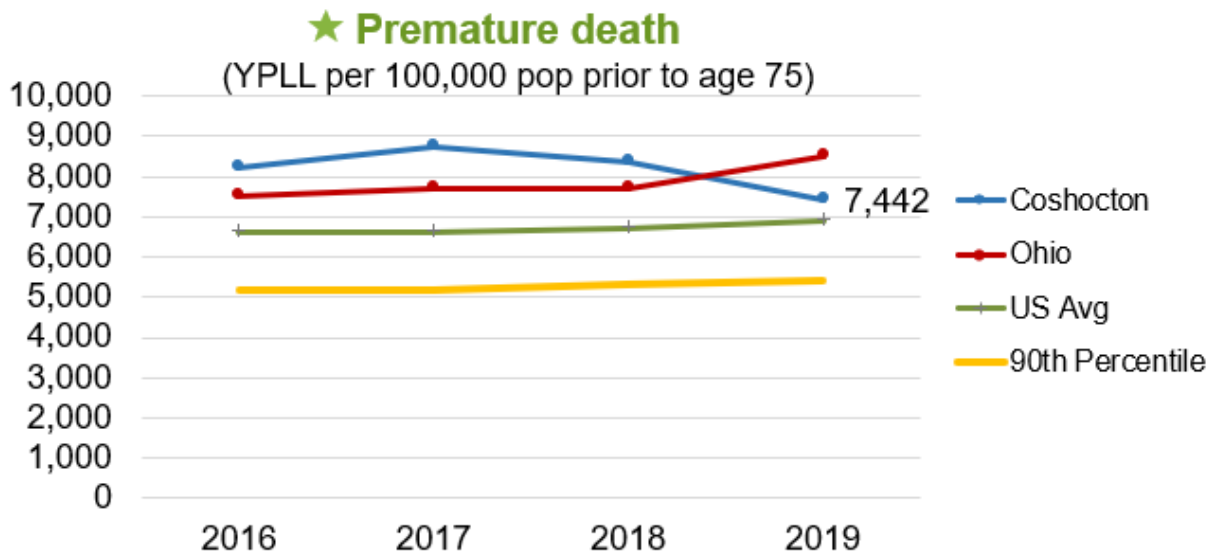
<sup>2</sup> The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Ohio's counties every year since 2003.

## Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Coshocton County ranked 29<sup>th</sup> in Health Outcomes out of 88 Ohio counties.

### Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, if a 25-year-old is killed in an accident, that is 50 years of potential life lost prior to age 75. Coshocton County ranked 24<sup>th</sup> in length of life in OH. Coshocton County lost 7,442 years of potential life per 100,000 population which was lower than OH, but higher than the U.S.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2015-2017



Photo Credit: Coshoctoncounty.net

## Leading Causes of Death: Age-Adjusted Death Rates per 100,000

Cause of Death	Coshocton County	Ohio	US
Heart Disease	197.2	186.2	165.0
Cancer	169.3	171.2	152.5
Accidents (Unintentional Injuries)	47.6	75.1	49.4
Respiratory Diseases	58.7	48.5	40.9
Strokes	36.2	42.8	37.6
Alzheimer's	43.8	33.6	31.0
Diabetes	21.3	25.2	21.5
Influenza and Pneumonia	15.6	14.9	14.3

Source(s): Wonder CDC.gov (2017) Age-adjusted rates per 100,000 population. Coshocton County data from 2015-2017 combined. OH, US data from 2017. Rates that appear in red for a county denote a higher value compared to state data. Age Adjustment Uses 2000 Standard Population. \*\*\* denotes unreliable use rates.

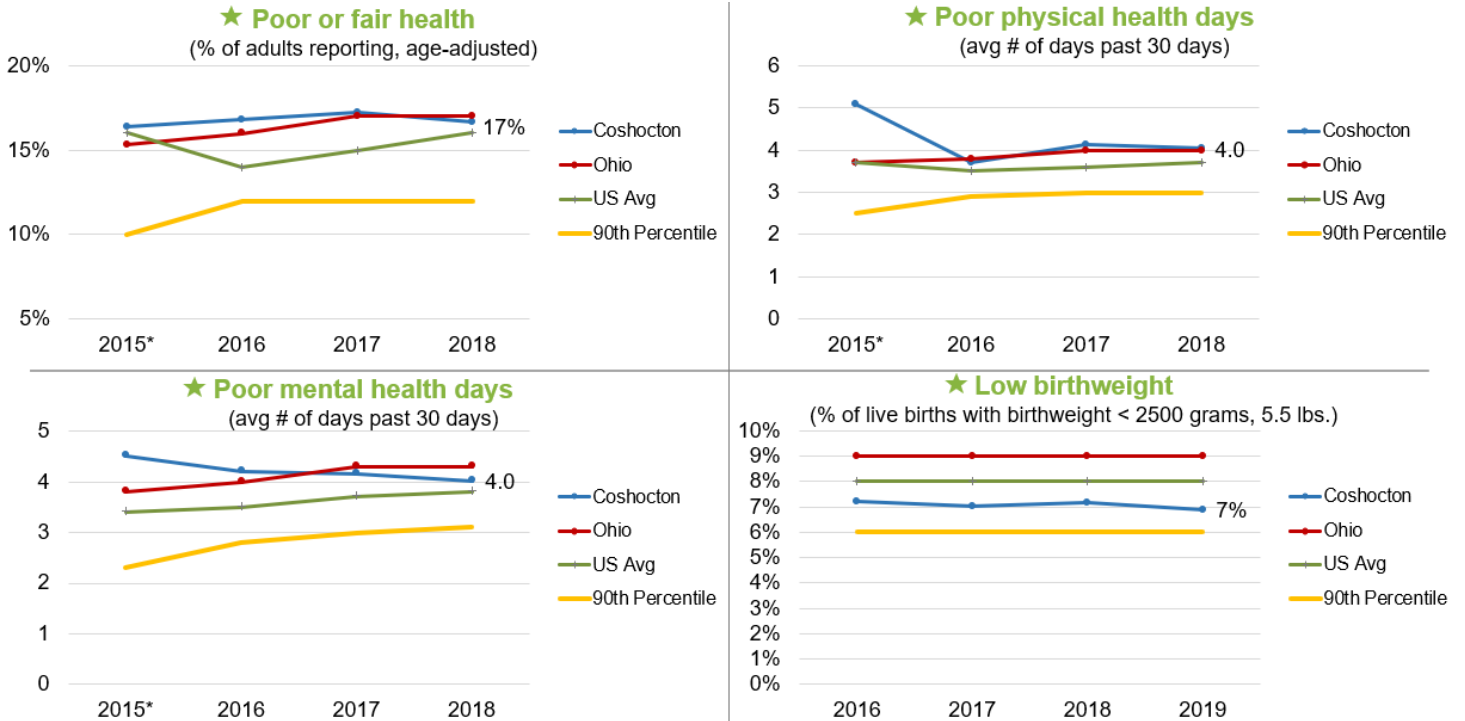
Red areas had death rates higher than OH. The leading causes of death in Coshocton County were heart disease followed by cancer. Lagging as causes of death respiratory diseases, accidents, Alzheimer's Disease, stroke, diabetes, influenza and pneumonia.



