Executive Report

2015 Community Health Needs Assessment

Clinton County, Ohio

Prepared for:
HealthFirst for Clinton County

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Professional Research Consultants, Inc.

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Introduction

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Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Clinton County, Ohio. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of HealthFirst for Clinton County by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

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

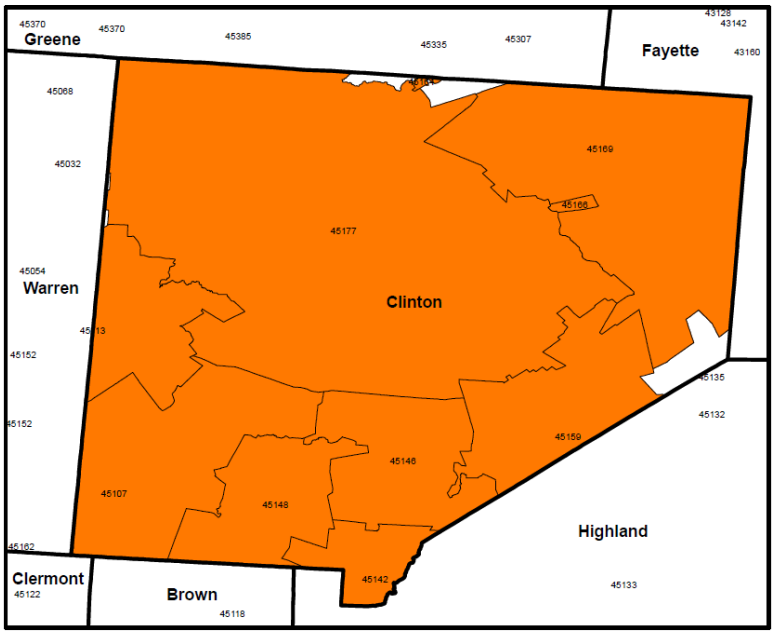
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by HealthFirst for Clinton County and PRC, and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey is defined as each of the residential ZIP Codes with significant population in Clinton County, Ohio, including: 45107, 45113, 45142, 45146, 45148, 45159, 45164, 45166, 45169, and 45177. For ZIP Codes extending outside the county, respondents were screened to include only Clinton County residents. This community definition is illustrated in the following map.



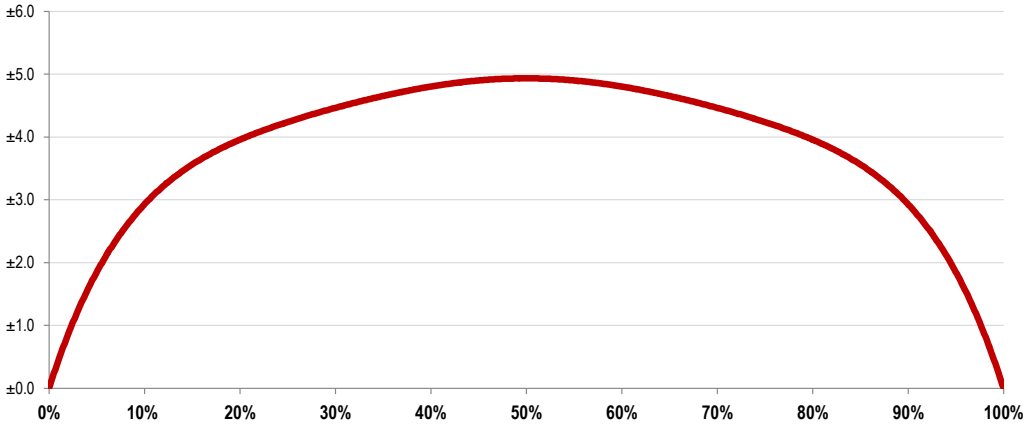
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 400 individuals age 18 and older in Clinton County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Clinton County as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ±4.9% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% ± 4.9%) of the total population would respond "yes" if asked this question.

Sample Characteristics

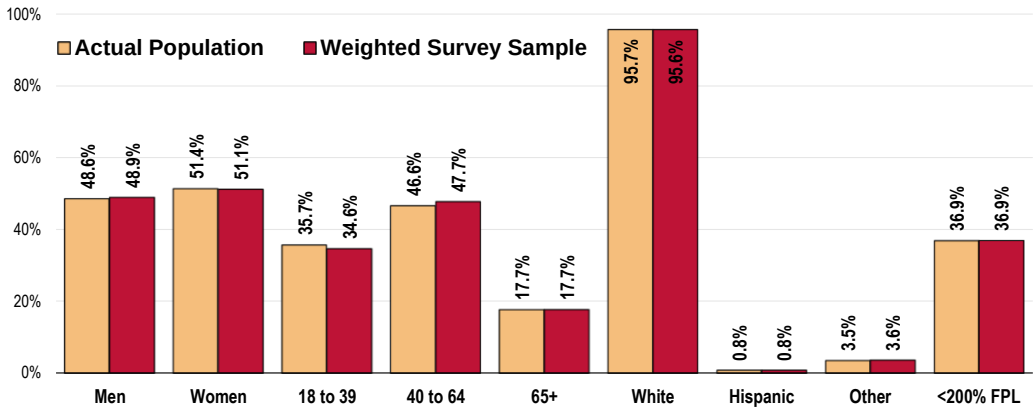
To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw

data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Clinton County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics

(Clinton County, 2015)



Sources:
- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2014 guidelines place the poverty threshold for a family of four at $23,850 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

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

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by HealthFirst for Clinton County; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 88 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation

Key Informant Type	Number Invited	Number Participating
Public Health Experts	16	13
Physicians	176	18
Other Health Providers	13	9
Social Service Representatives	19	13
Other Community Leaders	72	35

Final participation included representatives of the organizations outlined below.

- Anesthesia Services
- Blanchester Local Schools
- City of Wilmington
- City of Wilmington Parks and Recreation
- Clinton County Board of Developmental Disabilities
- Clinton County Board of Health
- Clinton County Common Pleas Court, General Division
- Clinton County Community Action Program
- Clinton County Family and Children First Council
- Clinton County Government
- Clinton County Health Department
- Clinton County Health District
- Clinton County Homeless Shelter
- Clinton County Job and Family Services
- Clinton County Juvenile Court Services

- Clinton County Leadership Institute
- Clinton County Regional Planning Commission
- Clinton County Resident
- Clinton County WIC Program
- Clinton Memorial Hospital
- Clinton Memorial Hospitalists
- CMH Regional Health System
- Council on Aging of Southwestern Ohio
- East Clinton Local Schools
- First National Bank of Blanchester
- Free Clinic of Clinton County
- Greater Oaks Career Campuses
- Health Alliance of Clinton County
- HealthFirst for Clinton County
- Local Medical Practice
- Main Street Chiropractic
- Mental Health Recovery Services of Warren/Clinton County
- Primed Wilmington Pediatrics
- Riverside Radiology
- Solutions Community Counseling and Recovery Centers
- Southern Ohio Educational Service Center
- Southern State Community College
- Wilmington City Schools
- Wilmington College
- Wilmington Foot and Ankle

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations (including African-Americans, Appalachian individuals, Asians, the disabled, the elderly, English as a Second Language (ESL), Filipino, Hispanic, LGBT individuals, low income residents, the mentally ill, mixed race individuals, non-English speaking residents, Pacific Islanders, single parents, individuals with severe and persistent mental illness [SPMI], substance abusers, the uninsured/underinsured, veterans, women, and youth), or other medically underserved populations (including African-Americans, cancer patients, children, children raised by grandparents, the disabled, the elderly, the homeless, LGBT individuals, those with low education, low income residents, Medicare/Medicaid beneficiaries, the mentally ill, those with mental retardation and developmental disabilities [MRDD], substance abusers, undocumented residents, the unemployed, the uninsured/underinsured, veterans, women, young adults, and youth).

In the online survey, key informants were asked to rate the degree to which various health

issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Clinton County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Area Health Resource File (AHRF)
- Bridged-Race Population Estimates for Census 2000 and 2010
- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- Dartmouth Atlas of Health Care
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- National Vital Statistics System
- Network of Care, Clinton County Public Health Assessment and Wellness (http://clinton.oh.networkofcare.org/ph/)
- Ohio Department of Education
- Ohio Department of Health
- OpenStreetMap (OSM)
- Public Health Assessment and Wellness
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service

- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

A similar survey was administered in Clinton County in 1996 and 2001 by PRC on behalf of Coalition for a Healthier Clinton County. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available.

Ohio Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000

comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Significant Health Needs of the Community

The following "areas of opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Barriers to Access
	  ○ Cost of Physician Visits
	  ○ Appointment Availability
	  ○ Finding a Physician
	  ○ Lack of Transportation
	• Specific Source of Ongoing Medical Care
	• Ratings of Local Healthcare

Cancer	• Cancer Deaths
	  ○ Including Lung Cancer, Prostate Cancer, Colorectal Cancer Deaths
	• Cancer Incidence
	  ○ Including Lung Cancer, Colorectal Cancer, Cervical Cancer Incidence
	• Cancer (Non-Skin) Prevalence

Dementia, Including Alzheimer's Disease	• Alzheimer's Disease Deaths
Diabetes	• Diabetes Deaths • Diabetes Prevalence • *Diabetes ranked among community stakeholders' top five concerns in the Online Key Informant Survey.*
Heart Disease & Stroke	• Heart Disease Deaths • Heart Disease Prevalence • Stroke Deaths • Stroke Prevalence • High Blood Pressure Prevalence • High Blood Cholesterol Prevalence • Overall Cardiovascular Risk
Infant Health & Family Planning	• Teen Births
Injury & Violence	• Unintentional Injury Deaths ○ Including Motor Vehicle Crash Deaths • Firearm Prevalence
Mental Health	• "Fair/Poor" Mental Health • Diagnosed Depression • Symptoms of Chronic Depression • *Mental Health ranked among community stakeholders' top five concerns in the Online Key Informant Survey.*

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Areas of Opportunity (continued)	
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Overweight & Obesity [Adults] • Medical Advice on Weight [Overweight Adults] • Trying to Lose Weight [Overweight Adults] • Vigorous Physical Activity • Medical Advice on Physical Activity • *Nutrition, Physical Activity & Weight ranked among community stakeholders' top five concerns in the Online Key Informant Survey.*
Oral Health	• Regular Dental Care
Potentially Disabling Conditions	• Arthritis Prevalence • Sciatica/Back Pain Prevalence • Blindness/Vision Trouble • Deafness/Hearing Trouble
Respiratory Diseases	• Chronic Lower Respiratory Disease (CLRD) Deaths • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Asthma Diagnosis [Adults]
Substance Abuse	• Drug-Induced Deaths • *Substance Abuse ranked among community stakeholders' top five concerns in the Online Key Informant Survey.*
Tobacco Use	• Cigarette Smoking Prevalence • Smokeless Tobacco Prevalence • Lung Cancer Incidence • Chronic Lower Respiratory Disease (CLRD) Deaths • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • *Tobacco Use ranked among community stakeholders' top five concerns in the Online Key Informant Survey.*

Prioritization of Health Needs

On November 16, 2015, approximately 20 community stakeholders met to evaluate, discuss and prioritize health issues for Clinton County, based on findings of the 2015 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health

issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
  - How many people are affected?
  - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
  - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

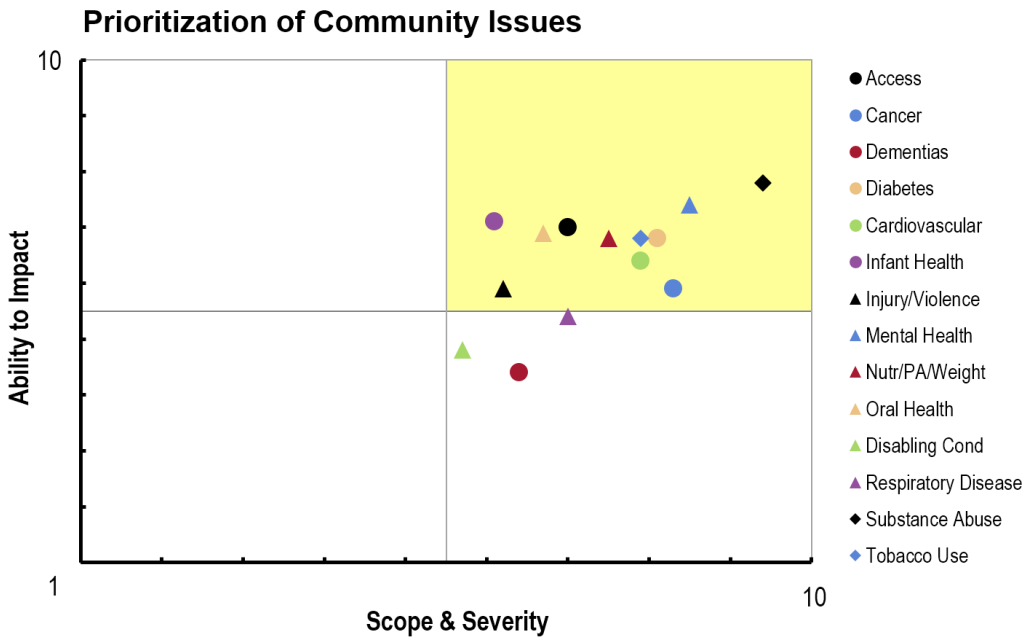
  Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Substance Abuse**
2. **Mental Health**
3. **Diabetes**
4. **Tobacco Use**
5. **Heart Disease & Stroke**
6. **Nutrition, Physical Activity & Weight**
7. **Cancer**
8. **Access to Healthcare Services**
9. **Oral Health**
10. **Infant Health & Family Planning**
11. **Respiratory Diseases**
12. **Injury & Violence**
13. **Dementias, Including Alzheimer's Disease**
14. **Potentially Disabling Conditions**

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.



It is hoped that this information and process will be used to support effective community-wide planning around identified health issues.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Clinton County, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

TREND SUMMARY
(Current vs. Baseline Data)

Trends for survey-derived indicators represent significant changes since the 1996 or 2001 surveys (whichever is earliest).

In the following charts, Clinton County results are shown in the larger, blue column.

The columns to the right of the Clinton County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether Clinton County compares favorably (☀), unfavorably (🌧), or comparably (⛅) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)	**0.2**	☀ 1.3	☀ 4.8		
Population in Poverty (Percent)	**16.5**	⛅ 15.8	🌧 15.4		
Population Below 200% FPL (Percent)	**36.9**	🌧 34.1	🌧 34.2		
Children Below 200% FPL (Percent)	**46.7**	🌧 44.1	🌧 43.8		
Population Age 65+ in Poverty (Percent)	**9.6**	🌧 7.7	⛅ 9.3		☀ 16.8
Freshman Graduation (Percent)	**91.0**	⛅ 91.3		☀ 82.4	
		☀ better	⛅ similar	🌧 worse	

Social Determinants (continued)	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
No High School Diploma (Age 25+, Percent)	12.3	11.5	14.0		
Unemployment Rate (Age 16+, Percent)	6.3	4.7	5.4		6.0
% Seldom/Never Have Support	24.2				
% Received Basic Needs Assistance in Past Yr	9.0				
		better	similar	worse	

Overall Health	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	17.1	18.1	15.3		14.6
% Activity Limitations	26.0	20.6	21.5		20.2
Years of Potential Life Lost Before Age 75 per 100,000 Years	8769.9	7457.1	7082.9		8386.6
		better	similar	worse	

Access to Health Services	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	**11.1**	16.7	15.1	0.0	9.1
% [Insured] Went Without Coverage in Past Year	**6.3**		8.1		
% Difficulty Accessing Healthcare in Past Year (Composite)	**42.6**		39.9		
% Inconvenient Hrs Prevented Dr Visit in Past Year	**15.2**		15.4		16.1
% Cost Prevented Getting Prescription in Past Year	**12.1**		15.8		9.7
% Cost Prevented Physician Visit in Past Year	**15.8**	14.7	18.2		6.6
% Difficulty Getting Appointment in Past Year	**18.3**		17.0		6.8
% Difficulty Finding Physician in Past Year	**17.1**		11.0		4.7
% Transportation Hindered Dr Visit in Past Year	**9.1**		9.4		3.1
% [Not Use Own Car] Transportation Hindered Dr Visit in Past Year	**32.1**				
% Skipped Prescription Doses to Save Costs	**12.2**		15.3		
% Difficulty Getting Child's Healthcare in Past Year	**5.8**		6.0		
		better	similar	worse	

Access to Health Services (continued)	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Primary Care Doctors per 100,000	**74.0**	74.9	74.5		
% [Age 18+] Have a Specific Source of Ongoing Care	**78.2**		76.3	95.0	90.0
% [Age 18-64] Have a Specific Source of Ongoing Care	**78.4**		75.6	89.4	
% [Age 65+] Have a Specific Source of Ongoing Care	**76.1**		80.0	100.0	
% Have Had Routine Checkup in Past Year	**66.8**	70.7	65.0		66.6
% Child Has Had Checkup in Past Year	**92.8**		84.1		93.0
% Two or More ER Visits in Past Year	**9.8**		8.9		8.5
% Seldom/Never Easy to Understand Written Health Info	**14.8**				
% Seldom/Never Easy to Understand Spoken Health Info	**3.9**				
% Rate Local Healthcare "Fair/Poor"	**20.7**		16.5		7.6
		better	similar	worse	

Arthritis, Osteoporosis & Chronic Back Conditions	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
% Arthritis/Rheumatism	28.6	29.9	20.1		21.1
% Osteoporosis	5.6		6.7		
% [50+] Arthritis/Rheumatism	47.4		37.3		
% [50+] Osteoporosis	10.5		13.5	5.3	
% Sciatica/Chronic Back Pain	27.2		18.4		13.6
		better	similar	worse	

Cancer	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	222.1	181.7	166.2	161.4	
Lung Cancer (Age-Adjusted Death Rate)	69.4	56.4	48.6	45.5	
Prostate Cancer (Age-Adjusted Death Rate)	29.7	23.2	22.4	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	23.1	24.8	22.6	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	20.0	17.9	16.3	14.5	
Prostate Cancer Incidence per 100,000	120.4	135.8	142.3		
		better	similar	worse	

Cancer (continued)	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Female Breast Cancer Incidence per 100,000	117.5	120.0	122.7		
Lung Cancer Incidence per 100,000	88.3	72.4	64.9		
Colorectal Cancer Incidence per 100,000	53.6	44.5	43.3		
Cervical Cancer Incidence per 100,000	15.3	7.7	7.8		
% Skin Cancer	5.4	5.5	6.7		3.0
% Cancer (Other Than Skin)	9.0	6.6	6.1		2.7
% [Women 40+] Mammogram in Past 2 Years	74.6	74.2	80.1		65.0
% [Women 50-74] Mammogram in Past 2 Years	77.3	77.0	83.6	81.1	
% [Women 21-65] Pap Smear in Past 3 Years	82.3	78.4	83.9	93.0	76.6
% [Age 50-75] Colorectal Cancer Screening	74.4		75.1	70.5	
		better	similar	worse	

Chronic Kidney Disease	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	12.6	14.5	14.0		
% Kidney Disease	2.8	2.4	3.0		3.0
		better	similar	worse	

Dementias, Including Alzheimer's Disease	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	30.8	27.3	24.0		
% [Age 45+] More or Worse Confusion/Memory Loss in Past Year	20.3				
		better	similar	worse	

Diabetes	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)	30.6	26.1	21.3	20.5	
% Diabetes/High Blood Sugar	15.8	10.4	11.7		7.1
% Borderline/Pre-Diabetes	7.0		5.1		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	45.2		49.2		
		better	similar	worse	

Family Planning	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Teen Births per 1,000 (Age 15-19)	43.2	36.0	36.6		
		better	similar	worse	

Hearing & Other Sensory or Communication Disorders	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	15.5		10.3		6.2
		better	similar	worse	

Heart Disease & Stroke	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	219.7	188.5	171.3	156.9	
Stroke (Age-Adjusted Death Rate)	54.0	40.8	37.0	34.8	
% Heart Disease (Heart Attack, Angina, Coronary Disease)	9.3		6.1		6.9
% Stroke	4.2	3.7	3.9		1.8
% Blood Pressure Checked in Past 2 Years	95.1		91.0	92.6	93.3
		better	similar	worse	

Heart Disease & Stroke (continued)	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
% Told Have High Blood Pressure (Ever)	38.6	33.5	34.1	26.9	24.1
% [HBP] Taking Action to Control High Blood Pressure	91.9		89.2		80.6
% Cholesterol Checked in Past 5 Years	85.9	78.2	86.6	82.1	79.5
% Told Have High Cholesterol (Ever)	30.1	37.5	29.9	13.5	20.7
% [HBC] Taking Action to Control High Blood Cholesterol	87.9		81.4		68.4
% 1+ Cardiovascular Risk Factor	87.8		82.3		64.8
		better	similar	worse	

HIV	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
HIV Prevalence per 100,000	63.4	178.4	340.4		
% [Age 18-64] Ever Tested for HIV	36.9		50.6		
% [Age 18-44] HIV Test in the Past Year	14.5		19.3		
		better	similar	worse	

Immunization & Infectious Diseases	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
% [Age 65+] Flu Vaccine in Past Year	59.2	62.6	57.5	70.0	58.9
% [High-Risk 18-64] Flu Vaccine in Past Year	41.1		45.9	70.0	
% [Age 65+] Pneumonia Vaccine Ever	77.0	71.2	68.4	90.0	
% [High-Risk 18-64] Pneumonia Vaccine Ever	39.8		41.9	60.0	
% Have Completed Hepatitis B Vaccination Series	38.7		44.7		
		better	similar	worse	

Injury & Violence Prevention	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	59.8	44.4	39.2	36.4	
Motor Vehicle Crashes (Age-Adjusted Death Rate)	13.0	9.4	10.8	12.4	
% "Always" Wear Seat Belt	85.4	82.3	84.8	92.0	70.1
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	93.7		92.2		
% Child [Age 5-17] "Always" Wears Bicycle Helmet	49.6		48.7		31.1
Firearm-Related Deaths (Age-Adjusted Death Rate)	6.9	10.4	12.3	9.3	
		better	similar	worse	

Injury & Violence Prevention (continued)	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
% Firearm in Home	44.7		34.7		53.0
% [Homes With Children] Firearm in Home	41.5		37.4		
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	14.1		16.8		
Violent Crime per 100,000	64.3	312.8	395.5		
% Victim of Violent Crime in Past 5 Years	2.3		2.8		1.7
% Victim of Domestic Violence (Ever)	16.1		15.0		
		better	similar	worse	

Maternal, Infant & Child Health	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
No Prenatal Care in First Trimester (Percent)	21.7	27.0		22.1	
Low Birthweight Births (Percent)	8.2	8.6	8.2	7.8	
Infant Death Rate	7.8	9.2	9.3	6.0	
% Child [Age 0-17] Was Breast-fed	66.2			81.9	
		better	similar	worse	

Mental Health & Mental Disorders	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	18.1		11.9		
% Diagnosed Depression	26.8	20.2	20.4		
% Symptoms of Chronic Depression (2+ Years)	39.7		30.4		19.3
Suicide (Age-Adjusted Death Rate)	12.6	12.1	12.3	10.2	
% Have Ever Sought Help for Mental Health	29.1		23.7		
% [Those With Diagnosed Depression] Seeking Help	88.0		76.6		23.8
% Typical Day Is "Extremely/Very" Stressful	11.0		11.9		
		better	similar	worse	

Nutrition, Physical Activity & Weight	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	22.7		39.5		27.6
% Consume 1+ Sugar-Sweetened Beverage per Day	23.8				
% 7 or More Meals/Week Prepared Outside of Home	11.6				
% "Very/Somewhat" Difficult to Buy Fresh Produce	23.9		24.4		
		better	similar	worse	

Nutrition, Physical Activity & Weight (continued)	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Population With Low Food Access (Percent)	**20.3**	25.0	23.6		
% Medical Advice on Nutrition in Past Year	**34.2**		39.2		
% Healthy Weight (BMI 18.5-24.9)	**27.1**	33.1	34.4	33.9	
% Overweight (BMI 25+)	**71.8**	65.1	63.1		58.8
% Obese (BMI 30+)	**34.8**	30.4	29.0	30.5	22.7
% [Overweights] Perceive Self "About the Right Weight"	**20.7**		22.1		
% Medical Advice on Weight in Past Year	**21.3**		23.7		
% [Overweights] Counseled About Weight in Past Year	**23.9**		31.8		
% [Obese Adults] Counseled About Weight in Past Year	**34.0**		48.3		
% [Overweights] Trying to Lose Weight Both Diet/Exercise	**32.2**		39.5		33.2
% Children [Age 5-17] Overweight (85th Percentile)	**19.7**		31.5		
% Children [Age 5-17] Obese (95th Percentile)	**13.1**		14.8	14.5	
% No Leisure-Time Physical Activity	**20.4**	28.5	20.7	32.6	18.6
% Meeting Physical Activity Guidelines	**45.0**		50.3		
		better	similar	worse	

Nutrition, Physical Activity & Weight (continued)	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
% Moderate Physical Activity	32.7		30.6		16.8
% Vigorous Physical Activity	28.8		38.0		31.8
% Strengthening/Toning Exercises >1 Time Per Week	33.4	28.3			33.0
Recreation/Fitness Facilities per 100,000	9.5	9.5	9.7		
% Medical Advice on Physical Activity in Past Year	37.3		44.0		
% Child [Age 2-17] Physically Active 1+ Hours per Day	52.7		48.6		
		better	similar	worse	

Oral Health	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Professionally Active Dentists per 100,000	33.3	53.2			
% [Age 18+] Dental Visit in Past Year	58.2	67.6	65.9	49.0	64.4
% Child [Age 2-17] Dental Visit in Past Year	75.5		81.5	49.0	70.4
% Have Dental Insurance	74.3		65.6		
		better	similar	worse	

Respiratory Diseases	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	69.4	50.9	42.0		
Pneumonia/Influenza (Age-Adjusted Death Rate)	15.0	16.2	15.3		
% COPD (Lung Disease)	13.4	8.3	8.6		3.5
% Adults Asthma (Ever Diagnosed)	12.5	14.2	16.4		5.6
% [Adult] Currently Has Asthma	8.8	9.7	9.4		
% Child [Age 0-17] Asthma (Ever Diagnosed)	6.3		12.5		8.5
% [Child 0-17] Currently Has Asthma	4.9		7.1		
Hospitalizations Due to Asthma per 10,000	11.1	16.2			
ER Visits Due to Asthma per 10,000	58.4	52.9			
		better	similar	worse	

Sexually Transmitted Diseases	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000	33.4	138.8	107.5		
Chlamydia Incidence per 100,000	234.3	460.3	456.7		
		better	similar	worse	

Sexually Transmitted Diseases (continued)	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	3.8		11.7		
% [Unmarried 18-64] Using Condoms	21.7		33.6		
		better	similar	worse	

Substance Abuse	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	7.8	9.2	9.3	8.2	
% Current Drinker	37.3	53.3	56.5		39.2
% Excessive Drinker	11.0		23.2	25.4	
% Drinking & Driving in Past Month	0.1		5.0		2.5
Drug-Induced Deaths (Age-Adjusted Death Rate)	25.9	17.7	13.6	11.3	
% Illicit Drug Use in Past Month	3.8		4.0	7.1	
% Given Prescription to Others	2.0				
% Immediate Family Member w/ Illegal Drug Use Problems	8.0				
% Ever Sought Help for Alcohol or Drug Problem	4.9		4.9		1.7
		better	similar	worse	

Tobacco Use	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
% Current Smoker	20.6	23.4	14.9	12.0	22.2
% Someone Smokes at Home	13.2		12.7		24.1
% [Non-Smokers] Someone Smokes in the Home	6.0		6.3		
% [Household With Children] Someone Smokes in the Home	11.4		9.7		
% [Smokers] Received Advice to Quit Smoking	64.4		67.8		
% [Smokers] Have Quit Smoking 1+ Days in Past Year	58.3		55.9	80.0	47.2
% Smoke Cigars	4.2		4.1	0.2	
% Use Smokeless Tobacco	7.2	4.2	4.0	0.3	8.2
% Ever Used an E-Cigarette	15.7				

better similar worse

Vision	Clinton County	Clinton County vs. Benchmarks			
		vs. OH	vs. US	vs. HP2020	TREND
% Blindness/Trouble Seeing	11.7	4.8	8.5		5.5
% Eye Exam in Past 2 Years	65.6		56.8		

better similar worse

Community Description

Professional Research Consultants, Inc.

Population Characteristics

Total Population

Clinton County, the focus of this Community Health Needs Assessment, encompasses 408.58 square miles and houses a total population of 42,013 residents, according to latest census estimates.

Total Population
(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Clinton County	**42,013**	**408.58**	**102.83**
Ohio	11,549,590	40,850.43	282.73
United States	311,536,591	3,530,997.6	88.23

Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Population Change 2000-2010

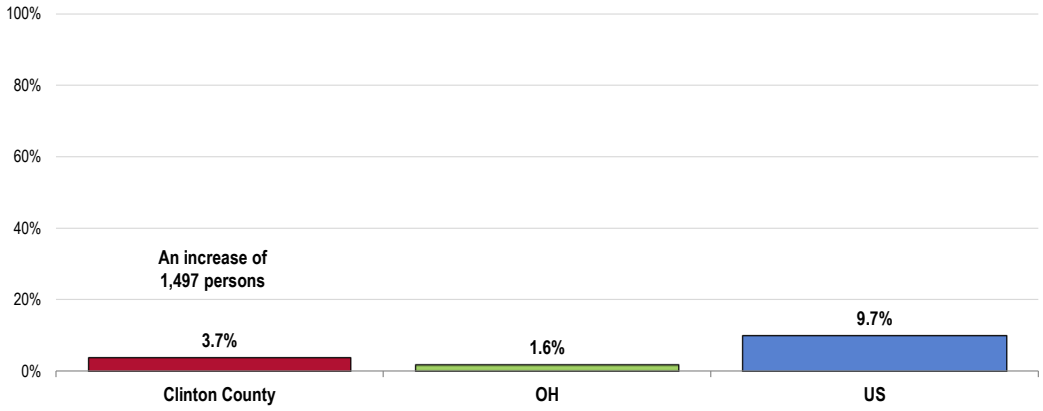
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Clinton County increased by 1,497 persons, or 3.7%.

- A greater proportional increase than seen across the state.
- A lower proportional increase than seen nationwide.

Change in Total Population

(Percentage Change Between 2000 and 2010)

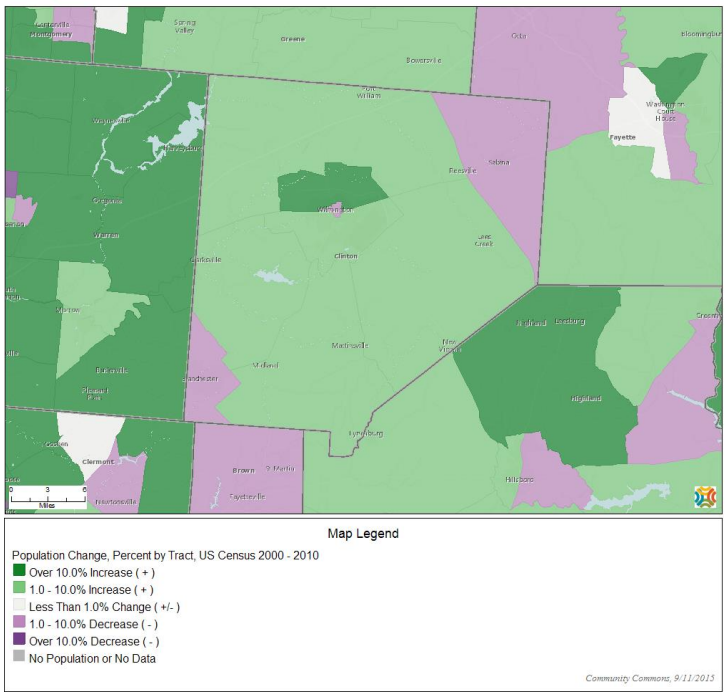


Sources:
- Retrieved September 2015 from Community Commons at http://www.chna.org.
- US Census Bureau Decennial Census (2000-2010).

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

While the population increased in much of Clinton County, note the areas (in purple) in which the population decreased over ten years.

Population Change, Percent by Tract, US Census 2000-2010



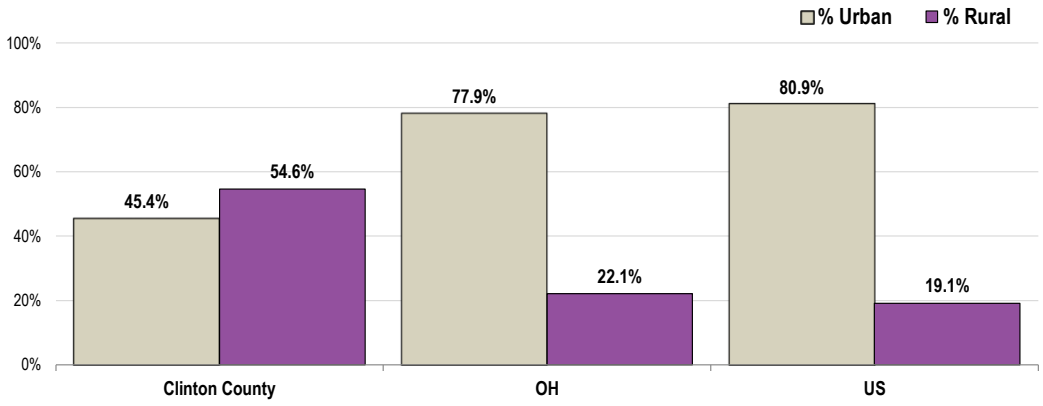
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Clinton County is predominantly rural, with only 45.4% of the population living in areas designated as urban.

- Note that over 75% of the state and national populations live in urban areas.

Urban and Rural Population
(2010)

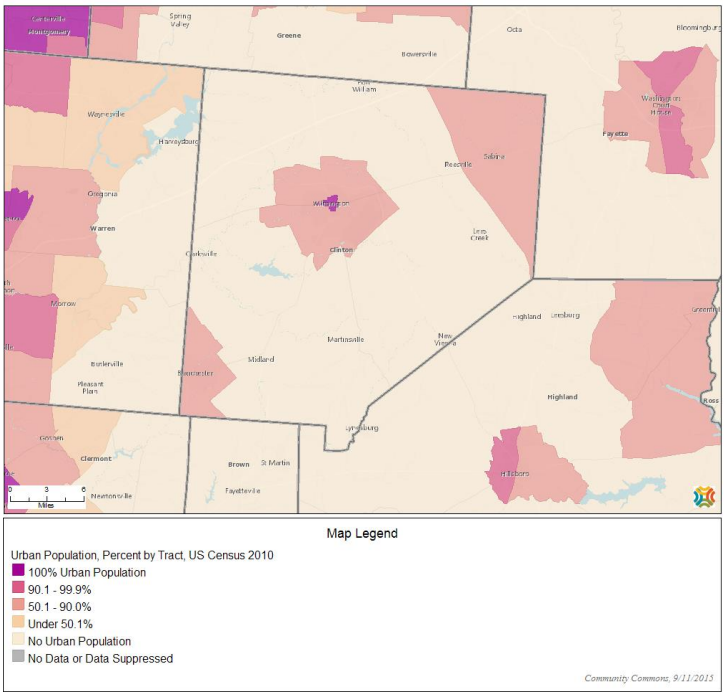


Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in Clinton County census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010



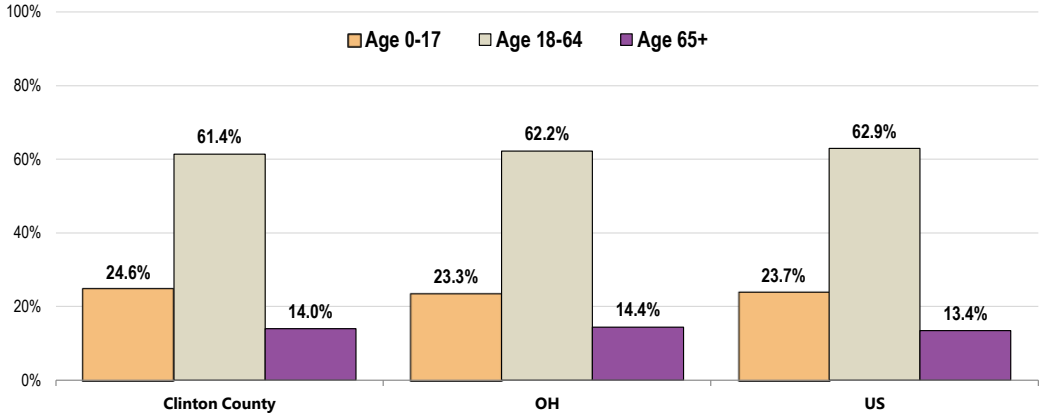
Age

It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In Clinton County, 24.6% of the population are infants, children or adolescents (age 0-17); another 61.4% are age 18 to 64, while 14.0% are age 65 and older.

- The percentage of older adults (65+) is close to that found statewide and nationally.

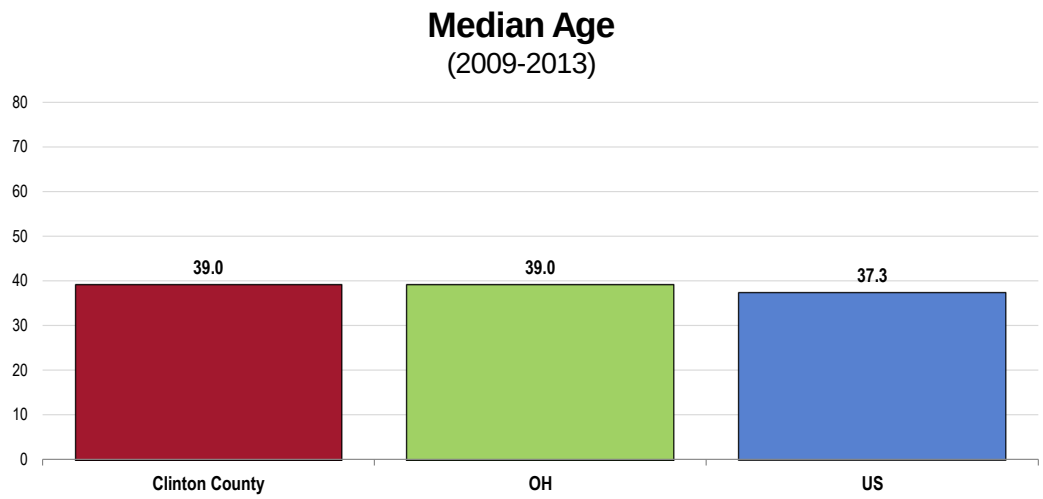
Total Population by Age Groups, Percent
(2009-2013)



Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Median Age

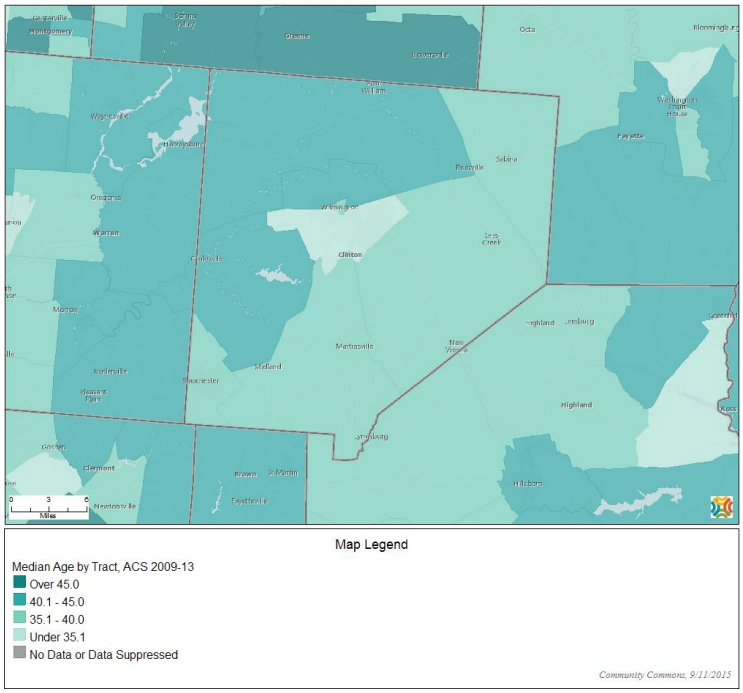
Clinton County is "older" than the nation in that the median age is higher, but the county has an identical median age to Ohio.



Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved September 2015 from Community Commons at http://www.chna.org.

- The following map provides an illustration of the median age in Clinton County, segmented by census tract.

Median Age, by Tract, ACS 2009-2013



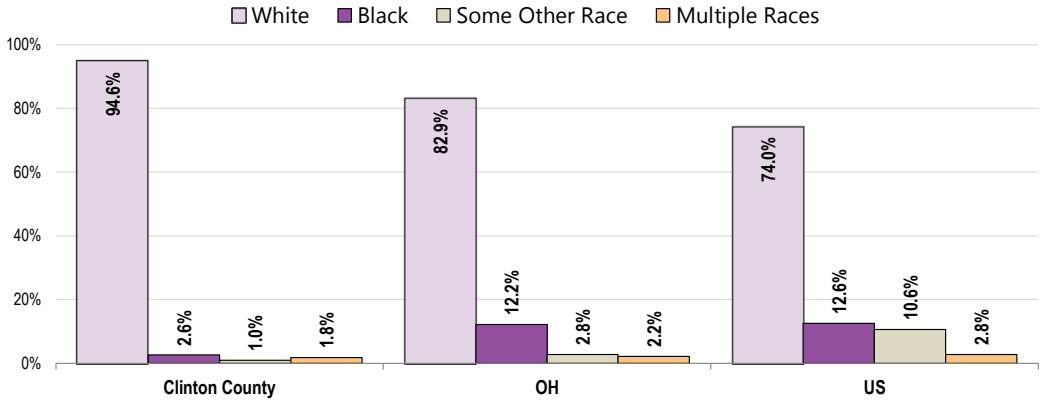
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 94.6% of residents of Clinton County are White and 2.6% are Black.

- The state and national racial distributions are less White, more Black, more "other" race, and more multiple race.

Total Population by Race Alone, Percent
(2009-2013)



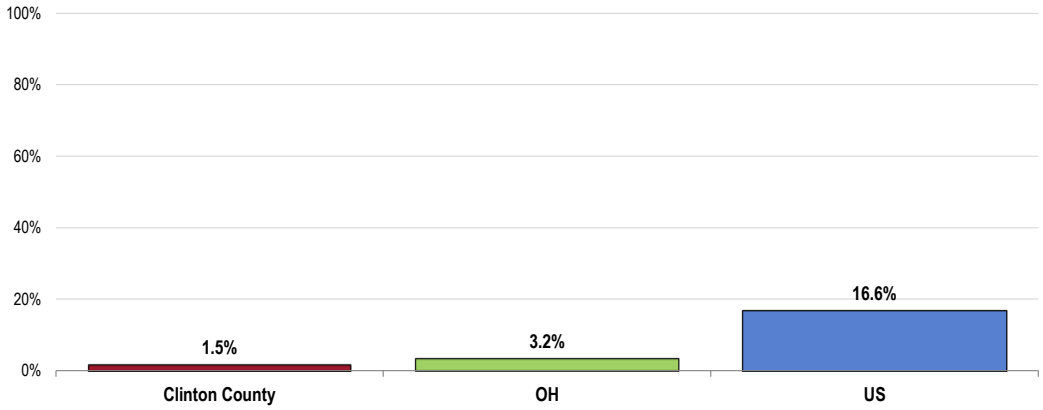
Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Ethnicity

A total of 1.5% of Clinton County residents are Hispanic or Latino.

- Lower than found statewide.
- Much lower than found nationally.

Percent Population Hispanic or Latino
(2009-2013)

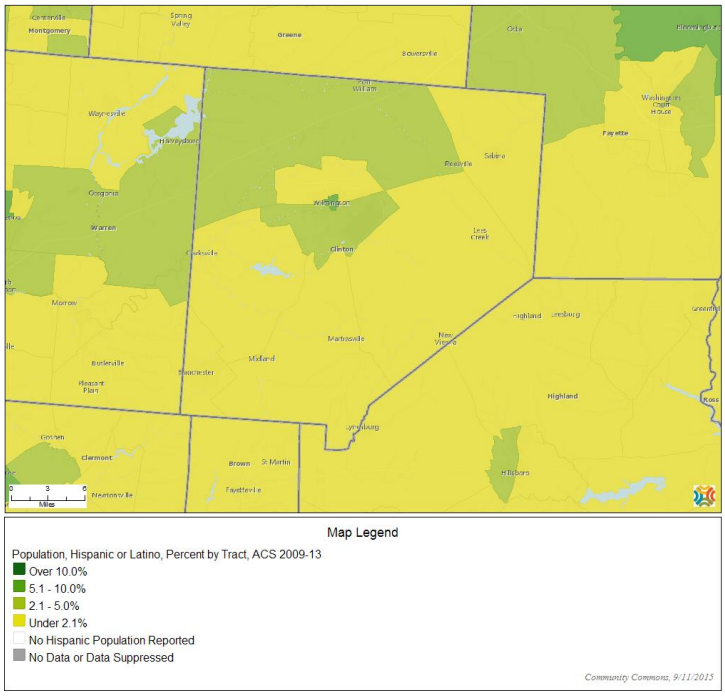


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The Hispanic population appears to be most concentrated in the northwestern portion of Clinton County.

Population Hispanic or Latino, Percent by Tract, ACS 2009-2013

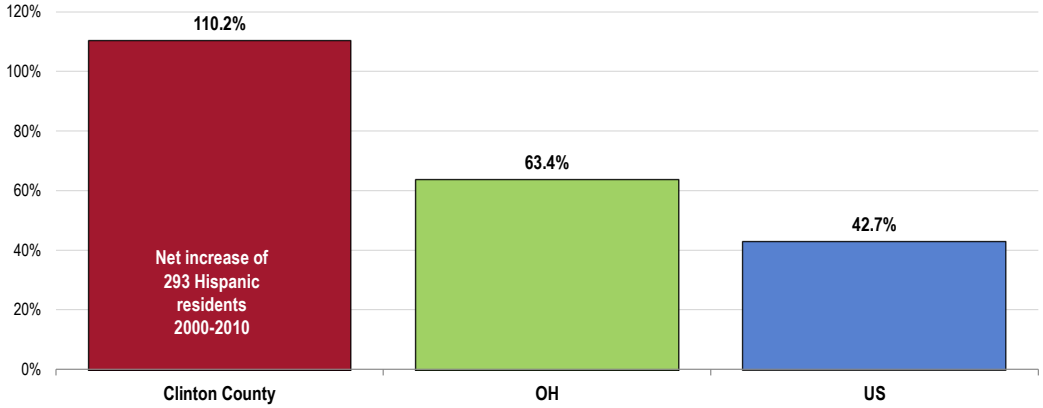


Between 2000 and 2010, the Hispanic population in Clinton County increased by 293 residents or 110.2%.

- Higher (in terms of percentage growth) than found statewide.
- Much higher (in terms of percentage growth) than found nationally.

Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)

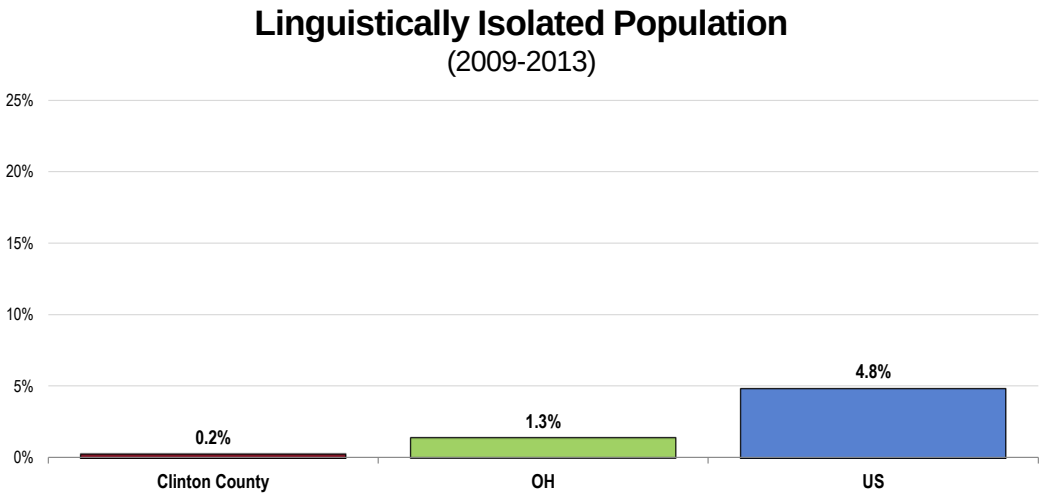


Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Linguistic Isolation

Only 0.2% of the Clinton County population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Lower than found statewide.
- Much lower than found nationally.

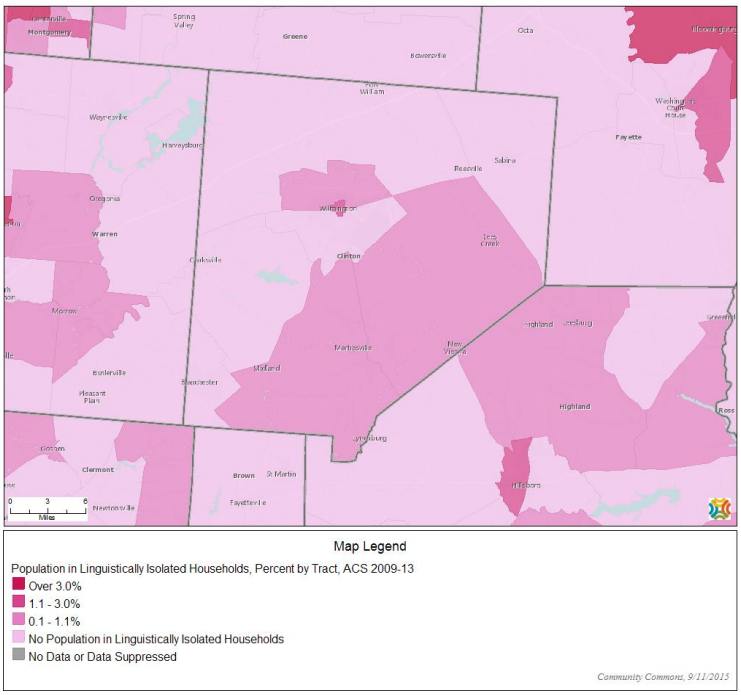


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English "very well."

- Note the following map illustrating linguistic isolation in Clinton County.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-2013



Map Legend

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-13

- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed

Community Commons, 9/11/2015

Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

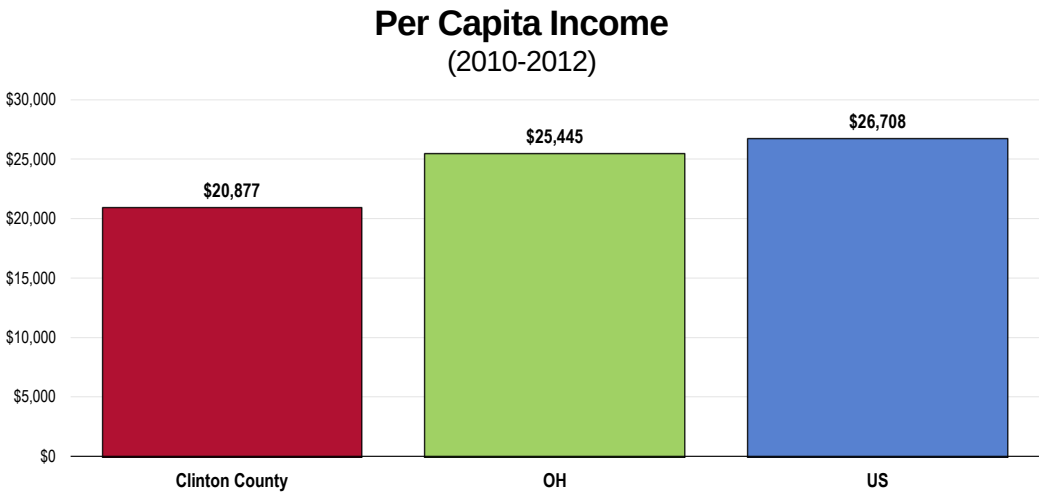
- Healthy People 2020 (www.healthypeople.gov)

Per Capita Income

The per capita income of Clinton County is $20,877.

- Lower than the Ohio figure.
- Lower than found nationally.

Per capita income is the mean money income received in the past 12 months computed for every man, woman, and child in a geographic area. It is derived by dividing the total income of all people 15 years old and over in a geographic area by the total population in that area.



Sources:
- U.S. Census Bureau, Census 2000/American Community Survey.
- Retrieved September 2015 from Public Health Assessment and Wellness at http://clinton.oh.networkofcare.org/.

Notes:
- Per capita income is the mean money income received in the past 12 months computed for every man, woman, and child in a geographic area. It is derived by dividing the total income of all people 15 years old and over in a geographic area by the total population in that area.

Poverty

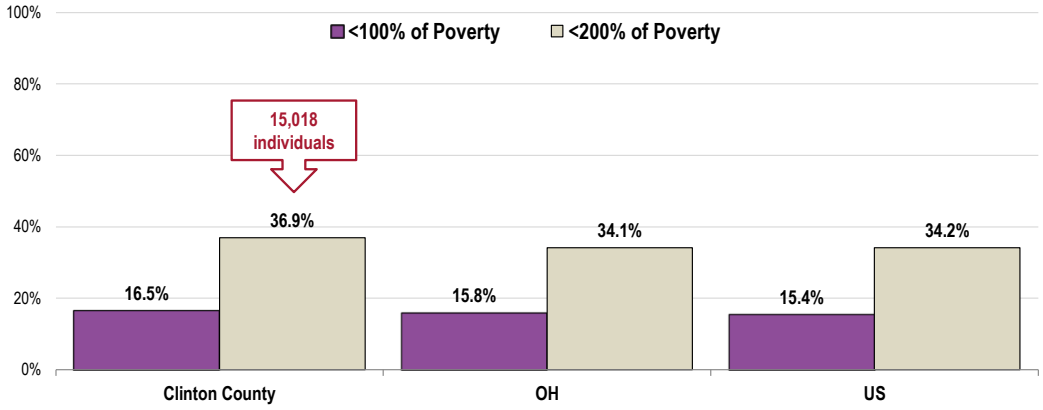
The latest census estimate shows 16.5% of Clinton County population living below the federal poverty level.

In all, 36.9% of Clinton County residents (an estimated 15,018 individuals) live below 200% of the federal poverty level.

- Higher than the proportion reported statewide.
- Higher than found nationally.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)

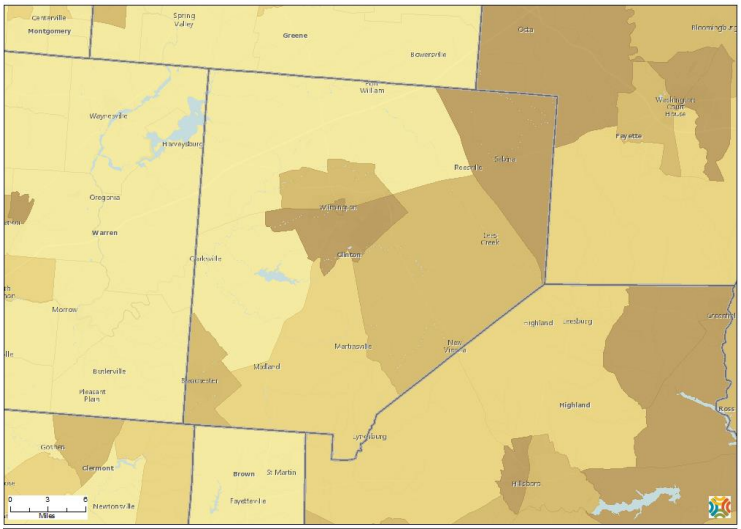


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- A higher concentration of persons living below the 200% poverty threshold is found in central Clinton County.

