Union Hospital
Community Health Needs Assessment

December 2013

Quality care, close to home.

UH UNION HOSPITAL

Introduction

In 2010, President Obama signed into law the Patient Protection and Affordable Care Act that requires charitable hospitals to conduct a Community Health Needs Assessment (CNHA) and adopt strategies to meet community health needs identified through the assessment.

The CHNA must take into account input from persons who represent the broad interest of the community served by the hospital, including those with special knowledge of or expertiese in public health. The hsopital must make the CHNA widely available to the public.

The process of the CHNA involved:

- Collection and analysis of data including demographic, socioeconomic and health statistics, health care resources, and patient use rates.

- Interviews with key informants who represent broad community interests, population of need, or persons with specialized knowledge in public health.

- Conduct of a community survey which gathered primary data from phone interviews with 400 households representing a broad spectrum of the community's population.

This document is a summary of the the data collected and the analysis of that data leading to the identification of the community's priority health issues.

This report is organized into sections:

- Section One: Union Hospital and the Community It Serves
- Section Two: The Community Health Needs Survey
- Section Three: Key Informant Interviews
- Section Four: Focus Group Interviews
- Section Five: Community Health Needs Summary
- Section Six: CMOR Community Survey

Section One: Union Hospital and the Community It Serves

General Description of the Hospital

Union Hospital is an independent locally owned and operated not-for-profit community hospital located in Dover, Ohio. From its founding in 1906, Union Hospital has grown to offer a broad range of inpatient and outpatient acute care, diagnostic and therapeutic services from its 25-acre campus. Patient care is provided by approximately 200 primary care and specialist physicians and a dedicated staff of licensed professionals and support staff of approximately 1,000 employees.

Goverance is provided by a 17-member Board of Trustees, including three members of the medical staff.

Community Served by the Hospital

Union Hospital is located in Dover, Ohio in Tuscarawas County. Dover is located immediately to the north of New Philadelphia, a city of slightly larger population than Dover. Union Hospital is approximately 30 miles from larger medical centers in Canton, Ohio and approximately two hours drive from Cleveland, Columbus, and Pittsburgh. Access is provided by Interstate 77 plus other U.S. and State highways, as well as the municipal airport in New Philadelphia.

Union Hospital defines the community it serves as the cities, villages, townships, and unincorporated areas within Tuscarawas County.

County Population and Demograhics

Extensive data reporting Tuscarawas County population and demographic information is included as Appendix A to the 2012 Community Health Needs Assessment report included here in Section Six.

Section Two: Community Health Survey

Union Hospital conducted a Community Health Needs Survey in 2012 to gather broad community input regarding health issues. Union Hospital engaged the Center for Marketing and Opinion Research, LLC (CMOR) of Akron, Ohio to conduct the survey, compile the primary and secondary data, review and analyze the data, and identify the top health-related priority areas of the community served by Union Hospital.

Survey Methodology

Community Survey

The first phase of the project consisted of the collection of primary data utilizing a random sample telephone survey of 400 Tuscarawas County households. The general population statistics derived from this sample size provides a precision level of plus or minus 5% within a 95% confidence interval. Telephone interviews were utilized in order to ensure representativeness of the population and to ensure that the correct number of interviews would be completed to meet the targeted sampling error. Data Collection began on April 9 and ended on April 24, 2012. Most calling took place between the evening hours of 5:30 pm and 9:30 pm. Some interviews were conducted during the day and on some weekends to accommodate respondent schedules. The interviews took an average of 15.91 minutes.

Secondary Data

The second phase of this study consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when analyzed alongside survey data. CMOR gathered and compiled health and demographic data from various sources (outlined below). After gathering the data, CMOR compiled the information, by category. When available, data was compared to other geographic areas such as Ohio. Using all data available, CMOR identified priorities for the county.

Focus Areas:

- ✓ Diet and Exercise
- ✓ Mental Health
- ✓ Chronic conditions
- ✓ General health
- ✓ Health care access
- ✓ Tobacco use
- ✓ Preventative Health
- ✓ Health Insurance
- ✓ Mortality
- ✓ Morbidity
- ✓ Birth
- ✓ Education
- ✓ Employment
- ✓ Income
- ✓ Marital status

Sources of Data:

- ✓ 2011 Stark County Community Health Needs Assessment
- ✓ National Center for Health Statistics/Census Bureau
- ✓ Ohio Department of Health- Vital Statistics
- ✓ Ohio Department of Health- Released Hospital-by-Hospital Data
- ✓ Ohio Department of Health- Ohio Public Health Data
- ✓ Ohio Department of Health- Ohio Behavioral Risk Factor Surveillance System
- ✓ Ohio Department of Health- Healthy Ohio Community Profiles

- ✓ Ohio Oral Health Surveillance System
- ✓ CDC - National Diabetes Surveillance System
- ✓ CDC - Behavioral Risk Factor Surveillance System
- ✓ CDC- National Vital Statistics
- ✓ Union Hospital WorkWell Group Data Summary (1/1-12/31/11, Tuscarawas County business and school employees)

Important Health Issues Identified by the Survey

- **Access to Health Insurance Coverage and Health Care**
  A large portion of Tuscarawas County residents do not have health insurance and lack access to basic healthcare.

- **Obesity and Lifestyle Choices**
  More than half of all Tuscarawas County residents are overweight, not exercising regularly, and not making food choices based on nutritional information.

- **High Incidence of Diabetes**
  A higher than average percentage of people in Tuscarawas County have been diagnosed with Diabetes. Residents also feel that it is very important to have diabetes screening available in the community.

- **High Incidence of High Blood Pressure**
  A higher than averae percentage of people in Tuscarawas County have high blood pressure. At the same time, residents feel it is very important to have blood pressure screening available in the community.

- **High Incidence of High Cholesterol**
  A higher than average percentage of people in Tuscarawas County have been diagnosed with high cholesterol. Residents also feed that it is very important to have cholesterol screening available in the community.

Section Three: Key Informant Interviews

UH interviewed key informants to gain insights and opinions about health and quality of life in Tuscarawas County from people likely to be knowledgeable about the community and influential over the opinions of others about local health concerns.

- Kathy Cummings, RN – Director of Care Management, Union Hospital
- Diana Boyd, RN – Vice President of Nursing Services, Union Hospital
- Katie Robinson, RN – Manger, Emergency Dept., Union Hospital
- Rebecca Craig, RN – Manager, Emergency Dept., Union Hospital
- William Harding – Interim Director, Tusc. Co. Health Dept.
- Dave Shaffer – Executive Director of the ADHAMS Board of Tusc. Co.
- Michelle Tope – Executive Director, Tusc Co. Jobs and Family Services
- Allison Kerns – Executive Director, United Way of Tuscarawas County
- Nathen Johnson, MD – Chief, UH Emergency Department
- Phillip Teague, MD – Family Medicine Physician
- Paul McFadden – Family Medicine Physician
- Jamie Smith – Executive Director, Clinic for the Working Uninsured

Methodology
Interviews with 12 key informants were held during July 2013. Interviewees were selected based on their specialized knowledge in public health, their affiliation with local healthcare providers, or their involvement with underserved segments of the population.

All interviews were conducted using a standard questionnaire. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks. Interviewees provided comments on the following issues:

- General opinions regarding health and quality of life in Tuscarawas Co.
- Underserved populations and communities of need
- Barriers
- Most important health and quality of life issues

A summary of the key informants' responses are paraphrased to reflect some commonly held opinions. Direct quotes are used to emphasize strong feelings associated with the statements. The report summarizes statements by key informants without assessing the accuracy of their statements.

1. General opinions regarding health and quality of life in the community.

Key informants were asked to rate health and quality of life in the community. On a scale of 1-10, with ten being the highest rating, the average response was 6.2. Asked if the trend was up or down, three responded it was declining, five responded it was improving, and four indicated it was holding steady over the last few years.

Asked about factors leading to improvement in quality of health, several noted that more resources are being spent and community services and programs and services have increased.

All key informants mentioned "the economy", which includes lack of employment opportunities, underemployment, loss of benefits, and lower wage jobs.

> *"The downward trend in health and quality of life is financially driven."*

Several informants noted that lack of health insurance results in "healthcare avoidance", leading to more complicated medical cases and hospital admissions. It was noted that several of the larger employers in the area limit workers hours to less than 30/week to reduce benefit expenses. These were termed "not worker-friendly."

Frequently mentioned is a state of mind among a large portion of the local population that was termed "welfare mentality" or living with a sense that they will be provided for.

> *"Many people are in a culture of underachievement that has lasted through several generations."*

Several informants identified a "divide between the well-educated, well-employed, and well-insured versus the minimally educated, low income, and low resource households. Among the healthcare professionals, several noted there is less access to physician offices because there are fewer providers and they are less flexible in office hours and less willing to make easy payment arrangements.

> *"Physicians won't see people who can't pay and are not as welling to discount their charges or take payments."*

Lack of local access to mental health services was frequently mentioned, specifically a lack of providers in Tuscarawas County.

On the other hand, key informants who noted improvement in health and quality of life in Tuscarawas County pointed to expanded health outreach services, notably by Union Hospital, and increased awareness of how a healthy lifestyle impacts well being.

> *"People overall are charitable and willing to support those who are less fortunate."*

2. Underserved populations and communities of need.

All informants agreed that uninsured and low income residents of Tuscarawas County are the most significant underserved group. It was observed that low income households have lower health status because they frequently lack basic lifestyle skills and healthy behaviors.

Most key informants mentioned the elderly as a group that may not receive needed healthcare services. This lack of access is attributed to low income, isolation from family and friends, lack of transportation, and a mindset of being "self-sufficient".

> *"Seniors feel the need to be self-sufficient and lack willingness to access healthcare services available to them."*

Another underserved group mentioned was the Amish community, especially the more isolated sects that feel they've been priced out of affordable healthcare. The mentally ill were also mentioned as underserved due to lack of resources to address mental illness and addiction.

3. Barriers

Informants were asked to identify barriers that prevented community residents from obtaining necessary health services in the community.

All informants identified "low income" and "lack of insurance" as the primary barriers to people accessing needed healthcare services. As detailed previously, much of the population's inability to access healthcare services is financially driven. Also as mentioned previously, several informants referred to a cultural disinclination to take responsibility to be informed and to choose behaviors that have adverse consequences for health. These informants cited "lack of motivation, lack of education and lack of knowledge about a healthy lifestyle in a large portion of the population.

Other barriers cited by informants included lack of transportation even to local providers and even greater problems finding transportation to providers outside the area in Stark County. Lack of local providers and difficulty in recruiting new providers to the area was also mentioned by several informants.

Local agencies not working together for the benefit of patients, the "silo mentality", was also cited as a barrier to needed healthcare services.

4. Most important health and quality of life issues.

Key informants were asked to identify the most critical health and quality of life issues in Tuscarawas County. The issues identified most frequently were:

a. Obesity and the resulting diabetes, stroke, hypertension, and heart disease.
b. Drug and alcohol abuse and the lack of local treatment options
c. Lack of mental health services

"Obesity is the root cause of so much of our chronic disease like diabetes, hypertension, and heart disease."

The mental health issue is overwhelming. Those with mental illness are vastly underserved."

"Lack of access to primary care for prevention and management of chronic disease is this area's biggest problem."

Significant Findings

The major factors affecting quality of health are:

1. Financial status. Those with employment and insurance have reasonable access to healthcare services and thus generally have better health status. Those who are unemployed and/or lack insurance find lack of money a barrier to healthcare services and suffer diminished health status.

2. People's attitudes and lifestyle choices lead to poor health.

3. There is a widespread lack of access for mental health services and local drug and alcohol abuse treatment.

4. The primary chronic health conditions are obesity, diabetes, high blood pressure, and high cholesterol, leading to heart disease and stroke.

5. Seniors that live in isolation have untreated chronic medical conditions, lack transportation for healthcare appointments, and may resist interventions or offers of assistance.

6. There is increasing access to preventative resources through education and health screening programs offered by a variety of organizations, notably Union Hospital. The most at-risk people however are usually not the individuals taking advantage of those services.

Section Four: Focus Group Interviews

To supplement the information and data derived from the Community Health Needs Survey interviews of 400 local residents, the committee attempted to conduct several focus group events. We planned to host sessions with senior citizens, who comprise the majority of hospital patients, and members of the Guatemalan community, who have been perceived to be underserved or face barriers to access to healthcare.

Senior Citizens

A focus group was held on August 7 at the Tuscarawas County Senior Center in Dover. Approximately 30 individuals were in attendance. There was fairly limited discussion on a few issues.

Summary

- Seniors prefer local (within the Dover/New Phila area) access to the primary care and specialist physicians they need.
- Several seniors identified the high cost of medications as a hardship they face.
- Several seniors mentioned their frustration with physicians who prescribed expensive medications when the patient believes less expensive options should be used.

Guatemalan Community

The Guatemalan residents of Tuscarawas County are the largest ethnic minority group in our service area. The committee believed their interests may not have been proportionately represented in the Community Survey process due to lack of available telephone numbers and the language barrier.

Efforts by the committee to set up a Focus Group session were not successful. We were advised by individuals at several local support groups that we were not likely to be successful in having individuals agree to come forth and be interviewed. No further efforts to conduct this focus group will be made at this time, but efforts to communicate directly with members of the Guatemalan community will continue in the future. As lines of communication are developed and if new information and insights become available, additional Community Health Needs may be added to the Priority List.

Section Five: Community Health Needs Summary

Identified Health Issues

Analysis of community health information, key informant interviews, and the community health survey were all used to assess the health needs of the community.

The Priority Health Issues for Tuscarawas County are presented in no particular order of importance or urgency. All have been identified by the healthcare professionals, social service leaders, and a cross section of residents of our primary market area who participated in the assessment process and gave information and opinions.

- Access to affordable healthcare services
- Access to preventative services
- Obesity and healthy lifestyle choices
- High incidence of high blood pressure
- High incidence of diabetes
- High incidence of high cholesterol
- Isolation of seniors resulting in lack of treatment for chronic illness
- Access to mental health services, drug and alcohol addiction treatment

Implementation Plan to Meet Community Health Needs

As the next step in the Community Health Needs Assessment process, Union Hospital will evaluate these eight Health Issues for Tuscarawas County as identified in the Needs Assessment process. Union Hospital will select certain Health Issues to include in the Implementation Plan and describe how hospital resources will be utilized to address those Health Issues. Union Hospital may identify certain Health Issues that it will not address in the Implementation Plan and provide reasons for that decision.

The Implementation Plan will be approved by the Union Hospital Board of Trustees and published publically by April 30, 2014.

Section Six: Community Health Needs Survey

Conducted by the Center for Marketing And Opinion Research, LLC - CMOR

2012 Community Health Needs Assessment

Prepared for:

Union Hospital

Prepared by:

CMOR
Center for Marketing & Opinion Research, LLC

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Executive Summary

In 2010, President Obama signed into law the Patient Protection and Affordable Care Act that requires charitable hospitals to conduct a community health needs assessment and adopt strategies to meet community health needs identified through the assessment. The Center for Marketing and Opinion Research (CMOR) was selected to conduct the 2012 Community Health Needs Assessment for Union Hospital.

The first phase of the project consisted of a random sample telephone survey of 400 Tuscarawas County households. Telephone interviews were utilized in order to ensure representativeness of the population. This method also ensured that the correct number of interviews was completed to meet the targeted margin of error for statistical validity. The final sample size of 400 results in an overall sampling error of plus or minus 5% within a 95% confidence level. Questions were posed in the following subject areas: health related services and testing; healthcare, health education, and public health events and programs; sources of health related information; health conditions; healthcare access; exercise; healthy living, obesity, and food choices; tobacco use; and health insurance.

The second phase of the project consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when analyzed alongside survey data. CMOR gathered and compiled health and demographic data from various sources (outlined in the research methodology section). After gathering the data, CMOR compiled the information, by source. In addition to the report narrative, data was visually displayed with charts and tables. When available, data was compared to information from previous years as well as other geographic areas such as Ohio or the United States as a whole. Analysis included survey data in conjunction with health and demographic data. Using all data available, CMOR identified priorities for the hospital.

The top five health-related issues identified as part of this Community Health Needs Assessment:

Top 5 Priority Issues

1. Access to health insurance and health care
2. Obesity and healthy lifestyle choices
3. High incidence of high blood pressure
4. High incidence of diabetes
5. High incidence of high cholesterol

Methodology

Community Survey

The first phase of the project consisted of the collection of primary data utilizing a random sample telephone survey of 400 Tuscarawas County households. The general population statistics derived from this sample size provides a precision level of plus or minus 5% within a 95% confidence interval. Telephone interviews were utilized in order to ensure representativeness of the population and to ensure that the correct number of interviews would be completed to meet the targeted sampling error. Data Collection began on April 9 and ended on April 24, 2012. Most calling took place between the evening hours of 5:30 pm and 9:30 pm. Some interviews were conducted during the day and on some weekends to accommodate respondent schedules. The interviews took an average of 15.91 minutes.

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- ✓ CDC- National Vital Statistics
- ✓ Union Hospital WorkWell Group Data Summary
  (1/1-12/31/11, Tuscarawas County business and school employees)

Priority Health Issues

This section presents a summary of the identified priority health issues for Union Hospital. For each area, data is given to support the identified issue. The priority health issues were identified after analyzing multiple sources of data as outlined in the Research Methodology section. The five areas were chosen because they were common themes that appeared throughout the multiple sources of data and there was enough support to identify each as an issue that could be incorporated into the final implementation plan.

ACCESS TO HEALTH INSURANCE COVERAGE AND HEALTH CARE

ISSUE: A large portion of county residents do not have health insurance and lack access to basic healthcare services

- Community Survey: The 2012 Community Survey found that 24.3% of respondents thought that the affordability and lack of access to healthcare was the greatest unmet health need in the county. Another 16.6% felt that the availability of health insurance was the greatest unmet health need. Slightly less, 8.9% felt that the affordability of health insurance was the most important unmet health need.
- Community Survey: 19.2% of survey respondents indicated that they are without health insurance coverage. Demographic groups that had disproportionately high uninsured rates include those with an annual household income of $18,000 or less (43.5%), the unemployed (40.9%), those who are not married (28.7%), and respondents ages 18 to 24 (47.2%).
- Stark County Health Assessment and Community Survey: Tuscarawas County had a much higher uninsured rate than Stark County- 19.2% in Tuscarawas compared to 13.3% in Stark.
- Community Survey: Nearly half of insured respondents did not have the following types of insurance coverage: dental (46%), vision services (45%), and long-term care (44%).
- Community Survey: More than one-quarter, 26.9%, of respondents receive most of their healthcare from someone other than a primary care or family doctor. These include the emergency room (9.6%) and an urgent care center (7.4%). Groups of respondents more likely to receive health care primarily at a place other than a family doctor include males (32.1%), respondents ages 18 to 24 (65.0%), respondents ages 45 to 54 (33.3%), those who are not married (39.7%), respondents with an annual income less than $18,000 (47.6%), respondents with an annual income of $18,000-$36,000 (34.7%), unemployed respondents (43.2%), and those with some college education (34.0%).
- Community Survey: One in five respondents reported that they do not have one person or group that they think of as their healthcare provider. Groups of respondents more likely to not have a doctor or healthcare provider include males (25%), those ages 18-24 (60%), those ages 25-34 (27.7%), respondents with an annual income under $18,000 (29%), and unemployed respondents (27.3%).
- Community Survey: 13.1% of respondents reported that there were healthcare services that they needed in the past that they were unable to get. Groups most likely to not be able to get needed services include those ages 18-24 (22.5%) and the unemployed (25.0%). The main reason for not being able to get these services was that they lacked health insurance (44.9%).

OBESITY AND HEALTHY LIFESTYLE CHOICES

ISSUE: More than half of all county residents are overweight, not exercising regularly, and not making food choices based on nutritional information.

- Community Survey: A significant portion, 52.3%, of respondents reported that they were somewhat or very overweight. Groups of respondents that were more likely to report being overweight were females (62.1%), those ages 55-64 (61.5%), respondents with an annual income under $18,000, and those with a high school diploma or less education (57.1%). More than half of all respondents (60%) and most overweight respondents (84%) had tried to lose weight in the last 12 months.
- Stark County Health Assessment and Community Survey: Tuscarawas County has a significantly higher percentage of overweight residents (52%) than Stark County (44%).
- Community Survey: 12.8% report not exercising at all while another 12.8% reported exercising only once in a while. Nearly a quarter of respondents, 24.7%, indicated that they had not exercised in the past month. Groups of respondents most likely to have not exercised in the past month include those ages 65 and older (44.7%), respondents with an annual income of $18,000 or less (30.6%), unemployed respondents (43.2%) and those with a high school diploma or less education (29.5%).
- Union WorkWell: 33% of working adults reported having no regular exercise program.
- Community Survey: 6.5% of all respondents rated their own health as poor or very poor. Groups of respondents that were more likely to rate their health as poor or very poor include: those who do not exercise (19.2%), respondents who are unemployed (22.7%) respondents, those ages 55 to 64 (15.2%), and those with an annual income of less than $18,000 (17.7%).
- Community Survey: 5% of respondents named weight loss programs or nutrition education as additional health education they would like to have available in the community.
- Community Survey: Just over one-third of respondents, 33.9%, indicated that nutritional information had the most impact on their food choices. Fewer respondents were influenced most by meals prepared by a family member (22.1%), convenience (21.9%), and cost (12.7%).
- Union WorkWell: Only 10% of working adults reported eating 5 or more servings of fruits and vegetables each day, 47% eat mostly whole grain breads and cereals, 65% each breakfast daily or most mornings.

HIGH INCIDENCE OF DIABETES

ISSUE: A higher than average percentage of people in Tuscarawas county have been diagnosed with Diabetes. Residents also feel that it is very important to have diabetes screening available in the community.

- Community Survey: 16% of respondents reported receiving a diabetes screening at a community health event in the past. Respondents felt that it was important to have diabetes screening available in the community with 74.7% stating that it was very important and 21.9% stating that it was somewhat important (total importance= 96.7%).
- Community Survey: 14.3% of respondents reported that they had been diagnosed with diabetes, 16.4% of these individuals did not have everything they needed to manage the condition. Demographic groups most likely to be diagnosed with diabetes include: respondents ages 55-64 (19.2%), respondents ages 65 and over (25.9%), those with an annual income under $18,000 (25.8%), those who are unemployed (29.5%) and respondents with a high school diploma or less education (18.6%).
- Union WorkWell: 5% of working adults self-reported having diabetes.
- Ohio Department of Health: The diabetes mortality rate per 100,000 people for 2006-2008 was 34.5 for Tuscarawas County, significantly higher than Ohio's rate of 28.6.

HIGH INCIDENCE OF HIGH BLOOD PRESSURE

ISSUE: A higher than average percentage of people in Tuscarawas county have High Blood Pressure. At the same time, residents feel it is very important to have blood pressure screening available in the community.

- Community Survey: 35% of respondents reported receiving a blood pressure screening at a community health event in the past. Respondents felt that it was important to have blood pressure screening available in the community with 70.5% stating that it was very important and 26.2% stating that it was somewhat important (total importance= 96.7%).
- Community Survey: 37.2% of respondents reported that they had been diagnosed with high blood pressure, 7% of these individuals did not have everything they needed to manage the condition. Demographic groups most likely to be diagnosed with high blood pressure include: respondents ages 55-64 (51.3%), respondents ages 65 and over (58.1%), those with an annual income under $18,000 (54.1%), and respondents with a high school diploma or less education (44.3%).
- Community Survey: 8.4% of respondents reported that they have not had their blood pressure checked in the past year. Demographic groups most likely to not have had a blood pressure test in the past year were respondents ages 25 to 34 (16.9%).
- Union WorkWell: 76% of working adults had a blood pressure within a healthy range when screened and 21% self-reported having high blood pressure.

HIGH INCIDENCE OF HIGH CHOLESTORAL

ISSUE: A higher than average percentage of people in Tuscarawas county have been diagnosed with High Cholesterol. Residents also feel that it is very important to have cholesterol screening available in the community.

- Community Survey: 26% of respondents reported receiving a cholesterol screening at a community health event in the past. Respondents felt that it was important to have cholesterol screening available in the community with 65.6% stating that it was very important and 30.3% stating that it was somewhat important (total importance= 95.8%).
- Community Survey: 31.3% of respondents reported that they had been diagnosed with high cholesterol, 9% of these individuals did not have everything they needed to manage the condition. Demographic groups most likely to be diagnosed with high cholesterol include: respondents ages 55-64 (51.3%), respondents ages 65 and over (50.0%) and respondents with a high school diploma or less education (37.4%).
- CDC: 16.3% of adults have been diagnosed with high cholesterol- Tuscarawas's self-reported rate of 31.3% was significantly higher than the national average.
- Community Survey: 21.7% of respondents reported not ever having a cholesterol check and an additional 8.8% have not had their cholesterol checked in the past 3 years. Demographic groups most likely to not have had a cholesterol check were respondents ages 18 to 24 (63.2%), respondents ages 25 to 34 (30.8%), and those with a high school diploma or less education (24.8%).
- Union WorkWell: 54% of working adults had a blood cholesterol within a healthy range when screened and 16% self-reported having high cholesterol.

Survey Results-
2012 Community Survey

Overall Needs and Health

The first section of the survey focused on unmet healthcare needs, use and importance of healthcare screenings and programs, and healthcare related information sources.

Summary: Overall Needs and Health			
		Percentage	*N*
Greatest Unmet Health Needs *(open ended, Top 3)*	Affordability/Lack of healthcare	24.3%	N=247
	Availability of health insurance	16.6%	
	Affordability of health insurance	8.9%	
Aware of where can get routine screenings	Yes	57.4%	N=398
	No	42.6%	
Health Related Information Sources (top 3)	Internet	59.2%	N=382
	Doctor/Pharmacist/Nurse	51.6%	
	Friend/family	15.2%	
How rate health	Excellent/Good	72.0%	N=398
	Fair	21.6%	
	Poor/Very Poor	6.5%	

Summary: Events and Screening Awareness and Importance				
		Importance of Screening		
	Received it	*Very*	*Somewhat*	*Not at all*
Blood pressure check	35.4%	70.5%	26.2%	3.3%
Cholesterol check	25.7%	65.6%	30.3%	4.2%
Blood sugar check	24.8%	70.9%	25.3%	3.8%
Diabetic screening	16.2%	74.7%	21.9%	3.3%
Hemoglobin A1C Check	12.7%	53.8%	38.2%	8.0%
Education program by doctors	11.5%	56.5%	35.1%	8.4%
Cancer screening	8.1%	80.9%	15.4%	3.7%
Stroke screening	6.3%	69.9%	24.5%	5.6%
Smoking cessation	*	66.9%	23.7%	9.4%
Weight loss programs	*	58.8%	33.2%	8.0%
Exercise programs	*	58.2%	34.4%	7.5%

Healthcare Needs

First, all respondents were asked what they thought was the greatest unmet health need in Tuscarawas County. This was an open ended question in which the respondent could give one answer. A significant percentage of respondents, 38.3%, were unable to answer the question. Of those who were able to answer, nearly one-quarter, 24.3%, felt the affordability and lack of healthcare was the greatest unmet health need in the county. The second largest unmet health need was the availability of health insurance, given by 16.6% of respondents. Significantly fewer, 8.9% of respondents thought the affordability of health insurance was the greatest unmet health need. Other needs, in order of importance, include lack of doctors (5.7% of respondents), healthcare for the elderly (5.3%), weight loss programs/obesity (5.3%), and cancer assistance and treatment (3.2%).

What do you think is the GREATEST unmet heath need in your community?			
	Number of Responses	% of Answering Responses	% of All Respondents
Affordability/Lack of access to healthcare	60	24.3%	15.0%
Availability of health insurance	41	16.6%	10.2%
Affordability of health insurance	22	8.9%	5.5%
Lack of Doctors/Good Doctors	14	5.7%	3.5%
Healthcare for the elderly	13	5.3%	3.3%
Weight Loss Programs/Obesity	13	5.3%	3.3%
Cancer Assistance/Treatment	8	3.2%	2.0%
Not Enough Hospitals/Good Hospitals	7	2.8%	1.8%
Dental	5	2.0%	1.3%
Lack of Services offered	5	2.0%	1.3%
Mental Healthcare	4	1.6%	1.0%
Diabetes Education	4	1.6%	1.0%
Heart Specialist	4	1.6%	1.0%
Lack of Health Insurance/People Not covered	4	1.6%	1.0%
Healthcare for youth	3	1.2%	0.8%
Rehab	3	1.2%	0.8%
People getting prescribed the wrong thing	3	1.2%	0.8%
Mobility/transportation facilities	3	1.2%	0.8%
First time mothers/Teen Pregnancy	3	1.2%	0.8%
Smokers	2	0.8%	0.5%
People not going to the doctors	2	0.8%	0.5%
Childcare/Pediatric Care	2	0.8%	0.5%
No local gyms/Physical Fitness	2	0.8%	0.5%
Community based activities for younger	2	0.8%	0.5%
Emergency Care	2	0.8%	0.5%
Starvation/Not Enough Food	2	0.8%	0.5%
Free Clinics	2	0.8%	0.5%
General Healthcare Education	2	0.8%	0.5%
MISCELLANEOUS	10	4.0%	2.5%
Total	247	(n=247)	(n=400)

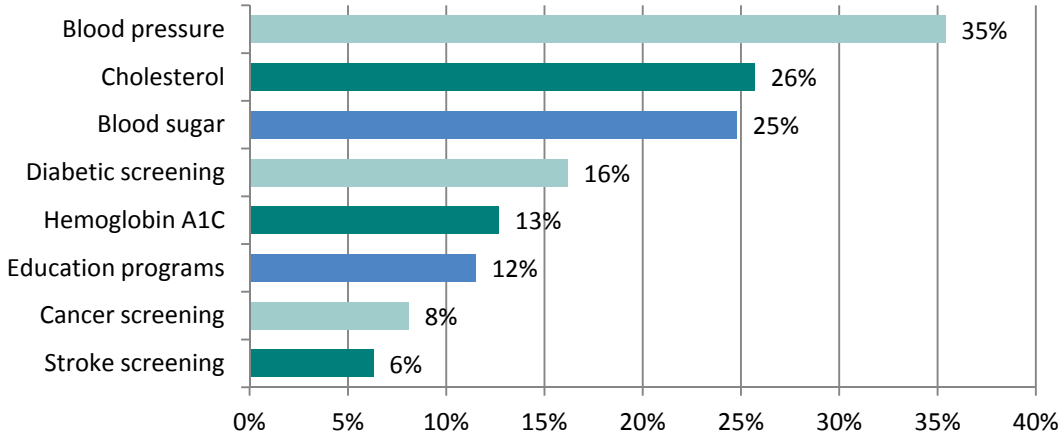
Awareness and Importance of Health Events and Screenings

When respondents were asked if they were aware of any events or services in their community where people can get routine screenings done for little or no charge, more than half, 57%, indicated they were aware. There were several significant demographic differences between those who were more likely to have heard of these events and services and who was less likely. For example, females were much more likely than males to have heard of these events/services. Whereas 66% of females reported being aware of events/services in their community where people can get routine screenings done, only 49% of males were aware. Age was also a significant factor with those ages 55 to 64 most likely to be aware of these events or services, 68%. On the other hand, respondents ages 65 and over were least likely to be aware, with just 41% of respondents in this age group aware of screening events and services. Married respondents were also more likely to be aware.

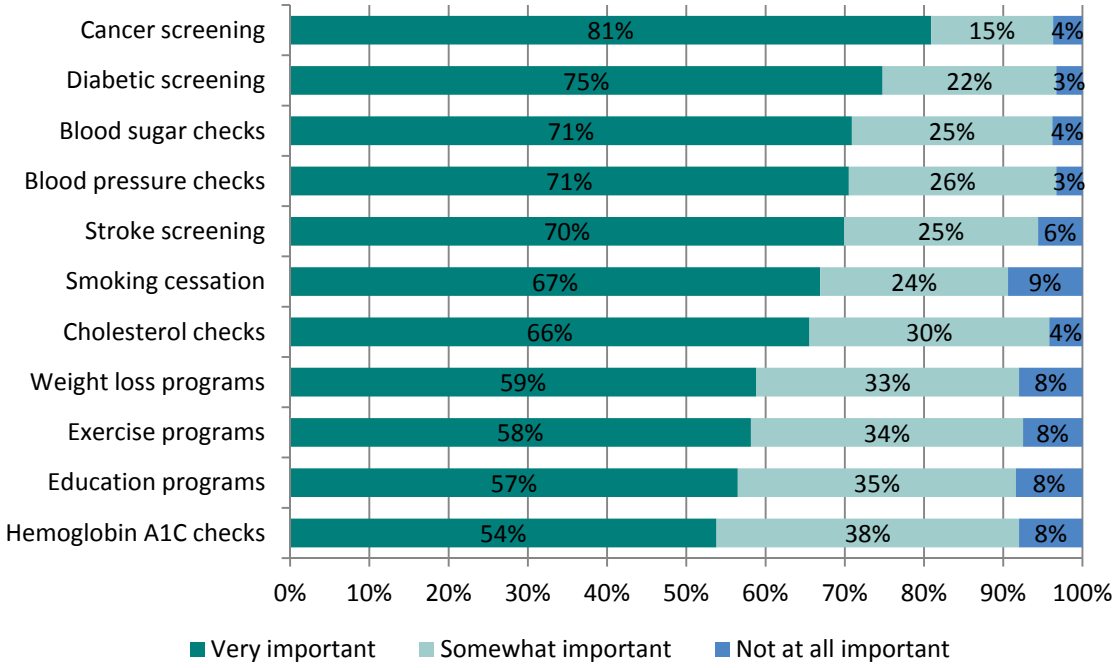
Aware of Events or Services for Routine Screenings by select demographics				
		Yes	No	Valid Responses
All respondents		57.4%	42.6%	(N=398)
Demographic	Subgroup			
Gender*	Male	48.7%	51.3%	(N=398)
	Female	65.9%	34.1%	
Age*	18-24	62.5%	37.5%	(N=398)
	25-34	49.2%	50.8%	
	35-44	66.1%	33.9%	
	45-54	62.9%	37.1%	
	55-64	67.9%	32.1%	
	65 and over	41.2%	58.8%	
Marital Status*	Married	64.2%	35.8%	(N=397)
	Not married	48.5%	51.5%	
Children in Home	Yes	61.2%	38.8%	(N=398)
	No	55.1%	44.9%	
Income	Under $18,000	50.0%	50.0%	(N=364)
	$18-$36,000	49.5%	50.5%	
	$36-$54,000	55.3%	44.7%	
	$54-$72,000	64.9%	35.1%	
	Over $72,000	64.8%	35.2%	
Employment Status	Employed full-time	61.4%	38.6%	(N=397)
	Employed part-time	61.2%	38.8%	
	Retired	50.5%	49.5%	
	Unemployed	44.2%	55.8%	
	Other	65.0%	35.0%	
Education Attainment	High School Grad or less	53.6%	46.4%	(N=398)
	Some college/Associate's	60.2%	39.8%	
	College Grad or more	64.0%	36.0%	
Question: Are you aware of any events or services in your community where you can get routine screenings done for little or no charge?				

Next, all respondents were read a list of eight healthcare services and asked if they ever received the service at a community health care event or program including blood pressure check, cholesterol check, blood sugar check, hemoglobin A1C check, cancer screening, diabetic screening, stroke screening, and education programs given by doctors. In addition, all respondents, regardless of whether or not they had received the service, were asked how important they thought it was for the service to be available in their community. In addition to the eight services mentioned above, respondents were also asked to rate the importance of smoking cessation, weight loss programs, and exercise programs.

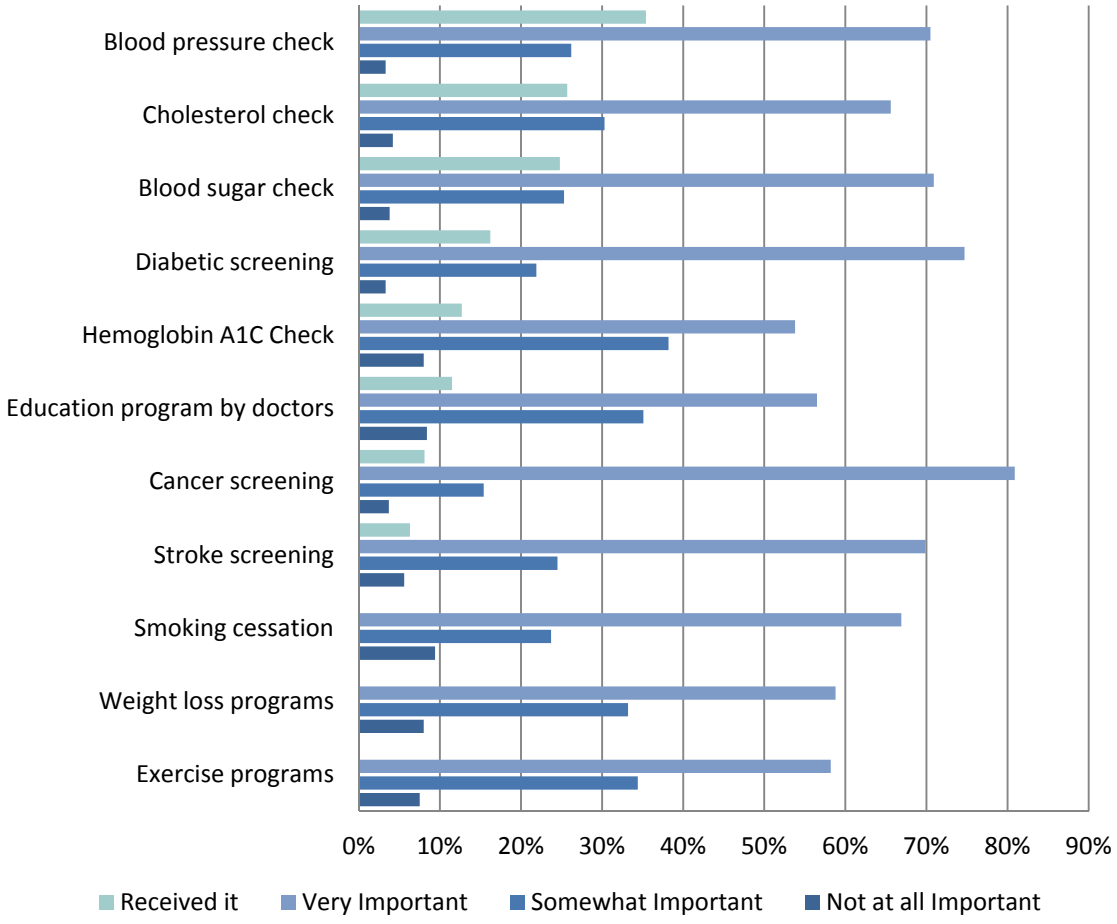
Services Received at Community Healthcare Event



Importance of Healthcare Programs or Services



Received and Importance of Services at Community Healthcare Event



Summary: Events and Screening Awareness and Importance				
		Importance of Screening		
	Received it	*Very*	*Somewhat*	*Not at all*
Blood pressure check	35.4%	70.5%	26.2%	3.3%
Cholesterol check	25.7%	65.6%	30.3%	4.2%
Blood sugar check	24.8%	70.9%	25.3%	3.8%
Diabetic screening	16.2%	74.7%	21.9%	3.3%
Hemoglobin A1C Check	12.7%	53.8%	38.2%	8.0%
Education program by doctors	11.5%	56.5%	35.1%	8.4%
Cancer screening	8.1%	80.9%	15.4%	3.7%
Stroke screening	6.3%	69.9%	24.5%	5.6%
Smoking cessation	*	66.9%	23.7%	9.4%
Weight loss programs	*	58.8%	33.2%	8.0%
Exercise programs	*	58.2%	34.4%	7.5%

Cancer Screening

The majority of respondents, 80.9%, thought it was very important to have cancer screening available in their community and an additional 15.4% thought it was somewhat important (combined importance of 96.3%). Groups more likely to think cancer screening was very important include females, those ages 18 to 24, and those employed part-time or unemployed. While the majority felt that that having cancer screening available in the community was important, only a small percentage of respondents, 8.1%, had received a cancer screening at a community health care event. Females were more likely than males to have received a cancer screening.