Photo Credit: Coshocton Elementary School Website

## Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Coshocton County ranked 40<sup>th</sup> in Ohio for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2016 Source: County Health Rankings; National Center for Health Statistics – Natality files (2011-2017)

## Quality of Life STRENGTHS

- Coshocton County had lower death rates for cancer, accidents, strokes, and diabetes than OH.
- Coshocton County had the same percentage of adults reporting poor or fair health as OH, 17%.
- Coshocton County had the same average number of poor physical health days in the past 30 days at 4.0 as OH.
- Coshocton County had an average of 4.0 poor mental health days in the past 30 days, lower than OH at 4.3, but higher than the U.S. at 3.8.
- Coshocton County had a lower percentage of low birthweight babies at 7% than OH at 9% and the U.S. at 8%.

## Quality of Life OPPORTUNITIES

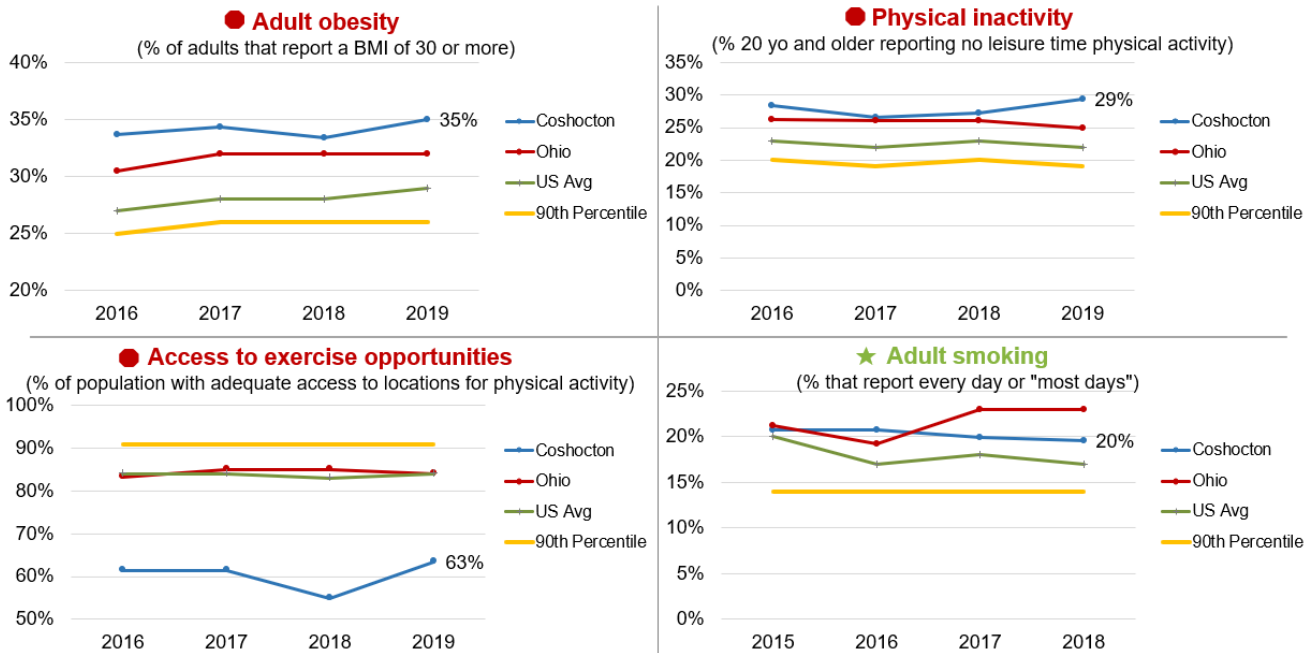
- Coshocton County had a higher death rate for heart disease, respiratory diseases, Alzheimer’s Disease, and influenza and pneumonia.

## Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Coshocton County ranked 61<sup>st</sup> out of 88 Ohio counties for health factors.

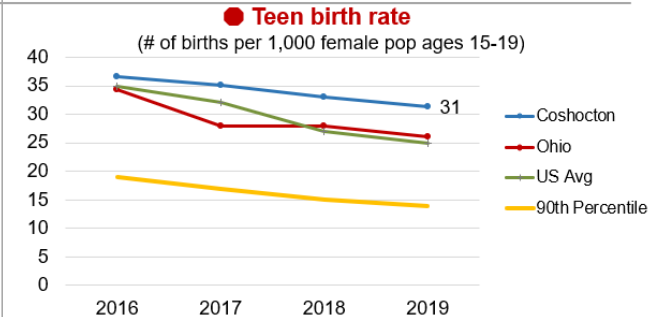
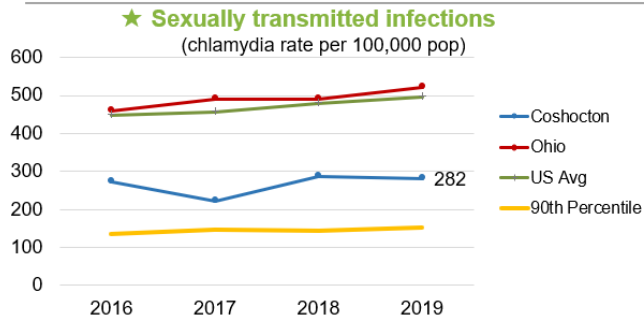
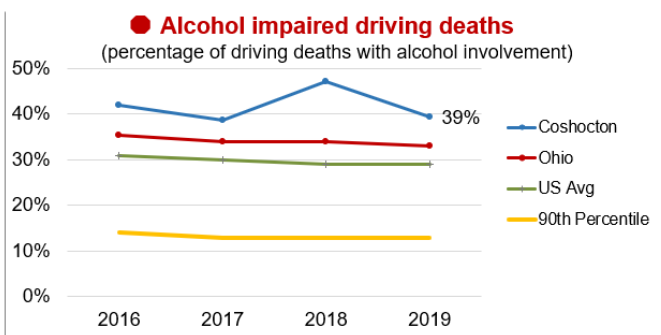
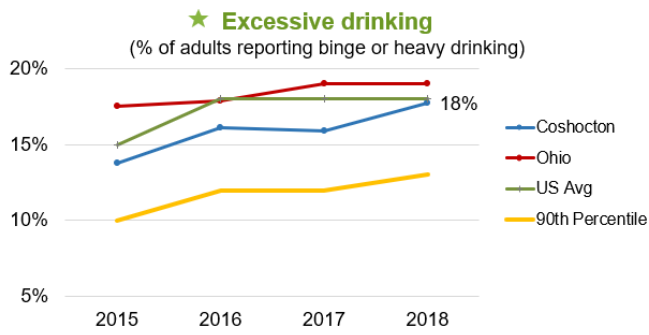
## Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Coshocton County ranked 53<sup>rd</sup> out of 88 counties in Ohio.