Population Below the Poverty Level, Percent by Tract, ACS 2009-2013



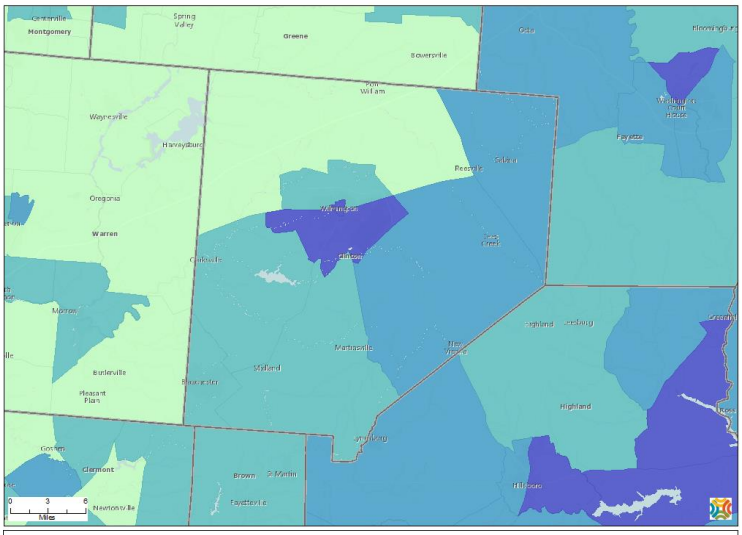
Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2009-13

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Community Commons, 9/11/2015

Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013



Map Legend

Population Below 200% Poverty Level, Percent by Tract, ACS 2009-13

- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed

Community Commons, 9/11/2015

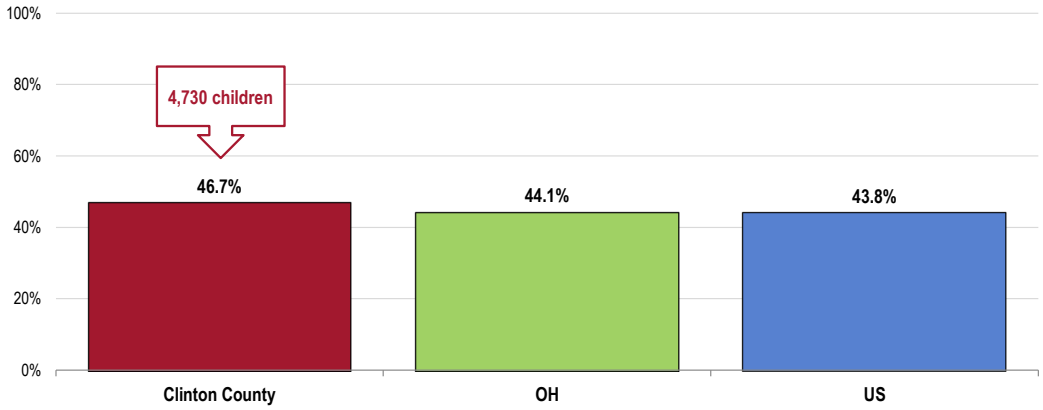
Children in Low-Income Households

Additionally, 46.7% of Clinton County children age 0-17 (representing an estimated 4,730 children) live below the 200% poverty threshold.

- Above the proportion found statewide.
- Above the proportion found nationally.

Percent of Children in Low-Income Households

(Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)

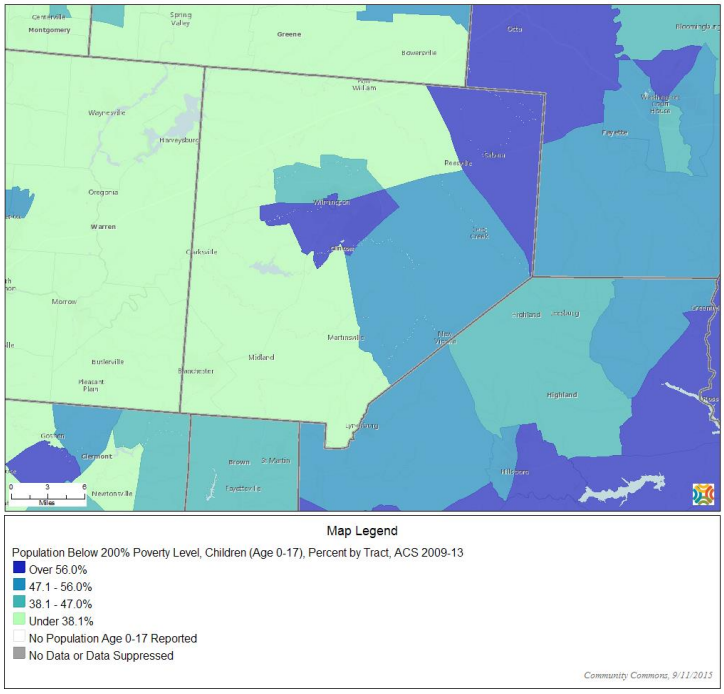


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Geographically, notably higher concentrations of children in lower-income households are found in central and northeastern Clinton County.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2009-2013



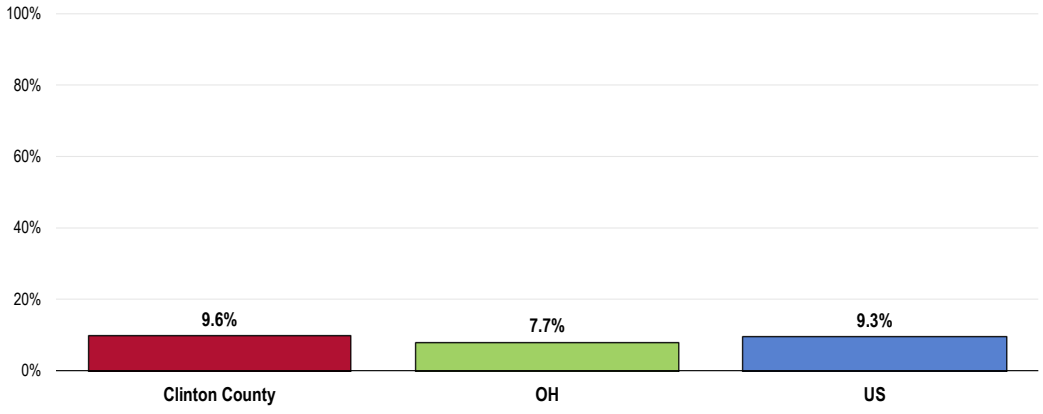
Low-Income Seniors

Among Clinton County residents age 65 or older, 9.6% are living below the federal poverty level.

- Slightly higher than the Ohio proportion.
- Similar to the national proportion.

Population Age 65+ in Poverty

(Population Age 65+ Living Below 100% of the Poverty Level; 2008-2010)



Sources:
- U.S. Census Bureau, Census 2000/American Community Survey.
- Retrieved September 2015 from Public Health Assessment and Wellness at http://clinton.oh.networkofcare.org/.

Education

Completing High School in Four Years

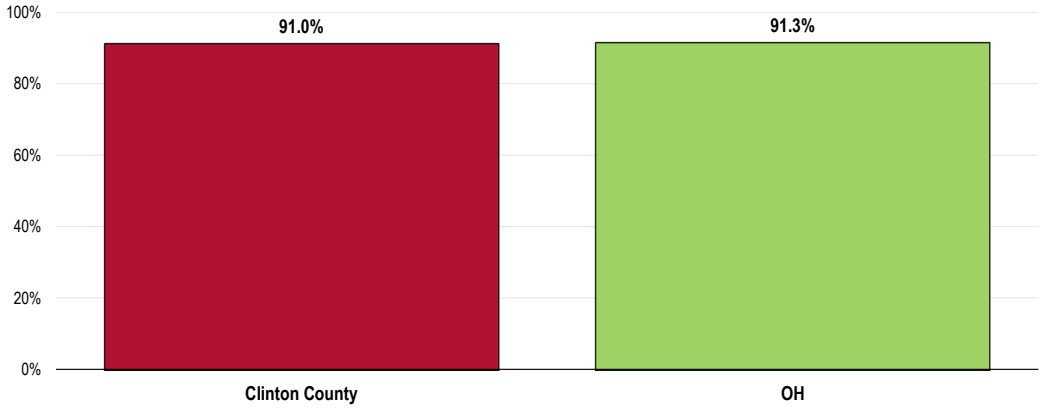
A total of 91.0% of Clinton County students attending public schools graduated with a regular diploma in 2012 four years after starting 9th grade.

- Similar to the national proportion.
- Satisfies the Healthy People 2020 target of 82.4% or higher.

Freshman Graduation

(2011-2012)

Healthy People 2020 Target = 82.4% or Higher



Sources:
- Ohio Department of Education, Ohio School Report Card.
- Retrieved September 2015 from Public Health Assessment and Wellness at http://clinton.oh.networkofcare.org/.

Notes:
- Measure the average percentage of students who graduate high school within four years of their first enrollment in 9th grade.

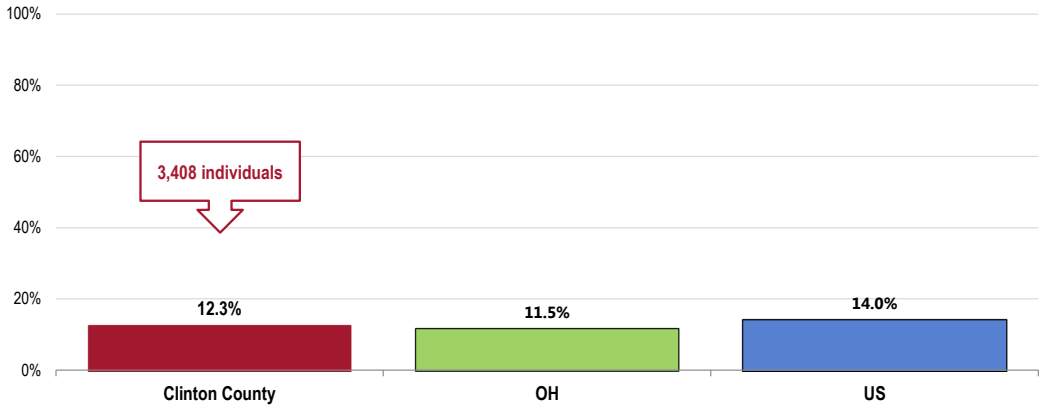
Lack of a High School Diploma

Among the Clinton County population age 25 and older, an estimated 12.3% (over 3,400 people) do not have a high school education.

- Less favorable than found statewide.
- More favorable than found nationally.

Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)

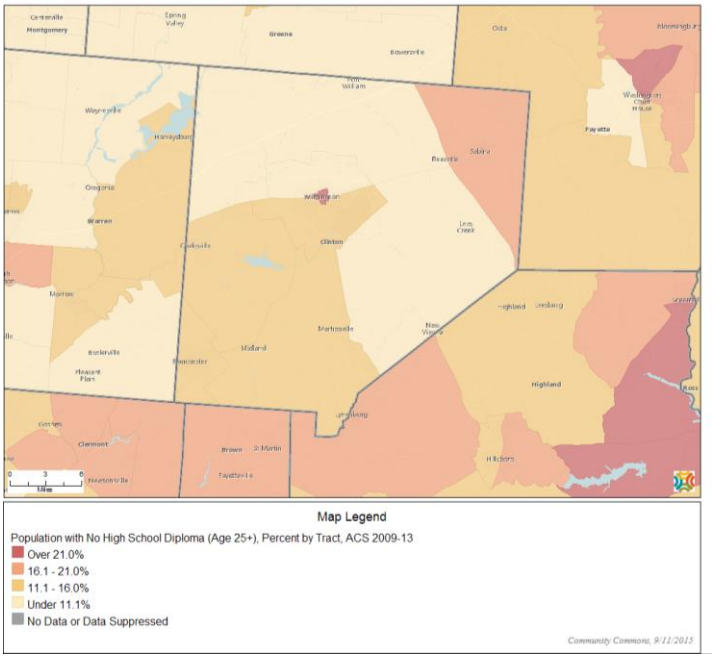


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

- Geographically, this indicator is more concentrated in the central and northeastern portions of Clinton County.

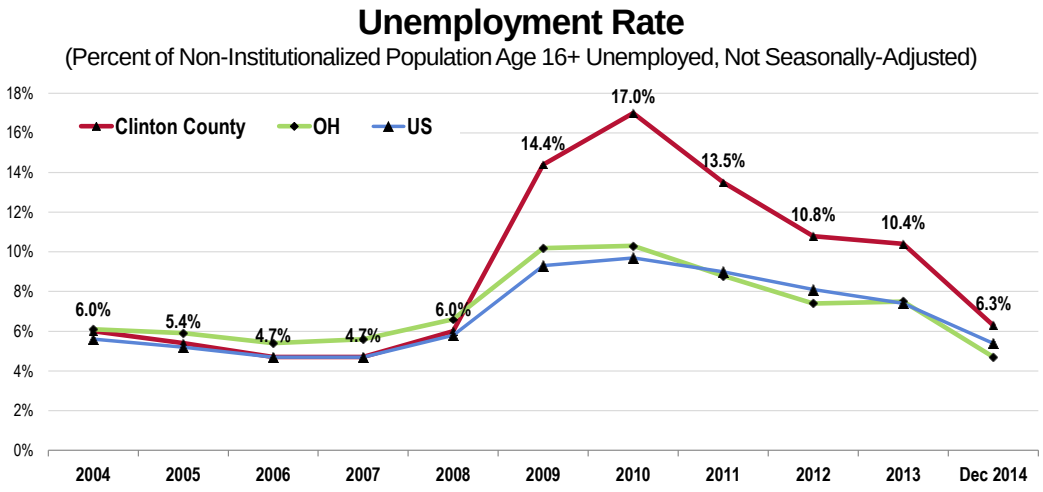
Population With No High School Diploma, Percent by Tract, ACS 2009-2013



Employment

According to data derived from the US Department of Labor, the unemployment rate in Clinton County in December of 2014 was 6.3%.

- Less favorable than the statewide unemployment rate.
- Less favorable than the national unemployment rate.
- TREND: Unemployment for Clinton County increased drastically between 2008 and 2010 (reaching 17%), but has since decreased. Clinton County saw a much more pronounced swell in unemployment than did the state or nation during this time.



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved September 2015 from Community Commons at http://www.chna.org.

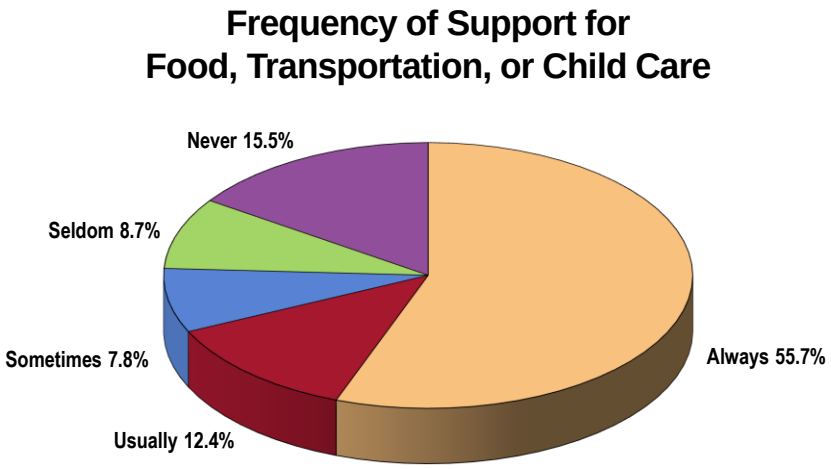
Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Community Support

"How often do you have someone you can rely on to help with things like food, transportation, child care, or other support if needed?"

A majority (55.7%) of Clinton County residents have consistent support for food, transportation, and child care. A good portion (20.2%) receives help "usually" or "sometimes."

However, 24.2% of Clinton County adults "seldom" or "never" have help with these types of needs.



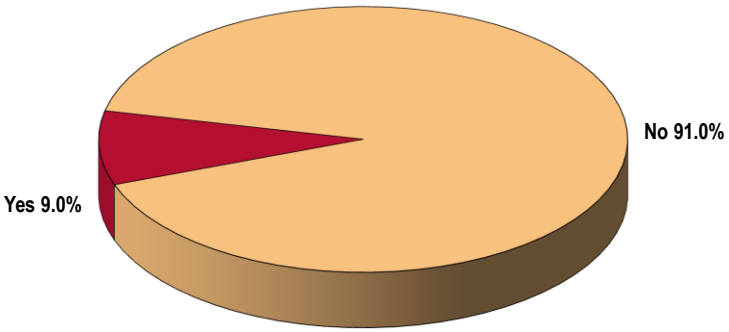
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 307]
Notes: ● Asked of all respondents.

Assistance for Basic Needs

"In the past 12 months, have you received assistance from a local program, church, or charitable organization to help meet some of your basic needs such as food, clothing, transportation, or child care? Please do NOT include any government-sponsored program or service in your response."

A total of 9.0% of respondents received assistance for basic needs such as transportation, food, and child care from an organization that was not a government-sponsored program within the past year.

Received Organized Assistance for Basic Needs in the Past Year



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: ● Asked of all respondents.
● For this issue, assistance refers to any help to meet basic needs such as food, clothing, transportation, or child care by a local program, church, or charitable organization, not including any government-sponsored program or service.

General Health Status

Professional Research Consultants, Inc.

Overall Health Status

Self-Reported Health Status

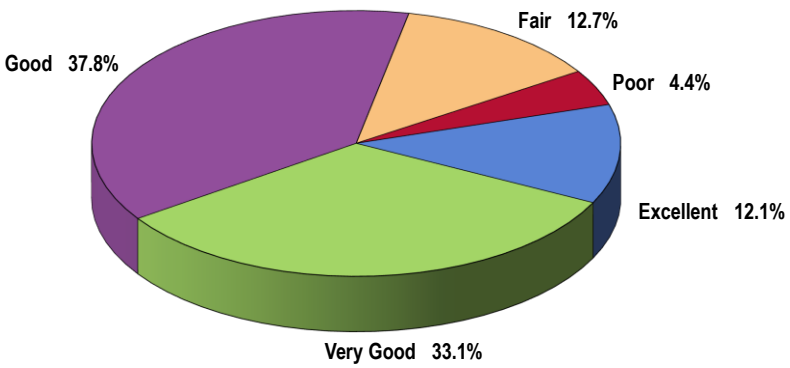
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

A total of 45.2% of Clinton County adults rate their overall health as "excellent" or "very good."

- Another 37.8% gave "good" ratings of their overall health.

Self-Reported Health Status
(Clinton County, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.

NOTE:

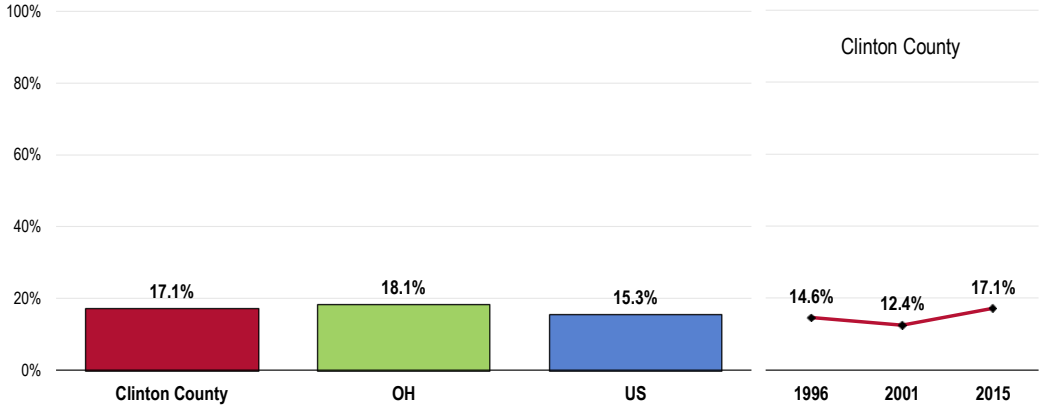
Differences noted in the text represent significant differences determined through statistical testing.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

However, 17.1% of Clinton County adults believe that their overall health is "fair" or "poor."

- Similar to the statewide findings.
- Statistically similar to the national percentage.
- TREND: No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.

Experience "Fair" or "Poor" Overall Health



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

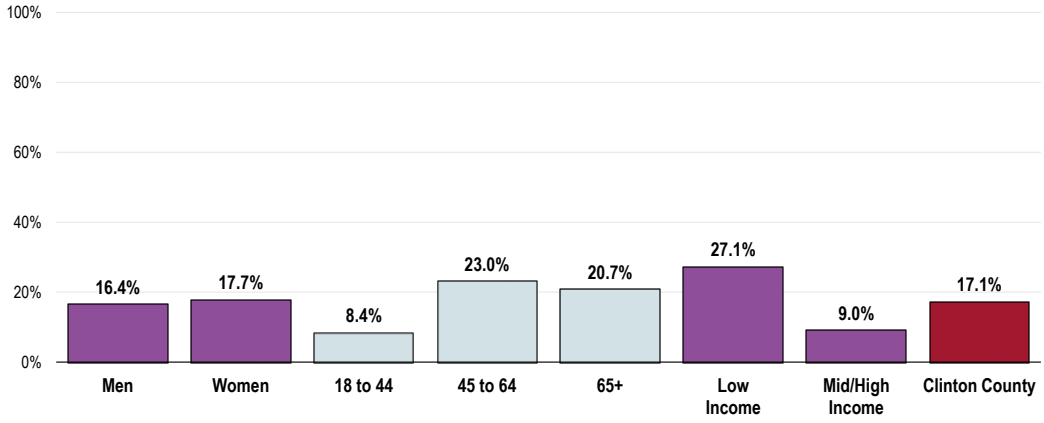
Notes:
- Asked of all respondents.

Adults more likely to report experiencing "fair" or "poor" overall health include:

- Adults age 45 and older
- Residents living at lower incomes.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, and income (based on poverty status).

Experience "Fair" or "Poor" Overall Health
(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

RELATED ISSUE: See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

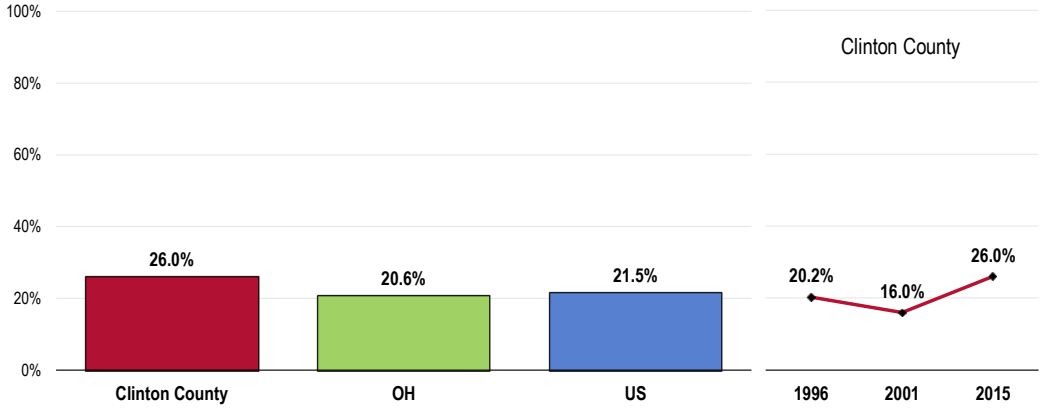
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- Healthy People 2020 (www.healthypeople.gov)

A total of 26.0% of Clinton County adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Worse than the prevalence statewide.
- Statistically similar to the national prevalence.
- TREND: Marks a statistically significant increase in activity limitations since 1996.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

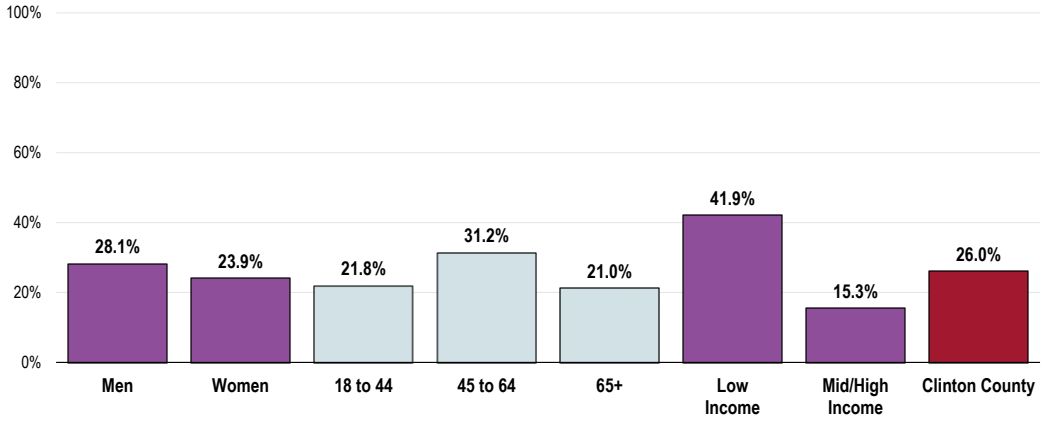
Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 45 to 64 are more often limited in activities.
- Lower income residents are much more likely than those with higher incomes to report activity limitations.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(Clinton County, 2015)



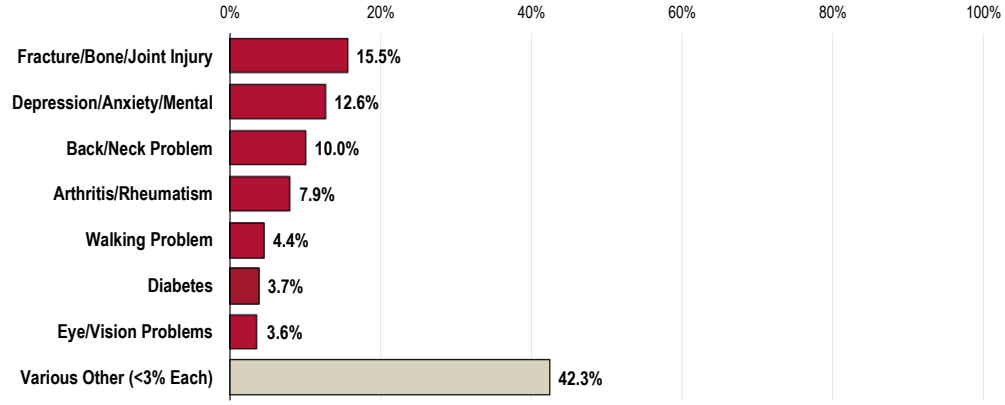
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are often attributed to musculoskeletal issues, such as back/neck problems, fractures or bone/joint injuries, arthritis/rheumatism, or difficulty walking. Note, however, that a significant portion cited depression as the issue.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Clinton County, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: ● Asked of those respondents reporting activity limitations.

Mental Health

RELATED ISSUE:

See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

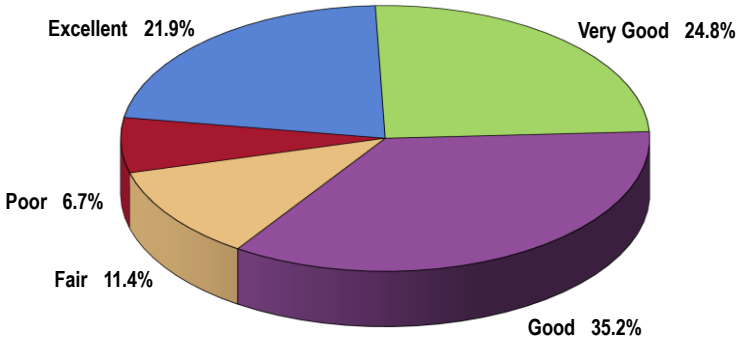
Self-Reported Mental Health Status

"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

A total of 46.7% of Clinton County adults rate their overall mental health as "excellent" or "very good."

- Another 35.2% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Clinton County, 2015)

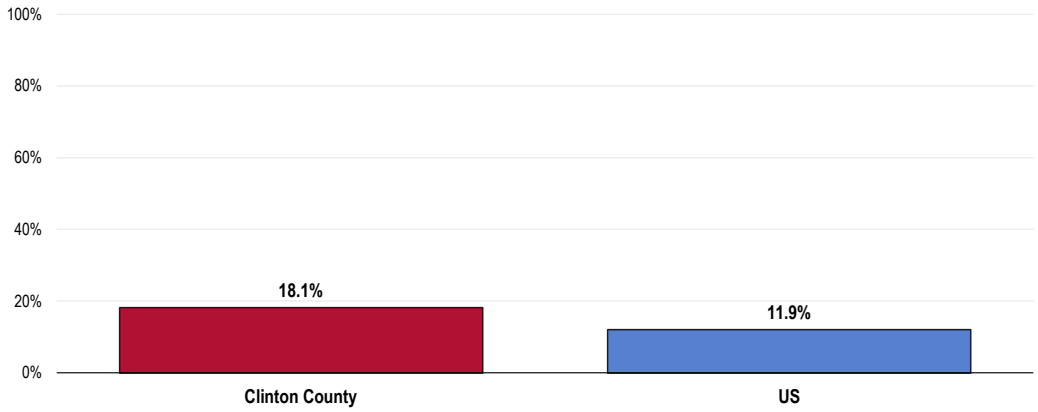


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: ● Asked of all respondents.

A total of 18.1% of Clinton County adults, however, believe that their overall mental health is "fair" or "poor."

- Higher than the "fair/poor" response reported nationally.

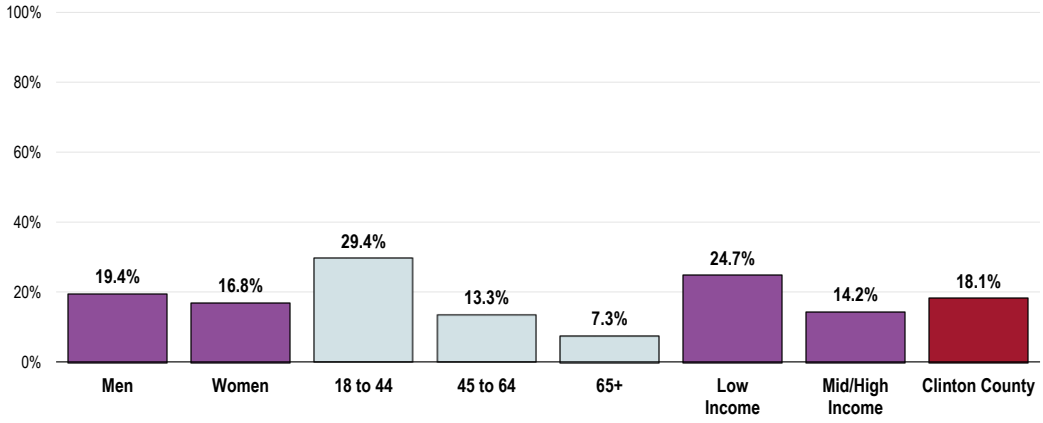
Experience "Fair" or "Poor" Mental Health



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Note the negative correlation between poor mental health and age.
- Low income adults are much more likely to report experiencing "fair/poor" mental health than those with higher incomes.

Experience "Fair" or "Poor" Mental Health
(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

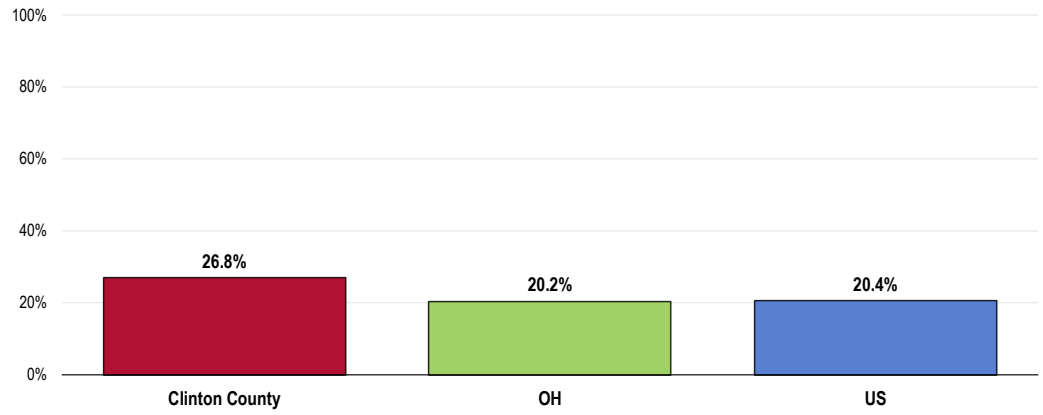
Depression

Diagnosed Depression

A total of 26.8% of Clinton County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Higher than the statewide prevalence.
- Higher than the national finding.

Have Been Diagnosed With a Depressive Disorder



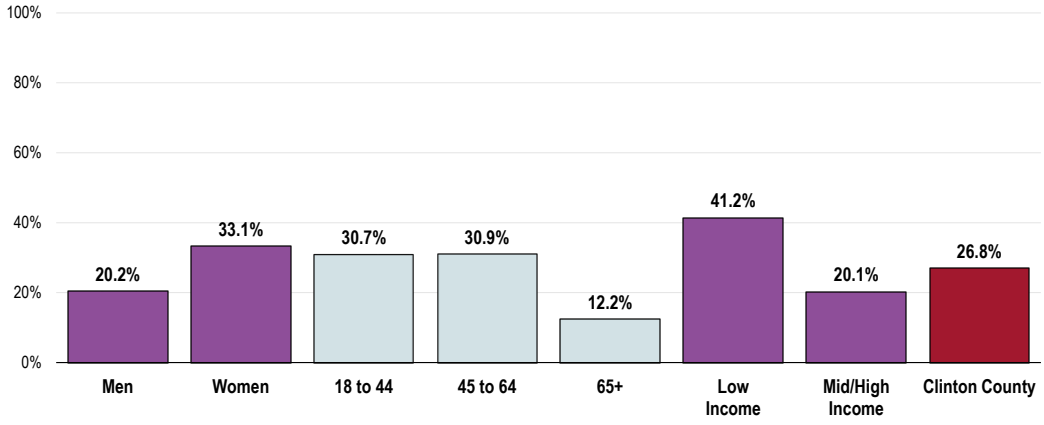
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

The prevalence of diagnosed depression is notably higher among:

- Women.
- Adults below age 65.
- Community members living at lower incomes.

Have Been Diagnosed With a Depressive Disorder
(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

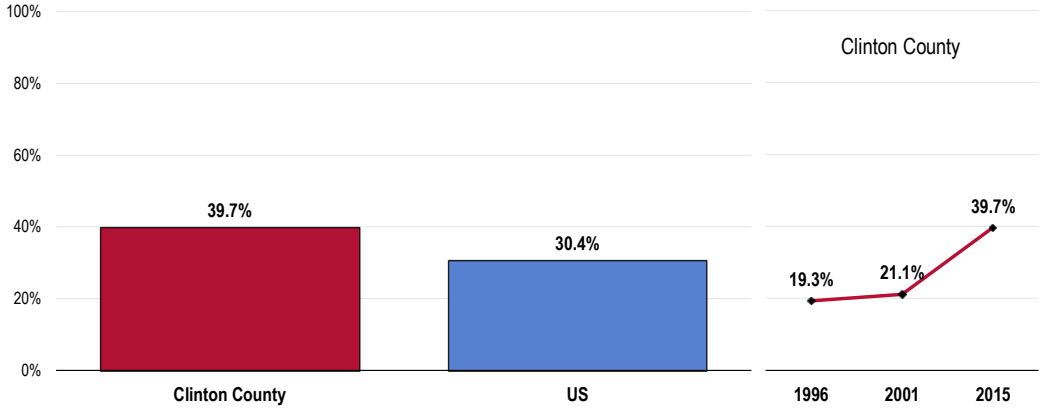
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 39.7% of Clinton County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Notably less favorable than national findings.
- TREND: Denotes a statistically significant increase since 1996.

Have Experienced Symptoms of Chronic Depression



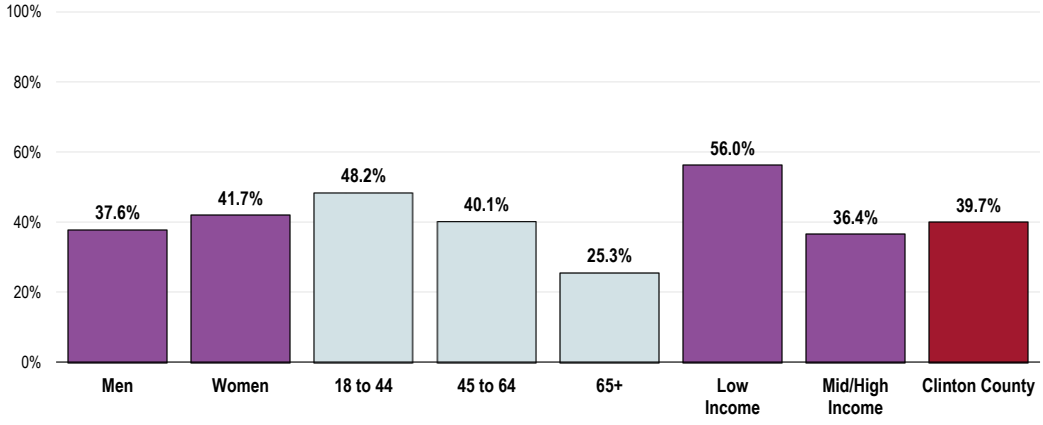
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Adults under age 65 (note the negative correlation with age).
- Adults with lower incomes.

Have Experienced Symptoms of Chronic Depression
(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

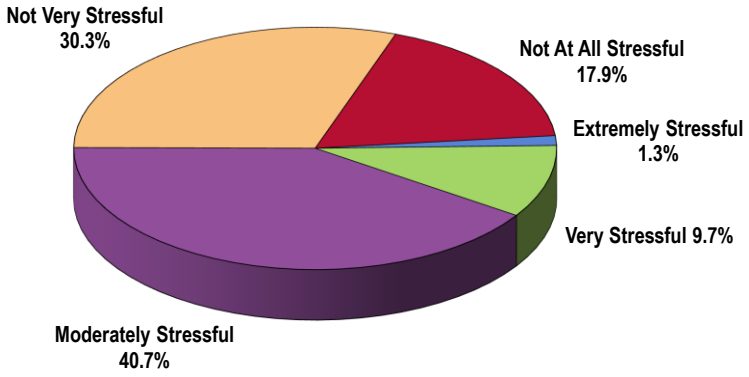
Not quite one-half of Clinton County adults consider their typical day to be "not very stressful" (30.3%) or "not at all stressful" (17.9%).

RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

- Another 40.7% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day
(Clinton County, 2015)

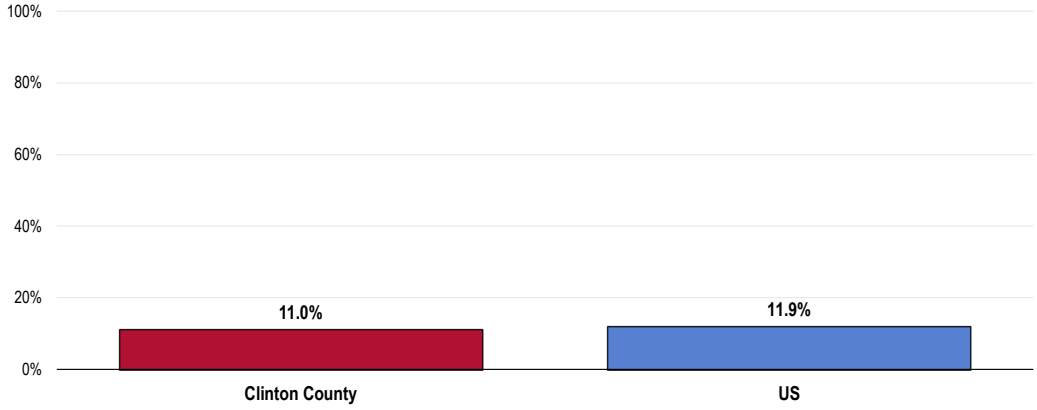


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: ● Asked of all respondents.

In contrast, 11.0% of Clinton County adults experience "very" or "extremely" stressful days on a regular basis.

- Close to the national findings.

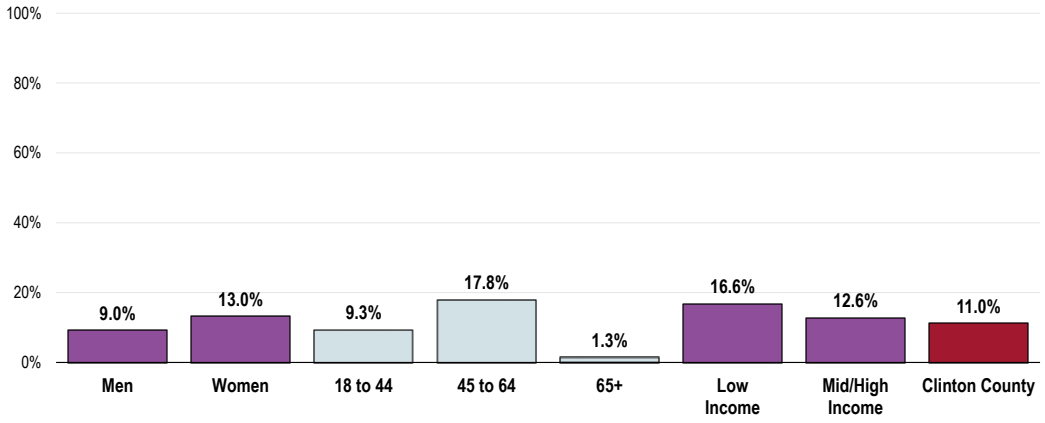
Perceive Most Days As "Extremely" or "Very" Stressful



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Note that high stress levels are more prevalent among adults age 45 to 64.

Perceive Most Days as "Extremely" or "Very" Stressful
(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]

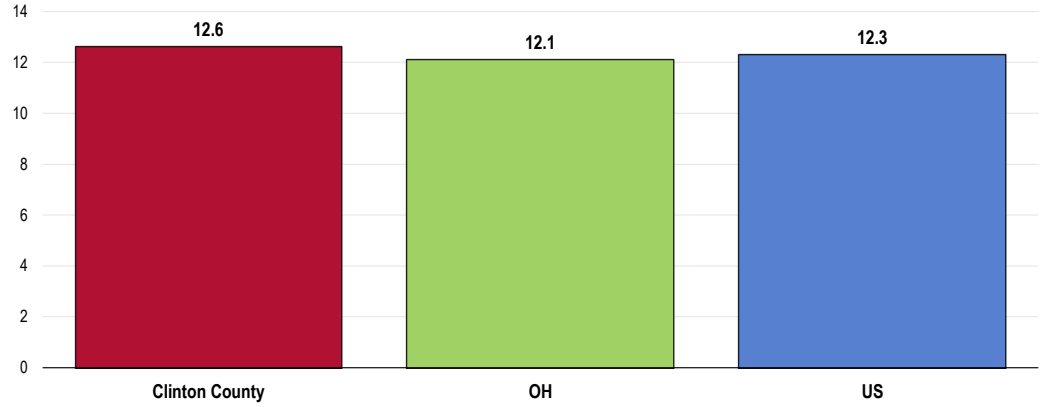
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2009 and 2013, there was an annual average age-adjusted suicide rate of 12.6 deaths per 100,000 population in Clinton County.

- Comparable to the statewide rate.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality
(2009-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

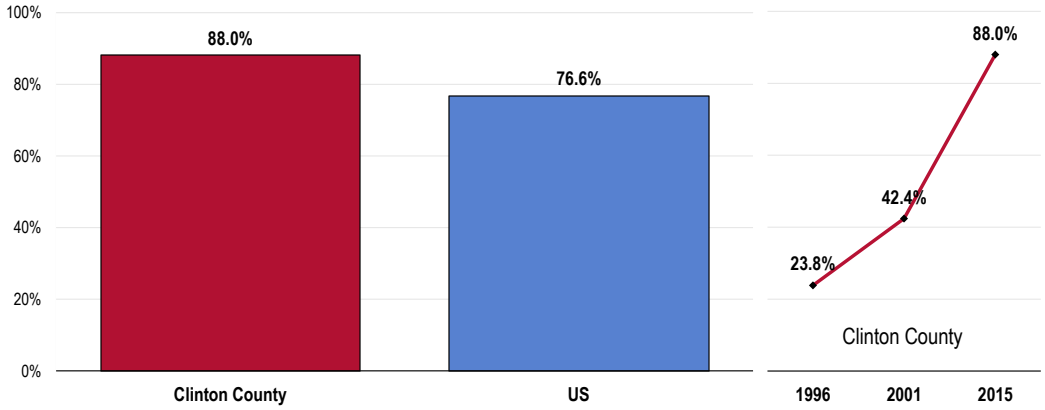
Among adults with a diagnosed depressive disorder, 88.0% acknowledge that they have sought professional help for a mental or emotional problem.

"Diagnosed depressive disorder" includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

- Far greater than national findings.
- TREND: Among adults with recognized depression, help-seeking has markedly increased since 1996.

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem

(Among Adults With Diagnosed Depressive Disorder)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 123]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

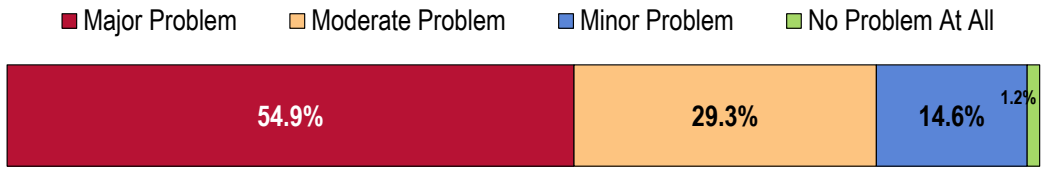
Notes:
- Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2015)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Access to Care/Services

Access, access, access. Our mental health services for the vulnerable populations is so backed up and only the sickest of the sick are being served. Preventive services?? Who knows? Private providers are limited and costly. Transportation is again an issue. - Public Health Representative

No affordable access to care for addiction services - Public Health Representative

Access to providers. - Other Healthcare Provider

Accessing care is sometimes an issue. Taking the step to deal with mental health issues is also a problem at times. - Social Services Provider

Finding a psychiatrist locally. - Community/Business Leader

Current mental health center has high turnover and not enough counselors to meet demands. High caseloads provide not enough support and assistance to patients. If patients do not receive mental health medications, they self-medicate with drugs. - Other Healthcare Provider

There is a need for onsite, ongoing support to help those diagnosed with a mental illness meet the challenges of daily living to include, medication monitoring, securing affordable and secure housing, accessing eligible benefits and overcoming the challenges of living with a mental health illness. A medical facility is needed to assist those experiencing a severe mental disability whom are unable to live independently and aid people who are in a crisis situation. More permanent housing for those living with a mental health illness and are able to live independently is needed in our community. - Community/Business Leader

Not enough clinical services available. People wait a long time to get an appointment. - Public Health Representative

There is a lot of people within the community that don't get the right or correct care because there is not enough case workers to help. - Social Services Provider

Lack of Resources

No psychologists. Primary docs don't know what to do with patients needing help and won't help family finding residential care. - Public Health Representative

There is no psychiatrist(s) specifically serving our community. - Community/Business Leader

Lack of local psychotherapists for adolescents and young adults. - Other Healthcare Provider

No psychiatrists. – Physician

Not enough resources and too many patients to be adequately seen by our local mental health. - Social Services Provider

Lack of resources and inability to access available resources without individual breaking the law. - Community/Business Leader

Very little services, long wait at Solutions, almost no pediatric psychiatry and what is offered is inadequate. – Physician

This topic slightly mirrors the dementia/Alzheimer's piece in that these illnesses are not publically addressed. There are no clear guidelines on how to handle these instances in the public sector or in business locations. We have numerous customers, citizens with PTSD from various military actions that walk/wander the streets or businesses. They can be very unpredictable and there are no direct helplines that I am aware of. Also, there have been several instances of suicide several in their 30's and still further, instances of bullying and several mental anguish in our teens. A local school counselor indicated to me that she has never seen the amount of stress in elementary and middle school students in her years of experience including inner city and suburban experience as she has in our rural area. Our people are stressed and depressed, overwhelmed and without hope. We need a sense of renewal! - Community/Business Leader

Lack of quality care. - Other Healthcare Provider

Very limited treatment options and high costs that affect patients getting consistent treatment. - Community/Business Leader

Lack of services and poor services. - Community/Business Leader

Public agencies and contract agencies are stretched to limit. Limited access to Psychiatrists. Lack of

inpatient care. - Community/Business Leader

There are mental health services, but when someone needs that sort of service, there is really nowhere for them to find a champion to help them access the care they need. When they are depressed or in need, probably the last thing they are equipped to do is to make a dozen calls trying to find counselling or assistance. - Community/Business Leader

Access to Timely Appointments

Lack of available appointments, these people usually have limited transportation so they cannot drive out of town for appointments. Patients are often poorly motivated as well, so access needs to be easy. The structure of the mental health center, intake coordinator, social worker, counselor- psychiatrist, if you're lucky- is discouraging many. - Physician

Ease of access to Solutions. Few private psychologists, no outpatient MD psychiatrists, cost, long waiting periods. - Physician

Prevalence/Incidence

High prevalence of mental health issues including depressive and anxiety disorders, also substance abuse, etc. – Physician

I think this is one of the biggest problems facing our county and beyond. While community control is a great concept, there need to be more residential facilities available. Too many folks have severe mental health problems and pose dangers to themselves and others. Many of them wind up as law enforcement problems, and clog up the jails when that does them and society no good whatsoever. It is a major problem our political leaders are largely ignoring. More resources, including more residential and local options for treatment, are essential. And yes, it will cost money, but we are spending it now in the wrong places. - Community/Business Leader

Stigma

Stigma about seeking help, culture of privacy, transportation and costs for those not on Medicaid with high deductible insurance plans. - Social Services Provider

More people needing to better understand the Clinton County Mental Health System and services. - Community/Business Leader

Denial

Recognizing that there is an issue and being willing to seek assistance. - Social Services Provider

Employment

Employment. - Public Health Representative

High Rate of Children Impacted

This is one of my biggest concerns. We have too many children in our community who are impacted by mental illness. In my reading, I know that a child's environment can have a direct impact on their learning and mental well-being. We have too many students who live in unfortunate situations in Clinton County. It is heartbreaking. - Community/Business Leader

Insurance/Medicare/Medicaid

Accessing psychological and psychiatric service providers that accept major insurance and Medicaid/Medicare especially for adolescents. - Community/Business Leader

Lack of Confidentiality

Small town, so difficult to have treatment without others knowing. - Physician

Lack of Housing

I think housing is lacking for the mentally ill and very little mental health care is available. - Physician

Recovery Center

Recovery Center is not effective and not available for the middle classed. - Community/Business Leader

Death, Disease & Chronic Conditions

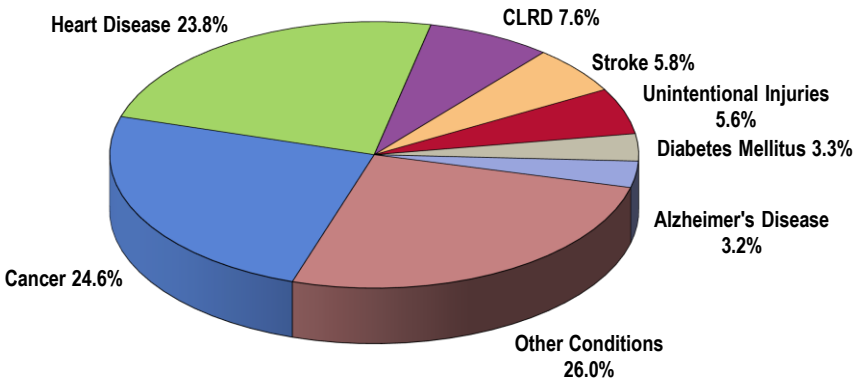
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over one-half of all deaths in Clinton County between 2011 and 2013.

Leading Causes of Death
(Clinton County, 2011-2013)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Ohio and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in Clinton County over various years.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Note that age-adjusted mortality rates in Clinton County are worse than national rates for most: cancer, heart disease, chronic lower respiratory disease, unintentional injury, stroke, Alzheimer's disease, diabetes mellitus, drug-induced deaths, and motor-vehicle crashes.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Clinton County rates fail to satisfy the related goals for cancer, heart disease, unintentional injury, stroke, diabetes mellitus, drug-induced deaths, and suicide.

Age-Adjusted Death Rates for Selected Causes

(Deaths per 100,000 Population)

	Years	Clinton County	OH	US	HP2020
Malignant Neoplasms (Cancers)	2011-2013	222.1	181.7	166.2	161.4
Diseases of the Heart	2011-2013	219.7	188.5	171.3	156.9*
Chronic Lower Respiratory Disease (CLRD)	2011-2013	69.4	50.9	42.0	n/a
Unintentional Injuries	2011-2013	59.8	44.4	39.2	36.4
Cerebrovascular Disease (Stroke)	2011-2013	54.0	40.8	37.0	34.8
Alzheimer's Disease	2011-2013	30.8	27.3	24.0	n/a
Diabetes Mellitus	2011-2013	30.6	26.1	21.3	20.5*
Drug-Induced	2009-2013	25.9	17.7	13.6	11.3
Pneumonia/Influenza	2011-2013	15.0	16.2	15.3	n/a
Motor Vehicle Deaths	2009-2013	13.0	9.4	10.8	12.4
Intentional Self-Harm (Suicide)	2009-2013	12.6	12.1	12.3	10.2
Kidney Diseases	2009-2013	12.6	14.5	14.0	n/a
Cirrhosis/Liver Disease	2004-2013	7.8	9.2	9.3	8.2
Firearm-Related	2004-2013	6.9	10.4	12.3	9.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

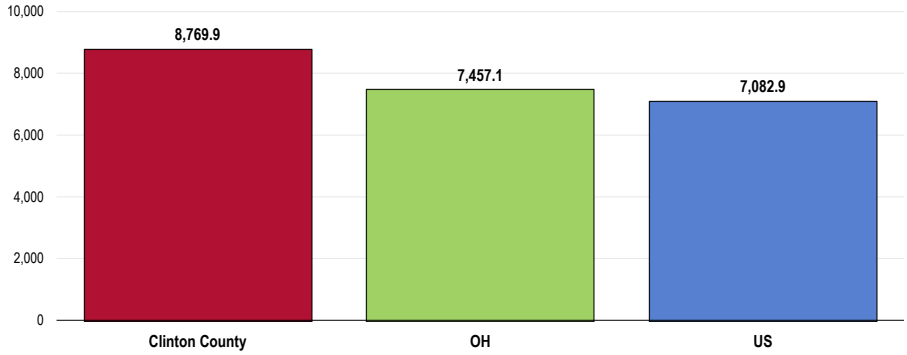
Years of Potential Life Lost (YPLL75)

Between 2008 and 2010, the age-adjusted number of years of life lost by those in Clinton County who passed away before age 75 was 8,769.9 years per 100,000 population under age 75.

- Much less favorable than found statewide.
- Much less favorable than the national rate.

Total Years of Life Lost Before Age 75

(2008-2010 Age Adjusted Rate per 100,000 Population Under Age 75)



Sources:
- National Vital Statistics System.
- Bridged-Race Population Estimates for Census 2000 and 2010.
- Retrieved September 2015 from Public Health Assessment and Wellness at http://clinton.oh.networkofcare.org/.

Notes:
- Reflects the number of potential life-years lost among persons dying before age 75. per 100,000 population under age 75.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

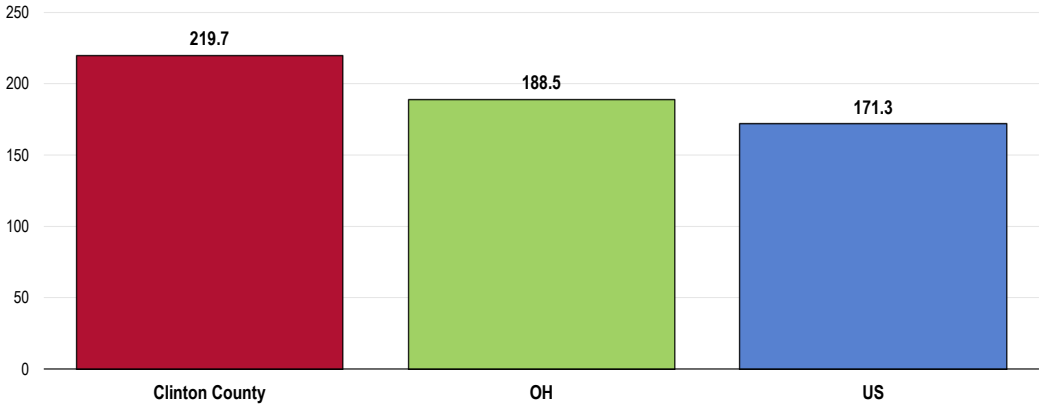
Between 2011 and 2013 there was an annual average age-adjusted heart disease mortality rate of 219.7 deaths per 100,000 population in Clinton County.