Diabetic Screening

Nearly three-quarters, 74.7%, thought it was very important to have diabetic screening available in their community and an additional 21.9% thought it was somewhat important (combined importance of 96.6%). Groups more likely to think diabetic screening was very important include females and those who are not married. Nearly one-sixth of respondents, 16.2%, had received a diabetic screening at a community health care event. Respondents without children in the home were more likely to have received a diabetic screening.

Blood Sugar Checks

Nearly three-quarters of respondents, 70.9%, thought it was very important to have blood sugar checks available in their community and an additional 25.3% thought it was somewhat important (combined importance of 96.2%). Groups of respondents that were more likely to think blood sugar checks were very important include females and those with some college education. Nearly one-quarter of respondents, 24.8%, had received a blood sugar check at a community health care event. Respondents ages 55 and over and those without children in the home were more likely to have received a blood sugar check.

Blood Pressure Checks

Nearly three-quarters of respondents, 70.5%, thought it was very important to have blood pressure checks available in their community and an additional 26.2% thought it was somewhat important (combined importance of 96.7%). Groups of respondents that were more likely to think blood pressure checks were very important include females and those employed part-time. More than one-third of respondents, 35.4%, had received a blood pressure check at a community health care event. Females were more likely than males to have received a blood pressure check.

Stroke Screening

More than two-thirds, 69.9%, thought it was very important to have stroke screening available in their community and an additional 24.5% thought it was somewhat important (combined importance of 94.4%). Groups more likely to think stroke screening was very important include females, those who are not married, respondents with an annual income of $36,000 or less, those who are employed part-time or unemployed, and those with a high school diploma or less education. Only a small percentage of respondents, 6.3%, had received a stroke screening at a community health care event. Respondents ages 65 and over, those who are not married, and those without children in the home were more likely to have received a diabetic screening.

Smoking Cessation

More than two-thirds of respondents, 66.9%, thought it was very important to have smoking cessation programs available in their community and an additional 23.7% thought it was somewhat important (combined importance of 90.6%). Groups of respondents that were more likely to think smoking cessation programs were very important include females and respondents with an annual income of $36,000 or less.

Cholesterol Check

Nearly two-thirds, 65.6%, thought it was very important to have cholesterol checks available in their community and an additional 30.3% thought it was somewhat important (combined importance of 95.9%). Groups more likely to think cholesterol checks were very important include females. More than one-quarter of respondents, 25.7% had received a cholesterol check at a community health care event. Females, respondents ages 45 and over, married respondents, those without children in the home, and respondents with an annual income of $36,000 to $72,000 were more likely to have received a cholesterol pressure check.

Weight Loss Programs

More than half, 58.8%, thought it was very important to have weight loss programs available in their community and an additional 33.2% thought it was somewhat important (combined importance of 92.0%). Groups more likely to think weight loss programs were very important include females and those ages 35 to 44 and 55 to 64.

Exercise Programs

More than half of respondents, 58.2%, thought it was very important to have exercise programs available in their community and an additional 34.4% thought it was somewhat important (combined importance of 92.6%). Groups of respondents that were more likely to think exercise programs were very important include females and those with an annual income under $18,000 or between $54 and $72,000.

Education Program by Doctors

More than half, 56.5%, thought it was very important to have education programs by doctors in their community and an additional 35.1% thought it was somewhat important (combined importance of 91.6%). Groups of respondents that were more likely to think education programs by doctors were very important include females, respondents ages 18 to 34, those who are not married, respondent with an annual income under $18,000, and those employed part-time or unemployed. Only a small percentage of respondents, 11.5%, had received an education programs by doctors at a community health care event. Females were more likely than males to have received an education program by doctors.

Hemoglobin A1C Check

More than half, 53.8%, thought it was very important to have hemoglobin A1C checks available in their community and an additional 38.2% thought it was somewhat important. Groups more likely to think hemoglobin A1C checks were very important include females, those who are retired, and those who are not college graduates. Only a small percentage, 12.7%, had received a hemoglobin A1C check at a community health care event. Females and those ages 45 and over were more likely to have received a hemoglobin A1C checks.

Cancer Screening and Importance by select demographics					
		Received it	Importance of Screening		
			Very	Somewhat	Not at all
All respondents		8.1%	80.9%	15.4%	3.7%
Demographic	Subgroup				
Gender	Male	4.7%*	73.4%*	20.8%*	5.7%*
	Female	11.1%*	87.9%*	10.2%*	1.9%*
Age	18-24	5.0%	95.0%	5.0%	0.0%
	25-34	7.7%	83.1%	15.4%	1.5%
	35-44	3.3%	77.6%	19.0%	3.4%
	45-54	4.2%	80.0%	14.3%	5.7%
	55-64	15.4%	78.2%	20.5%	1.3%
	65 and over	9.3%	77.9%	14.0%	8.1%
Marital Status	Married	8.8%	78.1%*	19.6%*	2.2%*
	Not married	6.9%	84.4%*	9.8%*	5.8%*
Children in Home	Yes	7.2%	80.7%	16.7%	2.7%
	No	8.5%	81.0%	14.5%	4.4%
Income	Under $18,000	6.5%	86.9%	9.8%	3.3%
	$18-$36,000	8.0%	87.1%	7.9%	5.0%
	$36-$54,000	10.7%	82.7%	14.7%	2.7%
	$54-$72,000	8.8%	73.2%	23.2%	3.6%
	Over $72,000	7.0%	70.4%	23.9%	5.6%
Employment Status	Employed full-time	7.0%	71.9%*	22.8%*	5.3%*
	Employed part-time	4.1%	93.9%*	6.1%*	0.0%*
	Retired	10.8%	81.7%*	12.9%*	5.4%*
	Unemployed	11.4%	88.9%*	8.9%*	2.2%*
	Other	7.5%	90.0%*	10.0%*	0.0%*
Education Attainment	High School Grad or less	7.7%	82.3%	15.0%	2.7%
	Some college/Associate's	7.4%	84.9%	9.7%	5.4%
	College Grad or more	9.4%	72.6%	22.6%	4.8%

Diabetic Screening and Importance by select demographics					
		Received it	Importance of Screening		
			Very	Somewhat	Not at all
All respondents		16.2%	74.7%	21.9%	3.3%
Demographic	Subgroup				
Gender	Male	15.0%	65.6%*	28.6%*	5.7%*
	Female	17.4%	83.1%*	15.9%*	1.0%*
Age	18-24	7.5%	82.5%	17.5%	0.0%
	25-34	13.8%	81.5%	16.9%	1.5%
	35-44	10.2%	67.2%	31.0%	1.7%
	45-54	15.3%	71.8%	22.5%	5.6%
	55-64	20.5%	73.4%	25.3%	1.3%
	65 and over	23.3%	74.4%	18.6%	7.0%
Marital Status	Married	16.8%	72.0%*	28.2%*	1.8%*
	Not married	15.6%	78.0%*	16.8%*	5.2%*
Children in Home	Yes	11.3%*	75.3%	22.7%	2.0%
	No	19.0%*	74.6%	21.4%	4.0%
Income	Under $18,000	17.7%	76.2%	20.6%	3.2%
	$18-$36,000	20.0%	80.2%	14.9%	5.0%
	$36-$54,000	15.8%	76.0%	21.3%	2.7%
	$54-$72,000	17.5%	66.1%	30.4%	3.6%
	Over $72,000	11.3%	67.6%	28.2%	4.2%
Employment Status	Employed full-time	15.1%	69.0%	26.3%	4.7%
	Employed part-time	16.0%	72.0%	28.0%	0.0%
	Retired	19.4%	76.3%	19.4%	4.3%
	Unemployed	18.2%	86.4%	11.4%	2.3%
	Other	12.5%	85.0%	15.0%	0.0%
Education Attainment	High School Grad or less	16.8%	75.9%	21.8%	2.3%
	Some college/Associate's	12.8%	79.6%	15.1%	5.4%
	College Grad or more	17.6%	65.9%	30.6%	3.5%

Blood Sugar Checks and Importance by select demographics					
		Received it	Importance of Screening		
			Very	Somewhat	Not at al
All respondents		24.8%	70.9%	25.3%	3.8%
Demographic	Subgroup				
Gender	Male	22.3%	66.3%*	27.9%*	5.8%*
	Female	27.2%	75.2%*	22.8%*	1.9%*
Age	18-24	10.0%*	60.0%	40.0%	0.0%
	25-34	23.1%*	72.3%	26.2%	1.5%
	35-44	16.9%*	72.4%	24.1%	3.4%
	45-54	25.4%*	70.4%	22.5%	7.0%
	55-64	34.6%*	74.4%	24.4%	1.3%
	65 and over	29.1%*	71.4%	21.4%	7.1%
Marital Status	Married	27.0%	71.3%	26.0%	2.7%
	Not married	22.0%	70.5%	24.3%	5.2%
Children in Home	Yes	17.1%*	76.0%	22.0%	2.0%
	No	29.4%*	67.9%	27.2%	4.9%
Income	Under $18,000	16.1%	79.0%	19.4%	1.6%
	$18-$36,000	26.7%	77.0%	18.0%	5.0%
	$36-$54,000	34.7%	69.3%	26.7%	4.0%
	$54-$72,000	29.8%	58.9%	37.5%	3.6%
	Over $72,000	19.7%	62.0%	33.8%	4.2%
Employment Status	Employed full-time	23.8%	64.9%	29.8%	5.3%
	Employed part-time	28.6%	69.4%	28.6%	2.0%
	Retired	27.7%	70.3%	25.3%	4.4%
	Unemployed	22.7%	81.8%	15.9%	2.3%
	Other	20.0%	87.8%	12.2%	0.0%
Education Attainment	High School Grad or less	24.5%	72.9%*	24.3%*	2.8%*
	Some college/Associate's	21.3%	76.3%*	17.2%*	6.5%*
	College Grad or more	30.2%	59.5%*	36.9%*	3.6%*

Importance of Blood Pressure Checks by select demographics					
		Received it	Importance of Screening		
			Very	Somewhat	Not at all
All respondents		35.4%	70.5%	26.2%	3.3%
Demographic	Subgroup				
Gender	Male	28.0%*	63.2%*	31.6%*	5.3%*
	Female	42.0%*	77.3%*	21.3%*	1.4%*
Age	18-24	32.5%	77.5%	22.5%	0.0%
	25-34	29.2%	67.7%	29.2%	3.1%
	35-44	30.5%	67.2%	29.3%	3.4%
	45-54	36.1%	66.7%	25.0%	8.3%
	55-64	42.3%	73.4%	24.1%	2.5%
	65 and over	38.4%	71.4%	26.2%	2.4%
Marital Status	Married	38.1%	67.6%	29.8%	2.7%
	Not married	31.8%	74.3%	21.6%	4.1%
Children in Home	Yes	30.3%	70.0%	26.0%	4.0%
	No	38.7%	70.9%	26.3%	2.8%
Income	Under $18,000	24.2%	69.4%	27.4%	3.2%
	$18-$36,000	43.6%	80.0%	17.0%	3.0%
	$36-$54,000	42.7%	66.7%	30.7%	2.7%
	$54-$72,000	36.8%	60.7%	33.9%	5.4%
	Over $72,000	31.0%	63.8%	33.3%	2.9%
Employment Status	Employed full-time	34.9%	63.2%*	30.4%*	6.4%*
	Employed part-time	44.9%	81.6%*	16.3%*	2.0%*
	Retired	34.4%	73.6%*	26.4%*	0.0%*
	Unemployed	25.6%	72.7%*	25.0%*	2.3%*
	Other	40.0%	80.0%*	20.0%*	0.0%*
Education Attainment	High School Grad or less	35.0%	71.2%	25.6%	3.2%
	Some college/Associate's	34.4%	72.8%	22.8%	4.3%
	College Grad or more	37.2%	65.9%	31.8%	2.4%

Stroke Screening and Importance by select demographics					
		Received it	Importance of Screening		
			Very	Somewhat	Not at all
All respondents		6.3%	69.9%	24.5%	5.6%
Demographic	Subgroup				
Gender	Male	4.7%	58.0%*	33.0%*	9.0%*
	Female	7.8%	80.8%*	16.7%*	2.5%*
Age	18-24	0.0%*	78.9%	13.2%	7.9%
	25-34	7.7%*	78.5%	20.0%	1.5%
	35-44	3.4%*	61.4%	31.6%	7.0%
	45-54	1.4%*	65.3%	27.8%	6.9%
	55-64	7.7%*	68.4%	28.9%	2.6%
	65 and over	12.8%*	70.2%	21.4%	8.3%
Marital Status	Married	4.0%*	63.8%*	31.7%*	4.5%*
	Not married	9.8%*	77.5%*	15.4%*	7.1%*
Children in Home	Yes	2.6%*	68.7%	26.5%	4.8%
	No	8.5%*	70.9%	23.0%	6.1%
Income	Under $18,000	8.1%	83.1%*	13.6%*	3.4%*
	$18-$36,000	8.0%	76.5%*	18.4%*	5.1%*
	$36-$54,000	6.7%	68.0%*	28.0%*	4.0%*
	$54-$72,000	3.5%	58.9%*	33.9%*	7.1%*
	Over $72,000	1.4%	53.6%*	36.2%*	10.1%*
Employment Status	Employed full-time	2.9%	59.6%*	32.2%*	8.2%*
	Employed part-time	8.2%	78.7%*	19.1%*	2.1%*
	Retired	11.8%	74.4%*	18.9%*	6.7%*
	Unemployed	6.8%	81.0%*	16.7%*	2.4%*
	Other	5.0%	80.5%*	19.5%*	0.0%*
Education Attainment	High School Grad or less	8.6%	74.7%*	21.2%*	4.1%*
	Some college/Associate's	4.3%	71.6%*	20.5%*	8.0%*
	College Grad or more	3.5%	56.0%*	36.9%*	7.1%*

Cholesterol Checks and Importance by select demographics					
		Received it	Importance of Screening		
			Very	Somewhat	Not at all
All respondents		25.7%	65.6%	30.3%	4.2%
Demographic	Subgroup				
Gender	Male	26.3%	58.1%*	35.6%*	6.3%*
	Female	25.1%	72.0%*	25.6%*	2.4%*
Age	18-24	7.5%*	60.0%	40.0%	0.0%
	25-34	23.1%*	63.1%	33.8%	3.1%
	35-44	16.9%*	73.7%	24.6%	1.8%
	45-54	31.0%*	59.2%	35.2%	5.6%
	55-64	33.3%*	66.7%	30.8%	2.6%
	65 and over	30.2%*	69.8%	22.1%	8.1%
Marital Status	Married	29.6%*	67.0%	30.8%	2.2%
	Not married	19.7%*	63.6%	29.5%	6.9%
Children in Home	Yes	19.7%*	68.7%	28.7%	2.7%
	No	29.4%*	64.0%	31.2%	4.9%
Income	Under $18,000	21.0%*	74.2%	22.6%	3.2%
	$18-$36,000	22.0%*	64.4%	30.7%	5.0%
	$36-$54,000	41.3%*	68.0%	29.3%	2.7%
	$54-$72,000	29.8%*	60.7%	33.9%	5.4%
	Over $72,000	21.1%*	59.2%	36.6%	4.2%
Employment Status	Employed full-time	25.0%	58.6%	36.1%	5.3%
	Employed part-time	32.7%	76.0%	22.0%	2.0%
	Retired	29.0%	70.2%	23.4%	6.4%
	Unemployed	22.7%	63.6%	34.1%	2.3%
	Other	17.5%	75.0%	25.0%	0.0%
Education Attainment	High School Grad or less	26.4%	65.8%	30.6%	3.7%
	Some college/Associate's	18.1%	64.9%	29.8%	5.3%
	College Grad or more	32.9%	64.7%	30.6%	4.7%

Education Programs and Importance by select demographics					
		Attended	Importance		
			Very	Somewhat	Not at all
All respondents		11.5%	56.5%	35.1%	8.4%
Demographic	Subgroup				
Gender	Male	6.7%*	47.3%*	38.7%*	14.0%*
	Female	15.9%*	64.4%*	32.2%*	3.4%*
Age	18-24	5.0%	65.0%*	32.5%*	2.5%*
	25-34	13.8%	61.5%*	33.8%*	4.6%*
	35-44	6.7%	56.9%*	37.9%*	5.2%*
	45-54	11.3%	57.7%*	33.8%*	8.5%*
	55-64	14.1%	56.6%*	38.2%*	5.3%*
	65 and over	14.0%	46.9%*	33.3%*	19.8%*
Marital Status	Married	11.5%	49.3%*	43.9%*	6.7%*
	Not married	11.6%	66.1%*	23.2%*	10.7%*
Children in Home	Yes	9.9%	60.9%	33.8%	5.3%
	No	12.4%	53.8%	35.8%	10.4%
Income	Under $18,000	12.9%	75.4%*	19.7%*	4.9%*
	$18-$36,000	12.0%	57.7%*	32.0%*	10.3%*
	$36-$54,000	10.7%	57.3%*	33.3%*	9.3%*
	$54-$72,000	10.5%	50.0%*	35.7%*	14.3%*
	Over $72,000	12.7%	41.4%*	52.9%*	5.7%*
Employment Status	Employed full-time	9.3%	50.9%*	38.6%*	10.5%*
	Employed part-time	20.0%	65.3%*	34.7%*	0.0%*
	Retired	11.8%	49.4%*	37.9%*	12.6%*
	Unemployed	11.4%	69.8%*	25.6%*	4.7%*
	Other	12.2%	70.0%*	25.0%*	5.0%*
Education Attainment	High School Grad or less	10.0%	56.0%	32.9%	11.1%
	Some college/Associate's	14.9%	58.2%	36.3%	5.5%
	College Grad or more	11.6%	54.8%	40.5%	4.8%

Hemoglobin A1C Checks and Importance by select demographics					
		Received it	Importance of Screening		
			Very	Somewhat	Not at all
All respondents		12.7%	53.8%	38.2%	8.0%
Demographic	Subgroup				
Gender	Male	8.3%*	44.7%*	41.1%*	14.2%*
	Female	16.9%*	61.6%*	35.5%*	2.9%*
Age	18-24	0.0%*	41.4%	51.7%	6.9%
	25-34	16.9%*	52.8%	43.4%	3.8%
	35-44	1.7%*	51.1%	42.6%	6.4%
	45-54	16.9%*	53.3%	35.0%	11.7%
	55-64	16.7%*	53.3%	43.3%	3.3%
	65 and over	16.3%*	63.1%	23.1%	13.8%
Marital Status	Married	14.6%	51.4%	41.0%	7.7%
	Not married	10.4%	56.9%	34.6%	8.5%
Children in Home	Yes	9.2%	50.8%	43.2%	5.9%
	No	14.9%	55.7%	35.1%	9.3%
Income	Under $18,000	9.7%	63.3%	32.7%	4.1%
	$18-$36,000	14.0%	60.8%	31.6%	7.6%
	$36-$54,000	18.7%	45.8%	45.8%	8.5%
	$54-$72,000	8.8%	41.9%	48.8%	9.3%
	Over $72,000	11.3%	45.3%	41.5%	13.2%
Employment Status	Employed full-time	11.0%	43.2%*	46.2%*	10.6%*
	Employed part-time	16.0%	46.3%*	51.2%*	2.4%*
	Retired	15.1%	64.3%*	24.3%*	11.4%*
	Unemployed	13.6%	61.1%*	33.3%*	5.6%*
	Other	10.0%	78.1%*	21.9%*	0.0%*
Education Attainment	High School Grad or less	13.6%	59.0%*	33.5%*	7.5%*
	Some college/Associate's	9.6%	59.7%*	30.6%*	9.7%*
	College Grad or more	14.0%	34.3%*	58.2%*	7.5%*

Importance of Smoking Cessation by select demographics					
		Very important	Somewhat important	Not at all important	Valid Responses
All respondents		66.9%	23.7%	9.4%	(N=395)
Demographic	Subgroup				
Gender*	Male	57.7%	28.0%	14.3%	(N=395)
	Female	74.9%	19.8%	5.3%	
Age	18-24	75.0%	22.5%	2.5%	(N=395)
	25-34	72.3%	24.6%	3.1%	
	35-44	68.4%	17.5%	14.0%	
	45-54	64.8%	21.1%	14.1%	
	55-64	59.7%	29.9%	10.4%	
	65 and over	66.7%	23.8%	9.5%	
Marital Status	Married	64.0%	24.8%	11.3%	(N=394)
	Not married	70.3%	22.1%	7.6%	
Children in Home	Yes	67.3%	21.3%	11.3%	(N=395)
	No	66.5^	25.3%	8.2%	
Income*	Under $18,000	74.2%	16.1%	9.7%	(N=362)
	$18-$36,000	76.5%	18.4%	5.1%	
	$36-$54,000	69.3%	22.7%	8.0%	
	$54-$72,000	55.4%	35.7%	8.9%	
	Over $72,000	54.9%	32.4%	12.7%	
Employment Status	Employed full-time	59.4%	27.1%	13.5%	(N=394)
	Employed part-time	71.4%	22.4%	6.1%	
	Retired	71.1%	22.2%	6.7%	
	Unemployed	77.3%	13.6%	9.1%	
	Other	70.0%	25.0%	5.0%	
Education Attainment	High School Grad or less	67.1%	21.8%	11.1%	(N=394)
	Some college/Associate's	68.1%	23.4%	8.5%	
	College Grad or more	64.3%	29.8%	6.0%	

Importance of Weight Loss Programs by select demographics					
		Very important	Somewhat important	Not at all important	Valid Responses
All respondents		58.8%	33.2%	8.0%	(N=398)
Demographic	Subgroup				
Gender*	Male	51.8%	35.6%	12.6%	(N=398)
	Female	65.2%	30.9%	3.9%	
Age*	18-24	47.5%	52.5%	0.0%	(N=398)
	25-34	56.9%	41.5%	1.5%	
	35-44	63.2%	28.1%	8.8%	
	45-54	56.3%	31.0%	12.7%	
	55-64	65.4%	26.9%	7.7%	
	65 and over	59.3%	27.9%	12.8%	
Marital Status	Married	57.8%	33.8%	8.4%	(N=397)
	Not married	59.9%	32.6%	7.6%	
Children in Home	Yes	54.7%	38.0%	7.3%	(N=398)
	No	61.3%	30.2%	8.5%	
Income	Under $18,000	68.9%	27.9%	3.3%	(N=363)
	$18-$36,000	60.4%	32.7%	6.9%	
	$36-$54,000	56.0%	33.3%	10.7%	
	$54-$72,000	60.7%	35.7%	3.6%	
	Over $72,000	45.1%	43.7%	11.3%	
Employment Status	Employed full-time	52.6%	35.7%	11.7%	(N=397)
	Employed part-time	51.0%	44.9%	4.1%	
	Retired	62.4%	29.0%	8.6%	
	Unemployed	68.9%	26.7%	4.4%	
	Other	73.2%	24.4%	2.4%	
Education Attainment	High School Grad or less	60.3%	31.1%	8.7%	(N=397)
	Some college/Associate's	56.4%	38.3%	5.3%	
	College Grad or more	57.1%	33.3%	9.5%	

Importance of Exercise Programs by select demographics					
		Very important	Somewhat important	Not at all important	Valid Responses
All respondents		58.2%	34.4%	7.5%	(N=399)
Demographic	Subgroup				
Gender*	Male	52.6%	36.5%	10.9%	(N=399)
	Female	63.3%	32.4%	4.3%	
Age	18-24	60.0%	40.0%	0.0%	(N=399)
	25-34	60.0%	36.9%	3.1%	
	35-44	55.2%	34.5%	10.3%	
	45-54	51.4%	38.9%	9.7%	
	55-64	59.0%	33.3%	7.7%	
	65 and over	62.8%	26.7%	10.5%	
Marital Status	Married	54.2%	38.7%	7.1%	(N=398)
	Not married	63.4%	29.1%	7.6%	
Children in Home	Yes	57.0%	35.8%	7.3%	(N=399)
	No	58.9%	33.5%	7.7%	
Income*	Under $18,000	69.4%	29.0%	1.6%	(N=364)
	$18-$36,000	62.4%	30.7%	6.9%	
	$36-$54,000	46.7%	46.7%	6.7%	
	$54-$72,000	71.4%	23.2%	5.4%	
	Over $72,000	44.4%	44.4%	11.1%	
Employment Status	Employed full-time	54.4%	35.1%	10.5%	(N=398)
	Employed part-time	51.0%	44.9%	4.1%	
	Retired	63.4%	30.1%	6.5%	
	Unemployed	70.5%	25.0%	4.5%	
	Other	60.0%	37.5%	2.5%	
Education Attainment	High School Grad or less	56.8%	34.5%	8.6%	(N=398)
	Some college/Associate's	55.8%	36.8%	7.4%	
	College Grad or more	63.5%	31.8%	4.7%	

Next, all respondents were asked if there were any additional health care, health education, or public health programs or services they would like to see offered in the community. This was an open-ended question in which the respondent could give multiple responses. More than a third of respondents, 34.5%, were able to name additional programs or services they would like to see. The most common responses were, in order of importance, weight loss programs, affordable healthcare, affordable gyms, and cancer screenings.

Other health care, education or public health programs or services would like to see offered in community				
	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondents
Weight loss programs/Nutrition education	15	10.9%	18	**13.0%**
Affordable health care	10	7.2%	12	**8.7%**
YMCA/Affordable gyms	6	4.3%	8	**5.8%**
Cancer screenings	4	2.9%	8	**5.8%**
Dental	6	4.3%	7	**5.0%**
Mental health	6	4.3%	7	**5.0%**
Pregnant mothers prenatal classes	6	4.3%	7	**5.0%**
Programs to avoid teenage pregnancy	5	3.6%	6	**4.3%**
Heart Checks	4	2.9%	6	**4.3%**
Diabetic education/Screenings	2	1.4%	6	**4.3%**
Stop smoking programs	5	3.6%	5	**3.6%**
STD Awareness and Screenings	5	3.6%	5	**3.6%**
More doctors/Good doctors	5	3.6%	5	**3.6%**
Rehab for drugs and alcohol	3	2.8%	5	**3.6%**
Affordable routine check ups	4	2.9%	4	**2.9%**
More training for the public	4	2.9%	4	**2.9%**
More free clinics	4	2.9%	4	**2.9%**
Breast cancer awareness/screenings	3	2.8%	3	**2.8%**
Education/Care for elderly	1	0.7%	3	**2.8%**
Education on skin cancers	2	1.4%	2	**1.4%**
More programs for the young	2	1.4%	2	**1.4%**
Birth control for teens	2	1.4%	2	**1.4%**
League type sports	2	1.4%	2	**1.4%**
Education on handicapped	2	1.4%	2	**1.4%**
Flu shots	2	1.4%	2	**1.4%**
Affordable insurance	2	1.4%	2	**1.4%**
Home nursing	2	1.4%	2	**1.4%**
MISCELLANEOUS	24	17.4%	31	**22.5%**
Total	**138**	**(n=138)**	**170**	**(n=138)**

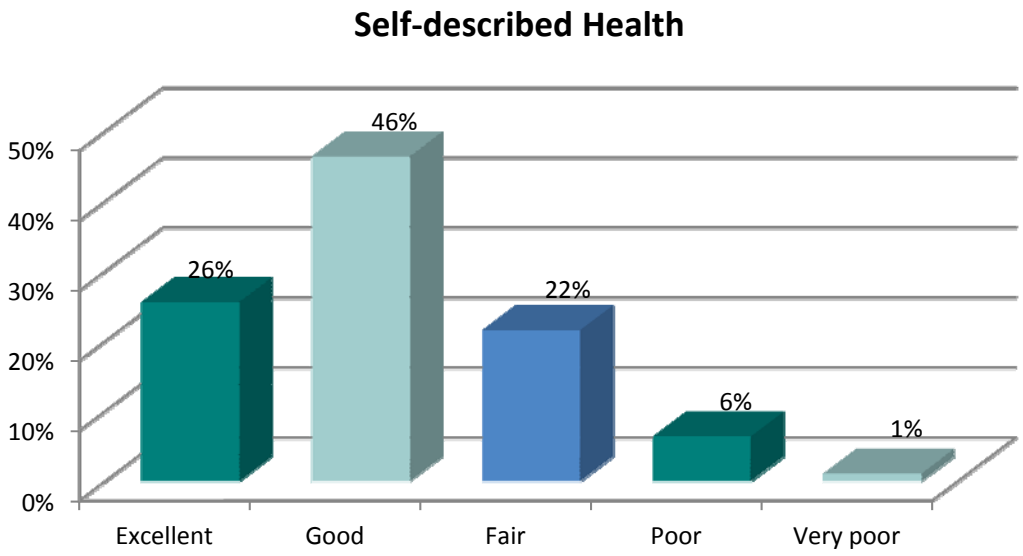
Health Related Information

When asked what two sources of information they find most useful when looking for health related information such as information about doctors, diseases or available services, the most common response, given by more than half of respondents, 59.2%, was the internet. The second most common source of health related information was a doctor or pharmacist, 51.6%. Nearly a sixth of respondents, 15.2%, felt that a family, friend, or word of mouth was the most important source of health related information. Other sources of health related information include, in order of importance, books or magazines (13.9%), newspaper (11.8%), and hospital publications (9.7%).

Most useful sources for health-related information				
	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondents
Internet	146	38.2%	226	**59.2%**
Doctor/Pharmacist	123	32.2%	197	**51.6%**
Friends/Family/Word of mouth	32	8.4%	58	**15.2%**
Books/Magazines	18	4.7%	53	**13.9%**
Newspaper	23	6.0%	45	**11.8%**
Hospital publications	13	3.4%	37	**9.7%**
Health department	5	1.3%	12	**3.1%**
Television	4	1.0%	11	**2.9%**
At work	5	1.3%	10	**2.6%**
Radio	1	0.3%	6	**1.6%**
Clinic	2	0.5%	4	**1.0%**
The VA	3	0.8%	3	**0.8%**
Church	1	0.3%	3	**0.8%**
School	1	0.3%	3	**0.8%**
Seminars/Classes	1	0.3%	3	**0.8%**
AARP	0	0.0%	2	**0.5%**
MISCELLANEOUS	4	1.0%	7	**1.8%**
Total	**382**	**(n=382)**	**680**	**(n=382)**

General Health

Respondents were asked to describe their health on a five-point scale: excellent, good, fair, poor or very poor. More than one-quarter of respondents, 25.6% rated their health as excellent. Another nearly half of respondents, 46.4%, rated their health as good. Combined, 72.0% had a favorable rating of their health. Another 21.6% of respondents rated their health as fair. Only a small percentage of respondents, 6.5%, had an unfavorable rating of their health, with 5.4% rating their health as poor and 1.1% as very poor.



There were several demographic differences regarding how a person rated their health. For example, college graduates were much more likely than those with a high school diploma or less education to have a favorable rating of their health. Whereas 90.7% of college graduates rated their health as excellent or good, only 62.3% of those with a high school diploma or less education rated their health favorably. Other groups of respondents that was more likely to rate their health as excellent or good include respondents ages 25 to 54, those who are married, respondents with children in the home, those with an annual income of $36,000 or more, and respondents who are employed.

Self-described Health by select behavior questions					
		Excellent/ Good	Fair	Poor/ Very poor	Valid Responses
All respondents		72.0%	21.6%	6.5%	(N=400)
Demographic	Subgroup				
Exercised in past month*	Yes	80.8%	16.9%	2.3%	(N=400)
	No	44.4%	36.4%	19.2%	
How often exercise in an average week*	Not at all	51.0%	31.4%	17.6%	(N=396)
	1-2 times	69.8%	23.8%	6.3%	
	3-4 times	85.5%	14.5%		
	5-7 times	79.3%	16.5%	4.1%	
	Every once in awhile	49.0%	37.3%	13.7%	
Weight*	Overweight	65.1%	28.7%	6.2%	(N=399)
	About right	82.8%	10.7%	6.5%	
	Underweight	57.1%	38.1%	4.8%	
Has Health Insurance*	Yes	75.1%	18.5%	6.5%	(N=389)
	No	57.3%	36.0%	6.7%	
Type of Insurance*	Not insured	57.3%	36.0%	6.7%	(N=389)
	Employer paid	86.1%	12.8%	1.1%	
	Private insurance	66.7%	26.7%	6.7%	
	Medicare or Medicaid	56.2%	25.8%	18.0%	
Unable to get needed healthcare services*	Yes	51.9%	36.5%	11.5%	(N=397)
	No	75.1%	19.4%	5.5%	
Question: Generally, how would you describe your health?					

Self-described Health by select demographics					
		Excellent/ Good	Fair	Poor/ Very poor	Valid Responses
All respondents		72.0%	21.6%	6.5%	(N=400)
Demographic	Subgroup				
Gender	Male	73.1%	21.8%	5.2%	(N=400)
	Female	71.0%	21.3%	7.7%	
Age*	18-24	72.5%	27.5%	0.0%	(N=400)
	25-34	83.1%	15.4%	1.5%	
	35-44	79.7%	15.3%	5.1%	
	45-54	81.9%	16.7%	1.4%	
	55-64	62.0%	22.8%	15.2%	
	65 and over	57.5%	31.0%	11.5%	
Marital Status*	Married	80.1%	15.9%	4.0%	(N=399)
	Not married	61.3%	28.9%	9.8%	
Children in Home*	Yes	78.3%	19.7%	2.0%	(N=400)
	No	68.1%	22.6%	9.3%	
Income*	Under $18,000	35.5%	46.8%	17.7%	(N=365)
	$18-$36,000	65.3%	28.7%	5.9%	
	$36-$54,000	81.3%	14.7%	4.0%	
	$54-$72,000	82.8%	12.1%	5.2%	
	Over $72,000	93.0%	7.0%	0.0%	
Employment Status*	Employed full-time	86.6%	12.8%	0.6%	(N=399)
	Employed part-time	81.6%	16.3%	2.0%	
	Retired	61.3%	29.0%	9.7%	
	Unemployed	40.9%	36.4%	22.7%	
	Other	60.0%	27.5%	12.5%	
Education Attainment*	High School Grad or less	62.3%	30.5%	7.3%	(N=399)
	Some college/Associate's	77.4%	15.1%	7.5%	
	College Grad or more	90.7%	7.0%	2.3%	
Question: Generally, how would you describe your health?					

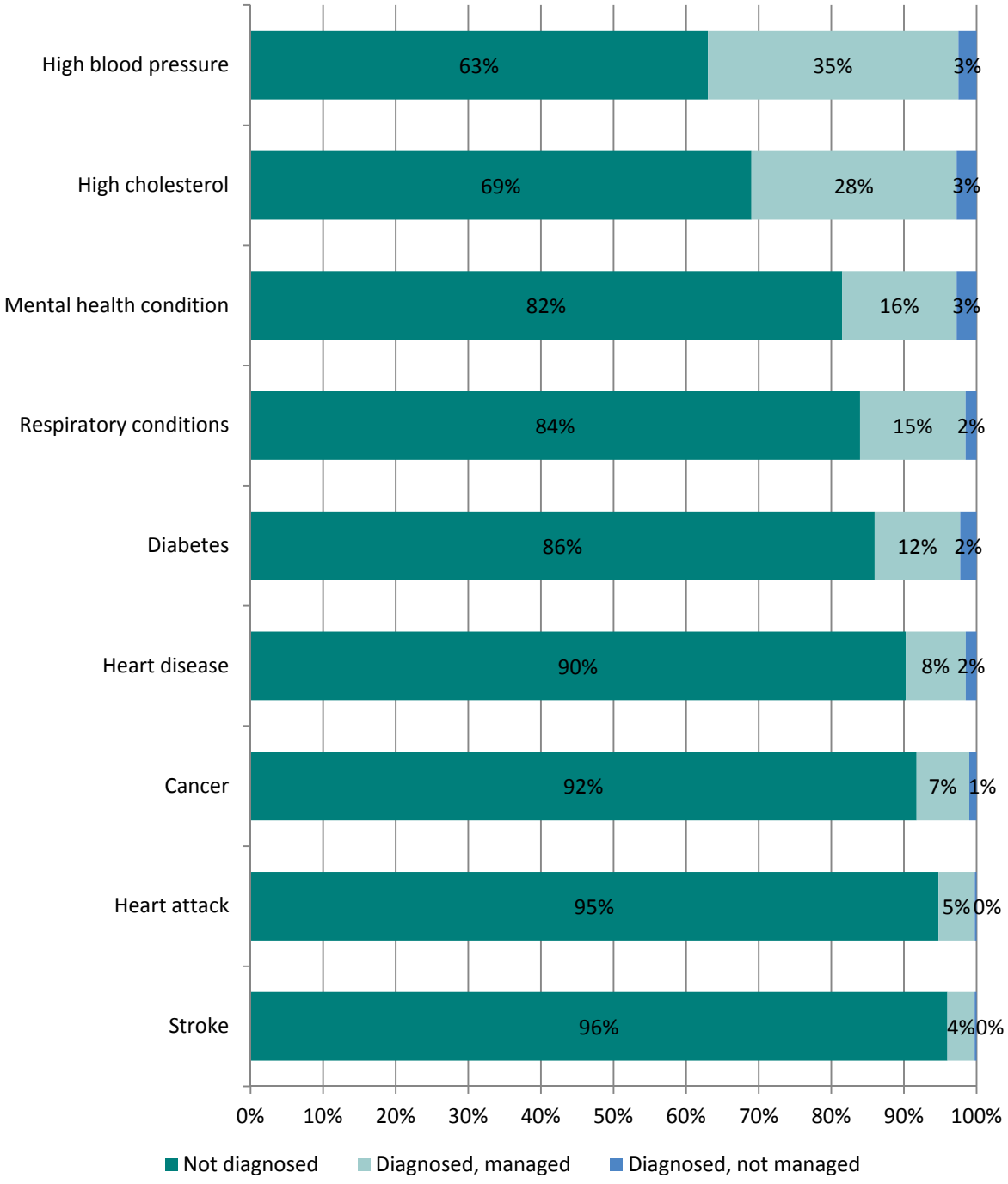
HEALTH CONDITIONS, TREATMENT, TESTS AND EXAMS

The next section focused on specific health conditions and whether the respondent has everything needed to manage the condition. The conditions included diabetes, heart attack, stroke, any form of cancer, respiratory conditions, high cholesterol, high blood pressure, and mental health conditions. In addition, respondents were asked if they ever had a series of tests including mammograms and clinical breast exams (females only), PSA test (males only), colonoscopy, skin cancer screening, blood cholesterol check, and blood pressure check.

