



2020 COMMUNITY HEALTH NEEDS ASSESSMENT

Clinton County, Ohio

Sponsored by

- Board of Clinton County Commissioners
- Clinton County Health District
- Clinton Memorial Hospital
- HealthFirst for Clinton County
- Mental Health Recovery Board (serving Warren and Clinton Counties)

TABLE OF CONTENTS

INTRODUCTION	5
PROJECT OVERVIEW	6
Project Goals	6
Methodology	6
SUMMARY OF FINDINGS	13
Significant Health Needs of the Community	13
Summary Tables: Comparisons With Benchmark Data	16
Summary of Key Informant Perceptions	29
COMMUNITY DESCRIPTION	30
POPULATION CHARACTERISTICS	31
Total Population	31
Urban/Rural Population	33
Age	34
Race & Ethnicity	35
Linguistic Isolation	36
SOCIAL DETERMINANTS OF HEALTH	38
Poverty	38
Education	40
Community Support	41
Financial Resilience	42
Housing & Homelessness	43
Food Access	46
Health Literacy	48
HEALTH STATUS	49
OVERALL HEALTH STATUS	50
MENTAL HEALTH	52
Mental Health Status	52
Depression	53
Stress	55
Suicide	56
Mental Health Treatment	57
Key Informant Input: Mental Health	59
DEATH, DISEASE & CHRONIC CONDITIONS	61
LEADING CAUSES OF DEATH	62
Distribution of Deaths by Cause	62
Age-Adjusted Death Rates for Selected Causes	62
CARDIOVASCULAR DISEASE	64
Age-Adjusted Heart Disease & Stroke Deaths	64
Prevalence of Heart Disease & Stroke	67
Cardiovascular Risk Factors	68
Key Informant Input: Heart Disease & Stroke	71
CANCER	73
Age-Adjusted Cancer Deaths	73
Cancer Incidence	75



Prevalence of Cancer	76
Cancer Screenings	78
Key Informant Input: Cancer	80
RESPIRATORY DISEASE	82
Age-Adjusted Respiratory Disease Deaths	82
Prevalence of Respiratory Disease	84
Key Informant Input: Respiratory Disease	87
Key Informant Input: Coronavirus Disease/COVID-19	88
INJURY & VIOLENCE	90
Unintentional Injury	90
Intentional Injury (Violence)	94
Key Informant Input: Injury & Violence	96
DIABETES	98
Age-Adjusted Diabetes Deaths	98
Prevalence of Diabetes	100
Key Informant Input: Diabetes	101
KIDNEY DISEASE	103
Age-Adjusted Kidney Disease Deaths	103
Key Informant Input: Kidney Disease	104
POTENTIALLY DISABLING CONDITIONS	105
Multiple Chronic Conditions	105
Activity Limitations	106
Chronic Pain	108
Alzheimer's Disease	109
Caregiving	112
BIRTHS	113
BIRTH OUTCOMES & RISKS	114
Low-Weight Births	114
Infant Mortality	115
Breastfeeding	115
FAMILY PLANNING	117
Births to Adolescent Mothers	117
Key Informant Input: Infant Health & Family Planning	118
MODIFIABLE HEALTH RISKS	119
NUTRITION	120
Daily Recommendation of Fruits/Vegetables	120
Difficulty Accessing Fresh Produce	122
Sugar-Sweetened Beverages	123
Meal Preparation	124
PHYSICAL ACTIVITY	125
Leisure-Time Physical Activity	125
Activity Levels	126
WEIGHT STATUS	128
Adult Weight Status	128
Children's Weight Status	131
Key Informant Input: Nutrition, Physical Activity & Weight	133
SUBSTANCE ABUSE	135
Age-Adjusted Cirrhosis/Liver Disease Deaths	135



Alcohol Use	136
Age-Adjusted Unintentional Drug-Related Deaths	138
Drug Use	139
Alcohol & Drug Treatment	141
Personal Impact From Substance Abuse	142
Key Informant Input: Substance Abuse	143
TOBACCO USE	146
Cigarette Smoking	146
Other Tobacco Use	149
Key Informant Input: Tobacco Use	151
SEXUAL HEALTH	153
HIV	153
Sexually Transmitted Diseases	154
Key Informant Input: Sexual Health	155
ACCESS TO HEALTH CARE	156
HEALTH INSURANCE COVERAGE	157
Type of Health Care Coverage	157
Lack of Health Insurance Coverage	157
DIFFICULTIES ACCESSING HEALTH CARE	159
Difficulties Accessing Services	159
Barriers to Health Care Access	160
Accessing Health Care for Children	162
Key Informant Input: Access to Health Care Services	162
PRIMARY CARE SERVICES	164
Access to Primary Care	164
Specific Source of Ongoing Care	165
Utilization of Primary Care Services	165
EMERGENCY ROOM UTILIZATION	168
ORAL HEALTH	169
Dental Insurance	169
Dental Care	170
Key Informant Input: Oral Health	171
VISION CARE	173
LOCAL RESOURCES	174
PERCEPTIONS OF LOCAL HEALTH CARE SERVICES	175
HEALTH CARE RESOURCES & FACILITIES	177
Federally Qualified Health Centers (FQHCs)	177
Resources Available to Address the Significant Health Needs	178





INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 1996, 2001, and 2015, 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 that historically have 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, Clinton Memorial Hospital, Clinton County Health District, Board of Clinton County Commissioners, and Mental Health Recovery Board (serving Warren and Clinton Counties) by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

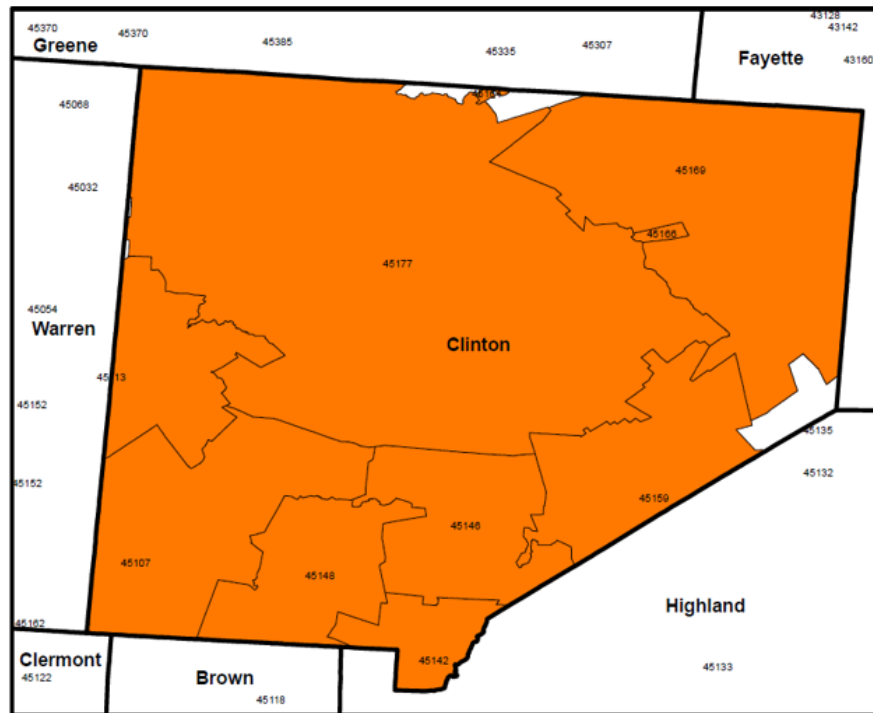
Survey Instrument

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 the sponsors and PRC and is similar to the previous surveys used in the region, allowing for data trending.



Community Defined for This Assessment

The study area for the survey effort (referred to as “Clinton County” in this report) is defined as each of the residential ZIP Codes with significant population in the county, including 45107, 45113, 45142, 45146, 45148, 45159, 45164, 45166, 45169, and 45177. For ZIP Codes extending beyond county lines, respondents were screened to include only Clinton County residents. This community definition is illustrated in the following map.



Sample Approach & Design

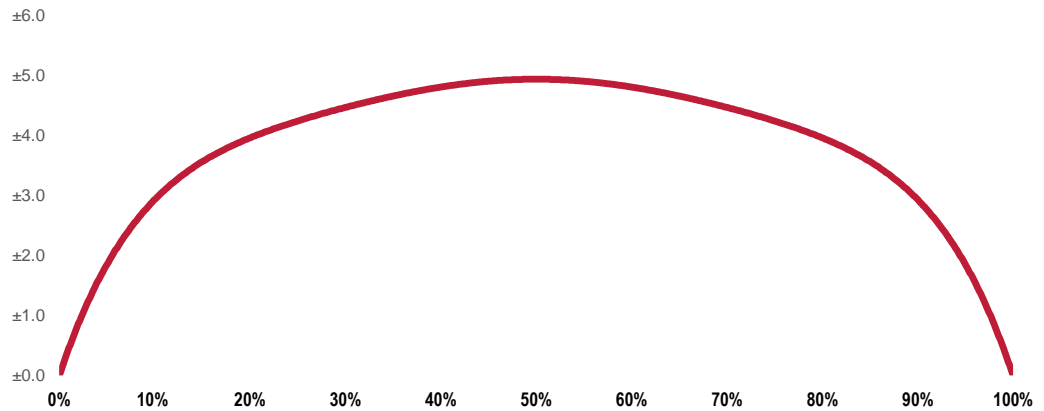
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — 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 PRC.

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



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.

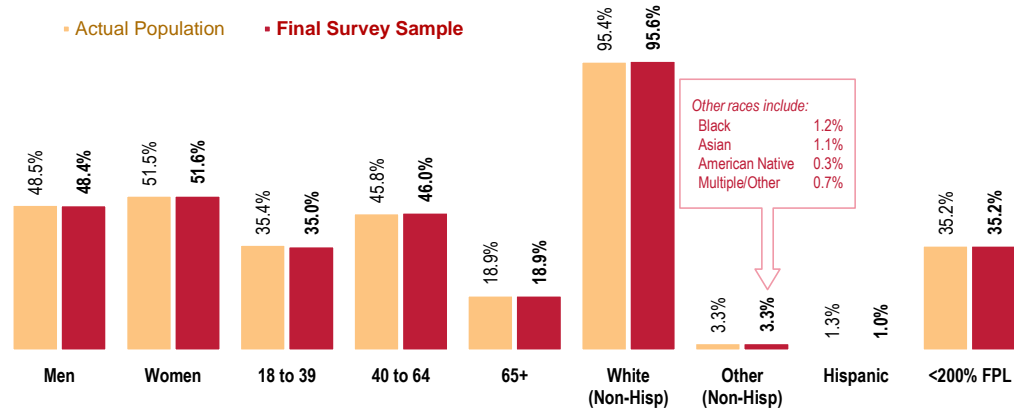
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. 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 sex, 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 health care needs, and these children are not represented demographically in this chart.]



Population & Survey Sample Characteristics (Clinton County, 2020)



Sources: • US Census Bureau, 2011-2015 American Community Survey.
 • 2020 PRC Community Health Survey, PRC, Inc.
 Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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.

INCOME & RACE/ETHNICITY

INCOME ► 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 2019 guidelines place the poverty threshold for a family of four at \$25,750 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 (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► While the survey data are representative of the racial and ethnic makeup of the population, the samples for Hispanic and non-White race groups were not of sufficient size for independent analysis.

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 also was implemented as part of this process. A list of recommended participants was provided by the study sponsors; 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, 84 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	16
Public Health Representatives	21
Other Health Providers	3
Social Services Providers	11
Other Community Leaders	33

Final participation included representatives of the organizations outlined below.

- Board of Developmental Disabilities
- Cape May Retirement Village
- City of Wilmington
- City of Wilmington Parks & Recreation
- Clinton County Board of Health
- Clinton County Common Pleas
- Clinton County Health Department
- Clinton County Help Me Grow
- Clinton County Juvenile Court
- Clinton County Port Authority
- Clinton County Reproductive Health
- Clinton County Youth Council
- Community Action Program
- Community Action/head Start
- Dove Church
- East Clinton Schools
- Education Advocate
- Family & Children First Council
- First Christian Church
- Great Oaks Career Campuses
- Harvest of Gold
- Health Alliance of Clinton County
- HealthFirst for Clinton County
- Jobs and Family Services
- Mental Health and Recovery Centers
- Ohio State Extension Office
- Orange Frazer Press
- Regional Planning Commission
- Smith-Fieke-Minton Insurance
- Southern Ohio Educational Service Center
- Southern State Community College
- Sugartree Ministries
- The Health Alliance of Clinton County
- United Way of Clinton County
- Village of Blanchester
- Wilmington City Schools
- Wilmington-County Chamber



Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

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 better be 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 regarding participants' opinions and perceptions of the health needs of the residents in the area.

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):

- [Center for Applied Research and Engagement Systems \(CARES\) Engagement Network, University of Missouri Extension, SparkMap.org](#)
- [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](#)
- [ESRI ArcGIS Map Gallery](#)
- [National Cancer Institute, State Cancer Profiles](#)
- [Ohio Department of Health](#)
- [OpenStreetMap \(OSM\)](#)
- [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

Similar surveys were administered in Clinton County in 1996 and 2001 by PRC on behalf of Coalition for a Healthier Clinton County and in 2015 on behalf of the current sponsors. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

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 represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. 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 *2020 PRC National Health Survey*; the methodological approach for the national study is similar 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. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



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

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

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 the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.



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. 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).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Barriers to Access <ul style="list-style-type: none"> – Appointment Availability – Finding a Physician ▪ Specific Source of Ongoing Medical Care ▪ Ratings of Local Health Care
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Cancer Deaths <ul style="list-style-type: none"> – Including Lung and Colorectal Cancer Deaths ▪ Lung Cancer Incidence
DIABETES	<ul style="list-style-type: none"> ▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Kidney Disease Deaths ▪ Key Informants: Diabetes ranked as a top concern.
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ Stroke Deaths ▪ Stroke Prevalence ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> ▪ Infant Deaths ▪ Teen Births
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Unintentional Injury Deaths <ul style="list-style-type: none"> – Including Motor Vehicle Crash Deaths

—continued on next page—



AREAS OF OPPORTUNITY (continued)

MENTAL HEALTH	<ul style="list-style-type: none"> ▪ “Fair/Poor” Mental Health ▪ Symptoms of Chronic Depression ▪ Stress ▪ Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Low Food Access ▪ Leisure-Time Physical Activity ▪ Overweight & Obesity [Adults] ▪ Weight Loss Attempts ▪ Overweight & Obesity [Children] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
ORAL HEALTH	<ul style="list-style-type: none"> ▪ Regular Dental Care [Adults]
POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> ▪ Activity Limitations ▪ High-Impact Chronic Pain ▪ Caregiving
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Lung Disease Deaths ▪ Pneumonia/Influenza Deaths ▪ Flu Vaccination [Age 65+] ▪ Asthma Prevalence [Adults] ▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence
SUBSTANCE ABUSE	<ul style="list-style-type: none"> ▪ Unintentional Drug-Related Deaths ▪ Illicit Drug Use ▪ Opioid Use ▪ Illegal Drug Problems in the Family ▪ Personally Impacted by Substance Abuse (Self or Other’s) ▪ Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	<ul style="list-style-type: none"> ▪ Cigarette Smoking Prevalence ▪ Cigarette Smoking in the Home ▪ Cigar Smoking ▪ Key Informants: Tobacco use ranked as a top concern.



Community Feedback on Prioritization of Health Needs

On November 18, 2020, the sponsors of this study hosted an online meeting with 36 community members and stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). PRC began the virtual 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. 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. **Heart Disease & Stroke**
3. **Mental Health**
4. **Nutrition, Physical Activity & Weight**
5. **Diabetes**
6. **Access to Health Care Services**
7. **Cancer**
8. **Tobacco Use**
9. **Infant Health & Family Planning**
10. **Respiratory Disease**
11. **Injury**
12. **Oral Health**
13. **Potentially Disabling Conditions**



Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Clinton County results are shown in the larger, gray 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 objectives. 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.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

TREND SUMMARY

(Current vs. Baseline Data)

















SURVEY DATA INDICATORS:

Trends for survey-derived indicators represent significant changes since 1996, 2001, or 2015 (whichever is earliest).

OTHER (SECONDARY) DATA INDICATORS:

Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).



SOCIAL DETERMINANTS	Clinton County	CLINTON COUNTY vs. BENCHMARKS			TREND
		vs. OH	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)	0.3	 1.3	 4.4		
Population in Poverty (Percent)	13.0	 14.5	 14.1		
Children in Poverty (Percent)	17.5	 20.8	 19.5		
No High School Diploma (Age 25+, Percent)	11.5	 9.9	 12.3		
% Unable to Pay Cash for a \$400 Emergency Expense	17.0		 24.6		
% Worry/Stress Over Rent/Mortgage in Past Year	18.6		 32.2		
% Unhealthy/Unsafe Housing Conditions	7.8		 12.2		
% Lived w/Friend or Relative Due to Emergency	7.0				
% Homeless in the Past 2 Years	3.6				
% Ever Homeless	10.6				
% Food Insecure	16.3		 34.1		
% "Seldom/Never" Have Support	22.9				 24.2
% Rec'd Basic Needs Assistance in the Past Year	7.1				 9.0
% "Seldom/Never" Understand Written Health Info	9.4				 14.8
% "Seldom/Never" Understand Spoken Health Info	5.9				 3.9









better











































similar



worse

OVERALL HEALTH	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
% "Fair/Poor" Overall Health	18.5	 18.7	 12.6		 14.6
		 better	 similar	 worse	

ACCESS TO HEALTH CARE	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	8.1	 8.6	 8.7	 0.0	 9.1
% Difficulty Accessing Health Care in Past Year (Composite)	35.3		 35.0		 42.6
% Cost Prevented Physician Visit in Past Year	6.9	 10.2	 12.9		 6.6
% Cost Prevented Getting Prescription in Past Year	8.5		 12.8		 9.7
% Difficulty Getting Appointment in Past Year	19.7		 14.5		 6.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	13.7		 12.5		 16.1
% Difficulty Finding Physician in Past Year	12.9		 9.4		 4.7
% Transportation Hindered Dr Visit in Past Year	3.2		 8.9		 3.1
% Language/Culture Prevented Care in Past Year	0.3		 2.8		
% Skipped Prescription Doses to Save Costs	9.7		 12.7		 12.2
% Difficulty Getting Child's Health Care in Past Year	3.9		 8.0		 5.8

ACCESS TO HEALTH CARE (continued)	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
Primary Care Doctors per 100,000	76.3	 76.2	 76.6		
% Have a Specific Source of Ongoing Care	77.9		 74.2	 95.0	 90.0
% Have Had Routine Checkup in Past Year	66.5	 78.5	 70.5		 66.6
% Child Has Had Checkup in Past Year	93.9		 77.4		 93.0
% Two or More ER Visits in Past Year	12.3		 10.1		 8.5
% Eye Exam in Past 2 Years	59.9		 61.0		 65.6
% Rate Local Health Care "Fair/Poor"	17.7		 8.0		 7.6




















better























similar



worse

CANCER	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	183.2	 169.9	 152.5	 161.4	 235.5
Lung Cancer (Age-Adjusted Death Rate)	60.2	 45.1	 36.6	 45.5	
Female Breast Cancer (Age-Adjusted Death Rate)	21.6	 21.5	 19.9	 20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	19.6	 15.2	 13.7	 14.5	
Cancer Incidence Rate (All Sites)	466.7	 461.9	 448.0		
Female Breast Cancer Incidence Rate	125.2	 127.4	 125.2		

CANCER (continued)	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
Prostate Cancer Incidence Rate	89.8	 103.0	 104.1		
Lung Cancer Incidence Rate	83.9	 68.5	 59.2		
Colorectal Cancer Incidence Rate	43.5	 41.5	 38.7		
% Cancer	9.4	 12.0	 10.0		
% [Women 50-74] Mammogram in Past 2 Years	72.9	 77.6	 76.1	 81.1	 65.0
% [Women 21-65] Cervical Cancer Screening	83.0	 79.2	 73.8	 93.0	 76.6
% [Age 50-75] Colorectal Cancer Screening	80.7	 67.8	 77.4	 70.5	 74.4














better



similar



worse

DIABETES	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
Diabetes (Age-Adjusted Death Rate)	35.5	 25.1	 21.3	 20.5	 27.5
% Diabetes/High Blood Sugar	17.0	 12.2	 13.8		 7.1
% Borderline/Pre-Diabetes	8.8		 9.7		 7.0
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	50.9		 43.3		 45.2


























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)	206.6	 187.5	 164.7	 156.9	 199.0
% Heart Disease (Heart Attack, Angina, Coronary Disease)	7.9	 7.9	 6.1		 6.9
Stroke (Age-Adjusted Death Rate)	44.2	 42.0	 37.3	 34.8	 44.4
% Stroke	6.6	 3.7	 4.3		 1.8
% Told Have High Blood Pressure	44.7	 34.7	 36.9	 26.9	 24.1
% Told Have High Cholesterol	32.3		 32.7	 13.5	 20.7
% 1+ Cardiovascular Risk Factor	94.0		 84.6		 89.6




 better
  similar
  worse

INFANT HEALTH & FAMILY PLANNING	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
Low Birthweight Births (Percent)	8.2	 8.5	 8.3	 7.8	 7.8
% Child [Age 0-17] Was Breastfed	58.7			 81.9	 66.2
% Child [Age 0-17] Exclusively Breastfed for 6+ Months	27.2			 60.6	 30.9
Infant Death Rate	9.2	 7.4	 6.0	 6.0	
Births to Adolescents Age 15 to 19 (Rate per 1,000)	31.1	 23.9	 22.7		










 better
  similar
  worse

INJURY & VIOLENCE	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	92.1	 68.5	 48.3	 36.4	 50.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)	16.0	 10.0	 11.1	 12.4	
% "Always" Use a Seat Belt	82.6				 70.1
% Distracted Driving in the Past Month	28.9				
[65+] Falls (Age-Adjusted Death Rate)	52.2	 60.8	 58.3	 47.0	
% Unlocked Firearm In or Around the Home	21.9				
Violent Crime Rate	84.3	 290.7	 416.0		
% Victim of Violent Crime in Past 5 Years	1.5		 6.2		 1.7
% Victim of Intimate Partner Violence	15.4		 13.7		 16.1

 better
  similar
  worse

KIDNEY DISEASE	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	19.9	 15.0	 13.0		 15.6

 better
  similar
  worse

MENTAL HEALTH	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	18.4		 13.4		 18.1
% Medical Professional Mentioned Possible Depression	34.3				
% Symptoms of Chronic Depression (2+ Years)	39.4		 30.3		 19.3
% Typical Day Is "Extremely/Very" Stressful	17.2		 16.1		 11.0
% Receiving Care/Meds for Mental Health	20.4				
Mental Health Providers per 100,000	240.2	 244.3	 202.8		
% Wanted Mental Health Svcs in Past Yr But Could Not Receive	3.9				
Suicide (Age-Adjusted Death Rate)	12.9	 13.1	 13.0	 10.2	
% Considered or Attempted Self-Harm in the Past Year	5.2				










better



similar



worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
Population With Low Food Access (Percent)	29.4	 25.3	 22.4		
% "Very/Somewhat" Difficult to Buy Fresh Produce	15.3		 21.1		 23.9
% 5+ Servings of Fruits/Vegetables per Day	29.7		 32.7		 27.6
% 7+ Sugar-Sweetened Drinks in Past Week	28.1				 23.9