- Considerably higher than the statewide rate.
- Much higher than the national rate.
- Far from satisfying the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).

Heart Disease: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

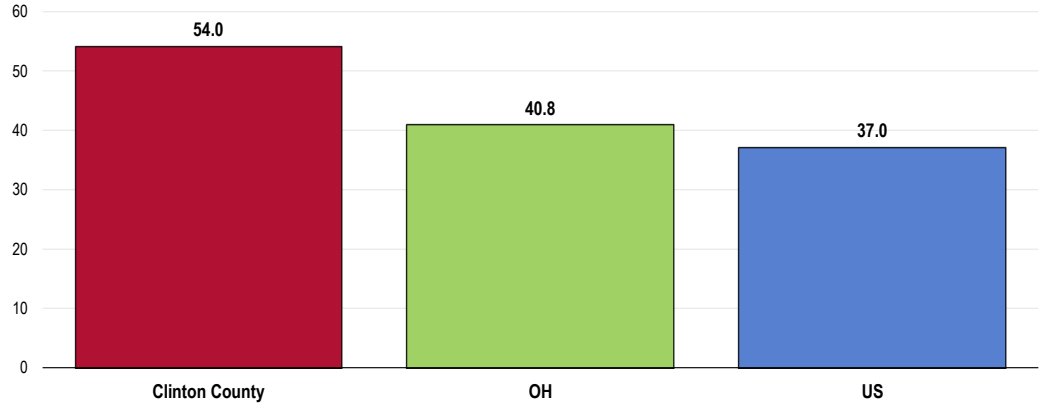
Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 54.0 deaths per 100,000 population in Clinton County.

- Less favorable than the Ohio rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

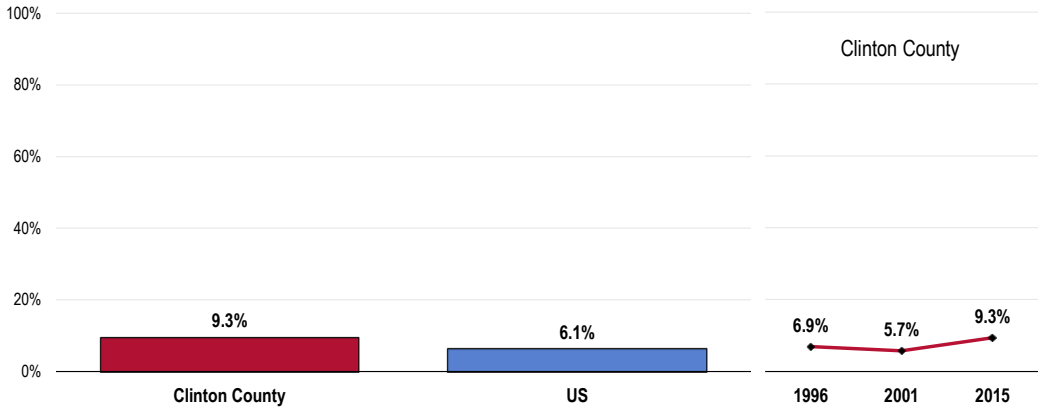
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 9.3% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Worse than the national prevalence.
- TREND: Statistically unchanged since 1996.

Prevalence of Heart Disease



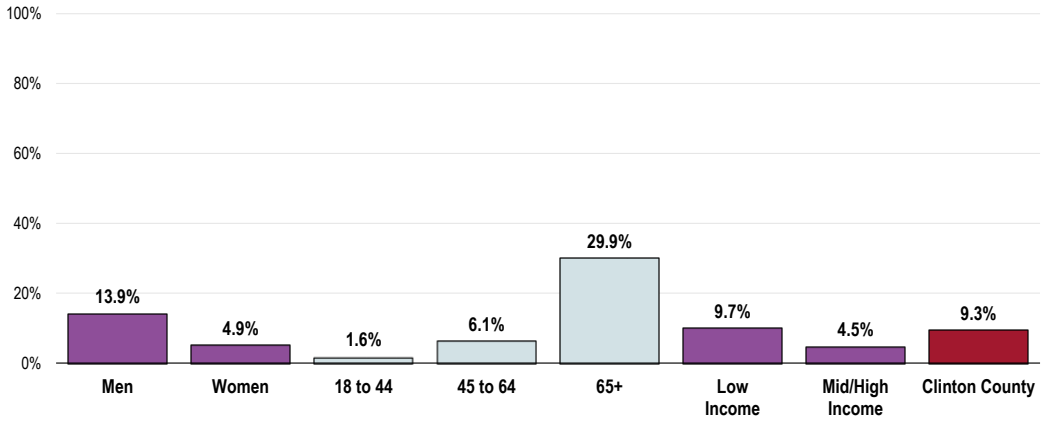
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Adults age 65+ (note the strong positive correlation of heart disease with age).

Prevalence of Heart Disease
(Clinton County, 2015)



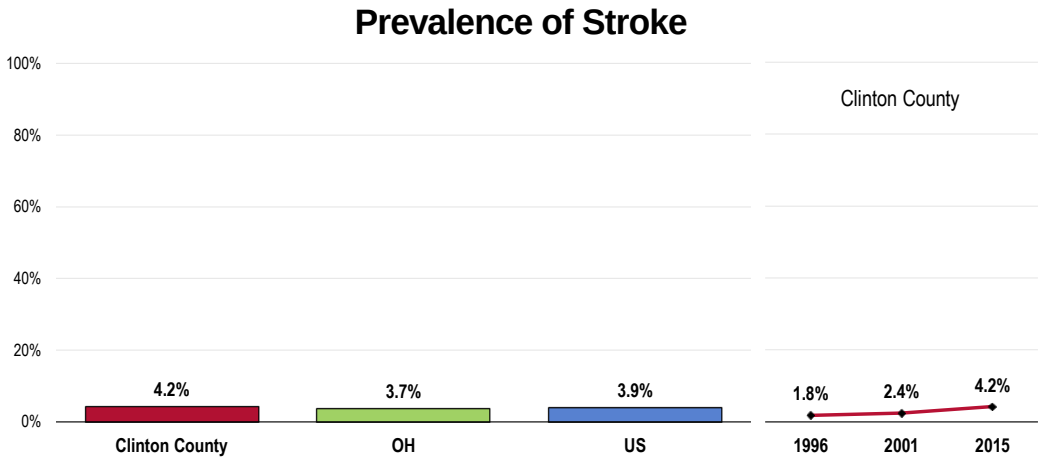
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 4.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

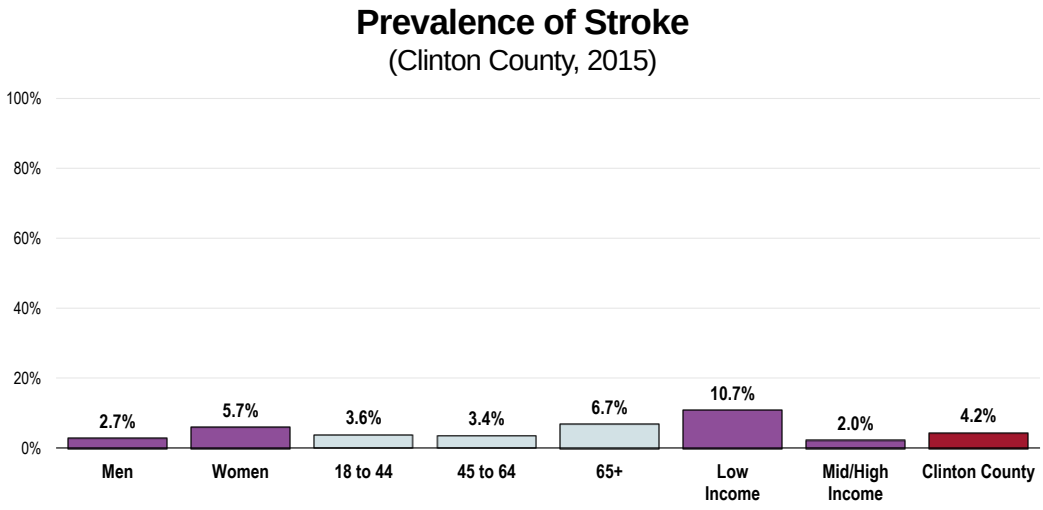
- Similar to statewide findings.
- Similar to national findings.
- TREND: Denotes a statistically significant increase in stroke prevalence over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.

Notes:
- Asked of all respondents.

- Adults with low incomes are more likely to have been diagnosed with stroke.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

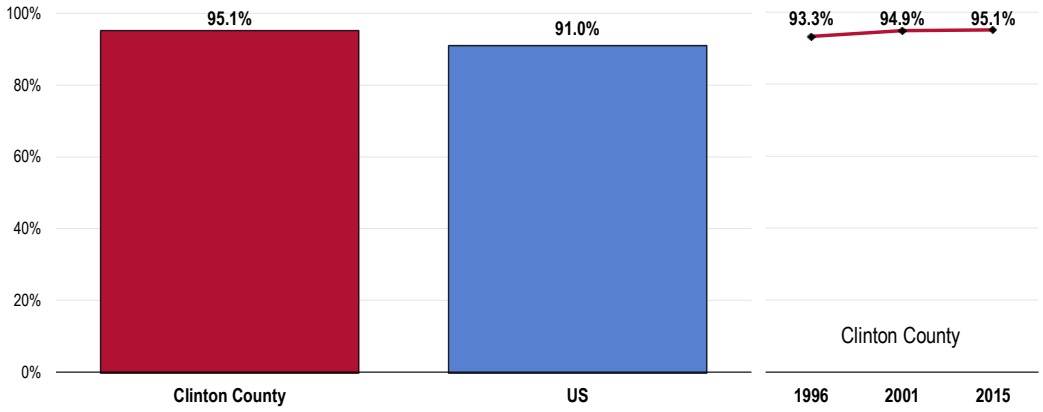
High Blood Pressure Testing

A total of 95.1% of Clinton County adults have had their blood pressure tested within the past two years.

- Better than national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).
- TREND: Statistically unchanged since 1996.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

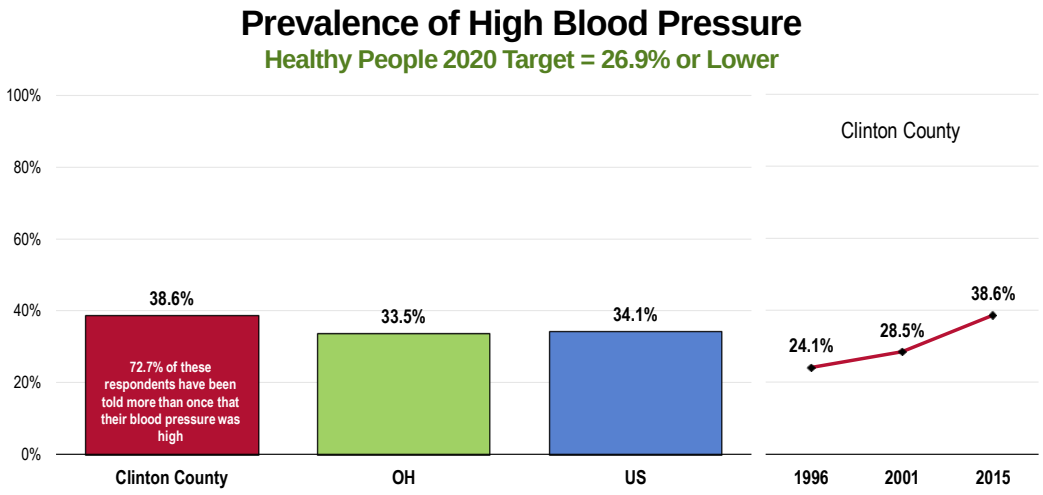
Notes:
- Asked of all respondents.

Prevalence of Hypertension

A total of 38.6% of adults have been told at some point that their blood pressure was high.

- Less favorable than the Ohio prevalence.
- Statistically similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- TREND: Hypertension has increased significantly in Clinton County since 1996.

Among hypertensive adults, 72.7% have been diagnosed with high blood pressure more than once.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

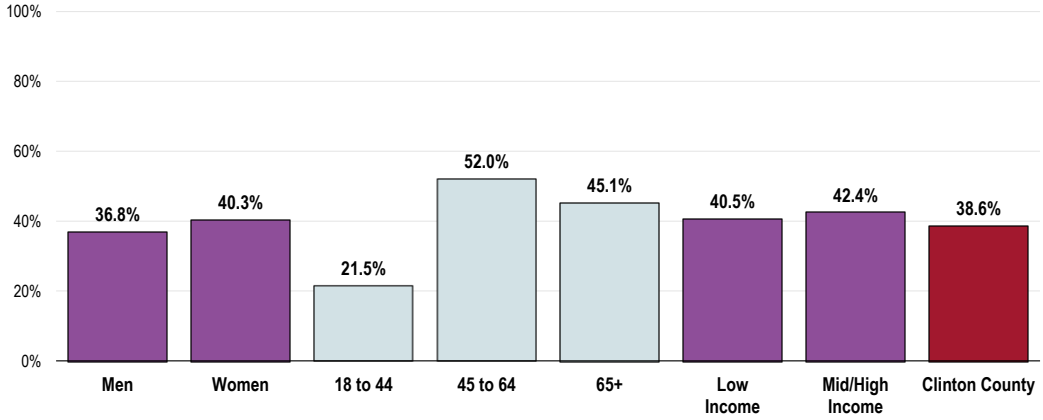
Notes:
- Asked of all respondents.

- High blood pressure prevalence is higher among adults age 45 and older.

Prevalence of High Blood Pressure

(Clinton County, 2015)

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

Among respondents who have been told that their blood pressure was high, 91.9% report that they are currently taking actions to control their condition.

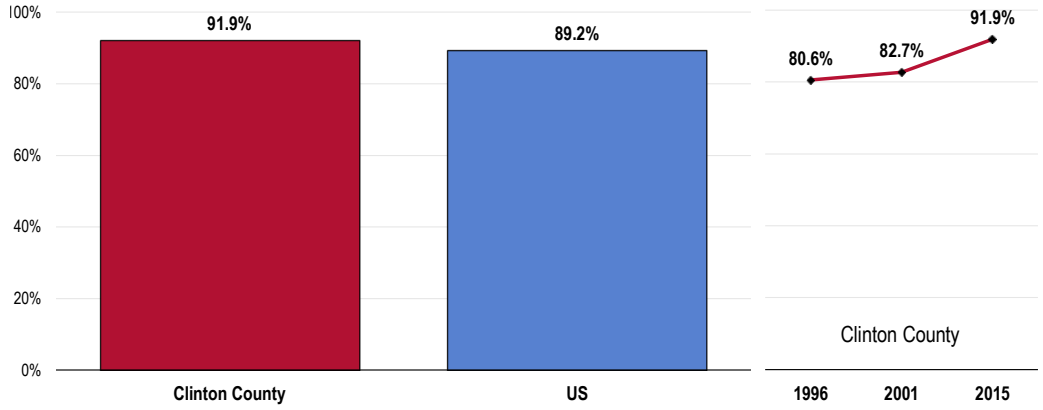
- Similar to national findings.
- TREND: Has shown a favorable increase over time.

Respondents reporting high blood pressure were further asked:

"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Taking Action to Control Hypertension

(Among Adults With High Blood Pressure)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

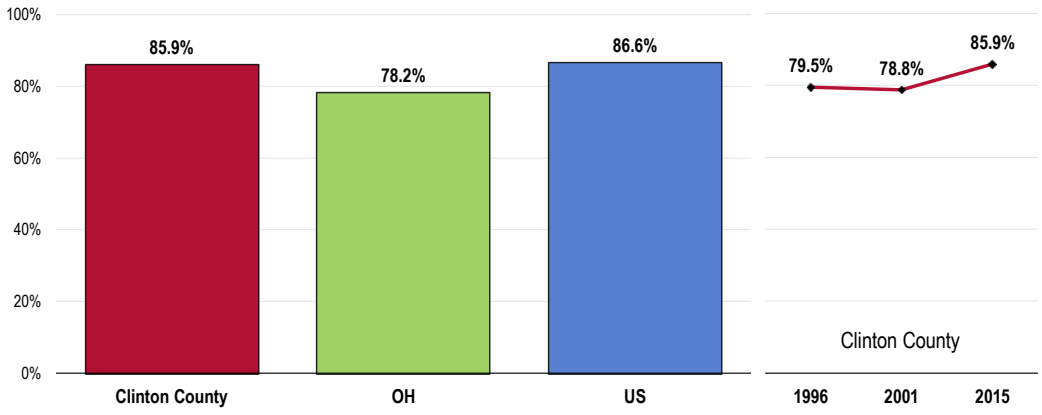
Blood Cholesterol Testing

A total of 85.9% of Clinton County adults have had their blood cholesterol checked within the past five years.

- More favorable than Ohio findings.
- Comparable to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- TREND: Denotes a statistically significant increase since 1996 and 2001.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

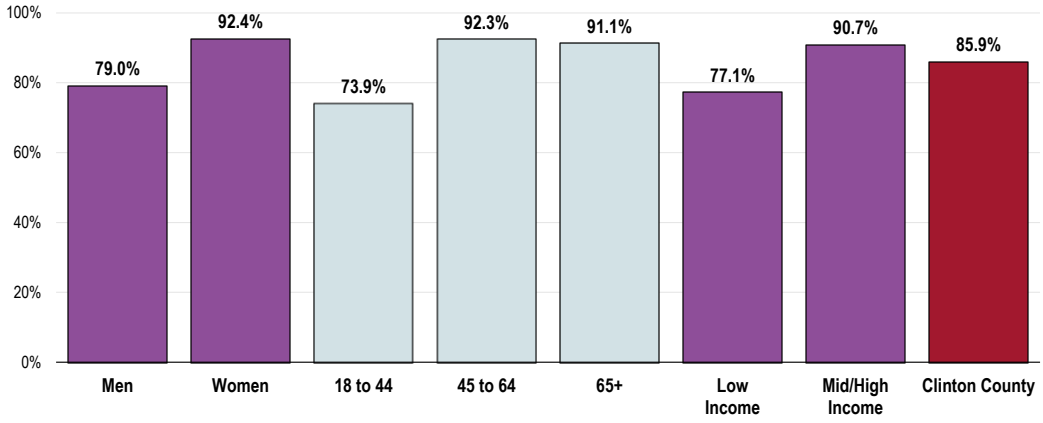
The following demographic segments report lower screening levels:

- Men.
- Adults under age 45.
- Residents with lower incomes.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(Clinton County, 2015)

Healthy People 2020 Target = 82.1% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

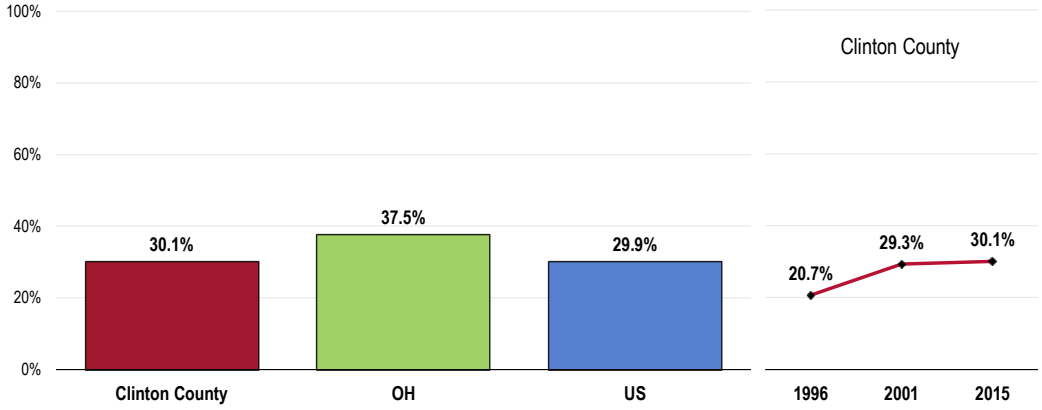
Self-Reported High Blood Cholesterol

A total of 30.1% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Ohio findings.
- Nearly identical to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- TREND: The prevalence of high blood cholesterol is significantly higher than the 1996 rate.

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- *The Ohio data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 21.6% of Clinton County adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

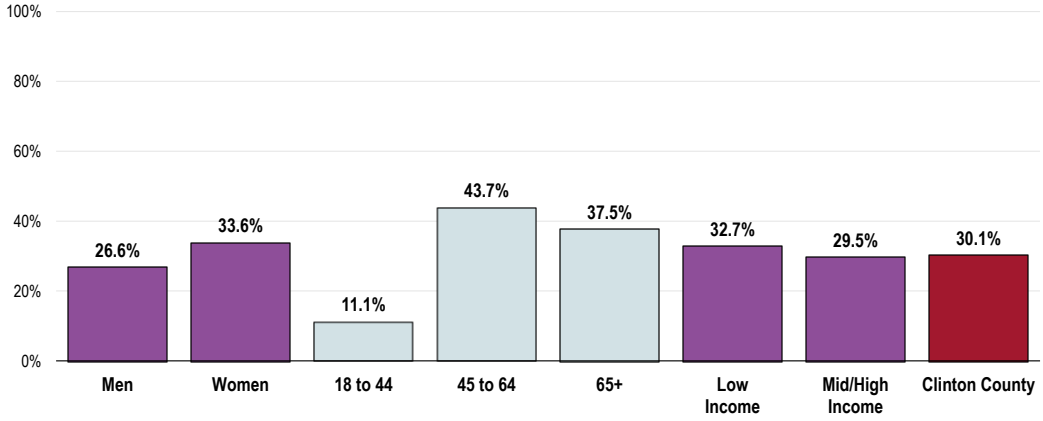
Further note the following:

- There is a higher prevalence among adults over the age of 44.
- Keep in mind that “unknowns” are relatively high in men, young adults, and lower-income residents.

Prevalence of High Blood Cholesterol

(Clinton County, 2015)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

Respondents reporting high cholesterol were further asked:

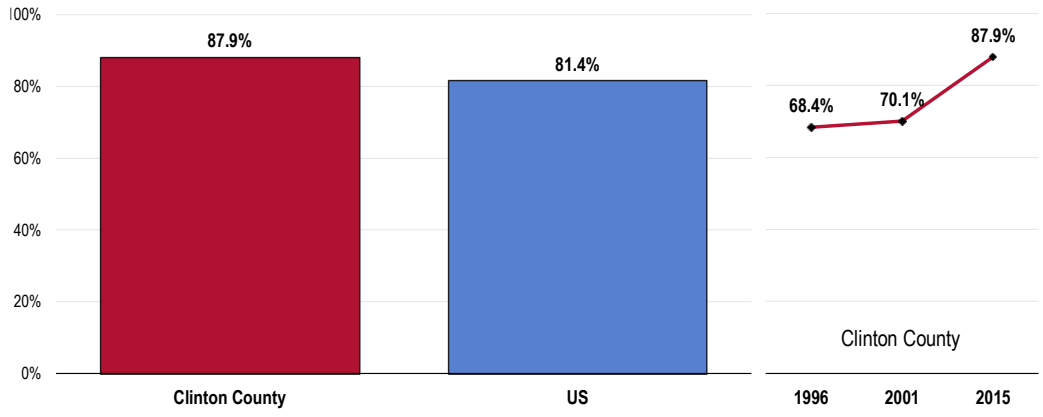
"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 87.9% report that they are currently taking actions to control their cholesterol levels.

- More favorable than found nationwide.
- TREND: Marks a statistically significant increase over previous findings.

Taking Action to Control High Blood Cholesterol Levels

(Among Adults With High Cholesterol)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

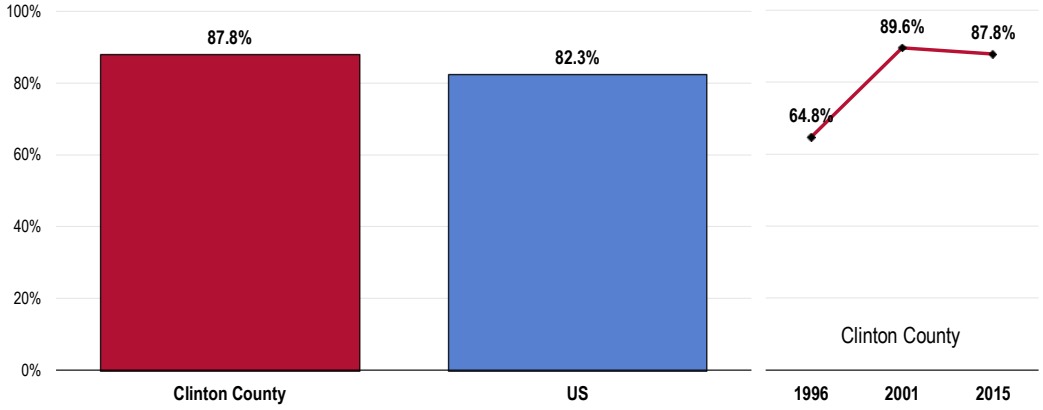
Total Cardiovascular Risk

A total of 87.8% of Clinton County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

RELATED ISSUE: See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.

- Higher than national findings.
- TREND: Cardiovascular risk remains at a rate that is significantly higher than found in 1996 (similar to that found in 2001).

Present One or More Cardiovascular Risks or Behaviors



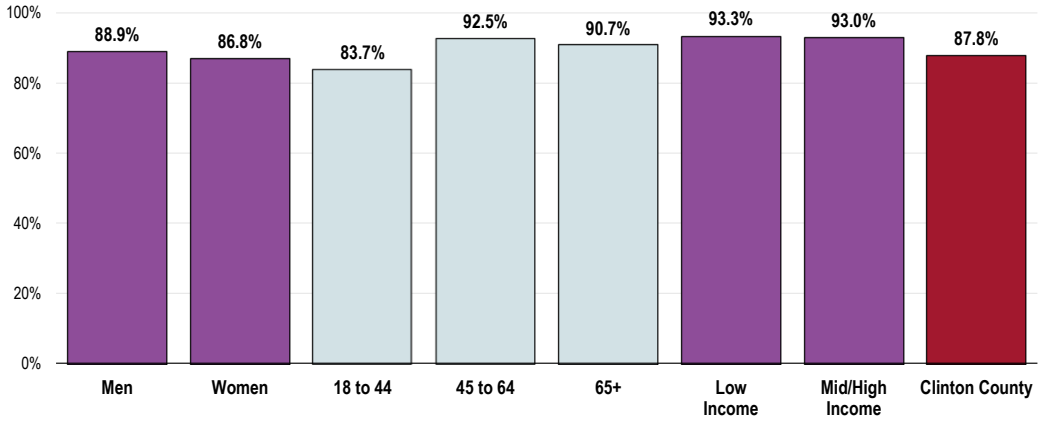
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

- There is no significant difference in cardiovascular risk among demographic groups.

Present One or More Cardiovascular Risks or Behaviors

(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

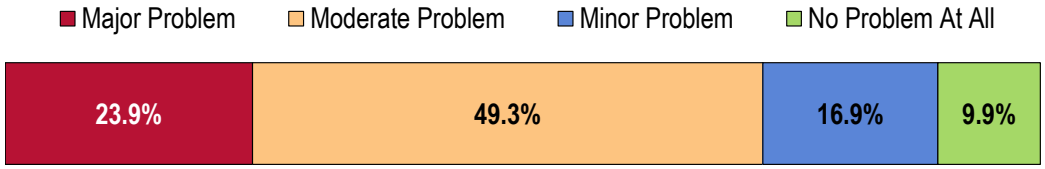
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2015)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lifestyle

Rate of tobacco use is high, overweight/obese children and adults. Lack of physical exercise, lack of sidewalks, walking trails and bike paths. Closure of YMCA. Few low cost options to stay physically active. - Social Services Provider

Again - a culture which does not value healthy dietary habits and active lifestyles. Assuring adequate food is a problem for 25% of this county - the hell with eating healthy! Getting to a physician for health maintenance and early detection of cardiovascular care is a problem for vulnerable populations. Over 50% of this county lives at or below 200% of the Federal poverty level - that does not leave money for the finer things like good food, time & interest in exercise and preventive health care. - Public Health Representative

High level of tobacco use, lack of exercise and obesity. - Public Health Representative

Lack of exercise and high availability of low cost of non-nutritious foods. - Public Health Representative

There are a large number of people who are overweight to obese and not very active. That combination leads to heart disease and stroke. - Public Health Representative

Comorbidities

Heart disease and stroke are major problems in our area as many family members and friends are overweight and have multiple heart disease and stroke indicators. These might include diabetes, high triglycerides, high blood pressure and high cholesterol. The majority of people seem to be on these types of medications. Seeing loved ones suffer from illness and dying suddenly is very difficult. - Community/Business Leader

County residents are meat eating, overweight, high blood pressure, and high cholesterol people. - Public Health Representative

Aging Population

Aging population with risk factors, diabetes and hypertension. - Physician

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

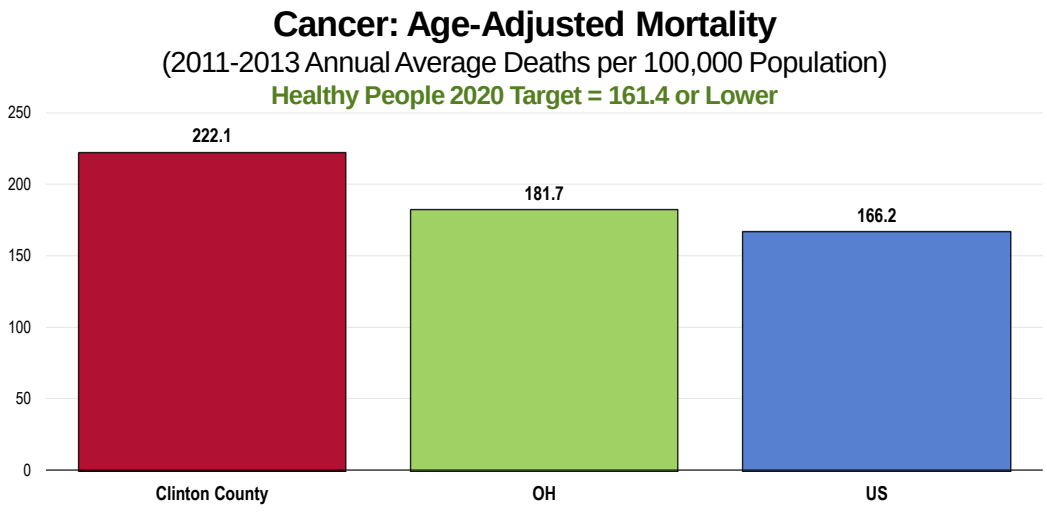
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 222.1 deaths per 100,000 population in Clinton County.

- Notably greater than the statewide rate.
- Notably greater than the national rate.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Clinton County.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2004-2013 annual average age-adjusted death rates):

- The Clinton County **lung cancer**, **prostate cancer, and colorectal cancer** death rates are higher than both the respective state and national rates.
- The Clinton County **female breast cancer** death rate is lower than the Ohio rate and similar to the US rate.

Note that each of the Clinton County cancer death rates detailed below fails to satisfy the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site

(2004-2013 Annual Average Deaths per 100,000 Population)

	Clinton County	OH	US	HP2020
Lung Cancer	69.4	56.4	48.6	45.5
Prostate Cancer	29.7	23.2	22.4	21.8
Female Breast Cancer	23.1	24.8	22.6	20.7
Colorectal Cancer	20.0	17.9	16.3	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Between 2007 and 2011, Clinton County had an annual average age-adjusted incidence rate of prostate cancer of 120.4 cases per 100,000 population.

- Better than the statewide incidence rate.
- Better than the national incidence rate.

There was an annual average age-adjusted incidence rate of 117.5 female breast cancer cases per 100,000 in Clinton County.

- Statistically similar to the statewide incidence rate.
- Statistically similar to the national incidence rate.

There was an annual average age-adjusted incidence rate of 88.3 lung cancer cases per 100,000 in Clinton County.

- Worse than the statewide incidence rate.
- Much worse than the national incidence rate.

There was an annual average age-adjusted incidence rate of colorectal cancer of 53.6 cases per 100,000 in Clinton County.

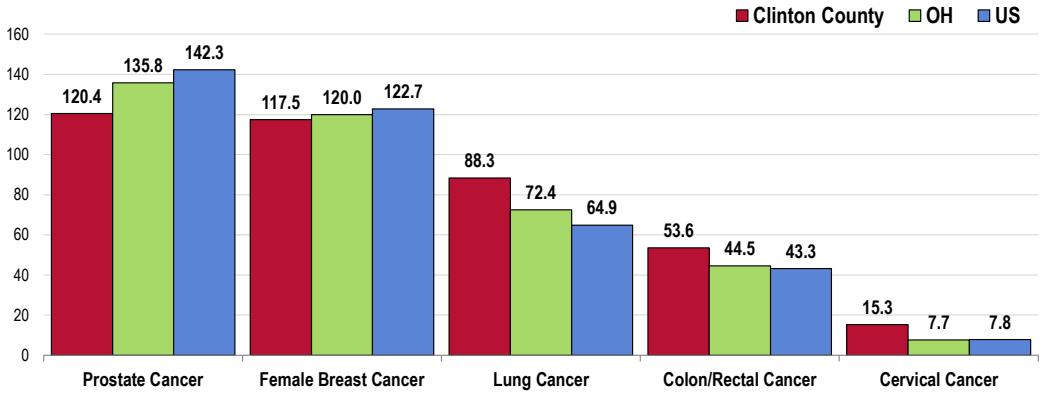
- Worse than the statewide incidence rate.
- Worse than the national incidence rate.

There was an annual average age-adjusted incidence rate of cervical cancer of 15.3 cases per 100,000 in Clinton County.

- Worse than the statewide incidence rate.
- Worse than the national incidence rate.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)



Sources:
- State Cancer Profiles: 2007-11.
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

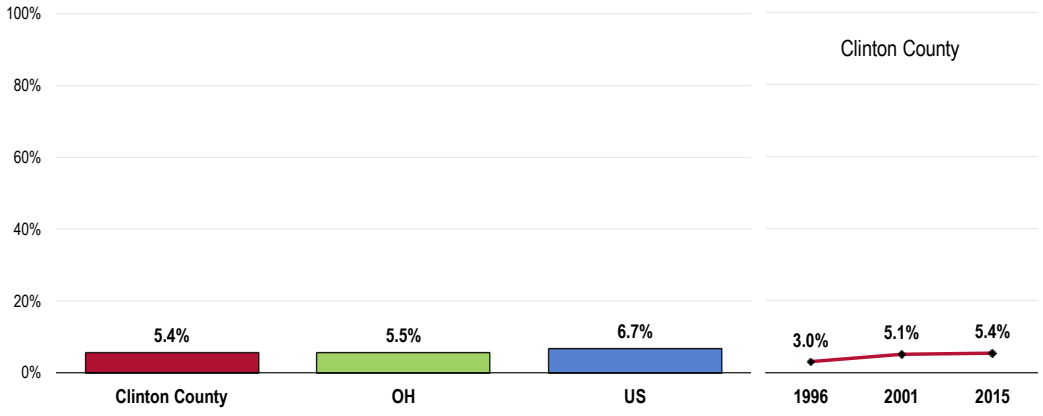
Prevalence of Cancer

Skin Cancer

A total of 5.4% of surveyed Clinton County adults report having been diagnosed with skin cancer.

- Nearly identical to what is found statewide.
- Similar to the national average.
- TREND: The prevalence of skin cancer has remained statistically unchanged over time.

Prevalence of Skin Cancer



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

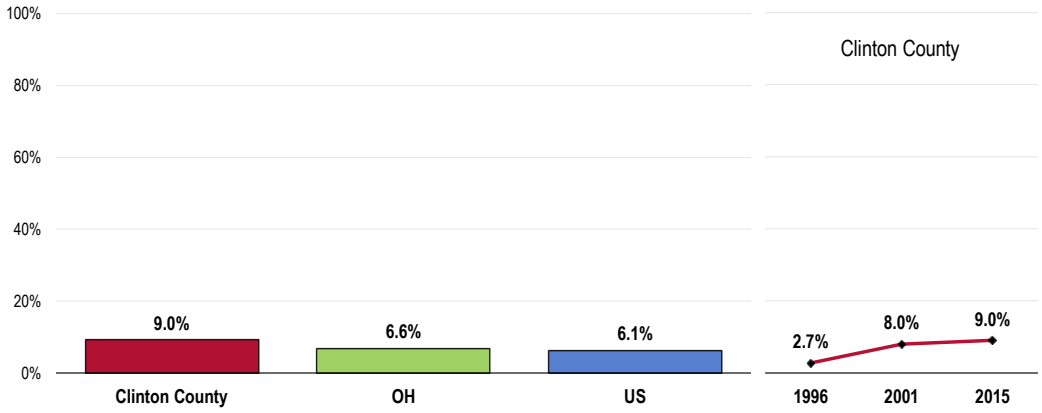
Notes:
- Asked of all respondents.

Other Cancer

A total of 9.0% of respondents have been diagnosed with some type of (non-skin) cancer.

- Statistically comparable to the statewide prevalence.
- Statistically comparable to the national prevalence.
- TREND: The prevalence of cancer has significantly increased since 1996.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

RELATED ISSUE: See also *Nutrition & Overweight*, *Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

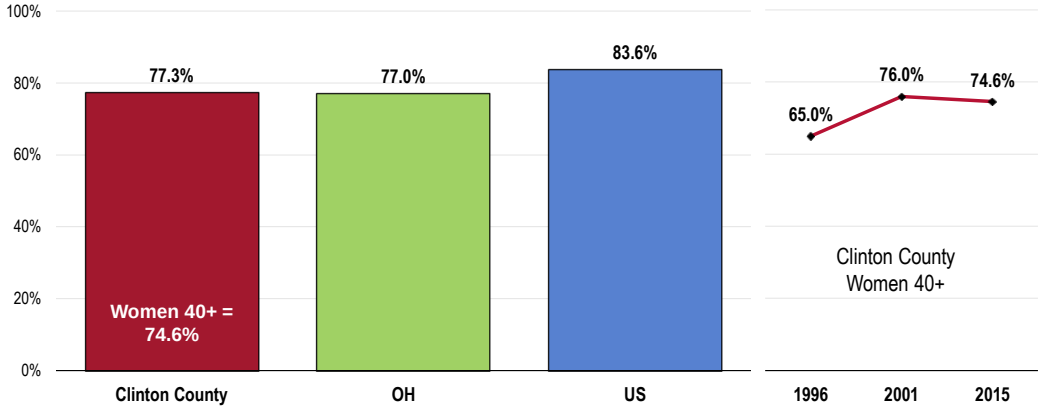
Among women age 50-74, 77.3% have had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Statistically similar to national findings.
- Close to the Healthy People 2020 target (81.1% or higher).
- Among women 40+, 74.6% have had a mammogram in the past two years.
- TREND: Mammograms among women 40+ is statistically unchanged from the 1996 rate.

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

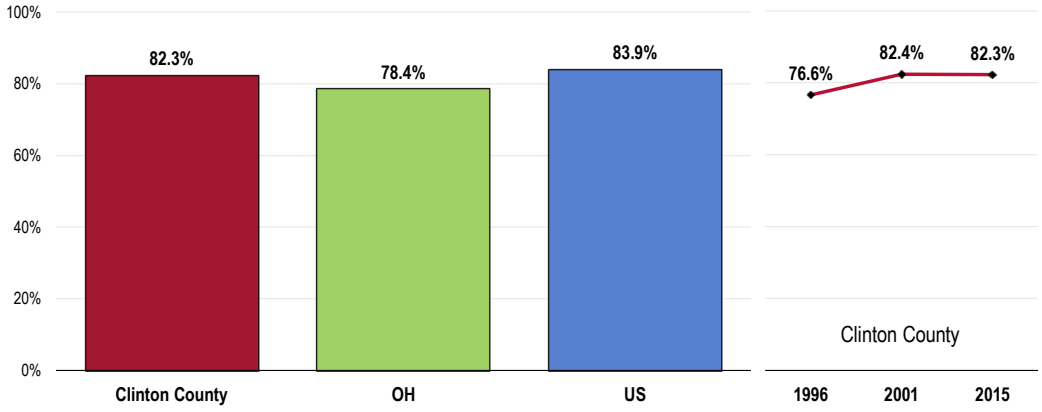
Among women age 21 to 65, 82.3% have had a Pap smear within the past three years.

- Statistically comparable to Ohio findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- TREND: Statistically unchanged since 1996.

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.
- *Note that the Ohio percentage represents all women age 18 and older.
- **1996 and 2001 trend data reflect all women 18 and older.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

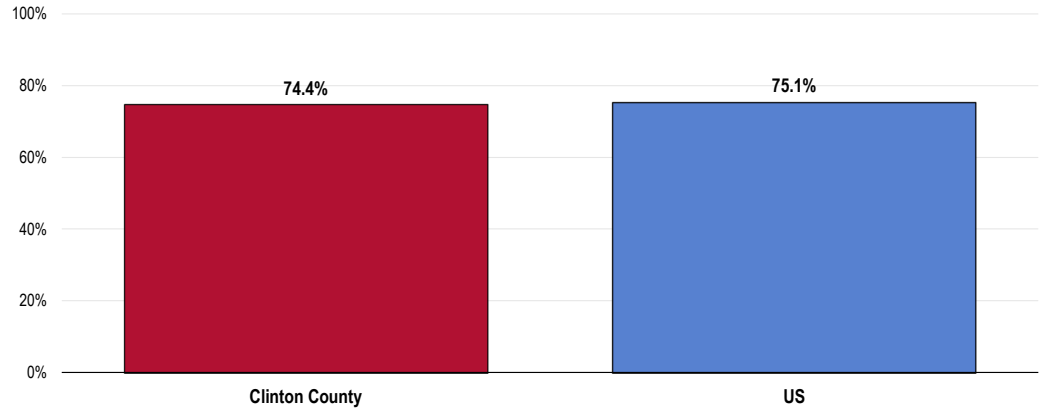
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50–75, 74.4% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Similar to national findings.
- Similar to the Healthy People 2020 target (70.5% or higher).

Have Had a Colorectal Cancer Screening
(Among Adults Age 50-75)
Healthy People 2020 Target = 70.5% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, over three-fourths (78.2%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than Ohio findings.
- Similar to national findings.
- TREND: Marks a significant increase in lower endoscopy screening since 1996.

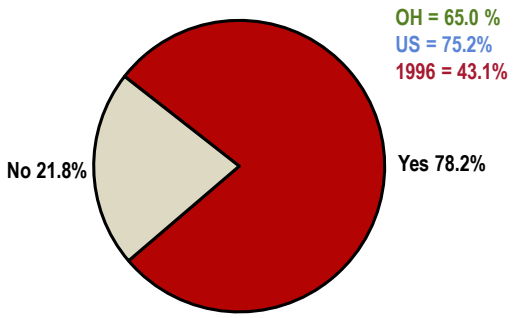
Blood Stool Testing

Among adults age 50 and older, 16.1% have had a blood stool test (aka "fecal occult blood test") within the past two years.

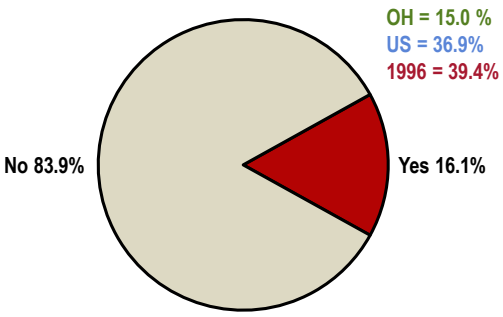
- Comparable to Ohio findings.
- Less than half of the national percentage.

Colorectal Cancer Screenings

(Among Clinton County Adults Age 50 and Older, 2015)



Ever Had Lower Endoscopy



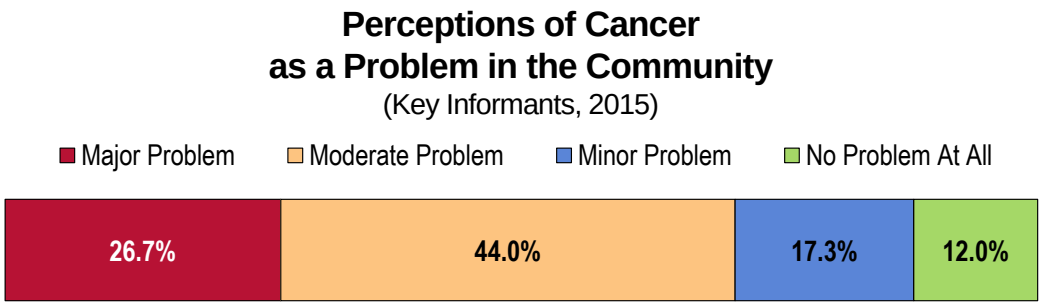
Blood Stool Test in Past 2 Years

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 131-132]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Ohio data.

Notes:
- Asked of respondents age 50 and older.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

Cancer is a major problem in our community because of the prevalence of the condition. - Other Healthcare Provider

Clinton County has a high cancer rate. - Other Healthcare Provider

Cancer rate is extreme in Clinton County. - Public Health Representative

Many people are being diagnosed in the community. There care may be spread out though over Cincinnati, Dayton and Columbus so maybe a true number of those affected is not accurate. - Other Healthcare Provider

Extremely high rate of people diagnosed. - Social Services Provider

Seems to be an abundant amount of people getting some form. I believe we are ranked very high in the State in cases. - Community/Business Leader

Prevalence and lack of insurance on the part of many residents. - Community/Business Leader

I know lots of people who have, have had cancer and I know lots of family and friends who know someone who has had or currently has cancer. - Social Services Provider

I have known many individuals in the community who have had cancer and the Health Department data shows this as one of the major causes of death in the community. - Social Services Provider

Often, I receive news of a friend, family member of a friend or a friend of a friend being diagnosed with Cancer. My neighbor and good friend has a sister who was recently told she has only two to three weeks to live due to colon cancer. I lost the most important person in my life, my Mom, three years ago, was given the diagnosis four weeks before she passed to lung cancer. We have a volunteer working at the shelter who was once a resident living with cancer and many residents who call or have called the shelter home are diagnosed with cancer prior to coming to the shelter. Those living with cancer and other health problems can often experience loss of employment and housing. - Community/Business Leader

Cancer touches most families in one form or another, whether it's skin cancer from too much sun, cervical or lung cancer from smoking. - Community/Business Leader

It seems that there are many families who are struggling with a family member or someone they know who has been either diagnosed with cancer, or is undergoing treatment. - Social Services Provider

Access Issues

> *Because I work with Cancer patients and I see problems with delay of care for financial reasons, I see limiting care for the same reasons and I see transportation and nutrition issues related to this problem. I do not have quantitative stats at my fingertips but I have qualitative experience with serving this population. There are few free or low-cost screening opportunities available any longer. - Public Health Representative*

Lifestyle

> *Poor lifestyle, including smoking. - Other Healthcare Provider*

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Age-Adjusted Respiratory Disease Deaths

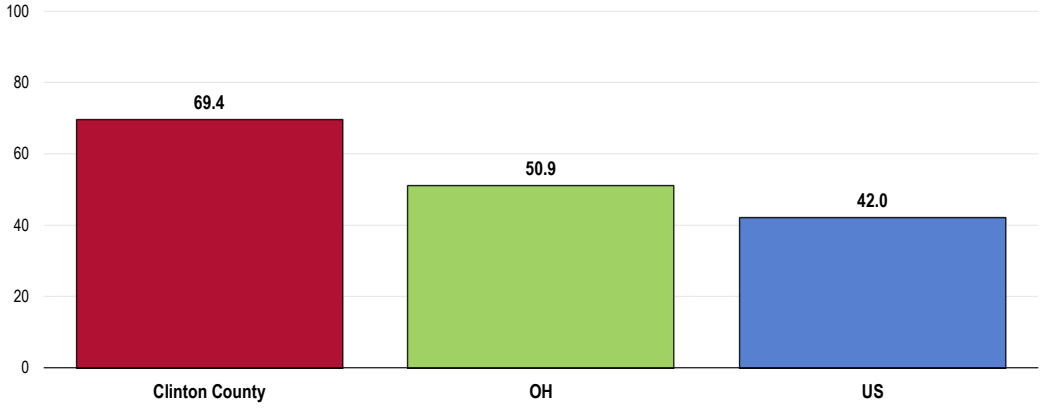
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 69.4 deaths per 100,000 population in Clinton County.

- Considerably higher than found statewide.
- Considerably higher than the national rate.

CLRD: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

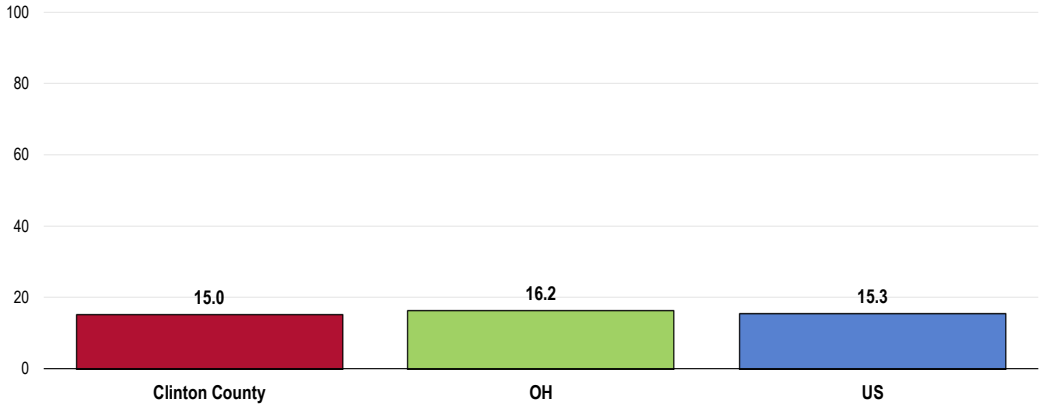
Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 15.0 deaths per 100,000 population in Clinton County.

- Just below that found statewide.
- Similar to the national rate.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Disease*.

Pneumonia/Influenza: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

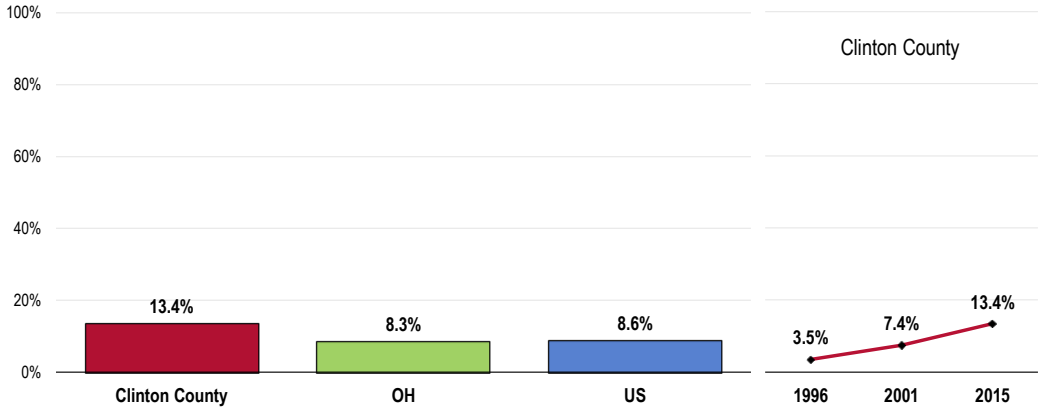
Chronic Obstructive Pulmonary Disease (COPD)

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 13.4% of Clinton County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Less favorable than the state prevalence.
- Less favorable than the national prevalence.
- TREND: In comparing to previous data, prevalence appears to have increased significantly.
- NOTE: in prior data, this question was asked slightly differently; respondents in 1996 and 2001 were asked if they had ever been diagnosed with "chronic lung disease, including bronchitis or emphysema," rather than "COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema," as is asked currently.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

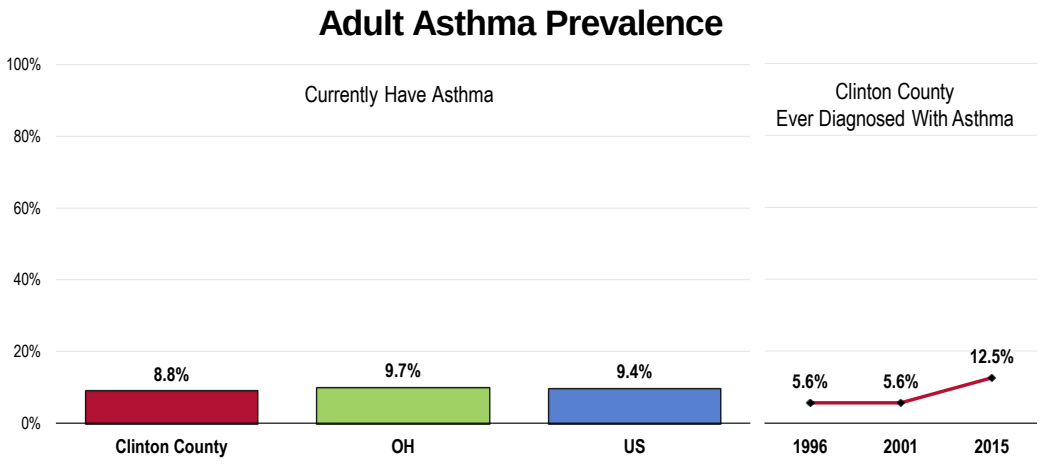
Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Asthma

Adults

A total of 8.8% of Clinton County adults currently suffer from asthma.

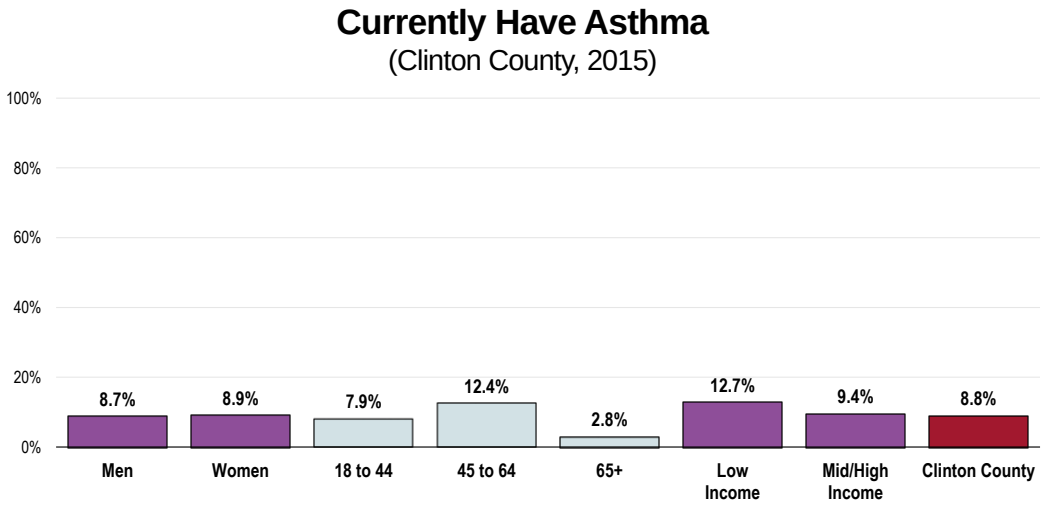
- Similar to the statewide prevalence.
- Similar to the national prevalence.
- TREND: The prevalence of adults who have ever been diagnosed with asthma has increased significantly since prior surveys.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 37, 134]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.

Notes:
- Asked of all respondents.
- "Currently have asthma" includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

- Adults age 45 to 64 are slightly more likely to suffer from asthma.



