

## **2019 Aultman Alliance Community Hospital Cancer Center Community Needs Assessment**

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Nearly 14.5 million Americans either have a history of cancer or are currently fighting this disease. Over 1.5 million new cases are expected to be diagnosed in the coming year, with over 500,000 losing this battle. Cancer can be caused by external factors such as environment, infections, and unhealthy lifestyle choices. It can also be influenced by internal factors like genetic mutations, hormones and immune conditions. Cancer is currently the second leading cause of death in the U.S., exceeded only by cardiovascular disease.

It is a fact that a substantial proportion of cancers could be prevented. Nearly 30% of cancers are thought to be attributed to tobacco use and alcohol consumption. While another 20% are related to unhealthy lifestyle choices such as physical inactivity and poor nutrition. Certain cancers are directly related to viruses such as the human papillomavirus (HPV), hepatitis B (HBV), hepatitis C (HCV), and the human immunodeficiency virus (HIV). Many of these cancers could be prevented through the use of vaccines and earlier detection.

Screening is imperative to early cancer detection and diagnosis. Early detection of cancers in the cervix, breast, colon, and skin can drastically reduce the mortality rate for cancers in these specific areas.

### **About Aultman Alliance Community Hospital**

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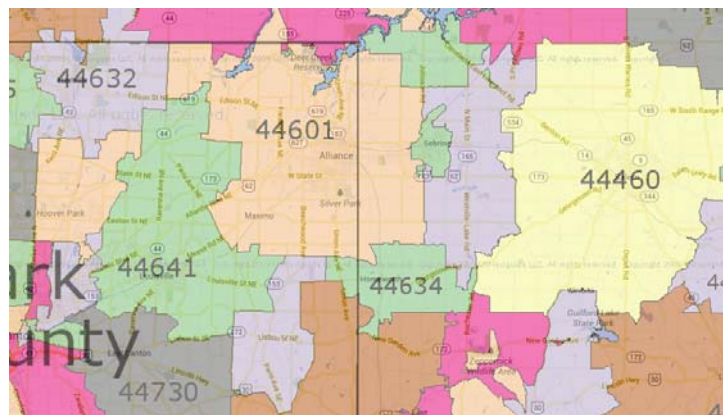
Aultman Alliance Community Hospital, a non-profit hospital that was founded in 1901, is licensed for 204 beds including 68 nursing home/transitional care beds that are found in our attached, long-term care facility, Community Care Center. AACH is a member of the Aultman Health Foundation, sharing the mission of the foundation, AACH strives to lead the community to improved health. As the only Planetree hospital in the state, AACH provides healing for the mind, body and spirit. AACH moved all services to a new building in 2006, this state-of-the-art facility offers private rooms and a comforting environment. AACH is fully-accredited by The Healthcare Facilities Accreditation Program (HFAP) and offers an excellent medical staff of more than 150 active and covering physicians.

Aultman Alliance Community Hospital has many affiliates that provide services to complement our mission. Affiliates include our home medical supply company, DASCO Medical Equipment; Aultman Hospice, AACH Family Care Urgent Care Center and the Alliance Community Medical Foundation.

AACH is proud to serve the residents of Alliance, Ohio and its surrounding communities with such highly-advanced medical services and holistic, compassionate healthcare.

### **Aultman Alliance Community Hospital's Service Area**

AACH's primary service area is Northeast Stark County, Ohio. AACH also services western portions of Mahoning and Columbiana counties.



Primary Market			
44449	44625	44650	44669
44601	44634	44657	44670
44609	44640	44665	44672
44619			
Secondary Market			
44201	44423	44460	44632
44272	44427	44607	44641
44401	44429	44615	44644
44408	44431	44620	44651
44411	44432	44460	44632

## About the Aultman Cancer Center of Alliance Community Hospital

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The Aultman Health Foundation and Aultman Alliance Community Hospital strive to provide the best cancer care, close to home in the Alliance community. The goal of the Aultman Cancer Center of AACH is to bring Aultman's advanced, award-winning oncology care to Alliance and surrounding communities.