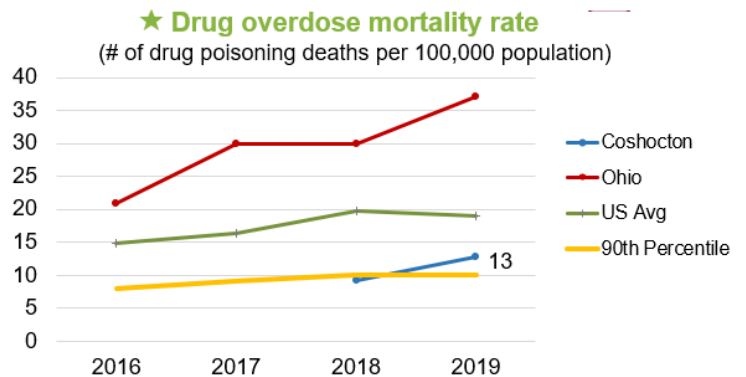
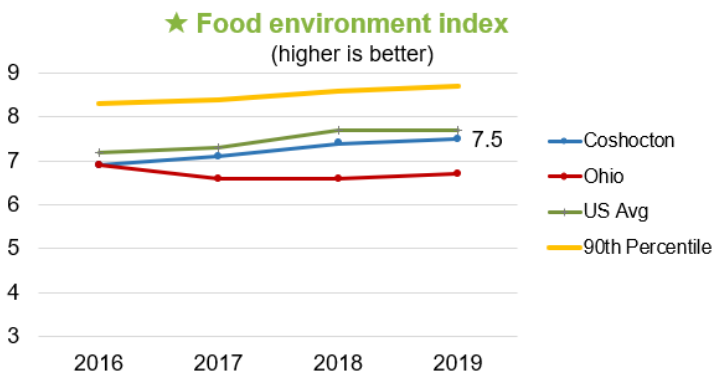


Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas based on responses to BRFSS and Census Bureau's population estimates program, 2015 Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. Census Tigerline Files, 2010 and 2018. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes) Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016

## Health Behaviors, Cont.



Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016 Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2013-2017 Source: STIs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2016 Source: Teen birth rate – County Health Rankings; National Center for Health Statistics – Natality files, 2011-2017



Source: Food environment: County Health Rankings; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2016; Drug overdose rate: CDC WONDER mortality data, 2015-2017

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

## Health Behaviors, Cont.

### The Impact of E-Cigarettes on the Lung

Following excerpt taken from American Lung Association website, [www.lung.org](http://www.lung.org), “The Impact of E-Cigarettes on the Lung”

“In January 2018, the National Academies of Science, Engineering and Medicine<sup>1</sup> released a consensus study report that reviewed over 800 different studies.

That report made clear: using e-cigarettes causes health risks. It concluded that e-cigarettes both contain and emit a number of potentially toxic substances. The Academies' report also states there is moderate evidence that youth who use e-cigarettes are at increased risk for cough and wheezing and an increase in asthma exacerbations.

A study from the University of North Carolina found that the two primary ingredients found in e-cigarettes—propylene glycol and vegetable glycerin—are toxic to cells and that the more ingredients in an e-liquid, the greater the toxicity.<sup>2</sup>

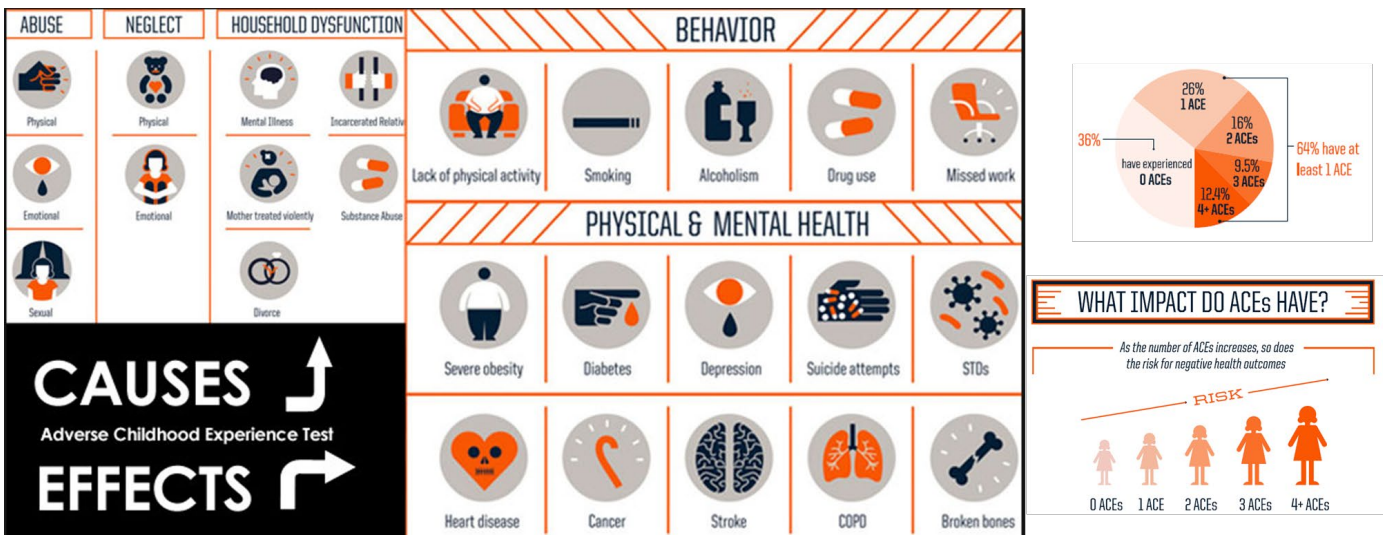
E-cigarettes produce a number of dangerous chemicals including acetaldehyde, acrolein, and formaldehyde. These aldehydes can cause lung disease, as well as cardiovascular (heart) disease.<sup>3</sup>