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (cont.)	Clinton County	CLINTON COUNTY vs. BENCHMARKS			TREND
		vs. OH	vs. US	vs. HP2020	
% 7+ Weekly Meals That Were Not Home-Cooked	10.9				 11.6
% No Leisure-Time Physical Activity	27.5	 25.4	 31.3	 32.6	 18.6
% Meeting Physical Activity Guidelines	23.4	 18.3	 21.4	 20.1	
% Child [Age 2-17] Physically Active 1+ Hours per Day	74.4		 33.0		 52.7
% Healthy Weight (BMI 18.5-24.9)	20.5	 30.0	 34.5	 33.9	 27.1
% Overweight (BMI 25+)	79.3	 68.4	 61.0		 58.8
% Obese (BMI 30+)	38.1	 34.0	 31.3	 30.5	 22.7
% [Overweights] Trying to Lose Weight	47.1		 53.7		 55.5
% Children [Age 5-17] Healthy Weight	54.6		 47.6		 60.9
% Children [Age 5-17] Overweight (85th Percentile)	42.2		 32.3		 19.7
% Children [Age 5-17] Obese (95th Percentile)	24.0		 16.0	 14.5	 13.1












better














similar























worse




ORAL HEALTH	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
% Have Dental Insurance	81.6		 68.7		 74.3
% [Age 18+] Dental Visit in Past Year	56.4	 67.4	 62.0	 49.0	 64.4
% Child [Age 2-17] Dental Visit in Past Year	85.6		 72.1	 49.0	 70.4







 better
 similar
 worse




POTENTIALLY DISABLING CONDITIONS	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
% 3+ Chronic Conditions	32.2		 32.5		
% Activity Limitations	26.7		 24.0		 20.2
% With High-Impact Chronic Pain	22.1		 14.1		
Alzheimer's Disease (Age-Adjusted Death Rate)	31.5	 34.0	 30.6		 29.1
% Caregiver to a Friend/Family Member	31.8		 22.6		





















 better
 similar
 worse

RESPIRATORY DISEASE	Clinton County	CLINTON COUNTY vs. BENCHMARKS			TREND
		vs. OH	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	56.9	 48.3	 40.4		 73.1
Pneumonia/Influenza (Age-Adjusted Death Rate)	18.9	 15.8	 15.1		
% [Age 65+] Flu Vaccine in Past Year	50.6	 55.8	 71.0	 70.0	 58.9
% [Adult] Asthma	9.5	 9.4	 12.9		 5.6
% [Child 0-17] Asthma	4.4		 7.8		 8.5
% COPD (Lung Disease)	9.1	 8.5	 6.4		 3.5

 better
  similar
  worse

SEXUAL HEALTH	Clinton County	CLINTON COUNTY vs. BENCHMARKS			TREND
		vs. OH	vs. US	vs. HP2020	
HIV Prevalence Rate	96.5	 227.7	 372.8		
Chlamydia Incidence Rate	390.4	 542.3	 539.9		
Gonorrhea Incidence Rate	116.6	 215.7	 179.1		

 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)	8.9	 10.2	 10.3	 8.2	
% Excessive Drinker	15.3	 17.0	 27.2	 25.4	 11.0
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	46.0	 38.3	 18.1	 11.3	 26.7
% Illicit Drug Use in Past Month	5.0		 2.0	 7.1	 3.8
% Used an Opioid Drug in Past Year	17.7		 12.9		
% Shared Rx With Someone Else	3.2				 2.0
% Ever Sought Help for Alcohol or Drug Problem	7.9		 5.4		 1.7
% Family Member Had Illegal Drug Problems/Past 3 Yrs	12.9				 8.0
% Personally Impacted by Substance Abuse	42.9		 35.8		















better













similar



worse

TOBACCO USE	Clinton County	CLINTON COUNTY vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2020	TREND
% Current Smoker	25.9	 20.5	 17.4	 12.0	 22.2
% Someone Smokes at Home	22.3		 14.6		 24.1
% [Household With Children] Someone Smokes in the Home	21.7		 17.4		 11.4
% [Smokers] Have Quit Smoking 1+ Days in Past Year	48.7	 53.7	 42.8	 80.0	 47.2

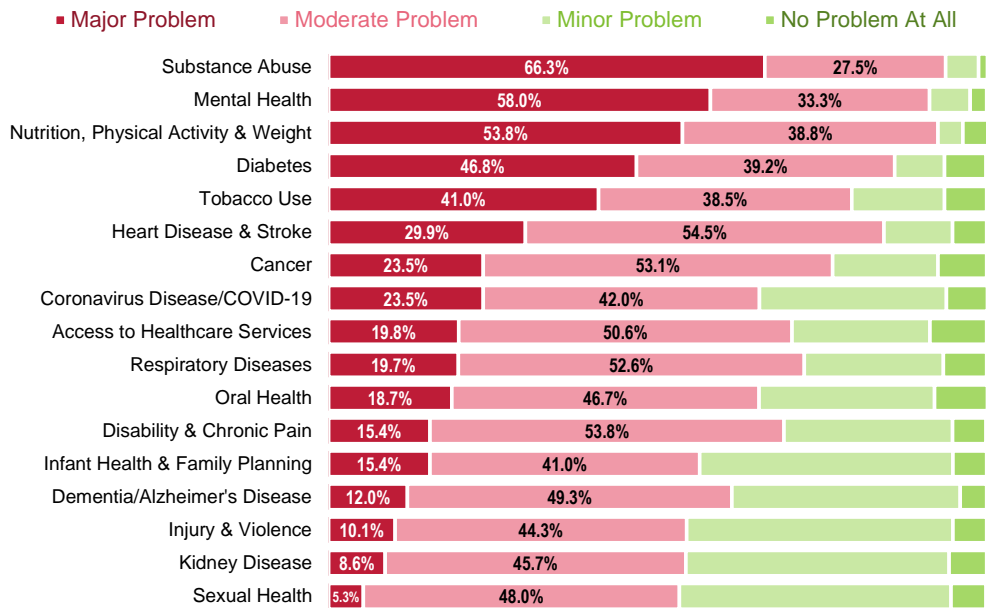
TOBACCO USE (continued)	Clinton County	CLINTON COUNTY vs. BENCHMARKS			TREND
		vs. OH	vs. US	vs. HP2020	
% [Smokers] Received Advice to Quit Smoking	58.2		 59.6		 64.4
% Currently Use Vaping Products	5.8	 5.3	 8.9		
% Use Smokeless Tobacco	3.8	 4.3			 8.2
% Smoke Cigars	7.5				 4.2

 better
  similar
  worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community





COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Clinton County, the focus of this Community Health Needs Assessment, encompasses 408.68 square miles and houses a total population of 41,896 residents, according to latest census estimates.

Total Population
(Estimated Population, 2014-2018)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Clinton County	41,896	408.68	102.51
Ohio	11,641,879	40,862.40	284.90
United States	322,903,030	3,532,068.58	91.42

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).

Population Change 2000-2010

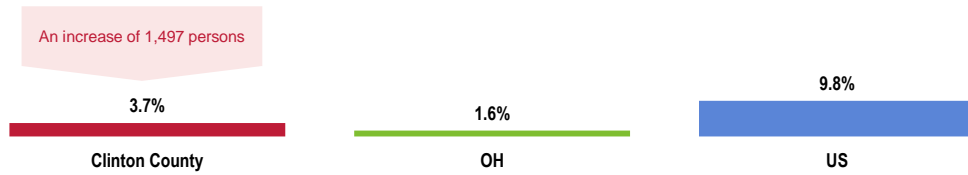
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

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

BENCHMARK ► A greater change proportionally than seen across Ohio but well below the national population increase.



Change in Total Population (Percentage Change Between 2000 and 2010)



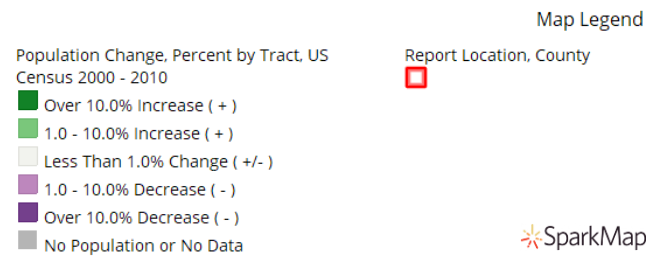
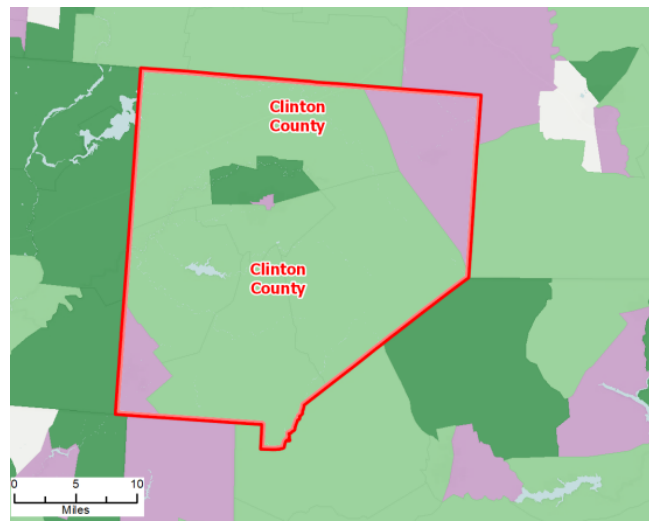
Sources:

- US Census Bureau Decennial Census (2000-2010).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).

Notes:

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

This map shows the areas of greatest increase or decrease in population between 2000 and 2010.



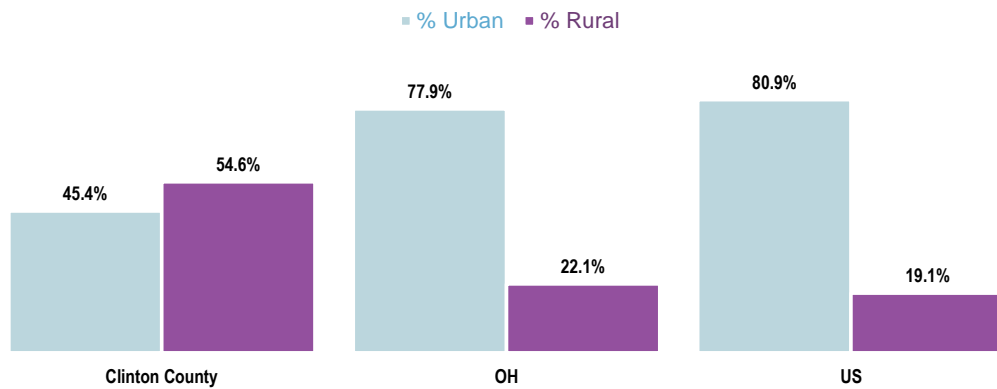
Urban/Rural Population

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.

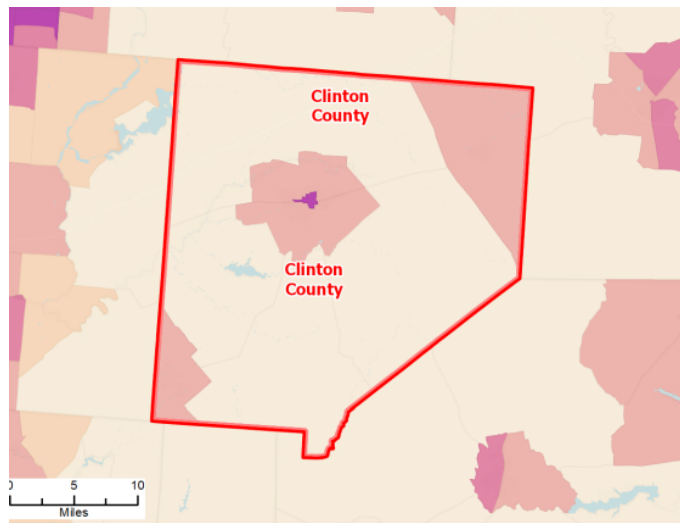
More than half of the Clinton County population (54.6%) live in areas designated as rural.

BENCHMARK ▶ A much greater proportional share of rural residents than across Ohio and the US.

Urban and Rural Population (2010)



Sources: • US Census Bureau Decennial Census.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.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.



Map Legend

Urban Population, Percent by Tract, US Census 2010

- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed

Report Location, County

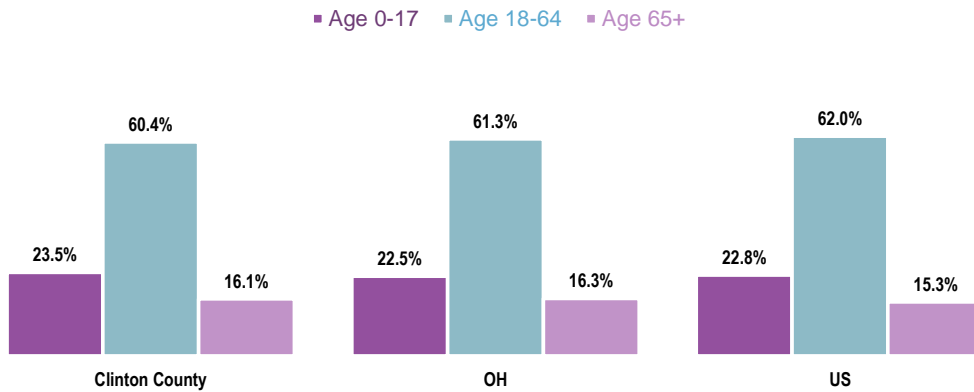


Age

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

In Clinton County, 23.5% of the population are children age 0-17; another 60.4% are age 18 to 64, while 16.1% are age 65 and older.

Total Population by Age Groups (2014-2018)



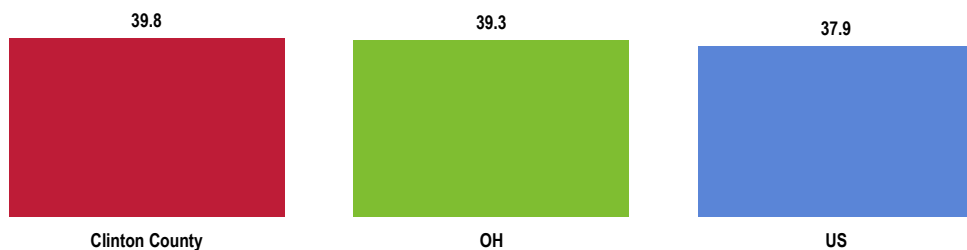
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).

Median Age

Clinton County is slightly “older” than the nation in that the median age is higher.

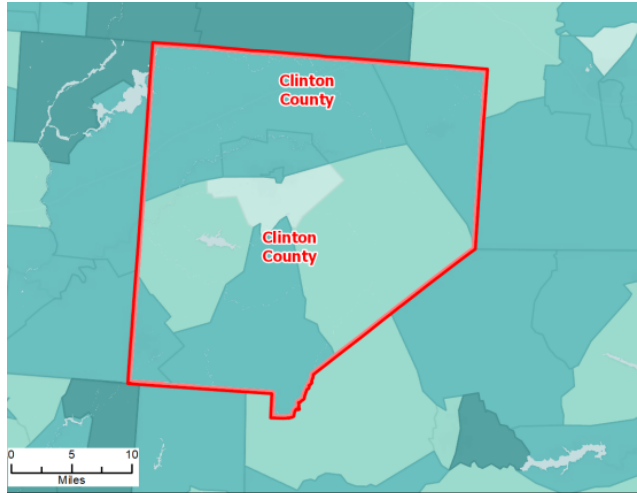
Median Age (2014-2018)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).





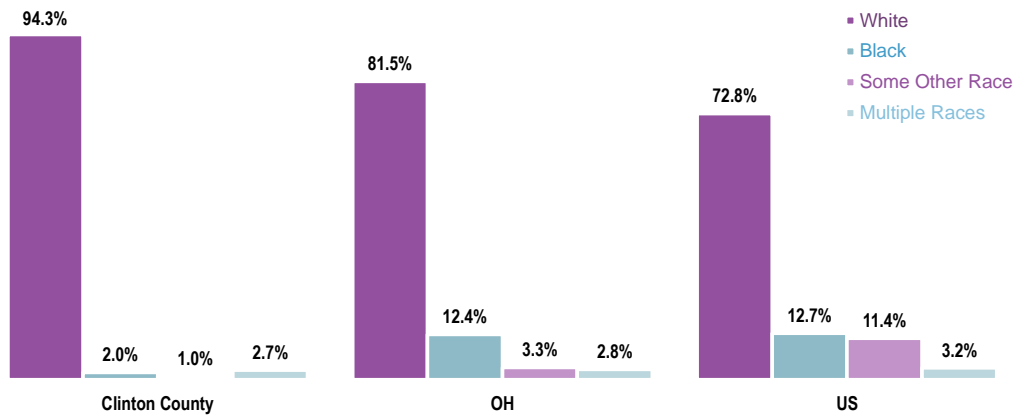
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), residents of Clinton County are predominantly White (94.3%).

BENCHMARK ► State and national populations are proportionally much more diverse.

Total Population by Race Alone
(2014-2018)



Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).

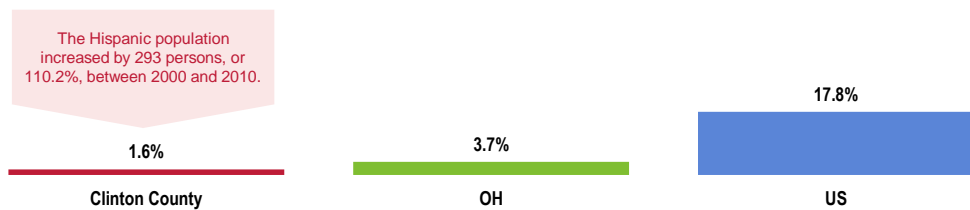


Ethnicity

A total of 1.6% of Clinton County residents are Hispanic or Latino.

BENCHMARK ► The percentage is well below the state and especially the US percentage.

Hispanic Population (2014-2018)



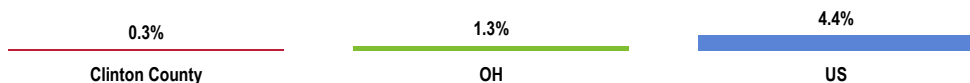
- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).
- Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country 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.

Linguistic Isolation

A total of 0.3% of the Clinton County population age 5 and older lives in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Below the Ohio and especially the US proportion.

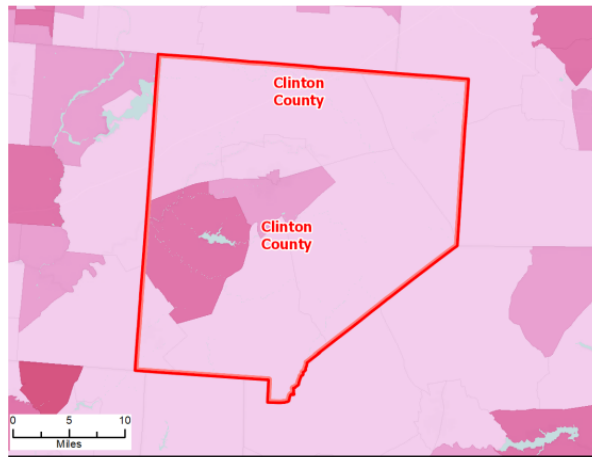
Linguistically Isolated Population (2014-2018)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



Note the following map illustrating linguistic isolation throughout Clinton County.



Map Legend

Population in Linguistically Isolated Households, Percent by Tract, ACS 2014-18

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

Report Location, County



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)

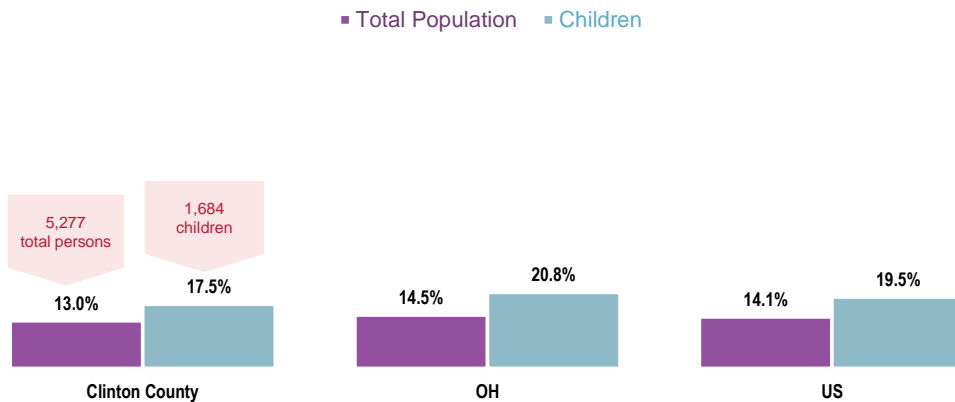
Poverty

The latest census estimate shows 13.0% of Clinton County total population living below the federal poverty level.

Among just children (ages 0 to 17), this percentage in Clinton County is 17.5% (representing an estimated 1,684 children).

BENCHMARK ► Lower than the Ohio prevalence of children in poverty.

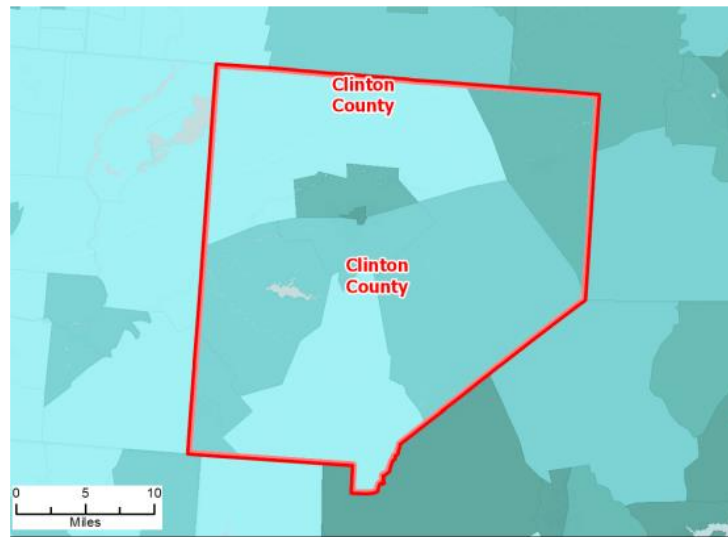
Population in Poverty (Populations Living Below the Poverty Level; 2014-2018)



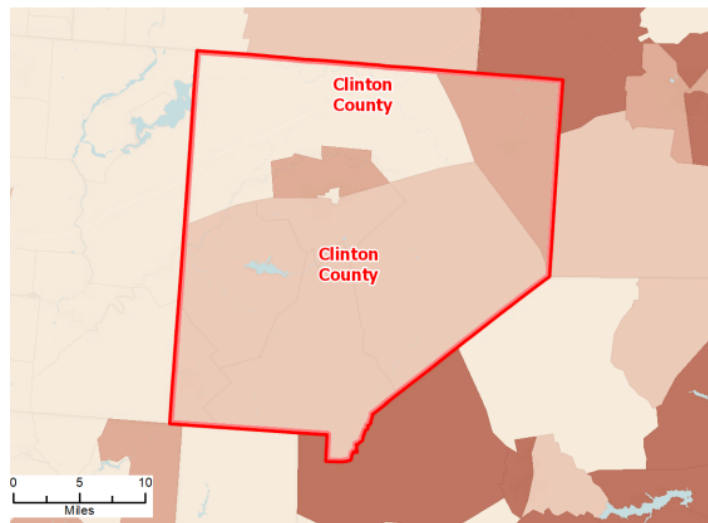
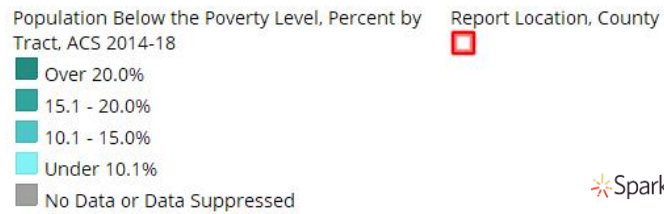
Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).
Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



The following maps highlight concentrations of persons living below the federal poverty level.