Summary: Health Conditions and Treatment			
		Have everything to manage condition	
	Diagnosed	*Yes*	*No*
High blood pressure	37.2%	93.0%	7.0%
High cholesterol	31.3%	91.0%	9.0%
Mental health condition	18.6%	85.0%	15.0%
Respiratory conditions	16.4%	90.5%	9.5%
Diabetes	14.3%	83.6%	16.4%
Heart disease	9.9%	84.5%	15.5%
Any form of cancer	8.4%	88.0%	12.0%
Heart attack	5.1%	96.1%	3.9%
Stroke	4.3%	92.6%	7.4%

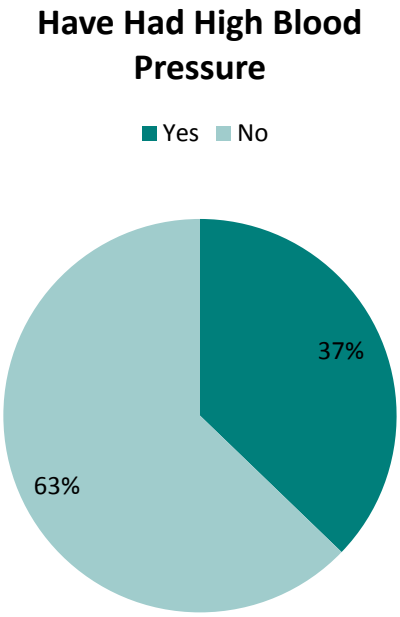
Summary: Health Conditions and Treatment			
	Diagnosed	*Diagnosed, managed*	*Diagnosed, not managed*
High blood pressure	37.2%	35%	3%
High cholesterol	31.3%	28%	3%
Mental health condition	18.6%	16%	3%
Respiratory conditions	16.4%	15%	2%
Diabetes	14.3%	12%	2%
Heart disease	9.9%	8%	2%
Cancer	8.4%	7%	1%
Heart attack	5.1%	5%	0%
Stroke	4.3%	4%	0%

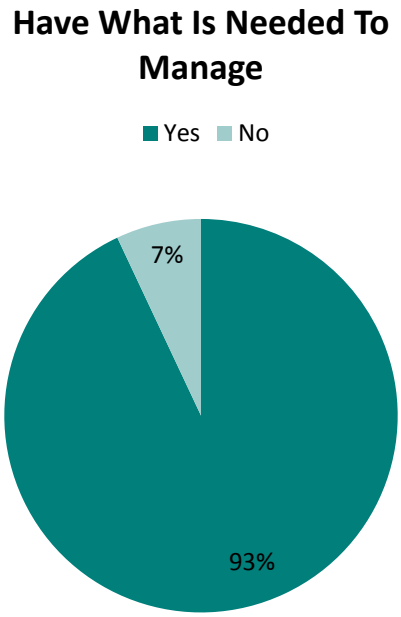
Health Conditions and Treatment



High Blood Pressure

More than one-third of respondents, 37.2%, had been diagnosed with high blood pressure. Demographic groups that were more likely to have been diagnosed with high blood pressure include respondents ages 55 and over, those with an annual income of $36,000 or less, retired respondents, and those with a high school diploma or less education. Most of the respondents who had been diagnosed with high blood pressure, 93.0%, reported having everything they needed to manage the condition. Medication and insurance coverage were the top two things needed to treat the condition that respondents were unable to get.

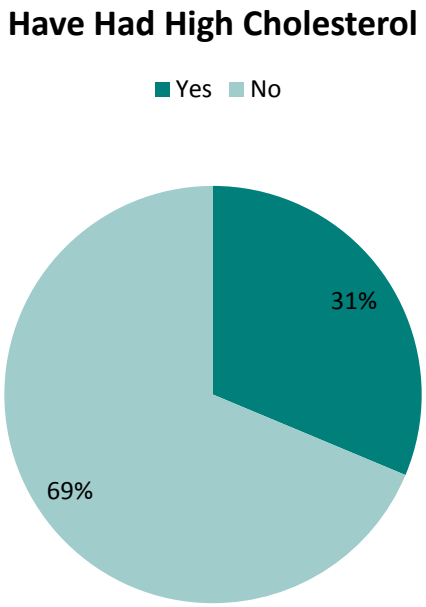


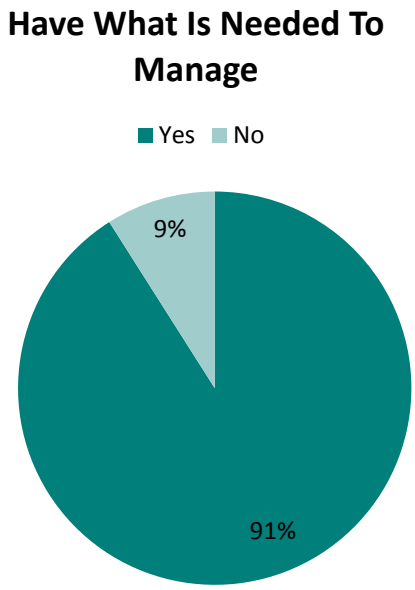


What do you need that you can't get: High Blood Pressure				
	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondents
Medication	4	40.0%	4	40.0%
Insurance	3	30.0%	3	30.0%
Information on where to be checked	2	20.0%	2	20.0%
Money to pay for treatment	1	10.0%	1	10.0%
Routine care	0	0.0%	1	10.0%
Total	**10**	**(n=10)**	**11**	**(n=10)**

High Cholesterol

Less than one-third of respondents, 31.3%, had been diagnosed with high cholesterol. Demographic groups that were more likely to have been diagnosed with high cholesterol include respondents ages 55 and over, retired respondents, and those with a high school diploma or less education. Most of the respondents who had been diagnosed with high cholesterol, 91.0%, reported having everything they needed to manage the condition. Medication, insurance coverage, and access to tests were the top things needed to treat the condition that respondents were unable to get.

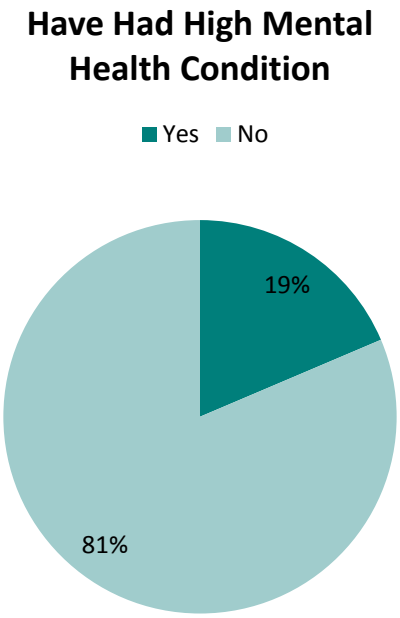


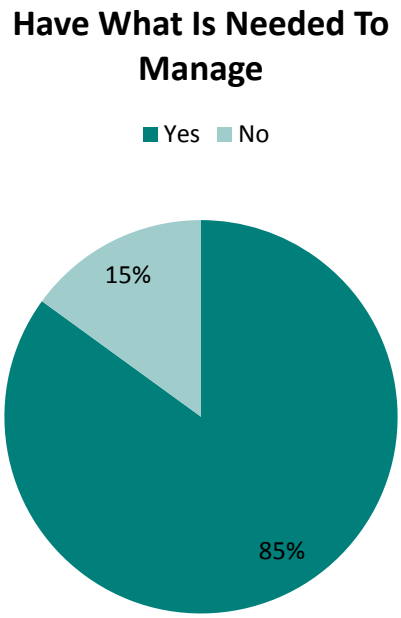


What do you need that you can't get: High Cholesterol				
	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondents
Medication	7	58.3%	7	58.3%
Insurance	2	16.7%	2	16.7%
Access to tests	1	8.3%	2	16.7%
Information about lowering cholesterol	1	8.3%	1	8.3%
MISCELLANEOUS	1	8.3%	1	8.3%
Total	**12**	**(n=12)**	**13**	**(n=12)**

Mental Health Condition

Nearly one-fifth of respondents, 18.6%, had been diagnosed with a mental health condition such as anxiety or depression. Demographic groups that were more likely to have been diagnosed with a mental health condition include females, those who are not married, respondents with an annual income of $36,000 or less, unemployed respondents, and those with a high school diploma or less education. The majority of respondents who had been diagnosed with a mental health condition, 85.0%, reported having everything they needed to manage the condition. Insurance coverage and access to more doctors were the top things needed to treat the condition that respondents were unable to get.

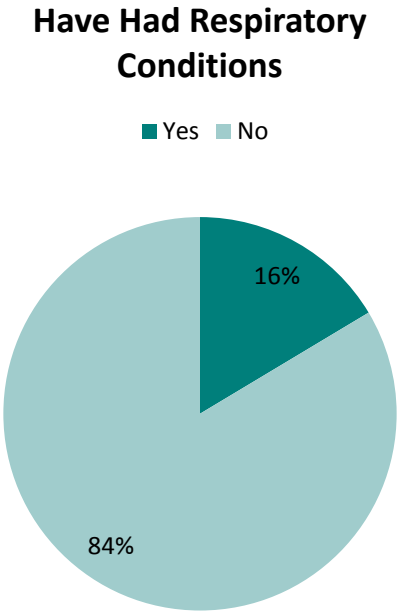


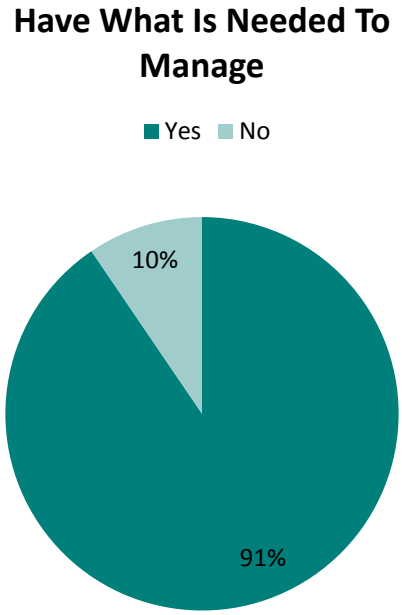


What do you need that you can't get: Mental Health Condition				
	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondents
Insurance	4	36.4%	4	36.4%
More doctors/More doctors available	3	27.3%	3	27.3%
Medication	2	18.2%	2	18.2%
Access to free clinic	1	9.1%	1	9.1%
More information	0	0.0%	1	9.1%
Stress-free environment	0	0.0%	1	9.1%
MISCELLANEOUS	1	9.1%	1	9.1%
Total	**11**	**(n=11)**	**13**	**(n=11)**

Respiratory Condition

Nearly one-sixth of respondents, 16.4%, had been diagnosed with a respiratory condition such as asthma, emphysema, or COPD. Demographic groups that were more likely to have been diagnosed with a respiratory condition include females, those who are not married, respondents with an annual income of $36,000 or less, and unemployed respondents. The majority of respondents who had been diagnosed with a respiratory condition, 90.5%, reported having everything they needed to manage the condition. More information about the condition, access to affordable inhalers, and access to affordable healthcare were the top things needed to treat the condition that respondents were unable to get.

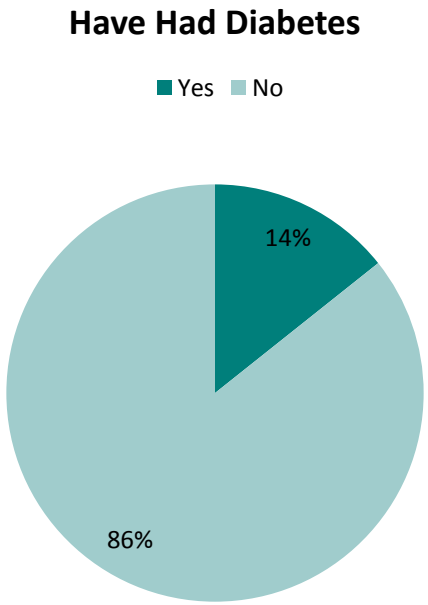


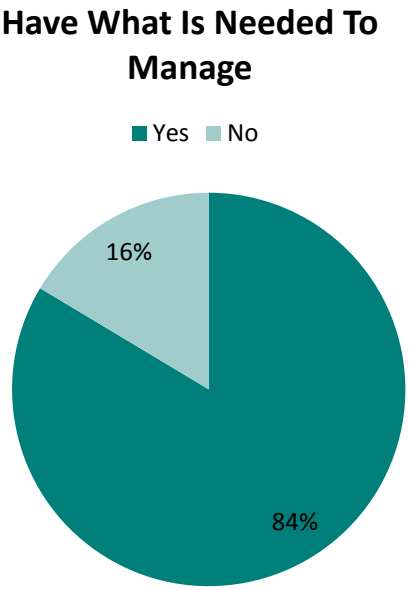


What do you need that you can't get: Respiratory Conditions				
	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondents
More information	2	33.3%	2	33.3%
Affordable inhalers	2	33.3%	2	33.3%
Affordable healthcare	1	16.7%	2	33.3%
Insurance	1	16.7%	1	16.7%
Better solutions for inhalers	0	0.0%	1	16.7%
Total	**6**	**(n=6)**	**8**	**(n=6)**

Diabetes

Nearly one-sixth of respondents, 14.3%, had been diagnosed with diabetes. Demographic groups that were more likely to have been diagnosed with diabetes include respondents ages 55 and over, respondents with an annual income of $36,000 or less, retired and unemployed respondents, and those with a high school diploma or less education. The majority of respondents who had been diagnosed with diabetes, 83.6%, reported having everything they needed to manage the condition. Testing strips and information on where to get needles and insulin were the top things needed to treat the condition that respondents were unable to get.

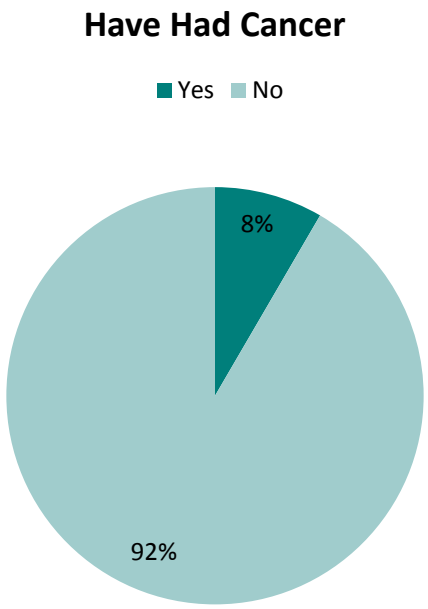


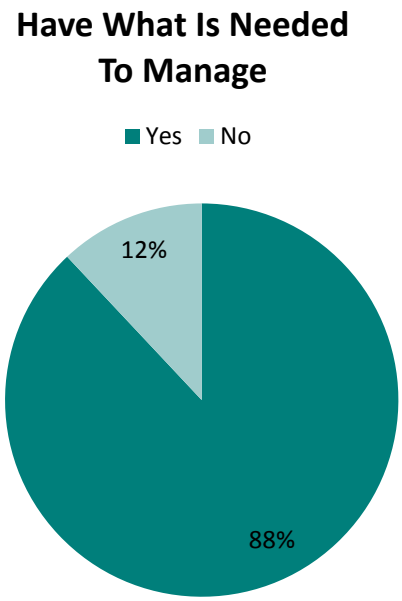


What do you need that you can't get: Diabetes				
	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondents
Testing Strips	2	20.0%	3	30.0%
Info on where to get needles and insulin	2	20.0%	2	20.0%
Insurance	1	10.0%	1	10.0%
Education	1	10.0%	1	10.0%
Information: what can/cannot be eaten	1	10.0%	1	10.0%
Money to afford medicine	1	10.0%	1	10.0%
Diabetes supplies	1	10.0%	1	10.0%
Screening	1	10.0%	1	10.0%
Help to lose weight	0	0.0%	1	10.0%
Medication	0	0.0%	1	10.0%
Total	**10**	**(n=10)**	**13**	**(n=10)**

Any Form of Cancer

Only a small percentage of respondents, 8.4%, had been diagnosed with any form of cancer. Demographic groups that were more likely to have been diagnosed with cancer include respondents ages 65 and over and retired respondents. The majority of respondents who had been diagnosed with cancer, 88.0%, reported having everything they needed to manage the condition. Easy to understand information was the top thing needed to treat the condition that respondents were unable to get.

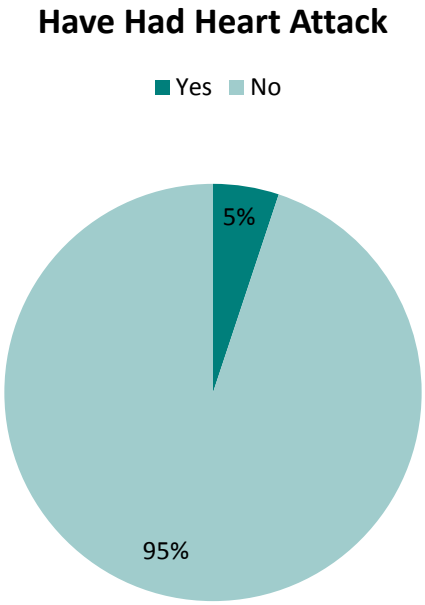


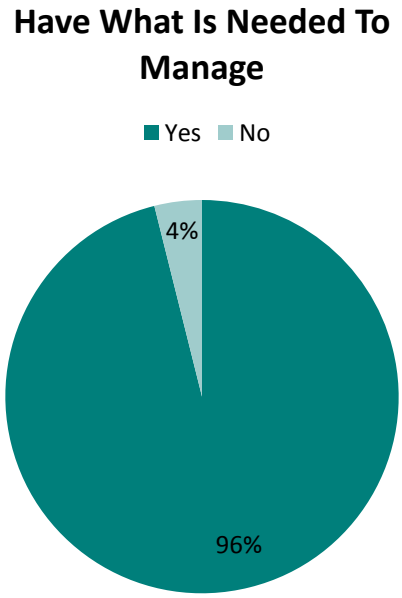


What do you need that you can't get: Cancer				
	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondents
Easy to understand information	2	50.0%	2	50.0%
Test for cancer cells that have come back	1	25.0%	1	25.0%
Insurance	1	25.0%	1	25.0%
One-on-one with a physician	0	0.0%	1	25.0%
Total	**4**	**(n=4)**	**5**	**(n=4)**

Heart Attack

Only a small percentage of respondents, 5.1%, had been diagnosed with a heart attack. Demographic groups that were more likely to have been diagnosed with a heart attack include respondents ages 55 and over and retired respondents. The majority of respondents who had been diagnosed with a heart attack, 96.1%, reported having everything they needed to manage the condition.

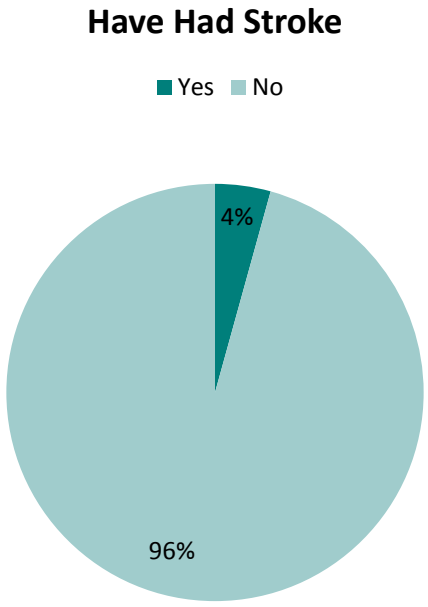


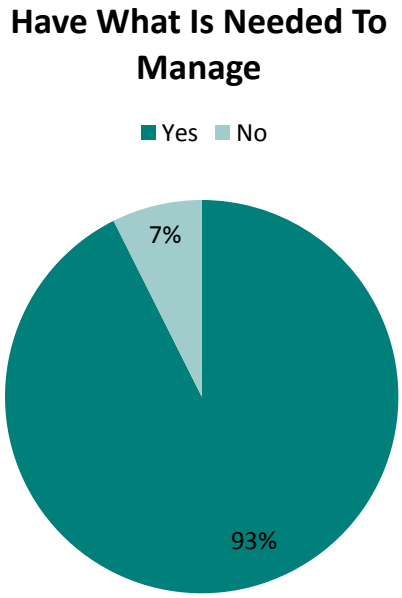


What do you need that you can't get: Heart Attack				
	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondents
Insurance	1	100.0%	1	100.0%
Total	**1**	**(n=1)**	**1**	**(n=1)**

Stroke

Only a small percentage of respondents, 4.3%, had been diagnosed with a stroke. Demographic groups that were more likely to have been diagnosed with a stroke include respondents ages 65 and over, those with an annual income of $18,000 or less, and retired and unemployed respondents. The majority of respondents who had been diagnosed with a stroke, 92.6%, reported having everything they needed to manage the condition.



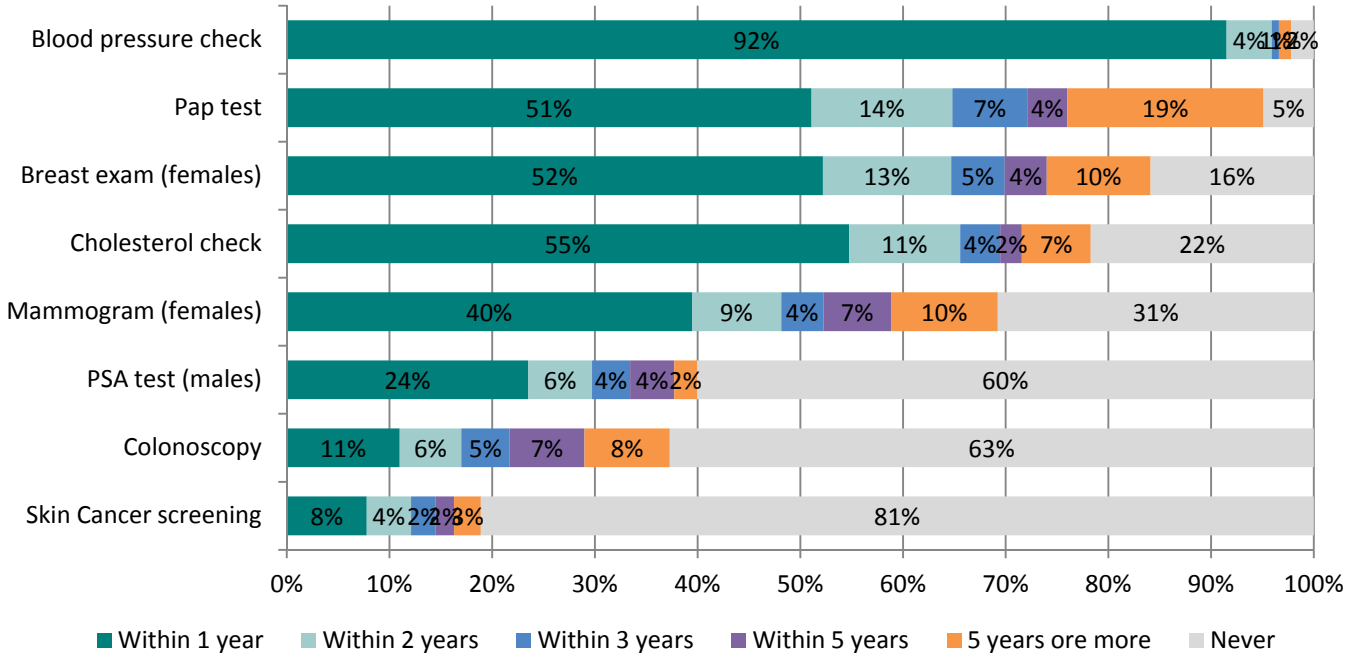


What do you need that you can't get: Stroke				
	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondents
Screenings	1	100.0%	1	100.0%
Total	**1**	**(n=1)**	**1**	**(n=1)**

Diagnoses by select demographics- TABLE 1						
		High Blood Pressure	High Cholesterol	Mental Health Condition	Respiratory Condition	Diabetes
All respondents		37.1%	31.3%	18.5%	16.5%	14.1%
Demographic	Subgroup					
Gender	Male	32.5%	30.4%	13.0%*	11.9%*	11.5%
	Female	41.5%	32.2%	23.8%*	21.0%*	16.5%
Age	18-24	15.0%*	2.5%*	12.5%	12.5%	7.5%*
	25-34	17.2%*	6.3%*	23.1%	10.9%	6.2%*
	35-44	23.7%*	20.3%*	16.7%	15.0%	8.5%*
	45-54	38.0%*	33.8%*	23.9%	10.0%	11.3%*
	55-64	51.3%*	51.3%*	21.8%	25.6%	19.2%*
	65 and over	58.1%*	50.0%*	12.8%	19.8%	25.9%*
Marital Status	Married	34.2%	32.9%	13.3%*	11.1%*	13.3%
	Not married	41.3%	29.4%	25.4%*	23.8%*	15.7%
Children in Home	Yes	21.1%*	17.1%*	16.4%	13.8%	7.9%
	No	47.0%*	40.2%*	20.2%	18.2%	18.3%
Income	Under $18,000	54.1%*	44.3%	38.7%*	32.8%*	25.8%*
	$18-$36,000	42.0%*	31.3%	27.0%*	19.8%*	19.2%*
	$36-$54,000	40.0%*	30.7%	12.0%*	8.0%*	12.0%*
	$54-$72,000	23.2%*	25.0%	10.5%*	8.8%*	5.3%*
	Over $72,000	25.4%*	28.2%	2.8%*	8.5%*	4.2%*
Employment Status	Employed full-time	25.6%*	17.5%*	9.9%*	10.5%*	4.7%*
	Employed part-time	30.6%*	26.5%*	20.0%*	4.1%*	10.2%*
	Retired	55.9%*	52.2%*	12.9%*	18.1%*	23.1%*
	Unemployed	47.7%*	45.5%*	50.0%*	40.9%*	29.5%*
	Other	41.0%*	33.3%*	30.0%*	23.1%*	22.5%*
Education Attainment	High School Grad or less	44.3%*	37.4%*	24.5%*	18.7%	18.6%*
	Some college/Associate's	31.2%*	23.7%*	14.0%*	17.4%	10.8%*
	College Grad or more	25.9%*	24.1%*	8.1%*	9.3%	6.0%*

Diagnoses by select demographics- TABLE 2					
		Heart Disease	Any form of cancer	Heart Attack	Stroke
All respondents		9.8%	8.3%	5.3%	4.3%
Demographic	Subgroup				
Gender	Male	10.9%	7.8%	7.2%	5.2%
	Female	8.8%	8.8%	3.4%	3.4%
Age	18-24	5.0%*	5.0%	0.0%*	0.0%*
	25-34	6.2%*	4.7%	0.0%*	1.5%*
	35-44	5.0%*	5.1%	0.0%*	0.0%*
	45-54	5.6%*	5.6%	2.8%*	1.4%*
	55-64	14.3%*	10.3%	10.3%*	7.7%*
	65 and over	18.1%*	16.3%	12.8%*	11.6%*
Marital Status	Married	8.9%	8.0%	4.0%	2.7%
	Not married	11.7%	8.8%	6.4%	6.4%
Children in Home	Yes	4.6%*	7.3%	1.3%*	1.3%*
	No	13.1%*	9.0%	7.7%*	6.1%*
Income	Under $18,000	14.5%	10.0%	12.9%*	12.9%*
	$18-$36,000	12.2%	8.0%	3.0%*	5.0%*
	$36-$54,000	10.7%	8.0%	2.7%*	0.0%*
	$54-$72,000	8.8%	7.1%	10.5%*	5.3%*
	Over $72,000	2.8%	5.6%	0.0%*	0.0%*
Employment Status	Employed full-time	6.5%*	4.7%*	1.8%*	0.6%*
	Employed part-time	2.0%*	6.0%*	0.0%*	4.0%*
	Retired	15.1%*	17.4%*	12.9%*	9.7%*
	Unemployed	20.5%*	7.0%*	9.1%*	9.1%*
	Other	10.0%*	10.3%*	4.9%*	2.5%*
Education Attainment	High School Grad or less	10.6%*	9.2%	6.4%	5.9%
	Some college/Associate's	14.3%*	6.5%	3.2%	1.1%
	College Grad or more	3.5%*	8.2%	3.5%	4.7%

Most Recent Checks/Screenings



Summary: Tests and Exams						
	Never	*Within past year*	*Within past 2 years*	*Within past 3 years*	*Within past 5 years*	*5 years or more*
Blood pressure check	2.2%	91.6%	4.4%	0.7%	0.0%	1.2%
Pap test*	4.9%	51.1%	13.7%	7.3%	3.9%	19.1%
Clinical breast exam*	15.9%	52.2%	12.5%	5.2%	4.1%	10.1%
Blood cholesterol check	21.7%	54.7%	10.8%	3.9%	2.1%	6.7%
Mammogram*	30.8%	39.5%	8.7%	4.1%	6.6%	10.4%
PSA Test^	60.0%	23.5%	6.2%	3.7%	4.3%	2.2%
Colonoscopy	62.7%	11.0%	6.0%	4.7%	7.3%	8.3%
Skin cancer screening	81.1%	7.8%	4.3%	2.4%	1.8%	2.6%
**Asked of females only, ^Asked of males only*						

Blood Pressure Checks

Nearly all respondents, 97.8%, had received a blood pressure check sometime in the past. The majority of respondents, 91.6%, had a blood pressure check in the past year, 5.0% had the check one to five years ago, and 1.2% had the check 5 or more years ago. Respondents ages 55 and over were more likely to have had a blood pressure check in the past year. Those ages 25 to 34 were most likely to have never had a blood pressure check.

Pap Test

Nearly all female respondents, 95.1%, had received a pap test sometime in the past. More than half, 51.1%, had a pap test in the past year, 24.9% had the test one to five years ago, and 19.1% had the test 5 or more years ago. Respondents ages 18 to 44, those with children in the home, and employed respondents were more likely to have had a pap test in the past year. Respondents ages 45 to 54 and those who are unemployed were most likely to have never had a pap test.

Clinical Breast Exam

The majority of female respondents, 84.1%, had received a clinical breast exam sometime in the past. More than half of females, 52.2%, had a clinical breast exam in the past year, 21.8% had the exam one to five years ago, and 10.1% had the exam 5 or more years ago. College graduates and those who are employed full-time were more likely to have had a clinical breast exam in the past year. Retired respondents and those with a high school diploma or less education were most likely to have never had a clinical breast exam.

Blood Cholesterol Check

The majority of respondents, 78.3%, had received a blood cholesterol check sometime in the past. More than half, 54.7% had a blood cholesterol check in the past year, 16.9% had the check one to five years ago, and 6.7% had the check 5 or more years ago. Respondents ages 55 and over, married respondents, and college graduates were more likely to have had a blood cholesterol check in the past year. Respondents ages 34 and under, those who are not married, and respondents with a high school diploma or less education were most likely to have never had a blood cholesterol check.

Mammogram

More than two-thirds of the female respondents, 69.2%, had received a mammogram in the past. More than one-third of females, 39.5%, had a mammogram in the past year, 19.4% had the exam one to five years ago, and 10.4% had the exam 5 or more years ago. Respondents ages 45 to 64, those without children in the home, and those who are unemployed or retired were more likely to have had a mammogram in the past year. Respondents ages 44 and under, those with children in the home, and respondents who are employed full-time were most likely to have never had a mammogram.

PSA Test

Less than half of the male respondents, 40.0% had received a PSA Test in the past. Less than one-quarter of males, 23.5%, had a PSA test in the past year, 14.3% had the test one to five years ago, and 2.2% had the test 5 or more years ago. Respondents ages 55 and over, married respondents, those without children in the home, and retired respondents were more likely to have had a PSA test in the past year. Respondents ages 44 and under, respondents who are not married, those with children in the home, and unemployed respondents were most likely to have never had a PSA test.

Colonoscopy

More than one-third of respondents, 37.3%, had received a colonoscopy in the past. Less than one-sixth of respondents, 11.1%, had a colonoscopy in the past year, 17.9% had the test one to five years ago, and 8.3% had the test 5 or more years ago. Males, respondents ages 55 and over, and retired respondents, were more likely to have had a colonoscopy in the past year. Respondents ages 54 and under and those who are employed full-time were most likely to have never had a colonoscopy.

Skin Cancer Screening

Only a small percentage of respondents, 18.9%, had received a skin cancer screening in the past. Less than one-tenth of respondents, 7.8%, had a skin cancer screening in the past year, 4.3% had the test one to five years ago, and 2.4% had the test 5 or more years ago. College graduates were more likely to have had a skin cancer screening in the past year. Respondents who are not married and those with a high school diploma or less education were most likely to have never had a skin cancer screening.