E-cigarettes also contain acrolein, a herbicide primarily used to kill weeds. It can cause acute lung injury and COPD and may cause asthma and lung cancer.<sup>4</sup>”

1. NAM Report - <https://www.nap.edu/resource/24952/012318ecigaretteConclusionsbyEvidence.pdf>
2. Sassano MF, Davis ES, Keating JE, Zorn BT, Kochar TK, Wolfgang MC, et al. (2018) Evaluation of e-liquid toxicity using an open-source high-throughput screening assay. PLoS Biol 16(3): e2003904. <https://doi.org/10.1371/journal.pbio.2003904>
3. Ogunwale, Mumiye A et al. (2017) Aldehyde Detection in Electronic Cigarette Aerosols. ACS omega 2(3): 1207-1214. doi: 10.1021/acsomega.6b00489].
4. Bein K, Leikauf GD. (2011) Acrolein - a pulmonary hazard. Mol Nutr Food Res 55(9):1342-60. doi: 10.1002/mnfr.201100279.

### Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor outcomes



## Health Behaviors STRENGTHS

- Adult smoking in Coshocton County was 20%, lower than OH (23%), but higher than the U.S. (17%).
- 18% of Coshocton County reported binge or heavy drinking, the same as the U.S. and lower than OH (19%).
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Coshocton County (282) than OH (521), and the U.S. (497).
- The number of drug poisoning deaths per 100,000 population was 13 in Coshocton County, lower than Ohio at 37 and the U.S. at 19.
- The food environment index in Coshocton County was 7.5, higher than OH (6.7), but lower than the U.S. (7.7).

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## Health Behaviors OPPORTUNITIES

- Adult obesity in Coshocton County was 35%, higher than OH (32%) and the U.S. (29%). Obesity in Ohio and the U.S. continue to rise, putting people at increased risk of chronic diseases including: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
- Physical inactivity was higher in Coshocton County at 29% than in OH at 25% and the U.S. at 22%.
- Access to exercise opportunities in Coshocton County was 63%, lower than OH and the U.S. both at 84%.
- Alcohol impaired driving deaths were higher in Coshocton County (39%) than OH (33%) and the U.S. (29%).
- The teen birth rate in Coshocton County was 31 births per 1,000 female population ages 15-19, higher than OH at 26 births and the U.S. at 25 births. The teen birth rate trended downward since 2015 for Coshocton, Ohio and the U.S.

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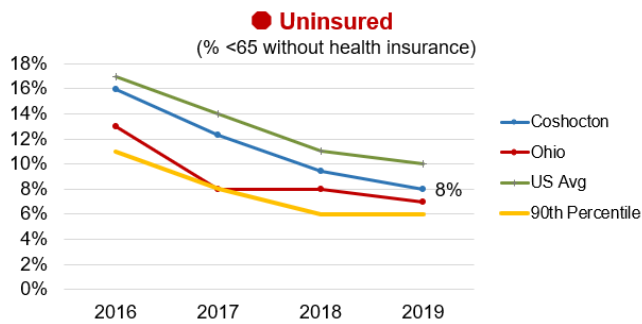


*Photo Credit: Coshocton Boy Scouts Facebook Page*



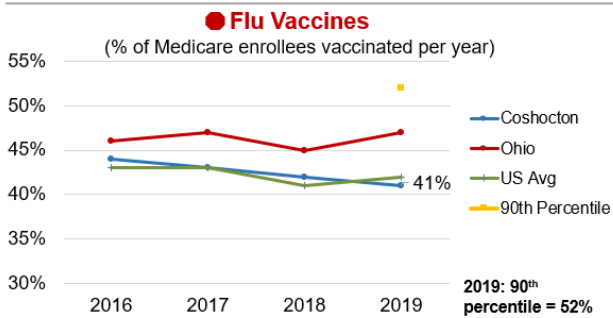
## Clinical Care

Clinical care ranking is made up of seven indicators (does not include diabetes), and account for 20% of the county rankings. Coshocton County ranked 74<sup>th</sup> out of 88 Ohio counties in clinical care.



**Preventable hospital stays**  
(hospitalization rate for ambulatory-sensitive conditions per 100,000 Medicare enrollees)

2019	
Coshocton	5,548
Ohio	5,135
US Avg	4,648
90th Percentile	2,765



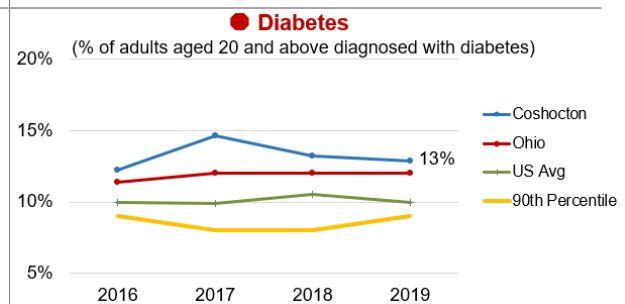
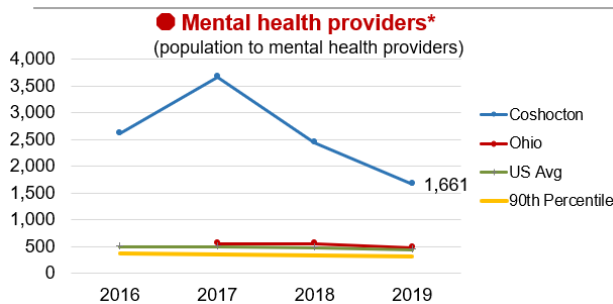
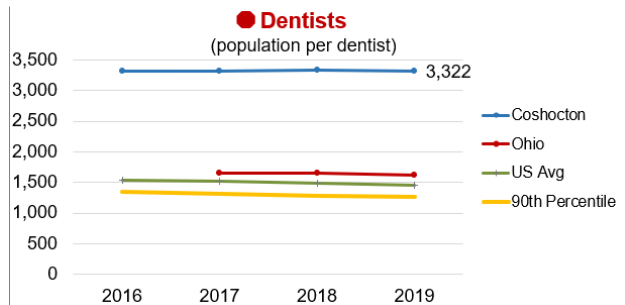
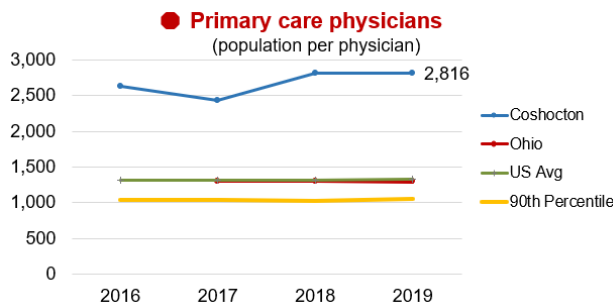
**Mammography screening**  
(Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening)