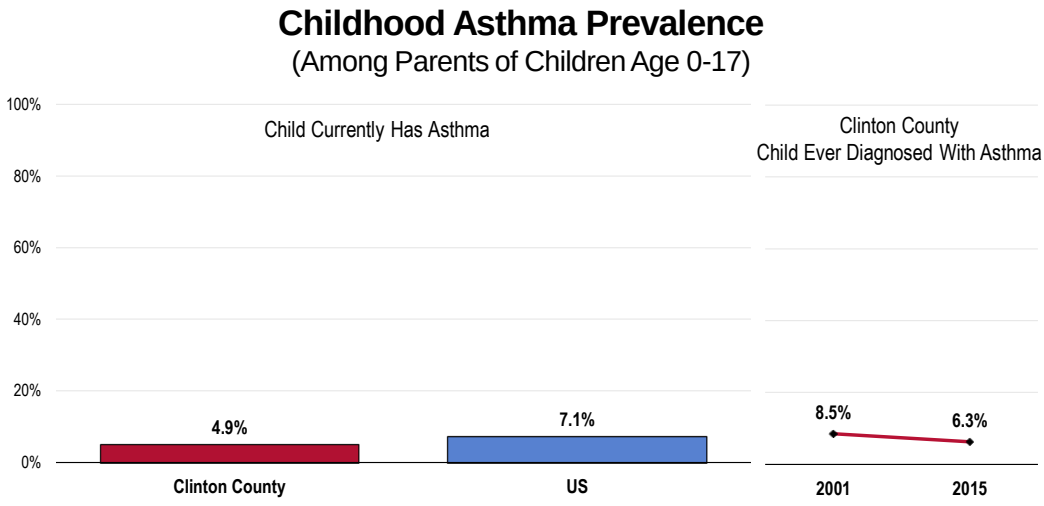
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Clinton County children under age 18, 4.9% currently have asthma.

- Statistically comparable to national findings.
- TREND: The prevalence of children who have ever been diagnosed with asthma has not changed significantly over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 114, 135]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- "Currently have asthma" includes those children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

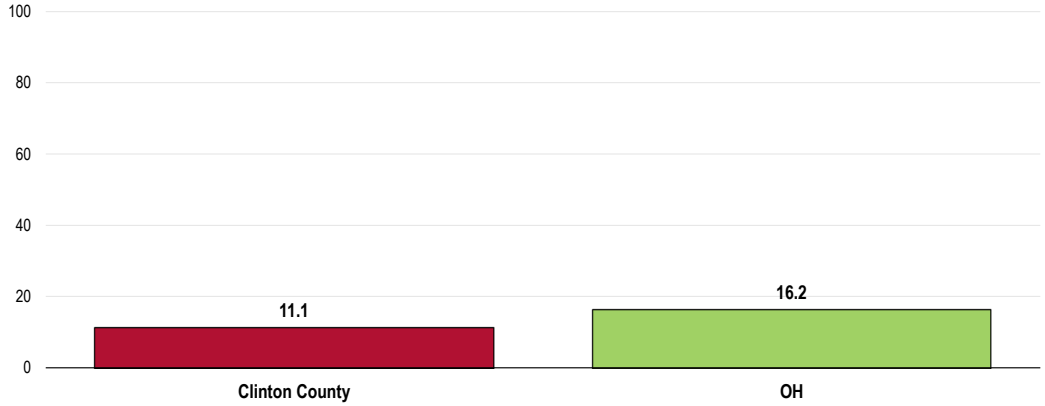
Hospitalizations

Between 2007 and 2009, a total of 11.1 of Clinton County residents per 10,000 population were hospitalized due to their asthma.

- More favorable than found statewide.

Hospitalizations Due to Asthma

(2007-2009 Annual Average Rate of Hospitalization per 10,000 Population)



Sources:
- Ohio Department of Health.
- Retrieved September 2015 from Public Health Assessment and Wellness at http://clinton.oh.networkofcare.org/.

Notes:
- Rates are per 10,000 population.

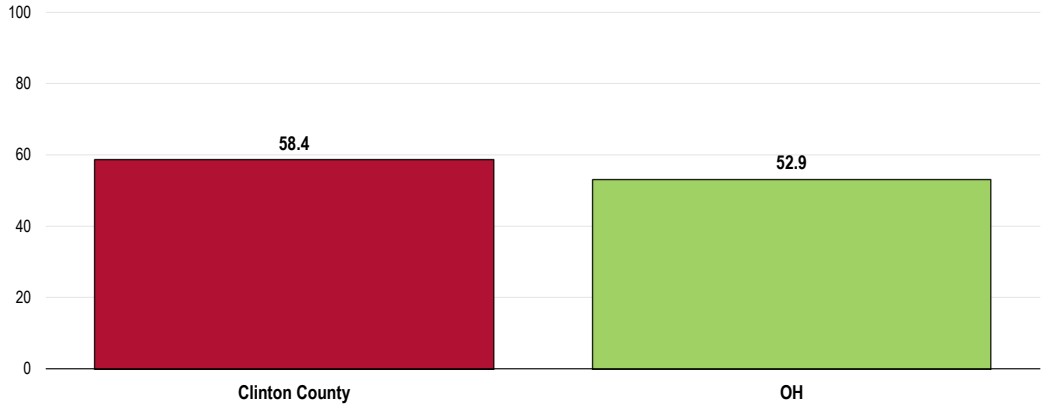
Emergency Room Visits

In Clinton County, 58.4 adults per 10,000 population went to a hospital emergency room because of their asthma during 2009.

- Less favorable than the Ohio rate.

ER Visits Due to Asthma

(Rate of ER Visits per 10,000 Population, 2009)

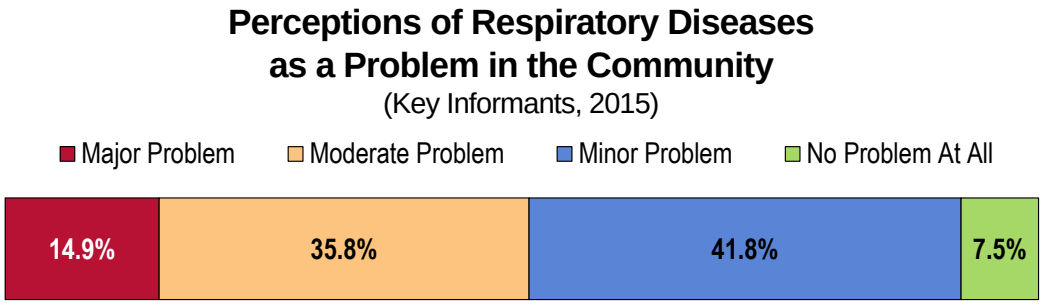


Sources:
- Ohio Department of Health.
- Retrieved September 2015 from Public Health Assessment and Wellness at http://clinton.oh.networkofcare.org/.

Notes:
- Rates are per 10,000 population.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Tobacco Use

Cigarette smoking is very common in Clinton County. - Public Health Representative

Number of tobacco users, tolerance of smoking in general, especially by youth under age 18. Enforcement of laws, sale and use outside buildings. Lack of cessation programs. Lack of awareness of cessation options covered by insurance, Medicare and Medicaid. - Social Services Provider

Smokers, smokers, smokers, farmers breathing in their field treatment chemicals. COPD is one of the highest admitting diagnoses at CMH. - Public Health Representative

Tobacco abuse. - Physician

Asthma is increasing. Lots of smokers. - Community/Business Leader

Tobacco use. - Public Health Representative

Asthma Diagnosis

Asthma is becoming diagnosed more readily as allergies. Funding for inhalers and preventive medications becoming more expensive and deductibles are higher. We are an agricultural society. - Public Health Representative

I see many people on oxygen, know that many have Asthma - Public Health Representative

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

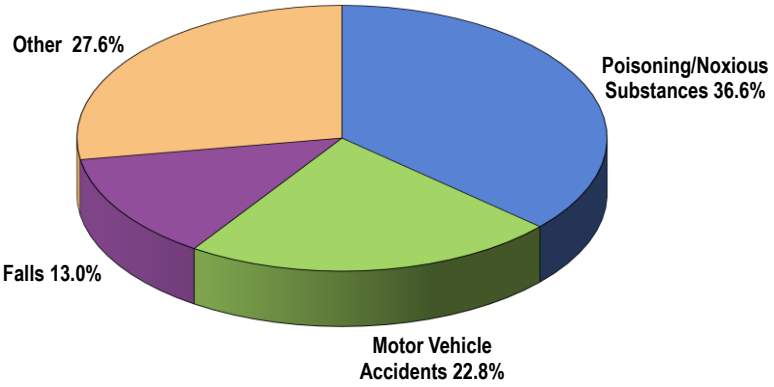
- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Poisoning (including accidental drug overdose), motor vehicle accidents, and falls accounted for 72.4% of accidental deaths in Clinton County between 2009 and 2013.

Leading Causes of Accidental Death
(Clinton County, 2009-2013)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

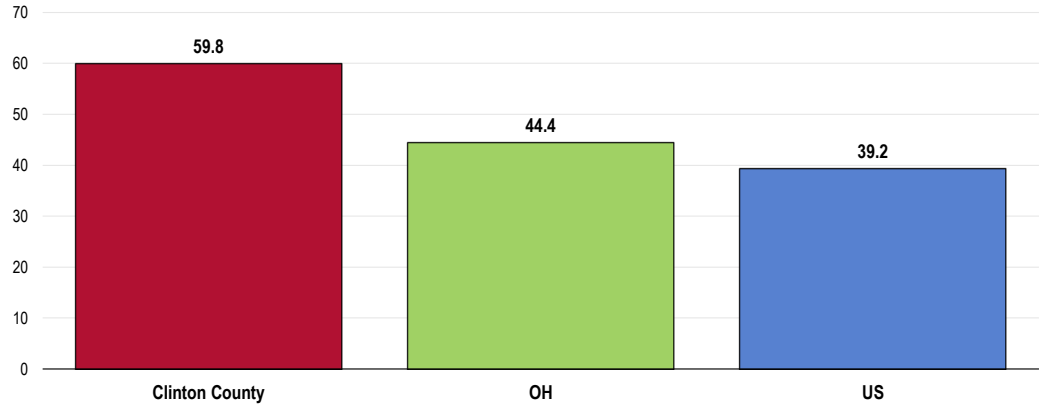
Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 59.8 deaths per 100,000 population in Clinton County.

- Much less favorable than the Ohio rate.
- Much less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Falls

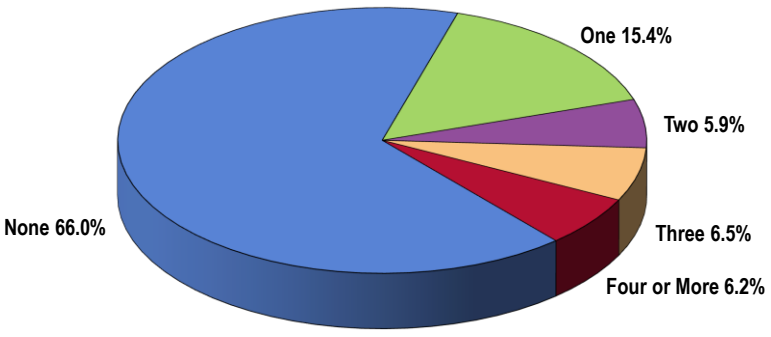
In this instance, "fall" is when a person unintentionally comes to rest on the ground or another lower level.

Falls were included whether or not an injury resulted from the incident.

Among Clinton County adults age 45 and older, 66.0% have not fallen in the past year. 21.3% have fallen once or twice, and 6.5% fell three times. There were 6.2% of area adults age 45 and older who fell four or more times putting them at a higher risk for falling injuries in the past year.

Number of Times Have Fallen in the Past Year

(Among Adults Age 45+)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]

Notes:
- Asked of all respondents age 45 and older.
- In this instance, "fall" is when a person unintentionally comes to rest on the ground or another lower level.

Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

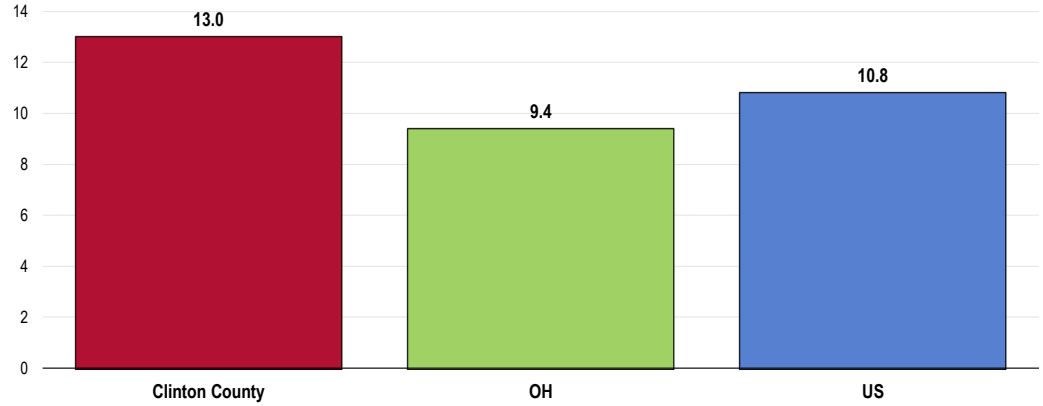
Between 2009 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 13.0 deaths per 100,000 population in Clinton County.

- Higher than found statewide.
- Higher than found nationally.
- Comparable to the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality

(2009-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

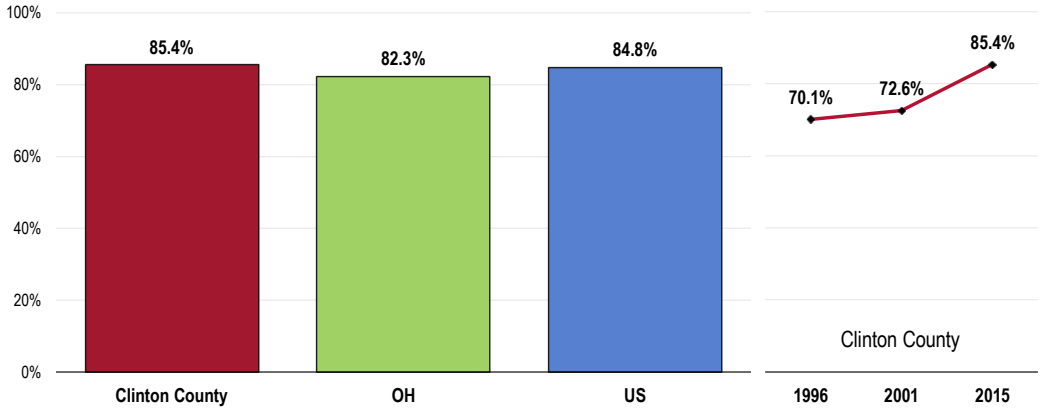
Seat Belt Usage - Adults

Most Clinton County adults (85.4%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Statistically similar to the Ohio findings.
- Similar to the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- TREND: Denotes a statistically significant increase in seat belt usage from 1996 and 2001 survey findings.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

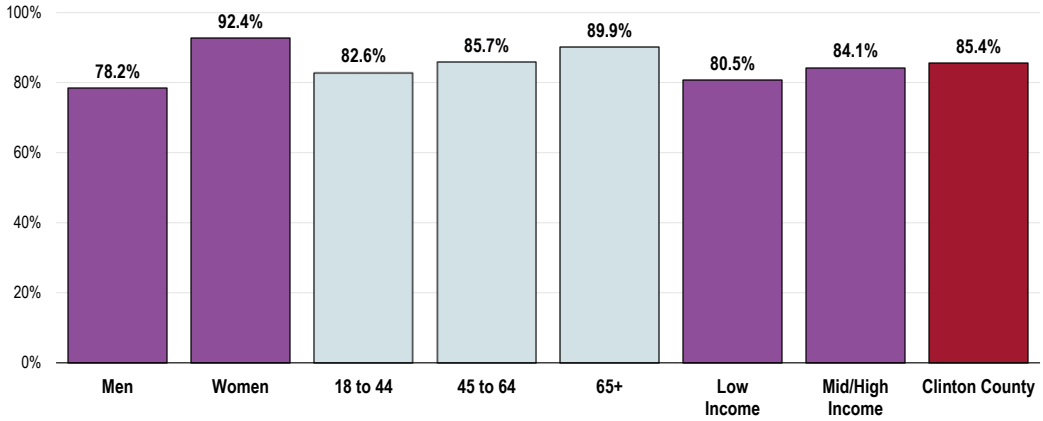
Notes:
- Asked of all respondents.

- Men are less likely to report consistent seat belt usage.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

(Clinton County, 2015)

Healthy People 2020 Target = 92.0% or Higher



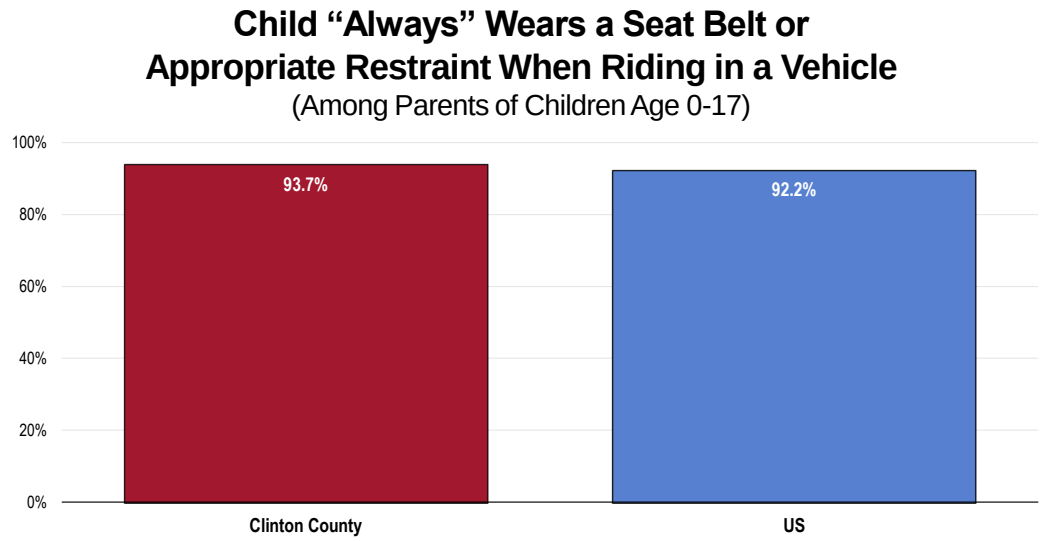
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Seat Belt Usage - Children

A full 93.7% of Clinton County parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Similar to what is found nationally.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

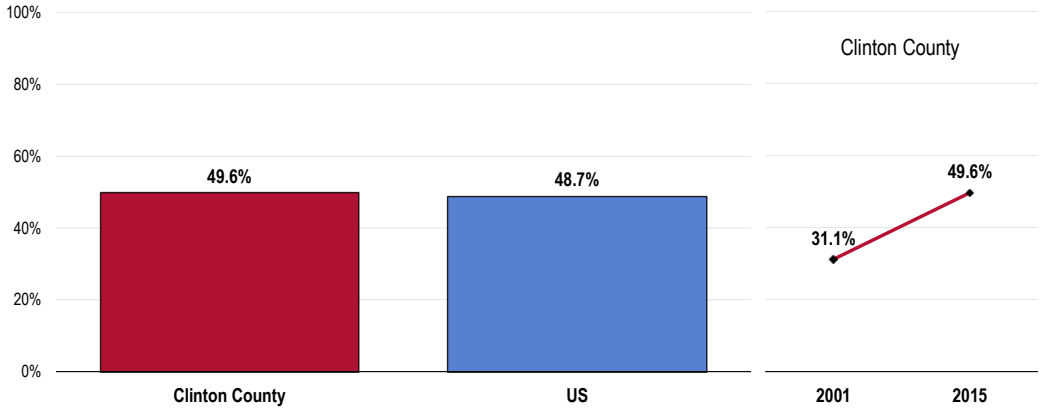
Bicycle Safety

Nearly one half of Clinton County children age 5 to 17 (49.6%) are reported to "always" wear a helmet when riding a bicycle.

- Comparable to the national prevalence.
- TREND: Marks a significant increase since 2001.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5 to 17 at home.
- Trend data from 2001 reflects children age 5 to 6.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

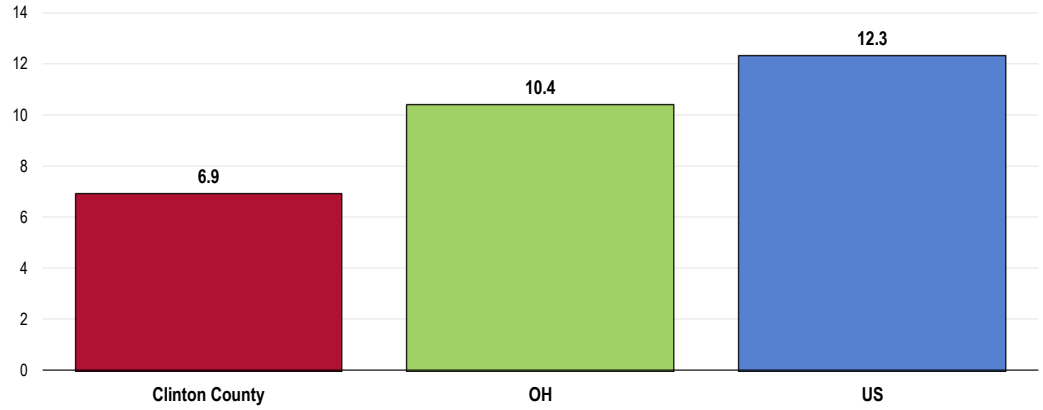
Between 2004 and 2013, there was an annual average age-adjusted rate of 6.9 deaths per 100,000 population due to firearms in Clinton County.

- Better than found statewide.
- Better than found nationally.
- Satisfies the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

(2004-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Presence of Firearms in Homes

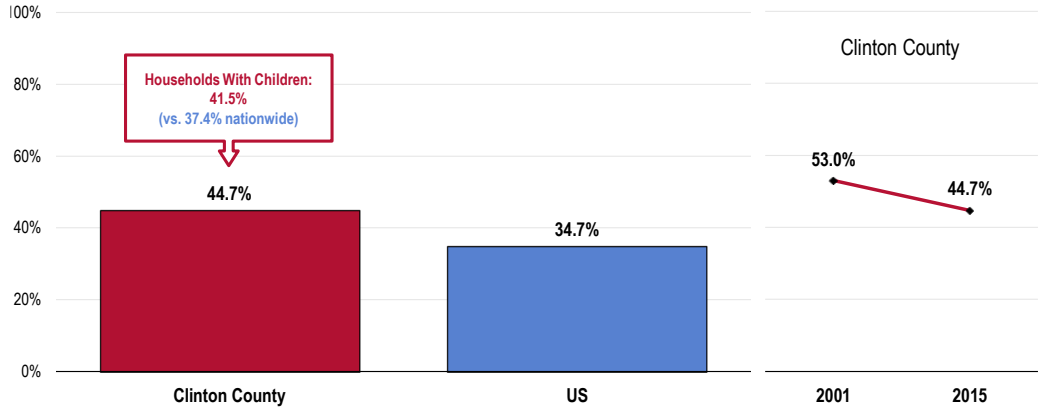
Survey respondents were further asked about the presence of weapons in the home:

"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

Overall, 44.7% of Clinton County adults have a firearm kept in or around their home.

- Higher than the national prevalence.
- Among Clinton County households with children, 41.5% have a firearm kept in or around the house (statistically similar to the percentage reported nationally).
- TREND: The prevalence of firearms in households has decreased significantly over time.

Have a Firearm Kept in or Around the Home



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

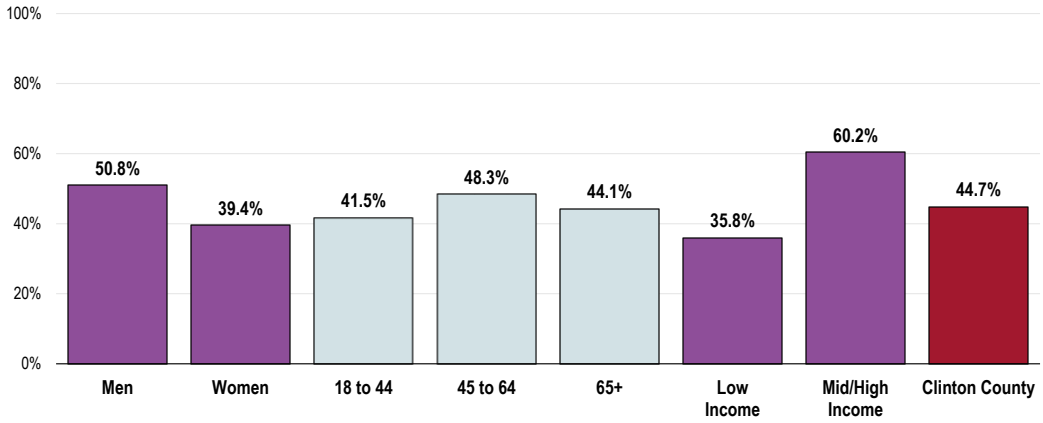
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Higher-income households.

Have a Firearm Kept in or Around the House

(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

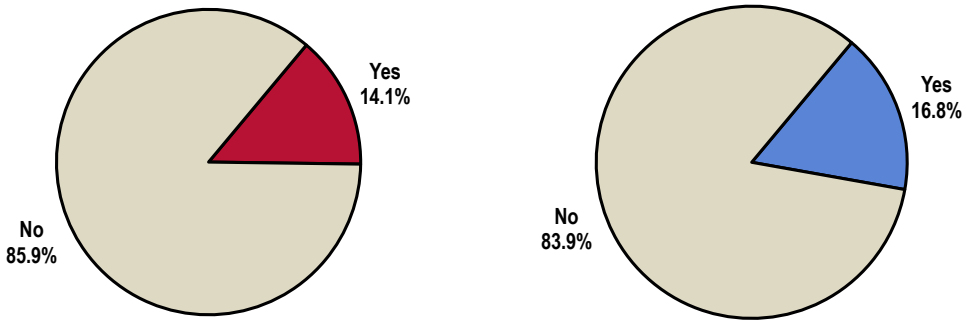
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Clinton County households with firearms, 14.1% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.

Household Has An Unlocked, Loaded Firearm

(Among Respondents Reporting a Firearm in or Around the Home)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with a firearm in or around the home.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Violent Crime

Violent Crime Rates

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

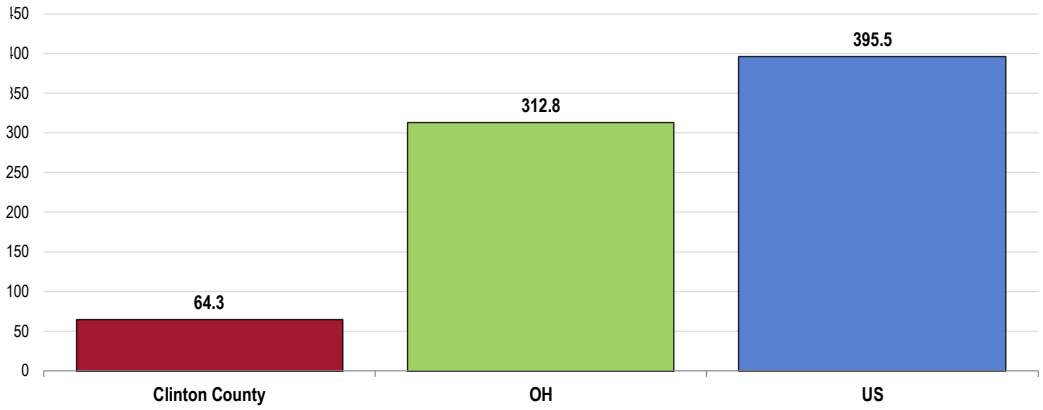
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2010 and 2012, there were a reported 64.3 violent crimes per 100,000 population in Clinton County.

- Much more favorable than the rate found statewide.
- Much more favorable than the national rate.

Violent Crime

(Rate per 100,000 Population, 2010-2012)



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2012.
- Retrieved September 2015 from Community Commons at http://www.chna.org.

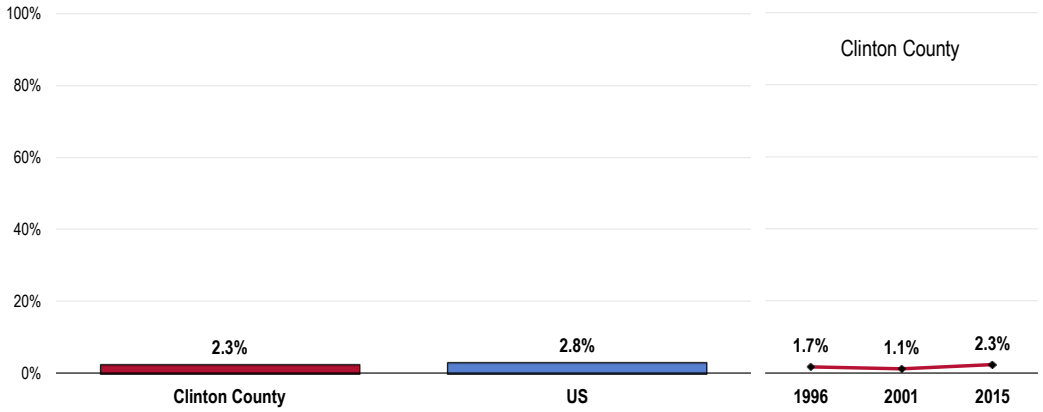
Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Self-Reported Violence

A total of 2.3% of Clinton County adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.
- TREND: There has been no significant change in victimization since 1996.

Victim of a Violent Crime in the Past Five Years

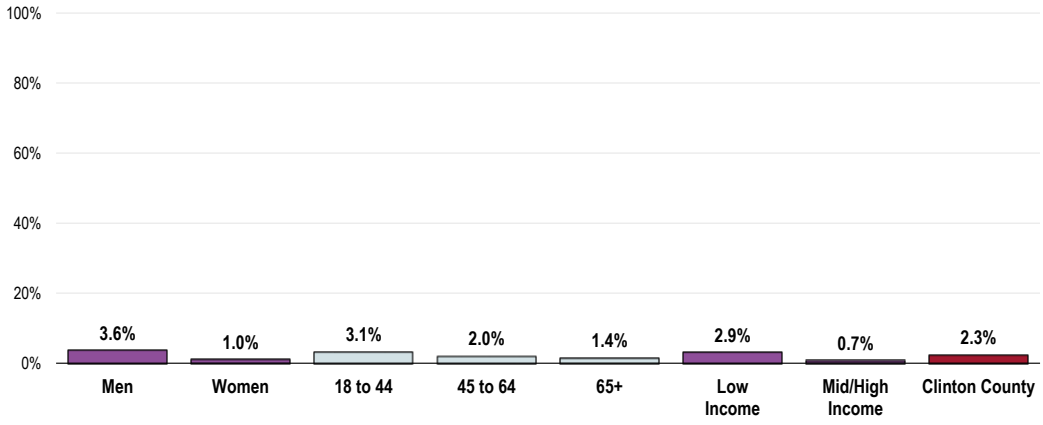


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Reports of violence are statistically similar among demographic groups.

Victim of a Violent Crime in the Past Five Years
(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported Family Violence

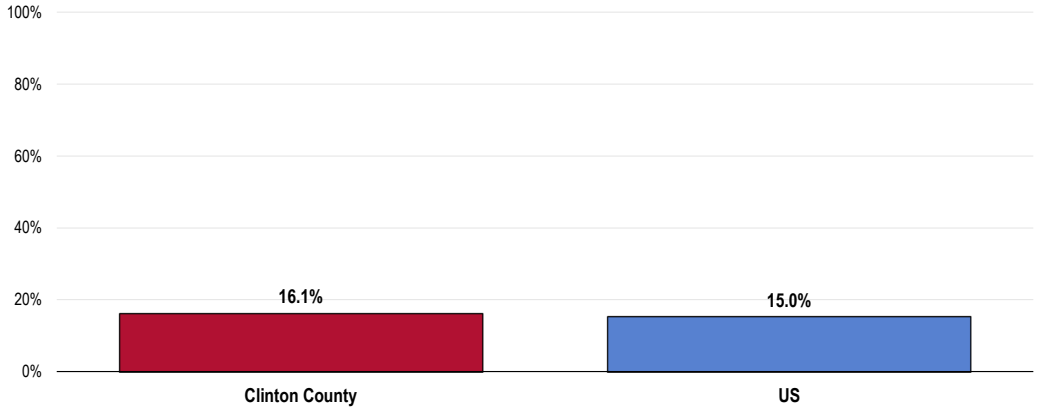
Respondents were told:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 16.1% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to national findings.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

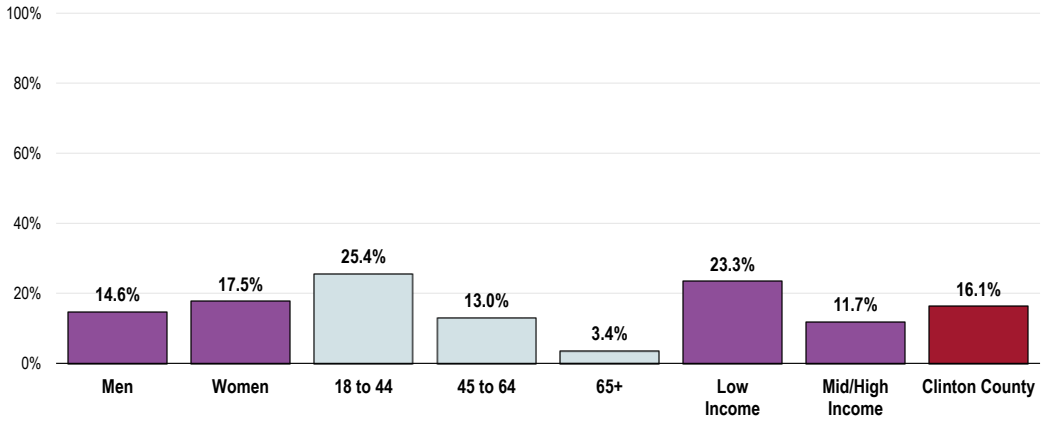
Notes:
- Asked of all respondents.

Note the following:

- There is a strong negative correlation of domestic violence with age (note that 25.4% of 18 to 44 year olds have ever experienced violence by an intimate partner).
- Reports of domestic violence are notably higher among those with lower incomes as well.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

(Clinton County, 2015)



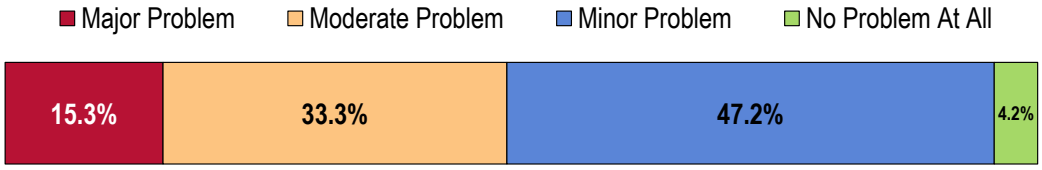
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "minor problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2015)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Domestic Violence/Child Abuse

> *A lot of domestic violence observed through our Juvenile Court and public media. - Social Services Provider*
>
> *Domestic violence in particular seems to a big problem, possible aggravated by substance abuse and mental health issues. - Community/Business Leader*
>
> *Domestic violence is a HUGE issue, child abuse is HUGE, and gun possession is prevalent in the county. - Public Health Representative*

> *I see domestic abuse and child abuse in my practice daily. - Physician*
>
> *I include both abuse and neglect of children and domestic violence in this category. Our agency has a role to assist those individuals in any of these categories. - Social Services Provider*
>
> *There appears to be a huge amount of incest and childhood sexual abuse in Clinton County. - Other Healthcare Provider*

Co-Occurrences

> *Heroin and meth addiction, domestic abuse. - Community/Business Leader*

Lack of Mental Health Services

> *Lack of mental health services. - Community/Business Leader*

Prevalence/Incidence

> *Children's Services, they communicate periodically that the number of cases and the severity of their cases are increasing. - Community/Business Leader*

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

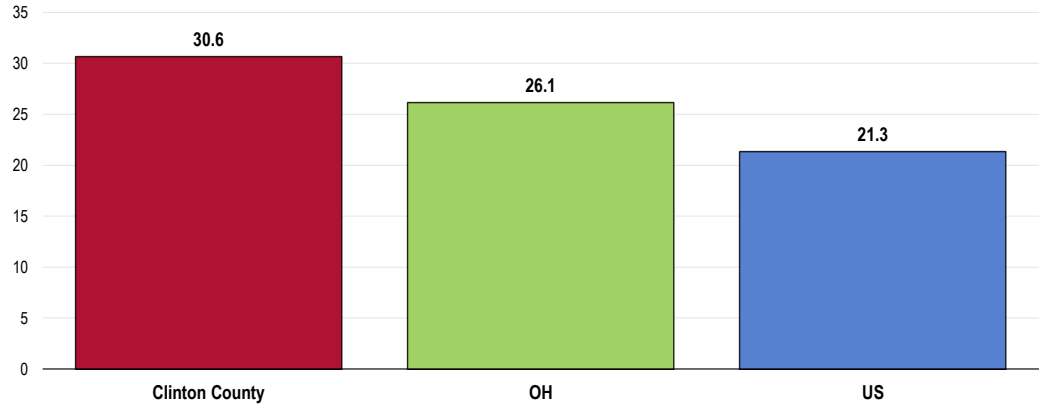
Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 30.6 deaths per 100,000 population in Clinton County.

- Worse than that found statewide.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

Diabetes: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

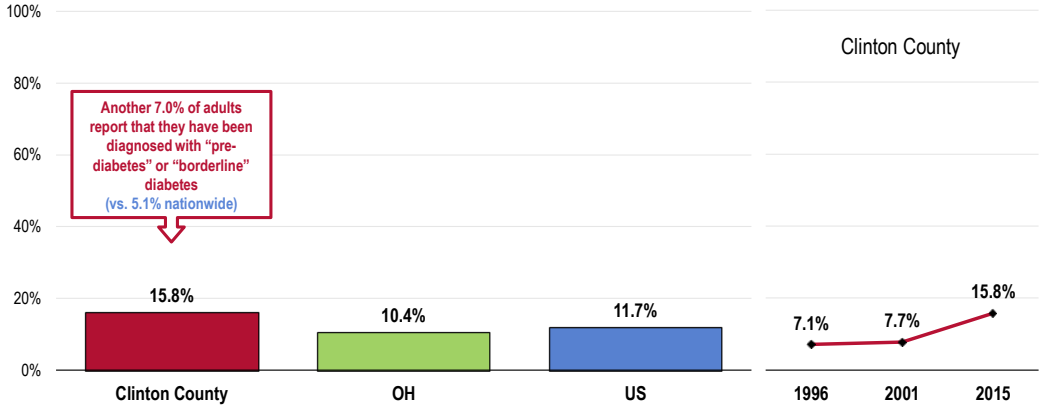
A total of 15.8% of Clinton County adults report having been diagnosed with diabetes.

- Higher than the statewide proportion.
- Higher than the national proportion.
- TREND: Has shown a significant increase in diabetes since 1996 and 2001.

In addition to the prevalence of diagnosed diabetes referenced above, another 7.0% of Clinton County adults report that they have "pre-diabetes" or "borderline diabetes."

- Comparable to the US prevalence.

Prevalence of Diabetes

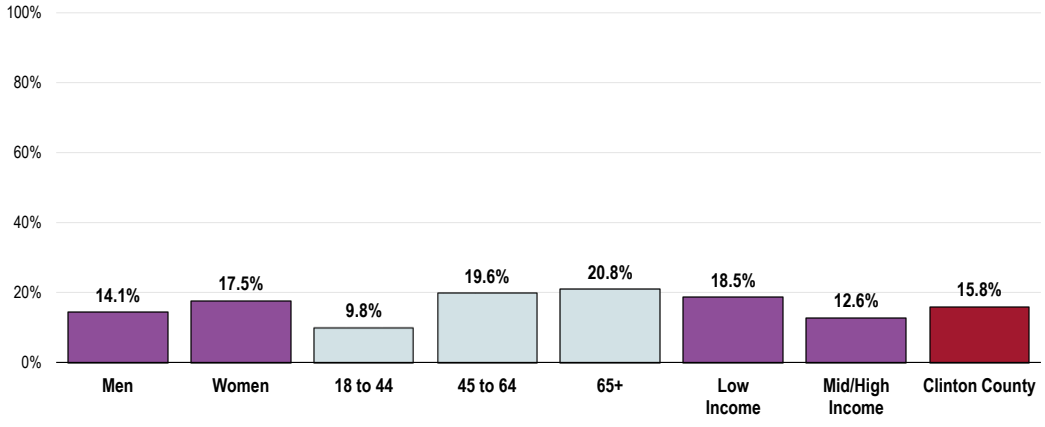


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

- A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among adults over the age of 44.

Prevalence of Diabetes
(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

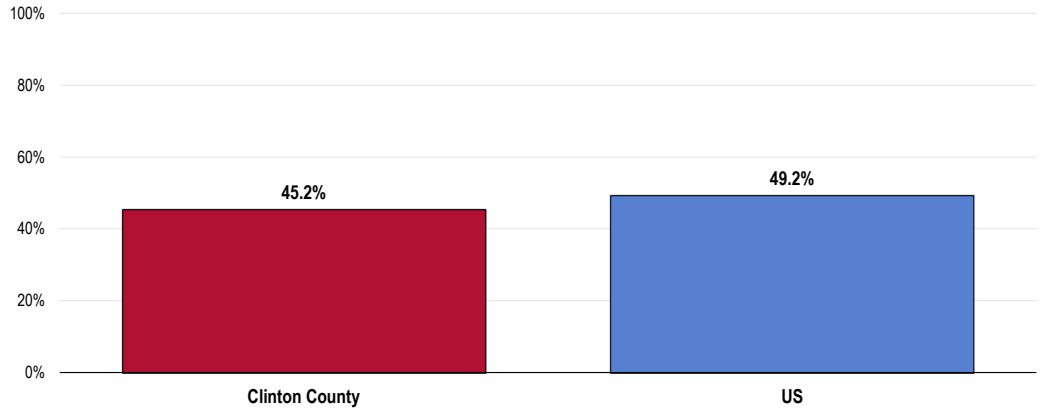
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of Clinton County adults who have <u>not</u> been diagnosed with diabetes, 45.2% report having had their blood sugar level tested within the past three years.

- Statistically similar to the national proportion.

Have Had Blood Sugar Tested in the Past Three Years
(Among Non-Diabetics)

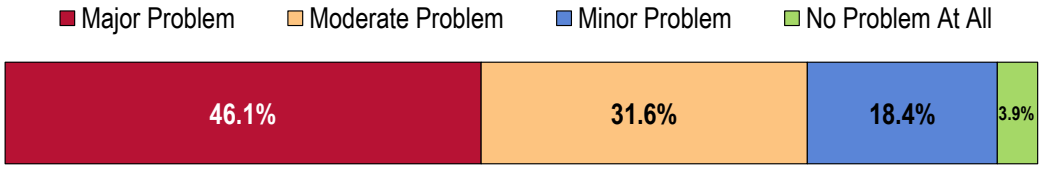


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2015)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Education/Awareness

Education about the disease itself and self-care for those who have diabetes. Parents of children with diabetes also may need ongoing education. - Social Services Provider

No diabetes education. No formalized program to provide support or improvement in this condition. There was a program available through a local pharmacy for a while after the hospital closed their program, I'm not aware of anything available at this time. The county Foundation continues to support a medication assistance program which I'm sure is of assistance to those who have challenges affording their medication. - Community/Business Leader

No diabetes training for new patients of follow up - Public Health Representative

Education and availability of appropriate foods. - Public Health Representative

Nutrition knowledge and being able to afford fresh fruit and vegetables. Willingness to change diet, obesity, weight management and costs. - Social Services Provider

They need proper education about diet, exercise, complications and better management of underlying disorder. – Physician

Lack of awareness, lack of screening. High risk factors associated with diabetes e.g. lack of exercise, weight. - Social Services Provider

Diabetes Education programs readily available and supporting mental health care/depression also associated with diabetics. - Public Health Representative

Lack of Providers/Resources

Finding a physician that specialized in diabetes or a dietician to provide nutrition counseling without going to the city. - Community/Business Leader

Although there is a fledgling Diabetes Education program in the county, it is under-funded and does not have the necessary reach for the entire county. The prevalence of diabetes in Clinton County is rather high and I am sure attributed to the aforementioned obesity rates & inactivity levels. The culture of Clinton County is not one of healthy eating and active lifestyles - all leading to health problems like diabetes and its sequelae as well as heart disease. - Public Health Representative

Difficulty finding a primary care provider. Lack of education available at the local hospital and dealing with issues of obesity - Public Health Representative

Lack of local resources and specialists. - Other Healthcare Provider

Availability/Affordability of Medications

Access to medications and assistance in paying for medications until insurance covers them. - Public Health Representative

Availability of medications. – Physician

Affording expensive medications. High prevalence of obesity in our community. - Public Health Representative

Co-Occurrences

Addiction to illegal substances. - Community/Business Leader

Besides being a health problem in itself, diabetes exacerbates other health conditions in older adults. As a chronic condition, it must be effectively managed and this can be challenging for an older person who may have difficulty maintaining proper diet, activity level, medications and monitoring for signs of trouble. - Community/Business Leader

Lifestyle

Healthy diet, regular monitoring of blood sugar, parent oversight and helping the child care of him/herself. - Social Services Provider

Lifestyle choices including diet and exercise. - Other Healthcare Provider

Prevalence/Incidence

Many of my employees have diabetes and many of my family and friends have it. It is another area of

> *concern that, according to data, has been identified as a problem in Ohio and in our county. - Social Services Provider*
>
> *I work in the local school system and see children at a very young age who have issues managing their diabetes care. I can only imagine that this is a direct result of our parents' lack of knowledge or resources. - Community/Business Leader*

Prevention

> *Prevention. - Community/Business Leader*
>
> *Prevention and ongoing care. - Community/Business Leader*

Access to Affordable Healthy Food

> *Affordable good nutrition and education. - Physician*

Access to Affordable Opportunities for Physical Activity

> *There are no fitness facilities or indoor facilities to allow people to exercise. Sidewalks in the Village of Blanchester are mostly impassable. Sidewalks are either seriously damaged by tree roots or are non-existent. Type II diabetes may be better treated with some fitness facilities and access to activities. - Community/Business Leader*

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

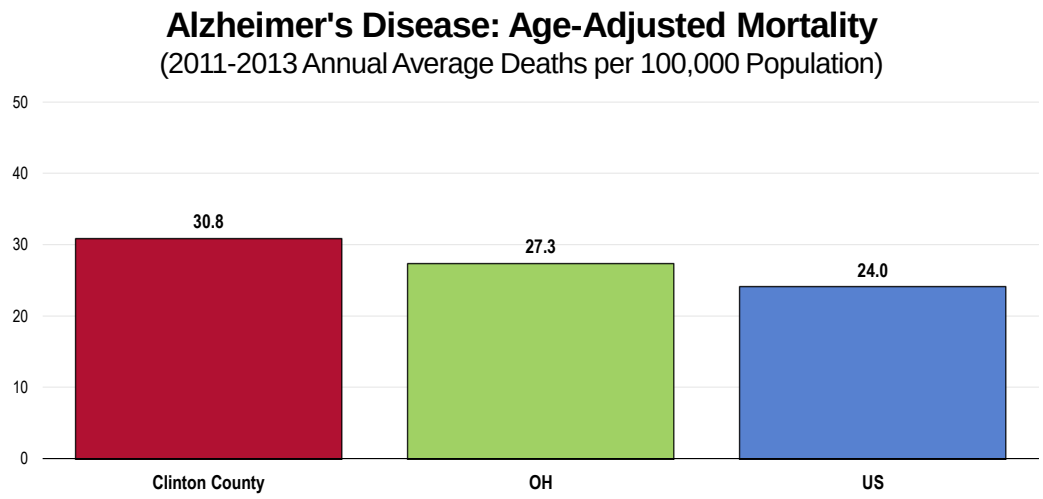
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 30.8 deaths per 100,000 population in Clinton County.

- Less favorable than the statewide rate.
- Less favorable than the national rate.



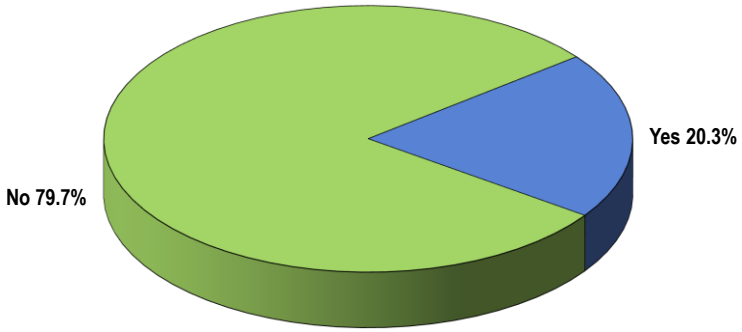
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Signs of Onset

Among Clinton County adults age 45 and older, one-fifth (20.3%) report experiencing confusion or memory loss in the past year that is getting worse or happening more often.

More or Worse Confusion/Memory Loss in Past Year
(Among Adults Age 45+)

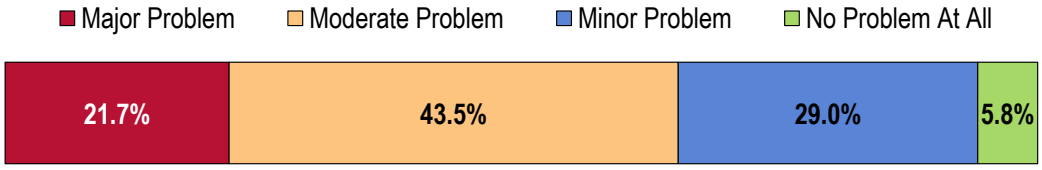


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: ● Asked of respondents age 45 and older.

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2015)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Resources

I believe we need more resources to assist families care for Alzheimer's persons including more living facilities. - Other Healthcare Provider

No doctor available on a daily basis for this specialty. - Public Health Representative

We have outstanding neurologists in our community. I'm not aware of any organized support for caregivers or for those with dementia in our community. - Community/Business Leader

We have caregivers coming in with no resources to assist in care respite and just as universal answer questions about disease or changes in partner. - Public Health Representative

Lack of local resources for families afflicted. - Other Healthcare Provider

Very little mental health services and what we have is poor. - Community/Business Leader

Aging Population

Aging population. - Physician

See it in older people in area. - Social Services Provider

Large aging population. - Community/Business Leader

Prevalence/Incidence

It is a major problem in any community. I am unaware of any specific resources for families with an Alzheimer's patient. - Community/Business Leader

Typical. - Community/Business Leader

Difficult for Older Adults to Remain Independent

Dementia/Alzheimer's Disease make it difficult or impossible for older adults to remain independent in their homes and take a tremendous toll on the resources of family caregivers. As people are living longer and because Clinton County has a higher older population relative to neighboring counties - the incidence of dementia and Alzheimer's Disease is likely to increase greatly over the next 15-20 years. Community resources will be stretched to cope with it. - Community/Business Leader

Increase in Elder Abuse

Working with the public requires attention to every individual that enters the doors to our establishment. There is an increase in elder abuse, younger people taking advantage of their elders, both financially and emotionally. There is a large population of older community members with dementia/Alzheimer's and no legitimate personal assistance. Oftentimes, these individuals enter our place of business multiple times a day to transact and never remember entering the first time. This takes time, is frustrating because we are often unable to truly help them. We attempt to protect the individual and their assets, but with little to no legal rights or guidelines, and no legitimate assistance, it is a difficult task to handle. - Community/Business Leader

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

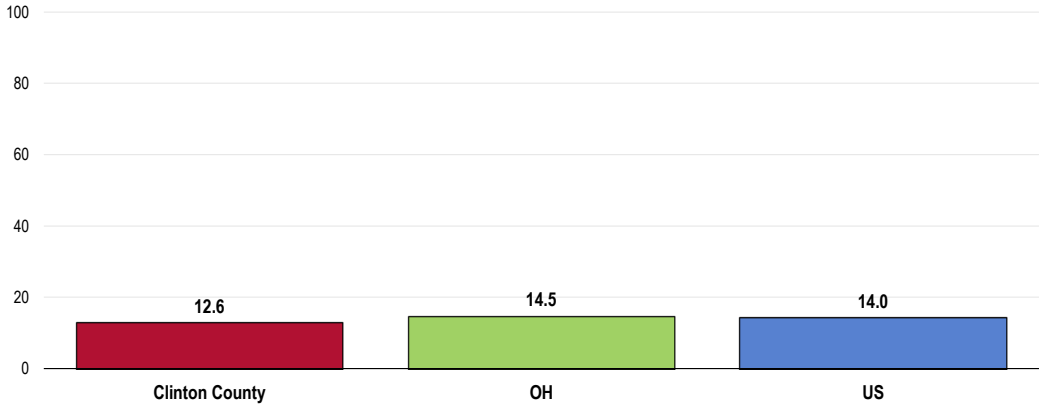
Age-Adjusted Kidney Disease Deaths

Between 2009 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 12.6 deaths per 100,000 population in Clinton County.

- Lower than the rate found statewide.
- Lower than the national rate.

Kidney Disease: Age-Adjusted Mortality

(2009-2013 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.

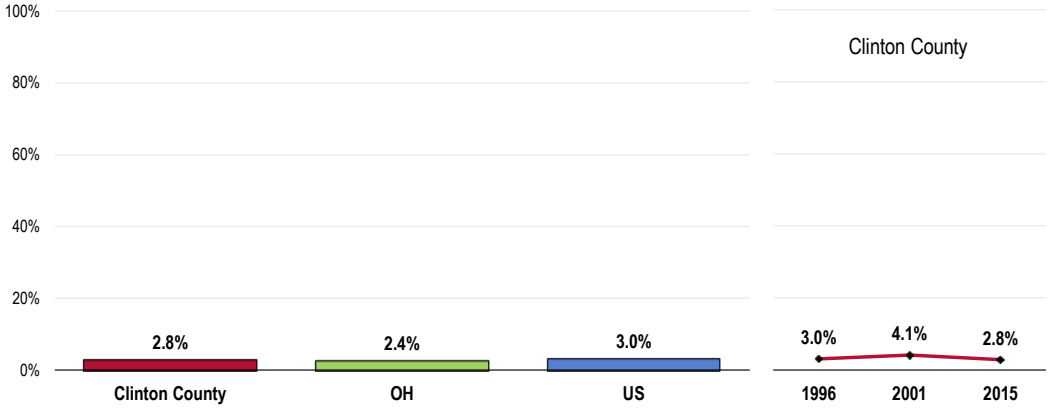
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 2.8% of Clinton County adults report having been diagnosed with kidney disease.

- Similar to the national proportion.
- Similar to the state proportion.
- TREND: Statistically unchanged since 1996.

Prevalence of Kidney Disease

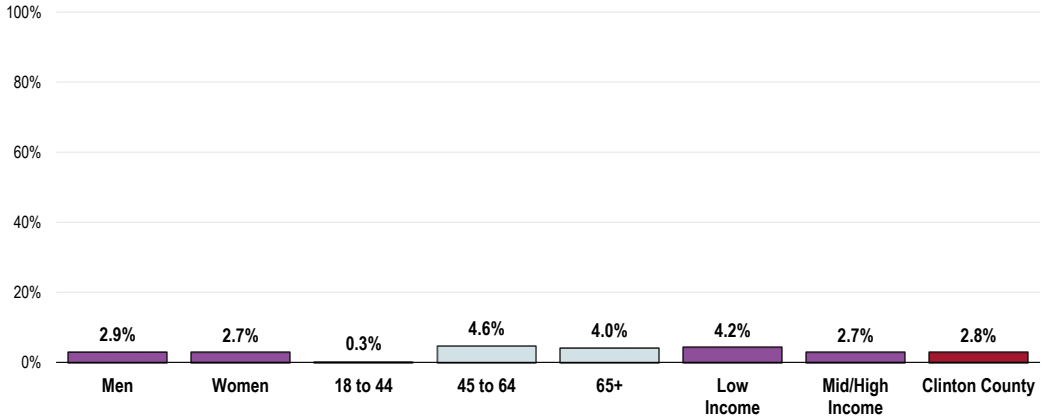


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- A higher prevalence of kidney disease is reported among those over age 44 in Clinton County.