This partnership strives to provide seamless, enhanced services, while allowing Alliance-area residents to remain local for much of their care. Patients will get the convenience of quality oncology care in their community with the expertise of a well-established team of medical professionals.

The Aultman Cancer Center of AACH is dedicated to making a difference in the lives of patients with cancer and blood disorders. The oncology office opened the local practice in January of 2016.

The on-staff oncologist collaborates with the multidisciplinary team at AACH. The nurse navigator provides navigation services to improve the outcomes of cancer patients by decreasing the time from diagnosis to treatment. She is the support for patients moving between multiple specialists. The oncologist also works closely with the pathologist at AACH to ensure accurate diagnosis and staging of disease. Together, the team brings precision medicine to the Alliance market, offering molecular testing that helps guide the best treatment for certain cancers. The oncology team understands that every cancer is as unique as the person fighting it and provides a comprehensive treatment plan that is both personalized and innovative.

The oncology team bring caring and compassion to Alliance cancer patients. They address not only the patient's health crisis but also address the psychosocial needs of the patient. Referrals are made to the Alliance Community Care Network and resources have been identified for patients through Aultman's Cancer Relief Fund or other support systems that exist in the Alliance area. Financial burdens can be a deterrent to care and addressing the whole patient has been successful to ensure prompt treatment and follow up care.

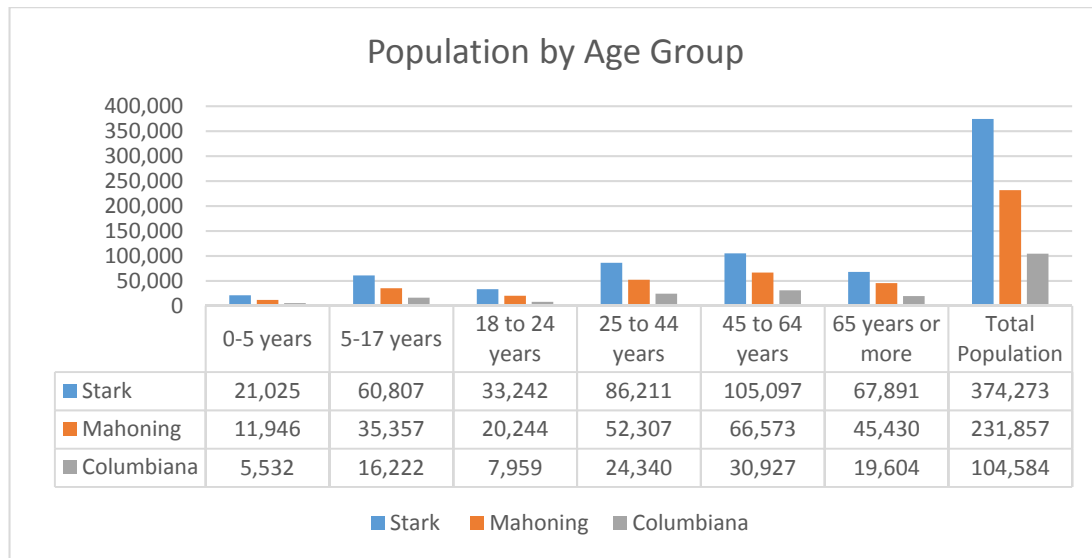
Lastly, with access to Clinical Trials through the Aultman program, patients benefit from the latest treatments and emerging drugs. Along with a collaboration with Radiation Oncology at main campus. The oncology team provides detailed education to patients on their disease and the treatment plan to ease concerns, improve outcomes, and ensure quality of life. Our team is dedicated to providing quality cancer care – and hope – close to home.

## Community Demographics

At Aultman Alliance Community Hospital the focus has always been on the community they serve. For over a century they have strived to provide the utmost care to improve the health of the residents in Alliance and the surrounding community.

Sitting at the Northeast corner of Stark County, AACH services the western communities in Mahoning and Columbiana counties as well.