2019	
Coshocton	41%
Ohio	41%
US Avg	40%
90th Percentile	49%

Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2016

Source: Preventable hospital stays, mammography screening – County Health Rankings, CMS Mapping Medicare Disparities Tool, 2016

Source: diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, Medicare claims data, 2016



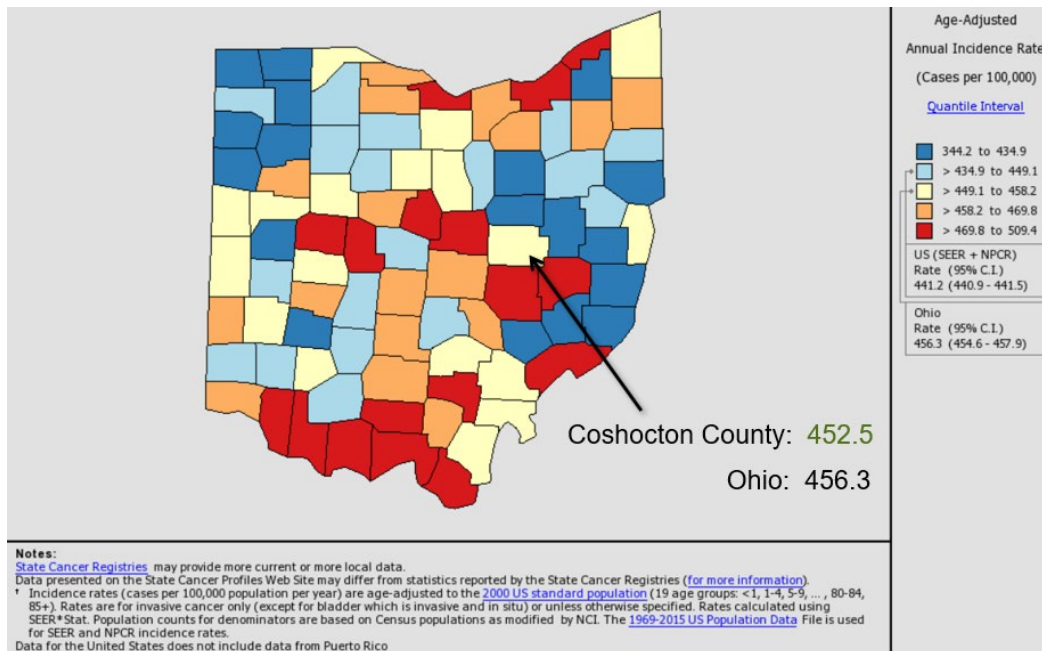
Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2016

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2017

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2018

## Clinical Care, cont.

### Cancer Incidence Rates – OH Counties



## Clinical Care STRENGTHS

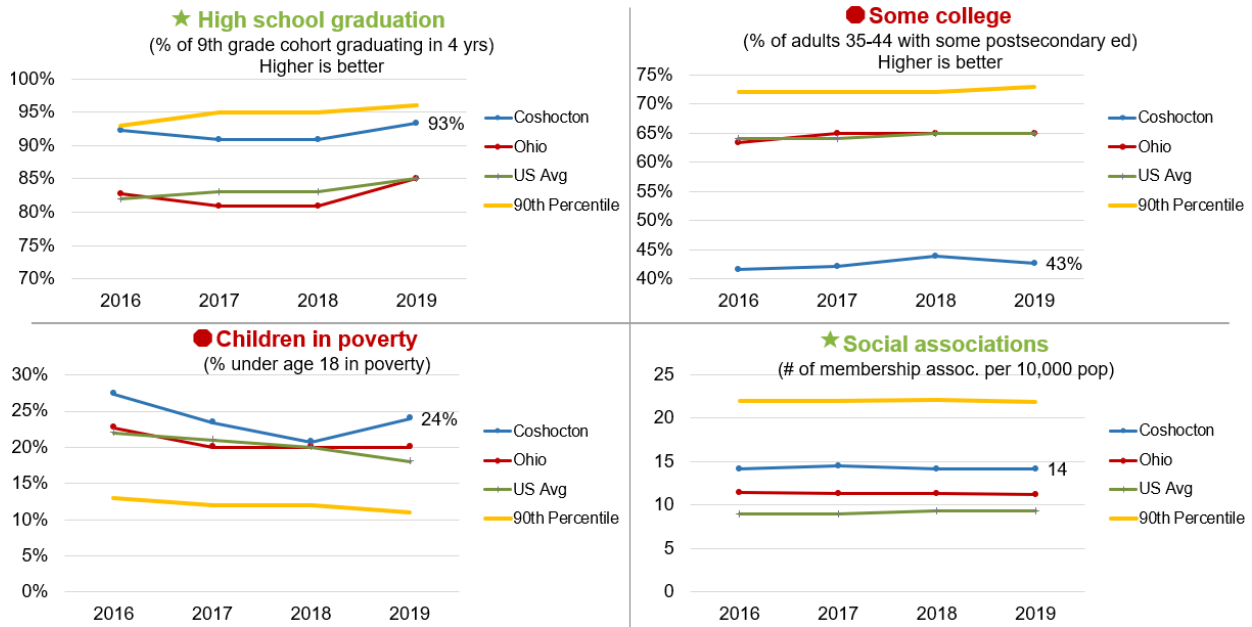
- Mammography screening was the same in Coshocton County (41%) as OH, and higher than the U.S. (40%).
- The cancer incidence rate in Coshocton County was 452.5 cases per 100,000 population which was lower than OH (456.3).