Map Legend



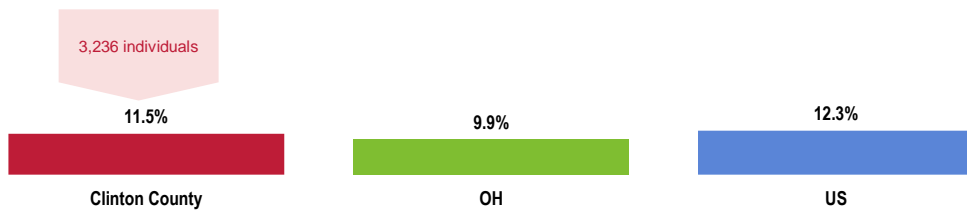
Map Legend



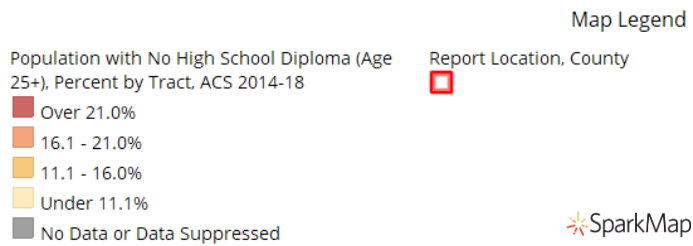
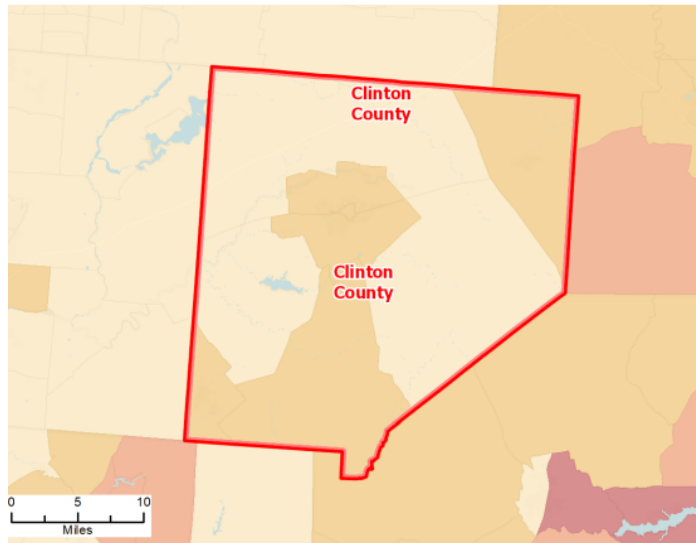
Education

Among the Clinton County population age 25 and older, an estimated 11.5% (over 3,200 people) do not have a high school education.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2014-2018)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).
 Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.



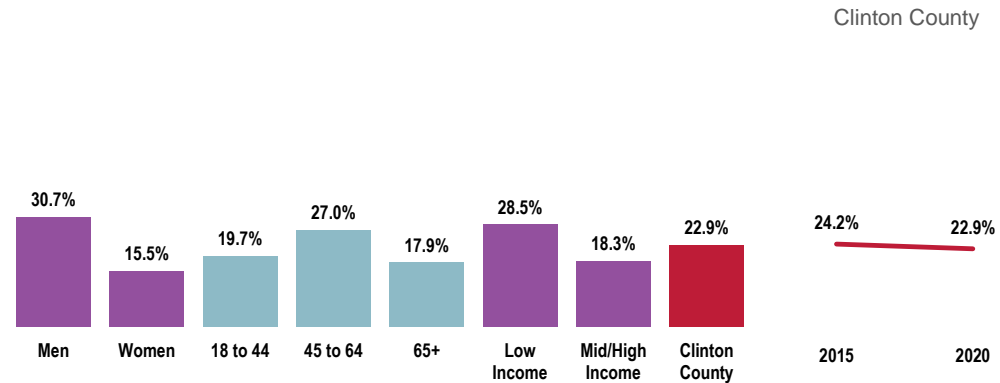
Community Support

Most survey respondents in Clinton County feel that they have someone they can rely on to help with things like food, transportation, and childcare, or other support if needed.

However, 22.9% of Clinton County adults report “seldom” or “never” having help with these needs.

DISPARITY ► The prevalence is higher among men, adults age 45 to 64, and residents in low-income households.

“Seldom/Never” Have Someone to Rely On for Help with Food, Transportation, Childcare, or Other Support (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 316]
 Notes: • Asked of all respondents.

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

Here, “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 (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

Assistance for Basic Needs

The vast majority of respondents has not received assistance for basic needs in the past year (such as transportation, food, or childcare) from a non-government local program, church or charity.

However, 7.1% of Clinton County adults have received such assistance in the past year.

DISPARITY ► The percentage is especially high among low-income respondents.



Received Basic Needs Assistance from a Local Program, Church, or Charity in the Past Year (Clinton County, 2020)

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

Clinton County



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 317]
Notes: • Asked of all respondents.

Financial Resilience

Respondents were asked: "Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

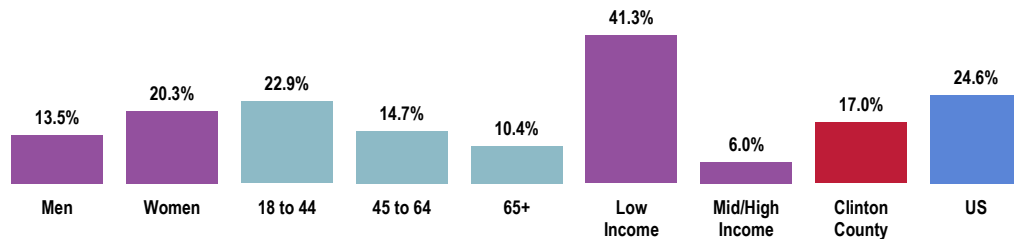
A total of 17.0% of Clinton County residents would not be able to afford an unexpected \$400 expense without going into debt.

BENCHMARK ► Lower than the nationwide prevalence.

DISPARITY ► Decreasing with age and especially high among low-income respondents. Also notably higher among renters and other non-homeowners.

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Clinton County, 2020)

By living situation:
Own Home 7.9%
Other 42.4%



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 63]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

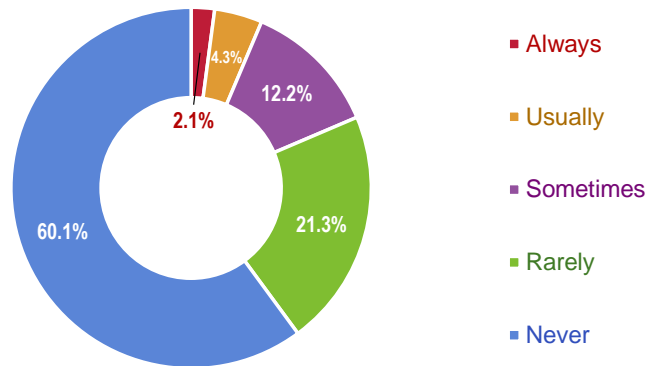


Housing & Homelessness

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Clinton County, 2020)



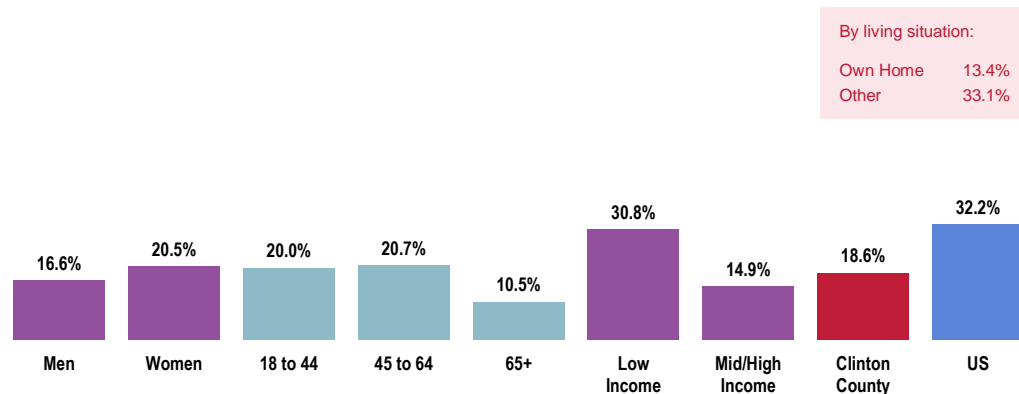
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.

However, 18.6% report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ▶ Well below the US percentage.

DISPARITY ▶ Higher among adults under 65, and especially those in low-income and renters.

“Always/Usually/Sometimes” Worried
About Paying Rent/Mortgage in the Past Year
(Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 66]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Unhealthy or Unsafe Housing

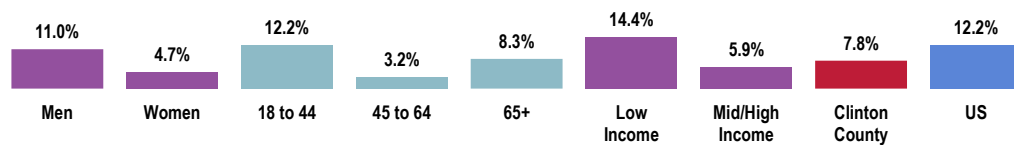
A total of 7.8% of Clinton County residents report living in unhealthy or unsafe housing conditions during the past year.

BENCHMARK ▶ Better than the US prevalence.

DISPARITY ▶ Higher among men, young adults, low-income residents, and those who do not own their own home.

Unhealthy or Unsafe Housing Conditions in the Past Year (Clinton County, 2020)

By living situation:	
Own Home	6.4%
Other	12.1%



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 65]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Experience of Homelessness

History of Homelessness

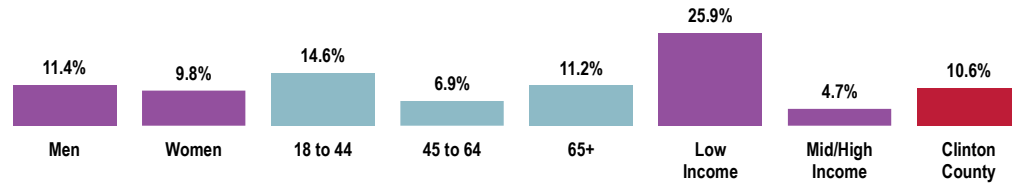
Overall, 10.6% of survey respondents have ever been homeless.

DISPARITY ▶ The proportion is much greater among respondents in low-income households. A history of homelessness is also lower among those who are currently homeowners.



Have Ever Been Homeless (Clinton County, 2020)

By living situation:	
Own Home	3.0%
Other	31.3%



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: • Asked of all respondents.

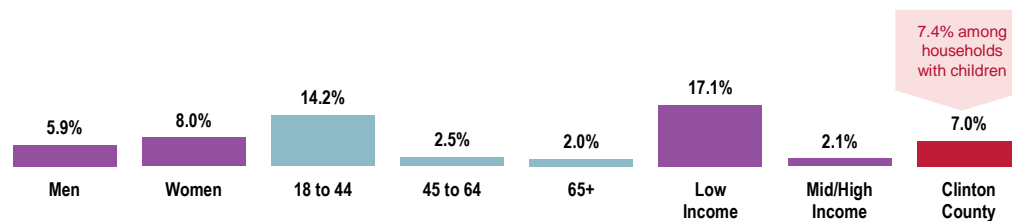
Housing Instability

In the past two years, 7.0% of survey respondents lived with a friend or relative due to a housing emergency.

DISPARITY ► Considerably higher among adults age 18 to 44, those in low-income households, and renters/other non-homeowners.

Lived With a Friend or Relative in the Past 2 Years Due to an Emergency (Clinton County, 2020)

By living situation:	
Own Home	1.1%
Other	23.1%



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: • Asked of all respondents.

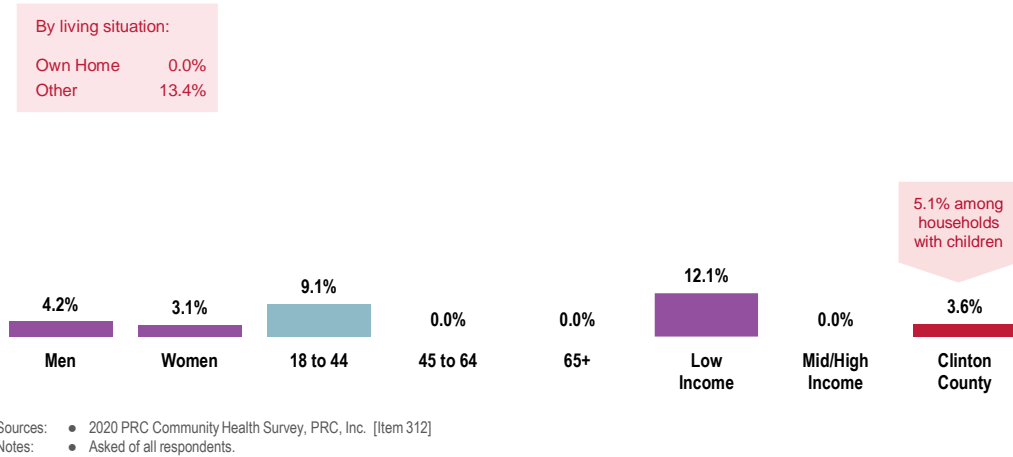


Recent Homelessness

A total of 3.6% of adults reported living on the street, in a car, or in a temporary shelter at some point in the past two years.

DISPARITY ► Reported especially among adults under 45, those living on low incomes, and those who are not homeowners.

Lived on the Street, in a Car, or in a Temporary Shelter at Some Point in the Past 2 Years (Clinton County, 2020)



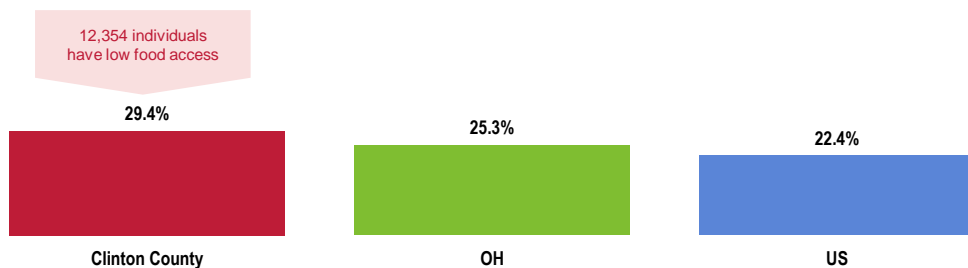
Food Access

Low Food Access

US Department of Agriculture data show that **29.4% of the Clinton County population (over 12,300 residents) have low food access**, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ► Worse than the US percentage.

Population With Low Food Access (Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)

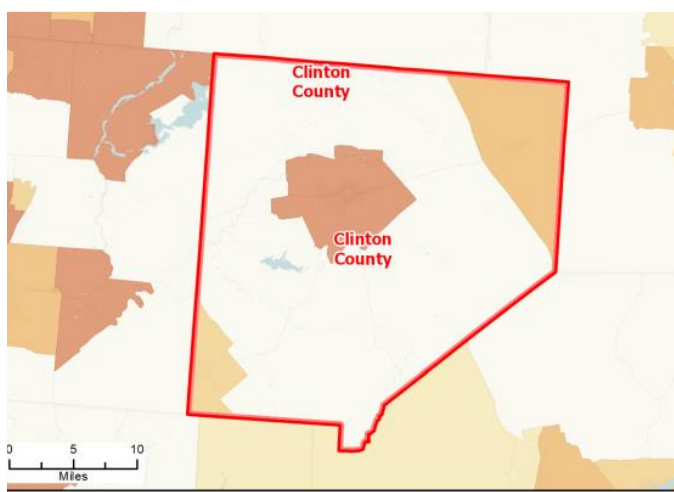


Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).
Notes: • This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* in the **Modifiable Health Risks** section of this report.





Food Insecurity

Overall, 16.3% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ▶ Less than half the national proportion.

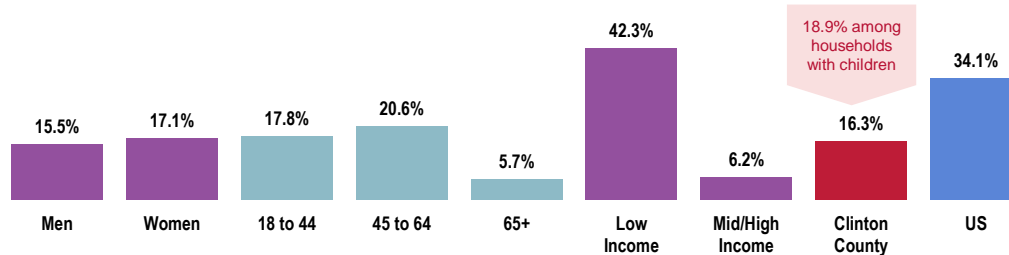
DISPARITY ▶ Higher among adults under 65 and especially those in low-income households.

Surveyed adults were asked: “Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was “Often True,” “Sometimes True,” or “Never True” for you in the past 12 months:

- I worried about whether our food would run out before we got money to buy more.
- The food that we bought just did not last, and we did not have money to get more.”

Those answering “Often” or “Sometimes True” for either statement are considered to be food insecure.

Food Insecurity (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 112]
 Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.



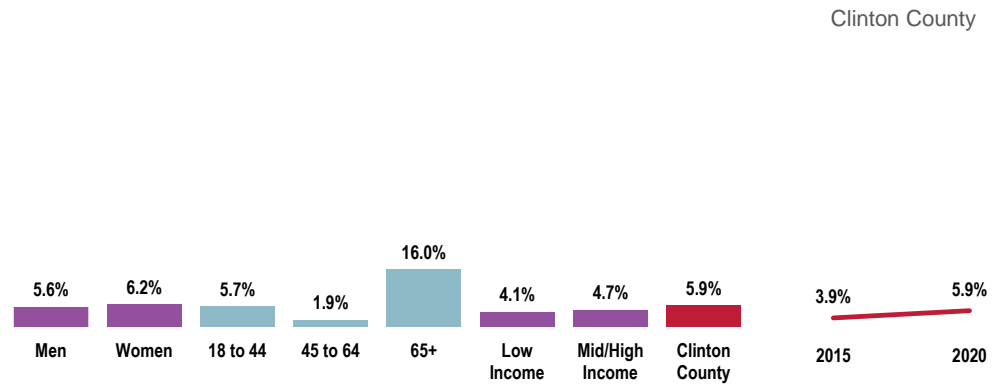
Health Literacy

Understanding Spoken Information

While most survey respondents are able to easily understand the healthcare information that is spoken to them, a total of 5.9% are “seldom” or “never” spoken to about health care in a way that is easy for them to understand.

DISPARITY ▶ The prevalence is especially high among seniors in Clinton County.

“Seldom/Never” Understand Spoken Health Information (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: • Asked of all respondents.

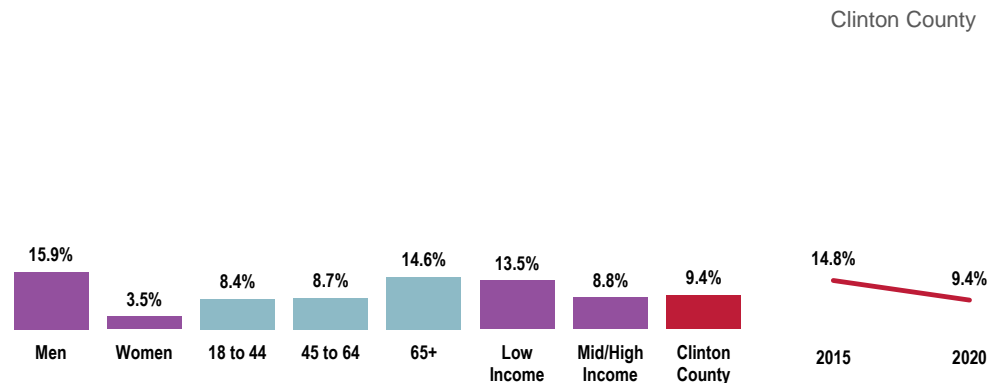
Understanding Written Information

A total of 9.4% of Clinton County adults “seldom” or “never” find written healthcare information easy to understand.

TREND ▶ Marking a statistically significant improvement from 2015 survey findings.

DISPARITY ▶ Significantly higher among male respondents.

“Seldom/Never” Understand Written Health Information (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: • Asked of all respondents.

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.





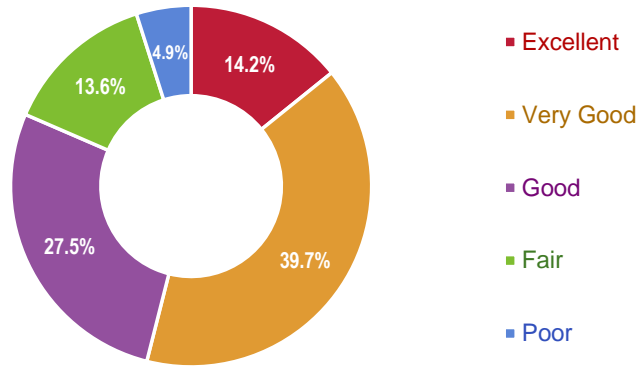
HEALTH STATUS

OVERALL HEALTH STATUS

Most Clinton County residents rate their overall health favorably (responding “excellent,” “very good,” or “good”).

The initial inquiry of the PRC Community Health Survey asked: “Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?”

Self-Reported Health Status
(Clinton County, 2020)



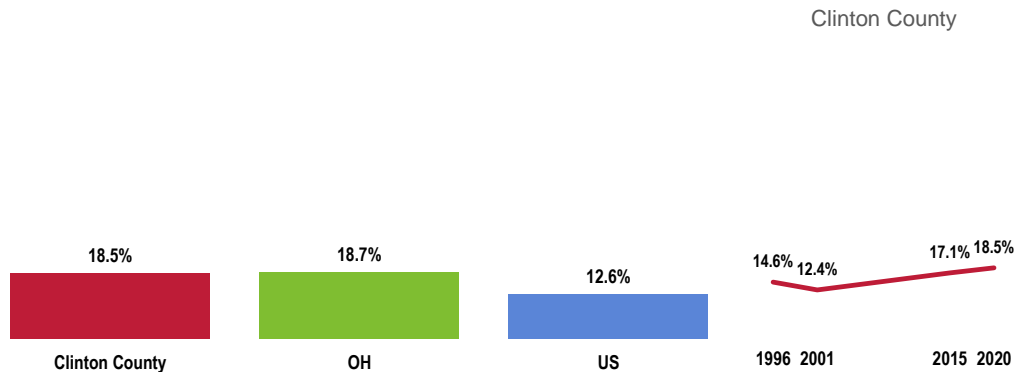
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 18.5% of Clinton County adults believe that their overall health is “fair” or “poor.”

BENCHMARK ▶ Well above the US prevalence.

DISPARITY ▶ The prevalence increases with age and is especially high among low-income adults.