**Chart 1: Population by Age and County**



**Chart 2: Population by Race**

	Stark		Columbiana		Mahoning	
	Population	% of Population	Population	% of Population	Population	% of Population
<b>Total Population</b>	374,273	100	104,584	100	231,857	100
<b>White</b>	330,293	88.2	99,332		185,767	80.1
<b>African American</b>	26,706	7.1	2,349		35,283	15.2
<b>Native American</b>	403	0.1	157		605	0.3
<b>Asian</b>	3,055	0.8	237		1,943	0.8
<b>Pacific Islander</b>	67	0	6		53	0
<b>Other</b>	1,399	0.4	691		1,682	0.7
<b>Two or More</b>	12,350	3.3	1,812		6,524	2.8
<b>Hispanic</b>	7,202	1.9	1,634		12,882	5.6
<b>Total Minor</b>	<b>49,466</b>	<b>13.2</b>	<b>6,031</b>	<b>5.8</b>	<b>54,557</b>	<b>23.5</b>
<b>*US Census Data</b>						

**Chart 3: Poverty**

	% in poverty
Stark	14.3
Columbiana	15.1
Mahoning	18.4

\*US Census Data

## Ohio Cancer Statistics at a Glance

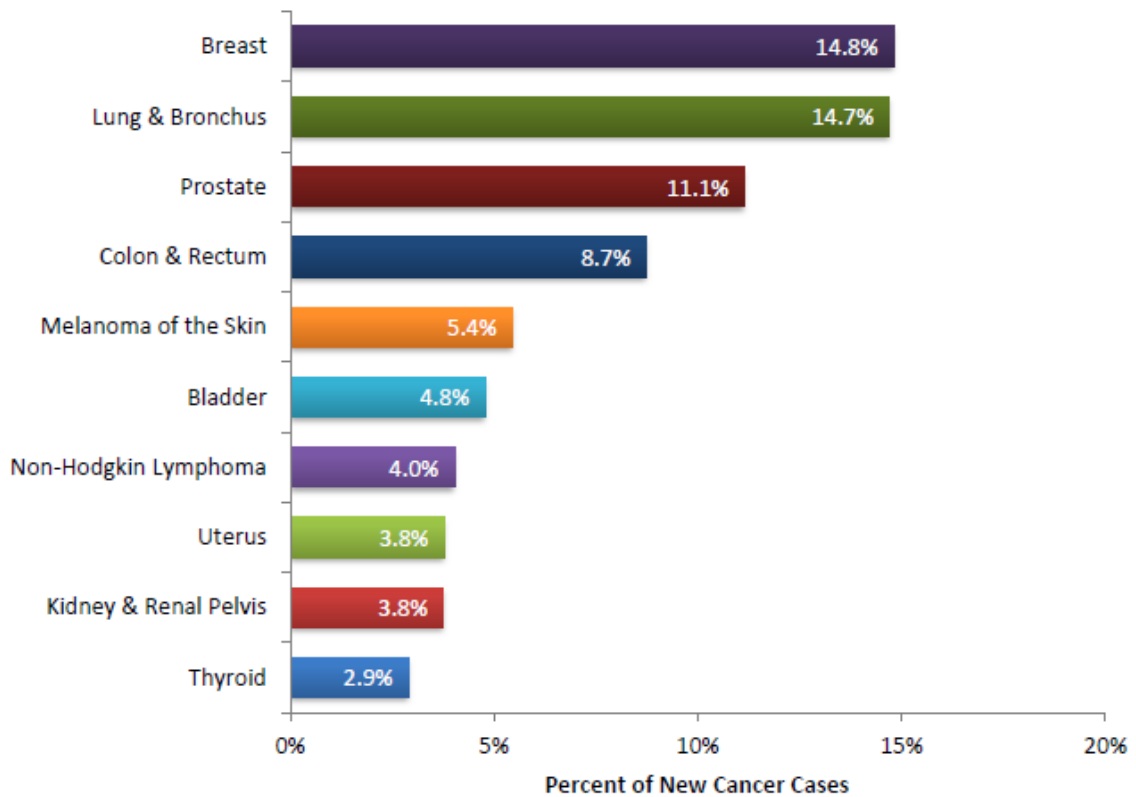
**Estimated new cases in 2019**  
**67,150**