Most Recent Blood Pressure Check by select demographics					
		Within 1 year	1 to 5 years	5 years or more	Never
All respondents		91.6%	5.0%	1.2%	2.2%
Demographic	Subgroup				
Gender	Male	89.6%	6.3%	1.6%	2.6%
	Female	93.7%	3.9%	0.5%	2.0%
Age*	18-24	89.7%	7.7%	0.0%	2.6%
	25-34	83.1%	9.2%	0.0%	7.7%
	35-44	88.1%	5.1%	3.4%	3.4%
	45-54	90.1%	7.0%	1.4%	1.4%
	55-64	97.4%	2.6%	0.0%	0.0%
	65 and over	97.6%	1.2%	1.2%	0.0%
Marital Status	Married	91.2%	6.2%	0.9%	1.8%
	Not married	91.8%	3.5%	1.8%	2.9%
Children in Home	Yes	88.7%	6.0%	1.3%	4.0%
	No	93.5%	4.5%	0.8%	1.2%
Income	Under $18,000	91.9%	3.2%	3.2%	1.6%
	$18-$36,000	94.1%	4.0%	2.0%	0.0%
	$36-$54,000	90.5%	4.1%	1.4%	4.1%
	$54-$72,000	91.1%	5.4%	0.0%	3.6%
	Over $72,000	94.4%	5.6%	0.0%	0.0%
Employment Status	Employed full-time	90.0%	6.5%	1.2%	2.4%
	Employed part-time	93.9%	4.1%	2.0%	0.0%
	Retired	98.9%	0.0%	1.1%	0.0%
	Unemployed	86.7%	6.7%	0.0%	6.7%
	Other	82.9%	12.2%	0.0%	4.9%
Education Attainment	High School Grad or less	90.9%	5.9%	1.4%	1.8%
	Some college/Associate's	89.2%	4.3%	2.2%	4.3%
	College Grad or more	94.2%	4.7%	0.0%	1.2%
Has health insurance*	Yes	94.4%	3.7%	.3%	1.6%
	No	81.1%	10.8%	4.1%	4.1%

Most Recent Pap Test by select demographics					
		Within 1 year	1 to 5 years	5 years or more	Never
All respondents		51.1%	24.9%	19.1%	4.9%
Demographic	Subgroup				
Age*	18-24	80.0%	20.0%	0.0%	0.0%
	25-34	72.2%	16.7%	8.3%	2.8%
	35-44	61.5%	23.1%	15.4%	0.0%
	45-54	46.7%	26.7%	13.3%	13.3%
	55-64	52.2%	21.7%	23.9%	2.2%
	65 and over	18.8%	37.5%	35.4%	8.3%
Marital Status	Married	50.0%	25.9%	19.6%	4.5%
	Not married	52.1%	23.4%	18.1%	6.4%
Children in Home*	Yes	64.9%	20.8%	14.3%	0.0%
	No	43.0%	27.3%	21.9%	7.8%
Income	Under $18,000	47.7%	20.5%	22.7%	9.1%
	$18-$36,000	43.3%	31.7%	21.7%	3.3%
	$36-$54,000	54.5%	27.3%	18.2%	0.0%
	$54-$72,000	55.6%	22.2%	22.2%	0.0%
	Over $72,000	82.8%	13.8%	3.4%	0.0%
Employment Status*	Employed full-time	66.7%	15.9%	14.3%	3.2%
	Employed part-time	55.6%	33.3%	5.6%	5.6%
	Retired	23.4%	31.9%	38.3%	6.4%
	Unemployed	38.5%	26.9%	26.9%	7.7%
	Other	61.1%	22.2%	11.1%	5.6%
Education Attainment	High School Grad or less	45.3%	24.8%	23.1%	6.8%
	Some college/Associate's	51.0%	27.5%	17.6%	3.9%
	College Grad or more	69.4%	22.2%	8.3%	0.0%
Has health insurance*	Yes	54.5%	26.1%	17.0%	2.4%
	No	37.5%	20.0%	27.5%	15.0%

Most Recent Breast Exam by select demographics					
		Within 1 year	1 to 5 years	5 years or more	Never
All respondents		52.2%	21.8%	10.1%	15.9%
Demographic	Subgroup				
Age	18-24	66.7%	22.2%	0.0%	11.1%
	25-34	62.2%	16.2%	8.1%	13.5%
	35-44	69.2%	19.2%	7.7%	3.8%
	45-54	44.8%	27.6%	6.9%	20.7%
	55-64	56.8%	18.2%	15.9%	9.1%
	65 and over	31.3%	27.1%	12.5%	29.2%
Marital Status	Married	55.5%	21.8%	10.9%	11.8%
	Not married	47.8%	22.2%	8.9%	21.1%
Children in Home	Yes	60.8%	21.6%	8.1%	9.5%
	No	46.8%	22.2%	11.1%	19.8%
Income	Under $18,000	43.2%	27.3%	9.1%	20.5%
	$18-$36,000	47.5%	22.0%	15.3%	15.3%
	$36-$54,000	53.1%	31.3%	6.3%	9.4%
	$54-$72,000	60.0%	15.0%	15.0%	10.0%
	Over $72,000	85.7%	10.7%	3.6%	0.0%
Employment Status*	Employed full-time	64.5%	17.7%	6.5%	11.3%
	Employed part-time	50.0%	34.4%	0.0%	15.6%
	Retired	40.0%	17.8%	17.8%	24.4%
	Unemployed	33.3%	37.5%	16.7%	12.5%
	Other	62.9%	11.4%	14.3%	11.4%
Education Attainment*	High School Grad or less	45.1%	22.1%	12.4%	20.4%
	Some college/Associate's	50.0%	26.0%	8.0%	16.0%
	College Grad or more	78.4%	13.5%	5.4%	2.7%
Has health insurance	Yes	55.6%	22.2%	8.6%	13.6%
	No	38.5%	20.5%	15.4%	25.6%

Most Recent Cholesterol Check by select demographics					
		Within 1 year	1 to 5 years	5 years or more	Never
All respondents		54.7%	16.9%	6.7%	21.7%
Demographic	Subgroup				
Gender	Male	53.4%	16.9%	5.3%	24.3%
	Female	56.1%	16.7%	8.1%	19.2%
Age*	18-24	21.1%	10.5%	5.3%	63.2%
	25-34	36.9%	24.6%	7.7%	30.8%
	35-44	53.4%	17.2%	12.1%	17.2%
	45-54	54.3%	18.6%	8.6%	18.6%
	55-64	74.4%	12.8%	6.4%	6.4%
	65 and over	66.7%	16.7%	1.3%	15.4%
Marital Status*	Married	61.1%	16.3%	6.3%	16.3%
	Not married	45.7%	17.7%	7.3%	29.3%
Children in Home*	Yes	43.0%	19.5%	9.4%	28.2%
	No	61.8%	15.5%	5.0%	17.6%
Income	Under $18,000	49.2%	18.0%	6.6%	26.2%
	$18-$36,000	52.2%	14.1%	13.0%	20.7%
	$36-$54,000	54.7%	18.7%	4.0%	22.7%
	$54-$72,000	66.7%	14.0%	3.5%	15.8%
	Over $72,000	59.2%	18.3%	5.6%	16.9%
Employment Status	Employed full-time	50.3%	17.8%	6.5%	25.4%
	Employed part-time	55.1%	14.3%	8.2%	22.4%
	Retired	65.9%	16.5%	3.5%	14.1%
	Unemployed	56.1%	17.1%	4.9%	22.0%
	Other	50.0%	15.0%	15.0%	20.0%
Education Attainment*	High School Grad or less	52.3%	19.2%	3.7%	24.8%
	Some college/Associate's	53.3%	11.1%	12.2%	23.3%
	College Grad or more	61.4%	18.1%	8.4%	12.0%
Has health insurance*	Yes	59.3%	17.3%	5.8%	17.6%
	No	36.0%	16.0%	10.7%	37.3%

Most Recent Mammogram by select demographics					
		Within 1 year	1 to 5 years	5 years or more	Never
All respondents		39.5%	19.4%	10.4%	30.8%
Demographic	Subgroup				
Age*	18-24	40.0%	10.0%	0.0%	50.0%
	25-34	8.3%	11.1%	2.8%	77.8%
	35-44	30.8%	15.4%	0.0%	53.8%
	45-54	50.0%	23.3%	16.7%	10.0%
	55-64	66.7%	13.3%	13.3%	6.7%
	65 and over	37.5%	33.3%	18.8%	10.4%
Marital Status	Married	38.7%	18.0%	8.1%	35.1%
	Not married	40.9%	20.4%	12.9%	25.8%
Children in Home*	Yes	26.0%	11.7%	6.5%	55.8%
	No	47.3%	24.0%	13.2%	15.5%
Income	Under $18,000	38.6%	20.5%	13.6%	27.3%
	$18-$36,000	33.3%	23.3%	18.3%	25.0%
	$36-$54,000	47.1%	26.5%	2.9%	23.5%
	$54-$72,000	42.1%	15.8%	5.3%	36.8%
	Over $72,000	43.3%	6.7%	3.3%	46.7%
Employment Status*	Employed full-time	30.6%	19.4%	4.8%	45.2%
	Employed part-time	44.4%	22.2%	2.8%	30.6%
	Retired	45.8%	22.9%	18.8%	12.5%
	Unemployed	46.2%	11.5%	23.1%	19.2%
	Other	36.1%	16.7%	8.3%	38.9%
Education Attainment	High School Grad or less	38.8%	21.6%	13.8%	25.9%
	Some college/Associate's	42.3%	21.2%	7.7%	28.8%
	College Grad or more	37.8%	10.8%	2.7%	48.6%
Has health insurance	Yes	41.9%	19.8%	9.0%	29.3%
	No	28.2%	17.9%	17.9%	35.9%

Most Recent PSA Test by select demographics					
		Within 1 year	1 to 5 years	5 years or more	Never
All respondents		23.5%	14.3%	2.2%	60.0%
Demographic	Subgroup				
Age*	18-24	0.0%	0.0%	0.0%	100.0%
	25-34	0.0%	6.9%	0.0%	93.1%
	35-44	15.2%	3.0%	0.0%	81.8%
	45-54	24.4%	14.6%	2.4%	58.5%
	55-64	45.2%	19.4%	3.2%	32.3%
	65 and over	43.2%	32.4%	5.4%	18.9%
Marital Status*	Married	29.5%	17.0%	0.9%	52.7%
	Not married	15.2%	11.4%	3.8%	69.6%
Children in Home*	Yes	6.8%	10.8%	1.4%	81.1%
	No	34.2%	16.2%	2.6%	47.0%
Income	Under $18,000	17.6%	17.6%	5.9%	58.8%
	$18-$36,000	17.1%	12.2%	0.0%	70.7%
	$36-$54,000	14.6%	17.1%	2.4%	65.9%
	$54-$72,000	25.0%	22.2%	0.0%	52.8%
	Over $72,000	31.7%	9.8%	4.9%	53.7%
Employment Status*	Employed full-time	16.5%	12.8%	0.9%	69.7%
	Employed part-time	21.4%	0.0%	0.0%	78.6%
	Retired	42.2%	26.7%	4.4%	26.7%
	Unemployed	0.0%	0.0%	0.0%	100.0%
	Other	27.8%	5.6%	5.6%	61.1%
Education Attainment	High School Grad or less	26.7%	15.8%	2.0%	55.4%
	Some college/Associate's	9.8%	7.3%	4.9%	78.0%
	College Grad or more	29.2%	16.7%	0.0%	54.2%
Has health insurance*	Yes	26.6%	16.9%	1.9%	54.5%
	No	8.8%	2.9%	2.9%	85.3%

Most Recent Colonoscopy by select demographics					
		Within 1 year	1 to 5 years	5 years or more	Never
All respondents		11.0%	17.9%	8.3%	62.7%
Demographic	Subgroup				
Gender*	Male	13.2%	12.1%	5.3%	69.5%
	Female	9.2%	23.3%	11.2%	56.3%
Age*	18-24	0.0%	2.5%	0.0%	97.5%
	25-34	1.5%	0.0%	4.6%	93.8%
	35-44	1.7%	11.9%	8.5%	78.0%
	45-54	8.5%	9.9%	4.2%	77.5%
	55-64	20.5%	33.3%	15.4%	30.8%
	65 and over	23.2%	35.4%	13.4%	28.0%
Marital Status	Married	9.8%	20.4%	9.8%	60.0%
	Not married	12.9%	14.6%	6.4%	66.1%
Children in Home*	Yes	3.9%	7.2%	3.9%	84.9%
	No	15.5%	24.5%	11.0%	49.0%
Income	Under $18,000	8.2%	21.3%	9.8%	60.7%
	$18-$36,000	10.2%	20.4%	7.1%	62.2%
	$36-$54,000	9.3%	20.0%	5.3%	65.3%
	$54-$72,000	12.5%	17.9%	8.9%	60.7%
	Over $72,000	14.1%	11.3%	5.6%	69.0%
Employment Status*	Employed full-time	6.4%	9.8%	4.0%	79.8%
	Employed part-time	16.3%	10.2%	8.2%	65.3%
	Retired	23.1%	35.2%	13.2%	28.6%
	Unemployed	4.5%	25.0%	9.1%	61.4%
	Other	4.9%	17.1%	14.6%	63.4%
Education Attainment	High School Grad or less	11.0%	17.8%	8.7%	62.6%
	Some college/Associate's	9.6%	17.0%	4.3%	69.1%
	College Grad or more	13.1%	19.0%	11.9%	56.0%
Has health insurance*	Yes	13.7%	19.6%	7.5%	59.2%
	No		9.3%	12.0%	78.7%

Most Recent Skin Cancer Screening by select demographics					
		Within 1 year	1 to 5 years	5 years or more	Never
All respondents		7.8%	8.5%	2.6%	81.1%
Demographic	Subgroup				
Gender	Male	6.2%	8.2%	3.6%	82.0%
	Female	9.2%	8.7%	1.9%	80.1%
Age	18-24	5.0%	0.0%	0.0%	95.0%
	25-34	6.2%	4.6%	0.0%	89.2%
	35-44	6.8%	8.5%	6.8%	78.0%
	45-54	9.9%	9.9%	4.2%	76.1%
	55-64	9.0%	14.1%	2.6%	74.4%
	65 and over	8.2%	9.4%	1.2%	81.2%
Marital Status*	Married	8.9%	11.6%	2.7%	76.9%
	Not married	6.4%	4.1%	2.3%	87.2%
Children in Home	Yes	8.6%	6.6%	2.0%	82.8%
	No	7.3%	9.3%	2.8%	80.6%
Income	Under $18,000	4.8%	7.9%	4.8%	82.5%
	$18-$36,000	5.9%	4.0%	0.0%	90.1%
	$36-$54,000	9.2%	6.6%	3.9%	80.3%
	$54-$72,000	10.5%	14.0%	3.5%	71.9%
	Over $72,000	12.7%	14.1%	4.2%	69.0%
Employment Status	Employed full-time	8.2%	11.7%	2.3%	77.8%
	Employed part-time	7.8%	3.9%	5.9%	82.4%
	Retired	9.7%	9.7%	0.0%	80.6%
	Unemployed	0.0%	4.5%	6.8%	88.6%
	Other	9.8%	4.9%	0.0%	85.4%
Education Attainment*	High School Grad or less	5.9%	3.7%	1.8%	88.6%
	Some college/Associate's	4.3%	9.6%	3.2%	83.0%
	College Grad or more	16.5%	18.8%	3.5%	61.2%
Has health insurance*	Yes	9.0%	9.6%	2.5%	79.0%
	No	2.7%	4.1%	4.1%	89.2%

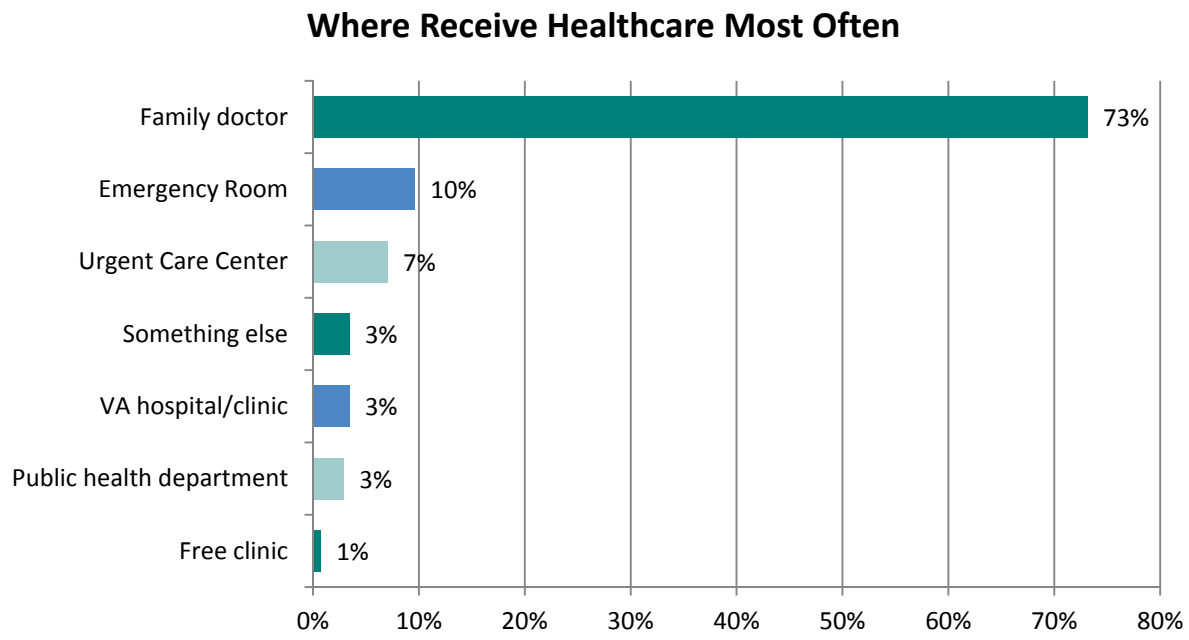
ACCESS TO CARE

The next series of questions focused on where respondents receive healthcare most often, if there were healthcare services they needed that they were unable to get, and if they had one doctor or group that they thought of as their primary care provider.

Summary: Access to Care			
		Percentage	*N*
Where receive healthcare most often	Primary care or family doctor	73.1%	N=400
	The emergency room	9.6%	
	An urgent care center	7.0%	
	A VA hospital or clinic	3.4%	
	A free clinic	0.7%	
	A public health department or clinic	2.9%	
	Something else	3.4%	
Have one person or group think of as provider	Yes	80.0%	N=397
	No	20.0%	
Unable to get Healthcare services	Yes	13.1%	N=397
	No	86.9%	
Follow-up: What services needed (top 3)	Insurance	22.6%	N=53
	Dental services	11.3%	
	Specialists (non-specific)	11.3%	
Follow-up: Why unable to get services (top 3)	No health insurance	44.9%	N=49
	Cannot afford it	26.5%	
	Not enough available doctors	10.2%	
How long since last routine checkup	Within the past year	72.5%	N=397
	Within the past 2 years	10.5%	
	Within the past 5 years	5.8%	
	5 or more years ago	11.3%	

Where Receive Healthcare Most Often

Respondents were asked when they receive healthcare, where do they receive it most often: a primary care or family doctor, the emergency room, an urgent care center, a public health department or clinic, a VA hospital or clinic, a free clinic, or somewhere else. The leading source of health care for respondents was a primary care doctor. Nearly three-quarters or 73.1% of respondents indicated they receive their health care most often from a primary care doctor. On the other hand, more than one-quarter or 26.9% of respondents relied on other sources for health care. For instance, 9.6% of respondents relied on emergency rooms as their primary source of health care, while another 7.0% relied on an urgent care center. Other sources of health care included, in order of importance, Veterans Administration (VA) hospitals or clinics (3.4%), public health departments (2.9%), and free clinics (0.7%).



Whether or not a respondent relied on sources for health care other than a primary care doctor, such as emergency rooms or clinics, varied according to several demographics or other identifying characteristics. For instance, males were more likely than females to rely on other sources for primary health care. In terms of marital status, those who are not married were more likely to rely on other sources for health care. Income and education also played a role. Respondents from households with progressively less income were more likely to rely on other sources for health care. The less education a person had, the more likely they were to rely on other sources for health care. Age was also a factor; the younger the person, the more likely they were to rely on other sources for health care.

Where Receive Healthcare Most Often by select demographics							
		Family Doctor	ER	Urgent Care Center	VA Hosp./ Clinic	Public Health Dept.	Free Clinic
All respondents		73.1%	9.6%	7.0%	2.9%	3.4%	0.7%
Demographic	Subgroup						
Gender*	Male	67.9%	13.5%	8.8%	1.0%	5.7%	0.5%
	Female	78.2%	5.8%	5.3%	4.4%	1.5%	1.0%
Age*	18-24	35.0%	30.0%	22.5%	0.0%	5.0%	2.5%
	25-34	67.7%	12.3%	6.2%	7.7%	4.6%	0.0%
	35-44	69.5%	10.2%	18.6%	0.0%	0.0%	0.0%
	45-54	66.7%	9.7%	4.2%	5.6%	5.6%	1.4%
	55-64	87.3%	1.3%	1.3%	2.5%	3.8%	1.3%
	65 and over	88.4%	4.7%	0.0%	1.2%	2.3%	0.0%
Marital Status*	Married	82.8%	7.0%	4.8%	2.2%	0.9%	0.0%
	Not married	60.3%	12.6%	9.8%	4.0%	6.9%	1.7%
Children in Home	Yes	70.4%	11.8%	10.5%	2.6%	2.0%	0.0%
	No	74.7%	8.0%	4.8%	3.2%	4.0%	1.2%
Income*	Under $18,000	52.4%	14.3%	9.5%	9.5%	6.3%	1.6%
	$18-$36,000	65.3%	13.9%	6.9%	4.0%	5.9%	1.0%
	$36-$54,000	78.4%	5.4%	8.1%	0.0%	2.7%	0.0%
	$54-$72,000	86.0%	8.8%	5.3%	0.0%	0.0%	0.0%
	Over $72,000	87.3%	1.4%	4.2%	1.4%	2.8%	0.0%
Employment Status*	Employed full-time	70.9%	11.6%	9.3%	2.3%	2.9%	0.6%
	Employed part-time	74.0%	6.0%	10.0%	4.0%	2.0%	2.0%
	Retired	89.2%	3.2%	1.1%	1.1%	3.2%	0.0%
	Unemployed	56.8%	13.6%	11.4%	4.5%	6.8%	0.0%
	Other	63.4%	14.6%	2.4%	7.3%	2.4%	0.0%
Education Attainment*	High School Grad or less	70.9%	11.4%	6.4%	3.6%	5.0%	0.9%
	Some college/Associate's	66.0%	11.7%	10.6%	2.1%	1.1%	1.1%
	College Grad or more	87.1%	2.4%	4.7%	1.2%	2.4%	0.0%
Has insurance*	Yes	80.6%	6.2%	6.8%	1.5%	3.1%	0.0%
	No	41.3%	24.0%	8.0%	9.3%	4.0%	4.0%
Question: When you are in need of health care, where do you receive it MOST often?							

The majority of respondents, 80.0%, reported having one person or group that they think of as their doctor or healthcare provider. There were many demographic differences between who had a primary doctor or healthcare provider and who did not. Groups of respondents more likely to have a primary care doctor or healthcare provider include females, those ages 55 and over, married respondents, those with an annual income of $72,000 or more, retired respondents, and college graduates. Groups of respondents more likely to not have a primary care doctor or healthcare provider include males, respondents ages 34 and under, those who are not married, respondents with an annual income of $36,000 or less, and those who are unemployed.

Have Doctor or Healthcare Provider by select demographics				
		Yes	No	Valid Responses
All respondents		80.0%	20.0%	(N=397)
Demographic	Subgroup			
Gender*	Male	75.0%	25.0%	(N=397)
	Female	84.5%	15.5%	
Age*	18-24	40.0%	60.0%	(N=397)
	25-34	72.3%	27.7%	
	35-44	86.4%	13.6%	
	45-54	77.1%	22.9%	
	55-64	91.0%	9.0%	
	65 and over	94.0%	6.0%	
Marital Status*	Married	87.6%	12.4%	(N=396)
	Not married	70.6%	29.4%	
Children in Home	Yes	79.3%	20.7%	(N=397)
	No	80.6%	19.4%	
Income*	Under $18,000	71.0%	29.0%	(N=364)
	$18-$36,000	75.0%	25.0%	
	$36-$54,000	87.8%	12.2%	
	$54-$72,000	84.2%	15.8%	
	Over $72,000	90.1%	9.9%	
Employment Status*	Employed full-time	76.6%	23.4%	(N=396)
	Employed part-time	78.0%	22.0%	
	Retired	92.4%	7.6%	
	Unemployed	72.7%	27.3%	
	Other	78.0%	22.0%	
Education Attainment	High School Grad or less	76.6%	23.4%	(N=397)
	Some college/Associate's	79.8%	20.2%	
	College Grad or more	88.2%	11.8%	
Question: Do you have one person or group you think of as your doctor or healthcare provider?				

Unable to get Services

More than one in ten respondents, 13.1%, indicated there were healthcare services that they or a member of their family needed in the past year that they were unable to get. Whether a respondent was unable to receive needed health care services varied according to several demographic or other identifying characteristics. For instance, females were more likely than males to have been unable to get needed services as were those who are not married. Income and education also played a role. Respondents from households with progressively less income were more likely to have not received needed healthcare services. Respondents who were not college graduates were also more likely to have been unable to receive needed healthcare services. Respondents age 18 to 24 were most likely to be unable to get needed healthcare services; those ages 65 and over were least likely.

Unable To Get Health Care Services by select demographics				
		Yes	No	Valid Responses
All respondents		13.1%	86.9%	(N=397)
Demographic	Subgroup			
Gender*	Male	9.4%	90.6%	(N=397)
	Female	16.5%	83.5%	
Age*	18-24	22.5%	77.5%	(N=397)
	25-34	13.8%	86.2%	
	35-44	20.3%	79.7%	
	45-54	9.9%	90.1%	
	55-64	16.9%	83.1%	
	65 and over	2.4%	97.6%	
Marital Status	Married	10.3%	89.7%	(N=396)
	Not married	17.0%	83.0%	
Children in Home	Yes	15.9%	84.1%	(N=397)
	No	11.4%	88.6%	
Income	Under $18,000	21.3%	78.7%	(N=364)
	$18-$36,000	17.0%	83.0%	
	$36-$54,000	12.0%	88.0%	
	$54-$72,000	7.0%	93.0%	
	Over $72,000	7.0%	93.0%	
Employment Status*	Employed full-time	10.5%	89.5%	(N=396)
	Employed part-time	16.3%	83.7%	
	Retired	5.6%	94.4%	
	Unemployed	25.0%	75.0%	
	Other	25.0%	75.0%	
Education Attainment	High School Grad or less	14.2%	85.8%	(N=396)
	Some college/Associate's	15.1%	84.9%	
	College Grad or more	8.2%	91.8%	
Question: Were there any healthcare services that you or a family member needed in the past year that you were unable to get?				

The 13.1% of respondents who were unable to obtain a needed health related service in the past year were asked a series of follow-up questions. First, these respondents were asked what services they were unable to get, an open-ended question to which respondents could give multiple responses. The healthcare service needed most often was insurance, given by 22.6% of respondents who were unable to get needed healthcare services. Other needed healthcare services include, in order of importance, dental services (11.3%), specialists (11.3%), routine checkups (9.4%), testing in general (9.4%), MRI (5.7%), and various surgeries (5.7%).

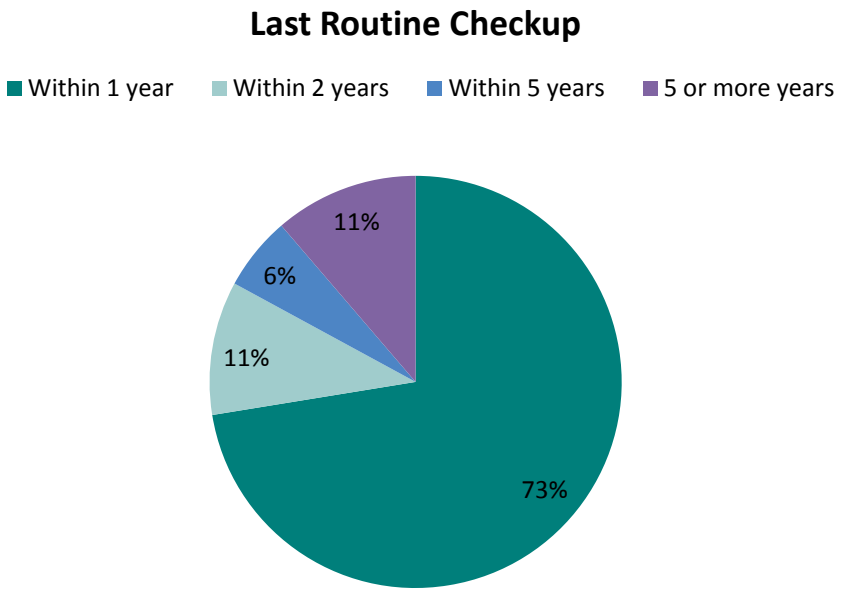
What healthcare services were needed				
	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondents
Insurance	10	18.9%	12	**22.6%**
Dental	6	11.3%	6	**11.3%**
Specialists	5	9.4%	6	**11.3%**
Routine checkups	4	7.5%	5	**9.4%**
Testing in general	5	9.4%	5	**9.4%**
MRI	3	5.7%	3	**5.7%**
Various surgeries	3	5.7%	3	**5.7%**
Medication	2	3.8%	2	**3.8%**
More doctors	2	3.8%	2	**3.8%**
X-rays	2	3.8%	2	**3.8%**
Affordable healthcare	1	1.9%	2	**3.8%**
Mental health	1	1.9%	2	**3.8%**
Physical therapists	1	1.9%	1	**1.9%**
Post-surgery help	1	1.9%	1	**1.9%**
Inhalers	1	1.9%	1	**1.9%**
Oral surgery	1	1.9%	1	**1.9%**
Stop smoking programs	1	1.9%	1	**1.9%**
Public health clinic	1	1.9%	1	**1.9%**
Better hospitals	1	1.9%	1	**1.9%**
Birth control	1	1.9%	1	**1.9%**
Flu shots	1	1.9%	1	**1.9%**
Sleep tests	0	0.0%	1	**1.9%**
Total	**53**	**(n=53)**	**59**	**(n=53)**

Respondents who were unable to get needed healthcare services were also asked why they were unable to get the needed services. Once again, this was an open ended question in which the respondent could give multiple responses. Nearly half of these respondents, 44.9%, indicated their lack of insurance was one reason they were unable to get needed healthcare. More than one-quarter, 26.5% cited they could not afford the needed services. Other reasons for being unable to obtain needed healthcare services included that the services were not enough available doctors (10.2%), the wait time (4.1%), and the needed service is not available in this area (4.1%).

Why were you unable to get the needed service?				
	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondents
No insurance	21	42.9%	22	44.9%
Too much money/Cost	10	20.4%	13	26.5%
Not enough available doctors	5	10.2%	5	10.2%
Too long of wait	2	4.1%	2	4.1%
Something not offered in the area	2	4.1%	2	4.1%
Something not available in Ohio	1	2.0%	1	2.0%
Because of Union Hospital	1	2.0%	1	2.0%
Pre-existing condition	1	2.0%	1	2.0%
Poor Dental Coverage	1	2.0%	1	2.0%
Not enough Flu Shots	1	2.0%	1	2.0%
Doctors misdiagnoses	1	2.0%	1	2.0%
MISCELLANEOUS	3	6.1%	3	6.1%
Total	**49**	**(n=49)**	**53**	**(n=49)**

Routine Checkups

The last question in this series asked respondents how long it has been since they visited a doctor for a routine check-up. Nearly three-quarters of respondents, 72.5%, had received a routine checkup in the past year. An additional 10.5% had received a routine check-up in the past two years and 5.8% in the last five years. More than one in ten respondents, 11.3%, has not had a routine checkup in 5 or more years.



How long it had been since their last checkup varied according to several demographic or other identifying characteristics of respondents. Groups of respondents most likely to have had a routine checkup in the past year include respondents ages 55 and over, those with an annual income of $54,000-$72,000, and retired respondents. Groups of respondents most likely to have not had a routine checkup in the past five years include respondents ages 18 to 24, those with children in the home, respondents with an annual income of $18,000 or less, and those who are employed full-time.

Last Routine Checkup by select demographics					
		Within 1 year	Within 2 years	Within 5 years	5 or more years
All respondents		72.5%	10.5%	5.8%	11.3%
Demographic	Subgroup				
Gender	Male	67.0%	11.5%	8.4%	13.1%
	Female	77.3%	9.7%	3.4%	9.7%
Age*	18-24	59.0%	10.3%	7.7%	23.1%
	25-34	60.0%	16.9%	9.2%	13.8%
	35-44	61.0%	15.3%	10.2%	13.6%
	45-54	74.3%	8.6%	7.1%	10.0%
	55-64	79.2%	13.0%	2.6%	5.2%
	65 and over	90.6%	1.2%	0.0%	8.2%
Marital Status	Married	72.3%	13.4%	4.5%	9.8%
	Not married	72.7%	6.4%	7.6%	13.4%
Children in Home*	Yes	61.8%	15.8%	7.2%	15.1%
	No	78.9%	7.3%	4.9%	8.9%
Income*	Under $18,000	66.7%	8.3%	5.0%	20.0%
	$18-$36,000	73.5%	5.1%	10.2%	11.2%
	$36-$54,000	73.3%	12.0%	2.7%	12.0%
	$54-$72,000	82.5%	7.0%	1.8%	8.8%
	Over $72,000	64.8%	21.1%	4.2%	9.9%
Employment Status*	Employed full-time	63.3%	13.6%	8.3%	14.8%
	Employed part-time	76.0%	8.0%	2.0%	14.0%
	Retired	93.5%	2.2%	0.0%	4.3%
	Unemployed	68.2%	11.4%	9.1%	11.4%
	Other	65.0%	17.5%	10.0%	7.5%
Education Attainment	High School Grad or less	72.9%	8.3%	5.5%	13.3%
	Some college/Associate's	69.1%	9.6%	8.5%	12.8%
	College Grad or more	74.1%	17.6%	3.5%	4.7%
Question: About how long has it been since you last visited a doctor for a routine checkup?					

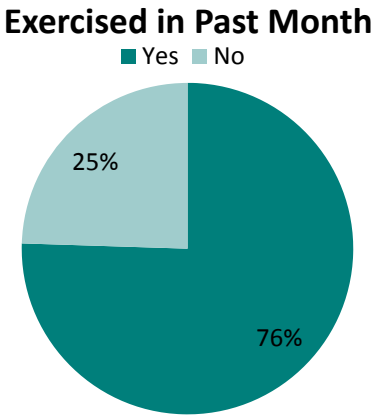
EXERCISE, OBESITY AND ACCESS TO HEALTHY FOOD

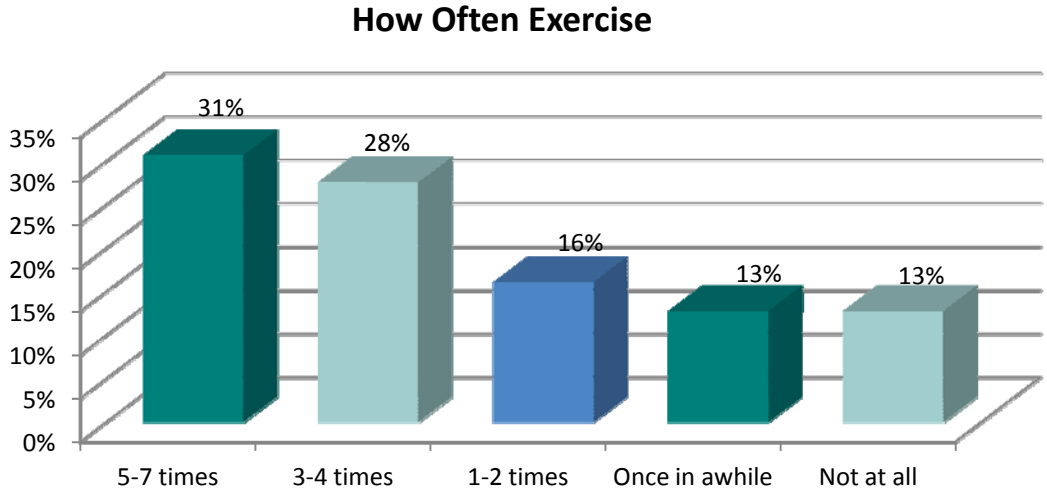
This series of questions focused on how often the respondent exercised, how they would describe their weight, if they have tried to lose weight, and the most important influence on their food choices.

Summary: Exercise, Obesity, and Access to Healthy Food			
		Percentage	*N*
Exercised in the past month	Yes	75.5%	N=400
	No	24.5%	
How often exercise in an average week	Not at all	12.8%	N=397
	Every once in awhile	12.8%	
	1-2 times	16.1%	
	3-4 times	27.6%	
	5-7 times	30.7%	
Self-described weight	Overweight	52.3%	N=397
	About right	42.5%	
	Underweight	5.2%	
Tried to lose weight in past 12 months	Yes	59.7%	N=400
	No	40.3%	
Most influence on food choices	Nutritional information	33.9%	N=376
	Cost	12.4%	
	Access or availability	8.1%	
	Convenience	21.9%	
	Advertisements	1.7%	
	Meals prepared by family member	22.1%	

Exercise

More than three-quarters of respondents, 75.5%, had exercised in the past month. Groups more likely to have exercised in the past month include respondents ages 18 to 44, those who are currently married, respondents with children, those with an annual income of $54,000 or more, employed respondents, and college graduates. Next, all respondents were asked how often they exercise, on average, each week. Less than one-sixth of respondents, 12.8%, reported that they do not exercise at all, an additional 12.8% stated they exercise only once in a while, and 16.1% reported that they exercised 1 or 2 times a week. More than half, 58.3%, reported exercising on a regular basis. More specifically, 27.6% reported exercising 3 to 4 times a week, and 30.7% exercise 5 to 7 times a week, on average. The frequency with which a person exercises varied across demographic groups and other identifying characteristics. Groups of respondents that were more likely to not exercise at all or exercise only once in a while include respondents without children, those ages 65 and over, respondents who are not married, those with an annual income of $36,000 or less, respondents who are unemployed or retired, and those who have not graduated from college. Groups more likely to exercise regularly, 3 to 7 times a week, include respondents ages 44 and under, those with children in the home, respondents with an annual income of $54,000 or more, those who are employed part-time, and college graduates.



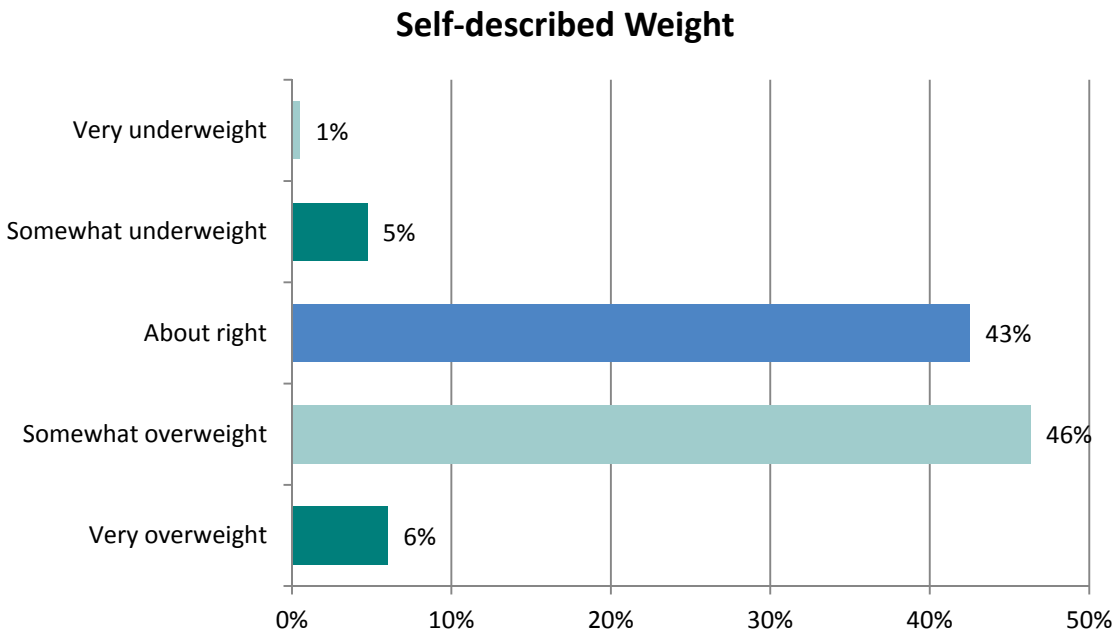


Exercised in Past Month by select demographics				
		Yes	No	Valid Responses
All respondents		75.3%	24.7%	(N=400)
Demographic	Subgroup			
Gender	Male	73.7%	26.3%	(N=400)
	Female	76.8%	23.2%	
Age*	18-24	82.5%	17.5%	(N=400)
	25-34	92.3%	7.7%	
	35-44	81.4%	18.6%	
	45-54	80.3%	19.7%	
	55-64	71.8%	28.2%	
	65 and over	55.3%	44.7%	
Marital Status*	Married	80.1%	19.9%	(N=399)
	Not married	69.4%	30.6%	
Children in Home*	Yes	86.8%	13.2%	(N=400)
	No	68.5%	31.5%	
Income*	Under $18,000	69.4%	30.6%	(N=365)
	$18-$36,000	71.0%	29.0%	
	$36-$54,000	73.3%	26.7%	
	$54-$72,000	83.9%	16.1%	
	Over $72,000	90.1%	9.9%	
Employment Status*	Employed full-time	84.3%	15.7%	(N=399)
	Employed part-time	83.7%	16.3%	
	Retired	62.8%	37.2%	
	Unemployed	56.8%	43.2%	
	Other	77.5%	22.5%	
Education Attainment*	High School Grad or less	70.5%	29.5%	(N=399)
	Some college/Associate's	73.4%	26.6%	
	College Grad or more	90.7%	9.3%	

How Often Exercise by select demographics				
		3-7 times	1-2 times	Once in a while/Not at all
All respondents		58.3%	16.1%	25.6%
Demographic	Subgroup			
Gender	Male	60.8%	14.7%	24.6%
	Female	56.1%	17.6%	26.3%
Age*	18-24	70.0%	7.5%	22.5%
	25-34	73.9%	12.3%	13.8%
	35-44	55.9%	20.3%	23.8%
	45-54	57.1%	18.6%	24.3%
	55-64	52.6%	21.1%	26.3%
	65 and over	49.4%	12.9%	37.6%
Marital Status*	Married	62.5%	15.9%	21.6%
	Not married	52.3%	16.5%	31.2%
Children in Home*	Yes	64.3%	17.2%	18.6%
	No	54.4%	15.4%	30.1%
Income*	Under $18,000	43.3%	20.0%	36.6%
	$18-$36,000	56.0%	15.0%	29.0%
	$36-$54,000	59.5%	12.2%	28.4%
	$54-$72,000	63.1%	21.1%	15.8%
	Over $72,000	69.1%	16.9%	14.1%
Employment Status*	Employed full-time	60.9%	19.3%	19.9%
	Employed part-time	64.0%	16.0%	20.0%
	Retired	56.3%	12.8%	30.9%
	Unemployed	39.6%	11.6%	48.9%
	Other	63.5%	14.6%	21.9%
Education Attainment*	High School Grad or less	55.0%	14.5%	30.4%
	Some college/Associate's	51.6%	17.2%	31.2%
	College Grad or more	75.0%	19.0%	6.0%
Question: How often do you exercise in an average week?				