## Clinical Care OPPORTUNITIES

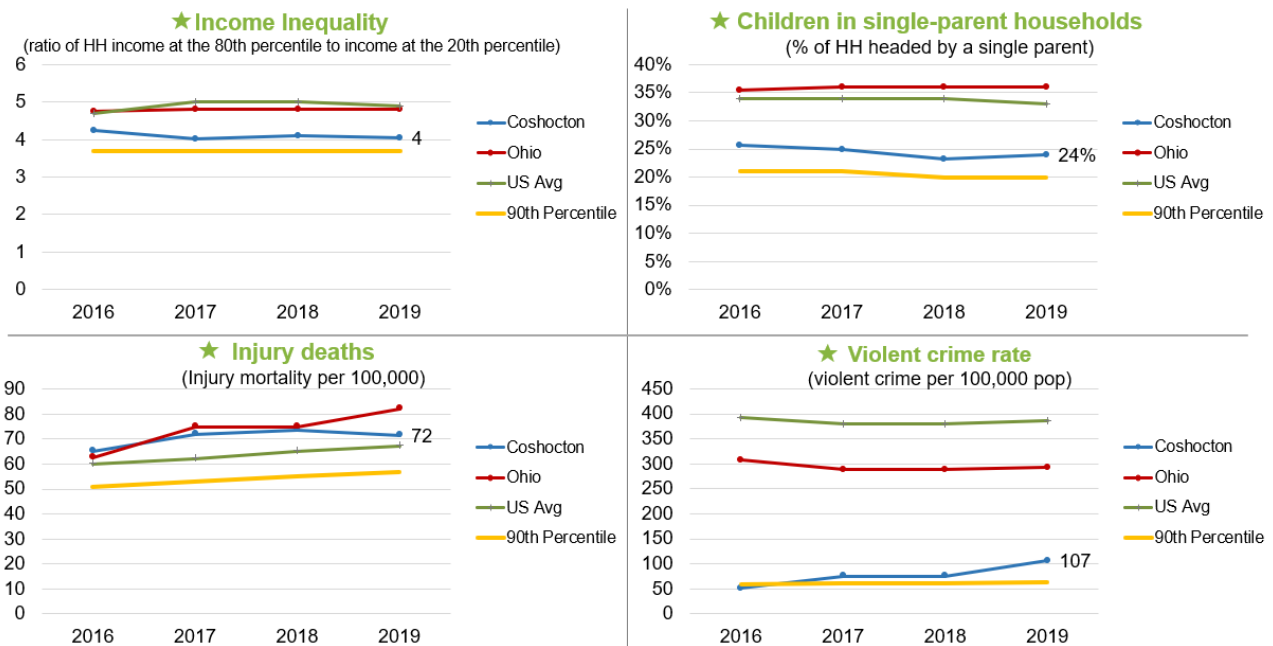
- The percent of population under sixty-five without health insurance was 8% in Coshocton County, higher than OH at and 7%, but lower than the U.S. at 10%. The uninsured percentage trended downward since 2015 for Coshocton, Ohio and the U.S.
- The percent of Medicare enrollees with flu vaccines per year was lower in Coshocton County at 41% than OH at 47% and the U.S. at 42%.
- Preventable hospital stays in Coshocton County were 5,548 per 100,000 Medicare enrollees which was higher than OH (5,135) and the U.S. (4,648).
- The percentage of adults with diabetes in Coshocton County was 13%, higher than OH at 12% and the U.S. at 10%.
- The population per primary care physician was higher in Coshocton County than OH and the U.S. at 2,816.
- The population per dentists was higher in Coshocton County than OH and the U.S. at 3,322.
- The population per mental health providers was higher in Coshocton County than OH and the U.S. at 1,661.

## Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Coshocton County ranked 63<sup>rd</sup> out of 88 Ohio counties.



Source: High school graduation – County Health Rankings; OH Dept of Public Instruction, 2016-2017  
 Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2013-2017.  
 Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2017  
 Source: Social associations - County Health Rankings; County Business Patterns, 2016



Source: Income inequality and children in single-parent households - County Health Rankings; American Community Survey, 5-year estimates 2013-2017.  
 Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2013-2017.  
 Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2014 & 2016

## Social & Economic Factors STRENGTHS

- The high school graduation rate was higher in Coshocton County at 93% than OH and the U.S. both at 85%.
- Social associations were higher in Coshocton County at 14 memberships per 10,000 population than OH at 11 and the U.S. at 9 memberships. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.
- The violent crime rate in Coshocton County was 107 violent crimes per 100,000 population which was lower than in OH at 293 and the U.S. at 386.
- Income inequality represents the ratio of household income at the 80<sup>th</sup> percentile compared to income at the 20<sup>th</sup> percentile. Income inequality was lower in Coshocton County at 4.0 than OH and the U.S. both at 5.
- The percentage of children in single-parent households was 24% in Coshocton County which is lower than OH at 36% and the U.S. at 33%.
- Injury deaths in Coshocton County were 72 per 100,000 population, lower than OH at 82, but higher than the U.S. at 67.

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## Social & Economic Factors OPPORTUNITIES

- 43% of Coshocton County adults had some postsecondary education which was lower than OH and the U.S. both at 65%.
- The children in poverty rate was higher for Coshocton County (24%) than OH (20%) and the U.S. (18%).
- The median household income in Coshocton County was lower than OH and the U.S. at \$45,769.
- The poverty estimates for 2017 has poverty in Coshocton County at 15.7%, higher than OH (13.9%) and the U.S. (13.4%).



*Photo Credit: Forest Hill Lake; visitCoshocton.com*

## Physical Environment

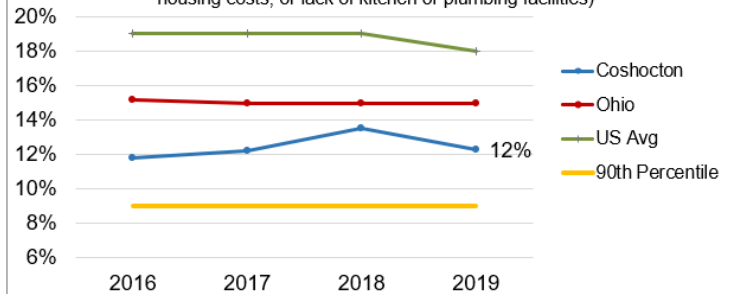
Physical environment contains four measures in the category and accounts for 10% of the County rankings. Coshocton County ranked 5<sup>th</sup> out of 88 Ohio counties in physical environment.