**Estimated deaths in 2019**  
**25,440**

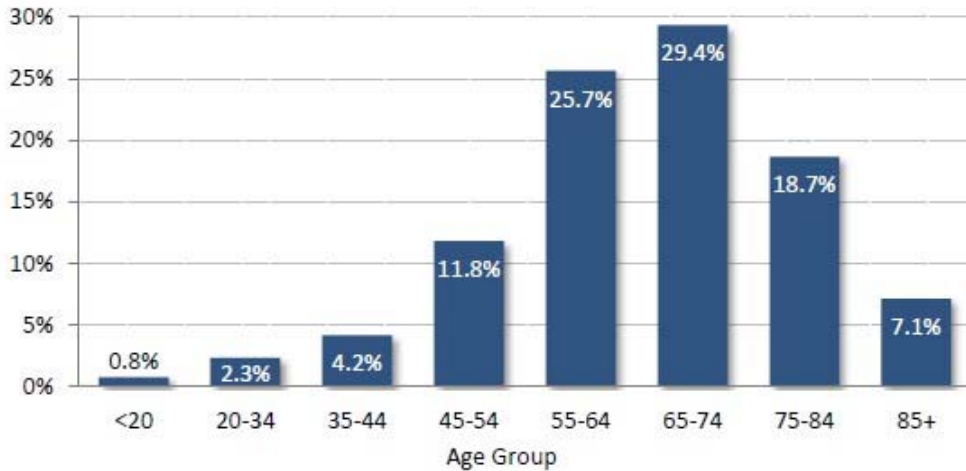
According to the Ohio Department of Health, Cancer is the second most common cause of death in Ohio and the United States, accounting for one of every four deaths. Cancer claimed the lives of 25,507 Ohioans in 2016. Lung and bronchus cancer was the leading cause of cancer death in Ohio in 2016, followed by colon/rectum.

**Chart 1: Top 10 Cancers by Percent of New Invasive Cancer Cases, Ohio, 2016**

Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2019.



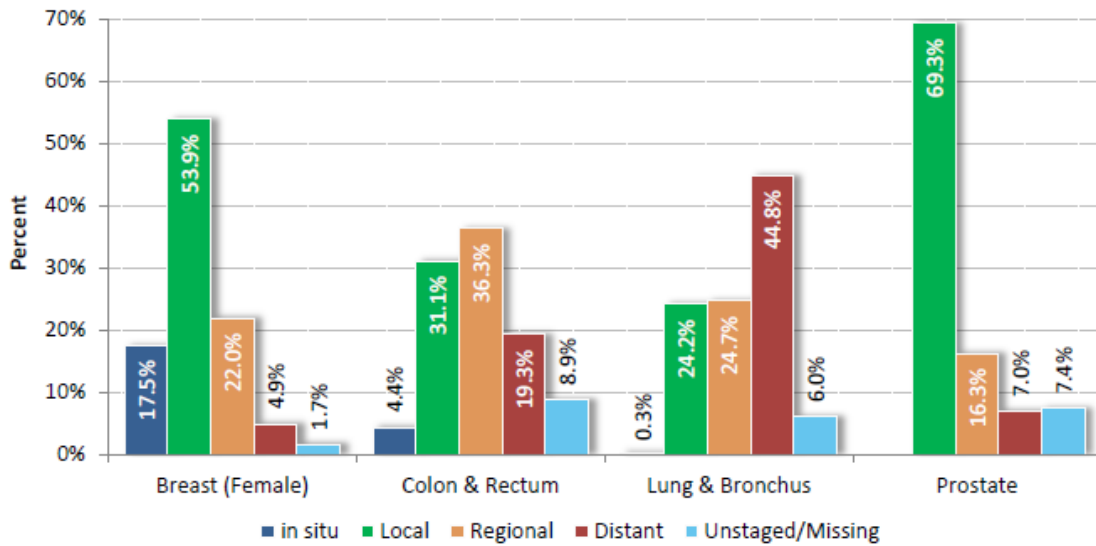
**Chart 2: Percent of New Invasive Cancer Cases by Age Group**



Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2019.