Obesity

All respondents were asked to describe their personal weight using a 5-point scale: very underweight, somewhat underweight, about right, somewhat overweight, or very overweight. Nearly half of the respondents, 42.5% reported that their weight is about right. More than half of all respondents, 52.3% reported being overweight with 46.3% being somewhat overweight and 6.0% very overweight. Just a small percentage, 5.2%, reported being underweight, with 4.7% being somewhat underweight and 0.5% very underweight.

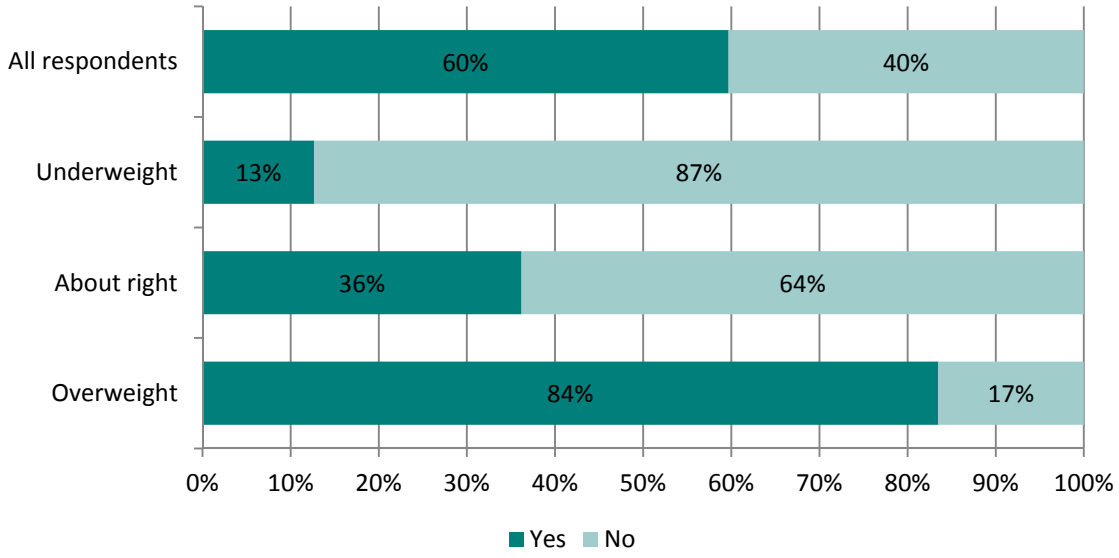


Perception of weight among respondents varied according to various demographic or other identifying characteristics. Groups more likely to be **overweight** include females, respondents ages 55 and over, those without children, respondents with a high school diploma or less education and those with an annual income of $18,000 or less. Groups of respondents more likely to be **about right** included: males, respondents ages 18 to 24, respondents with children in the home, those with an annual income of $54,000 or more, and college graduates.

Perception of Self-described Weight by select demographics					
		Overweight	About right	Underweight	Valid Responses
All respondents		52.3%	42.5%	5.2%	(N=400)
Demographic	Subgroup				
Gender*	Male	42.0%	52.3%	5.7%	(N=400)
	Female	62.1%	33.0%	4.9%	
Age*	18-24	32.5%	55.0%	12.5%	(N=400)
	25-34	52.3%	44.6%	3.1%	
	35-44	40.7%	54.2%	5.1%	
	45-54	56.3%	36.6%	7.0%	
	55-64	61.5%	35.9%	2.6%	
	65 and over	58.1%	37.2%	4.7%	
Marital Status	Married	52.2%	42.9%	4.9%	(N=399)
	Not married	52.6%	41.6%	5.8%	
Children in Home*	Yes	44.4%	51.0%	4.6%	(N=400)
	No	57.0%	37.3%	5.6%	
Income*	Under $18,000	59.0%	34.4%	6.6%	(N=365)
	$18-$36,000	58.4%	37.6%	4.0%	
	$36-$54,000	49.3%	45.3%	5.3%	
	$54-$72,000asnd	50.9%	47.4%	1.8%	
	Over $72,000	40.8%	52.1%	7.0%	
Employment Status	Employed full-time	48.8%	45.3%	5.8%	(N=399)
	Employed part-time	40.0%	56.0%	4.0%	
	Retired	56.4%	39.4%	4.3%	
	Unemployed	59.1%	31.8%	9.1%	
	Other	65.0%	32.5%	2.5%	
Education Attainment*	High School Grad or less	57.1%	38.8%	4.1%	(N=399)
	Some college/Associate's	45.7%	44.7%	9.6%	
	College Grad or more	48.2%	49.4%	2.4%	
Question: How would you describe your own personal weight situation right now?					

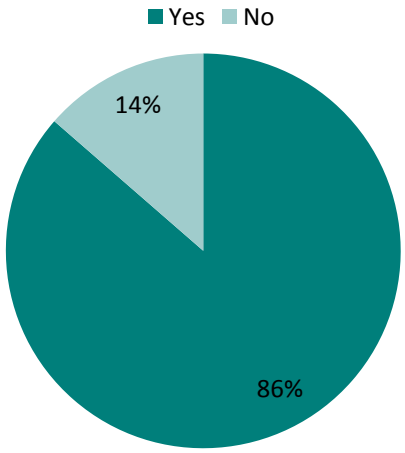
All respondents were asked if they had thought about or tried to lose weight during the past year. More than half of all respondents, 60% had thought about or tried to lose weight in the last year. As would be expected, there were large differences between how a person described their weight and whether or not they had tried to lose weight in the last 12 months. For respondents who described themselves as underweight, 13% had tried to lose weight in the last year. For respondents who characterized their weight as just about right, more than one-third, 36%, had indicated they had tried to lose weight. The majority of respondents who thought they were overweight, 84% had tried to lose weight in the past year. Next, the 59.7%, of respondents who had tried to lose weight in the past 12 months were asked if they felt they were successful at losing or maintaining their weight. The majority of respondents, 86.4%, felt they were successful at losing or maintaining their weight, the remaining 13.6% felt unsuccessful.

Tried to Lose Weight in Last 12 Months



Successful at Losing or Maintaining Weight

Of those who have tried in last 12 months



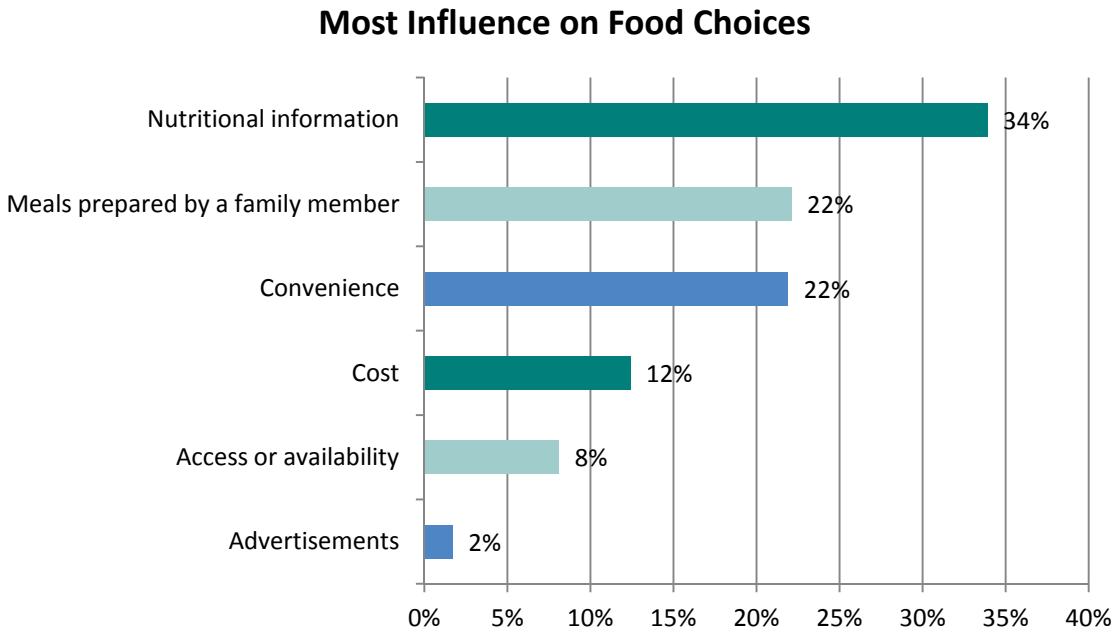
Tried to Lose Weight in and success of weight loss by select demographics					
		Tried to Lose Weight		Successful at losing weight	
		Yes	No	Yes	No
All respondents		59.7%	40.3%	86.4%	13.6%
Demographic	Subgroup				
Gender	Male	49.2%*	50.8%*	87.5%	12.5%
	Female	69.6%*	30.4%*	85.3%	14.7%
Age	18-24	52.5%	47.5%	81.0%	19.0%
	25-34	55.4%	44.6%	97.2%	2.8%
	35-44	62.7%	37.3%	83.8%	16.2%
	45-54	69.0%	31.0%	89.8%	10.2%
	55-64	62.8%	37.2%	83.7%	16.3%
	65 and over	54.7%	45.3%	80.9%	19.1%
Marital Status	Married	61.5%	38.5%	89.2%	10.8%
	Not married	56.6%	43.4%	81.8%	18.2%
Children in Home	Yes	56.6%	43.4%	93.0%*	7.0%*
	No	61.4%	38.6%	82.2%*	17.8%*
Income	Under $18,000	62.9%	37.1%	89.7%	10.3%
	$18-$36,000	61.4%	38.6%	77.4%	22.6%
	$36-$54,000	58.7%	41.3%	84.4%	15.6%
	$54-$72,000	52.6%	47.4%	96.7%	3.3%
	Over $72,000	59.2%	40.8%	90.5%	9.5%
Employment Status	Employed full-time	61.0%	39.0%	89.4%	10.6%
	Employed part-time	61.2%	38.8%	83.3%	16.7%
	Retired	52.7%	47.3%	85.7%	14.3%
	Unemployed	61.4%	38.6%	80.8%	19.2%
	Other	67.5%	32.5%	85.2%	14.8%
Education Attainment	High School Grad or less	61.4%	38.6%	82.8%	17.2%
	Some college/Associate's	56.4%	43.6%	88.7%	11.3%
	College Grad or more	58.8%	41.2%	94.0%	6.0%

Influence on Food Choices

Next, all respondents were asked what source had the most influence on their food choices on a daily basis. The possible sources of influence included nutritional information such as calorie or fat count, cost, access or availability, convenience, advertisements, and meals prepared for them by a family member. The source of greatest influence on food choices was ***nutritional information*** such as calorie or fat count with more than one-third, 33.9%, naming this as having the most influence on their daily food choices. Groups more likely to cite nutritional information as the main influence on their food choices include females, those ages 65 and over, retired respondents, and those with some college education.

The next most frequently cited influence on food choice was ***meals prepared for them*** by a family member. More than one-fifth, 22.1%, named this as having the most influence on their daily food choices. Groups of respondents that were more likely to name this source of influence include males, those ages 45 to 54, respondents with an annual income of $72,000 or greater, unemployed respondents, and college graduates. Slightly fewer, 21.9% indicated that the greatest influence on their daily food choices was ***convenience***. Groups more likely to select convenience include respondents ages 18 to 24, those who are not married, respondents with an annual income of $18,000 to $36,000, and those with some college education.

Another 12.4% cited ***cost*** as having the most influence on their daily food choices. Groups more likely to select cost include females, respondents ages 25 to 34, those with an annual income of $18,000 or less, and respondents who are employed part-time or unemployed. The last two sources of influence on food choices were selected by just a small portion of respondents. The percentage of respondents that selected ***access or availability*** amounted to 8.1% while just 1.7% selected ***advertisements***. Groups more likely to choose access or availability included respondents with an annual income of under $18,000 and those with a high school diploma or less education. Groups more likely to select advertisements include respondents ages 18 to 24.



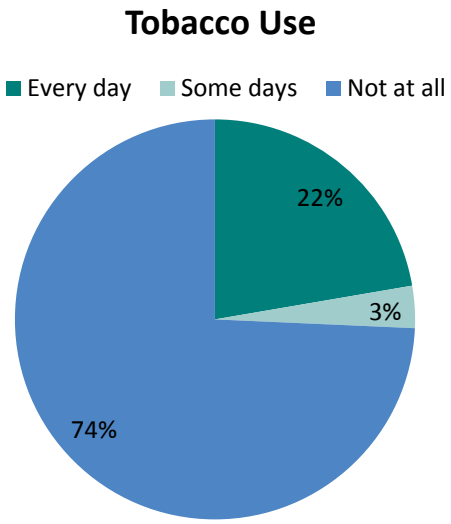
Most Influence on Food Choices by select demographics							
		Nutritional Info.	Cost	Access/ Availability	Convenience	Ads	Meals prepared by family
All respondents		33.9%	12.4%	8.1%	21.9%	1.7%	22.1%
Demographic	Subgroup						
Gender*	Male	25.6%	8.3%	8.9%	19.4%	1.7%	36.1%
	Female	42.1%	15.9%	7.2%	24.1%	1.5%	9.2%
Age	18-24	29.7%	5.4%	8.1%	35.1%	5.4%	16.2%
	25-34	26.2%	21.3%	11.5%	21.3%	0.0%	19.7%
	35-44	38.6%	10.5%	5.3%	26.3%	0.0%	19.3%
	45-54	27.1%	14.3%	7.1%	17.1%	0.0%	34.3%
	55-64	32.4%	13.5%	8.1%	20.3%	4.1%	21.6%
	65 and over	47.4%	7.9%	7.9%	18.4%	1.3%	17.1%
Marital Status	Married	36.7%	11.5%	6.4%	18.8%	1.8%	24.8%
	Not married	29.9%	13.4%	10.8%	26.1%	1.9%	17.8%
Children in Home	Yes	29.7%	15.2%	8.3%	24.1%	0.0%	22.8%
	No	36.5%	10.4%	7.8%	20.9%	2.6%	21.7%
Income	Under $18,000	31.6%	22.8%	15.8%	15.8%	0.0%	14.0%
	$18-$36,000	30.2%	14.6%	7.3%	28.1%	3.1%	16.7%
	$36-$54,000	33.8%	12.2%	5.4%	21.6%	1.4%	25.7%
	$54-$72,000	33.3%	7.4%	7.4%	24.1%	1.9%	25.9%
	Over $72,000	35.8%	3.0%	7.5%	22.4%	0.0%	31.3%
Employment Status*	Employed full-time	30.0%	8.2%	7.1%	25.9%	2.4%	26.5%
	Employed part-time	32.6%	21.7%	8.7%	23.9%	0.0%	13.0%
	Retired	45.8%	7.2%	8.4%	18.1%	1.2%	19.3%
	Unemployed	25.0%	25.0%	2.5%	15.0%	2.5%	30.0%
	Other	36.8%	18.4%	15.8%	18.4%	0.0%	10.5%
Education Attainment*	High School Grad or less	30.9%	14.2%	11.3%	15.7%	2.5%	25.5%
	Some college/Associate's	38.6%	13.6%	0.0%	36.4%	1.1%	10.2%
	College Grad or more	35.7%	6.0%	9.5%	21.4%	1.2%	26.2%

Question: Which of the following would you say has the MOST influence on your food choices on a daily basis?

SMOKING AND TOBACCO USE

Summary: Smoking and Tobacco Use			
		Percentage	*N*
Tobacco Use	Everyday	22.3%	N=400
	Some days	3.4%	
	Not at all	74.3%	
View on tobacco use *(asked of smokers only)*	It is not as unhealthy as everyone makes it out to be.	1.7%	N=102
	I know it is unhealthy, but plan to continue smoking or using tobacco.	40.4%	
	I know it is unhealthy and plan to quit.	57.9%	
Method of quitting tobacco	Quitting cold turkey	54.4%	N=57
	Over the counter aids	31.6%	
	Alternative methods	6.9%	
	Group program	3.9%	
	Over the phone support or counseling	3.1%	

All respondents were asked how often they currently smoke cigarettes or use tobacco products: every day, some days, or not at all. More than one quarter or 25.7% of all respondents indicated they currently smoke cigarettes or use tobacco at varying frequencies. ***Every day users*** amounted to 22.3% of all respondents. The remaining proportion of tobacco users indicated they smoke cigarettes or use tobacco less frequently or only ***some days,*** amounting to 3.4% of all respondents. Nearly three quarters, 74.3%, of respondents reported that they ***do not use tobacco at all***.



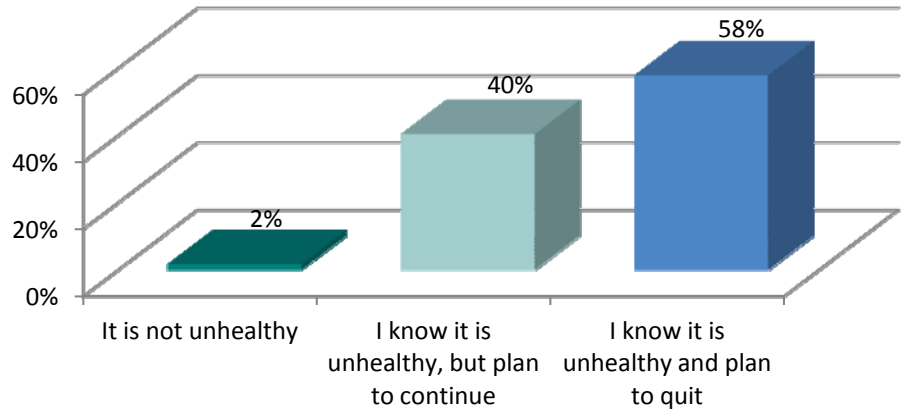
Respondents without health insurance were more likely to indicate they use tobacco compared to those with insurance. While more than one-third, 36.0%, of those without health insurance reported they currently use tobacco every day, only 19.4% of those with health insurance reported the same. Household income was also strongly associated with cigarette smoking with those from households with progressively less annual income, especially less than $54,000 per year, being more likely to indicate they use tobacco compared to those from higher income households. In terms of employment status, the unemployed were much more likely to use tobacco, while retirees were much less likely to use tobacco. Age was also related to smoking activity. Respondents ages 25 to 34 were most likely to smoke every day, respondents ages 65 and older were least likely. Other groups of respondents that were more likely to smoke or use tobacco include those with a high school diploma or less education and respondents who are not married.

Tobacco Use by select demographics					
		Every day	Some days	Not at all	Valid Responses
All respondents		22.3%	3.4%	74.3%	(N=400)
Demographic	Subgroup				
Gender*	Male	28.0%	3.6%	68.4%	(N=400)
	Female	16.9%	3.4%	79.7%	
Age*	18-24	15.0%	7.5%	77.5%	(N=400)
	25-34	38.5%	1.5%	60.0%	
	35-44	33.9%	3.4%	62.7%	
	45-54	27.8%	4.2%	68.1%	
	55-64	15.4%	6.4%	78.2%	
	65 and over	7.0%	0.0%	93.0%	
Marital Status*	Married	17.3%	1.8%	81.0%	(N=399)
	Not married	28.9%	5.8%	65.3%	
Children in Home*	Yes	31.6%	2.6%	65.8%	(N=400)
	No	16.5%	4.0%	79.5%	
Income*	Under $18,000	33.3%	4.8%	61.9%	(N=365)
	$18-$36,000	25.7%	2.0%	72.3%	
	$36-$54,000	34.7%	4.0%	61.3%	
	$54-$72,000	10.7%	1.8%	87.5%	
	Over $72,000	9.9%	4.2%	85.9%	
Employment Status*	Employed full-time	23.8%	5.2%	70.9%	(N=399)
	Employed part-time	16.0%	6.0%	78.0%	
	Retired	9.7%	0.0%	90.3%	
	Unemployed	38.6%	4.5%	56.8%	
	Other	34.1%	0.0%	65.9%	
Education Attainment*	High School Grad or less	28.2%	3.2%	68.6%	(N=399)
	Some college/Associate's	21.5%	5.4%	73.1%	
	College Grad or more	8.1%	2.3%	89.5%	
Have Insurance*	Yes	19.4%	3.4%	77.2%	(N=399)
	No	36.0%	4.0%	60.0%	
Question: Do you smoke cigarettes or use tobacco products every day, some days, or not at all?					

Next, respondents who smoke or use tobacco were asked their view on tobacco use based on three statements: (1) It is not as unhealthy as everyone makes it out to be, (2) I know it is unhealthy, but plan to continue smoking or using tobacco, and (3) I know it is unhealthy and plan to quit. More than half, 57.9% reported that they knew it was unhealthy and plan to quit (14.8% of all respondents). More than one-third, 40.4%, indicated that they know tobacco use is unhealthy, but they plan on continuing (10.3% of all respondents). Only a small percentage of tobacco users, 1.7%, think that tobacco use is not as bad as everyone makes it out to be (0.4% of all respondents). The 57.9% of tobacco users who plan to quit, were read a list of seven possible methods and asked which they would use. The method mentioned most often was to quit cold turkey, as indicated by 54.4% of respondents. Another 31.6% of respondents planned to quit by using over the counter aids. Other methods of quitting tobacco include, in order of importance, alternative methods (6.9%), a group program (3.9%), and over the phone support (3.1%).

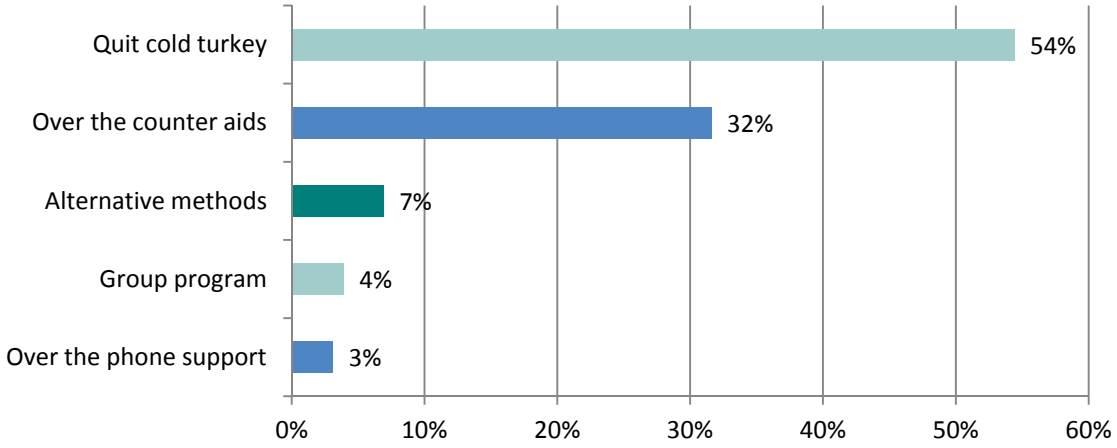
View on Tobacco Use

Tobacco Users Only



Method of Quitting Tobacco

Of those planning to quit



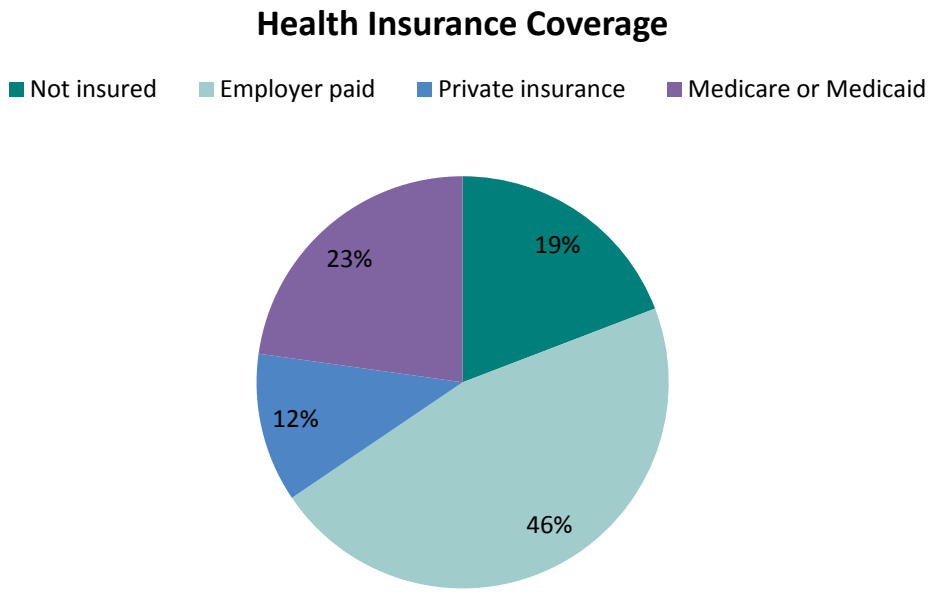
View of Tobacco Use by select demographics (Tobacco users only)					
		It is not unhealthy	It is unhealthy, but will continue	It is unhealthy, and plan to quit	Valid Responses
All respondents		1.7%	40.4%	57.9%	(N=102)
Demographic	Subgroup				
Gender	Male	1.6%	39.3%	59.0%	(N=102)
	Female	2.4%	40.5%	57.1%	
Age*	18-24	0.0%	11.1%	88.9%	(N=102)
	25-34	0.0%	34.6%	65.4%	
	35-44	4.5%	27.3%	68.2%	
	45-54	0.0%	45.5%	54.5%	
	55-64	0.0%	64.7%	35.3%	
	65 and over	16.7%	66.7%	16.7%	
Marital Status	Married	0.0%	48.8%	51.2%	(N=102)
	Not married	3.4%	33.9%	62.7%	
Children in Home	Yes	0.0%	38.5%	61.5%	(N=102)
	No	3.9%	43.1%	52.9%	
Income	Under $18,000	0.0%	39.1%	60.9%	(N=97)
	$18-$36,000	3.4%	48.3%	48.3%	
	$36-$54,000	0.0%	24.1%	75.9%	
	$54-$72,000	14.3%	71.4%	14.3%	
	Over $72,000	0.0%	40.0%	60.0%	
Employment Status	Employed full-time	2.0%	34.0%	64.0%	(N=101)
	Employed part-time	0.0%	18.2%	81.8%	
	Retired	0.0%	77.8%	22.2%	
	Unemployed	0.0%	57.9%	42.1%	
	Other	7.1%	35.7%	57.1%	
Education Attainment	High School Grad or less	1.4%	42.0%	56.5%	(N=102)
	Some college/Associate's	4.0%	28.0%	68.0%	
	College Grad or more	0.0%	66.7%	33.3%	
Question: Which of the following BEST describes your view on smoking or using tobacco? *(Asked of tobacco users only)*					

HEALTH INSURANCE COVERAGE

Summary: Health Insurance Coverage			
		Percentage	*N*
Have Health Insurance	Not insured	19.2%	N=389
	Employer paid	46.4%	
	Private Insurance	11.7%	
	Medicare or Medicaid	22.8%	
What is covered by insurance *(of those insured)*	Preventative care	81.5%	N=324
	Prescription assistance	89.6%	
	Dental services	54.3%	
	Vision services	55.5%	
	Emergency room care	90.7%	
	Hospitalization	93.0%	
	Long term care	56.5%	

Insurance Coverage

All respondents were asked if they had health insurance coverage. A significant portion, 19.2% did not have health insurance. Nearly half, 46.4% were covered by employer paid plans, 11.7% were covered by private insurance and 22.8% reported being covered by Medicare or Medicaid.



Whether or not a given respondent has health insurance coverage varied according to several demographic and other identifying characteristics. Relatively older respondents, especially those ages 65 and older, were more likely to have health insurance coverage, while relatively younger persons, especially those ages 18 to 24, were less likely to have health insurance.

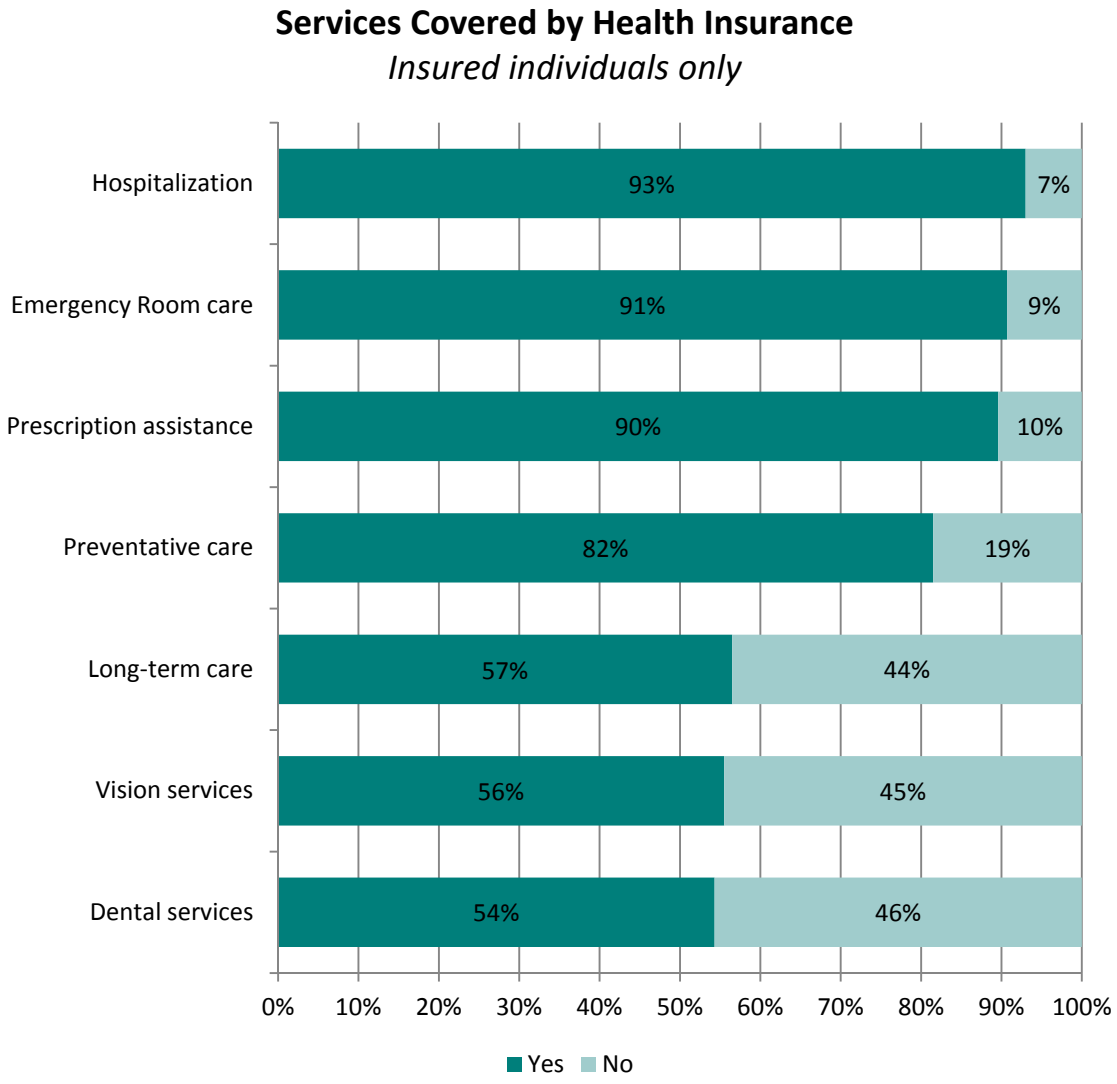
Employment status and level of educational attainment were also key factors influencing whether or not a given individual currently had health insurance coverage. In general, the more education a person had, the more likely they were to have health insurance coverage. Conversely, the less education a person had, the more likely they were to not have health insurance. In terms of employment status, those employed on a full-time basis or retirees were more likely to have health insurance, while part-time employees and the unemployed were less likely to have health insurance. More than one-third, 40.9%, of the unemployed did not have health insurance coverage. Household income played a role in health insurance coverage as well. In general, respondents from households with progressively more income were more likely to have health insurance, while those from households with progressively less income were less likely to have health insurance.

Marital status also had an impact on whether or not a person had health insurance coverage. Married persons were more likely than unmarried persons to have health insurance. Moreover, respondents from households with children residing in the home were less likely to have health insurance coverage, while respondents from homes without children were more likely to have health insurance.

Health Insurance Coverage by select demographics					
		Not insured	Employer paid	Private insurance	Medicare or Medicaid
All respondents		19.2%	46.4%	11.7%	22.8%
Demographic	Subgroup				
Gender*	Male	18.5%	51.9%	12.7%	16.9%
	Female	19.5%	41.0%	11.0%	28.5%
Age*	18-24	47.2%	36.1%	2.8%	13.9%
	25-34	13.8%	61.5%	9.2%	15.4%
	35-44	22.8%	64.9%	7.0%	5.3%
	45-54	23.6%	62.5%	5.6%	8.3%
	55-64	17.3%	42.7%	21.3%	18.7%
	65 and over	6.0%	15.7%	18.1%	60.2%
Marital Status*	Married	11.7%	56.3%	15.3%	16.7%
	Not married	28.7%	33.5%	7.2%	30.5%
Children in Home*	Yes	19.6%	58.1%	6.1%	16.2%
	No	19.0%	38.8%	15.3%	26.9%
Income*	Under $18,000	43.5%	4.8%	8.1%	43.5%
	$18-$36,000	26.0%	35.0%	10.0%	29.0%
	$36-$54,000	12.0%	62.7%	10.7%	14.7%
	$54-$72,000	10.5%	56.1%	15.8%	17.5%
	Over $72,000	1.5%	81.8%	13.6%	3.0%
Employment Status*	Employed full-time	17.8%	71.6%	7.1%	3.6%
	Employed part-time	20.8%	45.8%	14.6%	18.8%
	Retired	6.7%	22.2%	18.9%	52.2%
	Unemployed	40.9%	9.1%	9.1%	40.9%
	Other	25.6%	33.3%	15.4%	25.6%
Education Attainment*	High School Grad or less	22.1%	34.6%	14.7%	28.6%
	Some college/Associate's	23.9%	54.5%	4.5%	17.0%
	College Grad or more	6.0%	67.9%	11.9%	14.3%
Question: Do you currently have health insurance? *If yes:* Which of the following categories best describes your current health insurance plan?					

Insurance Coverage

Respondents who had health insurance covered were also asked if their insurance plan included seven particular types of coverage. The types of coverage asked about included Hospitalization, emergency room care, prescriptions, preventative care, vision, dental, and long term care.



Hospitalization

The vast majority of respondents with health insurance, 93%, had hospitalization coverage. Groups more likely to have hospitalization coverage include males, respondents ages 35 to 44 and 65 and over, married respondents, those who are employed full-time or retired, and those with some college or more education.

Emergency Room Care

Most respondents with health insurance, 91%, had emergency room coverage. Groups more likely to have emergency room care coverage include married respondents and those who are employed full-time.

Prescription Assistance

Most respondents with health insurance, 90%, had hospitalization coverage. Groups more likely to have prescription assistance include married respondents, those who are employed full-time, and college graduates.

Preventative Care

More than three-quarters of respondents with health insurance, 82%, had coverage for preventative coverage. Groups of respondents that were more likely to have preventative care coverage include married respondents, those with children in the home, respondents with an annual income under $18,000 a year or over $54,000, those who are employed full-time and college graduates.

Long-Term Care

More than half of respondents with health insurance, 57% had long-term care coverage. Groups of respondents that were more likely to have long-term care coverage include respondents ages 25 to 44, those with children in the home, respondents with an annual income of $72,000 or more, and respondents who are employed full-time.

Vision Services

More than half, 56%, of respondents with health insurance had vision coverage. Groups of respondents that were more likely to have vision coverage include respondents with an annual income under $18,000 and respondents who are employed full-time or are unemployed.