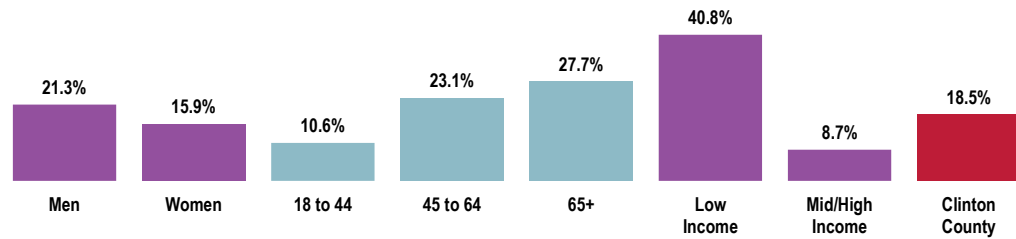
Experience “Fair” or “Poor” Overall Health



Sources: • 2020 PRC Community Health Survey, PRC, 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); 2018 OH data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.



MENTAL HEALTH

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.

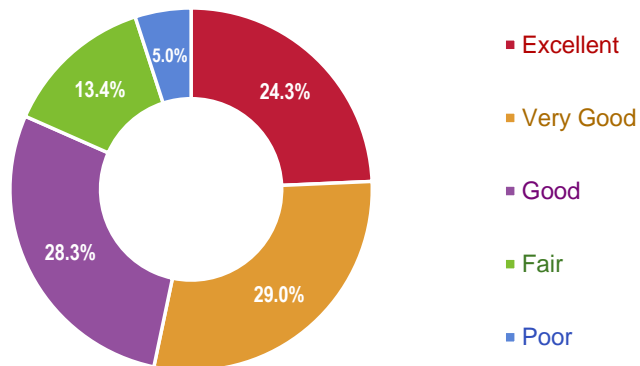
The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: risk factors, which predispose individuals to mental illness; and protective factors, which 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.

– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

Most Clinton County adults rate their overall mental health favorably (“excellent,” “very good,” or “good”).

Self-Reported Mental Health Status
(Clinton County, 2020)



“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?”



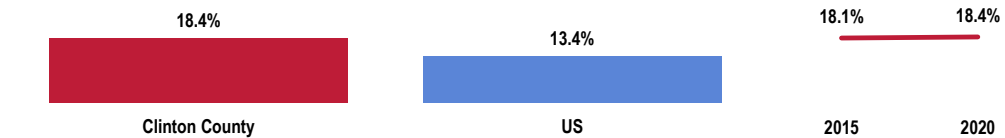
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: • Asked of all respondents.

However, 18.4% believe that their overall mental health is “fair” or “poor.”

BENCHMARK ► Worse than the US figure.

Experience “Fair” or “Poor” Mental Health

Clinton County



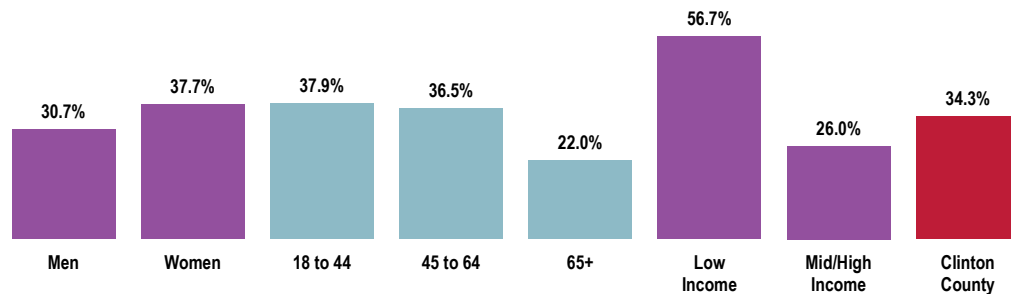
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 90]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Depression

A total of 34.3% of Clinton County adults report that a medical professional has ever told them that they may have depression, based on symptoms such as tiredness, sadness, trouble focusing or concentrating, sleep problems, or loss of interest in things that had previously been fun.

DISPARITY ► Higher among adults under age 65 and especially those respondents in low-income households.

Medical Professional Has Ever Mentioned That Respondent Might Have Possible Depression



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 319]
 Notes: • Asked of all respondents.



Symptoms of Chronic Depression

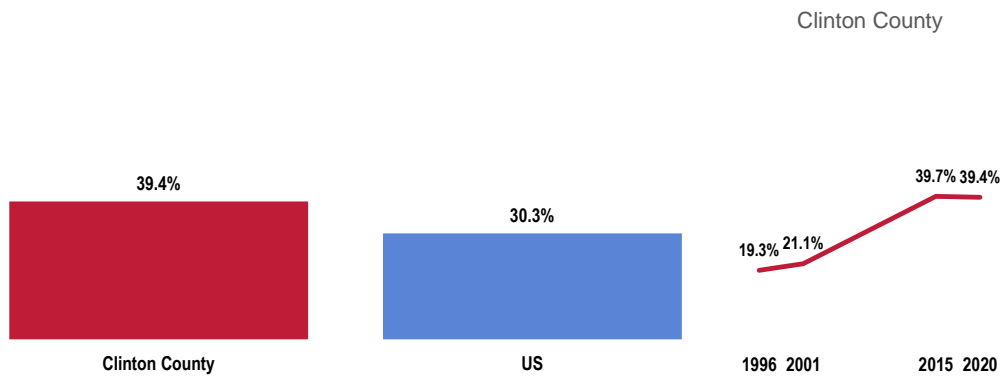
A total of 39.4% of Clinton County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

BENCHMARK ▶ Well above the US prevalence.

TREND ▶ Denotes a statistically significant increase from 1996 and 2001 survey results.

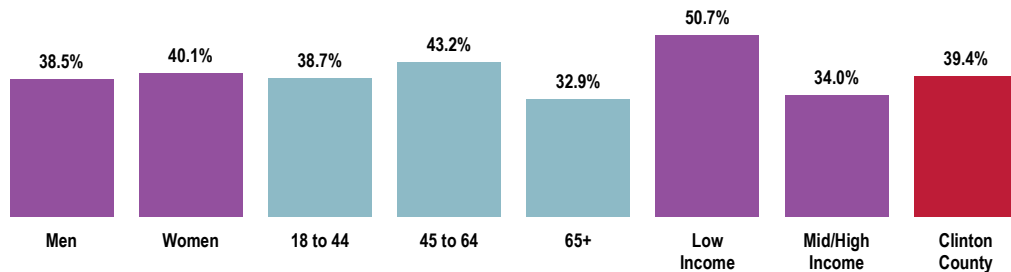
DISPARITY ▶ Reported among half of low-income adults.

Have Experienced Symptoms of Chronic Depression



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 91]
 • 2020 PRC National Health Survey, PRC, 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.

Have Experienced Symptoms of Chronic Depression (Clinton County, 2020)



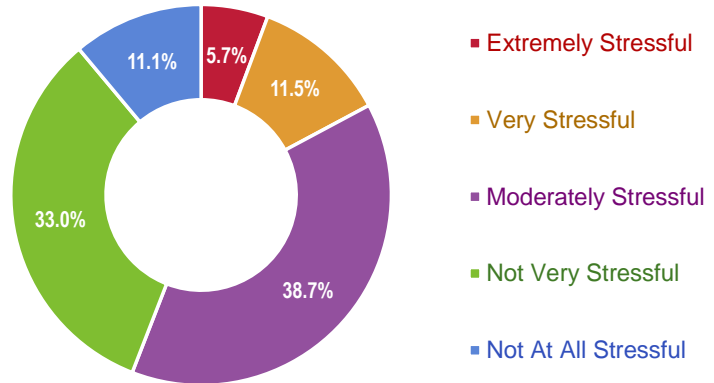
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 91]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



Stress

A majority of surveyed adults characterize most days as no more than “moderately” stressful.

Perceived Level of Stress On a Typical Day
(Clinton County, 2020)



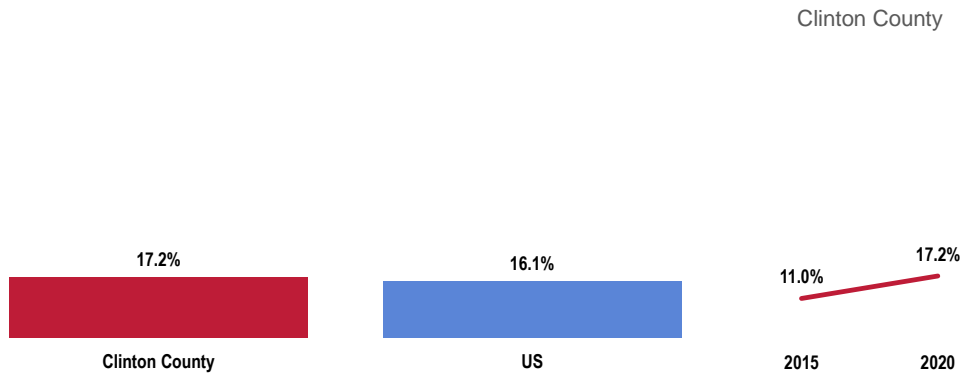
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

In contrast, 17.2% of Clinton County adults feel that most days for them are “very” or “extremely” stressful.

TREND ► Denotes a statistically significant increase since 2015.

DISPARITY ► Correlates with age among survey respondents.

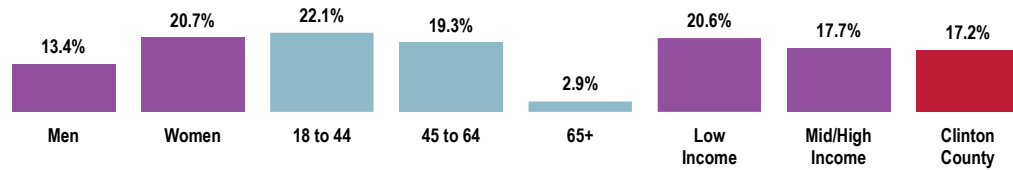
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 92]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Most Days as “Extremely” or “Very” Stressful (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

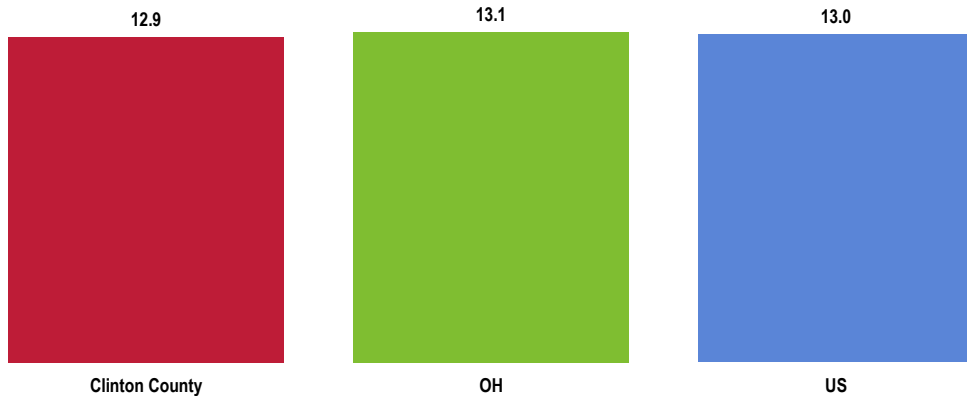
Suicide

Suicide Mortality

Clinton County reported 12.9 suicides per 100,000 population between 2009 and 2018 (annual age-adjusted rate).

BENCHMARK ► Fails to satisfy the Healthy People 2020 target.

Suicide: Age-Adjusted Mortality (2009-2018 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 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 July 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]

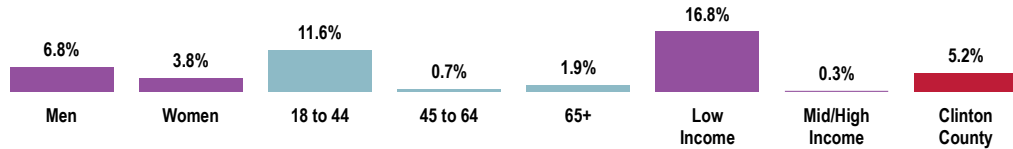


Self-Harm

Overall, 5.2% of survey respondents acknowledge that they considered or attempted some type of self-harm in the past year.

DISPARITY ► Reported most often among adults under 45 and those in low-income households.

Considered or Attempted Self-Harm in the Past Year (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 323]
Notes: • Asked of all respondents.

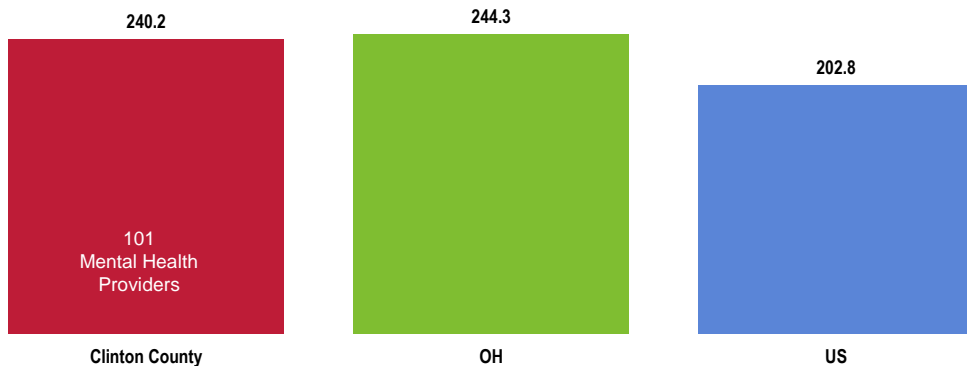
Mental Health Treatment

Mental Health Providers

In Clinton County in 2019, there were 240.2 mental health providers for every 100,000 population.

BENCHMARK ► Higher than the US ratio.

Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2019)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).
Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in Clinton County and residents in Clinton County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.



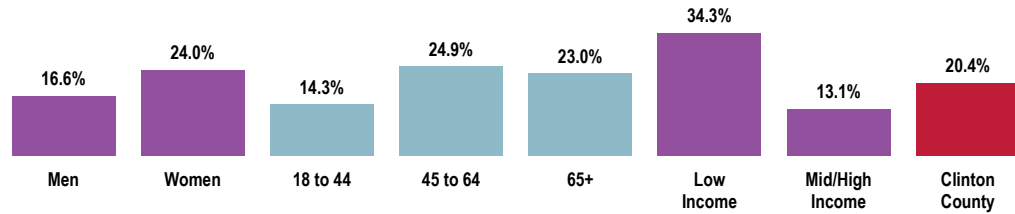
Currently Receiving Treatment

A total of 20.4% are currently taking medication or otherwise receiving care for a mental health diagnosis or emotional problem.

DISPARITY ► Reported especially among low-income respondents.

Currently Receiving Mental Health Treatment

Among respondents who have been told by a health professional that they may have depression, 51.1% are currently receiving treatment.



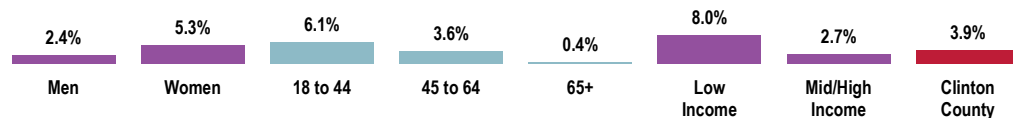
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 319-320]
Notes: • Asked of all respondents.

Difficulty Accessing Mental Health Services

A total of 3.9% of Clinton County adults report a time in the past year when they wanted to get help for a mental health concern but could not.

DISPARITY ► The difficulty appears to decrease with age in Clinton County.

Unable to Get Mental Health Services When Needed in the Past Year (Clinton County, 2020)

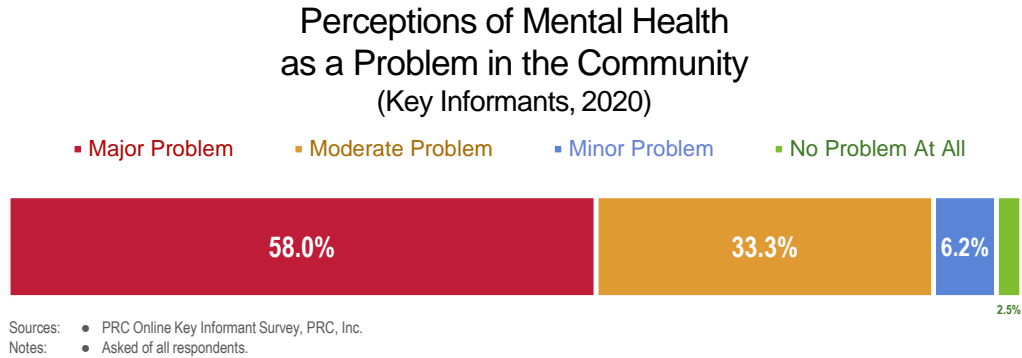


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: • Asked of all respondents.



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.



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

Access to Care/Services

Timely access to clinicians is lacking. – Public Health Representative

Access to continuing care. – Community/Business Leader

There seems to be a lack of resources for Clinton County residents. Have heard lots of complaints about what is available or lack thereof. – Social Services Provider

Frequent staff change. – Public Health Representative

Sufficient programs for all levels of mental disabilities. – Community/Business Leader

I think the biggest challenge for people with mental health issues in the community is a lack of resources and a lack of awareness of available resources. I also think culturally there is still stigma that exists surrounding mental health and seeking help. Mental health and substance abuse also go hand in hand in this community and therefore to adequately address mental health we must address substance abuse. Furthermore, if there is an incident in the community where mental health is involved, I am unsure that first responders are properly trained and equipped to de-escalate and address these problems. I believe, moving forward, our community must look at solutions that implement social workers and counselors in rehabilitating those who experience serious mental health crises. – Public Health Representative

This is the area of biggest concern. In my line of work, we are able to readily identify a number of juveniles who need significant mental health services and are actually referred, but they either do not access consistent services- or don't get services at all. It is sad. There is a lack of consistent mental health staff and services in this county. – Community/Business Leader

Access to care. – Public Health Representative

Access to care. We have private providers and one facility that is a provider for the local Mental Health Recovery Board. Access to those services includes a long wait and poor care. – Public Health Representative

Lack of quality mental health services. – Public Health Representative

Access for patients to psychiatric services. – Physician

Access to quality mental health services, including transportation to and from appointments. – Community/Business Leader

Lack of Providers

Lack of mental health professionals. – Community/Business Leader

Getting high quality counseling. – Community/Business Leader

Access to private psychology providers. – Physician



There are not enough care providers for either outpatient or inpatient care. – Physician
Lack of providers and appointments. Qualified providers. High percentage of people who have mental health concerns. Increasing severity of behaviors related to mental health issues. – Social Services Provider
Lack of psychologists and counselors, especially for children and for those without private insurance or a means to pay for services. – Physician
Lack of access to psychiatrists; not enough psychologists; allowing primary care physicians to prescribe psychotropic drugs. The latter should never be allowed. – Community/Business Leader

Contributing Factors

Transportation is a big issue. Lack of resources. There are very limited options for mental health. You have to go to the city for help. – Community/Business Leader
Challenges folks face in our community are again, access to transportation to seek treatment, a continued lack of understanding around mental health disorders and homelessness. – Social Services Provider
There is a lack of available mental health professionals here. There is stigma tied to providers here and to Solutions. Many clients have heard bad things about it there and don't want to go there for help and do not. Many individuals turn to primary care physicians for medication but do not seek counseling or therapy services which are often needed also. Transportation to appointments can be a challenge. Childcare options while families attend appointments is problematic also. – Public Health Representative
Not sure, but much higher percentage of my patients seem to have mental health issues, which makes it harder for them to complete cancer treatment in a timely manner. – Physician
Lack of therapists, stigma associated with the illness. – Community/Business Leader
Stigma and ownership by the individual, followed by awareness of local resources and then time and financial accountability to commit to treatment and counseling. – Public Health Representative

Denial/Stigma

Some of the challenges are embarrassment, stigma, not enough health care providers trained in mental health issues, lack of support groups for mental health issues, not enough support groups for Physical\ mental\ emotional\ abuse or rape survivors, schools need more counselors and support groups. In Clinton county there is Solutions and people are afraid to go there (stigma). Maybe some larger workplaces provide employees with resources for help with mental health issues. – Public Health Representative
Stigma, and recognition of it/them. Not wanting to ask and then, also, not knowing what the signs are, or what kinds of things are under the mental health umbrella. Depression, or other things, that are not severe, mental illnesses, but are still issues that need treated. Social addictions are not as recognized or "talked about" as drug addiction, but are mental illnesses just the same. – Community/Business Leader

Homelessness

Homelessness, drug usage and lack of stable counseling. – Social Services Provider
We have what seems to be a large increase of homeless population. Many times homelessness, substance abuse and mental health are connected. – Community/Business Leader
Homelessness related to mental illness. – Community/Business Leader
Homelessness, many with mental illness are without resources for housing. – Community/Business Leader

Awareness/Education

Education and awareness. – Social Services Provider
Education. – Community/Business Leader
Consistent follow-through with care. – Social Services Provider

Affordable Care/Services

Access to affordable health care and housing. – Community/Business Leader
Local availability of affordable mental health providers. No affordable inpatient treatment centers available. – Community/Business Leader

Alcohol/Drug Use

Substance abuse and domestic violence. – Physician
This is one of the biggest issues and directly related, in my opinion, to the substance abuse issue. Unfortunately, very few resources in the community. – Community/Business Leader

Suicide

Suicide goes unreported. It is an under-the-radar issue, not publicized. – Community/Business Leader





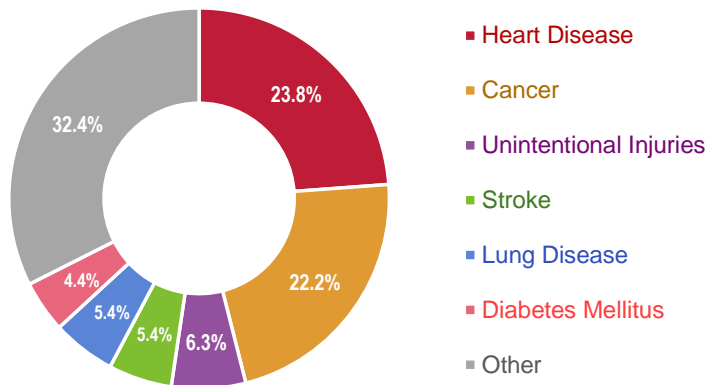
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for nearly one-half of all deaths in Clinton County in 2018.

Leading Causes of Death
(Clinton County, 2018)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2020.
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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 objectives.

Note that 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 following chart outlines 2016-2018 (unless otherwise indicated) annual average age-adjusted death rates per 100,000 population for selected causes of death in Clinton County.

Each of these is discussed in greater detail in subsequent sections of this report.

Age-Adjusted Death Rates for Selected Causes (2016-2018 Deaths per 100,000 Population)

	Clinton County	OH	US	HP2020
Diseases of the Heart	206.6	187.5	164.7	156.9*
Malignant Neoplasms (Cancers)	183.2	169.9	152.5	161.4
Unintentional Injuries	92.1	68.5	48.3	36.4
Chronic Lower Respiratory Disease (CLRD)	56.9	48.3	40.4	n/a
Fall-Related Deaths (65+)**	52.2	60.8	58.3	47.0
Drug-Induced	46.0	38.3	18.1	11.3
Cerebrovascular Disease (Stroke)	44.2	42.0	37.3	34.8
Diabetes Mellitus	35.5	25.1	21.3	20.5*
Alzheimer's Disease	31.5	34.0	30.6	n/a
Kidney Diseases	19.9	15.0	13.0	n/a
Pneumonia/Influenza**	18.9	15.8	15.1	n/a
Motor Vehicle Deaths	16.0	10.0	11.1	12.4
Intentional Self-Harm (Suicide)**	12.9	13.1	13.0	10.2
Cirrhosis/Liver Disease**	8.9	10.2	10.3	8.2

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2020.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.
- Note:
- *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.
 - **Rates are 2016-2018, with the exception of suicide, pneumonia/influenza, falls, and cirrhosis (all 2009-2018), and motor vehicle accidents (2014-2018).