- Cancer (all sites combined) was most frequently diagnosed among people aged 65-74, followed by those aged 55-64 in Ohio in 2016. Less than one percent of cases were diagnosed among Ohioans less than 20 years of age.

**Chart 3: Stage at Diagnosis for Leading Cancers**



Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2019.

**Chart 4: Cancer Site and Type by Gender**

Primary Cancer Site/Type	Male		Female		Both Sexes	
	Cases	Rate	Cases	Rate	Cases	Rate
<b>All Cancer Sites/Types</b>	<b>32,546</b>	<b>486.8</b>	<b>33,099</b>	<b>437.5</b>	<b>65,645</b>	<b>456.1</b>
Bladder	2,340	36.3	794	9.7	3,134	21.2
Brain & Other CNS	502	8.0	417	6.0	919	7.0
Breast	70	1.0	9,648	128.7	9,718	68.9
Cervix	*	*	490	8.1	*	*
Colon & Rectum	2,942	45.6	2,788	35.7	5,730	40.2
Esophagus	643	9.3	165	2.0	808	5.4
Hodgkin Lymphoma	193	3.3	138	2.3	331	2.8
Kidney & Renal Pelvis	1,512	22.7	952	12.7	2,464	17.4
Larynx	440	6.3	139	1.8	579	3.9
Leukemia	954	15.2	642	8.7	1,596	11.6
Liver & Intrahepatic Bile Duct	743	10.2	342	4.3	1,085	7.0
Lung & Bronchus	5,067	75.5	4,585	56.7	9,652	64.9
Melanoma of the Skin	2,010	31.7	1,567	22.5	3,577	26.2
Multiple Myeloma	517	7.8	380	4.8	897	6.1
Non-Hodgkin Lymphoma	1,459	22.7	1,181	15.3	2,640	18.6
Oral Cavity & Pharynx	1,260	18.0	474	6.1	1,734	11.7
Ovary	*	*	721	9.5	*	*
Pancreas	887	13.2	896	10.9	1,783	12.0
Prostate	7,316	100.7	*	*	*	*
Stomach	560	8.5	312	4.0	872	6.0
Testis	293	5.4	*	*	*	*
Thyroid	462	7.5	1,440	23.5	1,902	15.6
Uterus	*	*	2,480	31.0	*	*

<sup>1</sup> Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2019.

<sup>2</sup> Rates are per 100,000 and age-adjusted to the 2000 U.S. standard population.

<sup>3</sup> Total excludes three cases with other or unknown sex.

\* Not Applicable; Sex-specific cancer

CNS = Central Nervous System

**Chart 5: Cancer by Ethnicity**

Primary Cancer Site/Type	White		Black		Asian/Pacific Islander	
	Cases	Rate	Cases	Rate	Cases	Rate
<b>All Cancer Sites/Types</b>	<b>57,128</b>	<b>452.7</b>	<b>6,577</b>	<b>435.3</b>	<b>518</b>	<b>234.6</b>
Bladder	2,909	22.2	177	12.0	13	7.7
Brain & Other CNS	838	7.4	63	4.1	2	*
Breast (Female)	8,430	129.2	1,032	124.8	108	79.1
Cervix	397	7.8	75	9.8	3	*
Colon & Rectum	4,951	39.5	564	38.0	45	21.1
Esophagus	739	5.5	60	4.0	4	*
Hodgkin Lymphoma	272	2.7	45	3.0	5	1.5
Kidney & Renal Pelvis	2,138	17.3	294	19.7	10	4.6
Larynx	496	3.8	79	5.1	2	*
Leukemia	1,385	11.5	121	8.4	20	6.8
Liver & Intrahepatic Bile Duct	874	6.5	182	10.8	16	8.2
Lung & Bronchus	8,587	65.3	966	64.6	64	35.1
Melanoma of the Skin	3,112	26.2	10	0.7	3	*
Multiple Myeloma	703	5.4	164	11.4	7	4.3
Non-Hodgkin Lymphoma	2,388	19.1	176	11.9	22	9.6
Oral Cavity & Pharynx	1,569	12.0	131	8.6	12	5.0
Ovary	650	9.8	59	7.0	8	5.6
Pancreas	1,558	11.8	201	13.5	14	7.9
Prostate	5,955	92.3	1,094	152.7	43	53.7
Stomach	706	5.5	135	9.7	13	5.4
Testis	269	6.0	13	2.0	5	3.1
Thyroid	1,683	16.2	169	11.5	31	11.0
Uterus	2,192	31.5	231	26.3	28	21.8