Prevalence of Kidney Disease
(Clinton County, 2015)



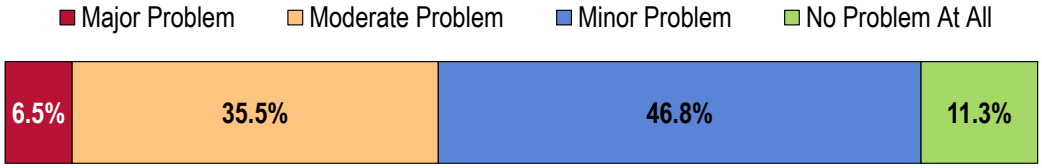
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Chronic Kidney Disease

Key informants taking part in an online survey generally characterized *Chronic Kidney Disease* as a "minor problem" in the community.

Perceptions of Chronic Kidney Disease as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

> *Due to aging population, risk factors of hypertension and diabetes. - Physician*

Lack of Education

> *Lack of education regarding the causes of kidney disease which, in turn, may reduce this major medical condition and problem that exists in the county. - Community/Business Leader*

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

Prevalence of Arthritis/Rheumatism

RELATED ISSUE:

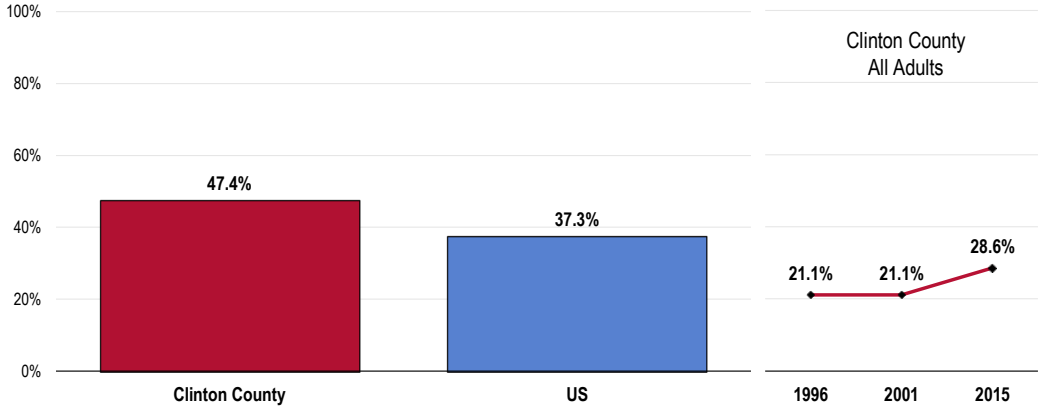
See also *Activity Limitations* in the **General Health Status** section of this report.

A total of 47.4% of Clinton County adults age 50 and older report suffering from arthritis or rheumatism.

- Notably less favorable than that found nationwide.
- TREND: The prevalence of arthritis/rheumatism among all Clinton County adults has significantly increased since 2001.

Prevalence of Arthritis/Rheumatism

(Among Adults Age 50 and Older)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 50 and older.

Prevalence of Osteoporosis

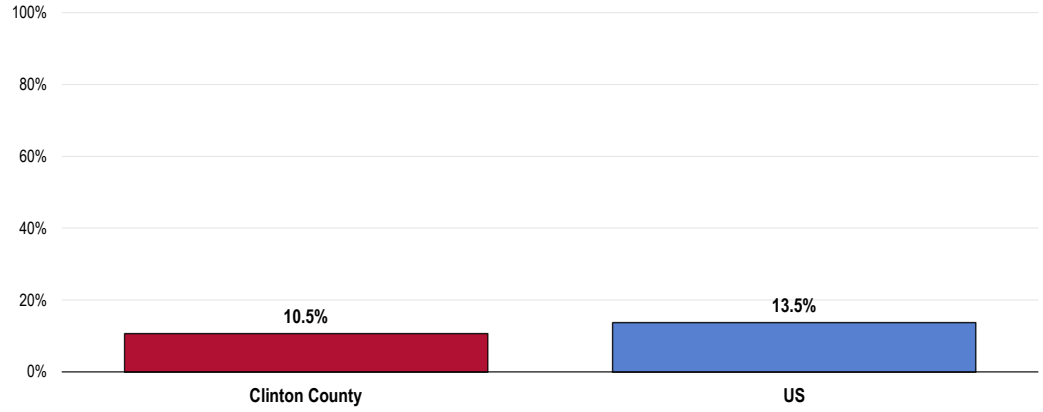
A total of 10.5% of survey respondents age 50 and older have osteoporosis.

- Statistically similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

Prevalence of Osteoporosis

(Among Adults Age 50 and Older)

Healthy People 2020 Target = 5.3% or Lower



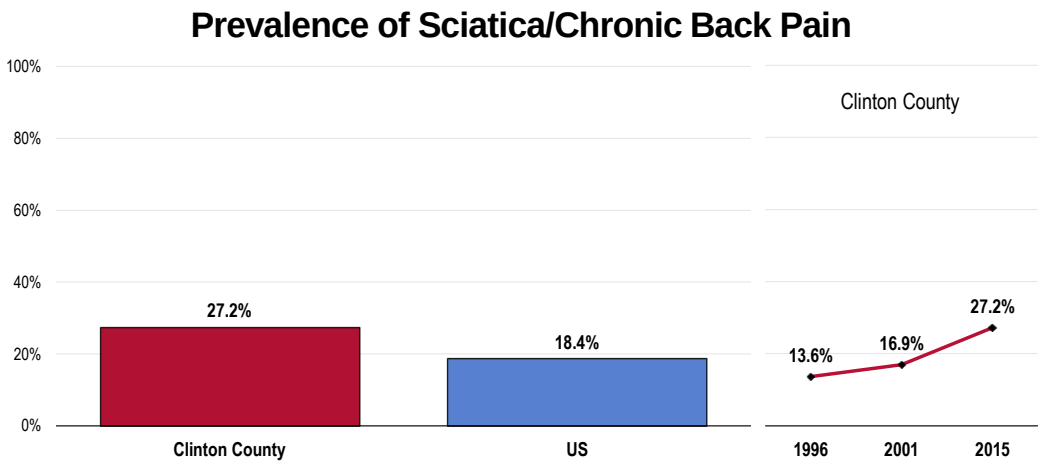
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 27.2% of survey respondents suffer from chronic back pain or sciatica.

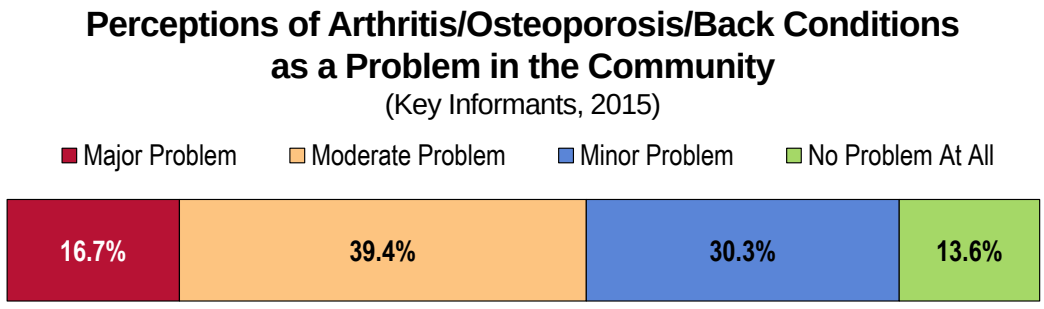
- Less favorable than that found nationwide.
- TREND: Denotes a statistically significant increase since 1996 and 2001.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The greatest share of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Aging Population

> *Why is it a major problem? Most likely due to an aging population that has issues with obesity. No local pain management. - Community/Business Leader*
>
> *Due to aging population, nature of work of people in work force, predisposes to arthritis and back problems. – Physician*
>
> *Age of community members - Public Health Representative*

Lack of Services

> *Lack of access to specialty and lack of general access to women's health issues. - Community/Business Leader*
>
> *There are not a lot of facilities for the treatment of back pain. - Community/Business Leader*

Co-Occurrences

> *This problem impacts individuals who are obese, inactive- no engagement in physical labor. This county is full of the first 2 descriptors and has a work-force that worked at Airborne/DHL & wiped out their backs and currently farming is a huge contributor to back / joint issues. - Public Health Representative*

Prevalence/Incidence

> *I have arthritis and most of the people I know have arthritis or back issues. - Public Health Representative*

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

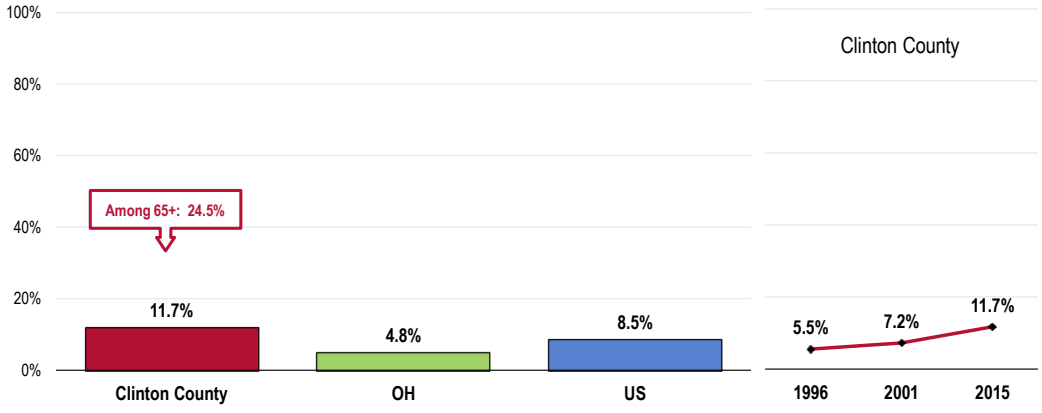
A total of 11.7% of Clinton County adults are blind or have trouble seeing even when wearing corrective lenses.

- Considerably less favorable than found statewide.
- Statistically comparable to the nationwide prevalence.
- TREND: Denotes a statistically significant increase over time.
- Among Clinton County adults age 65 and older, 24.5% have vision trouble.

RELATED ISSUE:

See also *Vision Care* in the **Access to Health Services** section of this report.

Prevalence of Blindness/Trouble Seeing



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

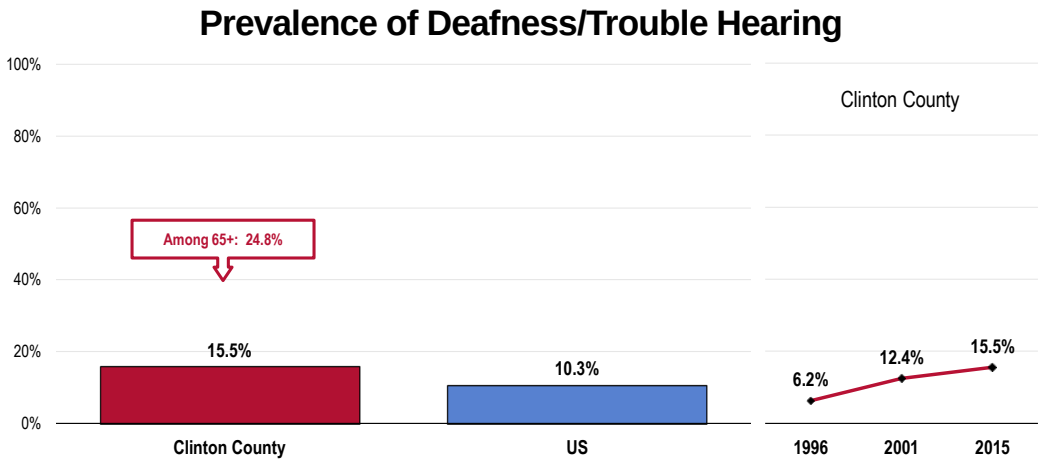
Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

In all, 15.5% of Clinton County adults report being deaf or having difficulty hearing.

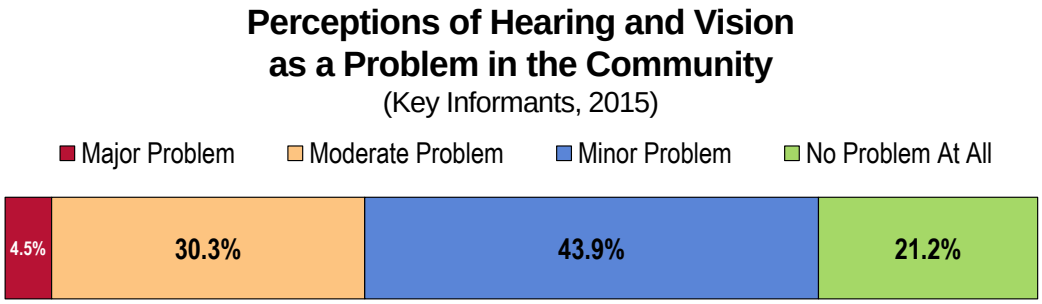
- Less favorable than found nationwide.
- TREND: The proportion of Clinton County residents with difficulty hearing has significantly increased since 1996.
- Among Clinton County adults age 65 and older, 24.8% have partial or complete hearing loss.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Vision & Hearing

A plurality of key informants taking part in an online survey characterized *Vision & Hearing* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

One comment was given as a reason for rating this issue as a "major problem:"

Cost

> *Many times payment up-front is required. - Public Health Representative*

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

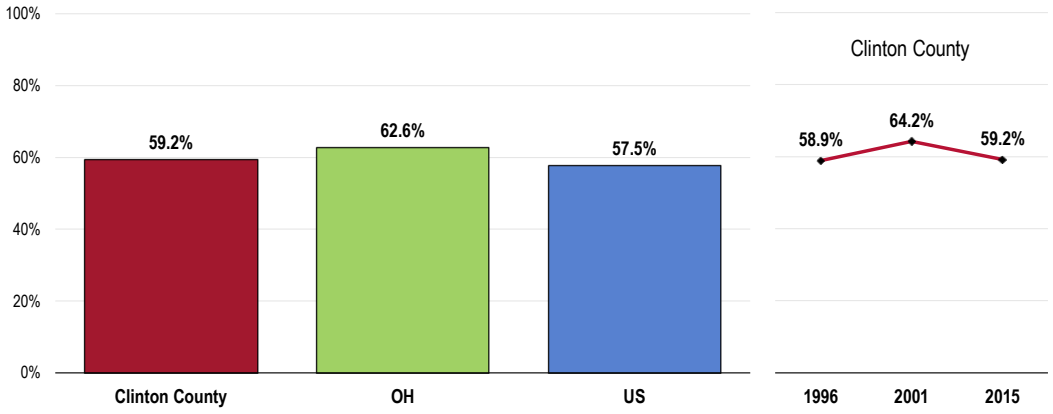
Among Clinton County seniors, 59.2% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the Ohio finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- TREND: Statistically unchanged since 1996.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.
- Includes FluMist as a form of vaccination.

High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

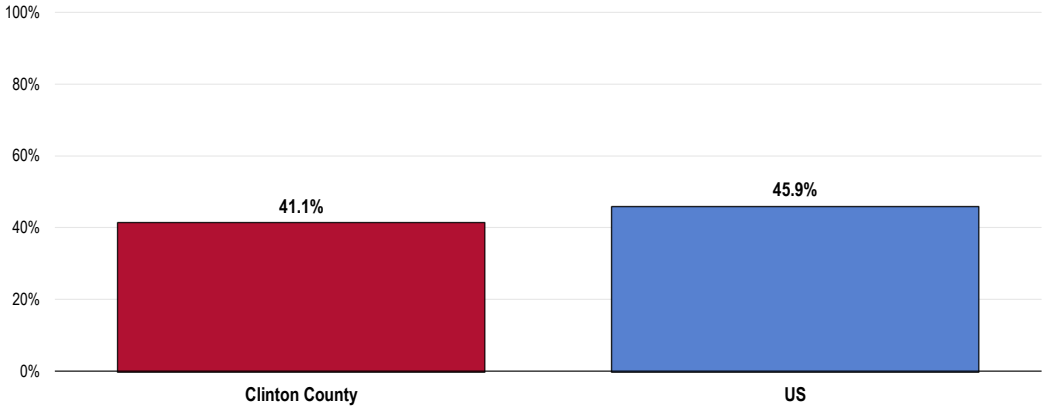
A total of 41.1% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Statistically similar to national findings.
- Far from satisfying the Healthy People 2020 target (70% or higher).

High-Risk Adults: Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects high-risk respondents age 18-64.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Includes FluMist as a form of vaccination.

Pneumonia Vaccination

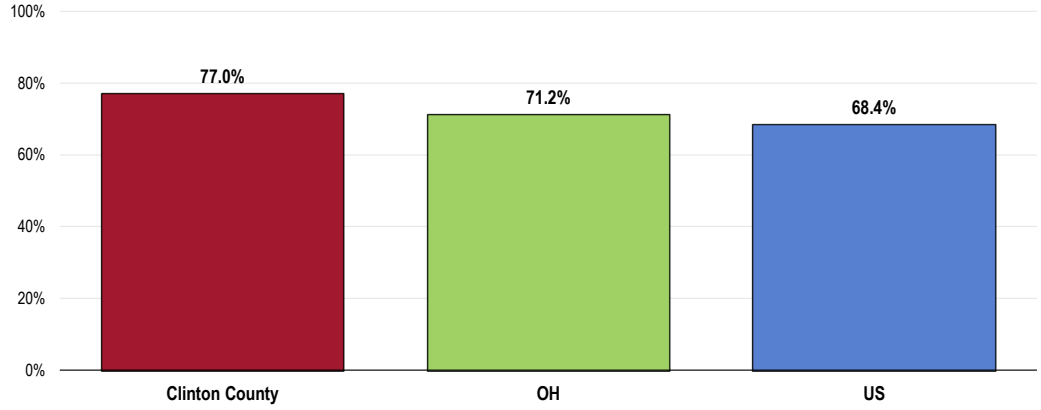
Among adults age 65 and older, 77.0% have received a pneumonia vaccination at some point in their lives.

- Statistically similar to the Ohio finding.
- Statistically similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1]

Notes:
- Reflects respondents 65 and older.

High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

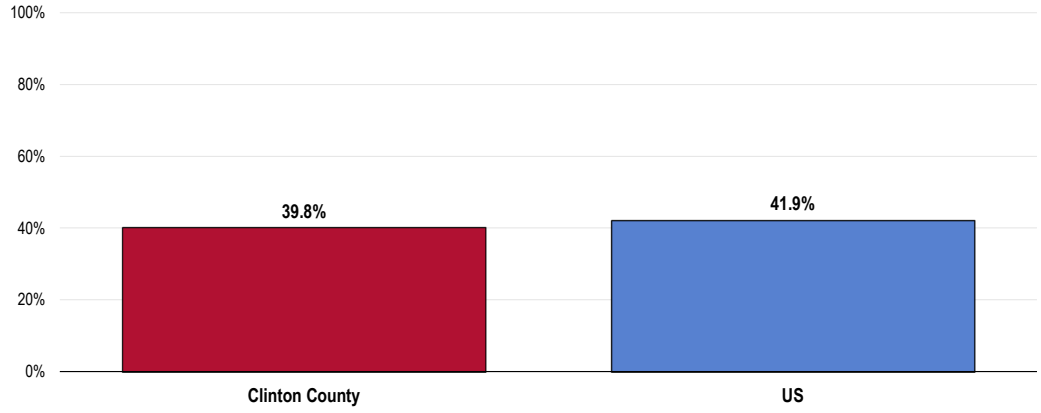
A total of 39.8% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).

High-Risk Adults: Have Ever Had a Pneumonia Vaccine

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 60.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.2]

Notes:
- Asked of all high-risk respondents under 65.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

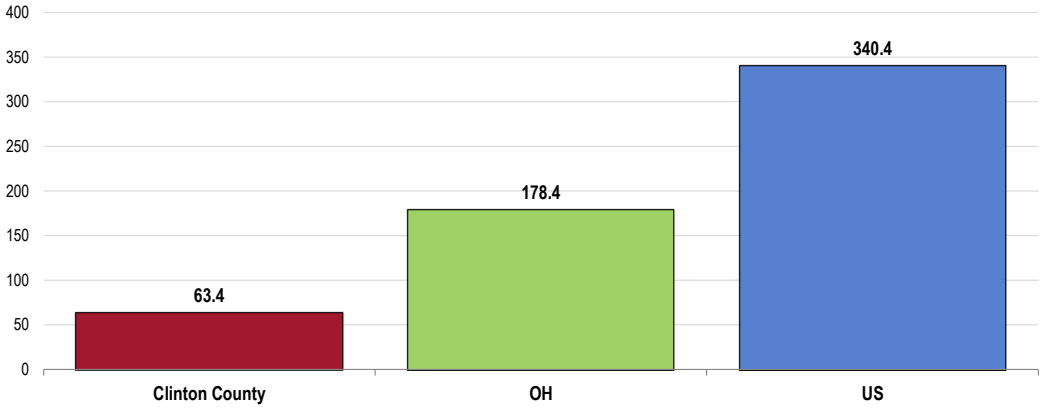
HIV Prevalence

In 2010, there was a prevalence of 63.4 HIV cases per 100,000 population in Clinton County.

- Much lower than the statewide prevalence.
- Less than one-fifth of the national prevalence.

HIV Prevalence

(Prevalence Rate of HIV per 100,000 Population, 2010)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

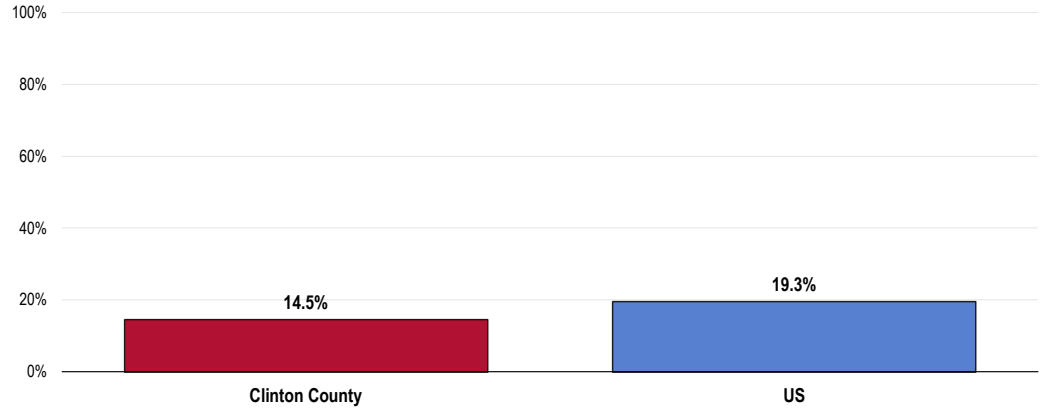
HIV Testing

Among Clinton County adults age 18-44, 14.5% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Statistically similar to the proportion found nationwide.

Tested for HIV in the Past Year

(Among Adults Age 18-44)

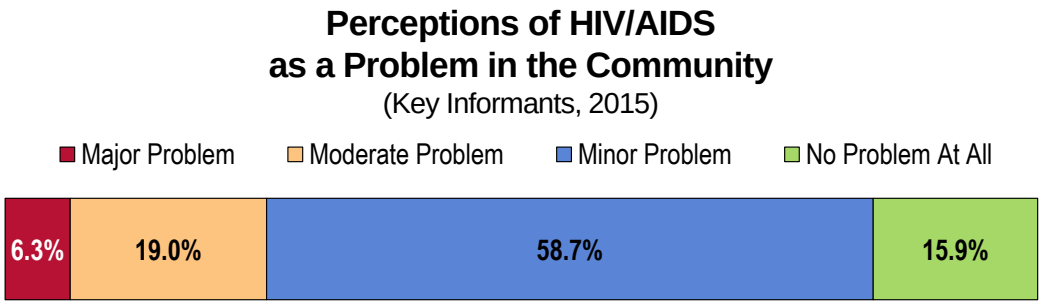


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 18 to 44.

Key Informant Input: HIV/AIDS

A majority of key informants taking part in an online survey characterized *HIV/AIDS* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," one reason was given:

Location

> *People in this community must travel at least 60 miles to deal with this medical issue. - Social Services Provider*

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in Clinton County was 234.3 cases per 100,000 population.

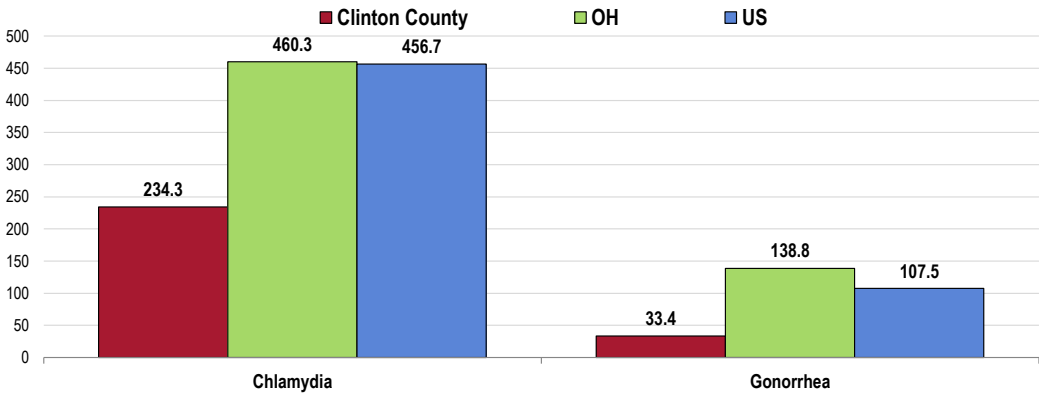
- Notably lower than the Ohio incidence rate.
- Notably lower than the national incidence rate.

The gonorrhea incidence rate in Clinton County was 33.4 cases per 100,000 population in 2012.

- Notably lower than the Ohio incidence rate.
- Notably lower than the national incidence rate.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2012)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2011.
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

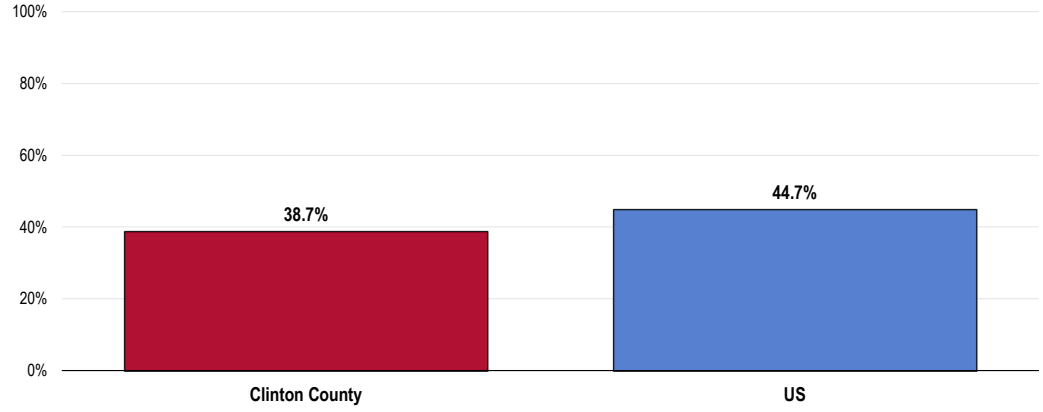
Hepatitis B Vaccination

Based on survey data, just over one-third of Clinton County adults (38.7%) report having received the hepatitis B vaccination series.

- Less favorable than what is reported nationwide.

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

Have Completed the Hepatitis B Vaccination Series



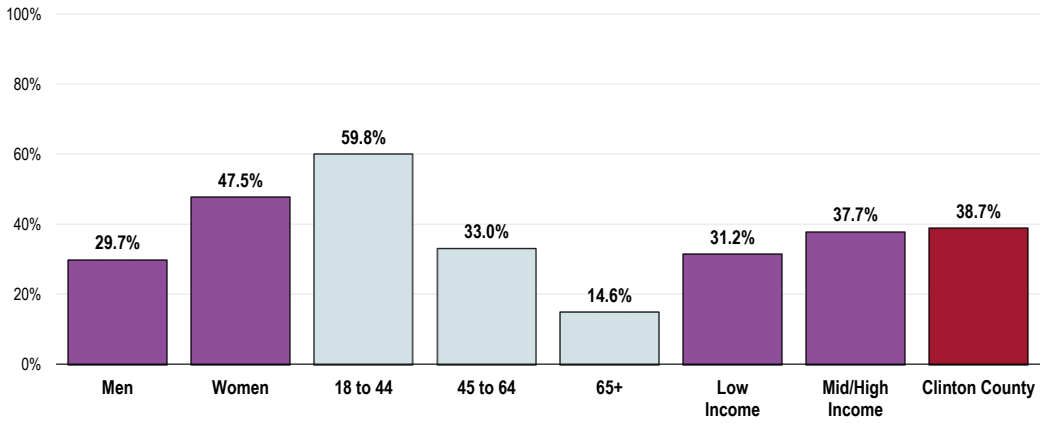
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes a series of three shots, usually administered at least one month between shots

- Note the negative correlation between age and hepatitis B vaccination.
- In addition, women are much more likely than men to have received the hepatitis B vaccine.

Have Completed the Hepatitis B Vaccination Series

(Clinton County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

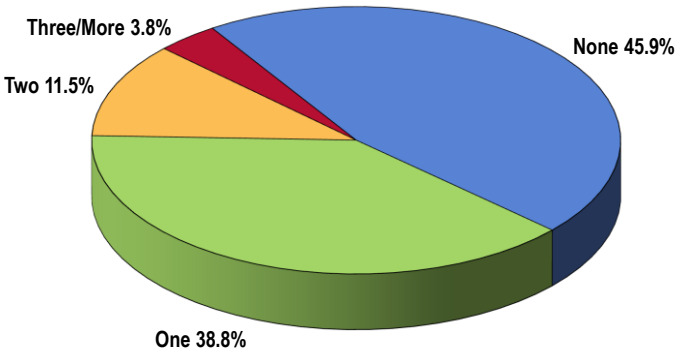
Safe Sexual Practices

Sexual Partners

Among unmarried Clinton County adults under 65, the vast majority cites having one (38.8%) or no (45.9%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months

(Among Unmarried Adults Age 18-64; Clinton County, 2015)



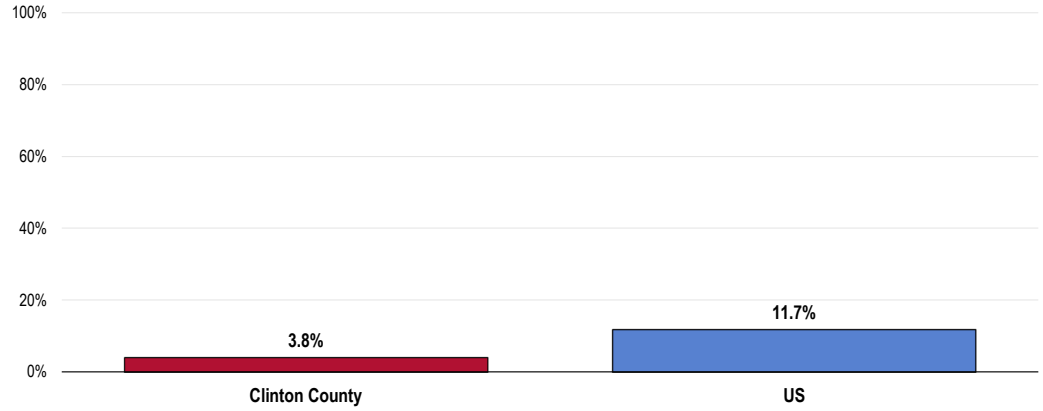
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 3.8% report three or more sexual partners in the past year.

- Considerably more favorable than that reported nationally.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults Age 18-64)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all unmarried respondents under the age of 65.

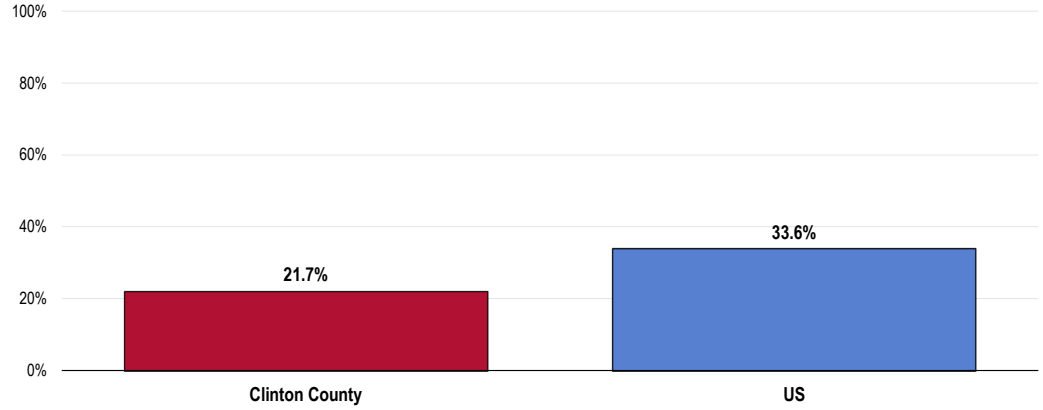
Condom Use

Among Clinton County adults who are under age 65 and unmarried, 21.7% report that a condom was used during their last sexual intercourse.

- Much less favorable than national findings.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults Age 18-64)



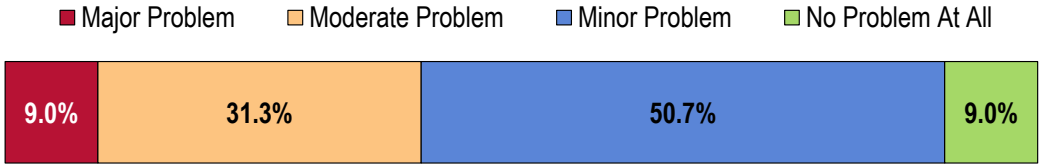
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all unmarried respondents under the age of 65.

Key Informant Input: Sexually Transmitted Diseases

Most key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "minor problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Co-Occurrences

Substance abuse. Lack of jobs. Lack of an intact family. Premarital sex. Lack of sex education implementation. - Physician

There is high drug and alcohol use. – Physician

Youth are sexually active and not using proper protection. - Social Services Provider

Lack of Education

Lack of knowledge of what sex is. - Public Health Representative

Lack of education from parents. - Community/Business Leader

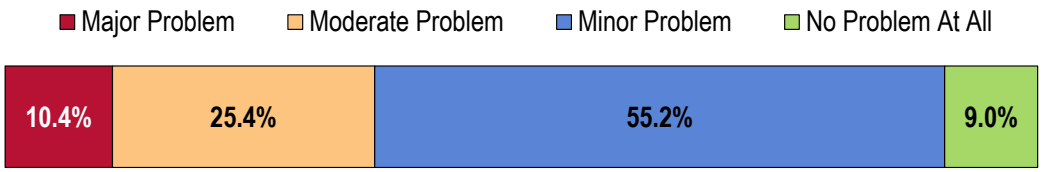
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

A majority of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a "minor problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2015)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Co-Occurrences

> *STDs on the rise. Poor family planning. Poor post-natal care since mothers are teenagers or do not come from an intact family or have addictions to drugs. – Physician*
>
> *Large number of families that are unwilling to vaccinate. - Physician*

Lack of Providers/Resources

> *We have families coming in stating PCP don't provide this service, they don't bill there insurance and times not convenient for families. - Public Health Representative*
>
> *Lack of access to resources. People who live in the outlying areas of the county and have limited resources have difficulty accessing the services of the health department in Wilmington. The Health Department has been able to visit the outlying areas, but on a limited basis. - Other Healthcare Provider*

Births

Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

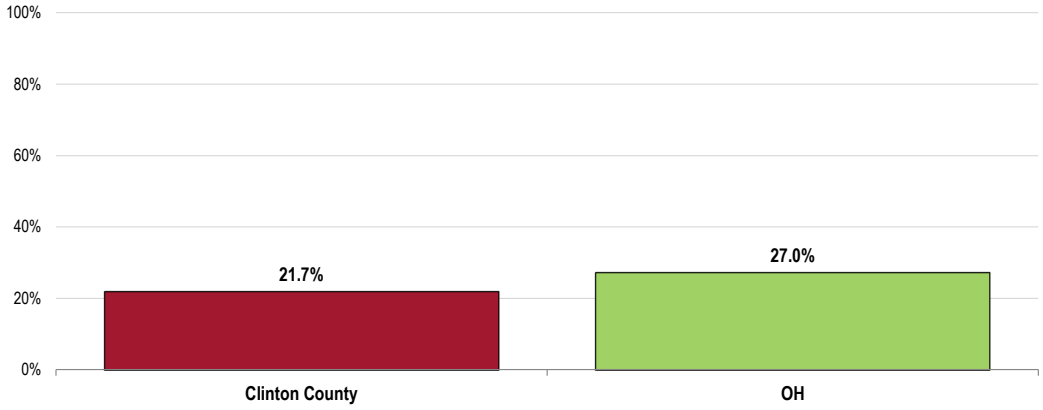
In 2010, 21.7% of all Clinton County births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

- Lower than the Ohio proportion.
- Similar to the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2010)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- Ohio Department of Health, Division of Health Statistics. Data retrieved September 2015 from www.odh.ohio.gov.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

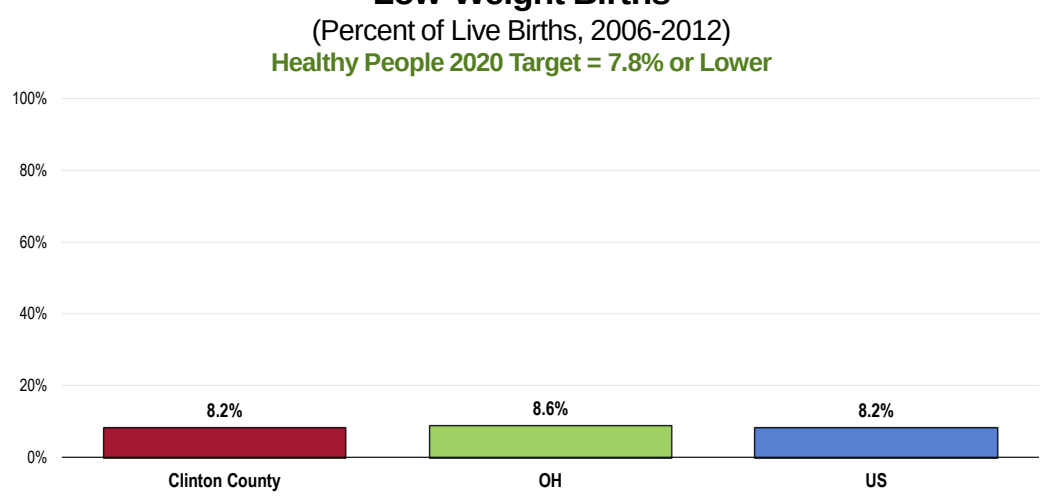
Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 8.2% of 2006-2012 Clinton County births were low-weight.

- Similar to the Ohio proportion.
- Identical to the national proportion.
- Similar to the Healthy People 2020 target (7.8% or lower).



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-12. Accessed using CDC WONDER.
- Retrieved September 2015 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

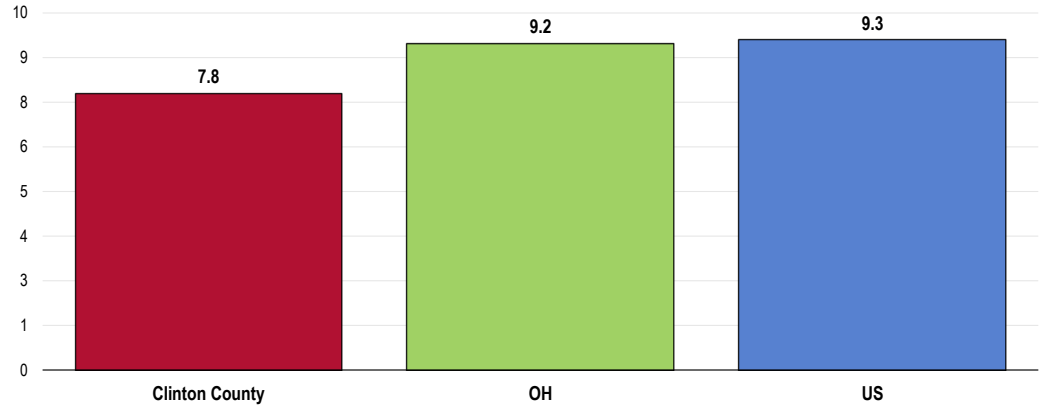
Between 2004 and 2013, there was an annual average of 7.8 infant deaths per 1,000 live births.

- More favorable than the Ohio rate.
- More favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate

(2004-2013 Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Postnatal Care

Postnatal Nutrition

"For the next questions, I would like you to think back to when this child was an infant. As best you can recall, was this child ever breast-fed or fed using breast milk?

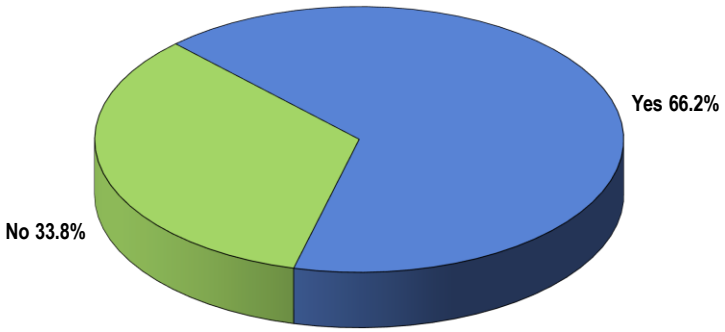
A total of 66.2% of Clinton County children age 0 to 17 were ever breastfed or fed breast milk (regardless of duration).

- Fails to satisfy the Healthy People 2020 target of 81.9% or higher.

Child Was Ever Fed Breast Milk

(Among Parents of Children Age 0-17, Clinton County)

Healthy People 2020 Target = 81.9% or Higher

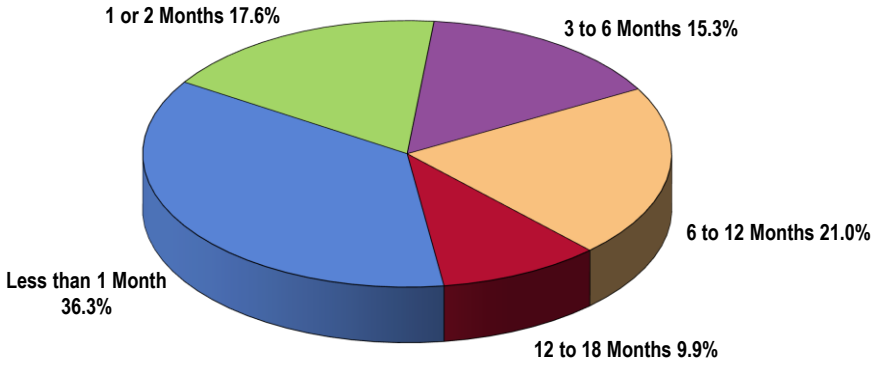


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: ● Asked of all respondents with children under age 18.

According to Clinton County parents, 36.3% of their children age 0 to 17 were less than one month old when they were fed something other than breast milk or formula, followed by 17.6% who were 1 or 2 months old. 36.3% were fed something else when they were between 3 and 12 months old, and 9.9% of Clinton County children were only fed breast milk or formula until they were 1 to 2 years old.

Child's Age When First Fed Something Other than Breast Milk or Formula

(Among Parents of Children Age 0-17, Clinton County)



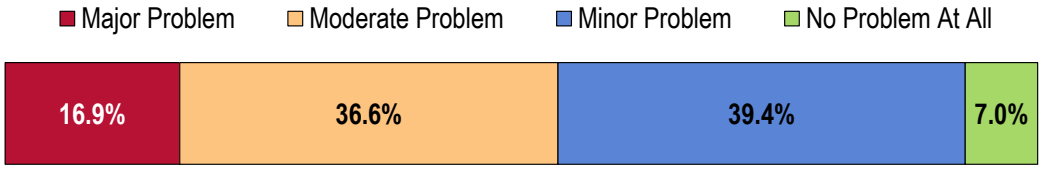
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
Notes: ● Asked of all respondents with children under age 18.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey most often characterized *Infant & Child Health* as a "minor problem" in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2015)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Food Assistance

> *The sheer numbers of children eligible for free and reduced lunch places this group in high risk. - Community/Business Leader*
>
> *Our agency deals mainly with child abuse and neglect and there are issues at times regarding the health and safety of children. We also are responsible for Medicaid eligibility. Approximately 1/4 of the community receives Medicaid and Food Assistance. - Social Services Provider*

Lack of Providers

> *We are in need of more pediatricians. Those that are here are swamped and do not take Medicaid*

patients, which is a very large demographic in Clinton County. - Community/Business Leader

Needing more pediatric physicians for managed care population that are willing to accept new clients. - Public Health Representative

Infant mortality and doctors not accepting new patients. - Public Health Representative

Access to Prenatal Care

Lot of younger people having children and not sure they get or sick proper care for children. - Social Services Provider

Access to prenatal care and defining barriers to prenatal care. - Public Health Representative

Uninsured/Underinsured

Again - poverty and limited access to medical care. Transportation plays a huge role for accessing care both in and out-of-county. There are fair services for children who are diagnosed with chronic/handicapping conditions but not a lot of plain old medical home types of options. Addiction at birth is an alarming trend, significant mental disease in children, hunger, poor parenting... Many parents in low-paying positions risk their employment in order to take children to medical/dental appointments that are not offered on a varying schedule. Teen parents, addicted parents - these conditions are but the tip of the iceberg. - Public Health Representative

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

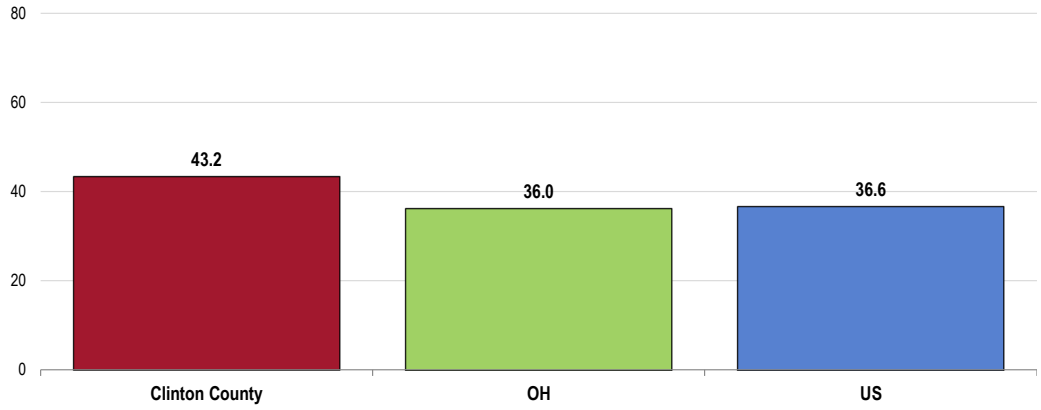
- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there was an annual average of 43.2 births to women age 15-19 per 1,000 population in that age group.

- Higher than the Ohio proportion.
- Higher than the national proportion.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)

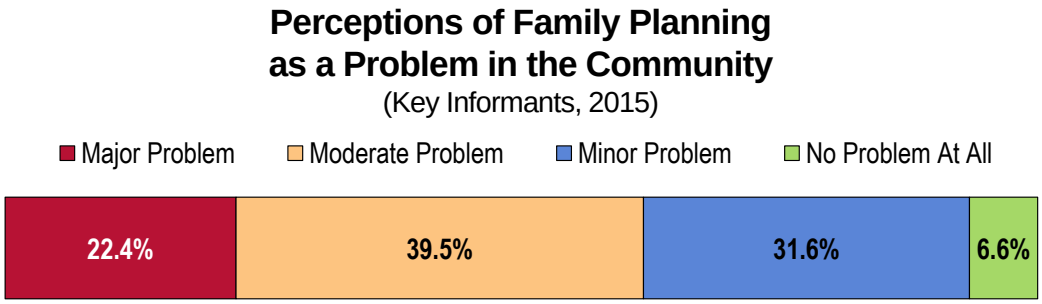


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Affordable Care/Services

Access to family planning and ongoing women's pregnancy care issues are some of the issues noted by helping agencies within the community. - Social Services Provider

There is little access to a clinic that provides low cost services for family planning - Public Health Representative

Lack of availability of services. - Other Healthcare Provider

Lack of Pro-Choice Services

We have an active Pro-life demographic, which is typical for a very conservative community, and thus resources that offer that service. However, I'm not aware of similar Pro-choice resources. - Community/Business Leader

The is no objective family planning unit here in Clinton county which provides an objective point of view on contraceptives, termination, and all other choices women should be informed about. - Social Services Provider

We don't have a planned parenthood or any clinic for women's health needs. - Community/Business Leader

Prevalence/Incidence

Rate of teen pregnancy and infants being born to parents that are not social stable for themselves first is high. - Physician

I see too many of my former students with their own children at an early age. - Community/Business Leader

Teen pregnancy is rampant. Also too many unwed moms. - Public Health Representative

Co-Occurrences

I think it is a spiral down affect from the drug epidemic. Children are being born to parents who do not hold jobs. There are not enough foster parents in our community to take care of the abundance of children being put into Children's Services care. Most births are born with no father listed on the birth certificate. - Public Health Representative

Lack of Awareness of Services

Lack of awareness in the community to such services. Increases substance abuse and poverty

> *inevitably leads to poor family planning. - Physician*

Unintended Consequences of Assistance Programs

> *The number of children in the WIC program has increased greatly over the last few years. Along with the car seat programs. These assistance programs have turned into programs that perpetuate the problem. I am not saying to eliminate these kind of programs, however there must be some way to limit the abuse. - Public Health Representative*

Modifiable Health Risks

Professional Research Consultants, Inc.

Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

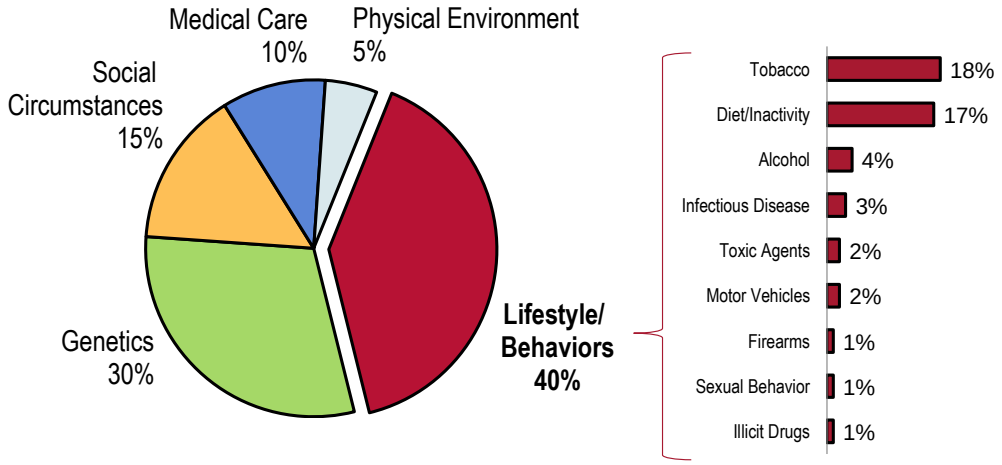
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
"Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

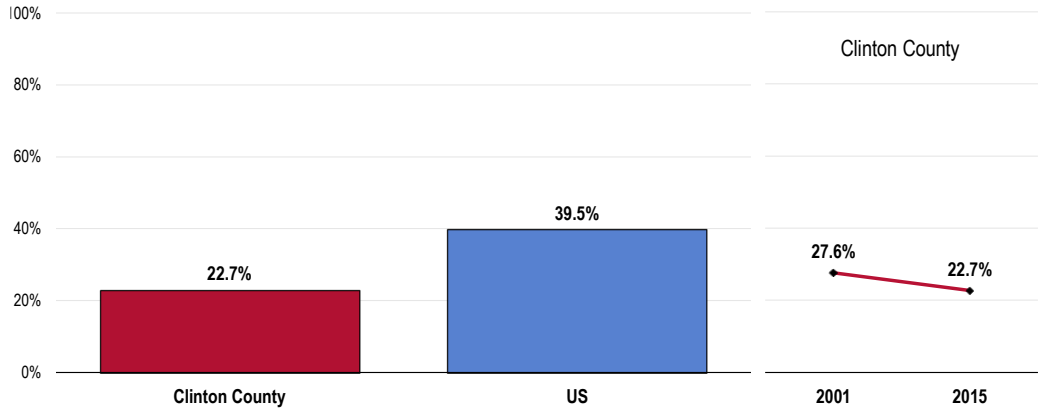
Daily Recommendation of Fruits/Vegetables

A total of 22.7% of Clinton County adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Well below the national findings.
- TREND: Fruit/vegetable consumption has not changed significantly since 2001.

Consume Five or More Servings of Fruits/Vegetables Per Day

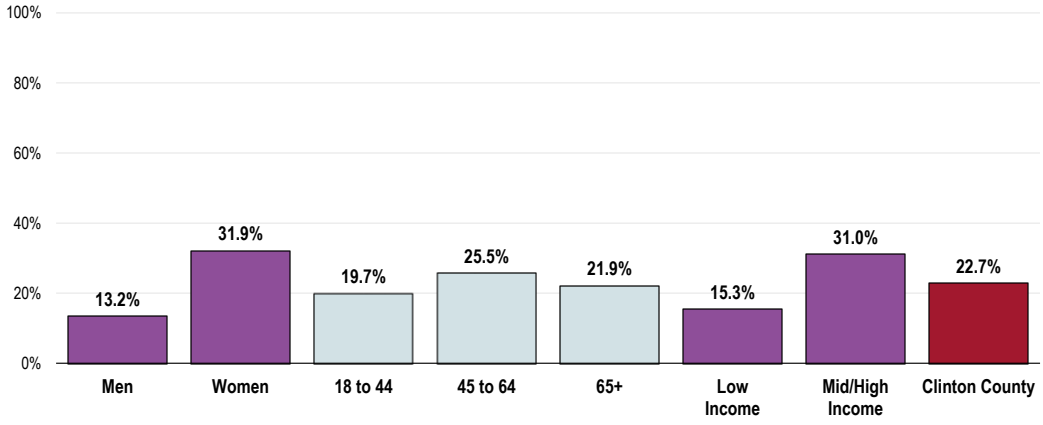


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are low-income adults.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

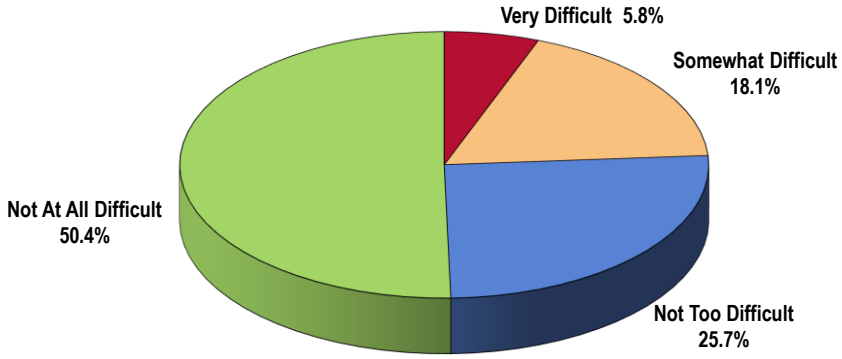
Difficulty Accessing Fresh Produce

While most report little or no difficulty, 23.9% of Clinton County adults report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

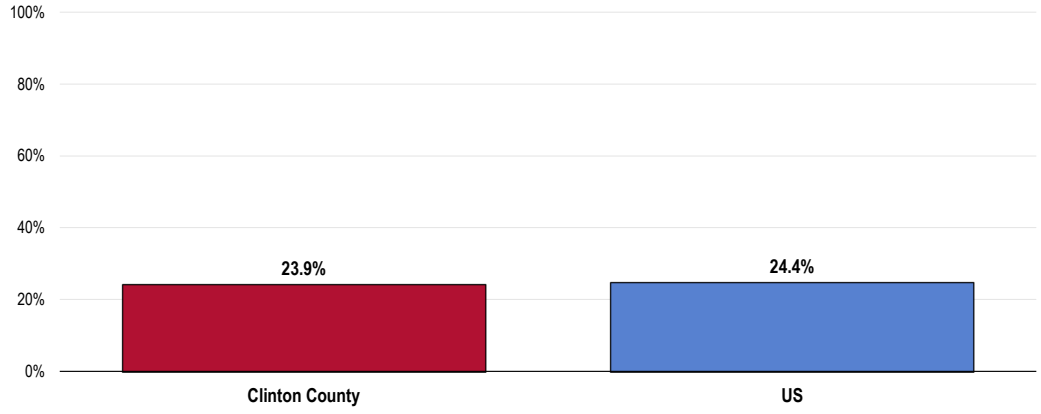
Level of Difficulty Finding Fresh Produce at an Affordable Price
(Clinton County, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: ● Asked of all respondents.