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



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.... 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 health care.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

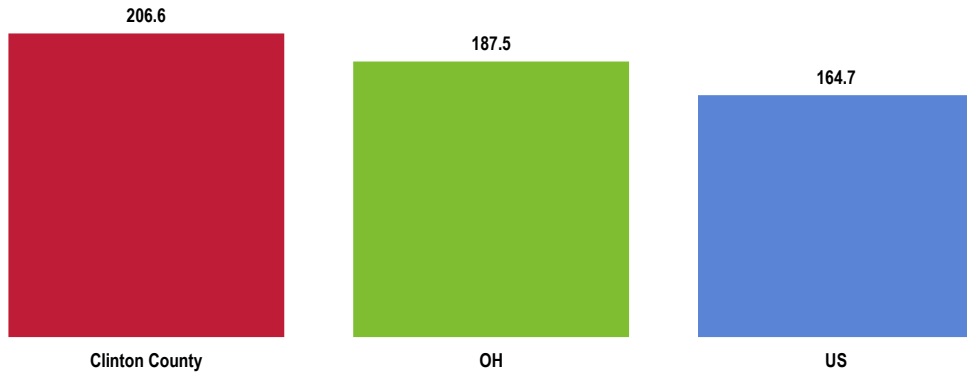
Between 2016 and 2018, there was an annual average age-adjusted heart disease mortality rate of 206.6 deaths per 100,000 population in Clinton County.

BENCHMARK ► Worse than the national rate and failing to satisfy the Healthy People 2020 target.

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



Heart Disease: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 156.9 or Lower (Adjusted)



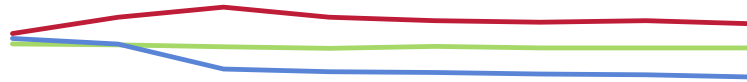
Sources:

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

Notes:

- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 156.9 or Lower (Adjusted)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Clinton County	199.0	211.9	219.8	211.9	209.0	207.9	209.1	206.6
OH	190.8	190.0	188.5	187.3	188.7	187.7	187.7	187.5
US	195.1	190.7	171.1	168.9	168.4	167.0	166.3	164.7

Sources:

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

Notes:

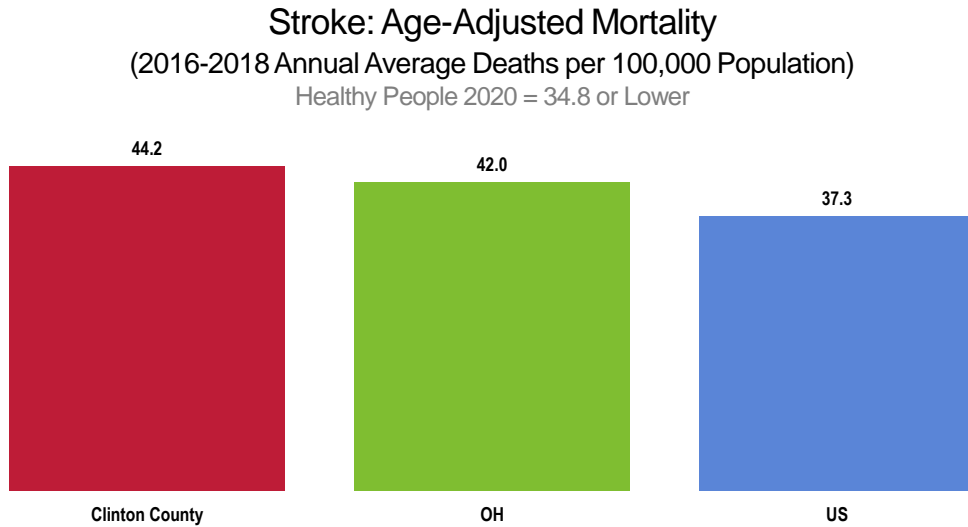
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.



Stroke Deaths

Between 2016 and 2018, there was an annual average age-adjusted stroke mortality rate of 44.2 deaths per 100,000 population in Clinton County.

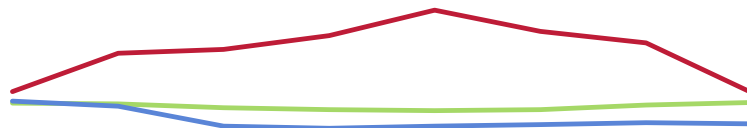
BENCHMARK ► Well above the US rate. Fails to satisfy the Healthy People 2020 objective.



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

Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 34.8 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Clinton County	44.4	52.9	53.7	56.8	62.4	57.7	55.2	44.2
OH	41.9	41.7	40.8	40.4	40.2	40.4	41.4	42.0
US	42.3	41.2	36.8	36.3	36.8	37.1	37.5	37.3

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



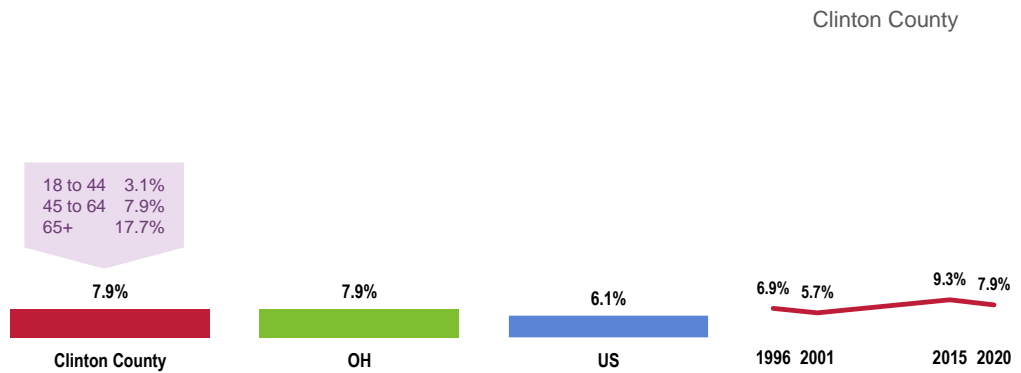
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.9% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

DISPARITY ► Correlates with age among survey respondents.

Prevalence of Heart Disease



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 114]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 OH data.
• 2020 PRC National Health Survey, PRC, Inc.

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

Prevalence of Stroke

A total of 6.6% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

BENCHMARK ► Worse than the state prevalence.

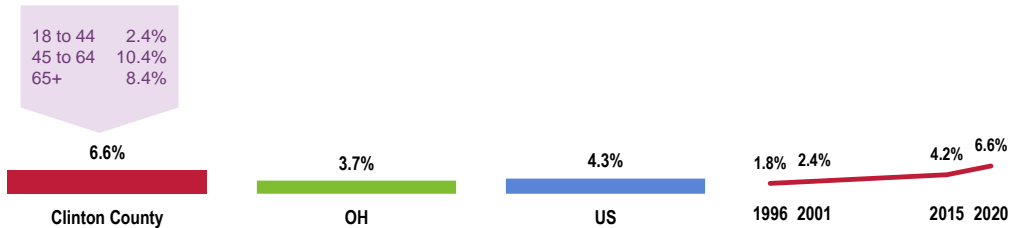
TREND ► Marks a statistically significant increase since 1996.

DISPARITY ► Increases significantly past the age of 45.



Prevalence of Stroke

Clinton County



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 29]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 OH data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 44.7% of Clinton County adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Worse than state and national figures. Far from satisfying the Healthy People 2020 objective.

TREND ► Denotes a steady, significant increase over time.

A total of 32.3% of adults have been told by a health professional that their cholesterol level was high.

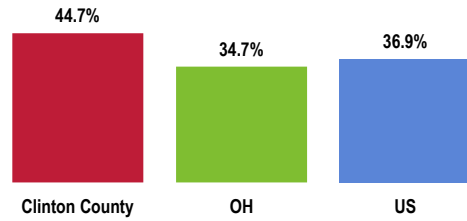
BENCHMARK ► Fails to satisfy the Healthy People 2020 goal.

TREND ► Increasing significantly from 1996 survey findings.



Prevalence of High Blood Pressure

Healthy People 2020 = 26.9% or Lower



Prevalence of High Blood Cholesterol

Healthy People 2020 = 13.5% or Lower

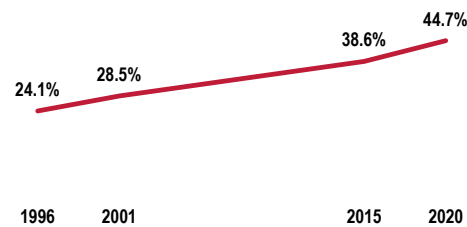


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 35-36]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 OH data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives HDS-5.1, HDS-7]

Notes: • Asked of all respondents.

Prevalence of High Blood Pressure (Clinton County)

Healthy People 2020 = 26.9% or Lower



Prevalence of High Blood Cholesterol (Clinton County)

Healthy People 2020 = 13.5% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 35-36]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives HDS-5.1, HDS-7]

Notes: • Asked of all respondents.



Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

A total of 94.0% 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.

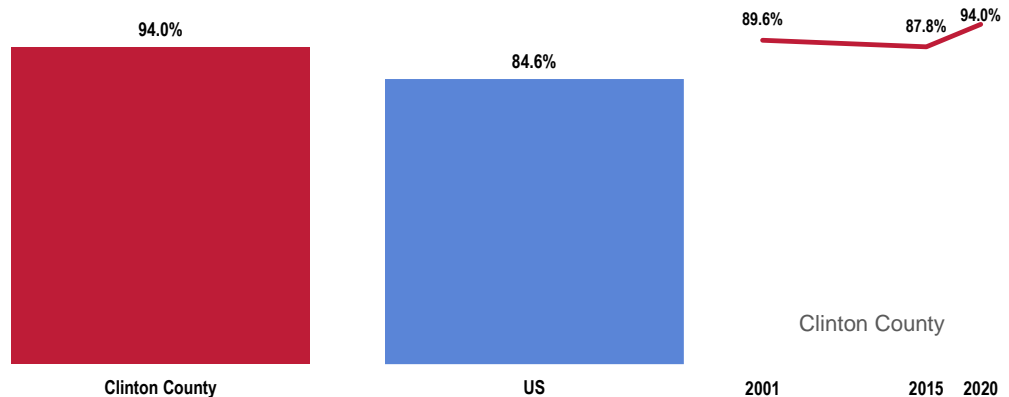
BENCHMARK ▶ Well above the US percentage.

TREND ▶ Significantly higher than the local 2001 and 2015 figures.

DISPARITY ▶ Significantly higher among males and adults age 45 and older.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.

Present One or More Cardiovascular Risks or Behaviors

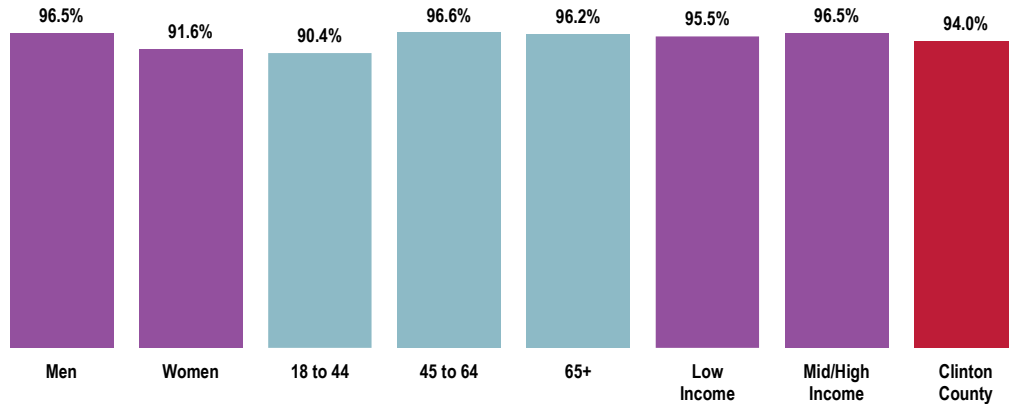


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 115]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects 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) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



Present One or More Cardiovascular Risks or Behaviors (Clinton County, 2020)

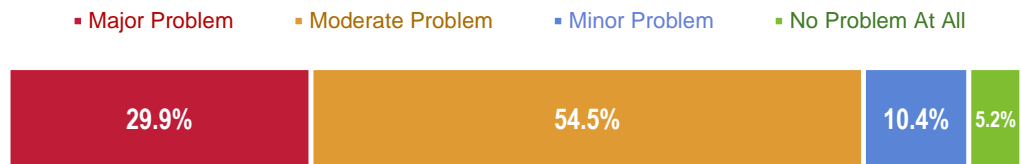


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 115]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

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, 2020)



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

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

Incidence/Prevalence

Both are major causes of death in Clinton County. The likely cause is lifestyle choices made over the lifetime. – Public Health Representative

It is the leading cause of death in the county. – Public Health Representative

More Americans are impacted by these two diseases than most others in the United States. The number of tobacco users is very high in our community, making it the leading cause of heart and vascular disease. – Physician

Previous community health assessments identify heart disease and stroke as major health problems. – Public Health Representative



The most recent Community Health Needs Assessment confirmed this as a major problem in the community. – Community/Business Leader

There has been data in the past that spoke apart the number of people in our county that are affected by these conditions. – Community/Business Leader

Nutrition

Without a doubt, heart disease and stroke stem from larger problems in the community which are poor diet and lack of exercise. Obesity also stems from these larger issues and contributes to high rates of heart disease and stroke. Risk factors for heart disease like obesity and high blood pressure stem from a lack of healthy food choices in the community and lack of education about healthy eating. Wilmington has many fast-food restaurants with few healthy options. I believe that to focus on these issues we must make healthy choices more accessible and educate the public about how to make better choices. In addition to all of this, there is also a recreation component that is important to consider. Community members need better access to recreational facilities, walkable spaces, etc. – Public Health Representative

Comorbidities

Older population, high blood pressure, obesity. – Public Health Representative

Obesity and eating choices. – Community/Business Leader

We have a large portion of the county that are obese. – Public Health Representative

Tobacco abuse, obesity, immobility. – Physician

Well, if other diseases are out of control, such as diabetes, the heart gets damaged. People can't afford specialists at \$50-\$70 a visit and all the tests. People can't afford the medications, so they aren't taking them. – Social Services Provider

Contributing Factors

Because it aligns with the general healthy eating and active living challenges that we have in this community. – Community/Business Leader

This is a worldwide issue. Poor diet, lack of exercise and genetics all play into this problem. – Physician

Poor diet and overall low income population. – Physician

Access to Care/Services

Statistics. There are no local cardiac rehab services available. There is no local community center and/or YMCA-type facility with appropriate exercise/activity programs. We have private gyms and a park service with no organized activities for adults. – Public Health Representative

Access to healthy alternatives, lack of free exercise space. – Community/Business Leader

Insufficient Physical Activity

Lack of exercise. Failure of the local community to endorse healthy lives and healthy diets. – Community/Business Leader



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 2016 and 2018, there was an annual average age-adjusted cancer mortality rate of 183.2 deaths per 100,000 population in Clinton County.

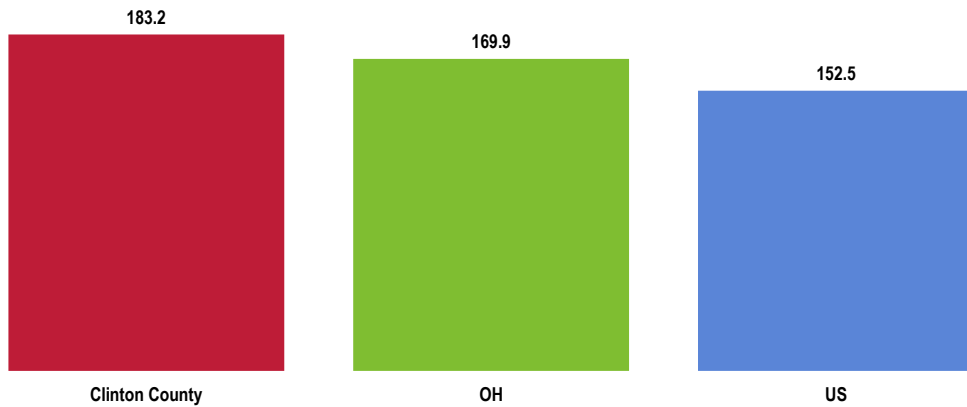
BENCHMARK ▶ Worse than the national mortality rate.

TREND ▶ Despite a recent uptick, the county rate has decreased over the past decade.



Cancer: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population)

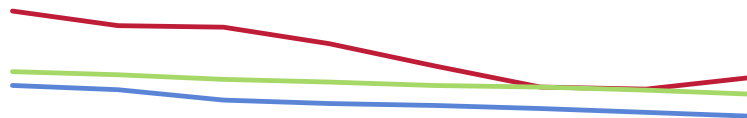
Healthy People 2020 = 161.4 or Lower



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

Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 161.4 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Clinton County	235.5	223.9	222.9	209.6	192.2	175.6	173.9	183.2
OH	187.7	185.1	181.7	179.4	176.8	175.4	173.2	169.9
US	176.8	173.3	165.1	162.5	161.0	158.5	155.6	152.5

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



Cancer Deaths by Site

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

Other leading sites include female breast cancer and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ► Higher than both state and national rates. Fails to satisfy the Healthy People 2020 objective.

Female Breast Cancer ► Similar to benchmark findings.

Colorectal Cancer ► Higher than both state and national rates. Fails to satisfy the Healthy People 2020 objective.

Age-Adjusted Cancer Death Rates by Site
(2016-2018 Annual Average Deaths per 100,000 Population)

	Clinton County	OH	US	HP2020
ALL CANCERS	183.2	169.9	152.5	161.4
Lung Cancer	60.2	45.1	36.6	45.5
Female Breast Cancer*	21.6	21.5	19.9	20.7
Colorectal Cancer	19.6	15.2	13.7	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 July 2020.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

Note • *Female breast cancer rates represent 2014-2018 data.

Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

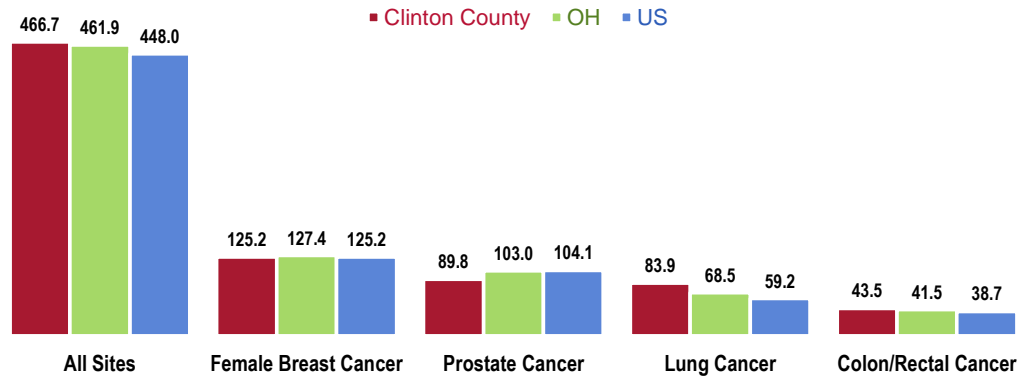
BENCHMARK

Prostate Cancer ► Below the national rate.

Lung Cancer ► Higher than both state and national rates.



Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2012-2016)



Sources: • State Cancer Profiles.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).

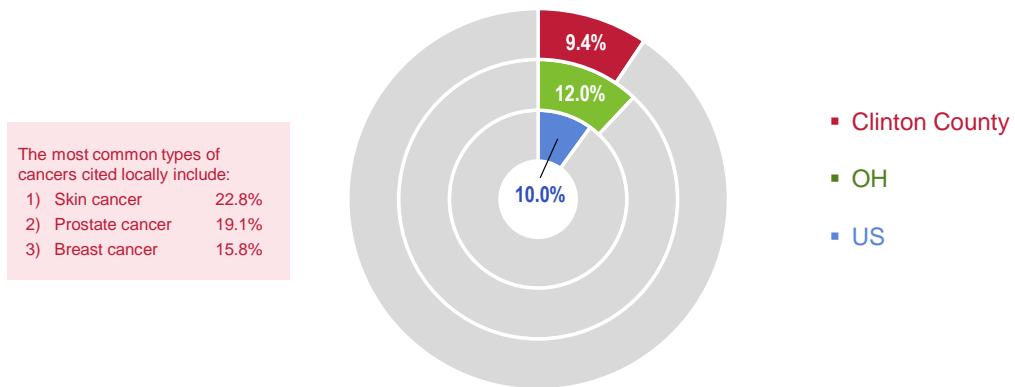
Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important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

Prevalence of Cancer

A total of 9.4% of surveyed Clinton County adults report having ever been diagnosed with cancer. The most common types include skin cancer, prostate cancer, and breast cancer.

DISPARITY ▶ The prevalence increases with age among survey respondents.

Prevalence of Cancer



The most common types of cancers cited locally include:

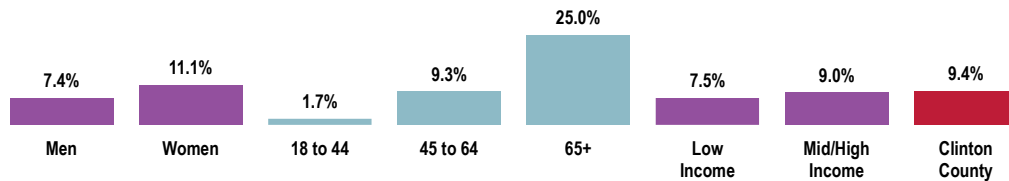
1) Skin cancer	22.8%
2) Prostate cancer	19.1%
3) Breast cancer	15.8%

Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 25-26]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 OH data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.



Prevalence of Cancer (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 25]
Notes: • Reflects all respondents.

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

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.



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/HPV testing); and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

– 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.



Among women age 50-74, 72.9% have had a mammogram within the past 2 years.

BENCHMARK ▶ Fails to satisfy the Healthy People 2020 objective.

Among Clinton County women age 21 to 65, 83.0% have had appropriate cervical cancer screening.

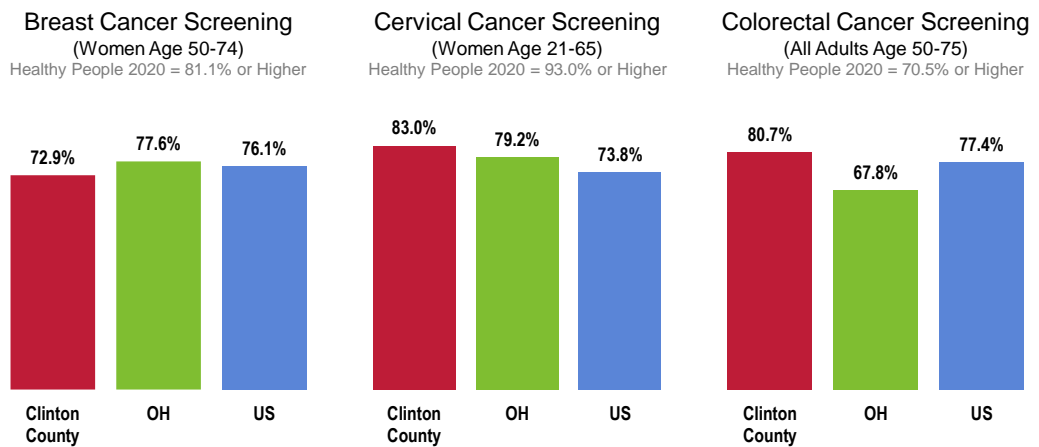
BENCHMARK ▶ Well above the US figure but fails to satisfy the Healthy People 2020 target.