<sup>1</sup> Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2019.

<sup>2</sup> Rates are per 100,000 and age-adjusted to the 2000 U.S. standard population. Rates are sex-specific for cancers of the breast, cervix, ovary, prostate, testis and uterus.

\* Rates may be unstable and are not presented when the count is less than five.

CNS = Central Nervous System



## Barriers to Care

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### Access to Health Care

The recent Community Health Needs Assessment conducted by the Stark County Health Department found that access to health care was once again a barrier for area residents. Community members were asked if they had health insurance coverage. A small portion, 8.1% did not have health insurance, a slight increase from 2015 when 4.8% of respondents reported not having health insurance. More than a third, 41.1% were covered by employer paid plans, 10.3% were covered by private insurance and 40.5% 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. Employment status and level of educational attainment were also key factors influencing whether 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. 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. Married persons, females, suburban residents, and home owners were also more likely to have health insurance.

In 2018, Community Health Leaders reported the following as missing:

- awareness of services (41.3%)
- transportation (34.8%)
- behavioral health services (19.6%)
- affordable insurance (17.4%)
- acceptance of Medicaid/uninsured (17.4%)
- specialists (15.2%)

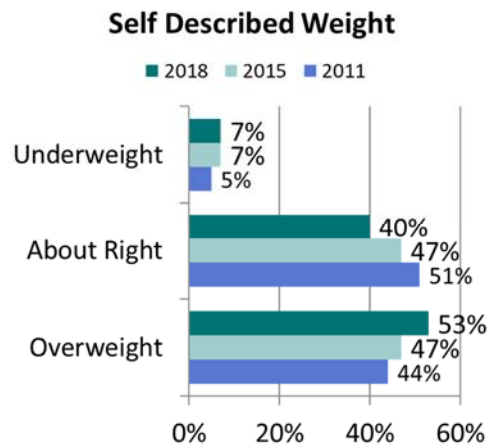
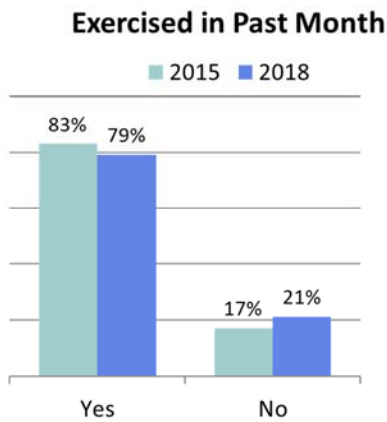
### Obesity & Healthy Lifestyle Choices

Many Stark County residents report being overweight, not exercising regularly, and not making nutritious food choices. Obese adults have an increased risk of serious illnesses, including Type 2 diabetes, high blood pressure, coronary heart disease, and mental illness. Community members were given a list and asked if any of the items made it difficult to get the food that they need. The most common problem getting needed food was cost with nearly three-quarters, 74%, stating this to be the case. More than a third of respondents, 37%, stated that the distance from the store made it difficult for them to get the food they need. Slightly fewer, 33%, stated that the quality of food made it difficult for them. Other things that made it difficult for respondents to get the food they need include, in order of importance, time to go shopping (24%) and safety (13%). Next, respondents were asked how difficult it was for them to get fresh fruits and vegetables in their neighborhood. Less than one-sixth of respondents, 15.8%, reported having difficulty getting fresh fruits and vegetables in their neighborhood, with 4.5% saying it was very difficult and 11.3% saying it was somewhat difficult. Groups of respondents who were more likely to have difficulty getting fresh fruits and vegetables in their neighborhood include urban residents, those who are employed part-time or unemployed, renters, respondents ages 18 to 44, those who are not married, non-white respondents, and those with an annual income under \$25,000. Lastly, respondents were asked how often they eat fresh fruit and vegetables. A notable percentage of respondents, 13.2%, eat fresh fruits and vegetables 0-1 times