- Comparable to national findings.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

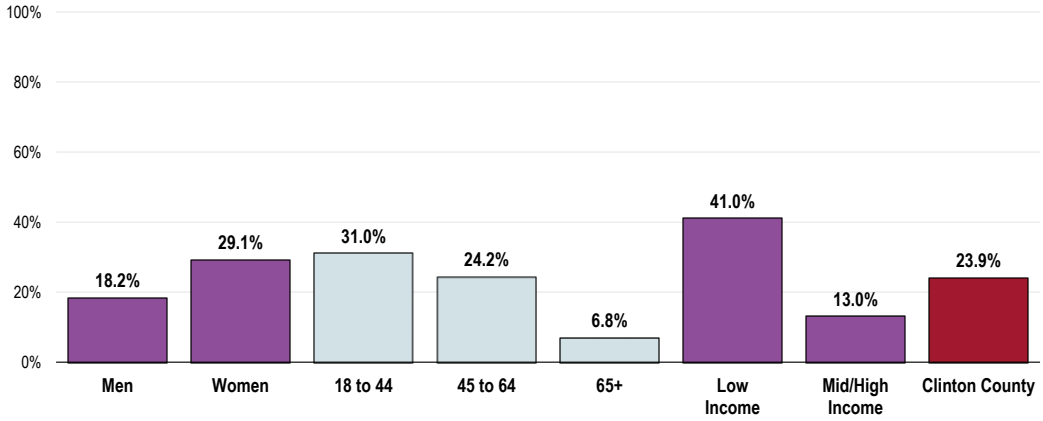


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Younger adults (note the negative correlation with age).
- Lower-income residents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

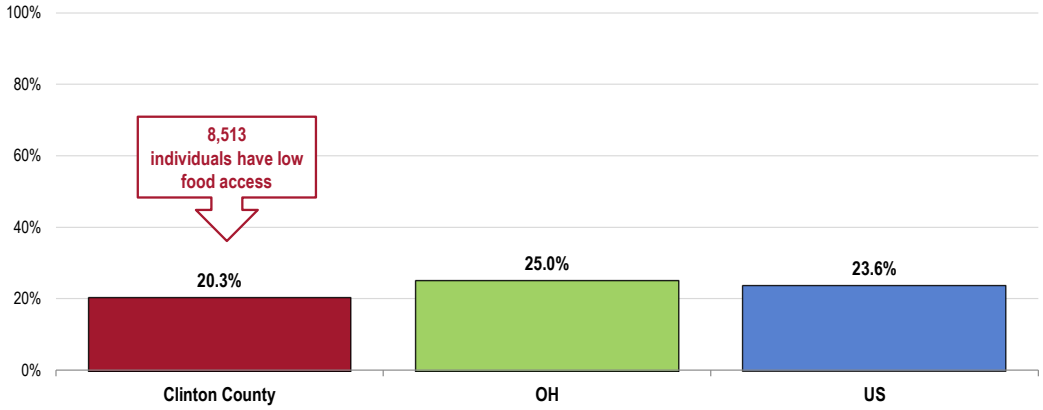
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 20.3% of the Clinton County population (representing 8,513 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- More favorable than statewide findings.
- More favorable than national findings.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

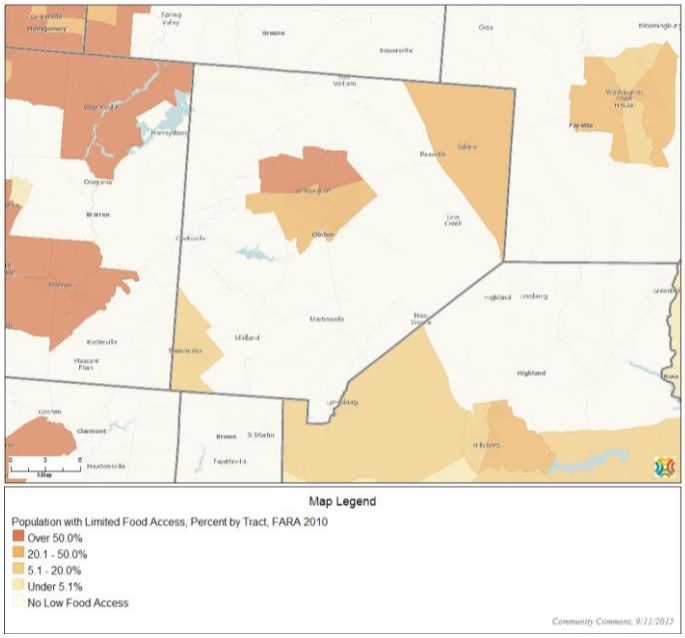


Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract. Note the large share of residents with limited food access in Central Clinton County.

Population With Limited Food Access, Percent by Tract, FARA 2010



Sugar-Sweetened Beverages

Respondents were asked to remember the number of servings of sugar-sweetened beverages that they consumed in the past week.

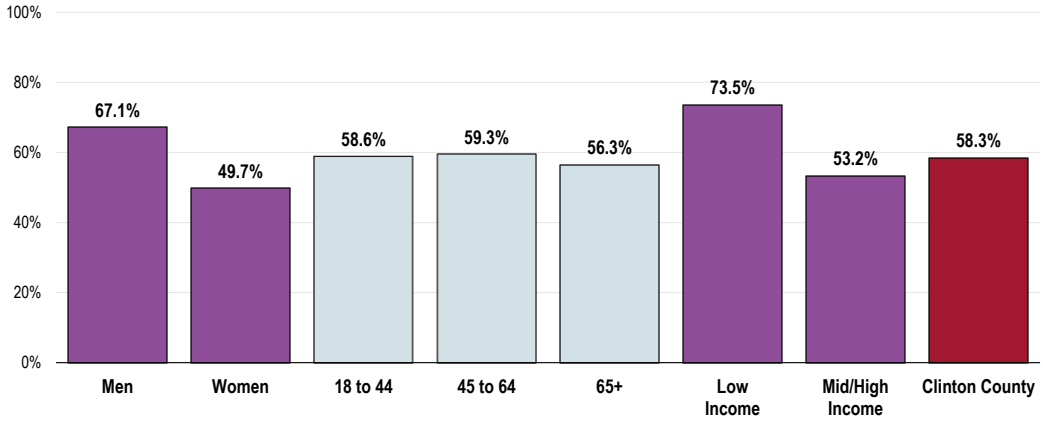
A total of 23.8% of respondents reported that in the past week they had on average, consumed at least one sugar-sweetened beverage per day.

Area adults more likely to consume one or more sugar-sweetened beverage per day on average include:

- Men.
- Low-income adults.

Consume One or More Sugar-Sweetened Beverage Per Day

(Clinton County, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● For this issue, respondents were asked to recall their beverage intake over the previous week.

Meals Prepared Outside of the Home

Respondents were asked to remember the number of meals that they consumed in the past week that were prepared away from home, including breakfasts, lunches, and dinners.

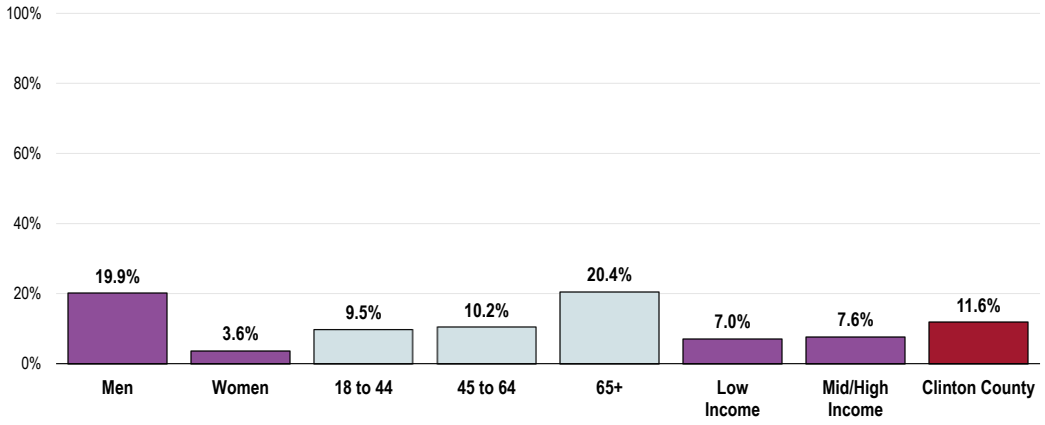
A total of 11.6% of Clinton County adults consume seven or more meals per week that are prepared away from home at places such as restaurants, fast food places, food stands, grocery stores, or from vending machines.

Clinton County residents more likely to consume seven or more meals per week that were prepared away from the home include:

- Men.
- Seniors (65+).

Consume Seven or More Meals Per Week Prepared Outside of Home

(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall the number of meals they consumed in the previous week that were prepared away from the home, including breakfasts, lunches, and dinners.

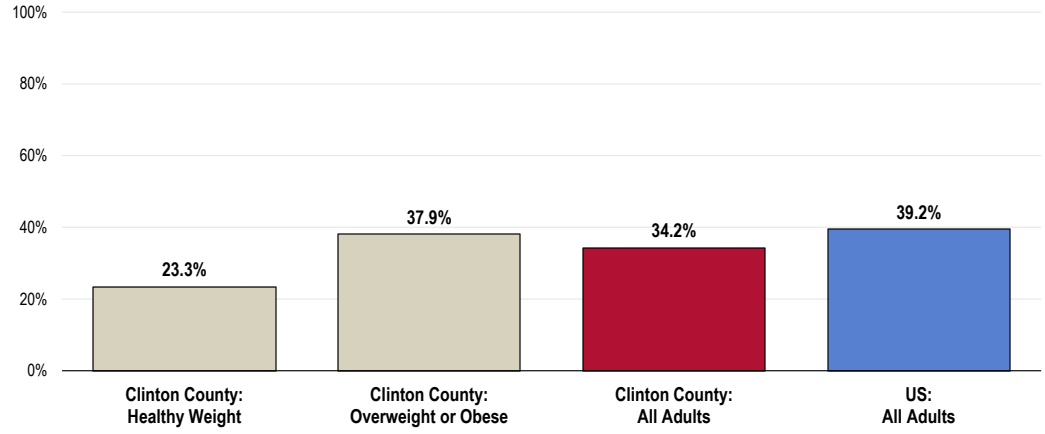
Health Advice About Diet & Nutrition

A total of 34.2% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Statistically similar to national findings.
- Note: Among overweight/obese respondents, 37.9% report receiving diet/nutrition advice (meaning that 62.1% did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

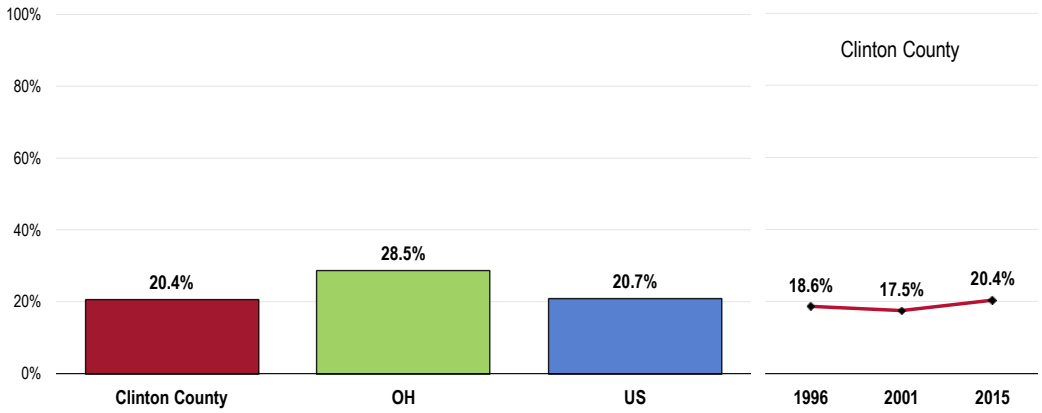
A total of 20.4% of Clinton County adults report no leisure-time physical activity in the past month.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

- More favorable than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- TREND: Statistically unchanged since 1996.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

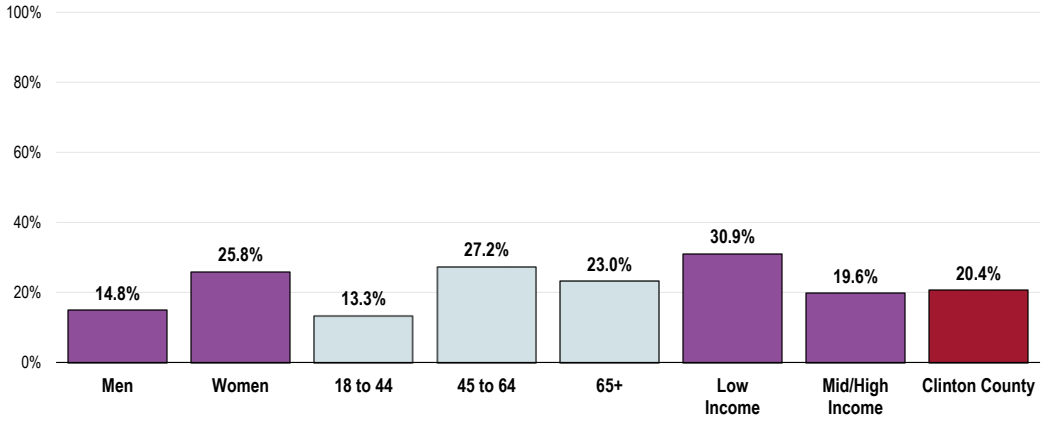
Lack of leisure-time physical activity in the area is higher among:

- Women.
- Adults over age 44.
- Lower-income residents.

No Leisure-Time Physical Activity in the Past Month

(Clinton County, 2015)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Recommended Levels of Physical Activity

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

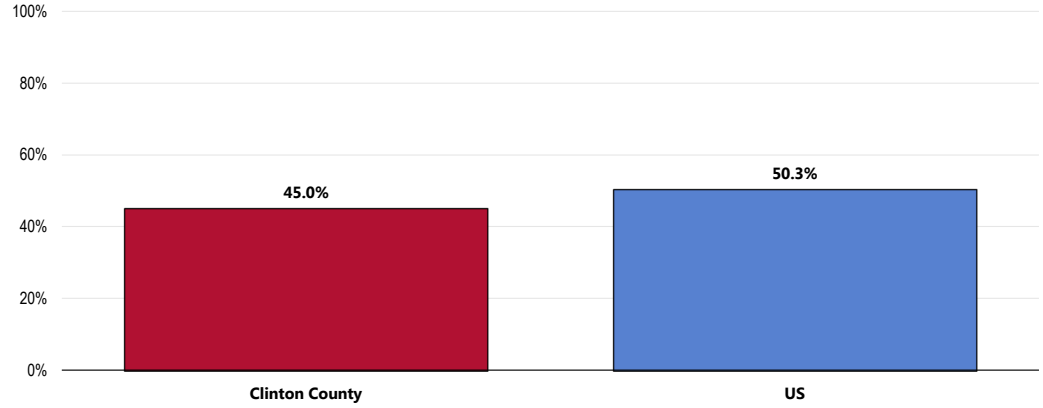
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 45.0% of Clinton County adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Statistically comparable to national findings.

Meets Physical Activity Recommendations



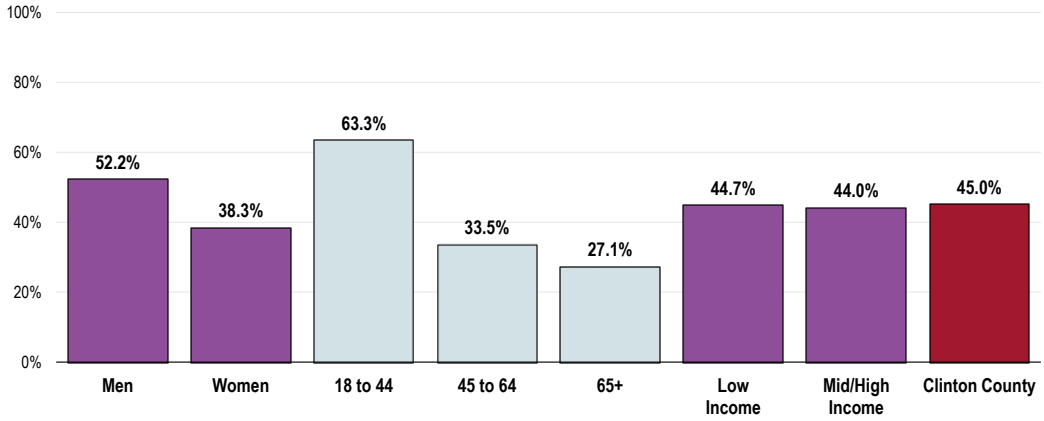
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those <u>less</u> likely to meet physical activity requirements include:

- Women.
- Adults over age 44, especially seniors (65+).

Meets Physical Activity Recommendations
(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

In the past month:

The individual indicators of moderate and vigorous physical activity are shown here.

A total of 32.7% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

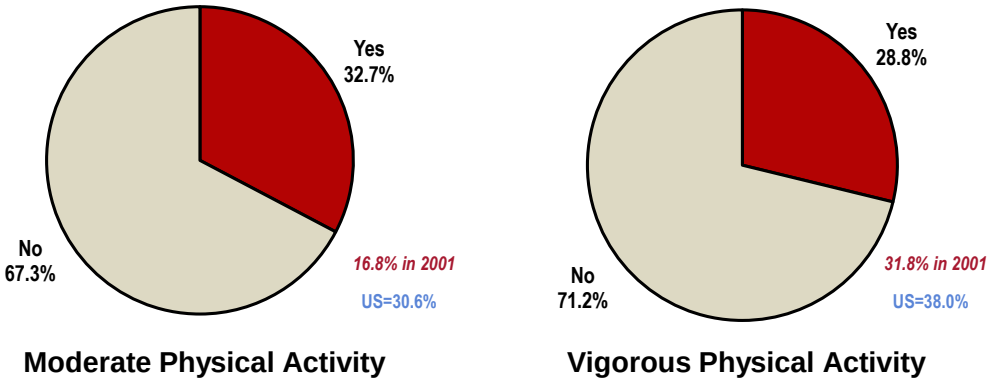
- Similar to the national level.
- TREND: Participation in moderate physical activity has improved (nearly doubled) since 2001.

A total of 28.8% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Less favorable than the nationwide figure.
- TREND: Statistically similar the 2001 survey findings.

Moderate & Vigorous Physical Activity

(Clinton County, 2015)



Moderate Physical Activity | **Vigorous Physical Activity**

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

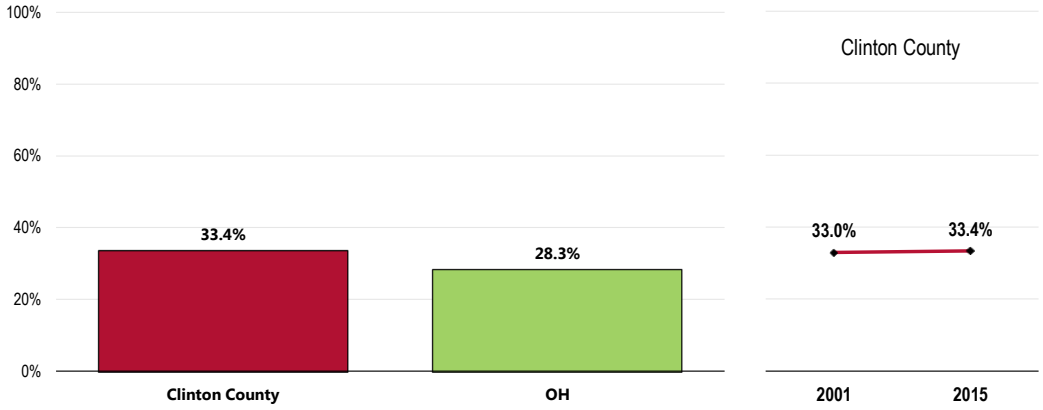
Strength Exercises

In this case the term "strengthening/toning exercises" refers to participation in physical activities that strengthen muscles including those using your own body weight such as yoga or push-ups and those using weight machines, free weights, or elastic bands. Aerobic exercises such as walking, running, or bicycling are not included.

In Clinton County, 33.4% of adults engage in strengthening or toning exercises more than once per week.

- Statistically similar to the U.S. findings
- TREND: Statistically unchanged since 2001.

Engages in Strengthening/Toning Exercises More than Once Per Week



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 309]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.

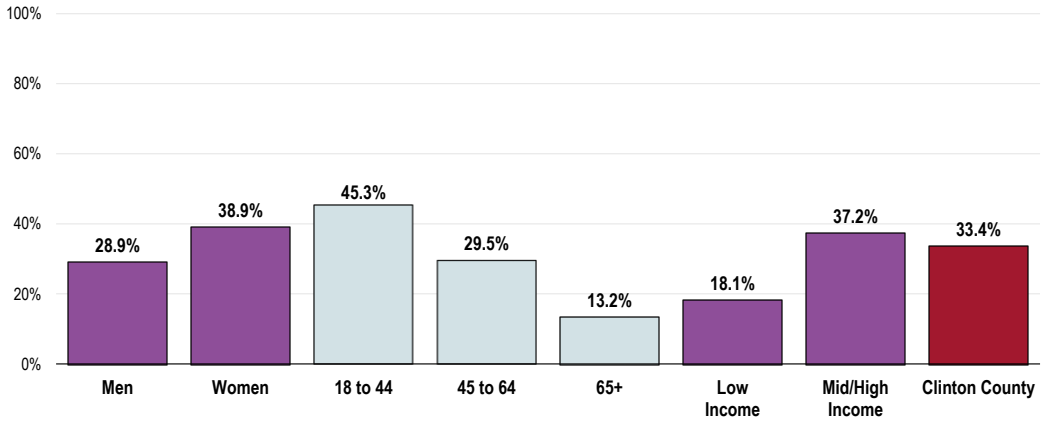
Notes:
- Asked of all respondents.
- In this case the term "strengthening/toning exercises" refers to participation in physical activities that strengthen muscles including those using your own body weight such as yoga or push-ups and those using weight machines, free weights, or elastic bands. Aerobic exercises such as walking, running, or bicycling are not included.

Clinton County adults less likely to do strength exercises at least twice per week include:

- Men.
- Older adults (note the strong negative correlation of strength exercise with age).
- Residents with lower incomes.

Engages in Strengthening/Toning Exercises More than Once Per Week

(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case the term "strengthening/toning exercises" refers to participation in physical activities that strengthen muscles including those using your own body weight such as yoga or push-ups and those using weight machines, free weights, or elastic bands. Aerobic exercises such as walking, running, or bicycling are not included.

Access to Physical Activity

Access to Recreation & Fitness Facilities

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

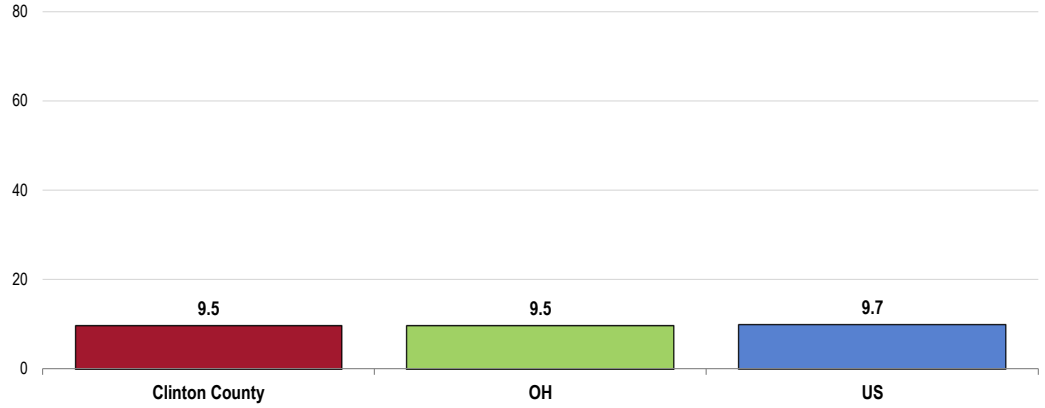
Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

In 2013, there were 9.5 recreation/fitness facilities for every 100,000 population in Clinton County.

- Identical to what is found statewide.
- Similar to what is found nationally.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2013)



Sources:
- US Census Bureau, County Business Patterns: 2013. Additional data analysis by CARES.
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

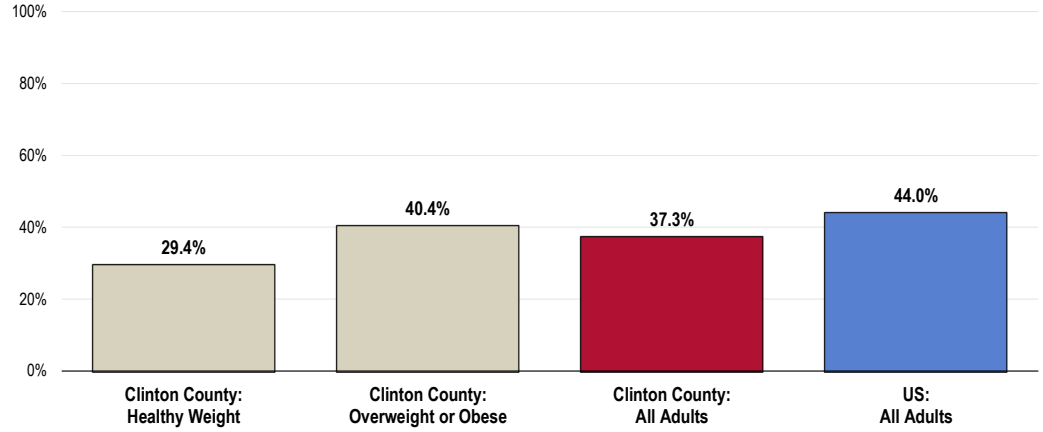
Health Advice About Physical Activity & Exercise

A total of 37.3% of Clinton County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Below the national average.
- Note: 2 in 5 (40.4%) of overweight/obese Clinton County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

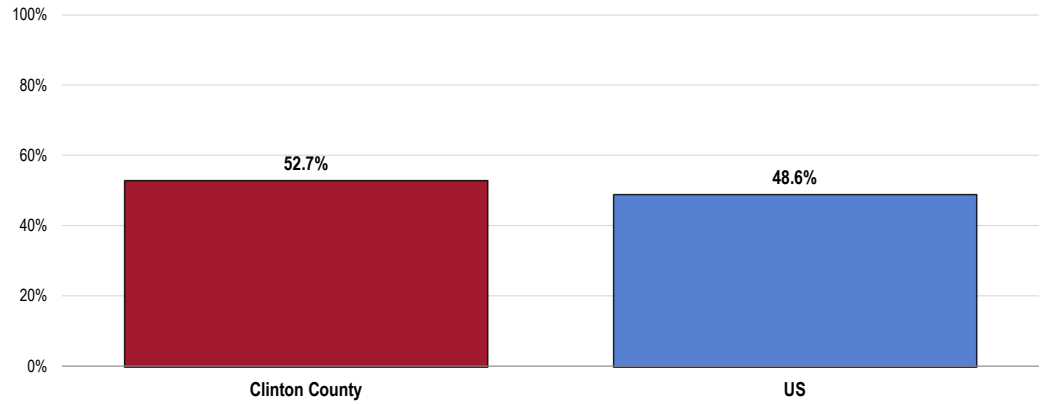
Children's Physical Activity

Among Clinton County children age 2 to 17, 52.7% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

- Statistically similar to what is found nationally.

Child Is Physically Active for One or More Hours per Day

(Among Children Age 2-17)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Healthy Weight

Based on self-reported heights and weights, 27.1% of Clinton County adults are at a healthy weight.

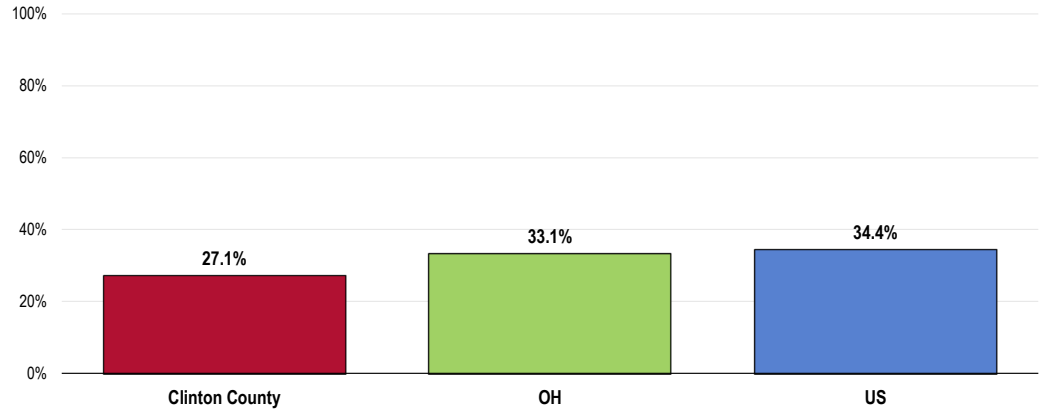
"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

- Lower than found statewide.
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

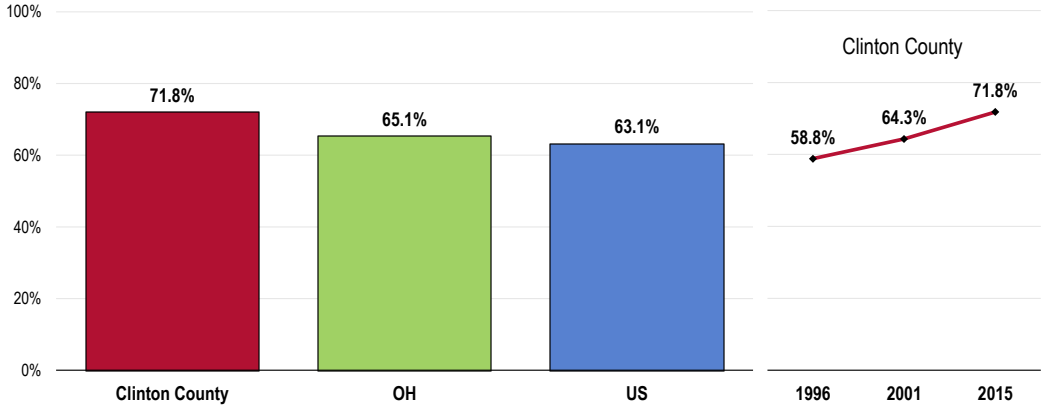
A total of 7 in 10 Clinton County adults (71.8%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- Higher than the Ohio prevalence.
- Higher than the US overweight prevalence.
- TREND: The proportion of overweight in Clinton County is dramatically higher than prior survey findings.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 34.8% of Clinton County adults are obese.

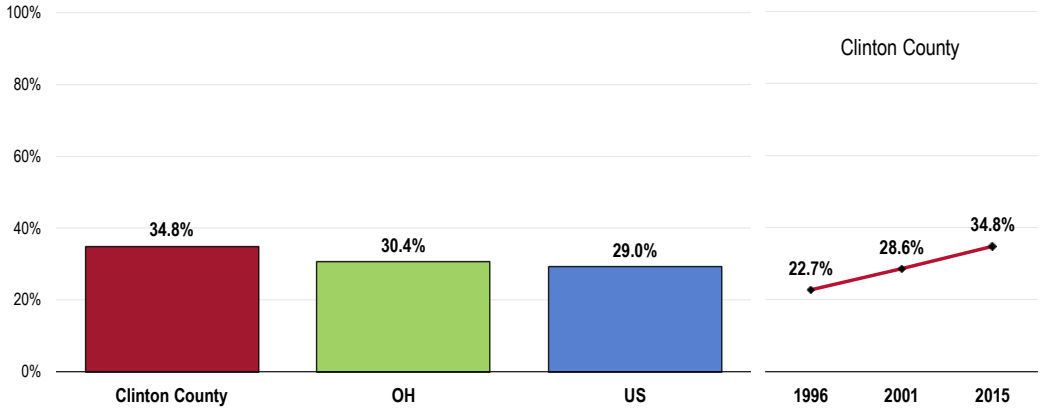
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Statistically comparable to Ohio findings.
- Less favorable than US findings.
- Statistically comparable to the Healthy People 2020 target (30.5% or lower).
- TREND: Denotes a statistically significant increase in obesity since 1996.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.

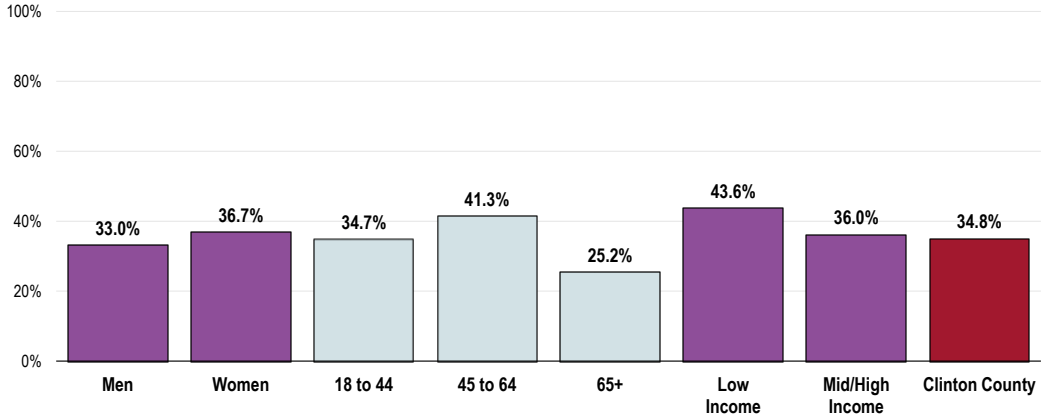
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- Obesity is notably more prevalent among adults age 45 to 64.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Clinton County, 2015)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

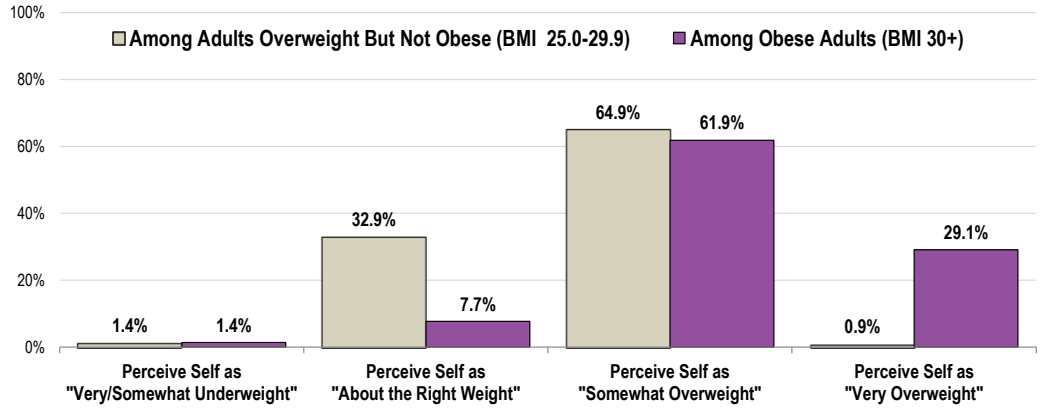
Actual vs. Perceived Body Weight

A total of 7.7% of obese adults and 32.9% of overweight (but not obese) adults feel that their current weight is "about right."

- 64.9% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 29.1% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status

(Among Overweight/Obese Adults Based on BMI; Clinton County, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: ● BMI is based on reported heights and weights, asked of all respondents.
● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

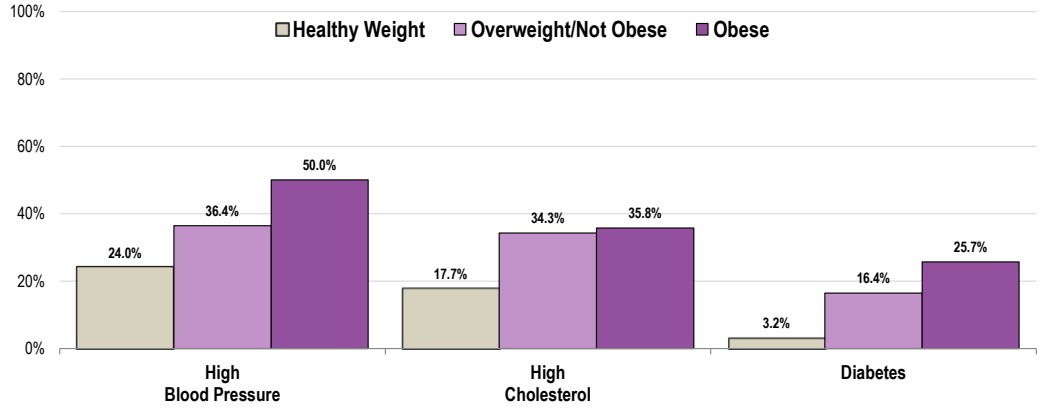
Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

The correlation between overweight and various health issues cannot be disputed.

- Hypertension (high blood pressure).
- High cholesterol.
- Diabetes.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Clinton County, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 125, 126, 136]
Notes: ● Based on reported heights and weights, asked of all respondents.

Weight Management

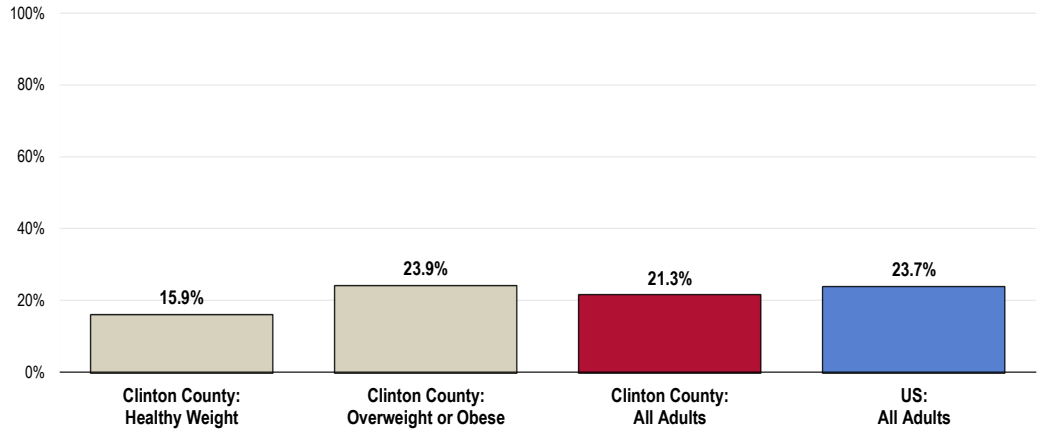
Health Advice

A total of 21.3% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- Note that 23.9% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over three-fourths have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 98]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Weight Control

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

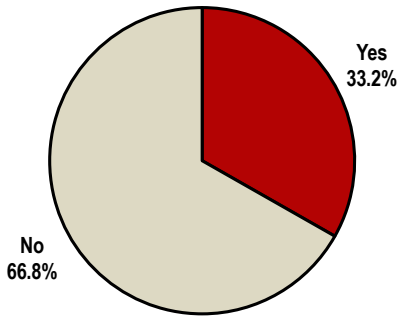
- Healthy People 2020 (www.healthypeople.gov)

A total of 32.2% of Clinton County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

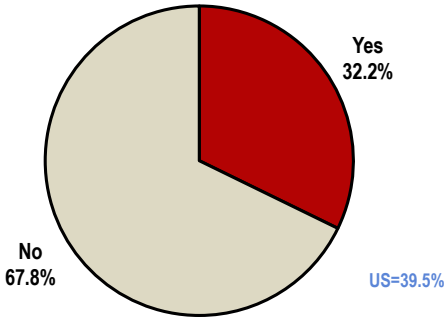
- Less favorable than national findings.
- TREND: Statistically similar to that reported among overweight adults in 1996.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(Among Overweight or Obese Respondents)



Clinton County 1996



Clinton County 2015

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

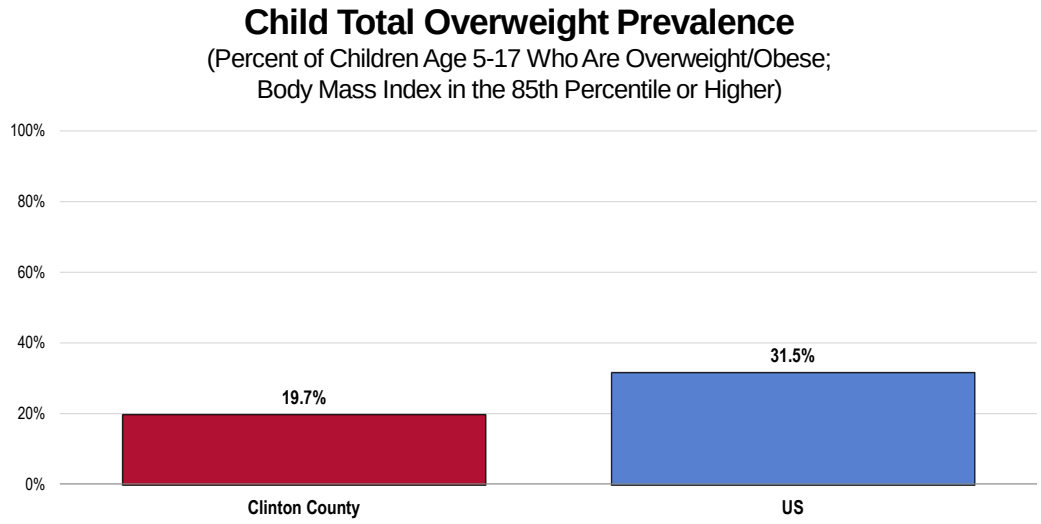
BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 19.7% of Clinton County children age 5 to 17 are overweight or obese (≥85th percentile).

- Much more favorable than found nationally.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

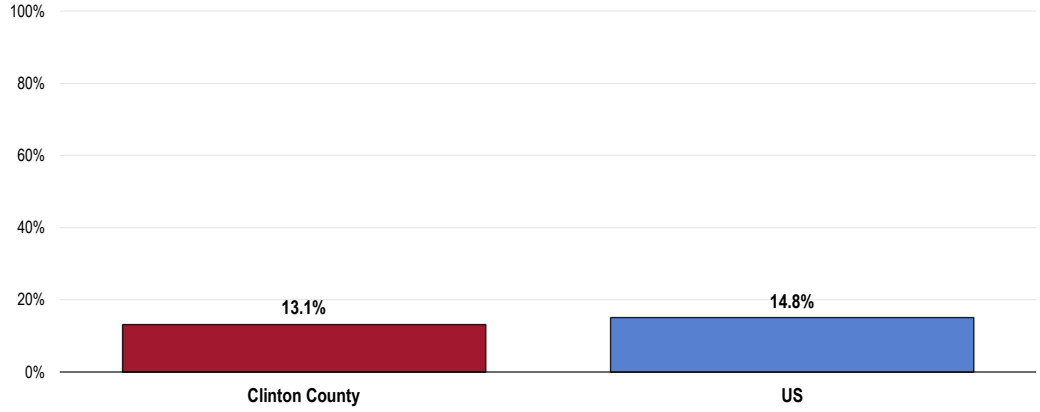
Further, 13.1% of Clinton County children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).

Child Obesity Prevalence

(Percent of Children Age 5-17 Who Are Obese;
Body Mass Index in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

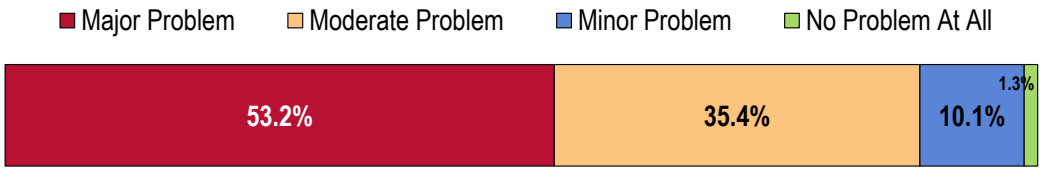
Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

A majority of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2015)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Infrastructure for Healthy and Active Living

Lack of infrastructure and investment in new infrastructure for healthy/active living. In particular, limited walkability and bike ability in urban areas and lack of attention to pedestrian safety. Limited access to existing infrastructure such as parks. Limited attention given to improving access between residential areas and healthy/active infrastructure such as parks. Seemingly limited social attention and discussion to the issues related to weight, obesity, health, nutrition and physical exercise. The pervasive car-oriented pattern of development. Most new development is very car-centric--limited walking/biking infrastructure, excessive parking, and limited connectivity. Lack of leadership on nutrition education and physical activity development. Lack of attention and investment on the limited recreation and wellness infrastructure available to the public--especially those that are financially constrained. - Community/Business Leader

Especially with the loss of the YMCA, there is little offered to people who can't afford to join health clubs etc. or are not a special group like senior citizens. Another underserved group is children and teens. – Physician

The limited number of exercise and activity spaces that are clean, handicap accessible, safe and well-light are nearly non-existent in our rural village. There are few constructive activities to keep our community members active and therefore, they find the wrong activities to get involved in. The increase in drug use in our area is a testament to the depressed attitude of our people at the lack of constructive activities and facilities to utilize. - Community/Business Leader

Public access to indoor areas for physical fitness. - Other Healthcare Provider

Lack of a community fitness center such as the Countryside YMCA in Warren County. - Community/Business Leader

Too much availability of low cost, low nutrition food. - Public Health Representative

Lack of funds and or could be education of nutritional importance and exercise. YMCA has closed-what do we have for low income families? Cultural beliefs. - Public Health Representative

Aside from the fitness centers, there is not a comprehensive wellness program in the county. - Community/Business Leader

Poor Diet/Nutrition

80% of our health is impacted by our nutrition. I am not sure our parents in the community understand the impact of poor choices. School lunch, unfortunately, is sometimes the only healthy meal for the day. - Community/Business Leader

Fast food, cost of nutritious foods, inactivity in all age groups, especially the youth. - Public Health Representative

I believe that people are making unhealthy choices because they feel it is cheaper to feed their family unhealthy things than it is to buy fruits and vegetables, etc. I also believe that many people are not educated regarding sedentary lifestyles. - Social Services Provider

Poor diet choices, not enough interest in physical activity. - Other Healthcare Provider

Poor eating habits, lack of commitment to improve diet or increase exercise. - Public Health Representative

Nutrition, healthy food is available but cost drives poor choices. Physical activity, there is no recreation center and our YMCA closed. A lot of streets don't have sidewalks. Weight is the result of the previous two, poor nutrition by way of high calorie food and little or no physical activity. I also feel like physicians could encourage weight loss more. Rather than treat a condition with medication, like diabetes or cholesterol, stress dietary changes and/or activity. Develop some community programs like walking at the park. - Community/Business Leader

Fast food is cheap. Smoking. Lack of jobs. Lack of community parks and activities. Generational poverty and Medicare. – Physician

Food insecurity. Still very much an issue as seen at local food pantries. - Community/Business Leader

Obesity

Absolutely horrible. The obesity rate in Clinton County is high. Nutrition is poor as it relates to multiple

health issues I have seen with patients. Many with poor self-care. - Physician

High prevalence of obesity. Poor understanding of calorie needs, restrictions and etc. - Physician

The majority of people in Clinton County are overweight or obese. Some of this is due to low availability of free educational programs and high availability of fast food. Again, not enough resources. The YMCA closed and along with it, many programs that encouraged physical activity for all ages. - Public Health Representative

My focus is on the older adult population. Overweight and obesity are epidemic. Being overweight complicates other health problems in older adults. It also tends to reduce physical activity which can lead to loss of mobility in older adults. Loss of mobility means loss of independence. It is very challenging to effectively educate people on the long-term consequences of obesity on their quality of life and ability to live independently as they age. - Community/Business Leader

Obesity in children. - Physician

I would guess 30% of children are overweight or obese. Recess is short at school, PE is limited. Parents seem unable to keep their children busy. No YMCA any more. Little education on what is an appropriate diet. - Physician

Lifestyle

There is education available and physical activities available but people are not motivated to change. - Public Health Representative

Desire to live a healthy lifestyle. - Physician

This is an issue across the country. The society is turning to a more inactive lifestyle. Our work and play is becoming less dependent of physical activity, even farming is so modernized that the physical attributes have decreased greatly. People now have to make a conscious effort to get physical activity. - Public Health Representative

Willingness to change diet and eating patterns. Access to and familiarity with fresh food options. Fast foods, sugary drinks and junk foods cost less. - Social Services Provider

Lack of Nutrition Education/Focus

Healthy eating knowledge, numbers of fast-food restaurants and no YMCA. - Community/Business Leader

Lack of education regarding nutrition, plethora of fast food restaurants that offer cheap choices for those with few resources. Unsupervised children eating junk food. School lunches with too many carbohydrates. - Community/Business Leader

I do not believe the culture aligns with the thought of good nutrition, health activity, and proper BMI for the community at large. - Community/Business Leader

There is very little focus on good nutrition and activity. Such a tough culture to develop and this problem leads to so many of the health problems mentioned in this survey. Poverty is an issue, lack of emphasis on physical activity in the schools, poor eating habits, lack of food for many. - Public Health Representative

Lack of Education

Education of nutrition, availability, places to go that are like your age group, general knowledge weight loss, organized activities, and of course, too many fast food joints available for people to go. - Community/Business Leader

Getting kids involved in activity. Educating families, etc. - Social Services Provider

Affordable Care/Services

Facilities are available but can residents afford those services? Do residents have time to exercise or are they spending a great deal of time working trying to pay bills. - Public Health Representative

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

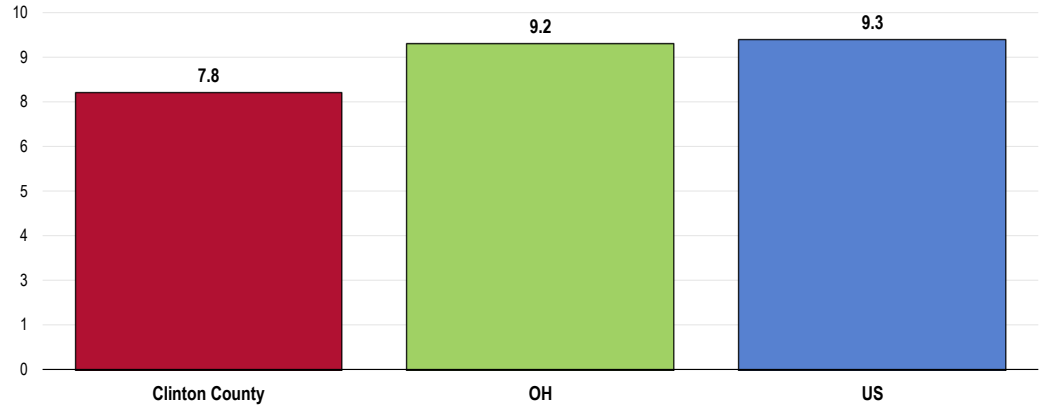
Between 2004 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 7.8 deaths per 100,000 population in Clinton County.

- Lower than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2004-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

High-Risk Alcohol Use

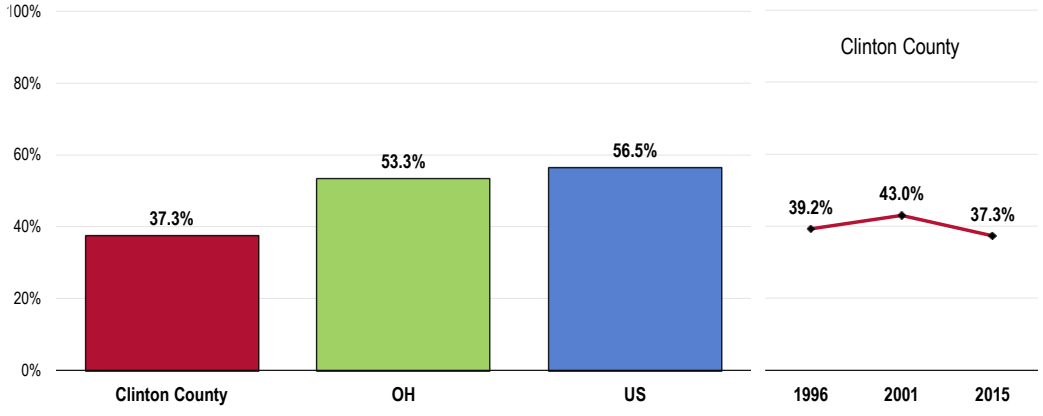
Current Drinking

A total of 37.3% of area adults had at least one drink of alcohol in the past month (current drinkers).

"Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

- Well below the statewide proportion.
- Well below the national proportion.
- TREND: Statistically similar to previous findings.

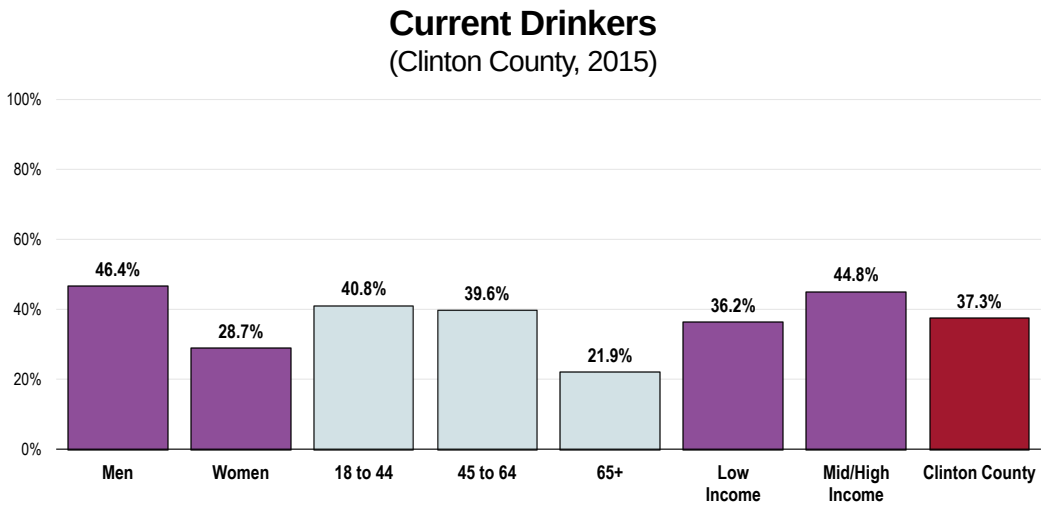
Current Drinkers



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

- Current drinking is more prevalent among men, especially those under age 65.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

Excessive Drinking

A total of 11.0% of area adults are excessive drinkers (heavy and/or binge drinkers).

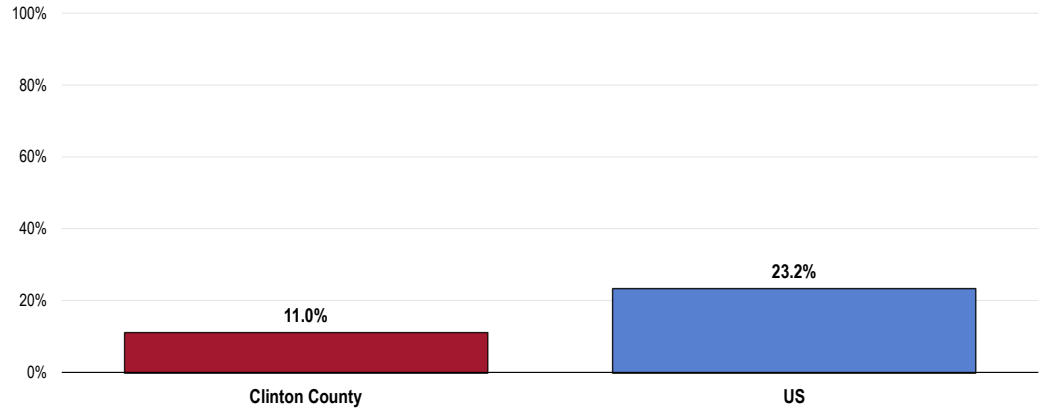
- Far more favorable than the national proportion.
- Satisfies the Healthy People 2020 target (25.4% or lower).