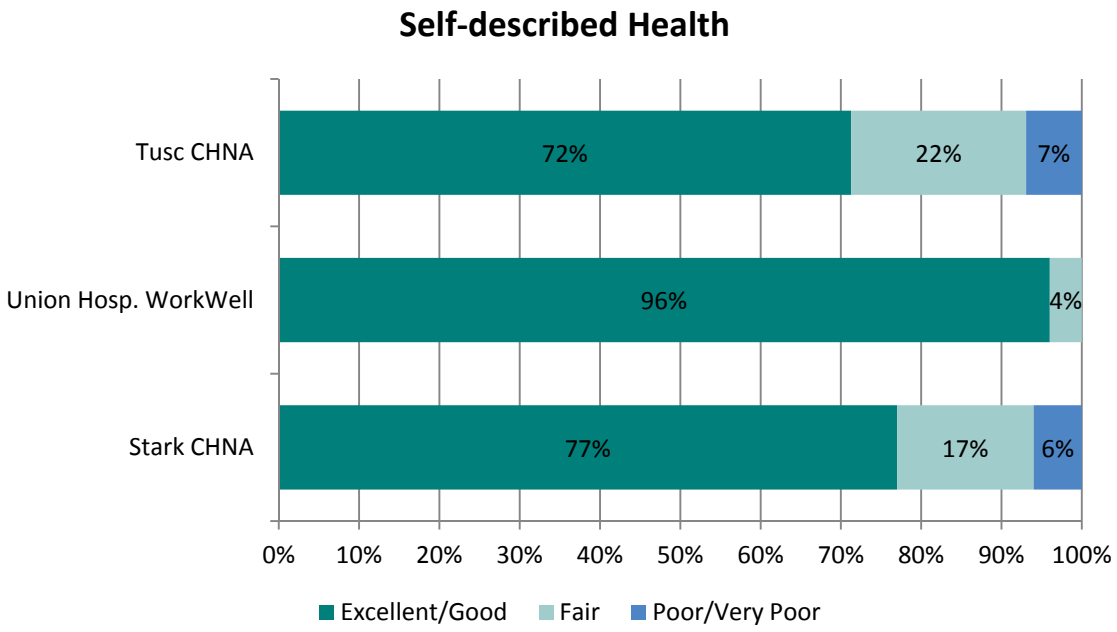
Dental Services

More than half, 54%, of respondents with health insurance had dental coverage. Groups more likely to have dental coverage include respondents ages 54 and under, married respondents, those with children in the home, respondents who are employed full-time, and those with some college or more education.

Insurance coverage of Services by select demographics								
		Hospital-ization	ER Care	Rx Assist	Preventative Care	Long-term Care	Vision Services	Dental Services
All respondents		93.0%	90.7%	89.6%	81.5%	56.5%	55.5%	54.3%
Dem	Subgroup							
Gender	Male	96.2%*	91.7%	91.7%	79.6%	59.9%	52.9%	51.0%
	Female	89.8%*	89.3%	87.4%	83.2%	53.3%	57.7%	57.5%
Age	18-24	77.3%	72.7%	81.8%	68.2%	59.1%*	68.2%	86.4%*
	25-34	92.9%	89.3%	87.5%	87.5%	75.0%*	58.9%	71.4%*
	35-44	95.7%	95.7%	95.7%	87.0%	63.0%*	65.2%	63.0%*
	45-54	92.7%	92.7%	90.7%	80.0%	60.0%*	61.1%	61.1%*
	55-64	93.8%	93.8%	95.4%	80.0%	46.2%*	44.6%	47.7%*
	65 and over	95.0%	90.0%	85.0%	80.2%	45.0%*	49.4%	28.8%*
Marital Status	Married	96.0%*	93.5%*	93.5%*	87.0%*	58.0%	56.0%	57.0%
	Not married	87.9%*	86.2%*	83.1%*	73.4%*	54.8%	54.5%	49.6%
Children in Home	Yes	92.7%	91.1%	93.5%	88.7%*	65.0%*	57.3%	66.7%*
	No	93.0%	90.1%	87.1%	76.7%*	51.2%*	54.2%	46.8%*
Income	Under $18,000	94.1%	94.3%	82.9%	88.2%*	60.0%	80.0%*	57.1%
	$18-$36,000	92.0%	90.5%	86.7%	78.7%*	59.5%	55.4%*	49.3%
	$36-$54,000	96.9%	93.9%	92.4%	78.5%*	56.1%	50.0%*	53.0%
	$54-$72,000	98.0%	94.1%	94.1%	86.3%*	54.9%	49.0%*	54.9%
	Over $72,000	92.9%	92.9%	97.1%	95.7%*	62.9%	58.6%*	70.0%
Employ Status	Employed full-time	97.2%*	95.1%*	95.8%*	87.3%*	65.5%*	61.3%*	70.6%*
	Employed part-time	76.9%*	74.4%*	80.0%*	79.5%*	45.0%*	50.0%*	55.0%*
	Retired	95.4%*	90.9%*	87.5%*	78.2%*	45.5%*	44.3%*	26.4%*
	Unemployed	92.3%*	96.0%*	84.0%*	60.0%*	64.0%*	80.0%*	52.0%*
	Other	86.7%*	86.7%*	83.3%*	83.3%*	53.3%*	48.3%*	58.6%*
Education	High School Grad or less	91.8%	87.8%	87.1%	76.0%*	59.1%	57.0%	46.5%*
	Some college	95.8%	95.8%	91.5%	87.3%*	49.3%	62.0%	67.6%*
	College Grad or more	95.0%	93.8%	95.0%	88.9%*	58.0%	47.5%	60.0%*
Question: Are the following services covered by your health insurance? *(Asked of insured respondents only)*								

Key Findings- Secondary Data

General Health

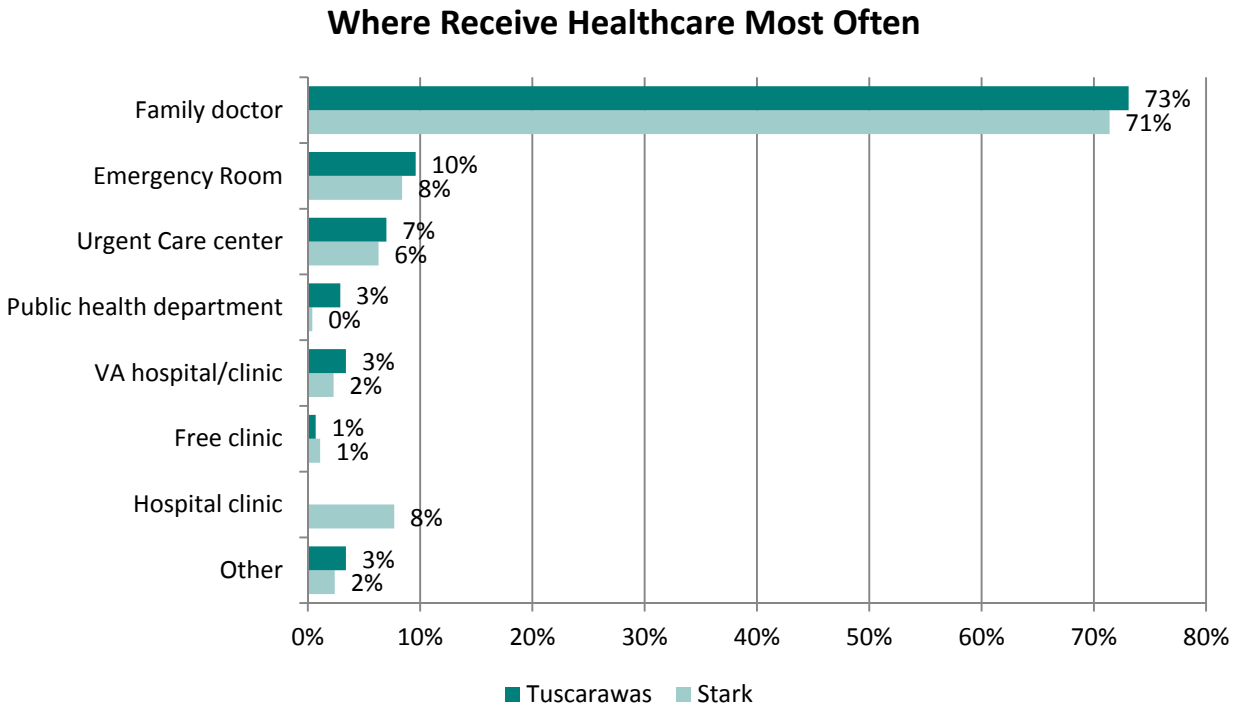


Self-described Health	Tuscarawas-2012 CHNA	Union Hosp-WorkWell	Stark CHNA
Excellent/Good	72.0%	96%	76.7%
Fair	21.6%	4%	17.1%
Poor/Very Poor	6.5%	0%	6.2%
Total	**N=400**	**N=3,332**	**N=1,065**

Source:

- *Data for Stark County is from the 2011 Stark County Community Health Needs Assessment*
- *Data from Tuscarawas County CHNA is from the 2012 Tuscarawas Community Survey*
- *Data from Union WorkWell is from the Union Hospital WorkWell Group Data Summary collected from 1/1/11 to 12/31/11 from business and school employees in Tuscarawas county.*

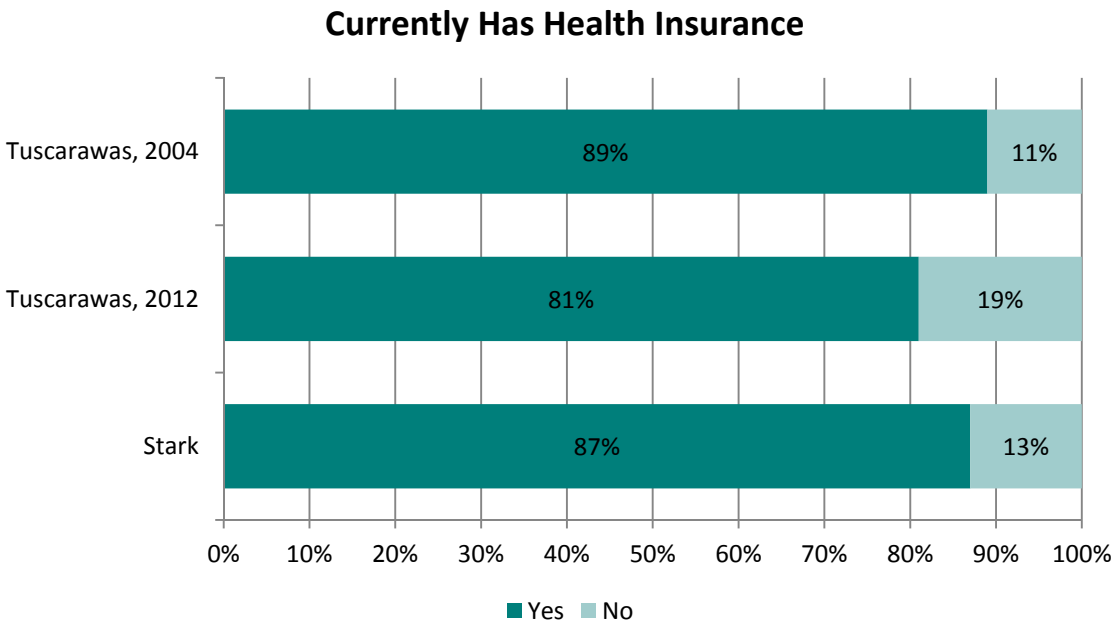
Health Care Access



Where Receive Healthcare	Tuscarawas	Stark
Family doctor	73.1%	71.4%
Emergency Room	9.6%	8.4%
Urgent Care center	7.0%	6.3%
Hospital clinic	N/A	7.7%
Public health department	2.9%	0.4%
VA hospital/clinic	3.4%	2.3%
Free clinic	0.7%	1.1%
Other	3.4%	2.3%
Total	**N=400**	**N=1,061**

Source:

- *Data for Stark County is from the 2011 Stark County Community Health Needs Assessment*
- *Data from Tuscarawas County is from the 2012 Tuscarawas Community Survey*

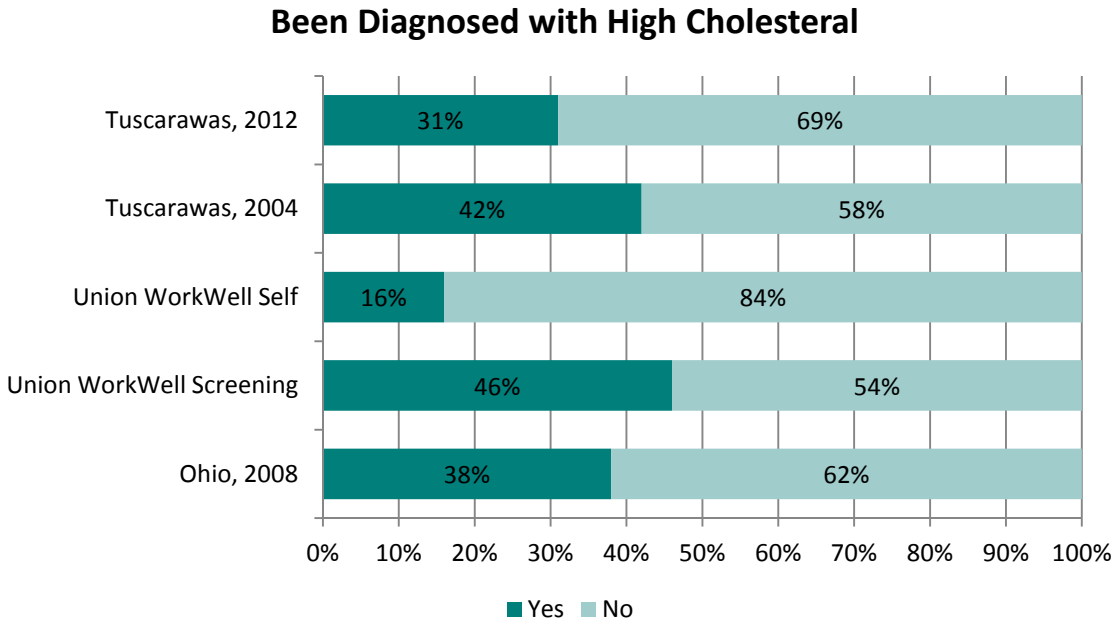


Have Health Insurance	Tuscarawas, 2004	Tuscarawas, 2012	Stark, 2011
Yes	88.7%	81.3%	86.7%
No	11.3%	18.7%	13.3%
Total		**N=400**	**N=1,061**

Source:

- *Data for Stark County is from the 2011 Stark County Community Health Needs Assessment*
- *Data from 2012 Tuscarawas County is from the 2012 Tuscarawas Community Survey*
- *Data from 2004 Tuscarawas County is from the Healthy Ohio Program through the Ohio Dept. of Health*

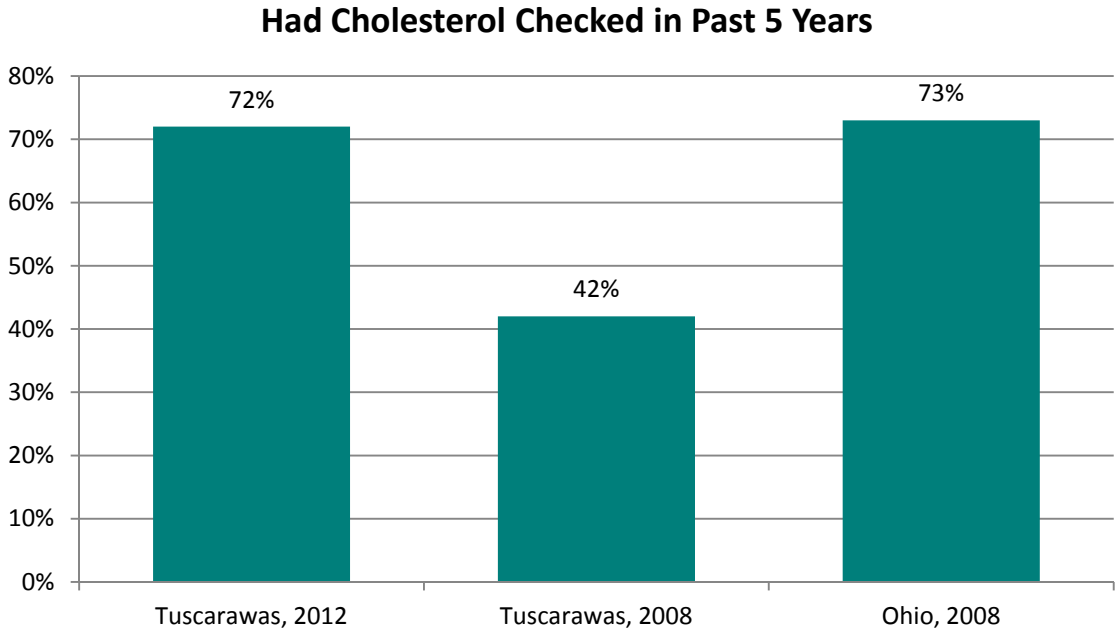
High Cholesterol



Have High Cholesterol	Tuscarawas, 2012	Tuscarawas, 2004-2007	Union Hosp. WorkWell (Self Report)	Union Hospital WorkWell (Screening)	Ohio, 2008
Yes	31.3%	41.7%	16%	46%	37.9%
No	68.7%	58.3%	84%	54%	62.1%
Total	**N=400**				

Source:

- *Data from 2012 Tuscarawas County is from the 2012 Tuscarawas Community Survey*
- *Data from 2004-2007 Tuscarawas County is from the Healthy Ohio Program through the Ohio Department of Health*
- *Data from Union WorkWell is from the Union Hospital WorkWell Group Data Summary collected from 1/1/11 to 12/31/11 from business and school employees in Tuscarawas county.*
- *Ohio data from the Ohio Behavioral Risk Factor Surveillance System.*

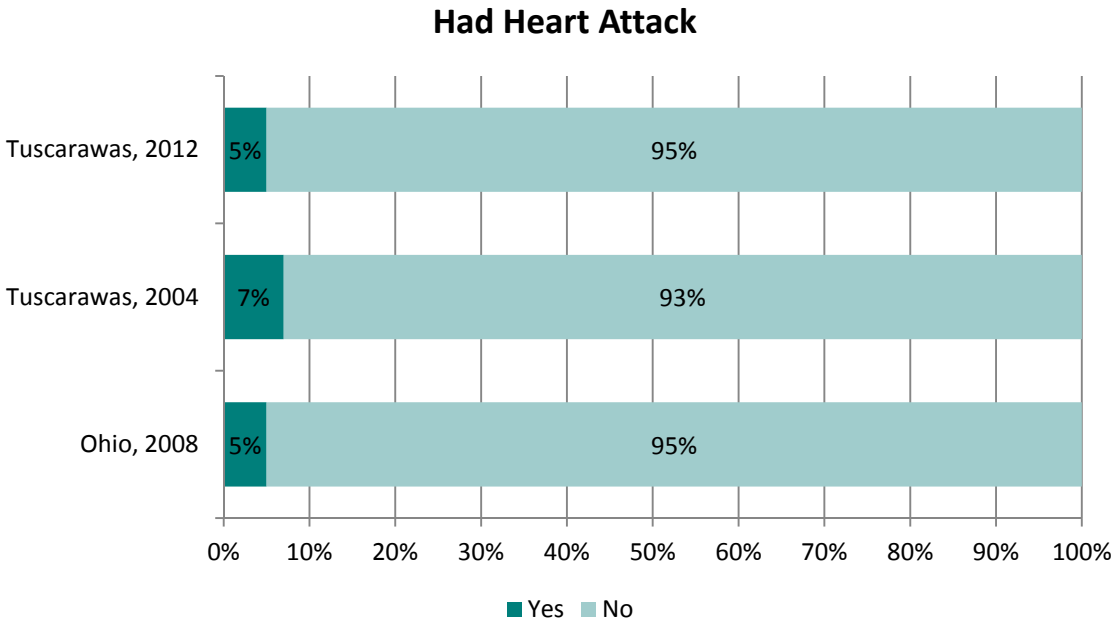


Had Check	% of adults
Tuscarawas County, 2012	71.5%
Tuscarawas County, 2008	41.7%
Ohio, 2008	73.2%

Source:

- *2012 data is from the Community Survey*
- *2008 Data from the Healthy Ohio Program through the Ohio Department of Health*
- *Ohio Data from the Ohio Behavioral Risk Factor Surveillance System*

Heart Disease

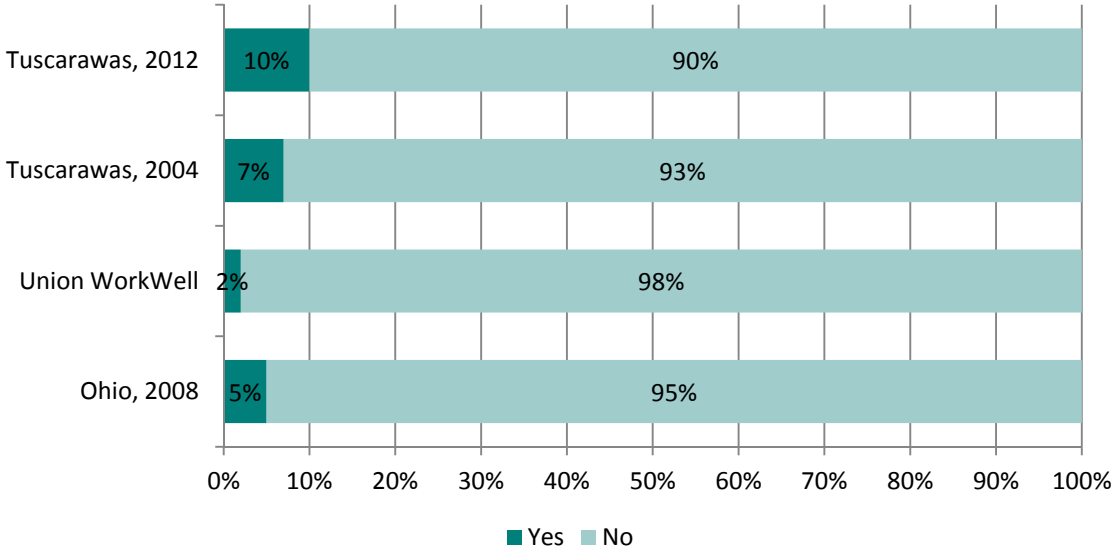


Had Heart Attack	Tuscarawas, 2012	Tuscarawas, 2004-2007	Ohio, 2008
Yes	5.1%	6.8%	4.7%
No	94.9%	93.2%	95.3%
Total	N=400		

Source:

- *Data from 2012 Tuscarawas County is from the 2012 Tuscarawas Community Survey*
- *Data from 2004-2007 Tuscarawas County is from the Healthy Ohio Program through the Ohio Department of Health*
- *Ohio data from the Ohio Behavioral Risk Factor Surveillance System*

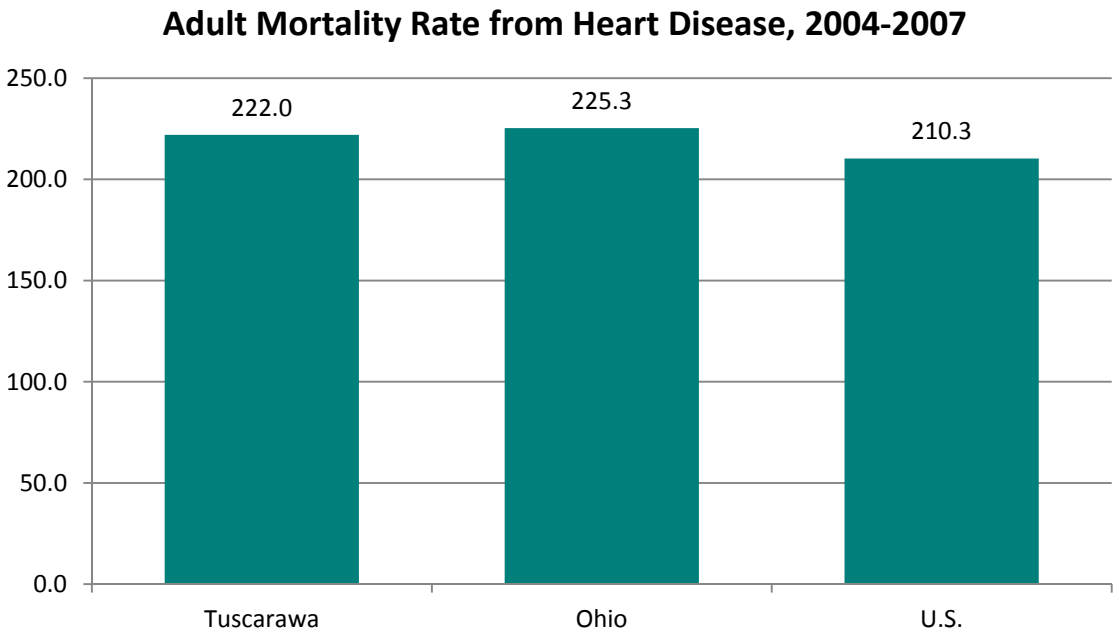
Been Diagnosed with Heart Disease



Have Heart Disease	Tuscarawas, 2012	Tuscarawas, 2004-2007	Union Hosp. WorkWell (Self-Report)	Ohio, 2008
Yes	9.9%	7.0%	2%	4.8%
No	90.1%	93.0%	98%	95.2%
Total	**N=400**			

Source:

- *Data from 2012 Tuscarawas County is from the 2012 Tuscarawas Community Survey*
- *Data from 2004-2007 Tuscarawas County is from the Healthy Ohio Program through the Ohio Department of Health*
- *Data from Union WorkWell is from the Union Hospital WorkWell Group Data Summary collected from 1/1/11 to 12/31/11 from business and school employees in Tuscarawas county.*
- *Ohio data from the Ohio Behavioral Risk Factor Surveillance System*

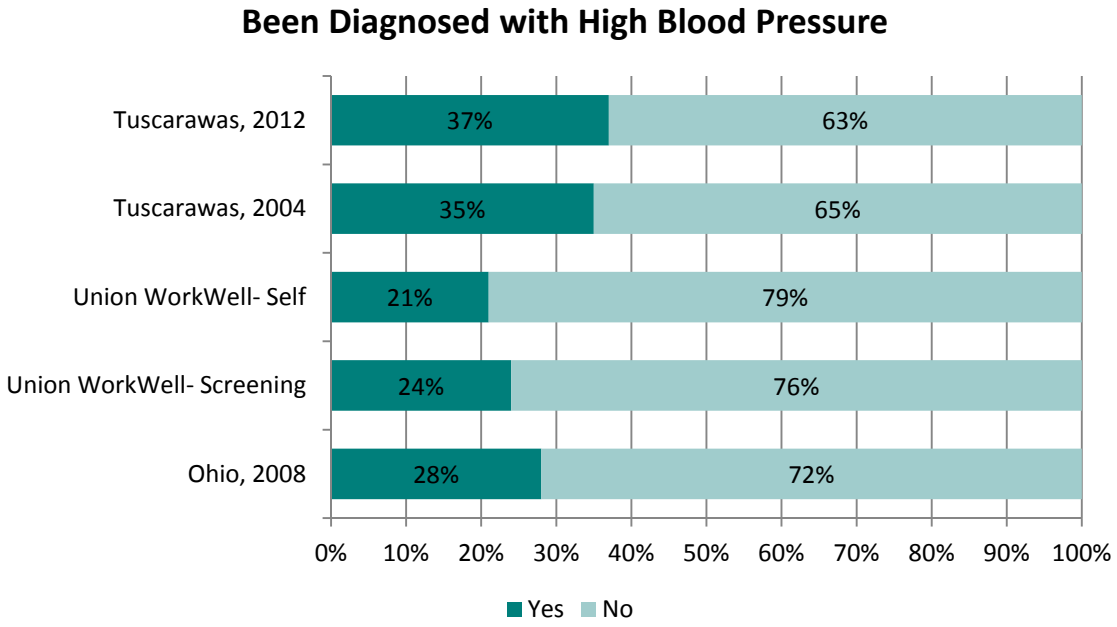


Rate of Heart Disease	Rate per 100,000
Tuscarawas County	222.0
Ohio	225.3
U.S.	210.3

Source:

- *Tuscarawas County Data from the Healthy Ohio Program through the Ohio Department of Health*
- *Mortality rates for Ohio are from the Statistical Analyses Unit, Office of Vital Statistics, Ohio Department of Health.*
- *U.S. rates from CDC's National Vital Statistics reports.*

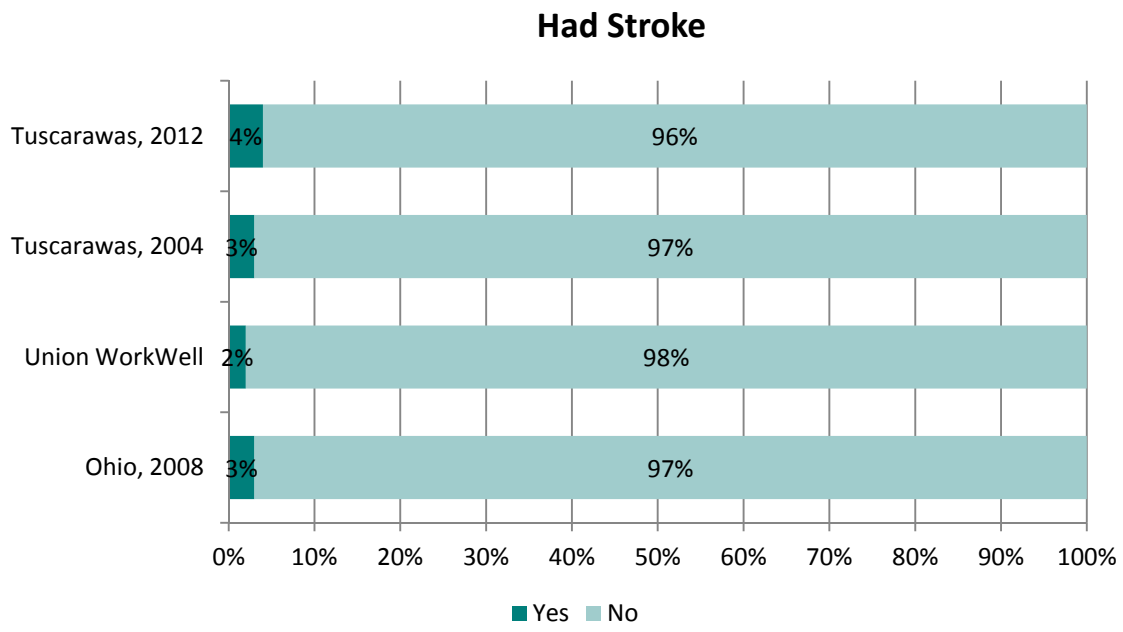
High Blood Pressure and Strokes



Have High Blood Pressure	Tuscarawas, 2012	Tuscarawas, 2004-2007	Union Hosp. WorkWell (self-report)	Union Hosp. WorkWell (screening)	Ohio, 2008
Yes	37.2%	34.6%	21%	24%	27.6%
No	62.8%	65.4%	79%	76%	72.4%
Total	**N=400**			**3,157**	

Source:

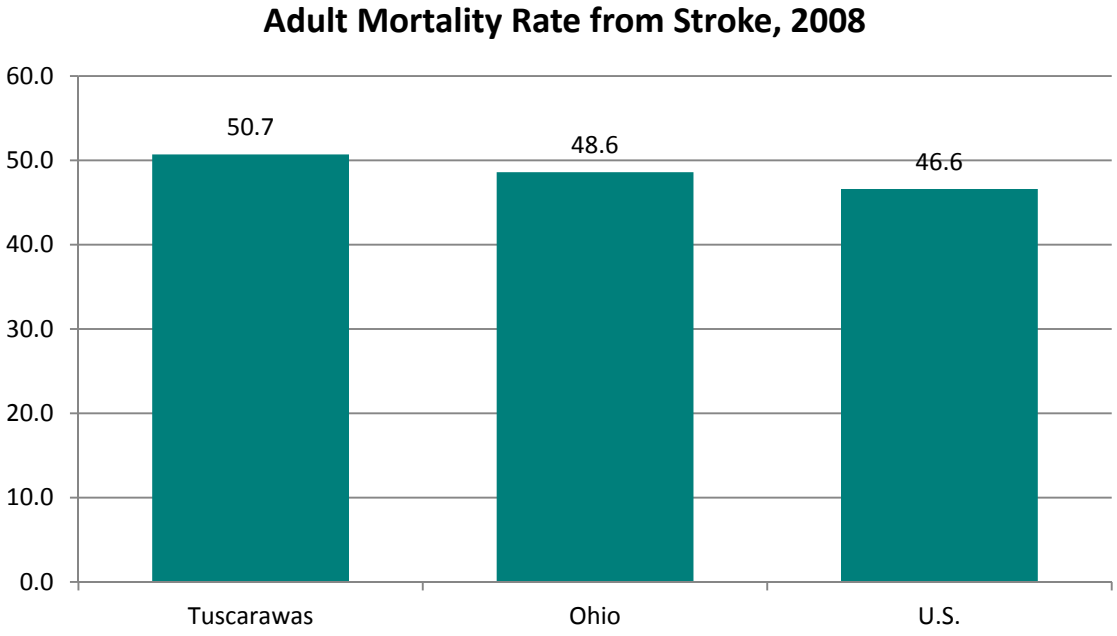
- *Data from 2012 Tuscarawas County is from the 2012 Tuscarawas Community Survey*
- *Data from 2004-2007 Tuscarawas County is from the Healthy Ohio Program through the Ohio Department of Health*
- *Data from Union WorkWell is from the Union Hospital WorkWell Group Data Summary collected from 1/1/11 to 12/31/11 from business and school employees in Tuscarawas county.*
- *Ohio data from the Ohio Behavioral Risk Factor Surveillance System*



Had Stroke	Tuscarawas, 2012	Tuscarawas, 2004-2007	Union WorkWell (Self-Report)	Ohio, 2008
Yes	4.3%	3.4%	2%	2.8%
No	95.7%	96.6%	98%	97.2%
Total	N=400			

Source:

- *Data from 2012 Tuscarawas County is from the 2012 Tuscarawas Community Survey*
- *Data from 2004-2007 Tuscarawas County is from the Healthy Ohio Program through the Ohio Department of Health*
- *Data from Union WorkWell is from the Union Hospital WorkWell Group Data Summary collected from 1/1/11 to 12/31/11 from business and school employees in Tuscarawas county.*
- *Ohio data from the Ohio Behavioral Risk Factor Surveillance System*

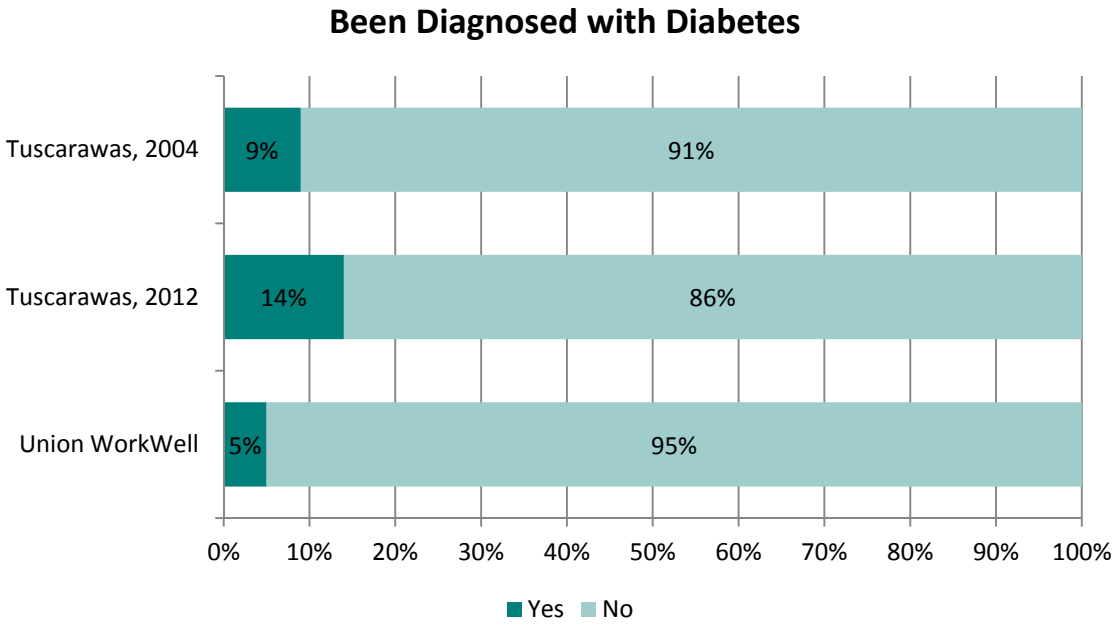


Rate of Stroke Death	Rate per 100,000
Tuscarawas County	50.7
Ohio	48.6
U.S.	46.6

Source:

- *Data from the Healthy Ohio Program through the Ohio Department of Health*
- *Death rates for Ohio and County are from the Statistical Analyses Unit, Office of Vital Statistics, Ohio Department of Health*
- *U.S. rates from CDC's National Vital Statistics reports*

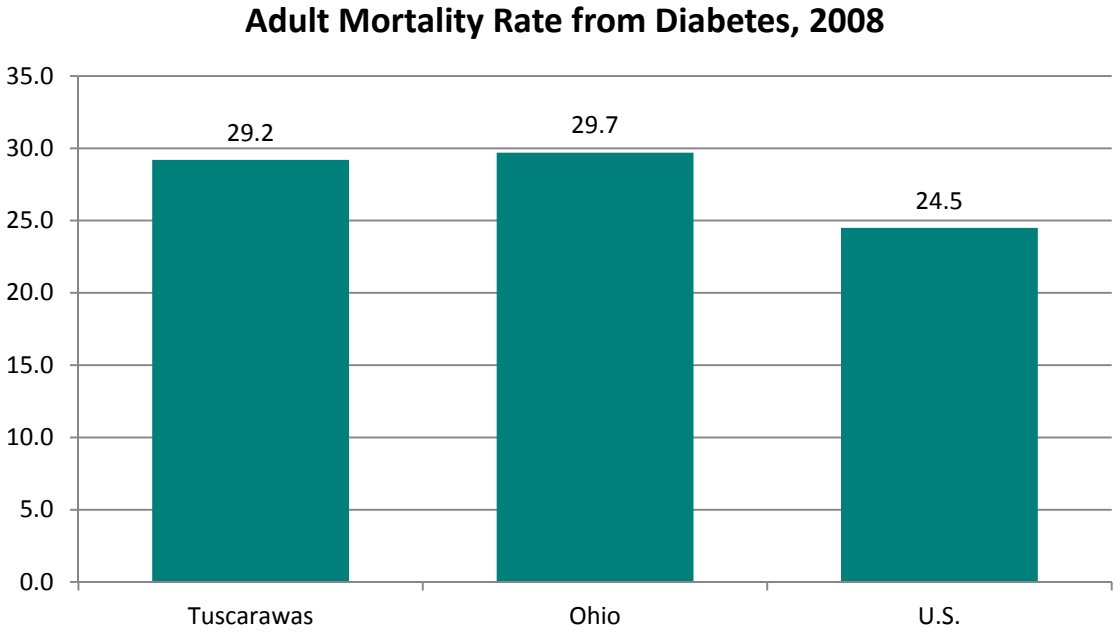
Diabetes



Have Diabetes	Tuscarawas, 2004-2007	Tuscarawas, 2012	Union WorkWell (Self-Report)
Yes	8.6%	14.3%	5.0%
No	91.4%	85.7%	95.0%
Total		**N=400**	