### ★ Drinking water violations

	2017	2018	2019
Coshocton County	No	Yes	No

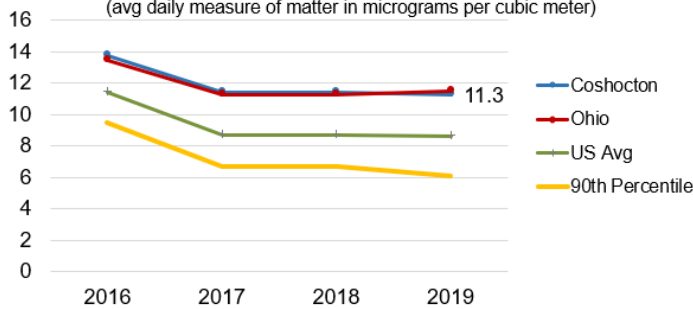
### ★ Severe housing problems

(% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)



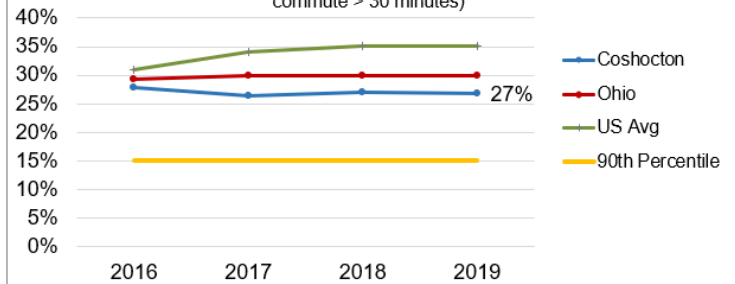
### ★ Air pollution - particulate matter

(avg daily measure of matter in micrograms per cubic meter)



### ★ Long commute- driving alone

(among workers who commute alone, the % that commute > 30 minutes)



Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2017. Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2011-2015. Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2013-2017. Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2014

## Physical Environment STRENGTHS

- Coshocton County had a lower percentage of severe housing problems than OH and the U.S. at 12%.
- Air pollution measured as the average daily measure of matter in micrograms per cubic meter was 11.3 in Coshocton County, lower than OH at 12, but higher than the U.S. at 9.
- 27% of workers in Coshocton County who commute alone commute over 30 minutes which was lower than OH at 30% and the U.S. at 35%.

## Physical Environment OPPORTUNITIES

- Coshocton County had a drinking water violations in 2018.

## There were Four Broad Themes that Emerged in this Process:

- Coshocton County needs to create a “Culture of Health” which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.
  - There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
  - While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
  - It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. However, Coshocton County has many assets to improve health.
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*Photo Credit: Photo Credit: Canal Boat Landing Monticello III; visitcoshocton.com*

## Results of the CHNA: Community Health Needs

### Prioritization of Health Needs

#### Prioritization Criteria

The Coshocton County Health Department and the City of Coshocton Health Department with the hospital reviewed the community health information and used the criteria below to prioritize the health needs in the community.

<b>Magnitude / scale of the problem</b>	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
<b>Seriousness of Consequences</b>	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
<b>Feasibility</b>	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?

#### Most Significant Community Health Needs

At a meeting Coshocton County Health Department and the City of Coshocton Health Department, along with Coshocton Regional Medical Center reviewed the results of the CHNA secondary data, primary data from interviews, focus groups and prioritized the most significant community health needs.

1. Substance Use/ Mental Health
2. Healthy Eating/ Active Living
3. Tobacco Use
4. Transportation
5. Homelessness

# Impact of 2016 CHNA and Implementation Plan

## Impact

In 2016, Coshocton County, Ohio prioritized the following health needs:

1. Cardiovascular disease
2. Diabetes
3. Cancer
4. Chronic lower respiratory disease
5. Substance abuse
6. Depression

Below is the impact of the 2016 action plan to address the significant issues:

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs identified in Preceding Implementation Strategy	Results, Impact, & Data Sources
Cardiovascular Disease	<ul style="list-style-type: none"> <li>• Create awareness of the warning signs and risks of heart disease through a minimum of four free public events each year. Two of these events may be collaborations with the Health Services of Coshocton and the Senior Center community blood draws. Nurse or physician counseling at the event will extend the benefits the screenings currently provide.</li> <li>• Offer free heart screenings such as Peripheral Artery Disease (PAD) screenings at no less than one event during the year.</li> <li>• Begin annual awareness event for February, incorporating the expertise of a cardiologist as the speaker. We specifically want to target women and heart disease with a "Wear Red" event with heart-healthy meal and education.</li> <li>• Develop a "Walk with a Doc" program at Kids America, with one of our internal medicine physicians, family physicians and/or our cardiologist joining the walking group once a month.</li> <li>• Continue to grow and support the post-heart attack program/support group. The Mended Hearts program began in mid-2016 and we want to grow the program through the support and planning of the cardiac rehabilitation staff.</li> <li>• Participate in the Annual Health, Safety and Wellness Expo in conjunction with the Chamber of Commerce and the Community Safety Council. The hospital provides free screenings including blood pressure checks and free peripheral arterial disease screenings. We have physicians and nurse practitioners on hand throughout the event to answer questions and provide health information as needed.</li> <li>• Obesity is the risk factor identified as number one in the CHNA survey and is a critical factor in heart disease and diabetes, the priorities identified as the top two. To address the obesity issue in our community, we are planning the following intervention strategies:               <ul style="list-style-type: none"> <li>o Develop and provide free public programs for nutritional guidance conducted by dietitians. Programs could include healthy holiday meal planning; healthy food substitutions; label reading; healthy cooking on a budget.</li> <li>o Work with community leaders to put a focus on exercise. Coordinate a task force to include fitness centers (Kids America, etc.), school administrators, city officials, and others to coordinate a "get out and exercise" or "create a healthy Coshocton" campaign for the community.</li> <li>o Create a "health coach" walk that incorporates a variety of health professionals to walk with a group on a regular basis. Similar to a "walk with a doc" program, this concept includes dietitians, physical therapists, nurses, etc. We will solicit collaboration from other groups such as county commissioners, sheriff's department, educators, etc. to serve as speakers/walk leaders for this program.</li> <li>o Transform the hospital cafeteria's menu into a healthy eating resource for our community. The cafeteria is visited by many of our community members and carries the suggestion that if food is made to serve to patients, it must be healthy (low sodium, low fat, fresh, etc.). In keeping with a healthy community focus, we will develop a plan to identify calories, fat, sodium and other content for the cafeteria items. Also, we will encourage staff to manage servings according to the Weight Watchers' Points model.</li> <li>o Participate in the activities of the Coshocton County Family &amp; Children First Council events that encourage safe, healthy activities for families in Coshocton County. The council is comprised of non-for-profit organizations in our community, but the hospital has not been involved in the past. The activities will begin with participation in the Youth Health Day in May. The event is for all 7th graders in the county (approximately 400) and emphasizes health and safety issues through a series of discussions and interactive sessions. The hospital will provide an emergency room physician to discuss helmet use and other safe practices and a physical therapist who will talk about exercise safety. Other speakers provide information such as ATV safety, nutrition, safe texting, yoga, self defense, and appreciating the great outdoors. The hospital will also work with a national helmet manufacturer to secure pricing to be able to purchase one helmet for each 7th grader.</li> </ul> </li> </ul>	<p>Held free public events that offered free education regarding the risks of heart disease and free blood pressure and PAD screening. Co-Sponsored Health and Safety Wellness expo where we offered free screenings and low cost lab work to encourage the community to take control of their health. Hosted Heart Disease dinner quarterly for patients of our Cardiac Rehab department. Served Heart Healthy meal and had our Cardiologist as the speaker. We participated in Youth Health Day put on by the Coshocton County Family &amp; Children First Council all 3 years (2017, 2018 and 2019). The event is for all 7th graders in the county (approximately 400) and emphasizes health and safety issues through a series of discussions and interactive sessions. The hospital will provide an emergency room physician to discuss helmet use and other safe practices and a physical therapist who will talk about exercise safety. Dietary has added a fresh salad bar to encourage healthier options of visitors and staff.</p>