Among all adults age 50-75, 80.7% have had appropriate colorectal cancer screening.

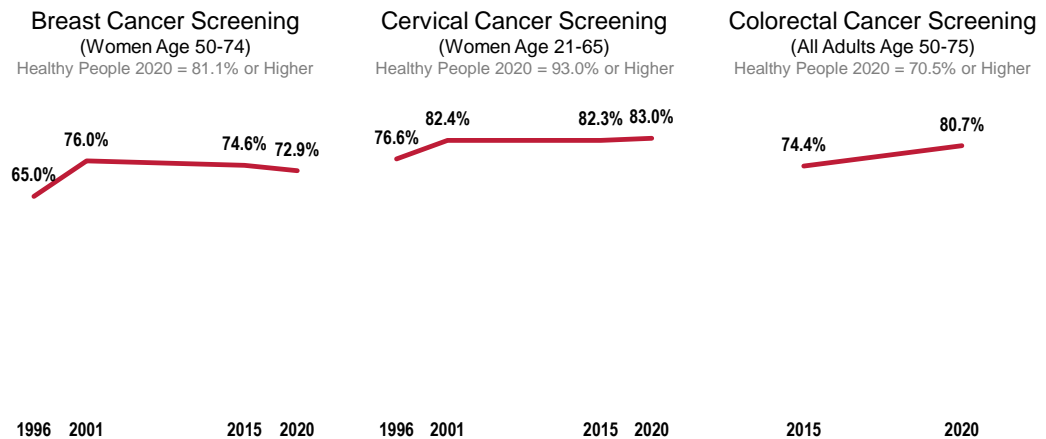
BENCHMARK ▶ Well above the Ohio prevalence. Satisfies the Healthy People 2020 goal.

“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.

“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 116-118]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 OH data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives C-15, C-16, C-17]
 Notes: • Each indicator is shown among the gender and/or age group specified.

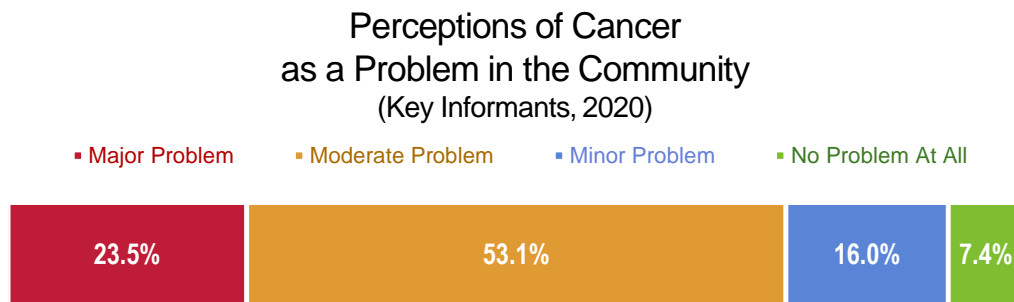


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 116-118]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives C-15, C-16, C-17]
 Notes: • Each indicator is shown among the gender and/or age group specified.



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, PRC, Inc.
Notes: ● Asked of all respondents.

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

Incidence/Prevalence

- Large number of deaths to Clinton County residents is due to cancer. – Public Health Representative
- It is a major problem everywhere. Not a day goes by that I don’t hear of a case. – Community/Business Leader
- Personal knowledge and having been told rates are high in Clinton County. – Public Health Representative
- I believe we are in a high risk zone for cancer. We have a higher cancer rate than many other areas of the country. – Social Services Provider
- Statistics growing at an alarming rate. – Social Services Provider
- I wish I knew. Having been on the board of CMH, I have earlier information as to the high use of the cancer center. – Community/Business Leader
- Many older adults are being diagnosed with cancer. – Public Health Representative
- Clinton County has had higher than “average” cancer rates since my arrival here in 1975. My association with the Boyd Center validates that we still have cancer rates that are concerning. Obviously, difficulty in accessing care contributes to this issue. Also, lack of services for uninsured and underinsured individuals delays entry to care and many preventive/early interventions. – Public Health Representative
- There are so many people afflicted with cancer and it affects the entire family. – Social Services Provider
- Because I am a radiation oncologist and see patients with advanced cancer. – Physician
- We have a cancer center here in Wilmington. – Social Services Provider

Environmental Contributors

- It is a significant diagnosis that warranted a cancer center to be created. Environmental factors in our community place our population at higher risk, such as deicer runoff over the years soaking into the ground and water systems, and the use of pesticides in agriculture. – Community/Business Leader
- Most likely from all of the chemicals over the years. – Community/Business Leader
- Our county ranks close to the top of the list for cancer-related illnesses. It is no surprise with all the chemicals that have leached into the water and soil from farming, as well as those which are airborne from spraying. – Community/Business Leader



Access to Care/Services

I have had colleagues who have had to travel outside this area for radiation and chemo treatment. – Community/
Business Leader

Lack of preventative care. – Community/Business Leader

Contributing Factors

Smoking, excessive exposure to sun, lack of regular checkups, failure to lead healthy lives. – Community/
Business Leader



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 health care system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2016 and 2018, Clinton County reported an annual average age-adjusted CLRD mortality rate of 56.9 deaths per 100,000 population.

BENCHMARK ► Worse than the state and national mortality rates.

TREND ► Though fluctuating, the county rate has decreased over the past decade.

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

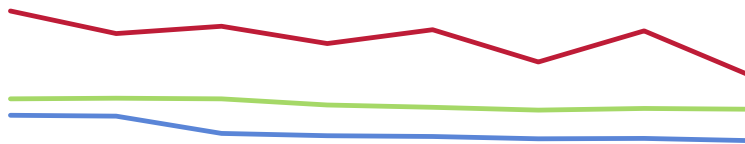


CLRD: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2020.
Notes: • CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Clinton County	73.1	67.4	69.2	64.9	68.4	60.2	68.1	56.9
OH	50.9	51.1	50.9	49.4	48.8	48.1	48.5	48.3
US	46.8	46.6	42.2	41.6	41.4	40.9	41.0	40.4

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2020.
Notes: • CLRD is chronic lower respiratory disease.

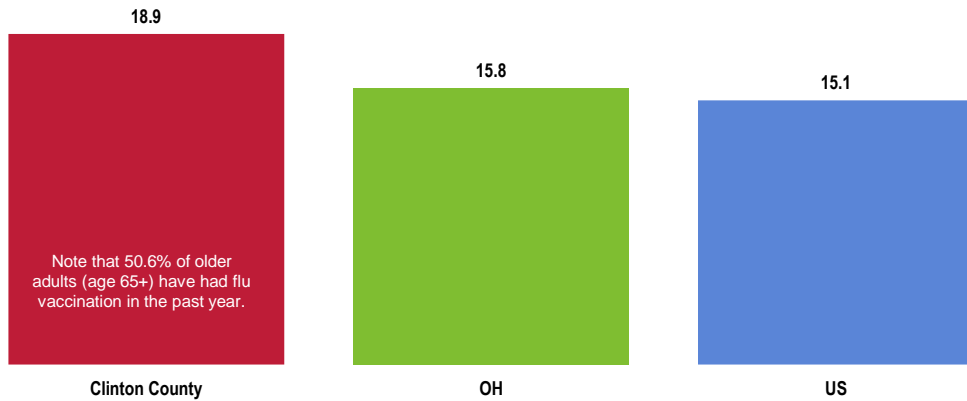


Pneumonia/Influenza Deaths

Between 2009 and 2018, Clinton County reported an annual average age-adjusted pneumonia influenza mortality rate of 18.9 deaths per 100,000 population.

BENCHMARK ► Worse than Ohio and US death rates.

Pneumonia/Influenza: Age-Adjusted Mortality (2009-2018 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 July 2020.
• 2020 PRC Community Health Survey, PRC, Inc. [Item 124]

Prevalence of Respiratory Disease

Asthma

Adults

A total of 9.5% of Clinton County adults currently suffer from asthma.

TREND ► Increasing significantly from 1996 and 2001 survey findings.

DISPARITY ► The asthma prevalence is especially high among low-income residents.

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



Prevalence of Asthma

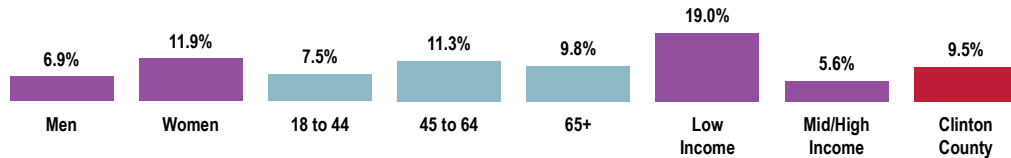
Clinton County



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 119]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 OH data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Prevalence of Asthma (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 119]
 Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.

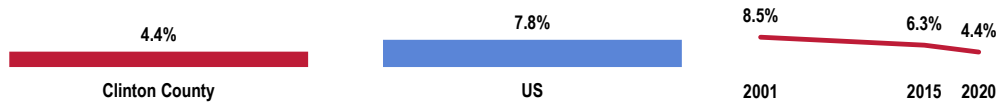


Children

Among Clinton County children under age 18, 4.4% currently have asthma.

Prevalence of Asthma in Children (Parents of Children Age 0-17)

Clinton County



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 120]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents with children 0 to 17 in the household.
 - Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 9.1% of Clinton County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

TREND ▶ Marks a statistically significant increase from 1996 survey findings.

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Clinton County

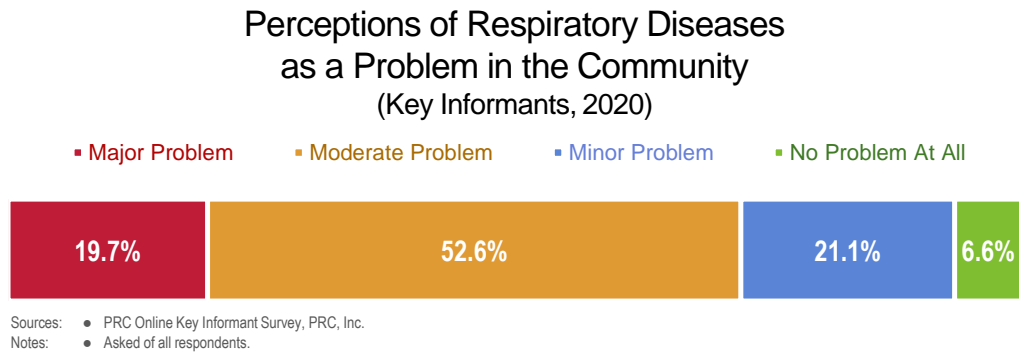


- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 23]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 OH data.
 - 2020 PRC National Health Survey, PRC, 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.



Key Informant Input: Respiratory Disease

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



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

Tobacco Use

- Smoking. – Public Health Representative
- Smoking, substance abuse, obesity, and no follow-up with a pulmonologist. – Physician
- Smokers are a large part of our demographic. – Community/Business Leader
- High numbers of smokers. – Community/Business Leader

Incidence/Prevalence

- High prevalence of asthma and breathing problems. Identification of respiratory issues and lack of specialists. – Social Services Provider
- Lung cancer is the most common cause of cancer death in the county. Although smoking is not allowed in restaurants, bars, and other public places, it remains prevalent in the county. – Public Health Representative
- Most recent Community Health Needs Assessment confirmed this as a major problem. – Community/Business Leader

Environmental Contributors

- Per a previous health assessment, Clinton County has a large population of smokers. In addition, we are a farming community and have airports, rail systems, and factories, all whose environmental exposure over time creates risks for respiratory issues. – Community/Business Leader
- Farming, manufacturing, smoking. – Community/Business Leader

Lack of Providers

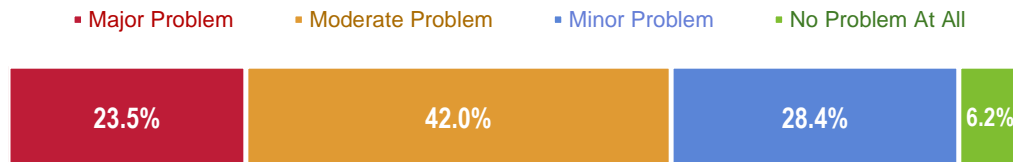
- No pulmonologist at Clinton. – Physician



Key Informant Input: Coronavirus Disease/COVID-19

The greatest share of key informants taking part in an online survey characterized *Coronavirus Disease/COVID-19* as a “moderate problem” in the community.

Perceptions of Coronavirus Disease/COVID-19 as a Problem in the Community (Key Informants, 2020)



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

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

Incidence/Prevalence

- Clinton County is not alone. No one has the answer for how to provide care during this pandemic. – Physician
- The numbers keep rising, and the number of people who have died keeps rising. – Social Services Provider
- I think this is a major problem in every community. Clinton County has only recently demonstrated increasing cases with subsequent deaths, apparently leading residents to believe that we do not have a problem. This is a dangerous assumption. – Public Health Representative
- At this time it is the most prevalent issue facing our community as a new and emerging pathogen affecting everyone. – Public Health Representative
- Currently, it is affecting every resident in our community. It is touching all aspects of our life, including, but not limited to, our social, emotional, physical and financial health. – Public Health Representative
- Our community, state and nation have so politicized public health that it is impossible to use common sense based on science without someone fearing for their job or safety. It is a terribly infectious disease and we are doing a horrible job at containing COVID-19. Clarity, common sense and courage are required. – Community/Business Leader
- The pandemic that is affecting our entire country. Clinton County is specifically seeing an increase in cases and spread of the virus. People are not taking this virus seriously and it affects our counties’ ability to beat the virus. – Community/Business Leader
- It is a major problem worldwide. Two deaths in Clinton County in two weeks. – Community/Business Leader

Lack of Masks/Social Distancing

- Since people do not wear masks and social distance, we have a problem. Our community feels like it won’t happen here. – Community/Business Leader
- Failure of the local population to follow preventative guidelines. – Community/Business Leader
- Covid-19 is a major problem in the community because cases continue to rise and social distancing and mask wearing is not being followed in public spaces. For example, the County Fair, bars and restaurants. – Community/Business Leader
- I believe the numbers are growing because of the mask/versus no-mask division in the county population. Too, the culture here that believes something such as a county fair is an acceptable event can only be mitigated by a county health department with the support and decision-making strength to make some broad and difficult decisions for the health and safety of the county’s citizens. – Community/Business Leader
- Not enough people wearing masks to limit the spread. – Social Services Provider
- Primarily because most people do not seem to believe that it is a problem. Mask wearing is almost non-existent. Even during the shutdown phase, there was little evidence that it was being taken seriously by a large portion of the people. – Physician



Community spread is occurring and many people refuse to wear masks. The county fair just finished and mask wearing was not enforced. Although we have more than 100 cases and 4 deaths, the number will most likely increase significantly in the next couple of weeks. – Public Health Representative

Lack of Leadership

This is a situation like none have encountered before and we need consistent leadership to help the community through this crisis and promote best practices for limiting the spread of the infection. – Community/Business Leader

Poor county leadership to mitigate the effects of the pandemic. – Public Health Representative

Awareness/Education

The community does not understand how serious Covid is to everyone. – Public Health Representative

Physical and Mental Health Repercussion

Health and mental health issues created or exacerbated by economic shutdown and mandatory shut-ins. – Community/Business Leader



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.

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).

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)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2016 and 2018, there was an annual average age-adjusted unintentional injury mortality rate of 92.1 deaths per 100,000 population in Clinton County.

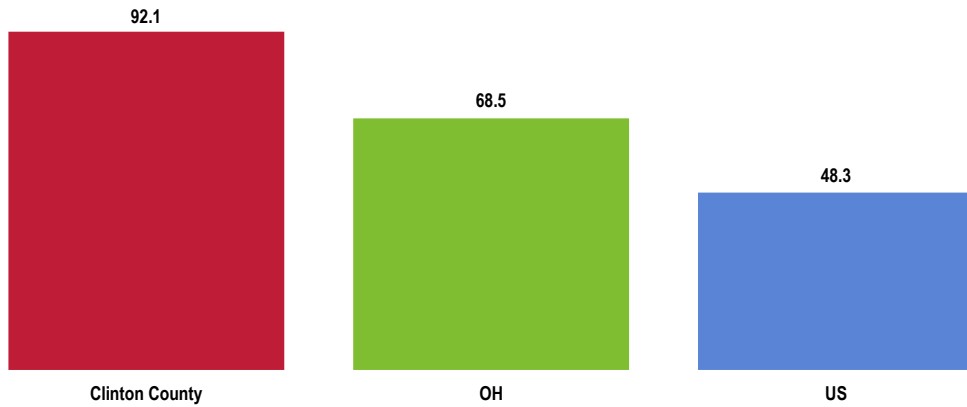
BENCHMARK ▶ Well above the state and especially the US rate. Far from satisfying the Healthy People 2020 objective.

TREND ▶ Increasing over time, in keeping with the Ohio trend.



Unintentional Injuries: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population)

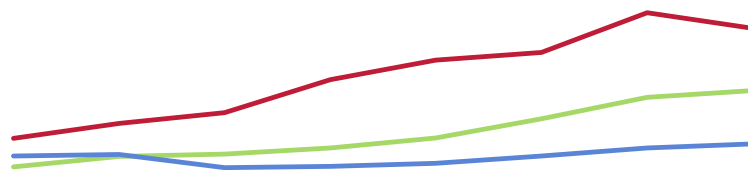
Healthy People 2020 = 36.4 or Lower



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

Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 36.4 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Clinton County	50.4	56.0	60.2	72.7	80.1	83.0	98.0	92.1
OH	39.6	43.5	44.4	46.8	50.6	57.8	65.9	68.5
US	43.7	44.3	39.3	39.8	41.0	43.7	46.7	48.3

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

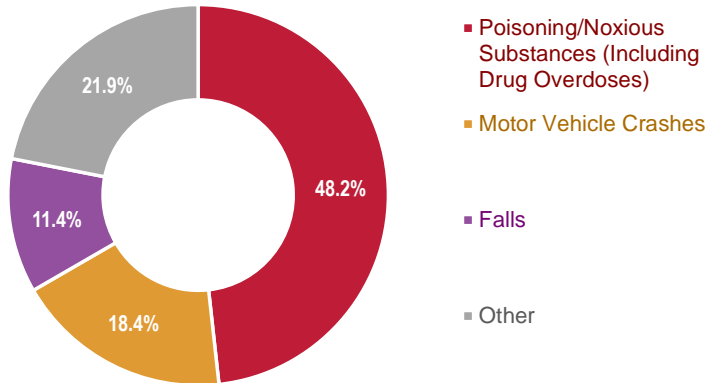


Leading Causes of Unintentional Injury Deaths

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Poisoning (including unintentional drug overdose) accounted for almost half of all unintentional injury deaths in Clinton County between 2016 and 2018, followed distantly by motor vehicle crashes and falls.

Leading Causes of Unintentional Injury Deaths
(Clinton County, 2016-2018)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2020.

Motor Vehicle Safety

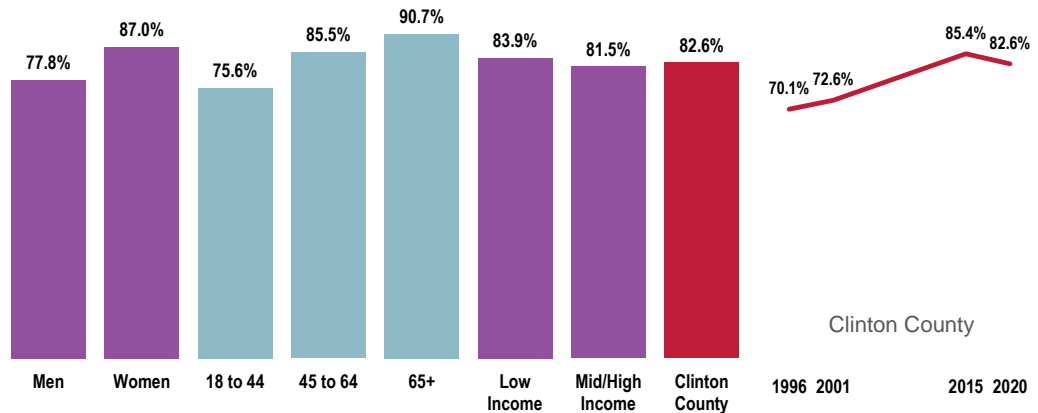
Seat Belt Usage

Most Clinton County adults (82.6%) report “always” wearing a seat belt in the car.

TREND ▶ Increasing significantly from 1996 and 2001 survey findings.

DISPARITY ▶ Reported less often among men and young adults.

“Always” Use a Seat Belt When Riding In or Driving a Vehicle
(Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents.



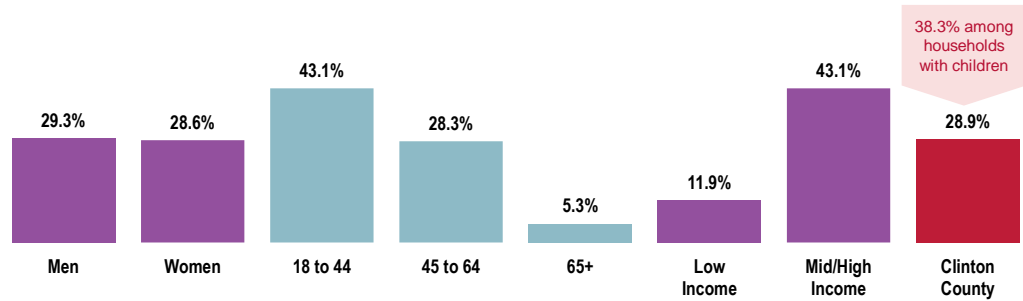
Distracted Driving

A total of 28.9% of survey respondents admit to distracted driving in the past month.

DISPARITY ► The prevalence correlates with age and is especially high among upper-income residents.

“In the past 30 days, how many times would you say that you either sent or read text messages or email while driving and the vehicle was moving?”

Have Sent or Read Texts or Emails While Driving in the Past Month (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: • Asked of all respondents.

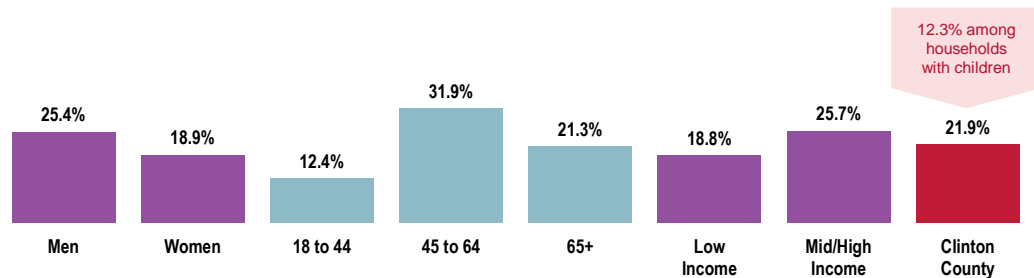
Firearm Safety

A total of 21.9% report that they have guns or other firearms in or around their house or vehicles that are currently unlocked (no key or combination is needed to fire the gun).