Source:

- *Data from 2012 Tuscarawas County is from the 2012 Tuscarawas Community Survey*
- *Data from 2004-2007 Tuscarawas County is from the Healthy Ohio Program through the Ohio Department of Health.*
- *Data from Union WorkWell is from the Union Hospital WorkWell Group Data Summary collected from 1/1/11 to 12/31/11 from business and school employees in Tuscarawas county.*

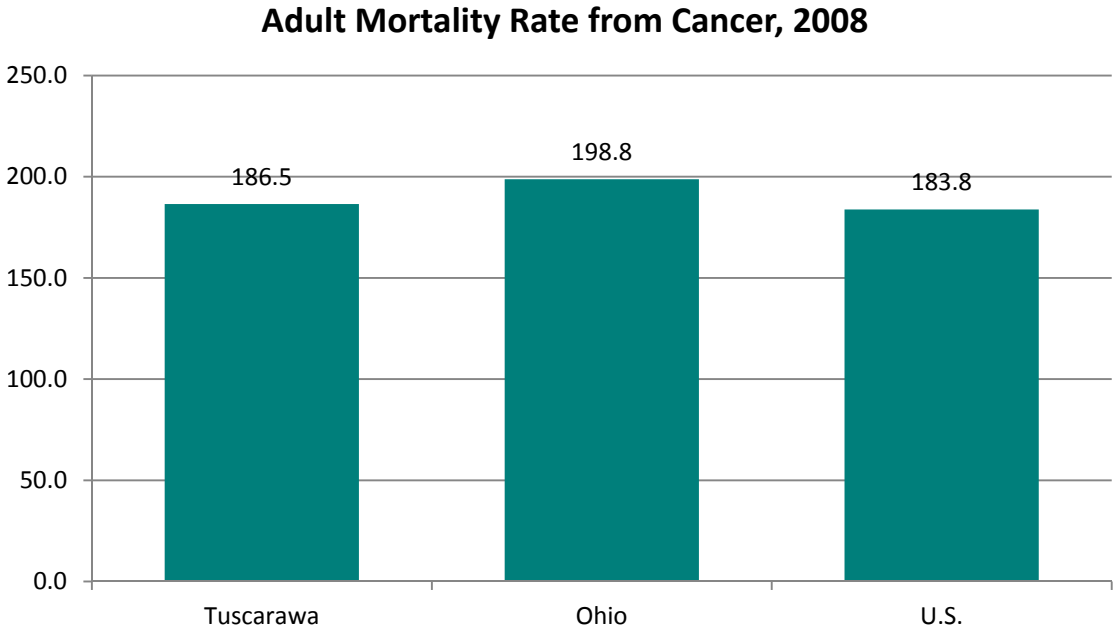


Rate of Diabetes Death	Rate per 100,000
Tuscarawas County	29.2
Ohio	29.7
U.S.	24.5

Source:

- *Data from the Healthy Ohio Program through the Ohio Department of Health.*
- *Death rates for Ohio and County are from the Statistical Analyses Unit, Office of Vital Statistics, Ohio Department of Health.*
- *U.S. rates from CDC's National Vital Statistics reports.*

Cancer

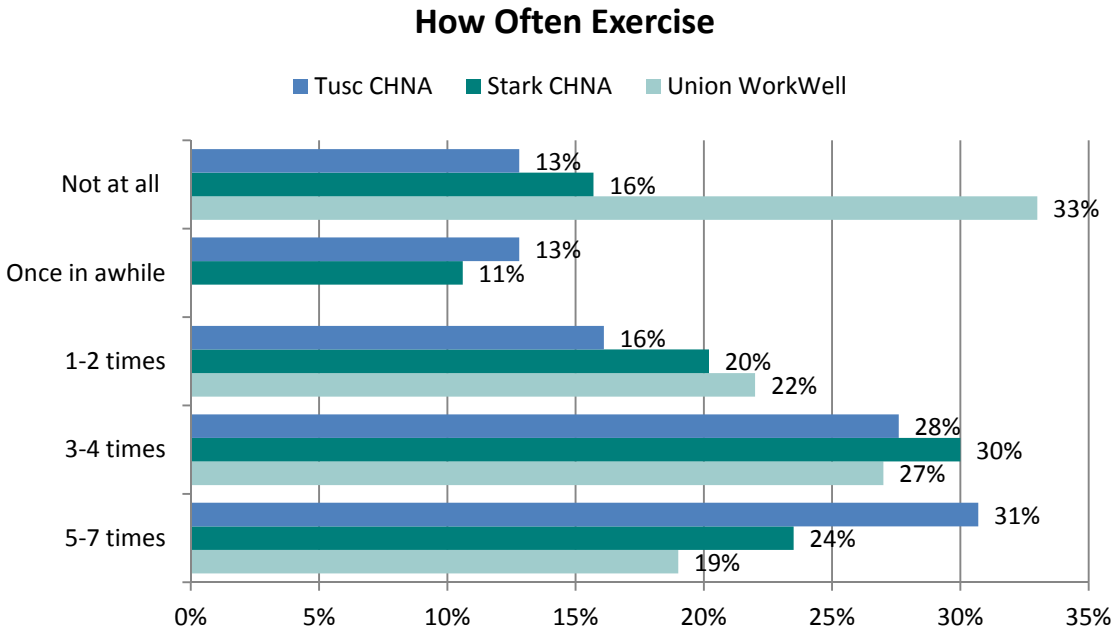


Rate of Cancer	Rate per 100,000
Tuscarawas County	186.5
Ohio	198.8
U.S.	183.8

Source:

- *Data from the Healthy Ohio Program through the Ohio Department of Health*
- *Death rates for Ohio and County are from the Statistical Analyses Unit, Office of Vital Statistics, Ohio Department of Health*
- *U.S. rates from CDC's National Vital Statistics reports*

Exercise, Obesity and Health Lifestyle Choices

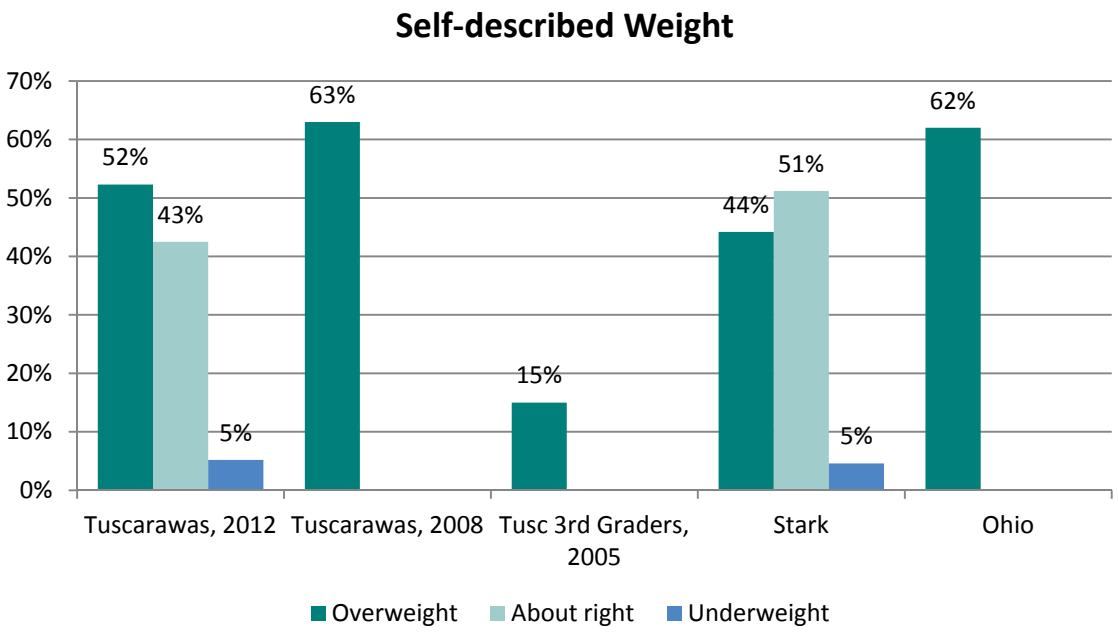


How Often Exercise	Tuscarawas CHNA	Stark CHNA	Union WorkWell*
Not at all	12.8%	15.7%	33%
Once in awhile	12.8%	10.6%	NA
1-2 times	16.1%	20.2%	22%
3-4 times	27.6%	30.0%	27%
5-7 times	30.7%	23.5%	19%
Total	**N=397**	**N=1,065**	

**For the WorkWell assessment, not at all=no regular exercise program (there was not an option for once in a while)*

Source:

- *Data for Stark County CHNA is from the 2011 Stark County Community Health Needs Assessment*
- *Data from Tuscarawas County CHNA is from the 2012 Tuscarawas Community Survey*
- *Data from Union WorkWell is from the Union Hospital WorkWell Group Data Summary collected from 1/1/11 to 12/31/11 from business and school employees in Tuscarawas county.*



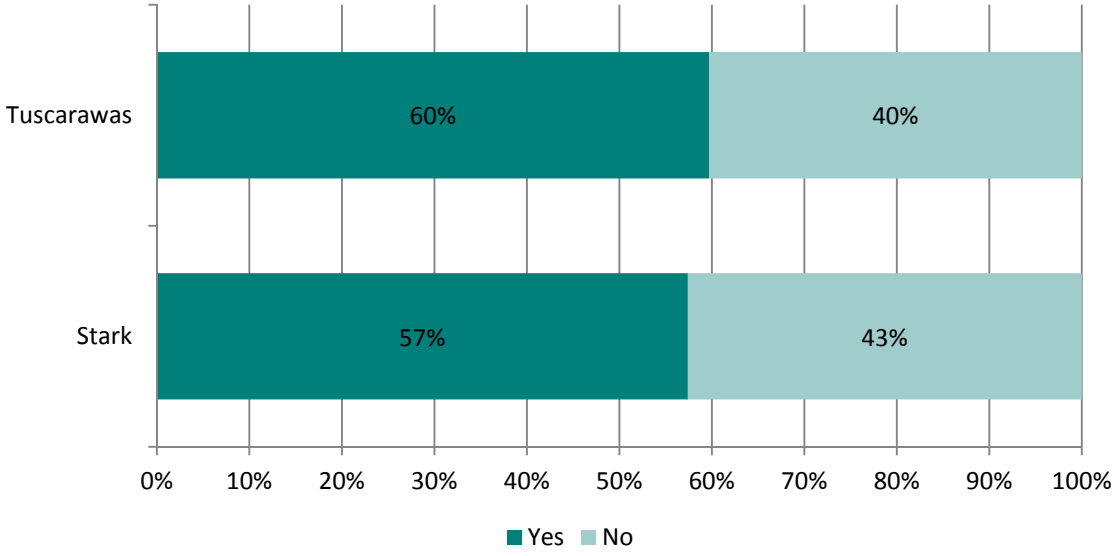
Self-described Weight	Tuscarawas 3rd Graders, 2005	Tuscarawas, 2008	Tuscarawas, 2012	Stark, 2011	Ohio, 2008
Overweight	15.4%	63.4%*	52.3%	44.1%	62.2%
About right			42.5%	51.2%	
Underweight			5.2%	4.6%	
Total			**N=400**	**N=1,065**	

*Combines obese and overweight

Source:

- *Data for Stark County is from the 2011 Stark County Community Health Needs Assessment*
- *Data from 2012 Tuscarawas County is from the 2012 Tuscarawas Community Survey*
- *Data from 2008 Tuscarawas County and 2005 3rd graders is from the Health Ohio Project from the Ohio Department of Health.*
- *Ohio data from the Ohio Behavioral Risk Factor Surveillance System, ODH*

Tried to Lose Weight in Last 12 Months



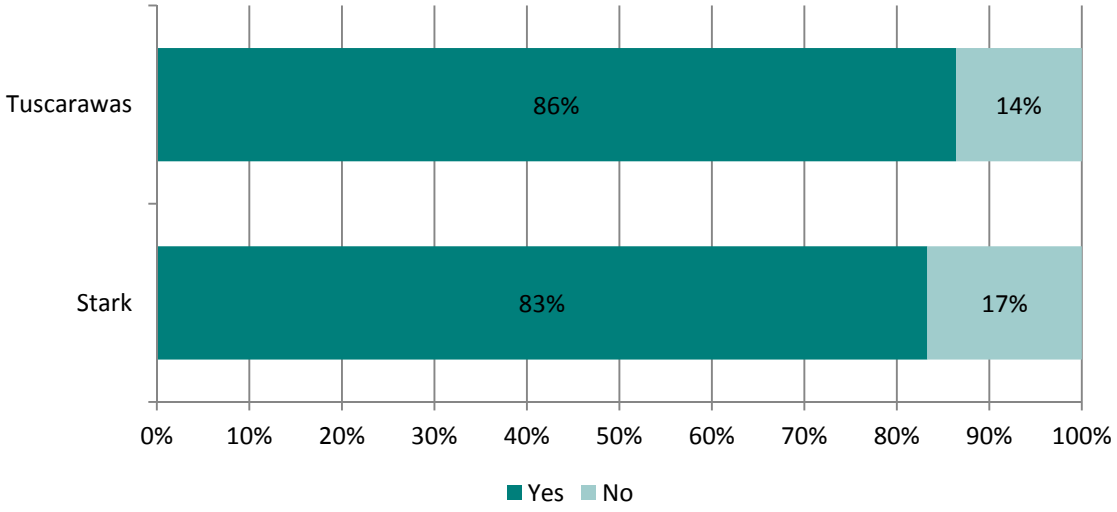
Tried To Lose Weight	Tuscarawas	Stark
Yes	59.7%	57.4%
No	40.3%	42.6%
Total	**N=400**	**N=1,066**

Source:

- *Data for Stark County is from the 2011 Stark County Community Health Needs Assessment*
- *Data from Tuscarawas County is from the 2012 Tuscarawas Community Survey*

Successful at Losing or Maintaining Weight

Of those who have tried in last 12 months

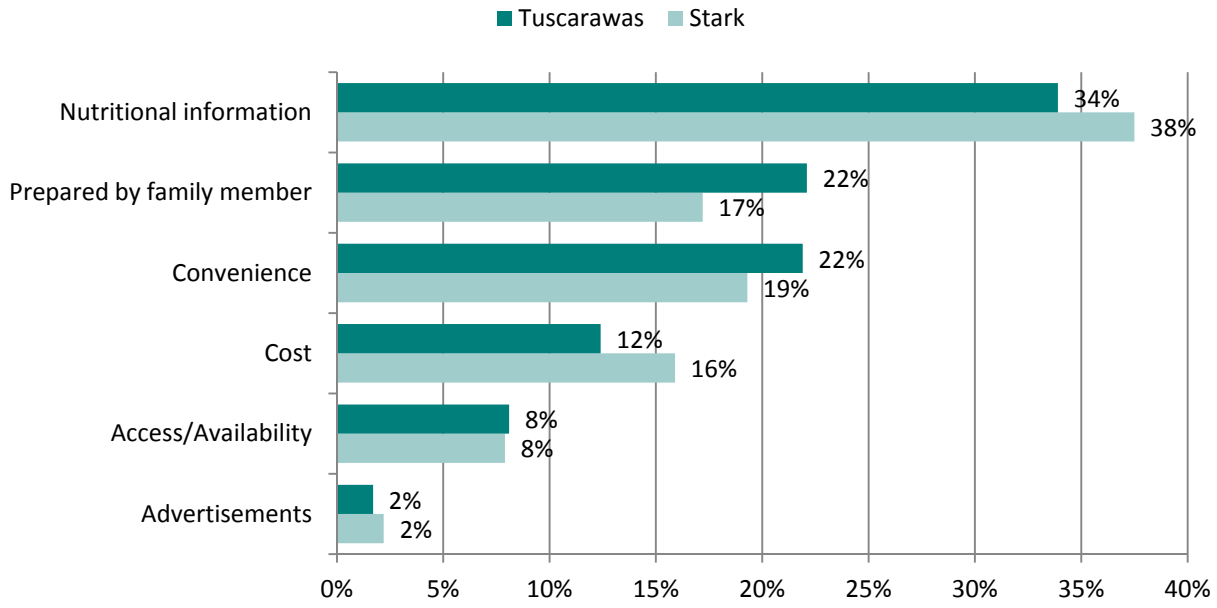


Successful at Losing or Maintaining Weight	Tuscarawas	Stark
Yes	86.4%	83.3%
No	13.6%	16.7%
Total	**N=238**	**N=610**

Source:

- *Data for Stark County is from the 2011 Stark County Community Health Needs Assessment*
- *Data from Tuscarawas County is from the 2012 Tuscarawas Community Survey*

Most Influence on Food Choices

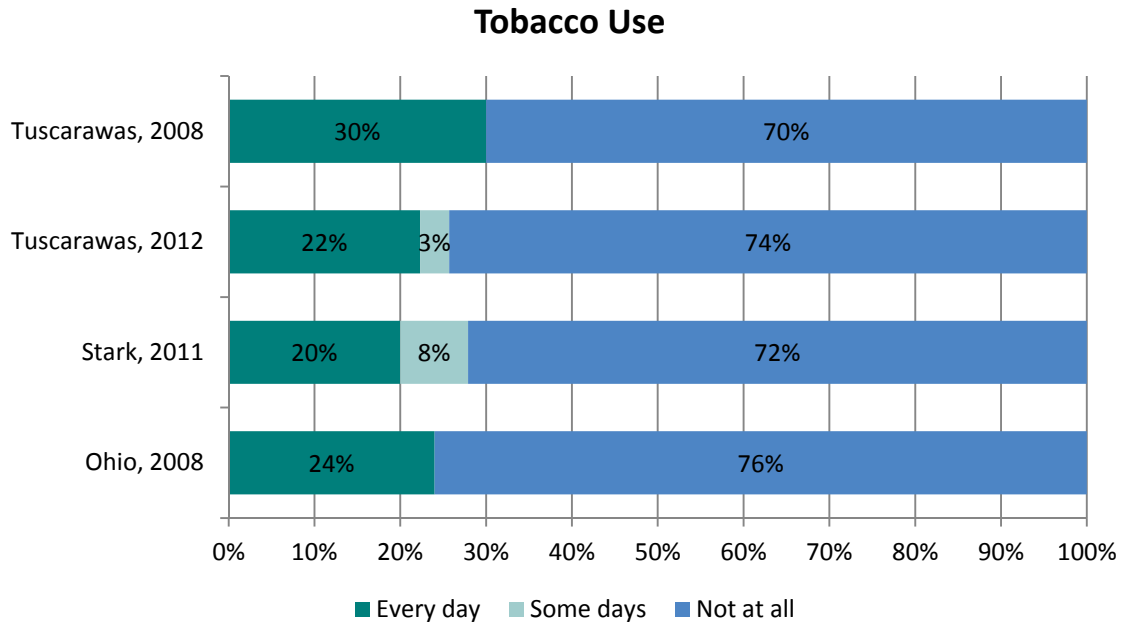


Most Influence on Food Choices	Tuscarawas	Stark
Nutritional information	33.9%	37.5%
Cost	12.4%	15.9%
Access/Availability	8.1%	7.9%
Convenience	21.9%	19.3%
Advertisements	1.7%	2.2%
Prepared by family member	22.1%	17.2%
Total	**N=376**	**N=1,033**

Source:

- *Data for Stark County is from the 2011 Stark County Community Health Needs Assessment*
- *Data from Tuscarawas County is from the 2012 Tuscarawas Community Survey*

Tobacco Use



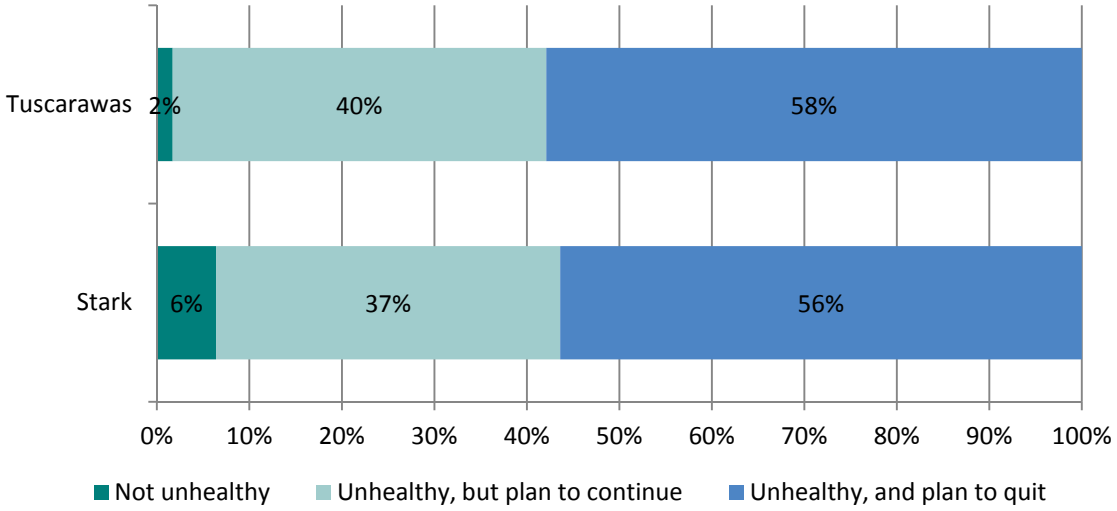
Tobacco Use	Tuscarawas, 2008	Tuscarawas, 2012	Stark, 2011	Ohio, 2008
Every day	29.6%*	22.3%	20.0%	23.6%
Some days		3.4%	7.9%	
Not at all	70.4%	74.3%	72.1%	76.4%
Total		**N=400**	**N=1,066**	

Source:

- *Data for Stark County is from the 2011 Stark County Community Health Needs Assessment*
- *Data from 2012 Tuscarawas County is from the 2012 Tuscarawas Community Survey*
- *Data from 2008 Tuscarawas County is from the Health Ohio Project from the Ohio Department of Health. Note: The 2008 data combined every day and someday smokers.*
- *Ohio data from the Ohio Behavioral Risk Factor Surveillance System, ODH.*

View on Tobacco Use

Tobacco Users Only

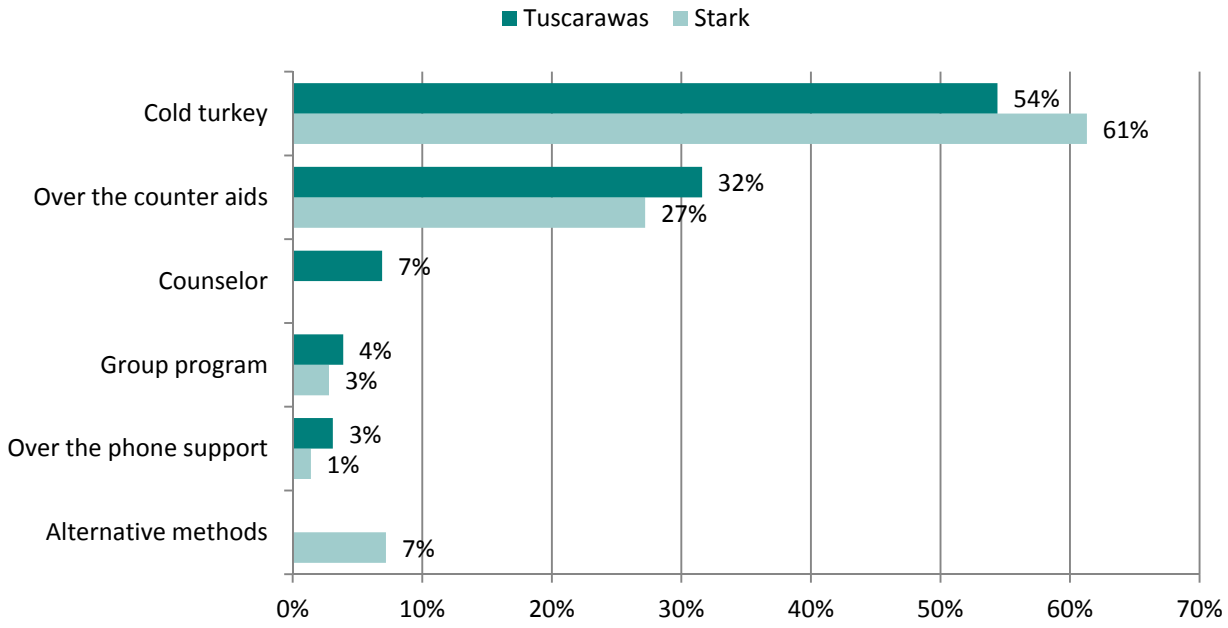


View on Tobacco Use	Tuscarawas	Stark
It is not as unhealthy as everyone makes it out to be	1.7%	6.4%
It is unhealthy, but plan to continue	40.4%	37.2%
It is unhealthy and plan to quit	57.9%	56.4%
Total	**N=102**	**N=292**

Source:

- *Data for Stark County is from the 2011 Stark County Community Health Needs Assessment*
- *Data from Tuscarawas County is from the 2012 Tuscarawas Community Survey*

Method of Quitting Tobacco
Of those planning to quit

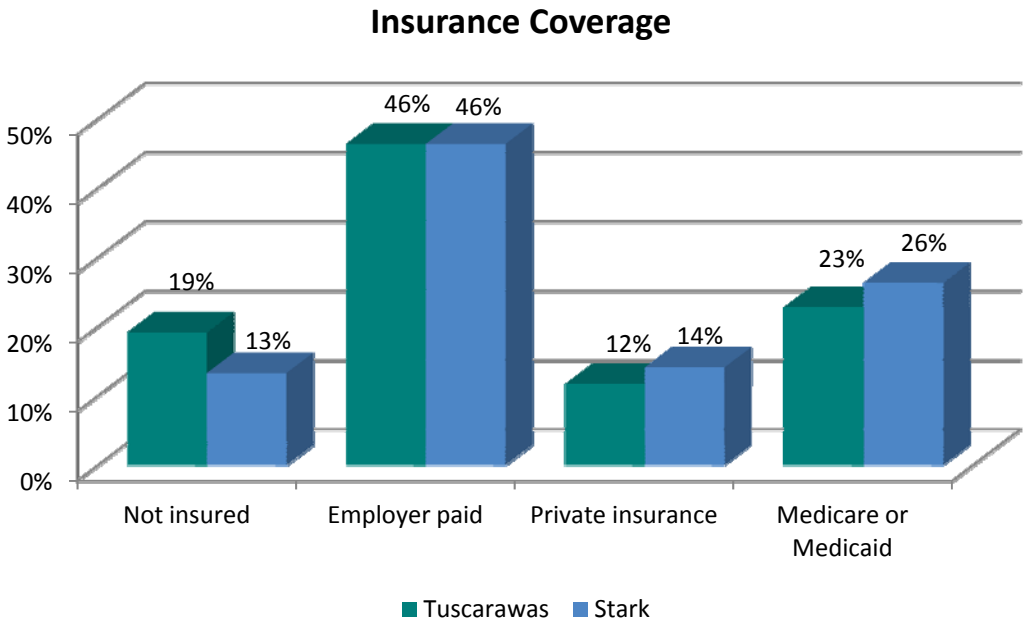


Method of Quitting Tobacco	Tuscarawas	Stark
Group program	3.9%	2.8%
Over the phone support	3.1%	1.4%
Counselor coming to home	6.9%	0.0%
Alternative methods	0.0%	7.2%
Internet-based program	0.0%	0.0%
Over the counter aids	31.6%	27.2%
Cold turkey	54.4%	61.3%
Total	**N=57**	**N=160**

Source:

- *Data for Stark County is from the 2011 Stark County Community Health Needs Assessment*
- *Data from Tuscarawas County is from the 2012 Tuscarawas Community Survey*

Insurance Coverage

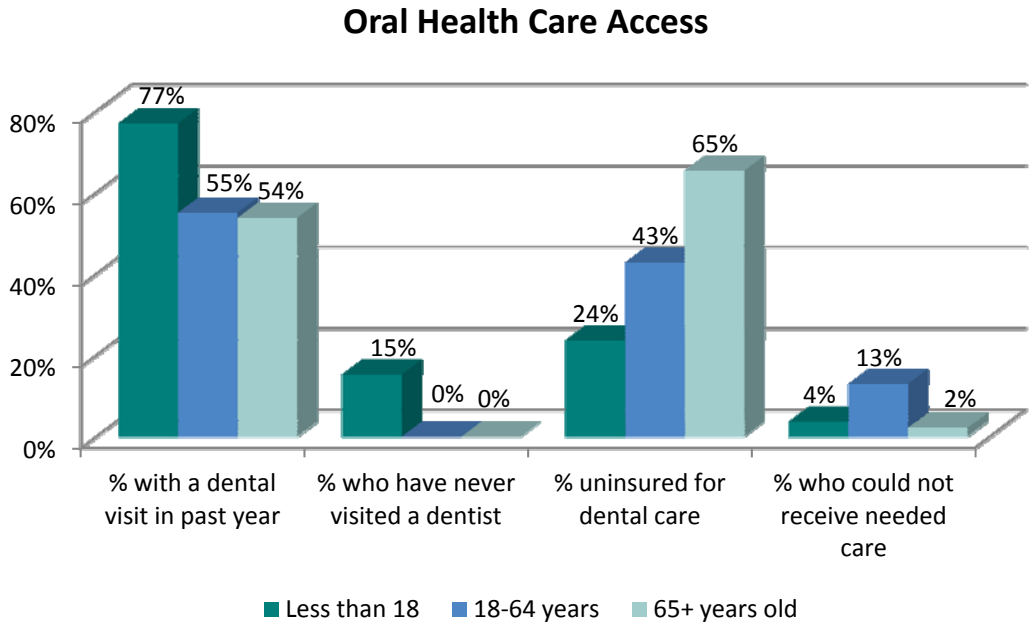


Insurance Coverage	Tuscarawas	Stark
Not insured	19.2%	13.3%
Employer paid	46.4%	46.4%
Private insurance	11.7%	14.1%
Medicare or Medicaid	22.8%	26.3%
Total	**N=389**	**N=1038**

Source:

- *Data for Stark County is from the 2011 Stark County Community Health Needs Assessment*
- *Data from Tuscarawas County is from the 2012 Tuscarawas Community Survey*

Dental Care and Access

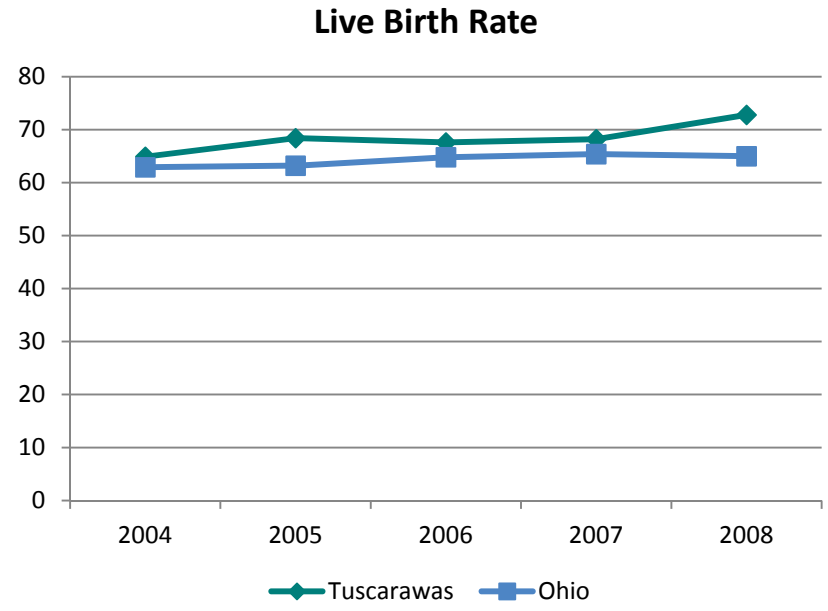


	Less than 18	18-64 years	65+ years old
% with a dental visit in past year	77.0%	55.0%	53.7%
% who have never visited a dentist	15.2%	NA	NA
% uninsured for dental care	23.6%	42.7%	65.3%
% who could not receive needed care	3.6%	12.9%	2.1%
Total			

Source:

- *Data from Ohio Oral Health Surveillance System, 2010*

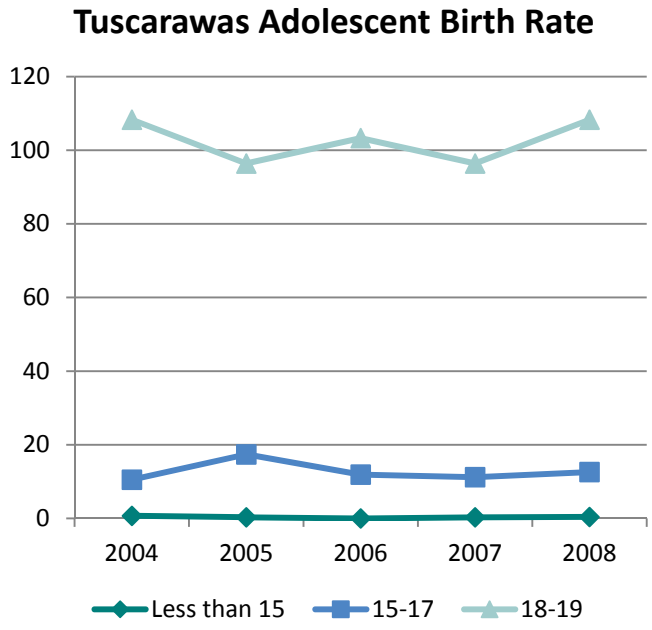
Birth and Death Data



	Tuscarawas	Ohio
2004	64.9	62.9
2005	68.4	63.2
2006	67.6	64.8
2007	68.2	65.4
2008	72.8	65.0

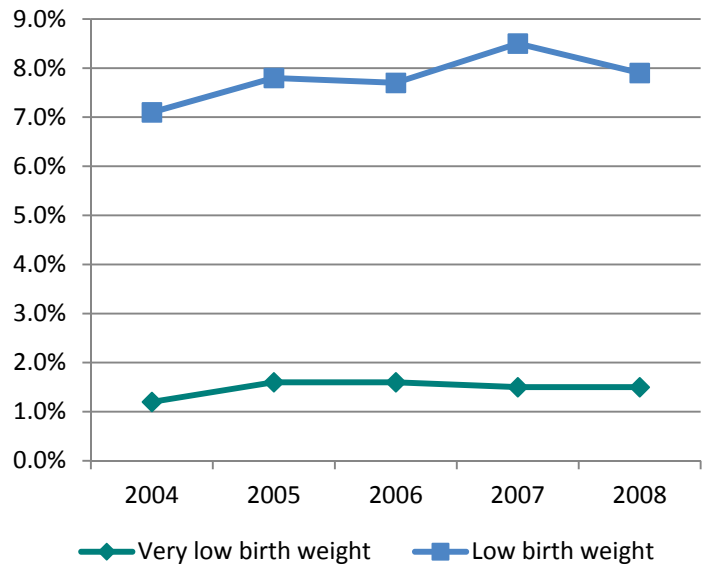
Source: Ohio Department of Health

	Less than 15	15-17	18-19
2004	0.7	10.5	108.3
2005	0.3	17.4	96.4
2006	0.0	11.9	103.3
2007	0.3	11.2	96.4
2008	0.4	12.6	108.3



Source: Ohio Department of Health

Tuscarawas Birth Weights

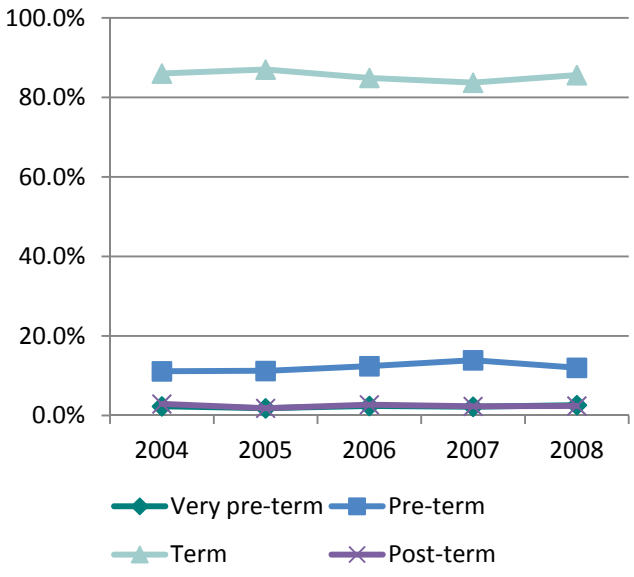


	VLBW	LBW
2004	1.2%	7.1%
2005	1.6%	7.8%
2006	1.6%	7.7%
2007	1.5%	8.5%
2008	1.5%	7.9%

Source: Ohio Department of Health

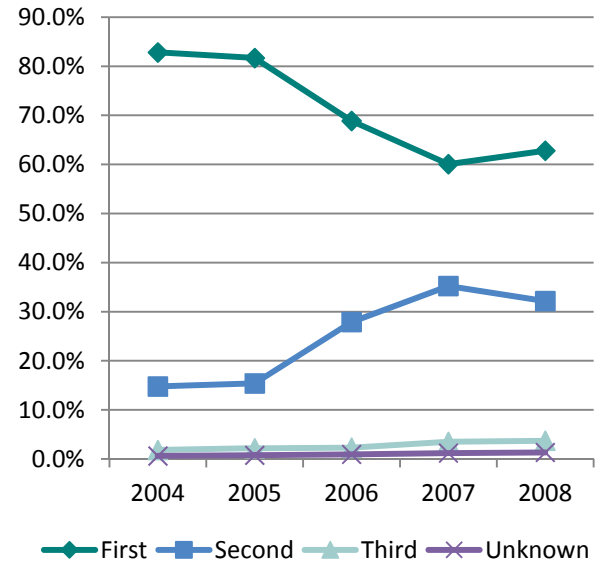
	Very pre-term	Pre-term	Term	Post-term
2004	2.3%	11.1%	86.0%	2.9%
2005	1.8%	11.2%	87.0%	1.8%
2006	2.4%	12.4%	84.9%	2.7%
2007	2.2%	13.9%	83.7%	2.3%
2008	2.6%	12.0%	85.6%	2.4%