a week. Nearly a third of respondents, 29.2%, eat fresh fruits and vegetables 2 to 4 times a week, while slightly more, 31.7%, eat fresh fruits and vegetables once a day. Slightly more than a quarter of respondents, 25.8%, eat fresh fruits or vegetables 2 or more times a day.

More than half of Community Health Leaders (53.5%) did not think there are adequate community services and programs already in place to address obesity and healthy lifestyle concerns in 2018. The leaders identified as missing: affordable healthy food (34.1%), nutrition education (31.7%), centralized grocery stores (22.0%), affordable healthy choices (19.5%), community support (17.1%), holistic approach (17.1%), affordable exercise options (14.6%), positive societal influence (14.6%), transportation (9.8%), school curriculum (7.3%).

**Obesity and Healthy Lifestyle Choices: Exercise in the Past Month:**



\*The Center for Marketing and Opinion Research (2019)

According to the Centers for Disease Control, smoking and tobacco use continues to be a hot topic in the State of Ohio. In 2016, 22.5% of Ohio adults smoked, surpassing the national average of 17.1%. Other tobacco products used in the state include e-cigarettes, smokeless tobacco and cigars, accounting for another 8.6%. Cigarette smoking remains the leading cause of preventable death and disability in the United States. Over 16 million Americans have at least one disease caused by smoking.

## Resources Available to Overcome Barriers

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In efforts to reduce these identified barriers, the Aultman Health Foundation will continue to work with collaborative partners in our local community by impacting access to care and improving coordination of care to ensure community members have access to high-quality primary, acute, specialized, urgent and emergency care in the appropriate settings. We will continue to promote access to care with our own resources such as our emergency department, Family Care urgent care center, Alliance Family Physician practice, Alliance Community Care Network, MAC Trailer wellness facility and our partners at the Alliance Family Health Center.

Some of the local resources used to aid patients in overcoming barriers include: American Cancer Society, Breast and Cervical Cancer Project, Stark County Area Agency on Aging, Stark County Prescription Network, The Alliance of Churches Inc., Catholic Charities, Alliance Local Food Pantries and Alliance for Children and Families.

As obesity rates and the diagnosis of patients with type 2 diabetes or pre-diabetes continue to climb. At AACH we have several initiatives working to assist our local community. Our MEDS clinic works with the diabetic community to educate and support patients while also helping them have better control of their HbA1c numbers. The MEDS team also receives nutrition support from the hospital's own community garden committee. This team of volunteers plants and harvests 20 raised beds on the hospital property. All produce is then given to patients and colleagues, with over 500 pounds donated in 2018.

In efforts of decreasing local tobacco use, AACH hosts regular tobacco cessation classes that provides education and assistance led by tobacco treatment specialists. The "Give It Up!" program at AACH also works to increase community awareness of the health hazards associated with e-cigarettes or vaping.

In addition to our own transportation services, we will continue to coordinate travel arrangements with the following agencies to provide transportation: US Coach/Cab, ABCD dial –a –ride, Koala Kruizers, SARTA and Scenic View.

AACH offers financial assistance through various ways, including education and assistance with the Medicaid application process, Advance Directives, HEAP applications, applying for food stamps, applying for disability benefits. Patients who are identified as having a financial need are also referred for assistance through Aultman's Cancer Relief Fund. Financial burdens can be a deterrent to care, and addressing the whole patient has been successful to ensure prompt treatment and follow up care.

Even with the referrals available in the Alliance community, there continues to be barriers in care for our patients. It has been identified that some of the additional gaps are, patients not getting appropriate screening exams, no radiation therapy locally, underinsured patients and transportation issues.