DISPARITY ► The prevalence is particularly high among adults age 45 to 64.

Firearms not properly stored can contribute to unintentional injury in the community.

Have an Unlocked Firearm Kept in or Around the Home (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: • Asked of all respondents.



Intentional Injury (Violence)

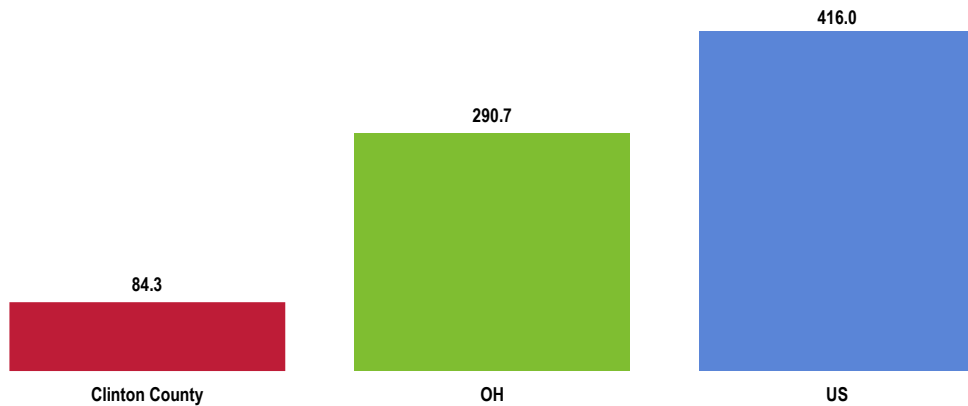
Violent Crime

Violent Crime Rates

Between 2015 and 2017, the county reported 84.3 violent crimes per 100,000 population.

BENCHMARK ► Well below the Ohio and US rates.

Violent Crime
(Rate per 100,000 Population, 2015-2017)



- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.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.

Community Violence

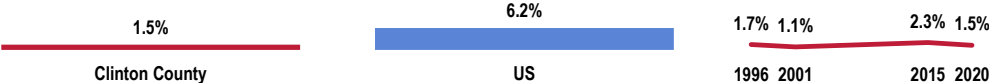
A total of 1.5% of surveyed Clinton County adults acknowledge being the victim of a violent crime in the area in the past five years.

BENCHMARK ► Well below the US prevalence.



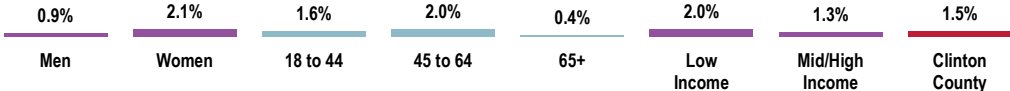
Victim of a Violent Crime in the Past Five Years

Clinton County



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 38]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Victim of a Violent Crime in the Past Five Years (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 38]
 Notes: • Asked of all respondents.

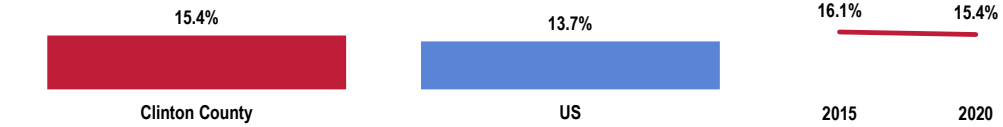


Family Violence

A total of 15.4% of Clinton County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

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

Clinton County

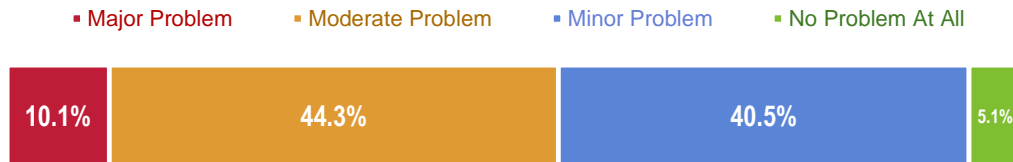


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 39]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “moderate problem” in the community, followed closely by “minor problem” ratings.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2020)



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



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

Contributing Factors

High stress situation exacerbated by poverty, lack of housing and lack of jobs. – Social Services Provider

I believe injury and violence are a problem in my community due to the high rate of drug abuse. Drug abuse leads to domestic violence and assaults, which lead to injury. – Social Services Provider

Because of the high drug usage and homelessness. Also due to Covid, because everyone is staying indoors. – Social Services Provider

Access to Care/Services

Limited resources for those who have experienced domestic violence. – Social Services Provider

Affordable access to health care services is limited for many members of our community. – Community/Business Leader

Work-Related

There are a lot of farms that have injuries, a lot of manufacturing and a lot of backroads that increase speed.

There are also a lot of kids with nothing to do, so they get bored and they do dumb things that are dangerous. – 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 health care 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

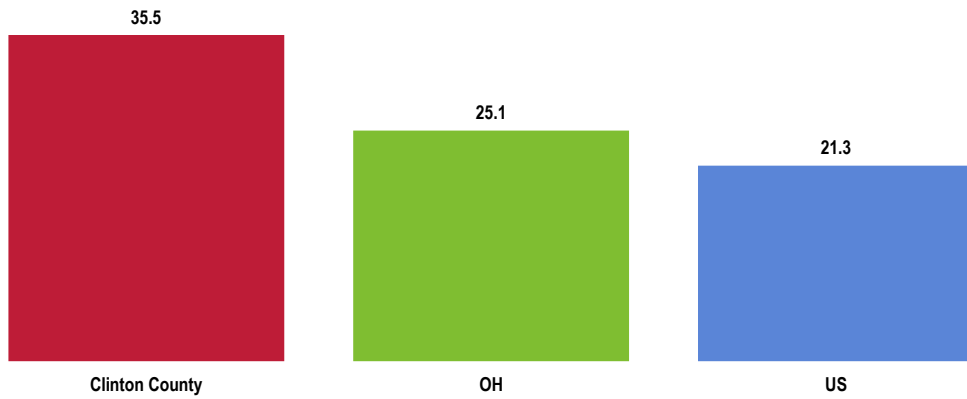
Between 2016 and 2018, there was an annual average age-adjusted diabetes mortality rate of 35.5 deaths per 100,000 population in Clinton County.

BENCHMARK ► Well above the state and US mortality rate. Fails to satisfy the Healthy People 2020 objective.

TREND ► Diabetes mortality has increased over time in Clinton County, counter to stable or slowly decreasing trends statewide and nationally.

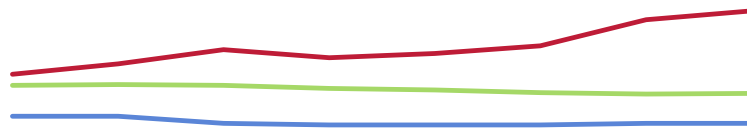


Diabetes: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 20.5 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2020.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
 Notes: • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 20.5 or Lower (Adjusted)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Clinton County	27.5	28.8	30.6	29.6	30.1	31.1	34.4	35.5
OH	26.1	26.2	26.1	25.7	25.5	25.2	25.0	25.1
US	22.2	22.2	21.3	21.1	21.1	21.1	21.3	21.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2020.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
 Notes: • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.



Prevalence of Diabetes

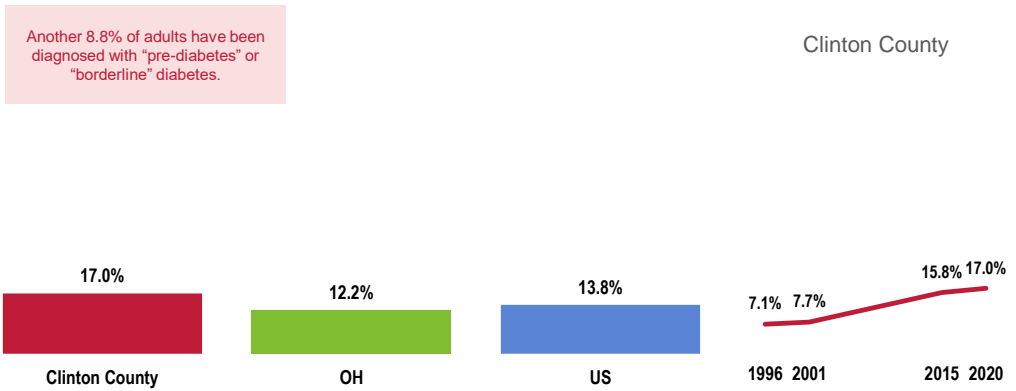
A total of 17.0% of Clinton County adults report having been diagnosed with diabetes.

BENCHMARK ▶ Worse than the statewide prevalence.

TREND ▶ Increase significantly from earliest survey findings.

DISPARITY ▶ Reported more often among adults age 45+ and residents living in low-income households.

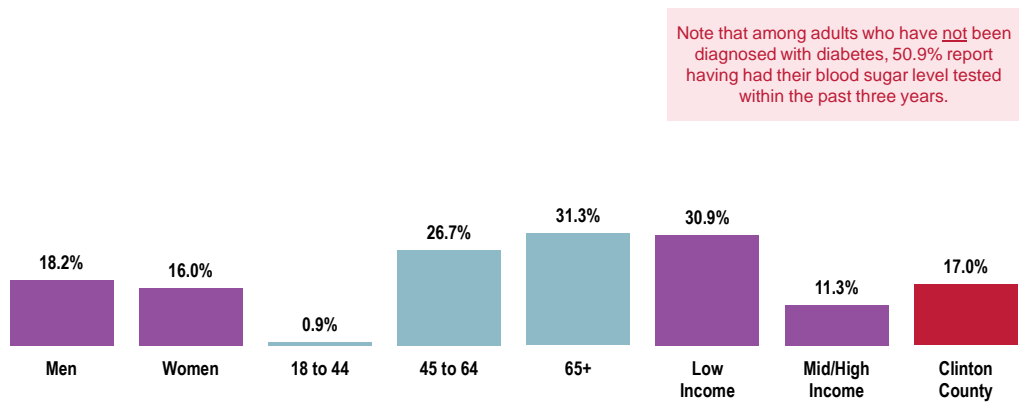
Prevalence of Diabetes



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 121-122]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 OH data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Prevalence of Diabetes (Clinton County, 2020)

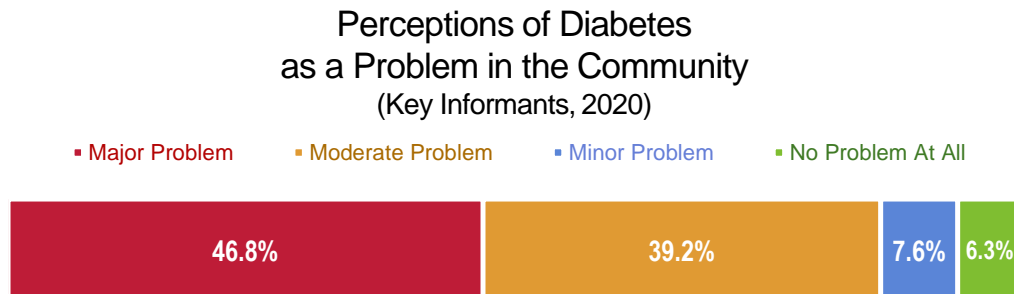


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 33, 121]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).



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.



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

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

Awareness/Education

- In my role, I see many families who do not have the knowledge or access to healthy habits, including nutrition. Physical exercise also is not a priority for our community compared to others I visit. Of course, we no longer have an indoor facility that is accessible to everyone. The inequity to this resource is a major issue and a contributing cause. – Community/Business Leader
- Understanding what to do to prevent it. Appalachian area where high fat and sugar are a major content of food. Lack of education. – Community/Business Leader
- Nutritional education. – Physician
- Educational resources regarding diet and weight management, affordability of medications. – Physician
- Education about diet, creating and coaching through a plan. – Social Services Provider
- There is no certified diabetic education in the county currently. – Public Health Representative
- Lack of understanding. – Physician
- Diabetes is a terrible disease. People need support with all aspects of their life, from diet to mental health. I know there are diabetic classes available, but I don't think all have the knowledge or access. – Physician
- Education. – Community/Business Leader
- Getting advice from people who know what they are talking about. Support for the disease can be a challenge; it is a lifestyle change. Obtaining medicine for diabetes is a challenge, due to cost and insurance. – Public Health Representative

Contributing Factors

- Diabetes medication costs have increased significantly; lack of knowledge about caring for self with diabetes. People continue to be remain inactive and overweight. County Health Department had a fantastic diabetes education program that was gaining momentum but had a setback due to staff turnover and Covid. No local endocrinologists. – Public Health Representative
- Maintaining proper diet and testing. Getting started on an exercise program. – Public Health Representative
- Food deserts, high prevalence of unhealthy food options, and high dependency on low-quality school food options. Lack of pedestrian and general wellness infrastructure to encourage active lifestyles. – Community/Business Leader
- Obesity and poor diet and exercise. – Community/Business Leader
- In general, a lower socioeconomic demographic with a lack of access to affordable healthy food choices. Lack of education regarding diet and exercise; lack of accessibility to healthy restaurants (including fast food such as Chipotle); avoiding huge portion sizes served at local independent restaurants; healthier school lunch programs; loss of recesses at schools. – Community/Business Leader



Weight loss, activity levels, maintaining a healthy lower-carb diet, affordable ongoing insulin. – Community/Business Leader

Lack of an endocrinologist in the immediate area and patient awareness of the significance of long-term consequences of poor glycemic control. – Physician

Prevalence, not catching or treating early, lack of provider education. – Public Health Representative

Access to Care/Services

Health and wellness, recreation opportunities. We do not have a wellness center or YMCA in our community. – Community/Business Leader

Lack of endocrinology services, limited education for patients and their families, a culture of poor eating and exercising habits in the community. – Public Health Representative

With recent Coronavirus mandates, access to outpatient services and necessary medications. – Community/Business Leader

Access to care. – Community/Business Leader

Lack of a local specialist. – Public Health Representative

Affordable Care/Services

Affordable options to manage their diabetes. Being able to get support financially to pay for food, medicine and medical supplies to manage their condition effectively. – Community/Business Leader

Lack of affordable supplies, lack of specialists. – Social Services Provider

Cost for supplies. – Social Services Provider

People don't go to the doctor because they can't afford to. They don't take meds because they can't afford to. They don't check their sugar because they can't afford the strips. There needs to be a place that helps people with no insurance and people who can't afford co-pays. – Social Services Provider

Nutrition

Poor dietary habits, obesity. Do not see this as a major health risk and do not take the disease seriously. – Physician

Nutrition. – Public Health Representative

We are all eating high-carbohydrate and highly processed foods because it is cheaper and more convenient. This leads to obesity and diabetes. – Social Services Provider

Disease Management

Change in culture, establishing good eating habits at a young age. Resources for education and medical support for older adults. – Public Health Representative

Adhering to recommended treatment regimens. – Public Health Representative



KIDNEY DISEASE

ABOUT 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.

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)

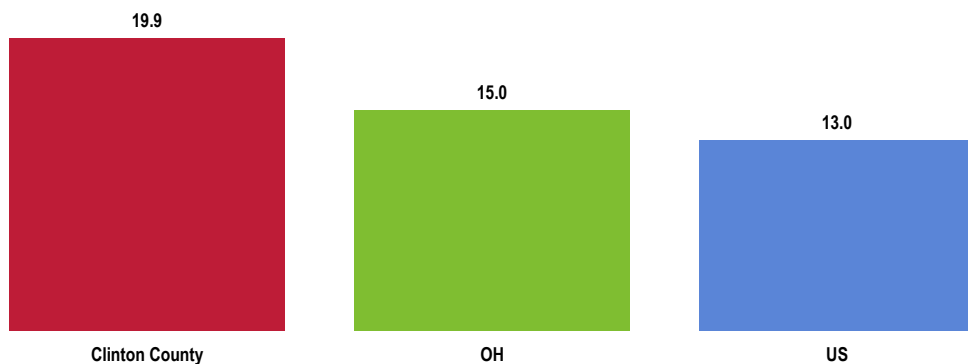
Age-Adjusted Kidney Disease Deaths

Between 2016 and 2018, there was an annual average age-adjusted kidney disease mortality rate of 19.9 deaths per 100,000 population in Clinton County.

BENCHMARK ▶ Higher than the state and national death rates.

TREND ▶ Increasing from baseline mortality reporting.

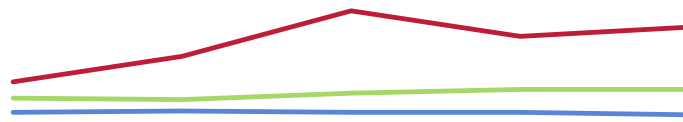
Kidney Disease: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2020.



Kidney Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



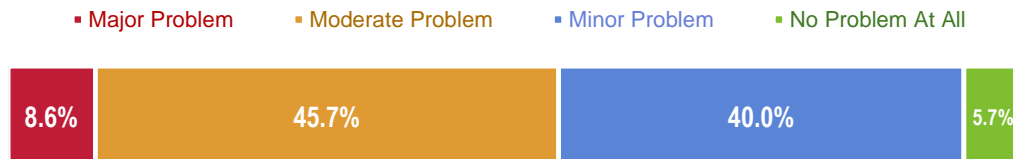
	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Clinton County	15.6	17.6	21.2	19.2	19.9
OH	14.3	14.2	14.7	15.0	15.0
US	13.2	13.3	13.2	13.2	13.0

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2020.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a “moderate problem” in the community.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2020)



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

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

Incidence/Prevalence

- As a nurse, I see many patients with renal failure. – Physician
- My thinking here is that in a county of 40,000 having two dialysis centers speaks for itself. – Community/Business Leader
- Dialysis Centers are prominent across America. – Community/Business Leader

Comorbidities

- High rate of diabetes. – Community/Business Leader



POTENTIALLY DISABLING CONDITIONS

Multiple Chronic Conditions

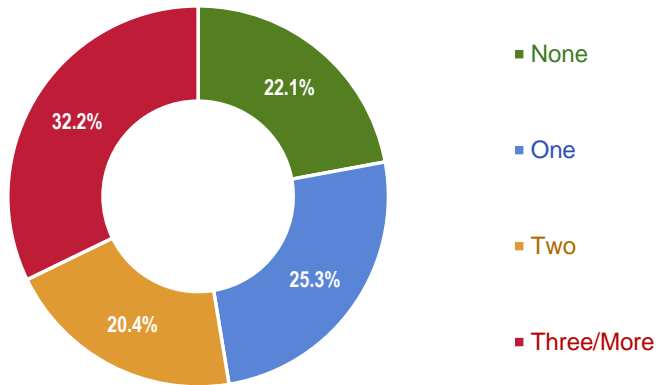
For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.

Among Clinton County survey respondents, most report currently having at least one chronic health condition.

Number of Current Chronic Conditions
(Clinton County, 2020)

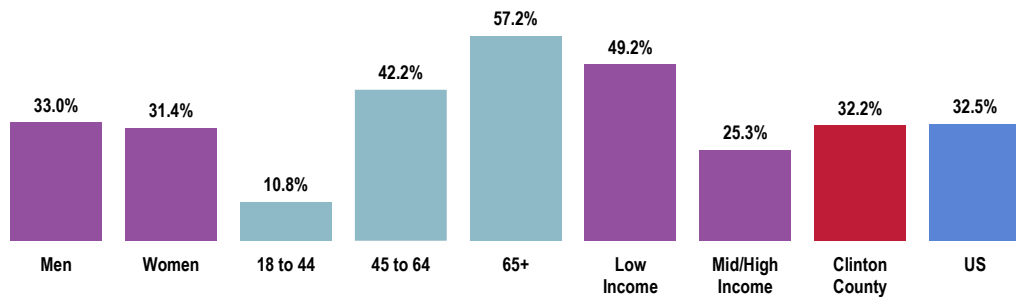


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 123]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, chronic pain, and/or obesity.

In fact, 32.2% of Clinton County adults report having three or more chronic conditions.

DISPARITY ► Increases sharply with age and is especially high among low-income adults.

Currently Have Three or More Chronic Conditions
(Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 123]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, chronic pain, and/or obesity.



Activity Limitations

ABOUT DISABILITY & HEALTH

An individual can get a disabling impairment or chronic condition at any point in life.

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.

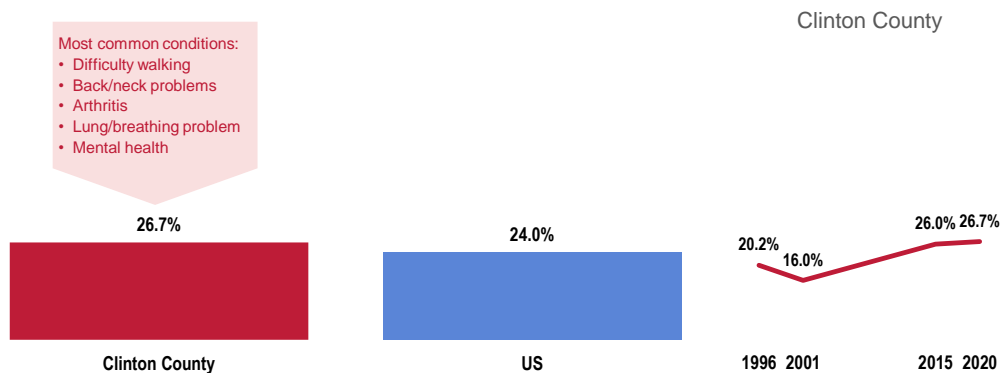
– Healthy People 2020 (www.healthypeople.gov)

A total of 26.7% of Clinton County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

TREND ► Increasing significantly from 1996 and 2001 survey results.

DISPARITY ► Reported more often among adults age 45 and older and especially those in low-income households.

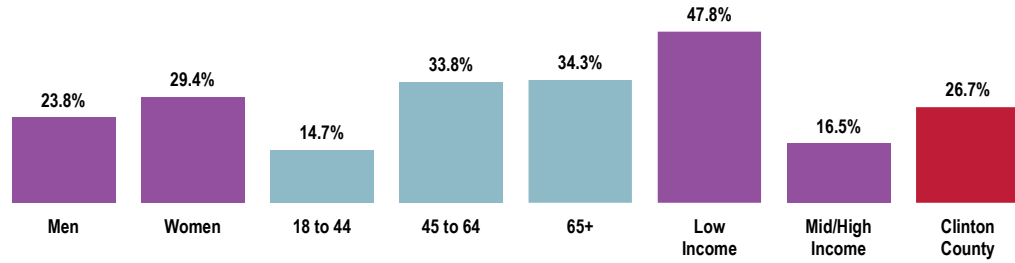
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 96-97]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 96]
Notes: • Asked of all respondents.



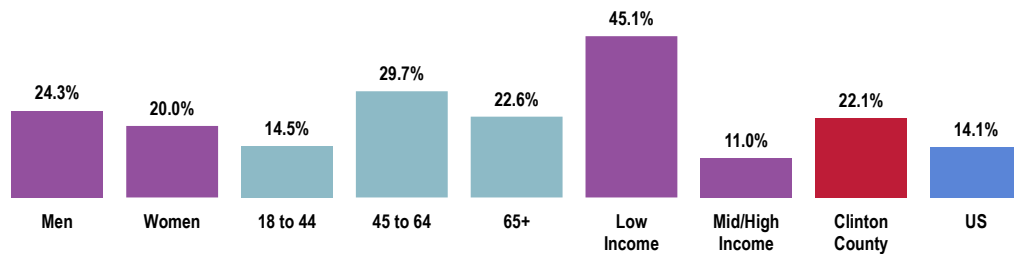
Chronic Pain

A total of 22.1% of Clinton County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

BENCHMARK ▶ Worse than the US prevalence.