"Excessive drinking" includes heavy and/or binge drinkers:

Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and

Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

RELATED ISSUE: See also Stress in the Mental Health & Mental Disorders section of this report.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

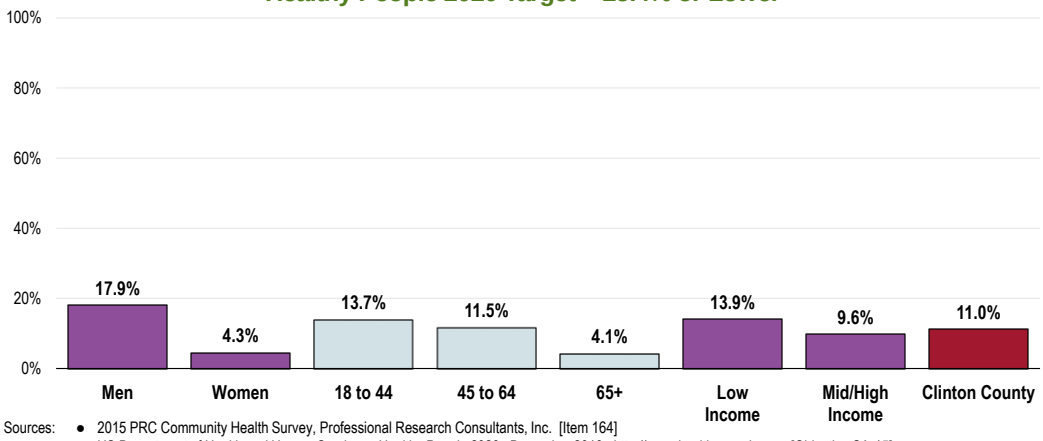
Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men and adults under age 65 (note the negative correlation with age).

Excessive Drinkers

(Total Area, 2015)

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

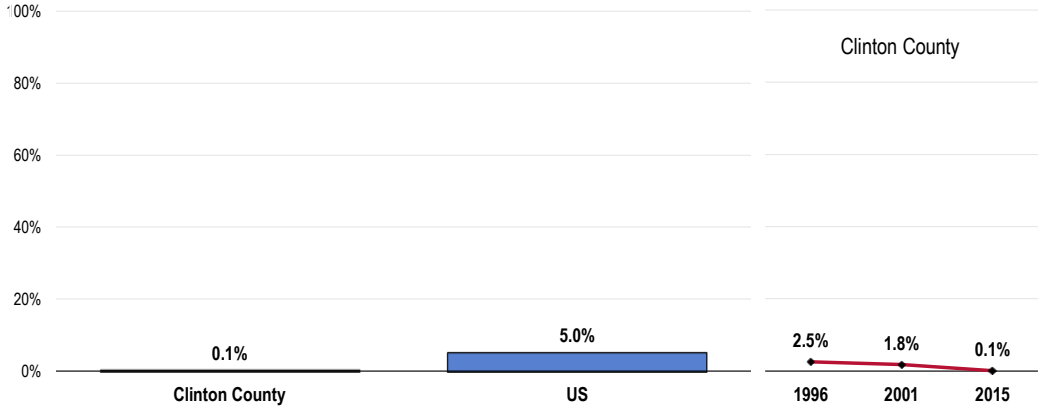
Drinking & Driving

A low 0.1% of Clinton County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- Well below national findings.
- TREND: The drinking and driving prevalence has significantly decreased since 1996.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

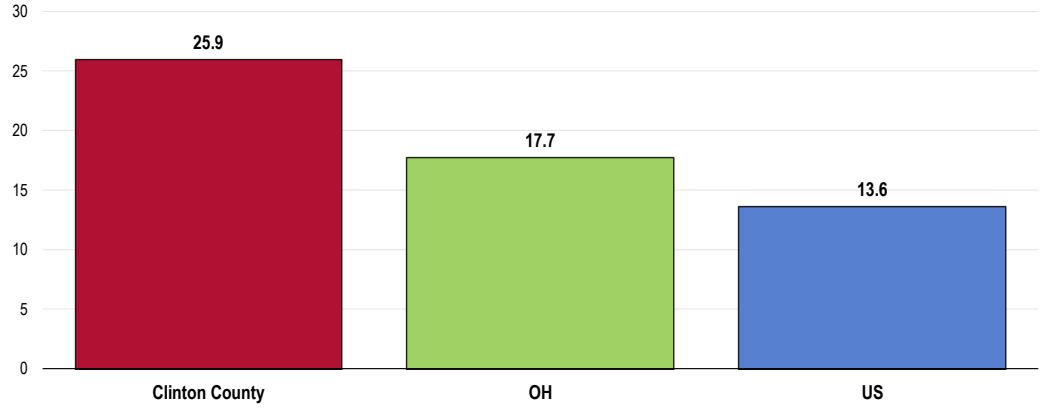
Between 2009 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 25.9 deaths per 100,000 population in Clinton County.

- Much higher than the statewide rate.
- Nearly twice the national rate.
- Over twice the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality

(2009-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

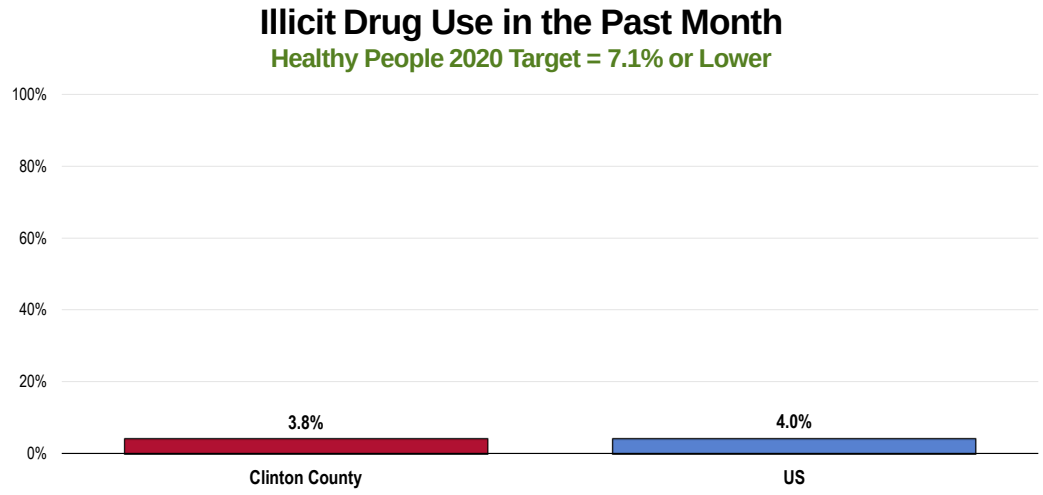
Illicit Drug Use

A total of 3.8% of Clinton County adults acknowledge using an illicit drug in the past month.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

- Nearly identical to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Prescription Drug Abuse

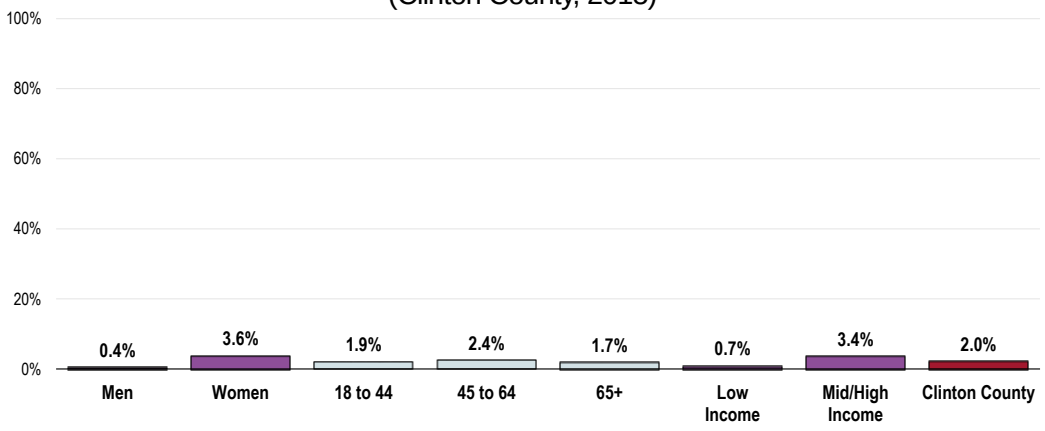
A total of 2.0% of Clinton County residents acknowledge giving a personal prescription to another person for use.

- Women and Middle/High Income residents in Clinton County are more likely than men to give their prescription to others for use.

Illegal drug use problems are any problems associated with the use of illegal substances such as methamphetamine, heroin, or other narcotic drugs.

Has Given Personal Prescription to Others for Use

(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

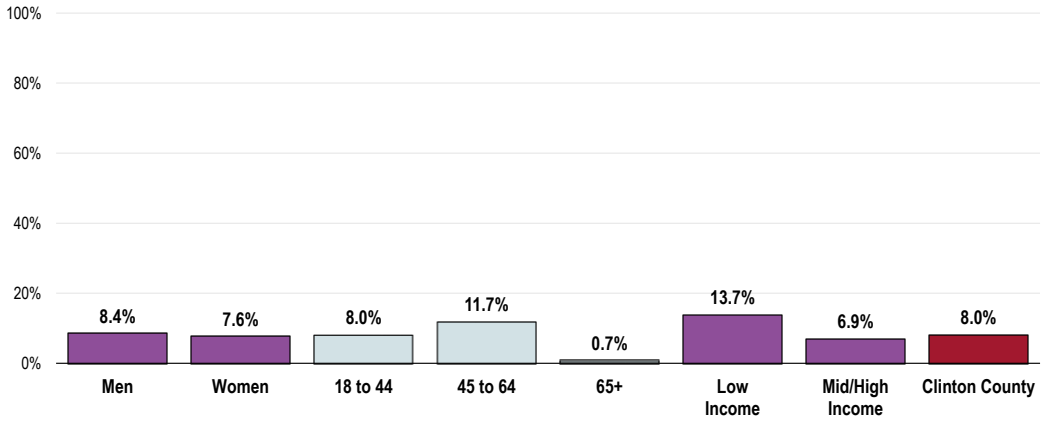
Illegal Drug Use

A total of 8.0% of Clinton County adults report that they or an immediate family member has had problems associated with illegal drug use in the past three years.

- Illegal drug use problems are more common among adults under age 65 and their immediate family members.

Self/Immediate Family Member Has Had Problems due to Illegal Drug Use in the Past Three Years

(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]

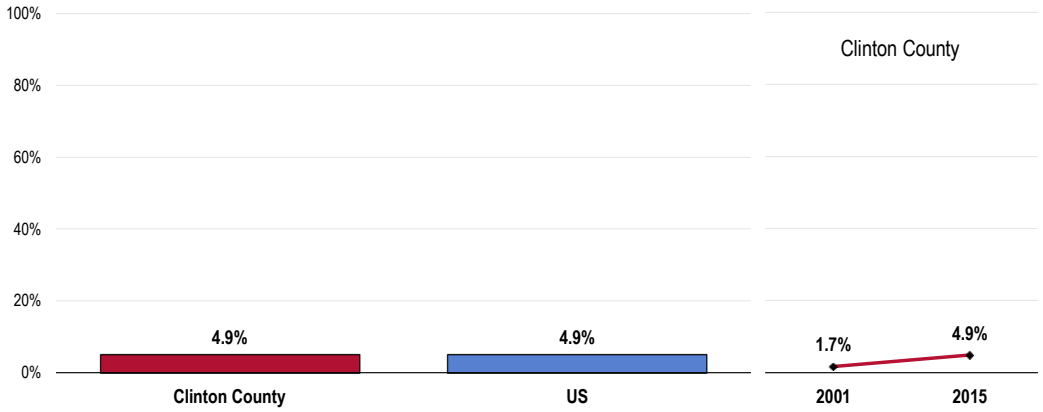
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Illegal drug use problems are any problems associated with the use of illegal substances such as methamphetamine, heroin, or other narcotic drugs.

Alcohol & Drug Treatment

A total of 4.9% of Clinton County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Identical to national findings.
- TREND: Denotes a significant increase since 2001.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



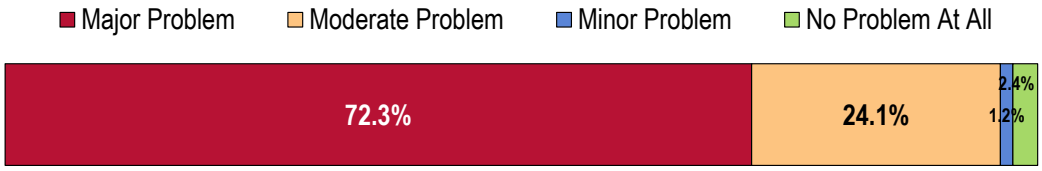
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Substance Abuse

Key informants taking part in an online survey overwhelmingly characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2015)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Centers/Facilities

Lack of available treatment programs. - Physician

Primarily the lack of substance abuse treatment centers. In addition, there appears to still be a lagging political and cultural acceptance of substance abuse being a more complicated issues requiring new strategies and solutions. For instance, there appears to be tension remaining between some community leadership and the new drug recovery docket as well as the lack of presence of recovery centers. - Community/Business Leader

We do not have a program in the county which offers 24 hour rehab services in a facility. A facility like this would allow a person, who is addicted to stay at the facility with professional help resulting in clients being helped to kick the addiction. - Social Services Provider

In our community we have Solutions and Talbert House, both fine facilities, but we do not have a detox center or in-house treatment facility. Both of which are truly needed with the drug epidemic we are facing. My company's facilities can provide a safe, sober living environment for residents to break the chains of old people places and attitudes, so upon returning into society they may be productive citizens. We're trying to fill the void between treatment, jail and returning into society. - Community/Business Leader

No outpatient or affordable inpatient clinics. - Physician

Lack of in house treatment facilities in our community. Inability to pay for treatment or unreliable transportation to attend treatment options. - Community/Business Leader

Access to inpatient care. - Community/Business Leader

Need local inpatient treatment facilities. - Community/Business Leader

Those whom use drugs are unable to get into rehabs because there is no within the community. - Social Services Provider

We need a nearby inpatient treatment center. - Other Healthcare Provider

Lack of knowledge of resources and fear of the costs. - Social Services Provider

Lack of options and stigma regarding substance abuse and mental health issues. Transportation and costs are two other barriers. - Community/Business Leader

Local assistance and lack of commitment of resident to quit. - Public Health Representative

Lack of resources and criminalization of illicit drug use. - Public Health Representative

Lack of Motivation to Change

Understanding they have a problem and then seeking treatment for the problem. - Community/Business Leader

They don't want to change. Lack of jobs. Lack of education. - Physician

Admitting that they need help, then having easy access to know where to go or how to navigate through the system. - Community/Business Leader

I would suggest that many of these people do not even seek treatment or may not see what they are doing as a problem. I would submit to you that family members may want treatment for their loved one but do not know where to turn. Further, I would submit that family members are afraid of the drug dealers or violence that can directly correlate to substance abuse, including alcohol abuse. - Community/Business Leader

Inability to see a problem and motivation to continue treatment. - Social Services Provider

They do not want to. - Social Services Provider

They have to recognize they have a problem and be willing to seek treatment, need ongoing support locally. - Physician

An unwillingness to recognized the problem and accept help. - Other Healthcare Provider

Desire to quit. - Physician

No desire. - Social Services Provider

Motivation to quit using. - Public Health Representative

Lack of interest and motivation. - Other Healthcare Provider

Their lack of self-discipline. They have to want to change. The services are available. - Community/Business Leader

Denial - Public Health Representative

Cost of Care/Services

Cost and not wanting help. - Community/Business Leader

Money. - Other Healthcare Provider

Cost, time between assessment, meeting a therapist and transportation. - Community/Business Leader

Lack of money. - Physician

Lack of Awareness of Services

Perhaps not knowing where to find it. Typically, they receive it after they've been arrested multiple times. - Community/Business Leader

Not aware, fear and perceived expense. - Social Services Provider

Are there treatment programs in the area, and what is the wait time? - Physician

Addiction

The addiction itself, particularly with heroin. Stigma of seeking treatment for self or family member. Medical treatments for addiction. - Community/Business Leader

The disease of addiction itself. - Public Health Representative

Prevalence/Incidence

I know from discussion with healthcare professionals and law enforcement that this is a problem. I am not clear on the reasons why or the barriers other than addiction, income, education. - Community/Business Leader

Meth and heroin use have become pervasive with an average of one overdose per month. In most cases the perpetrators enter the criminal justice system instead of the health system. Also, insurance doesn't cover rehab for a long enough time period. - Public Health Representative

Cost of Treatment

Money. I have had patients that are addicted to heroin tell me that their Medicaid will no longer pay for treatment such as suboxone. – Physician

Financial - Public Health Representative

Money, money, money and overwhelmed treatment providers. - Public Health Representative

Stigma

Stigma, tolerance of legal drug use, tobacco and alcohol, often at excessive levels. Promotion of use in ads, music and other media. Low perception of risk and harm of tobacco, alcohol and now marijuana. Lack of patient education regarding potential addiction with pain mess, over prescribing of pain mess and lack of education regarding non pharmaceutical options. Lack of education and awareness regarding sharing medications. - Social Services Provider

Stigma. Many don't want to be helped. - Public Health Representative

Lifestyle

Their lifestyle. - Social Services Provider

Pregnant Women

Too many pregnant mothers on narcotics, heroin and other drugs. I feel you can have all the help available but the population won't access that. - Physician

Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified heroin/other opioids, followed by alcohol, prescription medications, and methamphetamines/other amphetamines as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Heroin or Other Opioids	77.6%	14.6%	4.3%	47
Alcohol	12.2%	22.9%	29.8%	31
Prescription Medications	4.1%	25.0%	29.8%	28
Methamphetamines or Other Amphetamines	4.1%	18.8%	19.1%	20
Marijuana	0.0%	8.3%	6.4%	7
Cocaine or Crack	0.0%	10.4%	4.3%	7
Over-The-Counter Medications	2.0%	0.0%	2.1%	2
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0%	0.0%	2.1%	1
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	0.0%	2.1%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

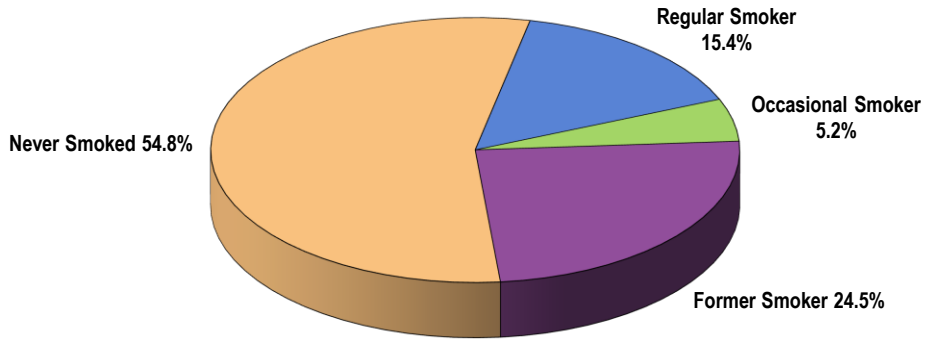
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 20.6% of Clinton County adults currently smoke cigarettes, either regularly (15.4% every day) or occasionally (5.2% on some days).

Cigarette Smoking Prevalence
(Clinton County, 2015)

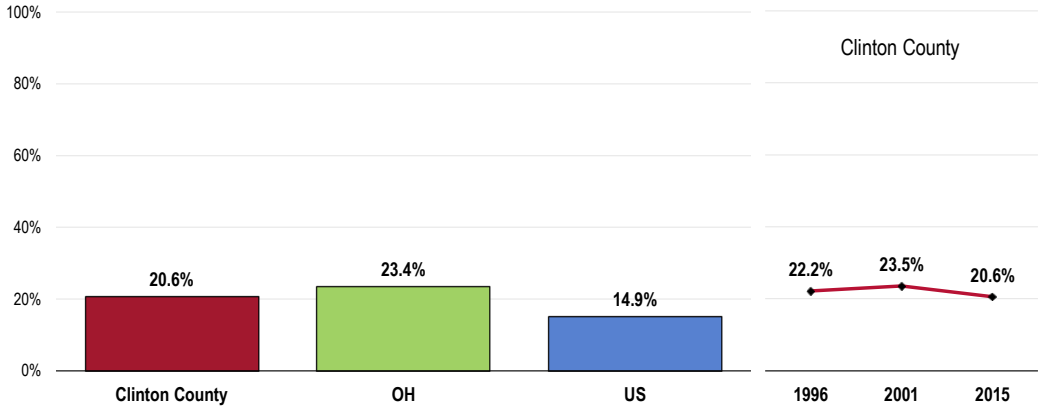


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- TREND: The current smoking percentage is statistically unchanged since 1996.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

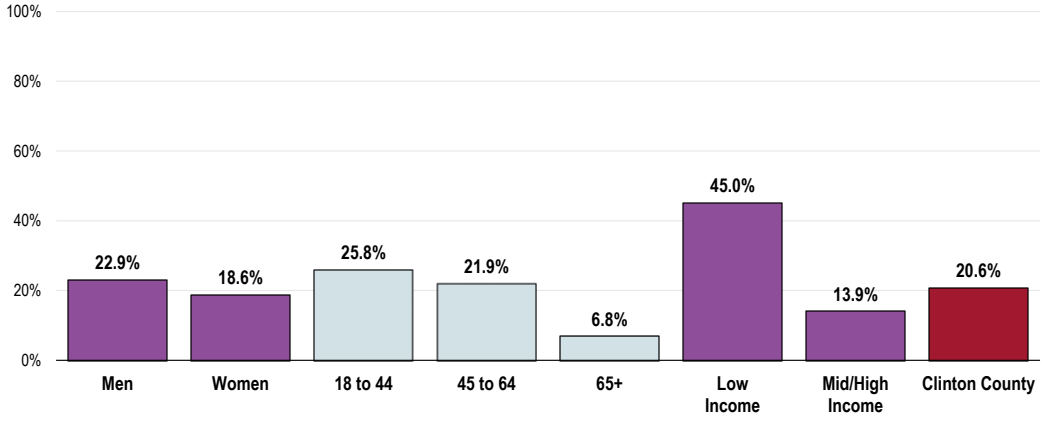
Note the following:

- There is a negative correlation of current smoking with age.
- Cigarette smoking is far more prevalent among adults with low incomes than those with higher incomes.

Current Smokers

(Clinton County, 2015)

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

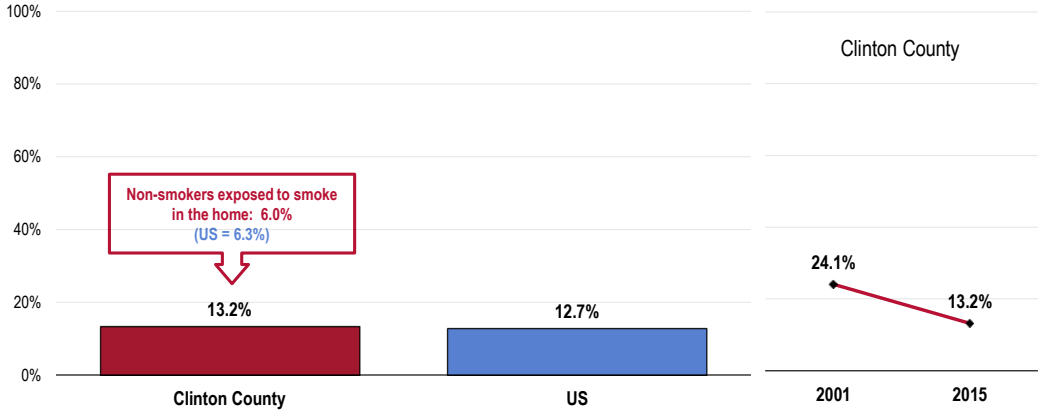
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

Environmental Tobacco Smoke

A total of 13.2% of Clinton County adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Comparable to national findings.
- TREND: Marks a statistically significant decrease over time.
- Note that 6.0% of Clinton County non-smokers are exposed to cigarette smoke at home; comparable to what is found nationally.

Member of Household Smokes at Home

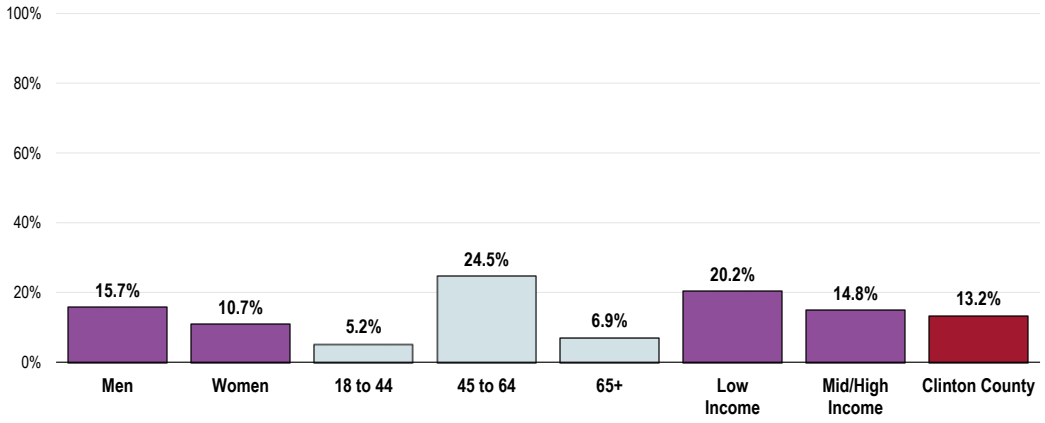


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among residents between the ages of 45 and 64.

Member of Household Smokes At Home
(Clinton County, 2015)



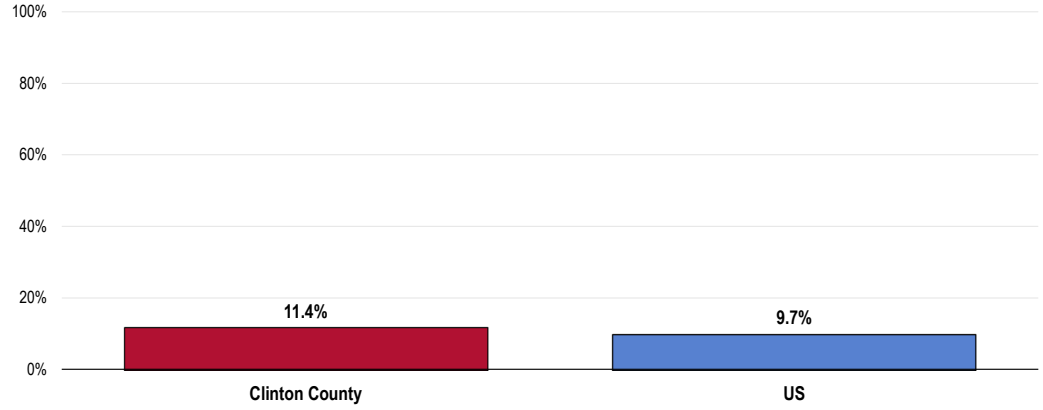
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 11.4% have someone who smokes cigarettes in the home.

- Comparable to national findings.

Percentage of Households With Children In Which Someone Smokes in the Home
(Among Households With Children)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents with children 0 to 17 in the household.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

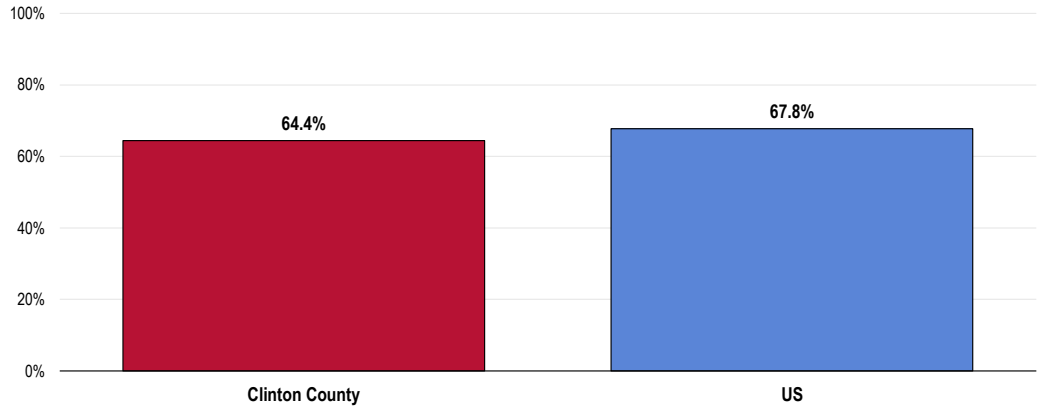
- Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 64.4% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Statistically similar to the national percentage.

Advised by a Healthcare Professional in the Past Year to Quit Smoking
(Among Current Smokers)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all current smokers.

Smoking Cessation Attempts

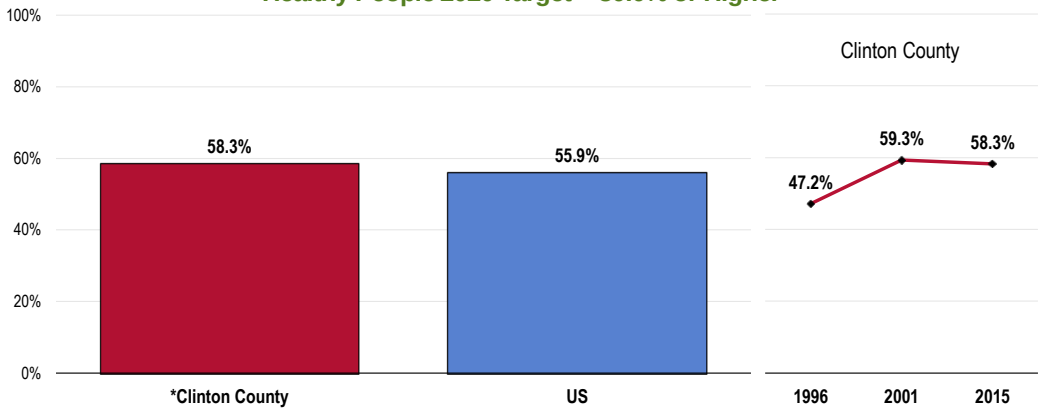
Nearly three-fifths of regular smokers (58.3%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- TREND: No statistically significant change since 1996.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Everyday Smokers)

Healthy People 2020 Target = 80.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]

Notes:
- Asked of respondents who smoke cigarettes every day.
- *Interpret cautiously as the sample size is <50.

Other Tobacco Use

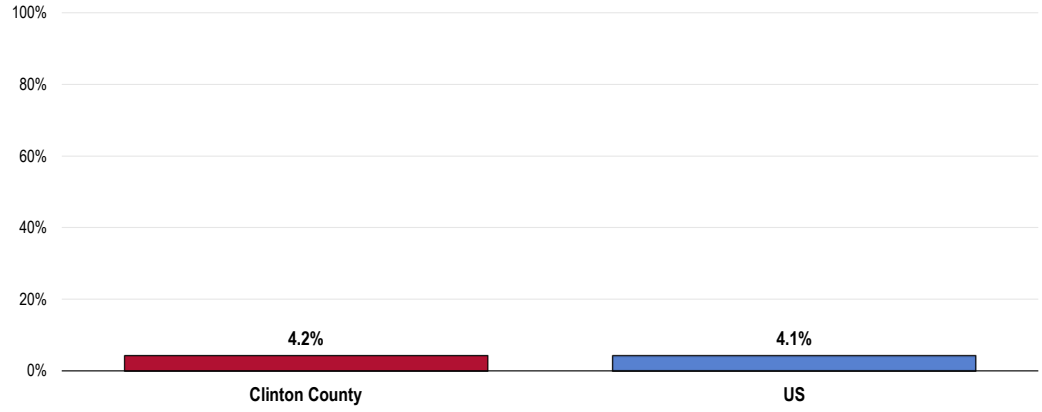
Cigars

A total of 4.2% of Clinton County adults use cigars every day or on some days.

- Nearly identical to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).

Use of Cigars

Healthy People 2020 Target = 0.2% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.3]

Notes:
- Asked of all respondents.

Smokeless Tobacco

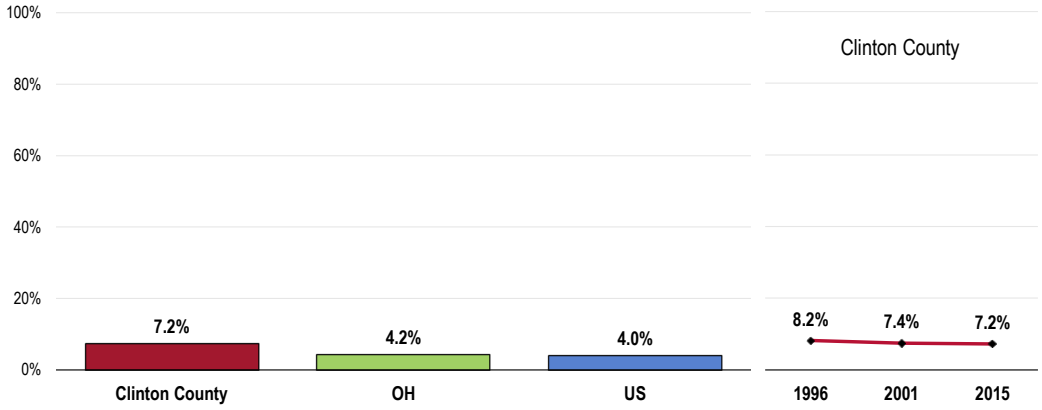
A total of 7.2% of Clinton County adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- Above the state percentage.
- Above the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- TREND: Similar to previous findings.

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

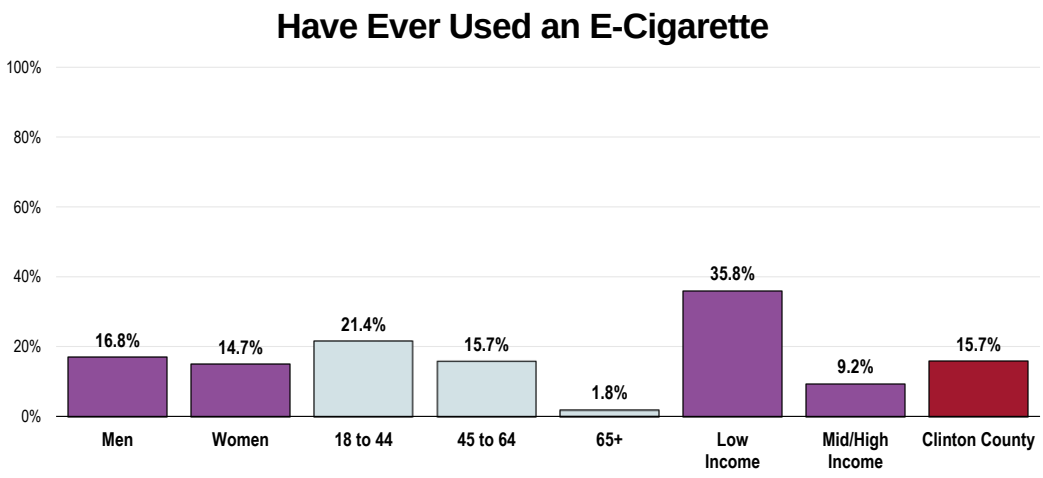
E-Cigarettes

A total of 15.7% of Clinton County adults have ever used an electronic cigarette, also known as an e-cigarette.

Electronic cigarettes are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid ("e-juice") used in these devices produces vapor and comes in a variety of flavors.

Use of electronic cigarettes is more prevalent among:

- Adults under age 65 (note the negative correlation with age).
- Adults with low incomes (especially).

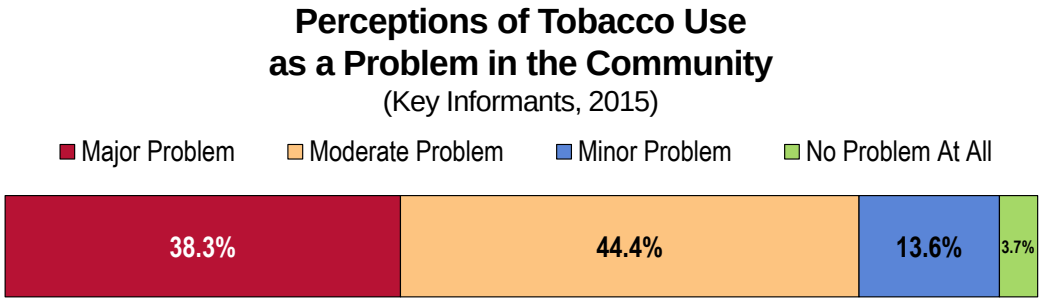


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Electronic cigarettes (e-cigarettes) are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid \"e-juice\" used in these devices produces vapor and comes in a variety of flavors.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

> *Tobacco use is very popular in this rural area and smoking cessation would be the number one way to prevent many health issues, cancer, asthma, COPD, heart attacks and strokes. - Community/Business Leader*
>
> *Lots of people smoke and continue to smoke around their children. - Physician*
>
> *Large population smokers and people starting to smoke early. - Public Health Representative*
>
> *Observe a great deal of community smoking and parents allowing children to smoke. - Social Services Provider*
>
> *Smoking even though less Americans smoke now than years ago is a major health problem for every*

community. - Public Health Representative

It's a major problem everywhere. - Community/Business Leader

I see many people smoking or dipping no matter where I go in the county. The Health Department has also identified tobacco as a problem. - Public Health Representative

More than 25% of adults in our county use tobacco. - Public Health Representative

Smoking rates remain high relative to the rest of the state. Smoking seems to be very acceptable in public. - Public Health Representative

Number of people smoking and the high number of lung cancer cases and mouth cancers. - Public Health Representative

Culture/Generational

I believe that children see their parents smoking and it is a habit that is passed down, it's generational. - Social Services Provider

Long standing usage over decades and generations. Also, oral chewing use among young people still seems high. - Community/Business Leader

We are still a farming community overall. Many of our students and community members use both cigarettes and smokeless tobacco products. - Community/Business Leader

Tolerance and acceptance in culture, adults model behavior and provide to youth. Enforcement is low priority. Few treatment or cessation resources available for youth. - Social Services Provider

Culture. - Other Healthcare Provider

Habits/Lack of Motivation to Quit

There is certainly no push on a public health level to discourage smoking in the community. - Public Health Representative

The high cost of tobacco and the significant long term effects on people's health and economic status because of its use. - Community/Business Leader

Despite health concerns and rising cost of tobacco use, it continues to be used. Tobacco use affects people of all ages and income levels. The harmful health concerns give reason to consider tobacco use a major problem in our community. - Community/Business Leader

Habits are hard to break. - Physician

Comorbidities

Heart and lung disease prevalence. - Physician

Tobacco is a major risk factor for chronic lung disease, vascular dis-including heart disease and stroke, blockage to circulation, certain form of cancers, etc. Large volume of local residents use tobacco. - Physician

Alleviates Stress

I see parents state stress and use this to assist in alleviation. And teens do it for fun. - Public Health Representative

Lack of Free Support Services

If there were free programs within Clinton County more people would be able to have the support to stop. However the fear is it is easier to buy for a pack of smokes than it is to buy the items to help stop smoking. - Social Services Provider

Access to Health Services

Professional Research Consultants, Inc.

Health Insurance Coverage

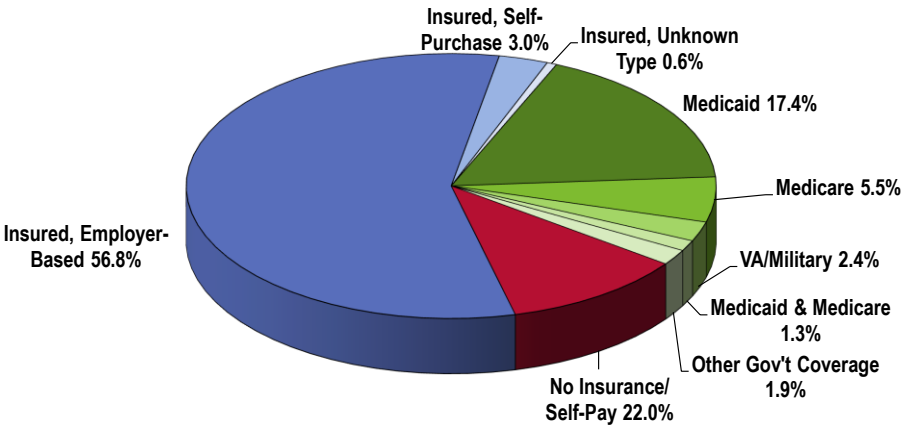
Type of Healthcare Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Three-fifths (60.4%) of Clinton County adults age 18 to 64 report having healthcare coverage through private insurance. Another 28.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

(Among Adults Age 18-64; Clinton County, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

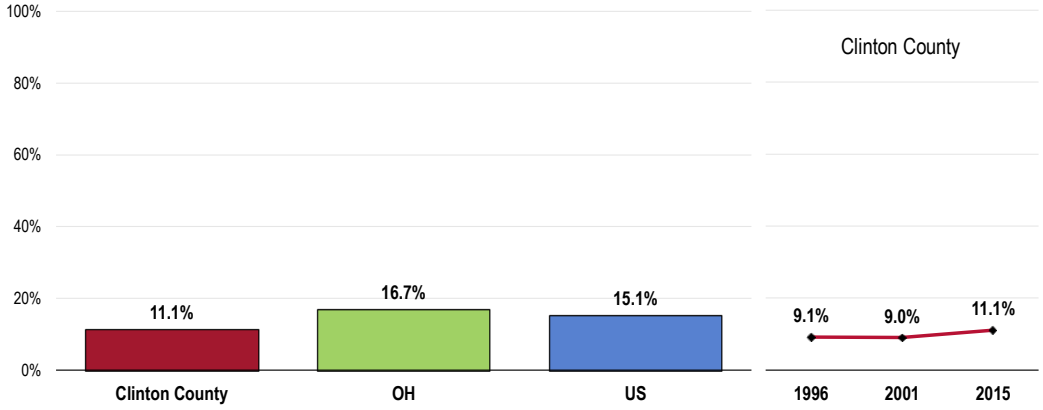
Among adults age 18 to 64, 11.1% report having no insurance coverage for healthcare expenses.

- More favorable than the state finding.
- Statistically similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- TREND: No significant change in insurance coverage has occurred since 1996.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

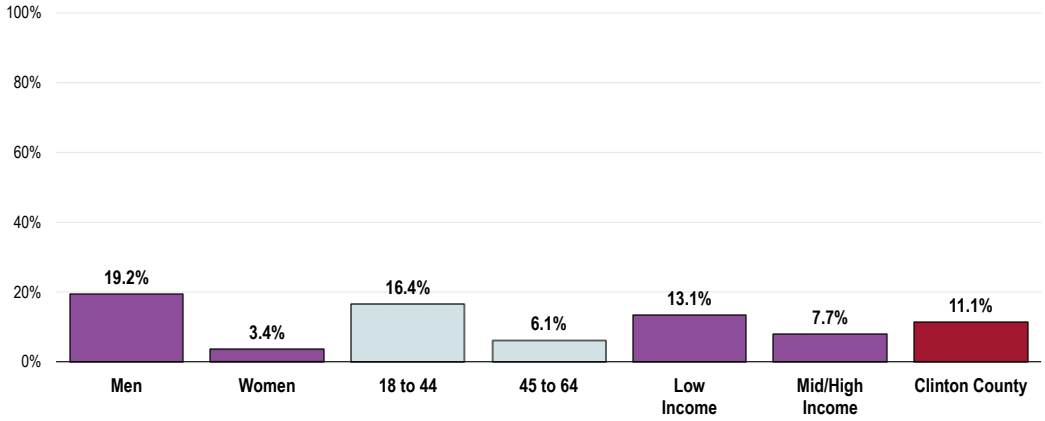
Notes:
- Asked of all respondents under the age of 65.

- Men are more likely to be without healthcare insurance coverage.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Clinton County, 2015)

Healthy People 2020 Target = 0.0% (Universal Coverage)



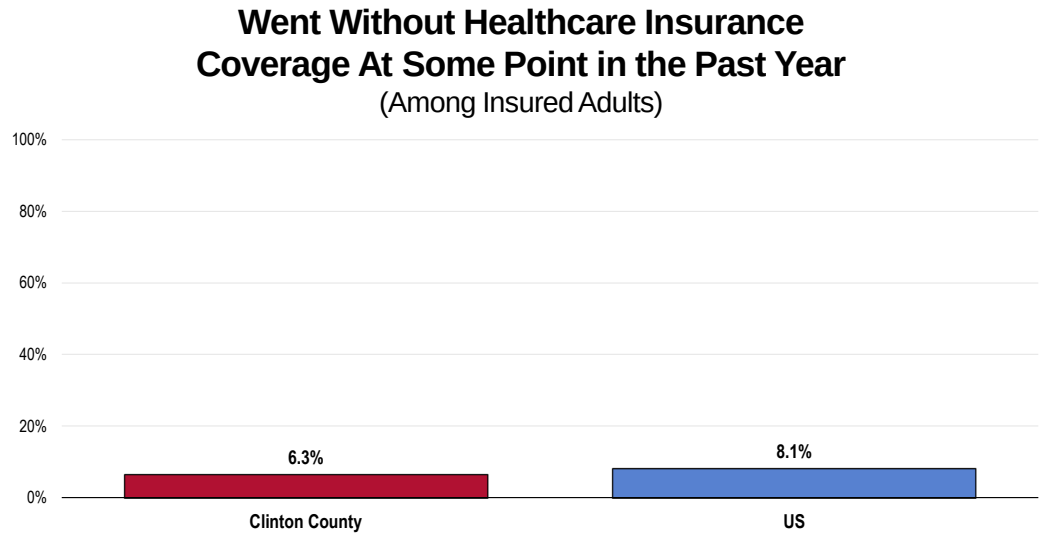
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Recent Lack of Coverage

Among currently insured adults in Clinton County, 6.3% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

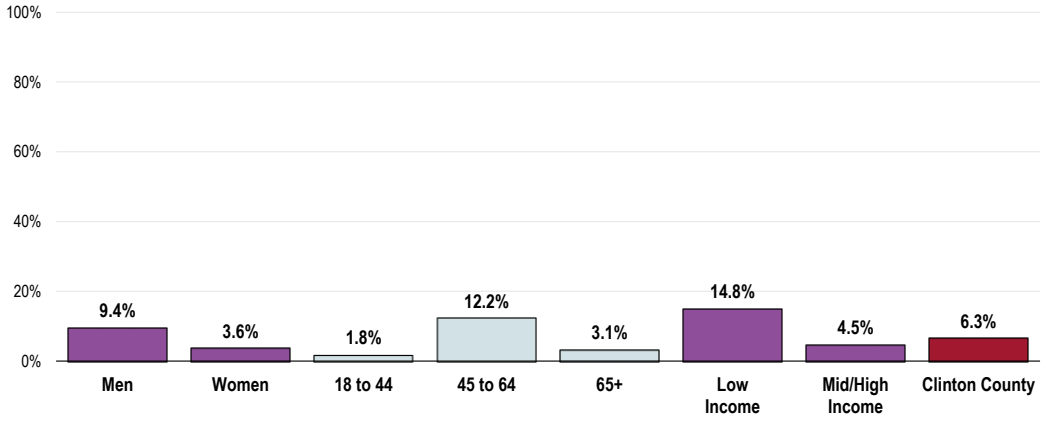
Notes:
- Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Men.
- Adults age 45 to 64.
- Lower-income residents.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults; Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]

Notes:
- Asked of all insured respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

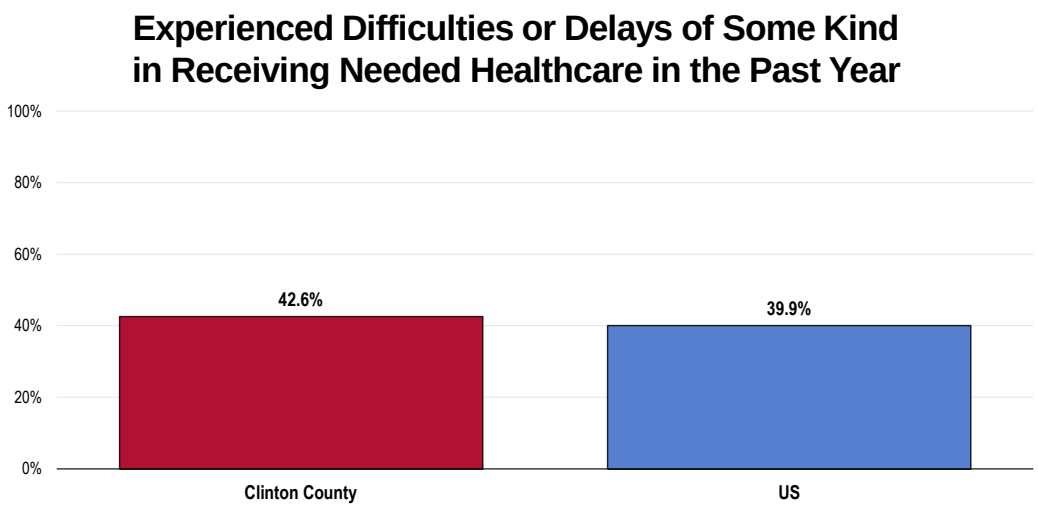
- Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 42.6% of Clinton County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to national findings.



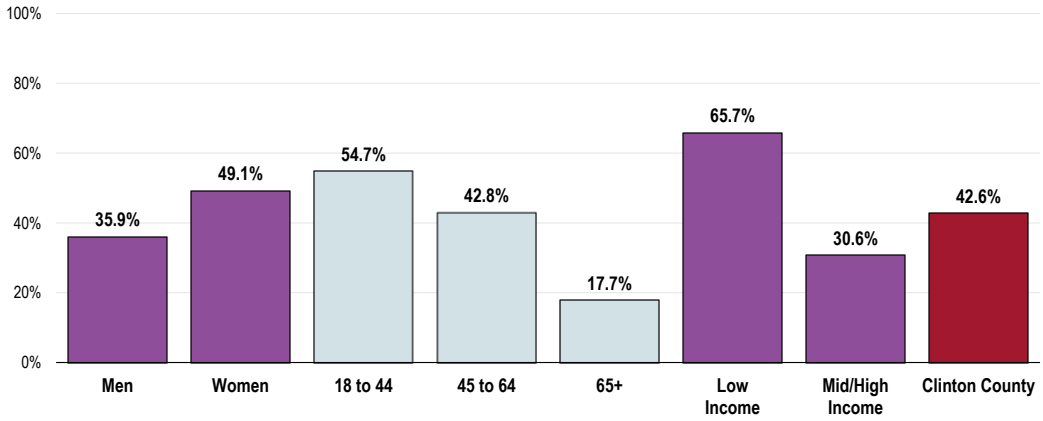
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65 (note the negative correlation with age).
- Lower-income residents (note that nearly two-thirds of low-income adults had trouble getting healthcare in the past year).

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

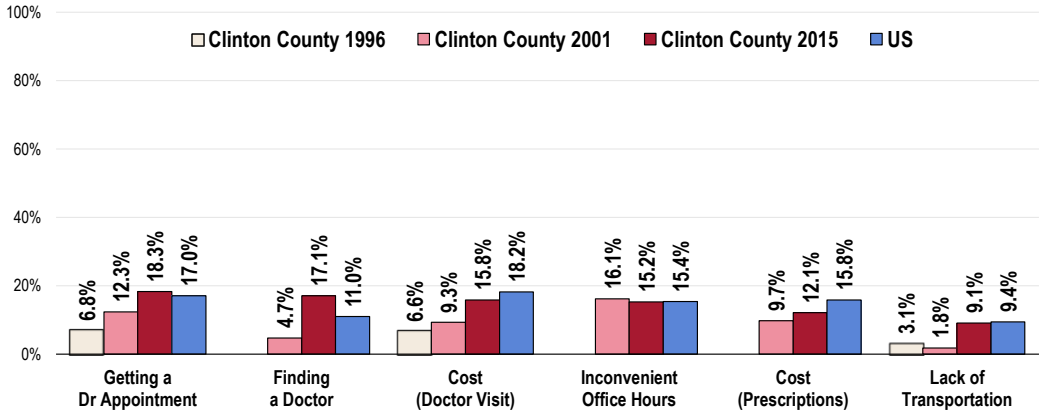
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, difficulty getting a doctor's appointment impacted the greatest share of Clinton County adults (18.3% say that difficulty getting an appointment prevented them from obtaining a visit to a physician in the past year).

- The proportion of Clinton County adults impacted was statistically comparable to that found nationwide for each of the tested barriers excluding finding a doctor which affected a higher proportion of adults in Clinton County than nationally.
- TREND: Compared to baseline data, Clinton County has seen significant increases with regard to the all of the barriers except for **cost of prescriptions** and **inconvenient office hours** which remained statistically unchanged.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

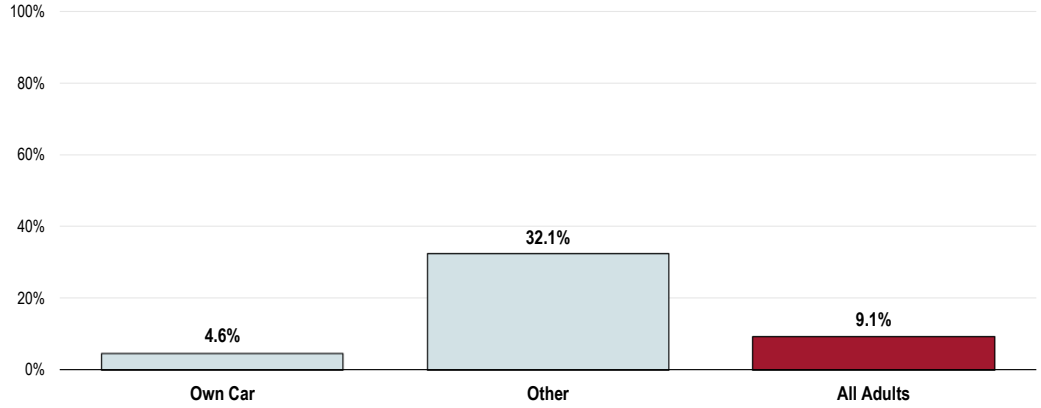
Notes:
- Asked of all respondents.
- 1996 data not available for cost of prescription, inconvenient office hours, or difficulty finding a doctor.

Transportation

Lack of transportation prevented 9.1% of Clinton County adults from getting needed healthcare in the past year, but for those residents who primarily use transportation other than their own car; it affected a significantly greater proportion (32.1%).

Lack of Transportation Prevented Healthcare in Past Year

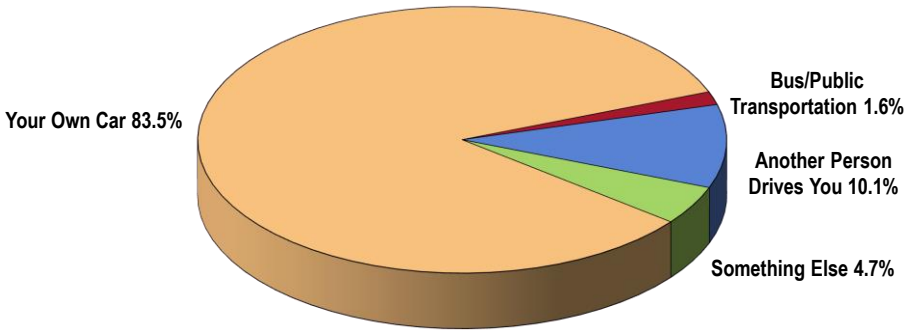
(By Mode of Primary Transportation; Clinton County, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 10]
Notes: ● Asked of all respondents.

These adults that are at a higher risk for not receiving healthcare due to lack of transportation include the 16.4% of Clinton County adults who mainly use a **bus or public transportation (1.6%)**, who are usually **driven by another person (10.1%)**, and who use **something else (4.7%)** to get from place to place.