Tuscarawas Gestational Age



Source: Ohio Department of Health

Entry Into Prenatal Care

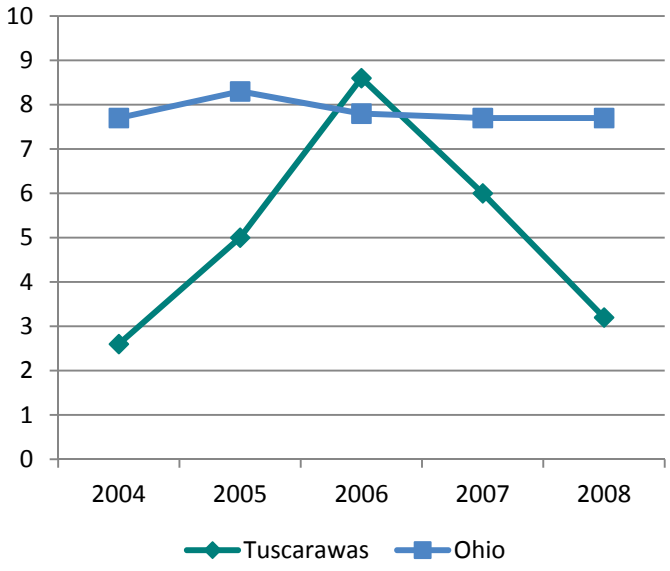


Trimester	First	Second	Third	Unknown
2004	82.8%	14.8%	1.8%	0.6%
2005	81.7%	15.4%	2.2%	0.8%
2006	68.9%	27.9%	2.3%	0.9%
2007	60.1%	35.2%	3.5%	1.2%
2008	62.8%	32.2%	3.7%	1.3%

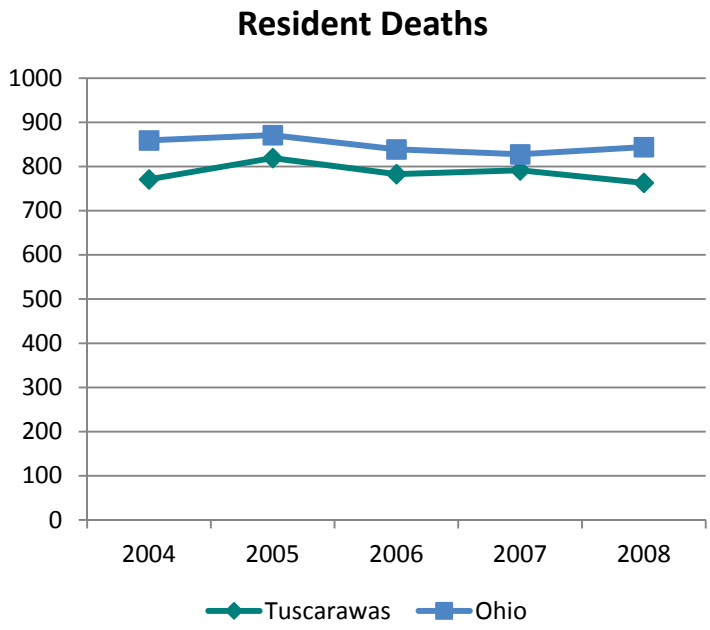
Source: Ohio Department of Health

Infant Mortality Rate

Rate per 1,000 live births	Tuscarawas	Ohio
2004	2.6	7.7
2005	5.0	8.3
2006	8.6	7.8
2007	6.0	7.7
2008	3.2	7.7

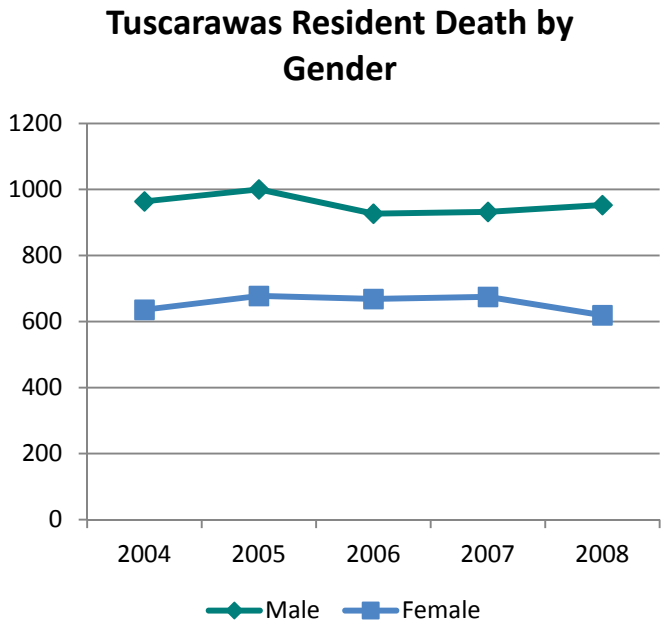


Source: Ohio Department of Health



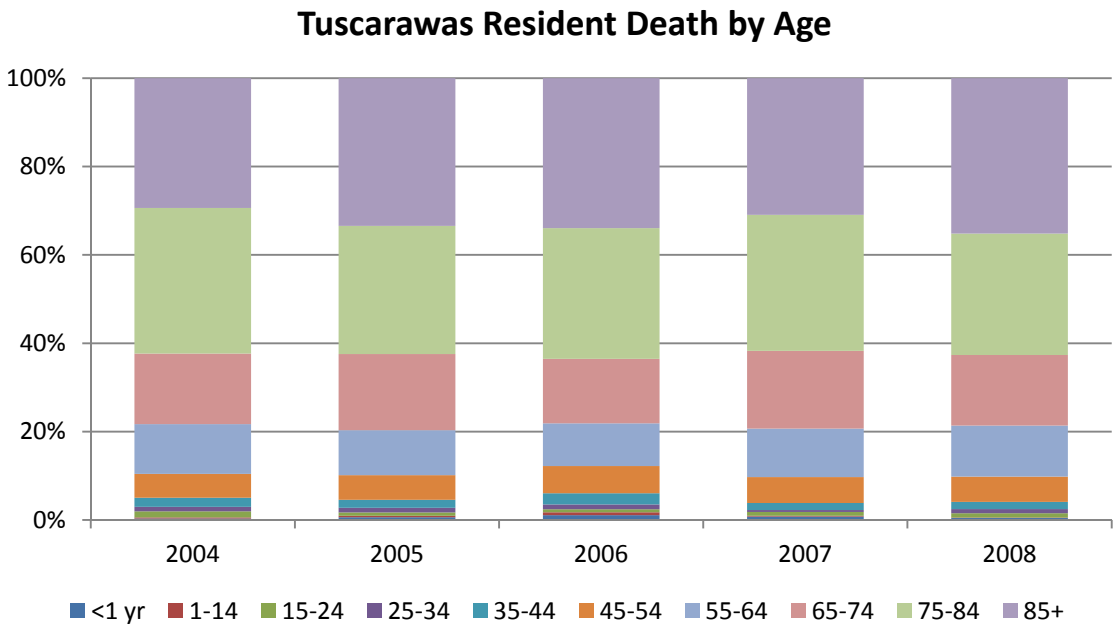
Rate per 100,000 people	Tuscarawas	Ohio
2004	770.9	859.2
2005	819.2	871.0
2006	782.8	838.8
2007	791.4	827.6
2008	763.1	844.0

Source: Ohio Department of Health



Rate per 100,000 people	Male	Female
2004	964.0	635.7
2005	1,000.4	677.5
2006	926.9	668.3
2007	932.3	674.9
2008	952.8	619.2

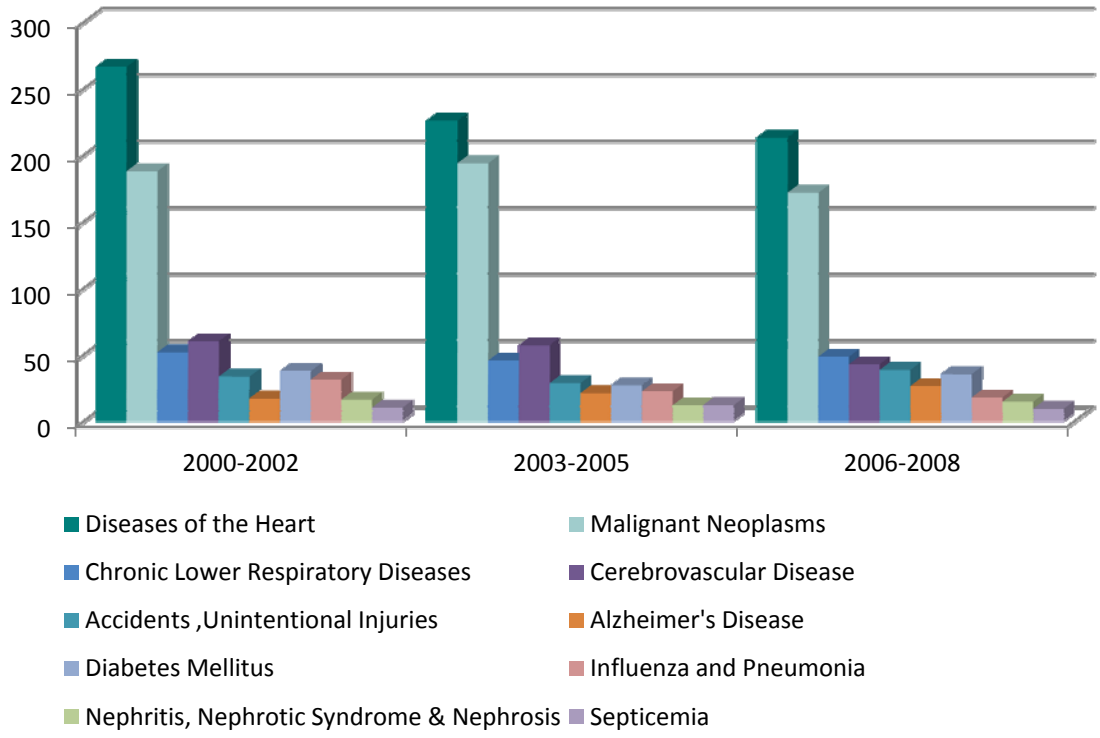
Source: Ohio Department of Health



	<1 year	1 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+
2004	0.3%	0.2%	1.4%	1.0%	2.1%	5.4%	11.3%	16.0%	33.0%	29.4%
2005	0.6%	0.3%	0.7%	1.1%	1.8%	5.6%	10.2%	17.2%	29.0%	33.4%
2006	1.1%	0.7%	0.7%	1.1%	2.5%	6.2%	9.7%	14.6%	29.6%	34.0%
2007	0.7%	0.2%	0.9%	0.4%	1.6%	5.9%	11.0%	17.6%	30.8%	30.9%
2008	0.4%	0.1%	1.0%	1.0%	1.6%	5.7%	11.5%	16.0%	27.5%	35.2%

Source: Ohio Department of Health

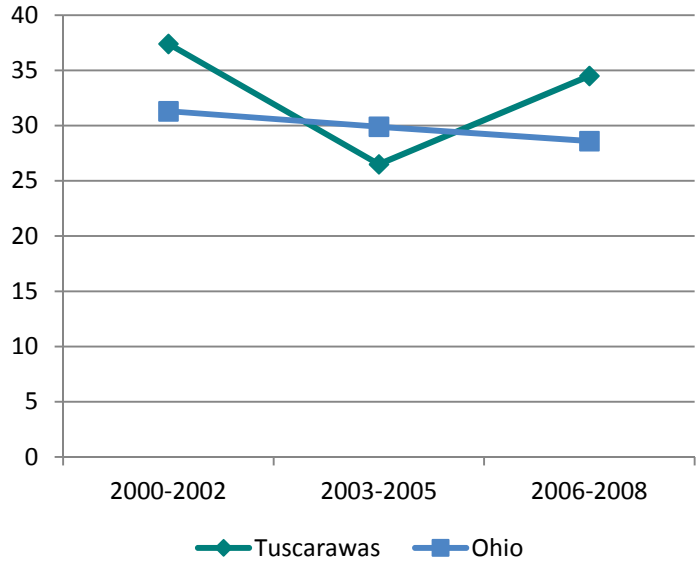
Tuscarawas Leading Causes of Death



Rate per 100,000	Heart Disease	Malignant Neoplasms	Chronic Lower Resp Diseases	Cerebro-vascular Disease	Accidents	Alzheimer's Disease	Diabetes	Flu and Pneumonia	Nephritis, Nephritic Syndrome & Nephritis	Septicemia
2000-2002	266.1	187.6	51.4	59.7	33.2	16.7	37.4	30.8	15.8	9.9
2003-2005	225.5	193.6	45.2	56.4	28.3	20.7	26.5	22.1	11.6	11.9
2006-2008	212.8	171.5	48.0	42.4	38.1	26.0	35.0	17.5	14.2	9.0

Source: Ohio Department of Health

Diabetes Mortality

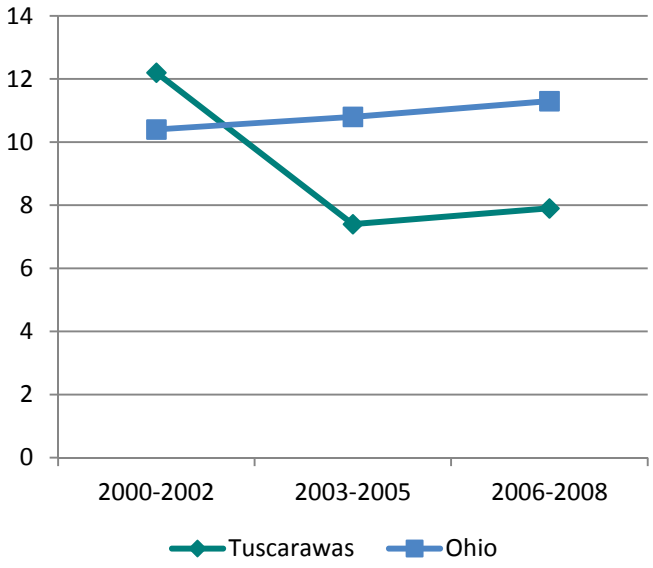


Rate per 100,000 people	Tuscarawas	Ohio
2000-2002	37.4	31.3
2003-2005	26.5	29.9
2006-2008	34.5	28.6

Source: Ohio Department of Health

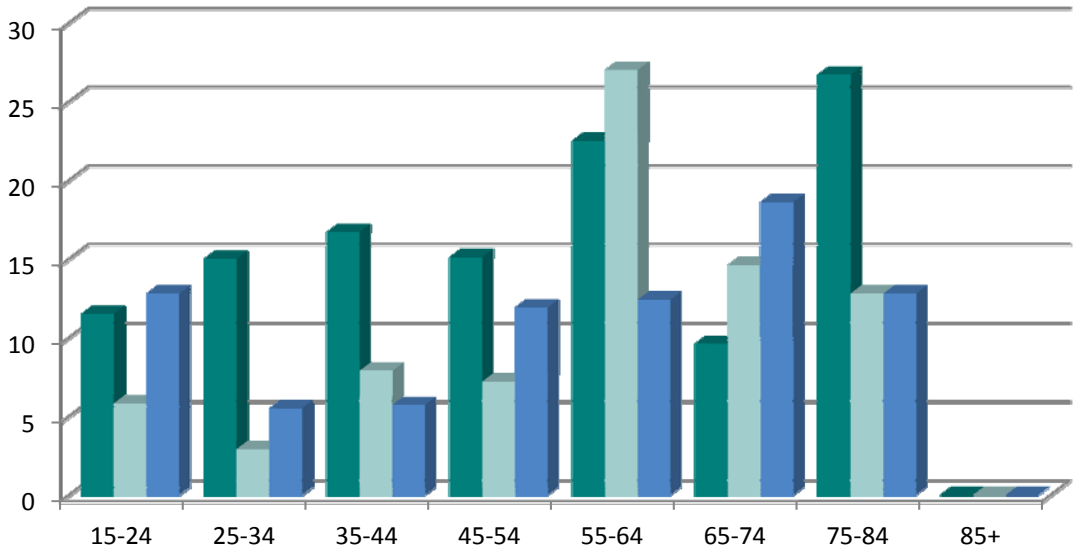
Suicide Rates

Rate per 100,000 people	Tuscarawas	Ohio
2000-2002	12.2	10.4
2003-2005	7.4	10.8
2006-2008	7.9	11.3



Source: Ohio Department of Health

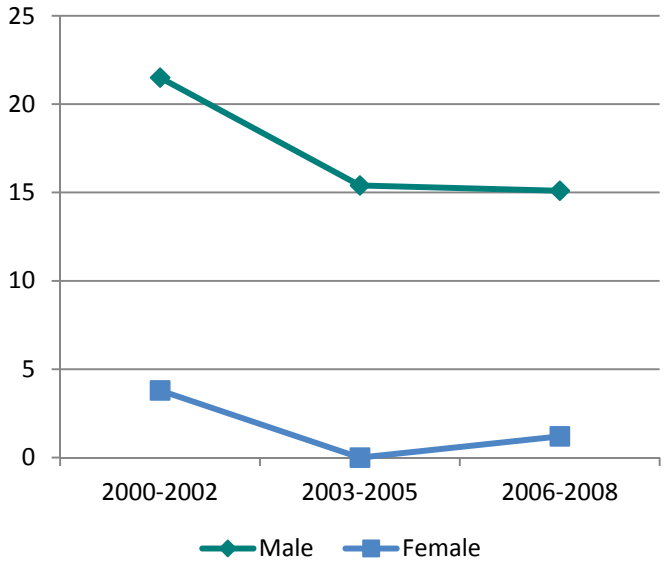
Suicide Rate by Age



Source: Ohio Department of Health

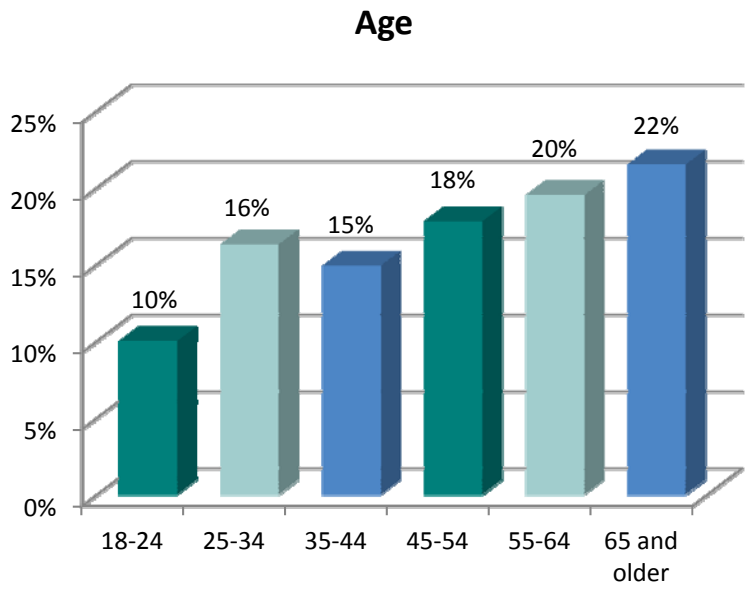
Rate per 100,000 people	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
2000-2002	11.5	15	16.7	15.1	22.5	9.6	26.7	0.0
2003-2005	5.8	2.9	7.9	7.2	27	14.6	12.8	0.0
2006-2008	12.8	5.5	5.7	11.9	12.4	18.6	12.8	0.0

Suicide Rate by Gender



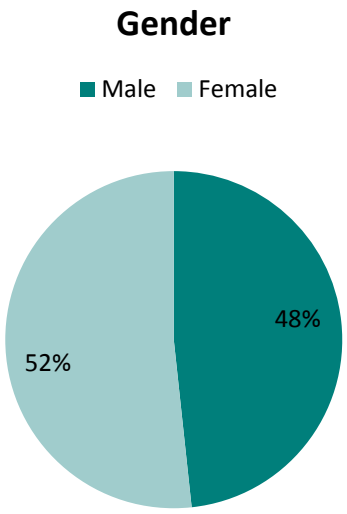
Rate per 100,000 people	Male	Female
2000-2002	21.5	3.8
2003-2005	15.4	0.0
2006-2008	15.1	1.2

Appendix- County Demographics

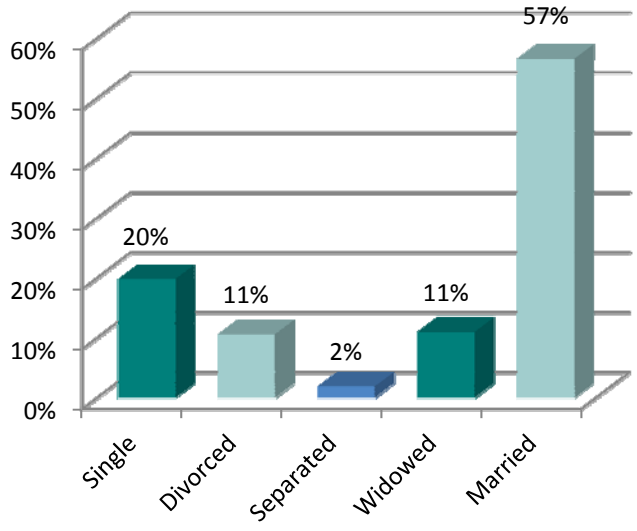


Age	# of Responses	% of Sample
18 to 24	40	10.0%
25 to 34	65	16.3%
35 to 44	59	14.9%
45 to 54	71	17.8%
55 to 64	78	19.5%
65 and over	86	21.5%
Total	N=400	100.0%

Gender	# of Responses	% of Sample
Male	193	48.3%
Female	207	51.7%
Total	N=400	100.0%



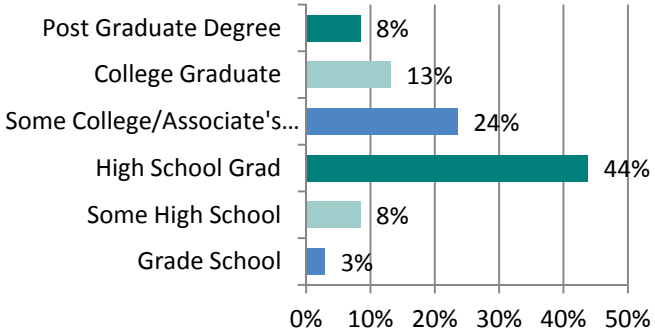
Marital Status



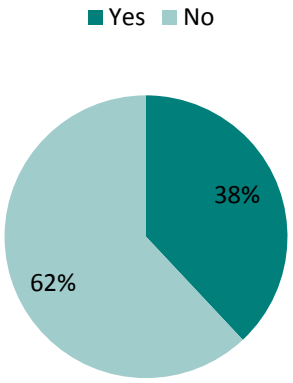
Marital Status	# of Responses	% of Sample
Single, never married	79	19.8%
Divorced	42	10.6%
Separated	8	1.9%
Widowed	44	11.0%
Married	226	56.6%
Total	**N=399**	**100.0%**

Education Attainment	# of Responses	% of Sample
Grade School	12	2.9%
Some High School	34	8.4%
High School Graduate	175	43.8%
Some College/Associate's	94	23.5%
College Graduate	52	13.1%
Post Graduate Degree	33	8.4%
Total	**N=399**	**100.0%**

Education Attainment



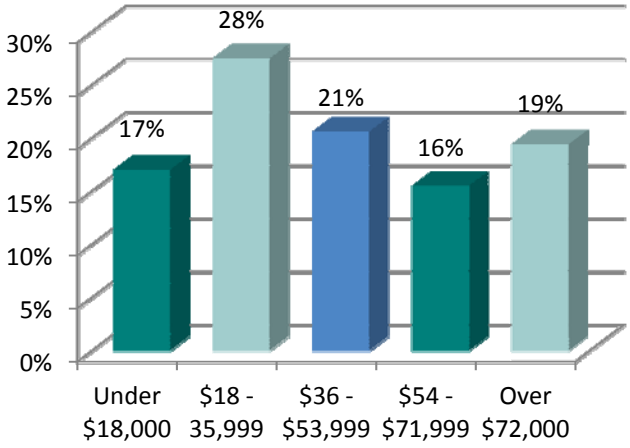
Children in Household

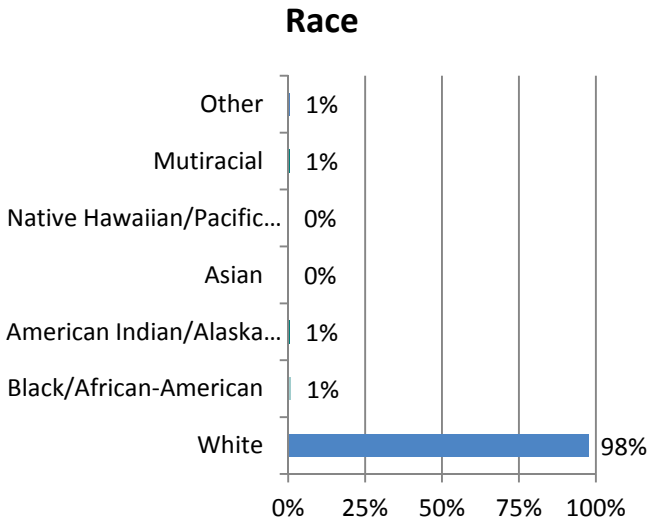


Children in Household	# of Responses	% of Sample
Yes	152	38.0%
No	248	62.0%
Total	N=400	100.0%

Annual Household Income	# of Responses	% of Sample
Under $18,000	62	17.0%
$18 - $35,999	100	27.5%
$36 - $53,999	75	20.6%
$54 - $71,999	57	15.5%
Over $72,000	71	19.4%
Total	N=365	100.0%

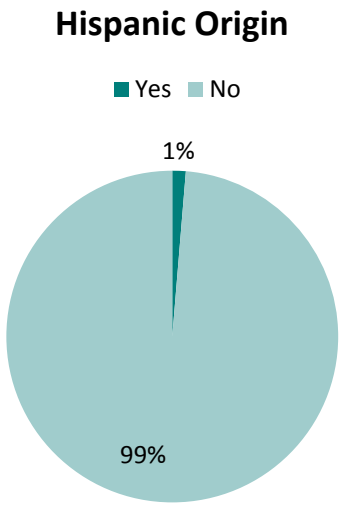
Annual Household Income



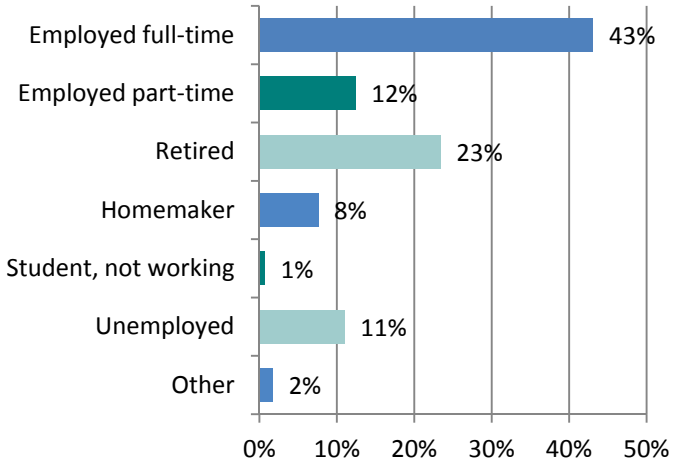


Race	# of Responses	% of Sample
White	387	97.7%
Black/African-American	3	0.8%
American Indian/Alaska Native	2	0.5%
Asian	0	0.0%
Native Hawaiian/Pacific Islander	0	0.0%
Multiracial	2	0.5%
Other	2	0.5%
Total	**N=396**	**100.0%**

Hispanic Origin	# of Responses	% of Sample
Yes	5	1.3%
No	392	98.7%
Total	**N=397**	**100.0%**



Employment Status

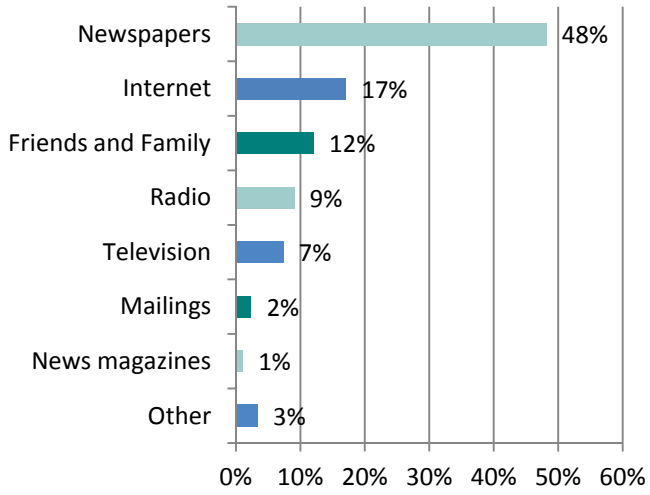


Employment Status	# of Responses	% of Sample
Employed full-time	172	43.1%
Employed part-time	49	12.4%
Retired	93	23.4%
Homemaker	30	7.6%
Student, not working	3	0.7%
Unemployed	44	11.0%
Other	7	1.7%
Total	**N=399**	**100.0%**

City/Township	# of Responses	% of Sample
New Philadelphia	83	21.1%
Dover	47	12.0%
Uhrichsville	36	9.2%
Newcomerstown	19	4.8%
Dennison	16	4.1%
Sugarcreek	15	3.8%
Dover Township	14	3.6%
Mineral City	12	3.1%
Strasburg	12	3.1%
Bolivar	10	2.5%
Sugar Creek Township	10	2.5%
Franklin Township	8	2.0%
Gnadenhutten	8	2.0%
Goshen Township	8	2.0%
Wayne Township	8	2.0%
Auburn Township	7	1.8%
Warwick Township	7	1.8%
Mill Township	6	1.5%
Port Washington	6	1.5%
Dundee	5	1.3%
Sandy Township	5	1.3%
Tuscarawas	5	1.3%
Lawrence Township	4	1.0%
Rush Township	4	1.0%
Stone Creek	4	1.0%
Warren Township	4	1.0%
Fairfield Township	3	0.8%
Jefferson Township	3	0.8%
Midvale	3	0.8%
Oxford Township	3	0.8%
Baltic	2	0.5%
Bucks Township	2	0.5%
Clay Township	2	0.5%
Perry Township	2	0.5%
Union Township	2	0.5%
York Township	2	0.5%
Zoar	2	0.5%
Parral	1	0.3%
Salem Township	1	0.3%
Sandyville	1	0.3%
Washington Township	1	0.3%
Total	**N=393**	**100.0%**

Zip code	# of Responses	% of Sample
44663	99	25.6%
44622	70	18.1%
44683	46	11.9%
44681	29	7.5%
43832	24	6.2%
44621	21	5.4%
44656	17	4.4%
44680	14	3.6%
44624	13	3.4%
44612	10	2.6%
44629	10	2.6%
43837	9	2.3%
43840	8	2.1%
44675	4	1.0%
43824	3	0.8%
44608	3	0.8%
43804	2	0.5%
44643	2	0.5%
44699	2	0.5%
Total	**N=386**	**100.0%**

Main Source of Local Information



Information Source	# of Responses	% of Sample
Newspapers	190	48.1%
Internet	67	17.0%
Friends and Family	47	12.0%
Radio	35	9.0%
Television	29	7.3%
Mailings	9	2.3%
News magazines	4	1.0%
Other	13	3.3%
Total	N=396	100.0%

Newspaper Read Most Often			
	Number of Responses	% of Answering Responses	% of All Respondents
Times Reporter	303	77.5%	75.6%
Do not read a paper	40	10.2%	10.0%
Tusc Bargain Hunter	10	2.6%	2.5%
No Preference	10	2.6%	2.5%
Canton Repository	9	2.3%	2.3%
Akron Beacon Journal	3	0.8%	0.8%
New York Times	3	0.8%	0.8%
Barberton Herald	2	0.5%	0.5%
USA Today	2	0.5%	0.5%
Portsmouth Daily Times	2	0.5%	0.5%
Newcomerstown News	1	0.3%	0.3%
The Budget Newspaper	1	0.3%	0.3%
MISCELLANEOUS	5	1.3%	1.3%
Total	391	(n=391)	(n=400)

Appendix- Community Survey Instrument

INTRODUCTION: Hello....This is.... calling from CMO Research. We are conducting a brief study about the health needs of Tuscarawas County residents these days. This should take less than 10 minutes and all your answers will remain confidential. The survey is voluntary, but we would really appreciate your cooperation.

1. First, What do you think is the GREATEST unmet heath need in your community?

2. Are you aware of any events or services in your community where you can get routine screenings done for little or no charge?

3. Have you ever received any of the following health care services at a community health care event or attended any of the following programs? Please say yes or no as I read each one.
   (1) Blood pressure check
   (2) Cholesterol check
   (3) Blood sugar check
   (4) Hemoglobin A1C check
   (5) Cancer Screening
   (6) Diabetic Screening
   (7) Stroke Screening
   (8) Education programs given by doctors

4. For each of the following health care programs or services, please tell me if you think it is very important, somewhat important or not at all important to have the service available in your community.

   First... Blood Pressure Checks
   Cholesterol Checks
   Blood Sugar Checks
   Hemoglobin A1C Checks
   Cancer Screening
   Diabetic Screening
   Screening
   Education Programs given by Doctors
   Smoking Cessation
   Weight Loss Programs
   Exercise Programs

5. Are there any other health care, health education or public health programs or services that you would like to see offered in your community?

6. When looking for health related information, some sources are better that others. Please tell me the TWO sources of information that you find most useful in finding health related information.

7. Turning now to another topic... Generally, how would you describe your health? Would you say Excellent, good, fair, poor, or very poor?

8. Has a doctor, nurse, or other health professional EVER told you that you had any of the following?

   First... Diabetes
   Heart Attack
   Heart Disease
   Stroke
   Any form of Cancer
   Respiratory conditions such as asthma, emphysema or COPD
   High Cholesterol
   High Blood Pressure
   A mental health condition such as anxiety or depression

   FOR EACH CONDITION THEY HAVE, ASK: Do you feel that you have everything you need to manage your health condition?
   IF DON'T HAVE EVERYTHING NEEDED ASK: What do you need that you can't get?

9. FEMALES ONLY: Have you ever had a mammogram?
   FEMALES ONLY: Have you ever had a clinical breast exam?
   FEMALES ONLY: Have you ever had a Pap test?
   MALES ONLY: Have you ever had a PSA test, for prostate cancer?
   Have you ever had a colonoscopy?
   Have you ever had an exam to check for potential skin cancer?
   Have you ever had your blood cholesterol checked?
   Have you ever had your blood pressure checked?

   FOR EACH: IF YES
   How long has it been since your last . . . . . ?
   (1) Within the past year
   (2) Within the past 2 years
   (3) Within the past 3 years
   (4) Within the past 5 years
   (5) 5 years or more

10. When you are in need of health care, where do you receive it MOST often?
    (1) A family doctor
    (2) The Emergency Room
    (3) An Urgent Care center
    (4) A public health department
    (5) A VA hospital or clinic
    (6) A free clinic or
    (7) Something else that I didn't mention

11. Were there any healthcare services that you or a family member needed in the past year that you were unable to get?
    IF YES: What was it that you needed?
    IF YES: Why were you unable to get the needed service?

12. Do you have one person or group you think of as your doctor or healthcare provider?

13. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
    (1) Within the past year
    (2) Within the past 2 years
    (3) Within the past 5 years
    (4) 5 or more years ago

14. During the past month, other than your regular job, did you participate in any physical activity or exercise such as walking, running, lifting weights, team sports, golf, or gardening for exercise?

15. How often do you exercise in an average week? Not at all, 1 to 2 times, 3 to 4 times, 5 to 7 times, or every once in a while?

16. How would you describe your own personal weight situation right now... Very overweight, somewhat overweight, about right, somewhat underweight, or very underweight?

17. During the past 12 months, have you thought about or tried to lose weight?

18. Would you say you have been successful at either losing weight or maintaining your weight?

19. Which of the following would you say has the MOST influence on your food choices on a daily basis?

    READ LIST
    (1) Nutritional information such as calorie OR count
    (2) Cost
    (3) Access or availability
    (4) Convenience
    (5) Advertisements
    (6) Meals prepared for you by a family member

    (88) REFUSED* (99) DON'T KNOW/REMEMBER*

20. Do you smoke cigarettes or use tobacco products every day, some days, or not at all?

21. Which of the following BEST describes your view on smoking or using tobacco?
    (1) It is not as unhealthy as everyone makes it out to be
    (2) I know it is unhealthy, but plan to continue smoking or using tobacco
    (3) I know it is unhealthy and plan to quit

22. If you do decide to quit in the future, which of the following methods are you MOST likely to use to help you quit?
    (1) A group program at a community location
    (2) Over the phone support or counseling
    (3) A counselor coming to your home
    (4) Alternative methods such as hypnosis, acupuncture, or laser therapy
    (5) Internet-based program
    (6) Over the counter aids such as a patch or chewing gum
    (7) Quitting cold turkey

23. Turning now to another topic...Where do you get MOST of your information about current affairs and entertainment IN TUSCARAWAS COUNTY, newspapers, television, magazines, radio, friends and family members, mailings, the internet or some other source?

24. Which newspaper do you read MOST often?

25. In what year were you born?

26. Are there any children under the age of 18 residing in your home?

27. Do you currently have health insurance?

    IF YES: Which of the following categories best describes your current health insurance plan?
    READ LIST
    (1) Employer paid
    (2) Private insurance
    (3) Medicare or Medicaid

28. I am going to read you a list of services that are sometimes covered by healthcare plans. Are the following services covered by YOUR health insurance? Please indicate yes or no after each item.
    (1) Preventative care
    (2) Prescription assistance
    (3) Dental services
    (4) Vision services
    (5) Emergency Room care
    (6) Hospitalization
    (7) Long term care

29. What is the highest grade of school or year of college you have completed?

30. Is the total yearly income for your family ...before taxes, under..or over $36,000.

31. And, what is your race, how would you classify yourself....

32. Are you Latino or of Hispanic origin?

33. What is your PRESENT marital status . . .Single- never married, divorced, separated, widowed, or married?

34. Are you currently employed?

35. What city or township in Tuscarawas County do you live in?

36. What is your Zip Code?

Thank you very much for your time and cooperation. That concludes our interview. For quality control purposes, someone from CMO Research may call your household to verify the completion of this survey.

[RECORD RESPONDENT GENDER]
(1) Male (2) Female