# Impact of 2016 CHNA and Implementation Plan

## Impact

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs identified in Preceding Implementation Strategy	Results, Impact, & Data Sources
Diabetes	<ul style="list-style-type: none"> <li>* Develop an ongoing diabetes support group program that will be held at least twice a year over a multi-week schedule or as a monthly support group. The program would provide:               <ul style="list-style-type: none"> <li>o Disease education presented by a healthcare provider</li> <li>o Nutritional information from a dietitian</li> <li>o Occasional cooking demonstrations</li> <li>o Exercising with diabetes presented by physical therapists</li> <li>o Insulin and pump management presentation by pharmacist</li> <li>o Diabetes management open discussion with support group and program leader</li> </ul> </li> <li>* The diabetes program will be presented at no cost to participants and their support person.</li> <li>* Develop a task force to include representatives from family practice physicians, dietitians, case management, Kno-Ho-Co, MVHC, nursing and the population affected with diabetes. The task force will be charged with suggesting meaningful methods of reaching the low-income diabetes population and enhancing their understanding and involvement with diabetes self-management. The conclusion of this task force will be used to encourage collaboration on a county-wide program to encourage and facilitate better self-management.</li> <li>* Develop a wound management service line to help diabetes patients who struggle with wounds that will not heal due to the disease. With the age of our population and the prevalence of diabetes, adding this service line will help patients who either travel for wound care or receive sub-standard care.</li> <li>* Provide free fingerstick glucose checks at health fairs. The hospital co-sponsors a community-wide health fair each January with free fingersticks and with healthcare providers available to discuss results and answer questions. The hospital also participates in a community-wide senior expo in November with free fingersticks and diabetic counseling.</li> </ul>	<p>We provided free Accu-check Glucose screenings and diabetic counseling at each annual Health and Safety Wellness Expo and at other health fairs in Coshocton County such as the 50+ Expo. We are still researching wound care as a new service line.</p>
Cancer	<ul style="list-style-type: none"> <li>* When cancer is detected, the cost of treatment can be an overwhelming next step for low income families. Coshocton Hospital is able to work through the Trinity Breast and Cervical Program offered by Trinity Health Care to provide grants to pay for screening services and provide some limited resources for treatment for low income women. The program has been in place, but we will work with our surgeons and women's care physicians to ensure there is adequate knowledge about this program in our communities.</li> <li>* Our oncology department head nurse coordinates the cancer support group for the hospital. The group assists with emotional support as well as ongoing education for survivors and those new to the cancer journey. With this implementation plan, we intend to place greater focus on this support group to encourage more men and newly diagnosed patients to join the group. Also, we will help the oncology nurse schedule speakers and assistance with the educational section of the monthly meetings.</li> </ul>	<p>We closed our Oncology service line in 2017. A cancer support group continues to meet monthly.</p>
Chronic Lower Respiratory	<ul style="list-style-type: none"> <li>* Investigate the potential for a pulmonary support group to be run by the pulmonary rehab specialists. If deemed feasible, we intend to establish a support group with monthly speakers talking about the challenges faced by those with respiratory disease and determining how to help them manage those challenges.</li> <li>* Work with Coshocton Behavioral Health Choices to understand ways we can work with them to discourage the use of tobacco products. A possible concept is the hosting of tobacco cessation groups at the hospital with help from Coshocton Behavioral Health Choices. The programs will be available to both the public and to our inpatients who want to attend.</li> <li>* Explore strategies to supply nicotine replacement therapy to tobacco cessation groups hosted at the hospital.</li> </ul>	<p>We received Five-Star Accreditation in 2019 for the Treatment of Respiratory Failure. We provide education to the public about nicotine replacement therapy at our annual Health and Wellness Expo. Cardiac Diagnostics provides Smoking Cessation to all stress test patients that are smokers.</p>
Substance Abuse	<ul style="list-style-type: none"> <li>* Work with the collaborators listed above to help launch the Coshocton County Drug Coalition. The drug coalition is a community-based effort to maintain focus on substance abuse, work toward getting answers to help defend against the problem, and educate the community about the signs and risks of substance abuse.</li> <li>* Investigate the feasibility of creating a medical detox program for the hospital to treat patients for the three days required prior to acceptance into a residential recovery program.</li> </ul>	<p>AA meetings are held twice a week. Currently still investigating a medical detox program at the hospital.</p>
Depression	<ul style="list-style-type: none"> <li>* Develop a collaborative group including health care professionals, mental health professionals and our social worker to discuss programs to help with education and support for depression. These opportunities may include programs already underway with the mental health agencies that can be further supported by the hospital or programs that the group determines may be beneficial to launch. One potential is a series of classes that educate individuals on countering depressing with hobbies and interests. Monthly classes may include art, literature, yoga, photography, or music. When a plan is developed by the group, the hospital will actively collaborate to develop programs.</li> <li>* Work with the local support chapter of the National Alliance on Mental Illness (NAMI) to determine potential collaborations. The group will continue to meet monthly at the hospital at no cost, a practice that began in winter 2016.</li> </ul>	<p>NAMI continues to meet monthly at no cost in our effort to collaborate with the organization. We partner with All Well who assists us in patient assessments.</p>

# Community Asset Inventory

## Community Asset Inventory

*The separate document contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. The focus group also identified community resources to improve health, which are listed on page 23.*

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*Photo Credit: Coshocton City Schools football game; ohio stadiums.com*


# Community Health Needs Assessment for Coshocton County

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*Completed by Coshocton Regional Medical Center in partnership with:*

Stratasan

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 Coshocton Regional Medical Center

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