Primary Means of Transportation



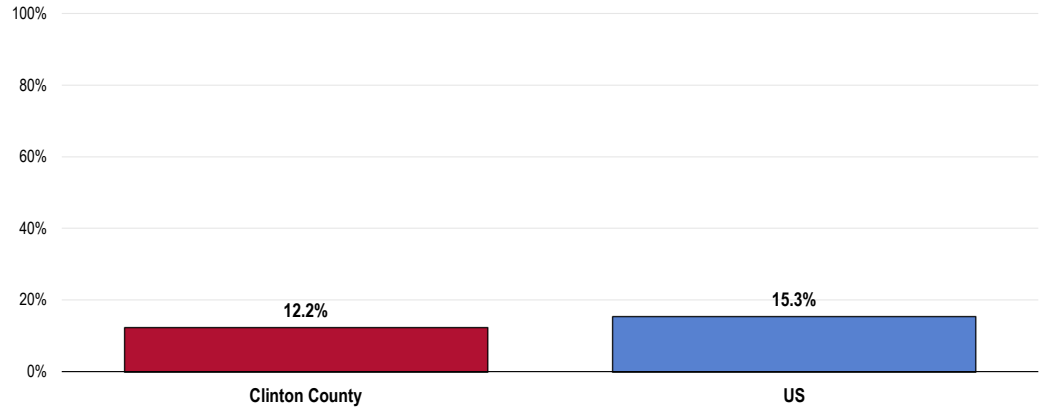
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of all respondents.

Cost of Prescriptions

Among all Clinton County adults, 12.2% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Statistically similar to national findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

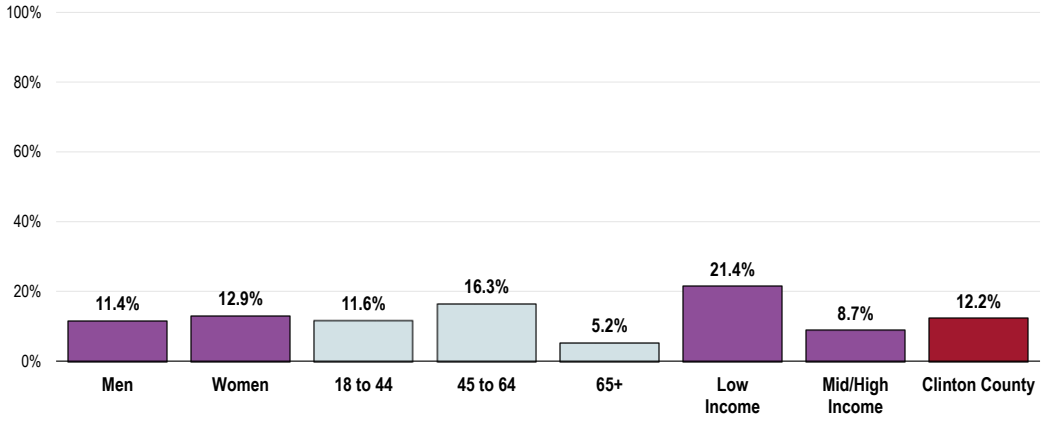
Notes:
- Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Adults age 45 to 64.
- Respondents with lower incomes.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

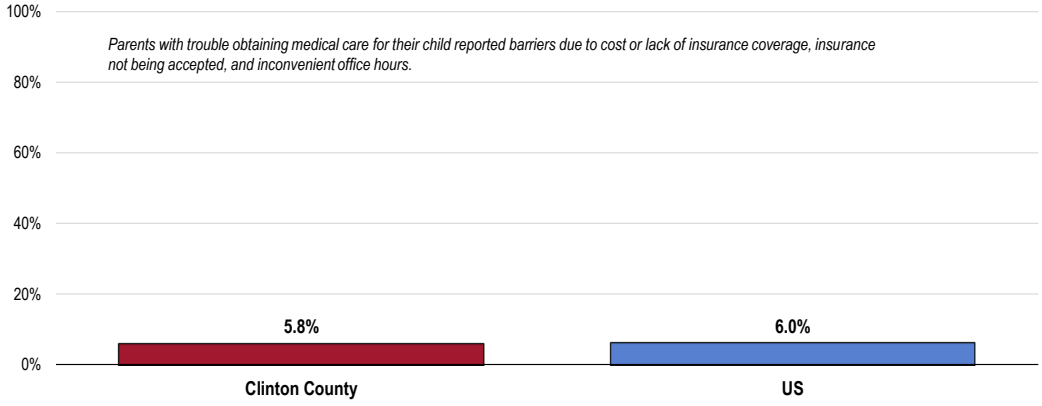
A total of 5.8% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Almost identical to what is reported nationwide.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111-112]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

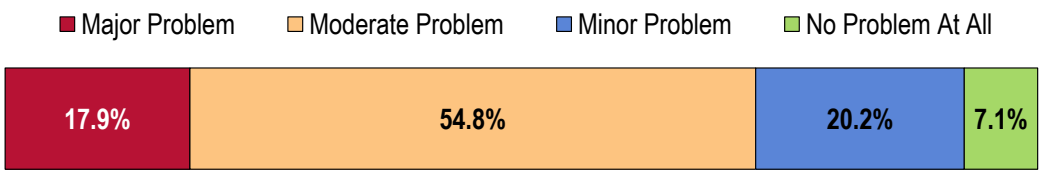
Among the parents experiencing difficulties, an equal distribution cited **cost or lack of insurance coverage**, **insurance not being accepted**, **and inconvenient office hours** as the primary reasons.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2015)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Affordable Care/Services

Cost of health care services and a rapidly aging population that will need highly specialized services. - Community/Business Leader

Availability of health care services at an affordable price. Transportation issues, lack of gas money or vehicles. - Other Healthcare Provider

Cost of insurance, deductibles and services. Navigating the insurance market or Medicaid process, transportation, culture of privacy and lack of providers. - Social Services Provider

Lack of Services

Lack of mental health services especially psychiatric services. – Physician

No psychiatry in town, high unemployment leads to increased drug abuse problems. Hard to recruit primary care to town. – Physician

1. Adequate number of providers caring for uninsured/underinsured individuals. 2. Transportation to/from health care providers 3. Health care services available at different hours (beyond 8-5 Monday-Friday) 4. Obstetrical care - especially low-income women 5. Health care providers who are willing to care for/tolerate non-compliant patients - Public Health Representative

Few doctors accept new patients. No dermatologists. No mental health care. Limited care for the elderly. - Public Health Representative

Medicare/Medicaid

The biggest challenge for the people in my community is access to Medicaid providers accepting new patients including dental and access to the health department services. The socioeconomic condition of the community causes barriers to access of providers, a 15-20 mile commute to the Health Department is an impossibility for some people. - Other Healthcare Provider

Reputation of Local Hospital

Many good local providers who have dedicated their lives to caring for others, we should be grateful for them. The reputation of the local hospital is concerning to some residents so they seek care out of town, creating an inconvenience and at times a delay in seeking care. Specialists are not always available locally. Primary care physicians have limited availability to take on new patients. Dental care for uninsured or under-insured is non-existent. Mental Health Services are limited. Local hospital had announced opening a service for mental health but it seemingly has disappeared. Chronic care for something like diabetes is not available unless through primary care physician. Comprehensive wellness services are not available, we do have fitness centers. - Community/Business Leader

Location/Geography

Residents must travel to find the care that they need, in particular dental. Public Transportation is not available outside of Wilmington. - Public Health Representative

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified dental care and mental health care as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Dental Care	36.4%	20.0%	20.0%	8
Mental Health Care	36.4%	30.0%	10.0%	8
Substance Abuse Treatment	0.0%	20.0%	20.0%	4
Chronic Disease Care	9.1%	0.0%	20.0%	3
Primary Care	9.1%	0.0%	20.0%	3
Specialty Care	0.0%	10.0%	10.0%	2
Urgent Care	9.1%	0.0%	0.0%	1
Immunizations	0.0%	10.0%	0.0%	1
Pain Management	0.0%	10.0%	0.0%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

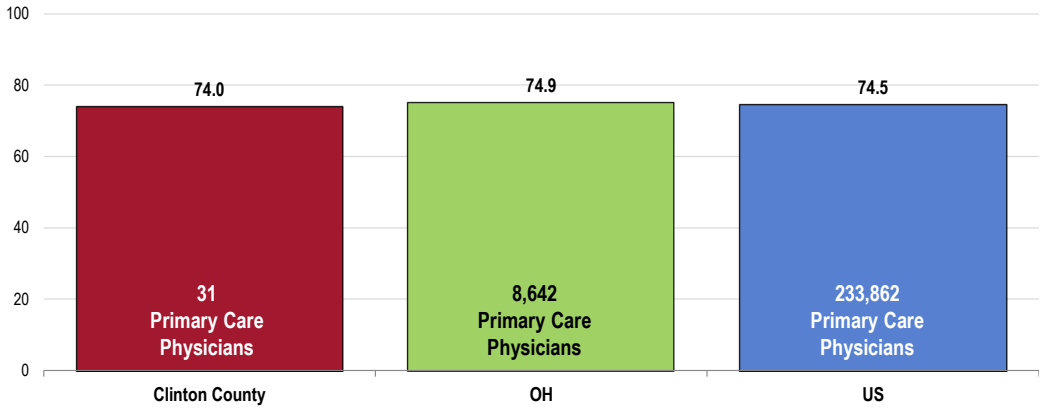
Access to Primary Care

In Clinton County in 2012, there were 31 primary care physicians, translating to a rate of 74.0 primary care physicians per 100,000 population.

- Similar to the primary care physician-to-population ratio found statewide.
- Similar to the ratio found nationally.

Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population, 2012)



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved September 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

A total of 78.2% of Clinton County adults were determined to have a specific source of ongoing medical care.

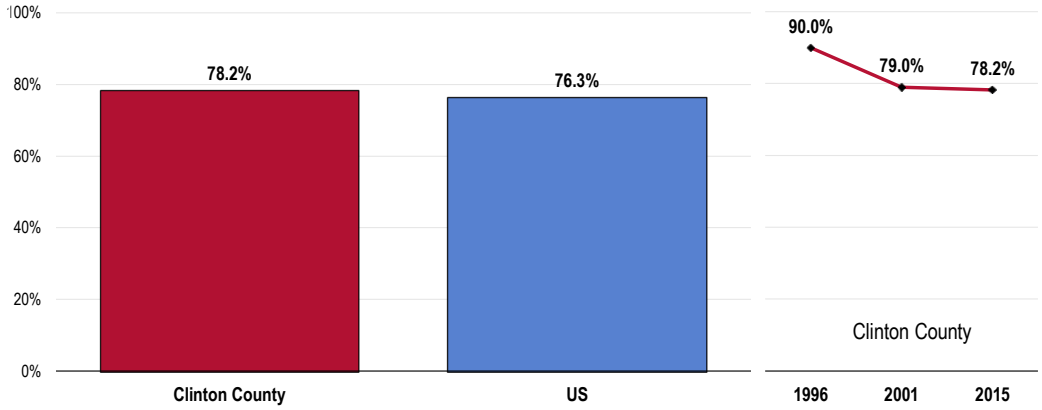
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- TREND: Marks a statistically significant decrease since 1996 (although similar to that found in 2001).

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher [All Ages]



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

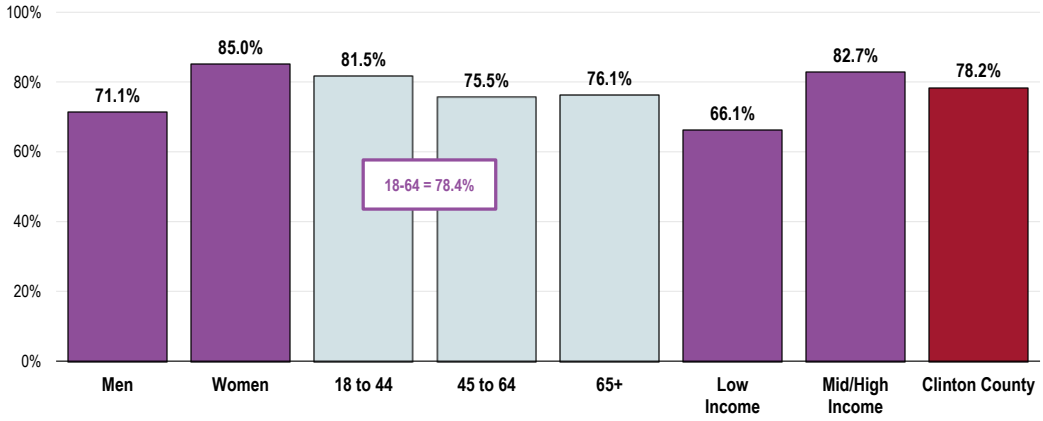
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Lower-income adults.
- Among adults age 18-64, 78.4% have a specific source for ongoing medical care, similar to national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 76.1% have a specific source for care, statistically similar to the percentage reported among seniors nationally.
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care

(Clinton County, 2015)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

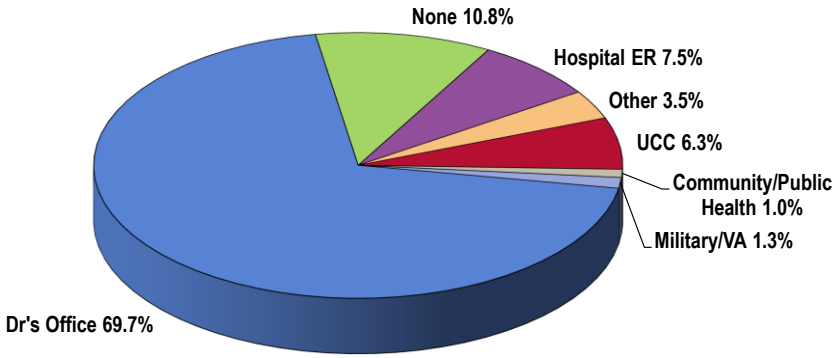
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (69.7%) identified a particular doctor's office. There were some references to urgent-care centers (6.3%), military/VA facility use (1.3%) and public or community health centers (mentioned by 1.0%)

Note that 7.5% of respondents rely on a hospital emergency room.

Particular Place Utilized for Medical Care

(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]

Notes:
- Asked of all respondents.

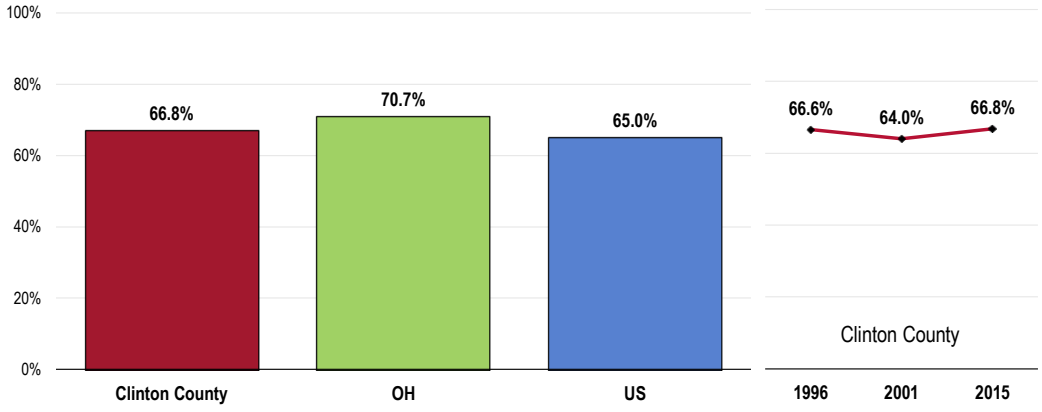
Utilization of Primary Care Services

Adults

Over two-thirds of adults (66.8%) visited a physician for a routine checkup in the past year.

- Statistically comparable to state findings.
- Comparable to national findings.
- TREND: Statistically similar to previous findings.

Have Visited a Physician for a Checkup in the Past Year

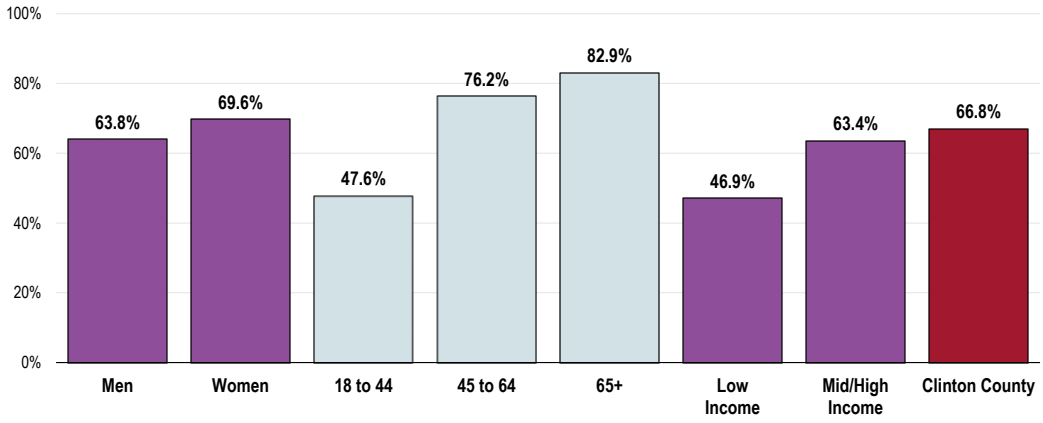


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Adults under age 45 and those with low incomes are less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year
(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

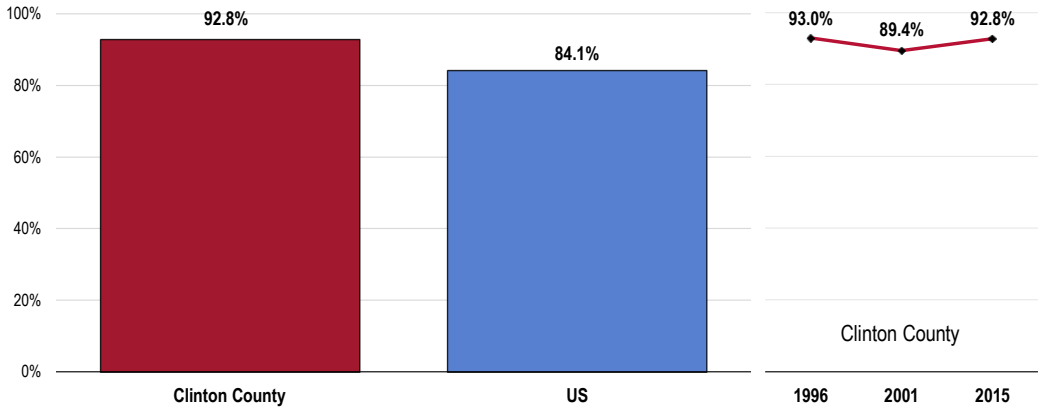
Children

Among surveyed parents, 92.8% report that their child has had a routine checkup in the past year.

- More favorable than national findings.
- TREND: Statistically unchanged since 1996.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



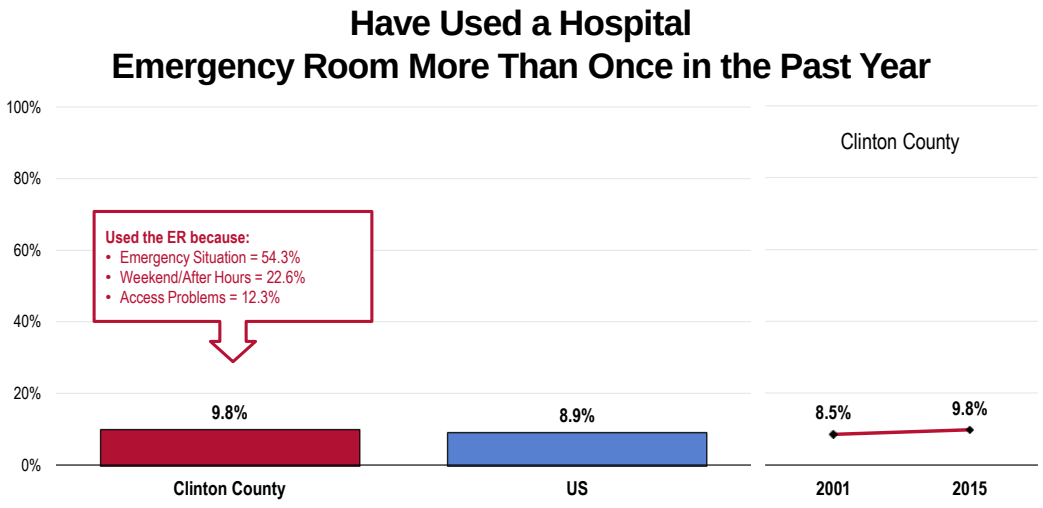
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 9.8% of Clinton County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- TREND: Statistically unchanged over time.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

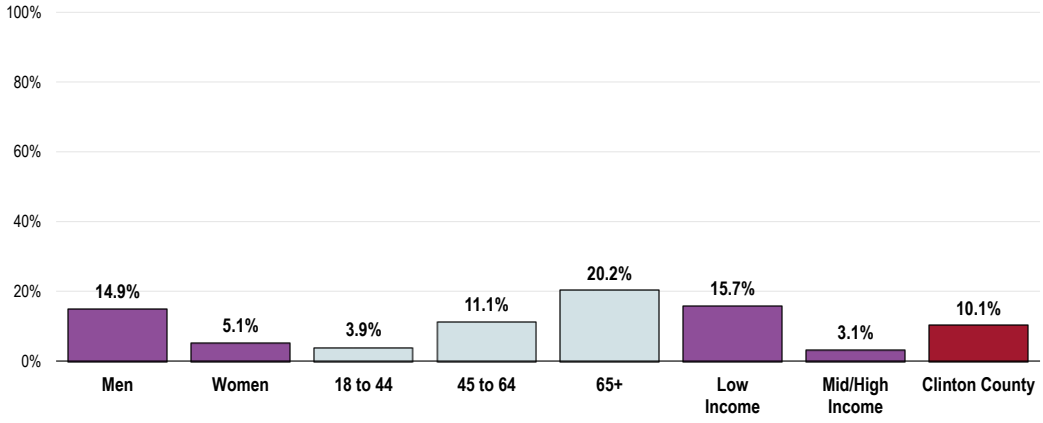
Of those using a hospital ER, 54.3% say this was due to an **emergency or life-threatening situation**, while 22.6% indicated that the visit was during **after-hours or on the weekend**. A total of 12.3% cited **difficulties accessing primary care** for various reasons.

Those more likely to have used a hospital emergency room more than once in the past year include:

- Men.
- Older adults (note the strong positive correlation with age).
- Low-income residents.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

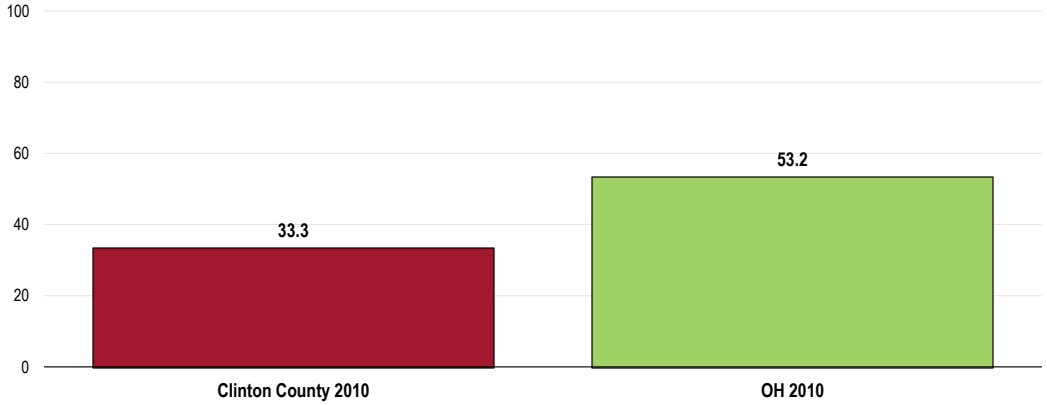
Access to Dental Care

In Clinton County there are 33.3 professionally active dentists per 100,000 population.

- Notably lower than the Ohio proportion.

Access to Dental Care

(Number of Professionally Active Dentists per 100,000 Population)



Sources:
- Area Health Resource File (AHRF).
- Retrieved September 2015 from Public Health Assessment and Wellness at http://clinton.oh.networkofcare.org/.

Notes:
- Number of total professionally active dentists are per 100,000 population.

Utilization of Dental Care

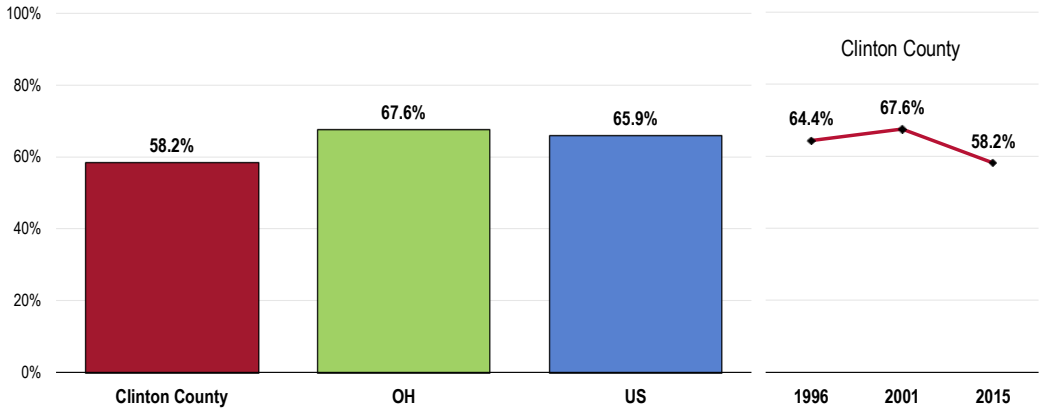
Adults

A total of 58.2% of Clinton County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Less favorable than statewide findings.
- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Statistically similar to 1996 findings, but below 2001 findings.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Ohio data.

Notes:
- Asked of all respondents.

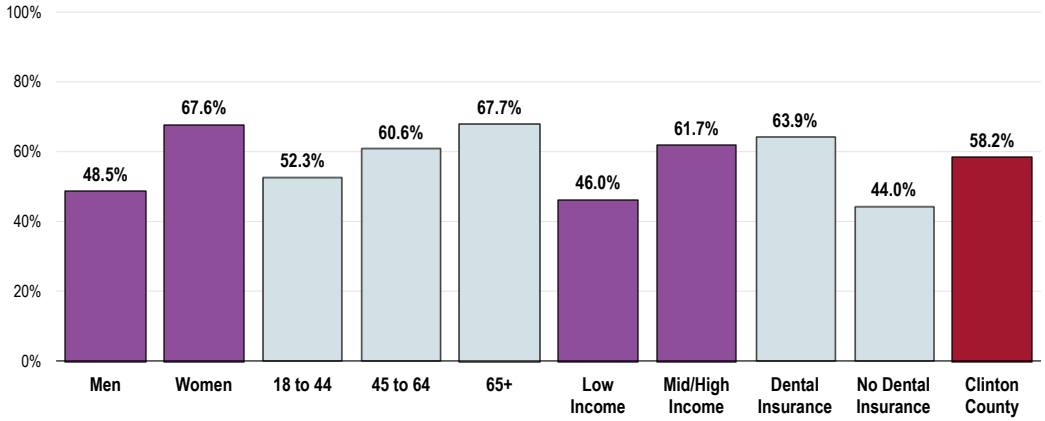
Note the following:

- Women are much more likely than men to report recent dental care.
- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Clinton County, 2015)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

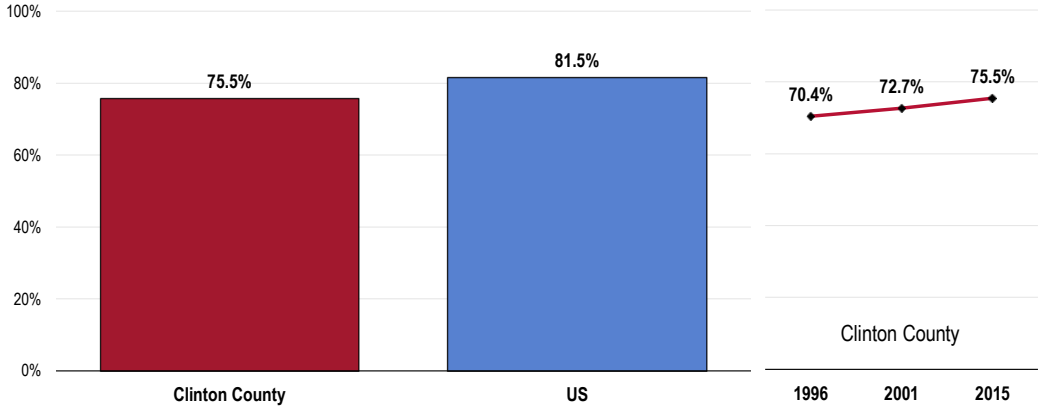
A total of 75.5% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Statistically similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Although it appears to be improving, children's dental care has not shown any statistically significant change since 1996.

Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

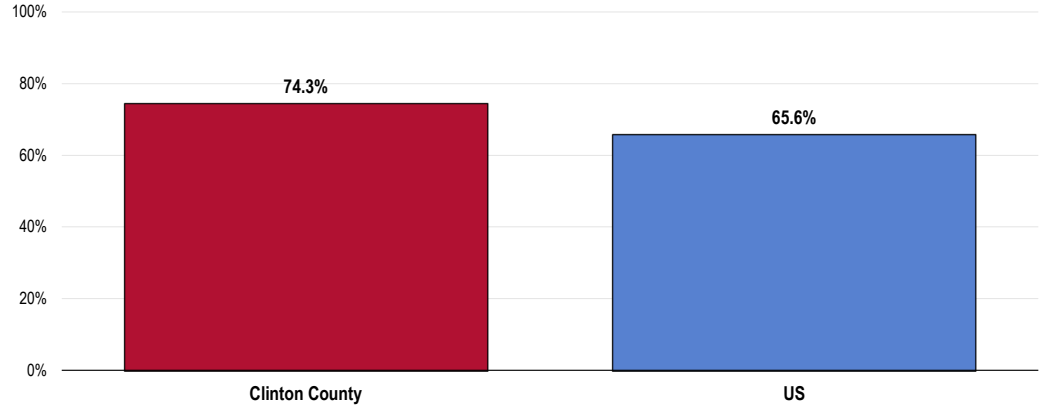
Notes:
- Asked of all respondents with children age 2 through 17.
- Trend data from 1996 and 2001 reflect children age 1 to 17.

Dental Insurance

Nearly three-fourths of Clinton County adults (74.3%) have dental insurance that covers all or part of their dental care costs.

- Higher than the national finding.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

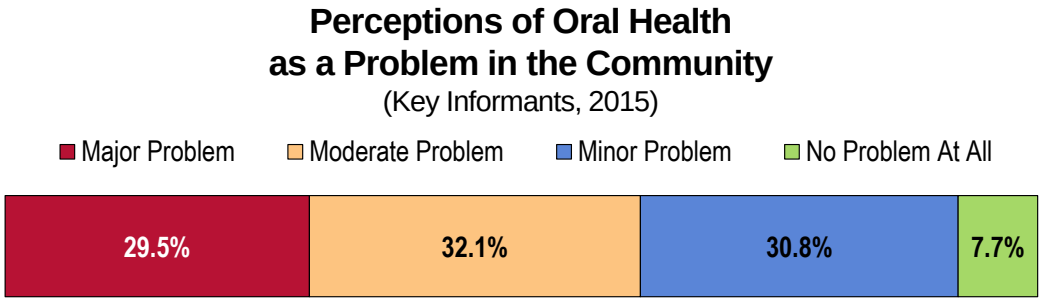


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Insurance/Cost

We do not have a free/reduced cost dental clinic and many persons do not have dental insurance. - Other Healthcare Provider

Availability of dentist's who take indigent individuals. A dental program financially covered by Clinton Memorial Hospital was closed in recent years. - Public Health Representative

No insurance and parents do not follow through with their adult care or children's care. - Social Services Provider

People call the Health Department pretty routine needing help with finding a dentist who will work with them because they are not insured. - Public Health Representative

There is no help for those that don't have medical care. - Social Services Provider

Dental insurance coverage, no community safety net and poor diet. - Other Healthcare Provider

Lack of dentist that accept managed care insurances. Dental clinic is gone. - Public Health Representative

Many dentists require payment before care - Public Health Representative

Medicare/Medicaid

Few providers and willingness to accept Medicaid. - Social Services Provider

Few dentists who accept Medicaid. Many people with no insurance cannot afford to pay for care. - Public Health Representative

Too few dentists. Too few dentists taking Medicaid. Underinsured. - Public Health Representative

We used to have a clinic that operated on a sliding scale and it was busy. It has since closed. None of the dentists accept Medicaid. - Community/Business Leader

Limited dental care for those that are cash pay or Medicaid. - Physician

We do not have enough dentists in the county that accept Medicaid. In addition, for the families that are of middle income levels, they often do not have dental insurance. - Social Services Provider

Lack of Providers/Services

Lack of a dental clinic, public. Private access is good. - Community/Business Leader

Clinton County is designated as a dental professional shortage area. Access to care is huge with

> *private sector dentists either limiting or eliminating care to patients with state dental insurance. Transportation is an issue either in county or out of county to receive dental care. The city of Wilmington does not fluorinate its water. Children suffer from lack of preventive dental care and cannot find providers when they suffer from rampant carries. The CCHD receives a large number of requests for dental care weekly (they can quantify this for you). An 8-year-old dental clinic providing dental care to vulnerable populations was closed when CMH became a for-profit facility with no entity picking up the slack. - Public Health Representative*

Access to Timely Appointments

> *For insured, the wait times to get an appointment can be months. For un-insured, our community no longer has services. - Community/Business Leader*

No Added Fluoride in Drinking Water

> *No fluoride in Blanchester water. - Physician*

Vision Care

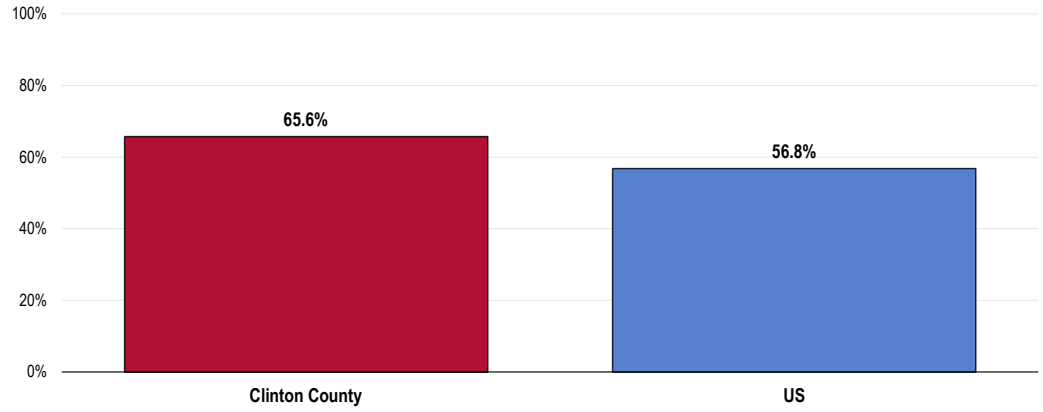
A total of 65.6% of residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also Vision & Hearing in the **Death, Disease & Chronic Conditions** section of this report.

- More favorable than national findings.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

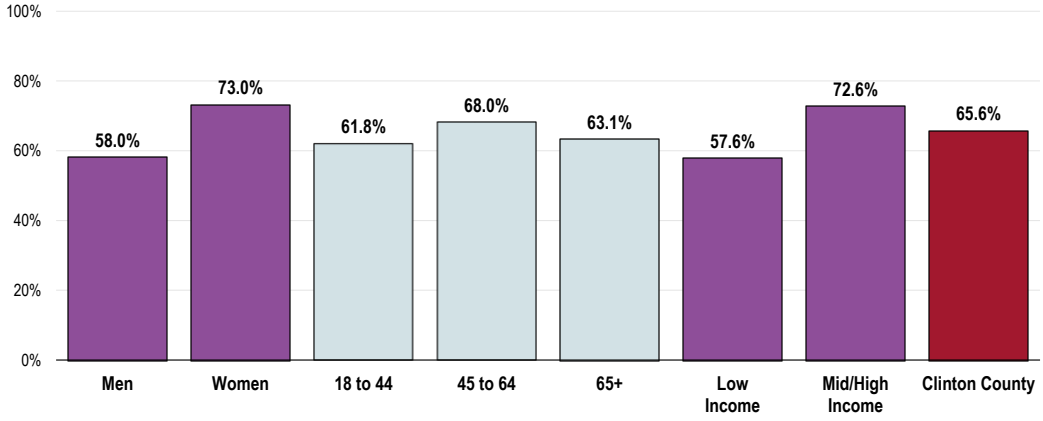
Notes:
- Asked of all respondents.

Recent vision care in Clinton County is more often reported among:

- Women.
- Residents with higher incomes.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Health Education

Professional Research Consultants, Inc.

Health Literacy

Understanding Written Information

Respondents were asked about written health information found on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, or other places.

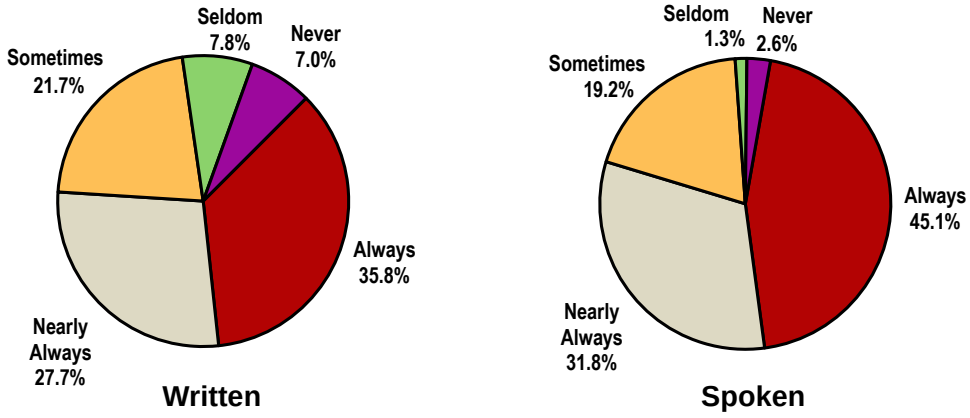
A total of 63.5% of Clinton County adults "always" or "nearly always" find it easy to understand written health care information. Another 21.7% "sometimes" understand, but 14.8% report that written healthcare information is "seldom" or "never" easy to understand.

Understanding Spoken Information

Over three-fourths (76.9%) of Clinton County adults are "always" or "nearly always" able to easily understand the healthcare information that is spoken to them. Another 19.2% find it easy to understand "sometimes," however, 3.9% are "seldom" or "never" spoken to about health care in a way that is easy for them to understand.

How Often Health Care Information is Easy to Understand

(By Mode of Communication; Clinton County, 2015)

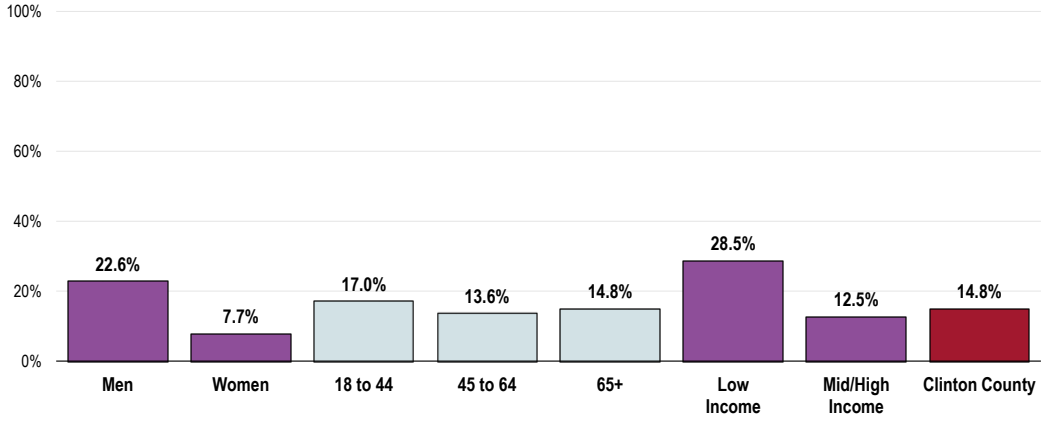


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 312-313]
Notes: ● Asked of all respondents.

- Men and adults with low-incomes are much more likely to report that written health care information is usually not easy to understand

"Seldom" or "Never" Easy to Understand Written Health Info

(Clinton County, 2015)



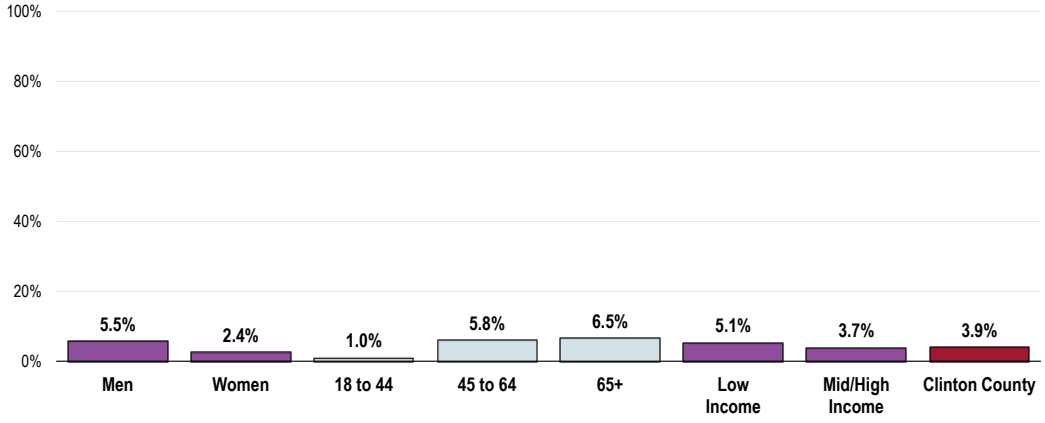
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- Adults age 45 and older are more likely to report that the healthcare information that is spoken to them is often not easily understood.

"Seldom" or "Never" Easy to Understand Spoken Health Info

(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources

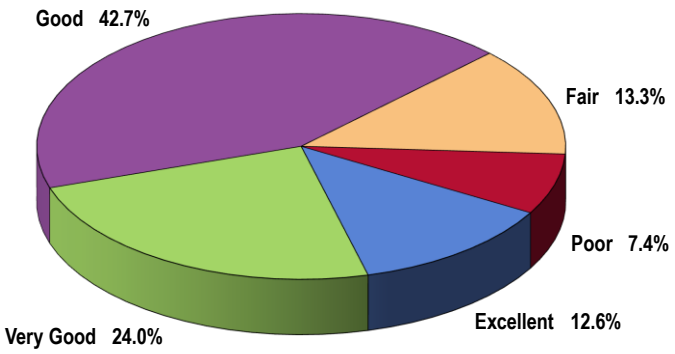
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

A total of 36.6% of Clinton County adults rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 42.7% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(Clinton County, 2015)

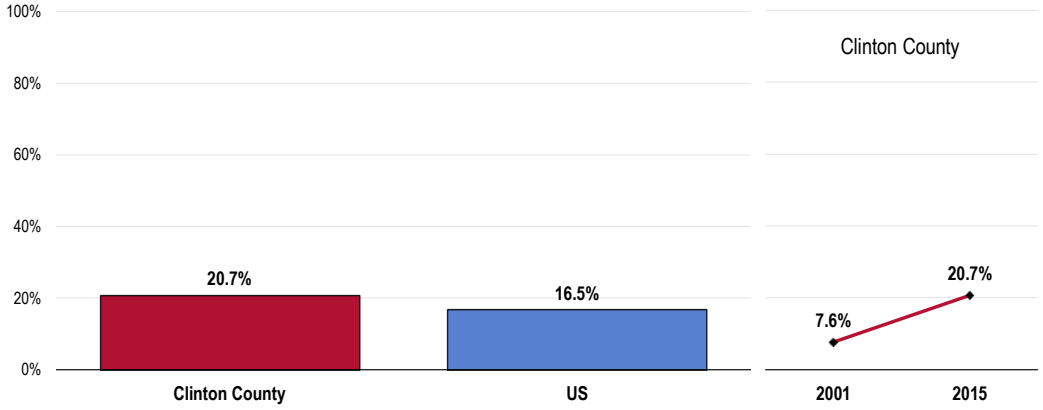


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, one-fifth (20.7%) of residents characterize local healthcare services as "fair" or "poor."

- Statistically similar to what is reported nationally.
- TREND: Marks a statistically significant decline in ratings (much higher "fair/poor" response compared to 1996 findings).

Perceive Local Healthcare Services as "Fair/Poor"



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

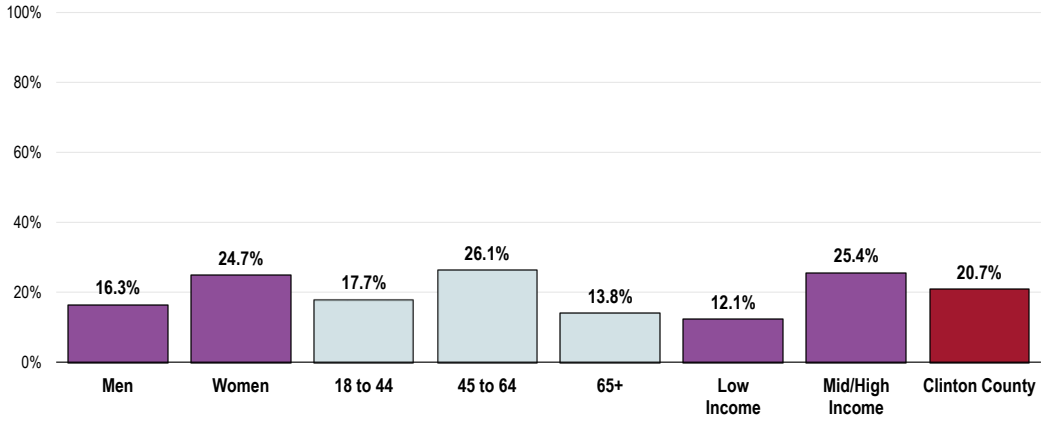
Notes:
- Asked of all respondents.

The following residents are more critical of local healthcare services:

- Women.
- Adults age 45 to 64.
- Residents with higher incomes.

Perceive Local Healthcare Services as "Fair/Poor"

(Clinton County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

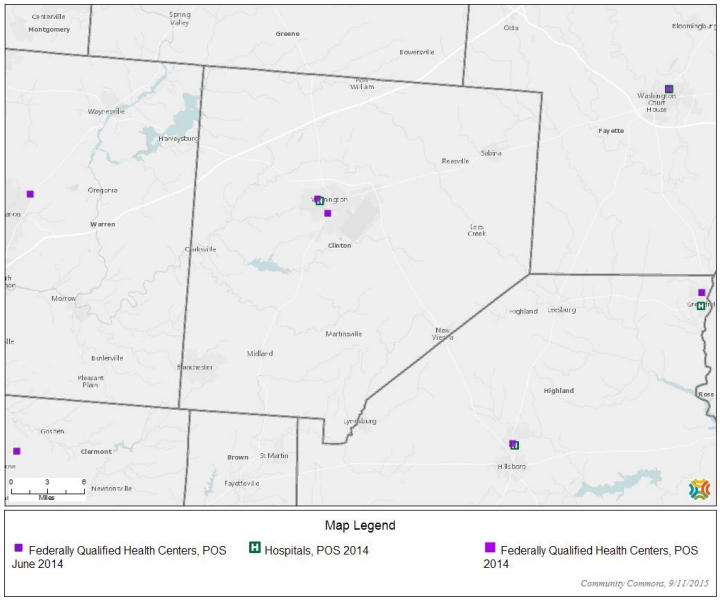
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

As of June 2014, there was one hospital and two Federally Qualified Health Centers (FQHCs) within Clinton County.

Hospitals & Federally Qualified Health Centers, POS June 2014



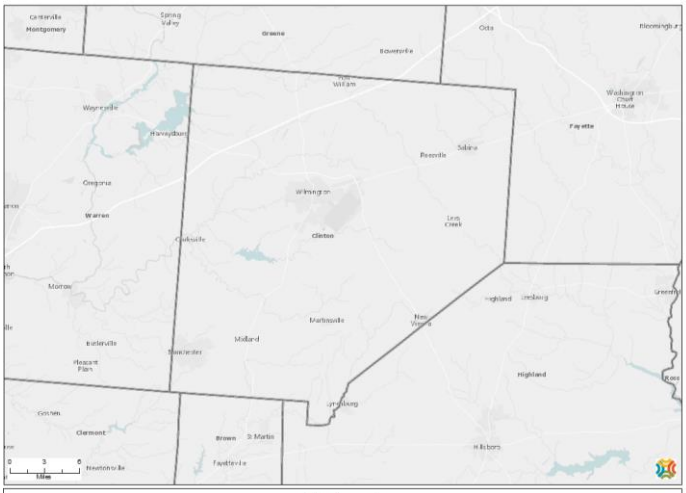
Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services (POS) File: 2012Q4.

Health Professional Shortage Areas (HPSAs)

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.

As shown in the following map, no areas within Clinton County have been designated by the US Department of Health and Human Services as a health professional shortage area (HPSA).

Population Living in a HPSA, Percent, HRSA HPSA Database March 2015



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

- Bethesda North
- Campbell-Wall After Hours Family Practice
- Cape May
- Care Source
- Clinton County Family Planning
- Clinton Memorial Hospital
- Community Action
- Dental Care
- Emergency Room
- Free Clinic of Clinton County
- Health Department
- Health Source
- Mental Health Center
- Nurse Practitioners
- Pregnancy Tobacco Program
- Solutions
- United Way
- Urgent Care
- WIC
- Wilmington Counseling Associates

Arthritis, Osteoporosis & Chronic Back Conditions

- Clinton County Health Department
- Clinton Memorial Hospital
- Fitness Center/Gym
- Hospital
- Physical Therapy
- Primary Care Providers
- Private Providers
- Rheumatology
- Sports Center

Cancer

- American Cancer Society (ACS)
- Boyd Cancer Center
- Cancer Assistance Program
- Cancer Center
- Clinton County Hospice
- Clinton County Physicians
- Clinton Memorial Hospital
- Community Care Hospice
- Family Planning
- Health Alliance Cancer Assistance Program
- HealthFirst Clinton County
- Home Health Services
- Hospice
- OHC
- Private Providers
- Relay for Life

Chronic Kidney Disease

- Dialysis Center
- Dialysis Program
- Private Providers

Dementias, Including Alzheimer's Disease

- AARP
- Adult Day Care
- Alzheimer's Association
- Cape May Retirement Village
- Catholic Charities Caregiver Assistance Network
- Clinton Memorial Hospital
- Council on Aging
- Home Health Services
- Mental Health
- Nursing Home/Assisted Living
- Private Providers
- Senior Center
- Senior Citizens

Diabetes

- Clinton County Diabetes Education
- Clinton County Health Department
- Clinton Memorial Hospital
- Family and Children First Council
- Health Alliance Cancer Assistance Program
- Health Department
- Heather's Hope Foundation
- Hospital
- Kratzer Pharmacy

- Medication Assistance Program
- Pharmacy
- PMAP
- Primary Care Providers
- Private Providers
- Senior Center
- Solutions
- Specialty Care
- United Way
- Veterans Memorial Park
- Weight Loss Program

Family Planning

- Baby Think It Over Program
- Clinton County Family Planning
- Family Health Planning
- Free Clinic of Clinton County
- Health Department
- Help Me Grow
- New Life Clinic
- Primary Care Providers
- Right to Life Group
- WIC

Hearing & Vision

- Lions Club

Heart Disease & Stroke

- 26 Mile After-School Program
- Clinton County Board of Health
- Clinton Memorial Hospital
- Fitness Center/Gym
- Health Department
- Home Health Services
- Hospital
- Internet
- Newspaper
- Parks and Recreation
- Physical Therapy
- Private Providers
- Senior Center
- Silver Sneakers
- Weight Watchers
- WIC
- Youth Sports Programs

HIV/AIDS

- Clinton County Health Department

Immunization & Infectious Diseases

- Clinton County Health Department
- Health Source

Infant & Child Health

- Children's Services
- Clinton County DD
- Clinton County Health Department
- Clinton County Jobs and Family Services
- Clinton County WIC
- Clinton Memorial Hospital
- Family and Children First Council
- Family Health Planning
- Free Clinic
- Government Assistance Programs
- Health Department
- Health Source
- Help Me Grow
- Private Providers
- Urgent Care
- WIC

Injury & Violence

- Alternatives to Violence Center
- Beech Acres
- Clinton County Courts
- Clinton County Jobs and Family Services
- Clinton-Highland Alternatives to Violence
- Clinton Memorial Hospital
- Domestic Violence Hotline
- Drug Court
- Homeless Shelter
- Jobs and Family Services
- Law Enforcement
- Mental Health Recovery Services of Warren/Clinton Counties (MHRS)
- Private Providers
- Schools
- Solutions
- Talbert House
- Women's Shelter

Mental Health

- AA/NA
- Beech Acres
- Blanchester Local Schools
- Clinton County ADAM Board Services
- Clinton County Children's Services
- Clinton County Courts
- Clinton Memorial Hospital
- Common Pleas Court
- Community Education Efforts
- Crisis Line
- Mental Health Center

- Mental Health Recovery Services of Warren/Clinton Counties (MHRS)
- Ministerial Association
- Primary Care Providers
- Private Providers
- Recovery Services
- Schools
- Senior Citizens
- Solutions
- Talbert House

Nutrition, Physical Activity & Weight

- 24 Hour Fitness
- Anytime Fitness
- Churches
- Clinton County Commissioners
- Clinton County Diabetes Education
- Clinton County Health Department
- Clinton County Public Schools
- Clinton County WIC
- Clinton Memorial Hospital
- Farmer's Market
- Fitness Center/Gym
- Food Pantries
- Get Fit
- Girl Scouts/Boy Scouts
- Grow Food, Grow Hope
- Health Department
- HealthFirst Clinton County
- Help Me Grow
- Local Government
- Our Father's Kitchen
- Parks and Recreation
- Private Providers
- Schools
- Senior Center
- Strength Labs
- Veterans Memorial Park
- Vital Fitness
- Weight Loss Program
- Weight Watchers
- WIC
- Wilmington Parks and Recreation
- YMCA
- Youth Sports Programs

Oral Health

- Children's Hospital
- County Government
- Emergency Room
- Private Providers

Respiratory Diseases

- American Lung Society
- BCMH
- Clinton County Health Department
- CVS
- Health Department
- Hospital
- Internet
- Newspaper
- Ohio Quit Line
- Pregnancy Tobacco Program
- Primary Care Providers
- Private Providers
- Schools
- Solutions
- United Way
- VA

Sexually Transmitted Diseases

- Clinton County Health Department
- Family Planning
- New Life Clinic
- Planned Parenthood
- Private Providers
- Schools

Substance Abuse

- AA/NA
- Beckett Springs
- Blanchester Local Schools
- Churches
- Clinton County Drug Recovery Docket
- Clinton County Governmental Agencies
- Clinton Memorial Hospital
- Counseling Center
- Court System
- Drug Court
- Faith Based Programs
- FCFC
- Health Department
- Hope Over Heroin
- Hospital
- Jail
- Kennedy Consulting
- Law Enforcement
- Lindner Center of Hope
- Mental Health
- Mental Health and Recovery Board
- Mental Health Center
- Mental Health Recovery Services of Warren/Clinton Counties
- MHS Substance Abuse Program
- Newspaper
- Primary Care Providers

- Private Providers
- Schools
- Solutions Community Counseling and Recovery Centers (SCCRC)
- Start Talking Program
- Support Groups
- Talbert House
- You-Turn Drug Court

Tobacco Use

- 1-800-Quit-Now
- Baby and Me Tobacco Free
- Clinton County Health Department
- Clinton Memorial Hospital
- Mental Health
- Mental Health Center
- Newspaper
- Observation
- Ohio Quit Line
- Pregnancy Tobacco Program
- Private Providers
- Schools
- Smoking Cessation
- Solutions
- State Laws Restricting Tobacco Use