DISPARITY ▶ Especially high among low-income adults and those age 45 to 64.

Experience High-Impact Chronic Pain
(Clinton County, 2020)

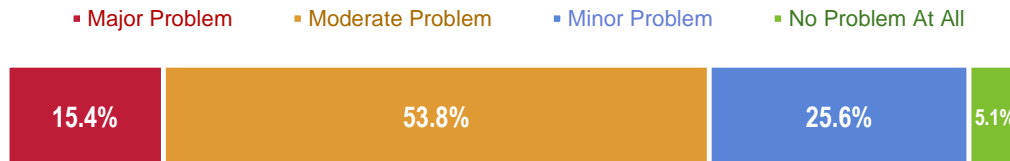


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 37]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

Key Informant Input: Disability & Chronic Pain

Key informants taking part in an online survey most often characterized *Disability & Chronic Pain* as a “moderate problem” in the community.

Perceptions of Disability & Chronic Pain
as a Problem in the Community
(Key Informants, 2020)



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



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

Incidence/Prevalence

- Anecdotal evidence. – Public Health Representative
- Many of the patients I see are on disability. – Physician
- A large number of younger people claiming disability for SSI. – Public Health Representative

Access to Care/Services

- I know many people that have chronic pain that have to go out of Clinton County to get help. – Social Services Provider
- Lack of a pain center. – Physician

Alcohol/Drug Use

- Chronic pain and disability can lead to prescription drug abuse. Drug abuse is an issue in Clinton County. – Public Health Representative
- Chronic pain and opioid use and potential for habituation with no pain clinics in Clinton County. – Physician

Aging Population

- We have an older population that have worked very hard all of their lives providing for their families. Most are farmers and there are numerous reasons why this is an issue. – Community/Business Leader

Work-Related

- Due to the number of individuals who work in jobs that tend to lead to such issues and the challenges related to access to health care and active living infrastructure. – 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 prevalence is] 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)

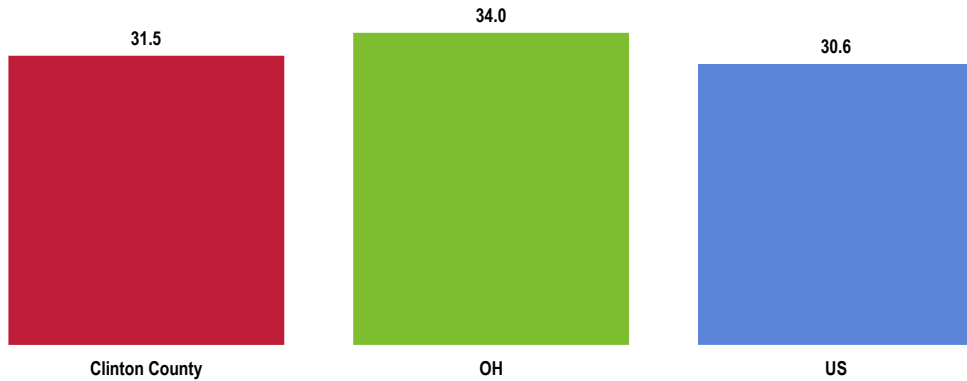
Age-Adjusted Alzheimer’s Disease Deaths

Between 2016 and 2018, Clinton County reported an annual average age-adjusted Alzheimer’s disease mortality rate of 31.5 deaths per 100,000 population.

TREND ► No clear trend is evident over the past decade.



Alzheimer's Disease: Age-Adjusted Mortality (2016-2018 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 July 2020.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Clinton County	29.1	34.7	30.8	27.6	23.6	25.6	30.2	31.5
OH	28.9	28.5	27.3	27.0	28.3	30.7	32.7	34.0
US	26.2	26.0	23.9	24.1	26.1	28.4	30.2	30.6

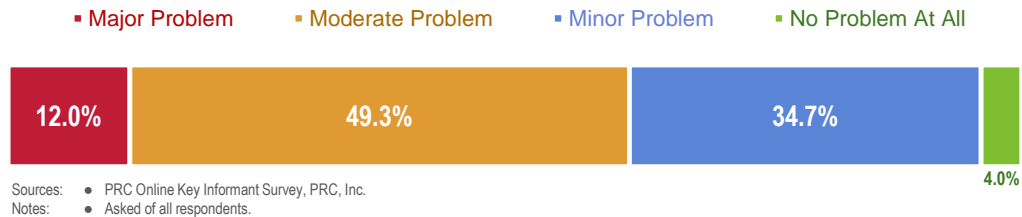
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2020.



Key Informant Input: Dementia/Alzheimer's Disease

Nearly half of key informants taking part in an online survey consider *Dementia/Alzheimer's Disease* to be a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2020)



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

Aging Population

We have a large senior population and the most recent Community Health Needs Assessment has confirmed this is an issue. – Community/Business Leader

Increasingly aging community, anecdotal feedback from providers. – Community/Business Leader

Our community is aging, and we are seeing more elderly people being diagnosed. – Public Health Representative

Access to Care/Services

Lack of specialty practices. – Community/Business Leader

Lack of in-house, long-term care options in the county. – Community/Business Leader

Incidence/Prevalence

Because I know that a lot of people suffer from it. – Social Services Provider

I know of quite a few members of the community who have or family members have dementia/Alzheimer's disease. – Social Services Provider

Impact on Caregivers/Families

Not only does dementia/Alzheimer's severely effect patients and their families, it also creates a huge need and strain upon community resources addressing senior issues. – Community/Business Leader

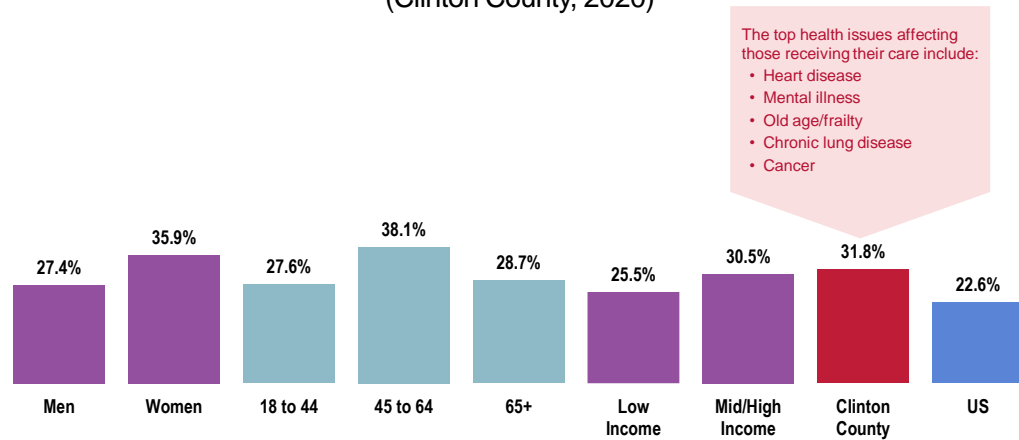


Caregiving

A total of 31.8% of Clinton County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ► Higher than the US prevalence.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 98-99]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.





BIRTHS

BIRTH OUTCOMES & RISKS

Low-Weight Births

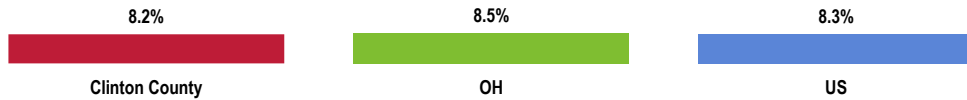
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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 2018 Clinton County births were low-weight.

TREND ► Though fluctuating over time, the 2018 percent is similar to baseline reporting.

Low-Weight Births
(Percent of Live Births, 2018)
Healthy People 2020 = 7.8% or Lower



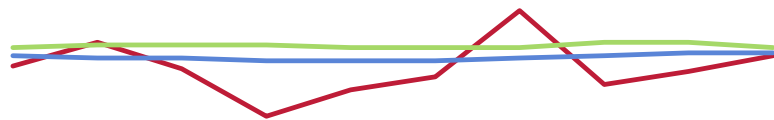
Sources:

- Ohio Department of Health, Center for Vital and Health Statistics. Data extracted August 2020.
- 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 2,500g). 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.

Low-Weight Births
(Percent of Live Births)
Healthy People 2020 = 7.8% or Lower



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Clinton County	7.8%	8.7%	7.7%	5.9%	6.9%	7.4%	9.9%	7.1%	7.6%	8.2%
OH	8.5%	8.6%	8.6%	8.6%	8.5%	8.5%	8.5%	8.7%	8.7%	8.5%
US	8.2%	8.1%	8.1%	8.0%	8.0%	8.0%	8.1%	8.2%	8.3%	8.3%

Sources:

- Ohio Department of Health, Center for Vital and Health Statistics. Data extracted August 2020.
- 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.

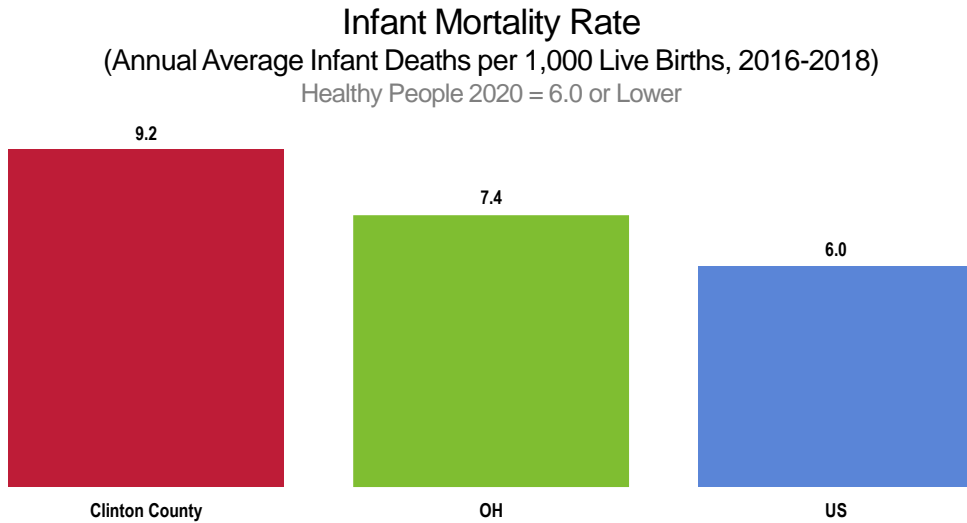


Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2016 and 2018, there was an annual average of 9.2 infant deaths per 1,000 live births.

BENCHMARK ► Worse than state and national rates. Fails to satisfy the Healthy People 2020 goal.

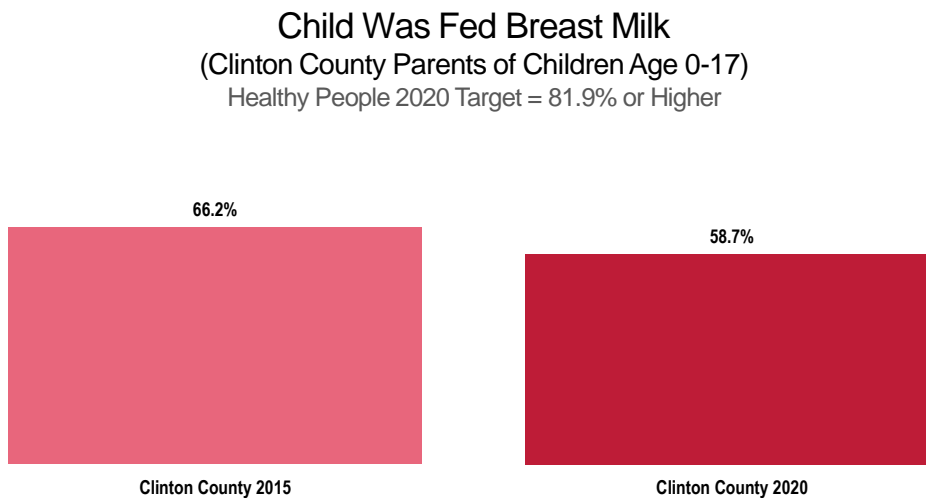


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2020.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Breastfeeding

According to Clinton County parents, 58.7% of children under 18 were ever breastfed or fed breast milk (regardless of duration).

BENCHMARK ► Fails to satisfy the Healthy People 2020 target.



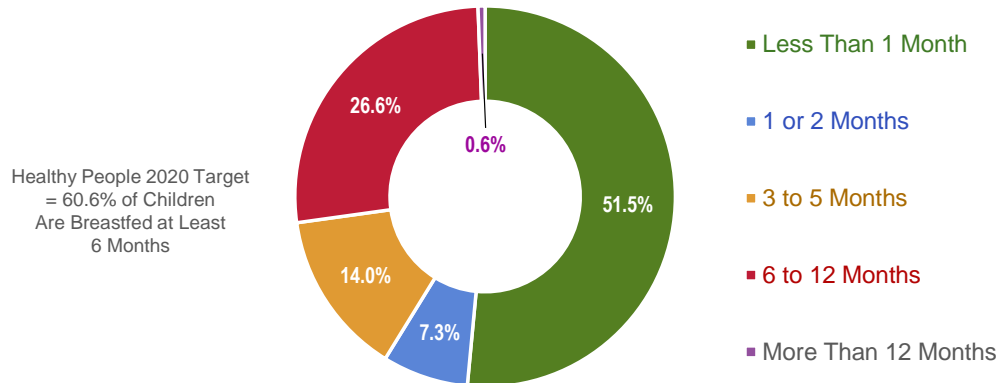
- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 327]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-21.1]
- Notes:
- Asked of all respondents with children under 18 at home.



“How many months old was this child when s/he was first fed something other than breast milk or formula?”

Just over half (51.5%) of Clinton County parents indicate that their child was never breastfed or breastfed for less than one month.

Child's Age When First Fed Something Other Than Breastmilk or Formula (Clinton County Parents of Children Age 0-17, 2020)

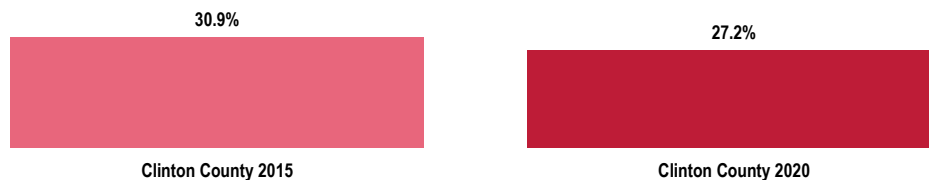


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 328]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-21.2]
 Notes: • Asked of all respondents about a child at home under the age of 18.

On the other hand, 27.2% report that their child was exclusively breastfed (or fed bottled breast milk) for six or more months.

BENCHMARK ► Fails to satisfy the Healthy People 2020 target.

Child Was Breastfed Exclusively for 6+ Months (Clinton County Parents of Children Age 0-17) Healthy People 2020 Target = 60.6% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 154]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-21.2]
 Notes: • Asked of all respondents with children under 18 at home.



FAMILY PLANNING

Births to Adolescent Mothers

ABOUT ADOLESCENT 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 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

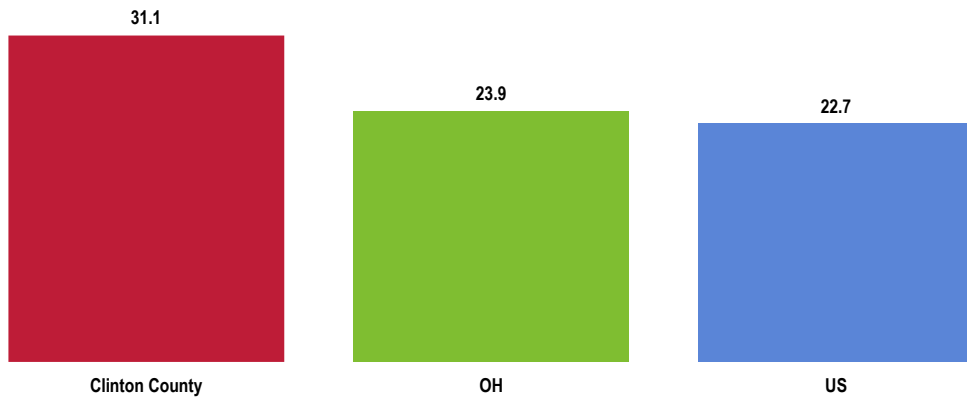
Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

– Healthy People 2020 (www.healthypeople.gov)

Between 2012 and 2018, the county reported 31.3 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Clinton County.

BENCHMARK ► Well above the Ohio and US rates.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2012-2018)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Retrieved from Community Commons at <http://www.chna.org>.

Notes:

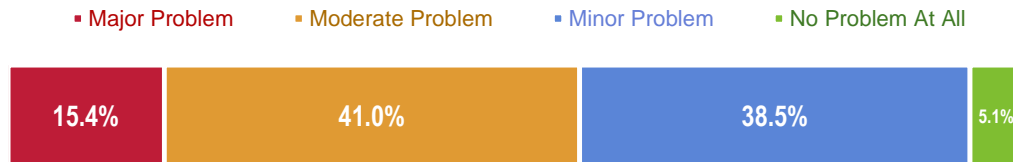
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a “moderate problem” in the community, followed closely by “minor problem” ratings.

Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2020)



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

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

Lack of Providers

- There aren't many pediatricians or OB/GYN in the area. You have to travel to the city for help. – Community/Business Leader
- Lack of OB/GYN providers in our community. – Public Health Representative
- Few physicians available locally that specifically focus on children. Limited access to OB physicians.
- Transportation availability can be difficult for young families with children that have a one vehicle household. – Public Health Representative
- There are limited resources in this community as many OB/GYN providers have left to go to larger cities to work. We do not have a Planned Parenthood in our community. – Community/Business Leader
- There is one free clinic but limited hours. Change in OB/GYN services at local hospital this past year. Many pediatricians left local practice and others retiring. – Public Health Representative

Contributing Factors

- Lack of resources and education are tied to religious organizations. – Social Services Provider
- I see many students being raised by grandparents who do not have adequate resources to do so. I also see parents who do not have the knowledge base to provide proper nutrition and care. So many children have experienced significant trauma which in turn impacts both their physical and mental health. – Community/Business Leader
- These, again, are socio-economic as well as cultural issues that have to do with our demographic. Our lower-income, underserved population lacks some very important information regarding infant health and family planning. Appears (to me) to be a lack of access to affordable birth control; lack of OB/GYN at the local hospital and services to help educate high school, and other childbearing women has created a large population of children-having-children. – Community/Business Leader

Incidence/Prevalence

- I work for a preschool and you see the evidence in the families we serve. – Social Services Provider





MODIFIABLE HEALTH RISKS

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, health care organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

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.

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 29.7% of Clinton County adults report eating five or more servings of fruits and/or vegetables per day.

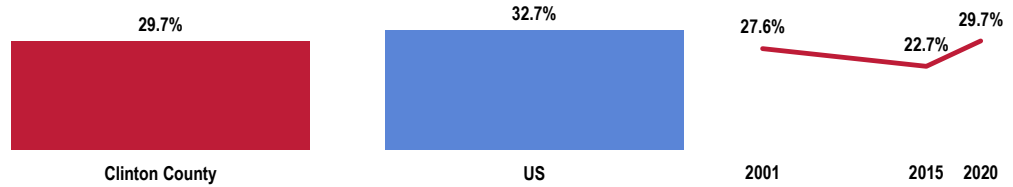
DISPARITY ► Especially low among men, seniors, and low-income residents.

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.



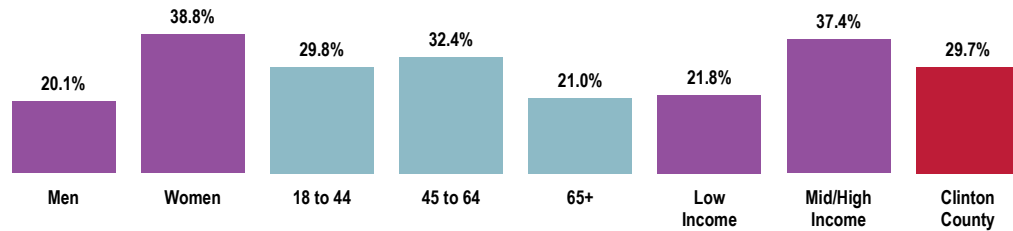
Consume Five or More Servings of Fruits/Vegetables Per Day

Clinton County



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 125]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Consume Five or More Servings of Fruits/Vegetables Per Day (Clinton County, 2020)



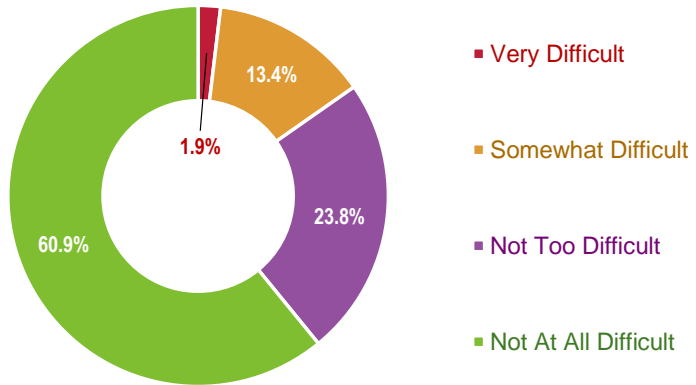
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 125]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.



Difficulty Accessing Fresh Produce

Most Clinton County adults report little or no difficulty buying fresh produce at a price they can afford.

Level of Difficulty Finding Fresh Produce at an Affordable Price (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 79]
 Notes: • Asked of all respondents.

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?"

RELATED ISSUE
 See also *Food Access* in the **Social Determinants of Health** section of this report.

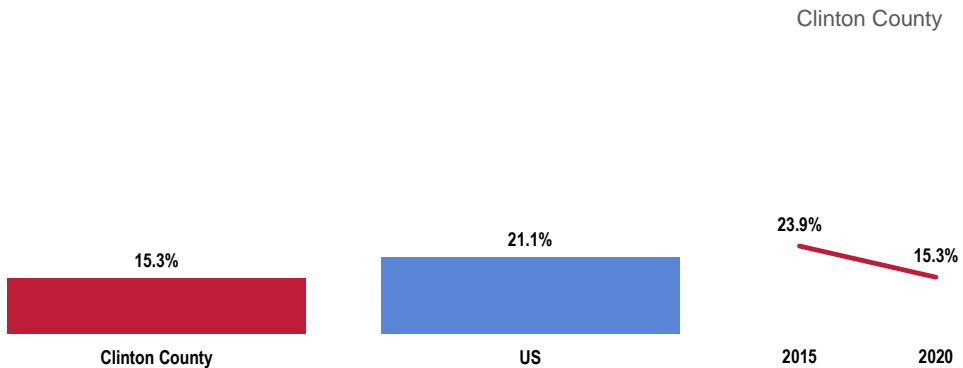
However, 15.3% of Clinton County adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ▶ Better than the US prevalence.

TREND ▶ Improving significantly from 2015 survey findings.

DISPARITY ▶ Unfavorably high among low-income residents and those age 45 to 64.

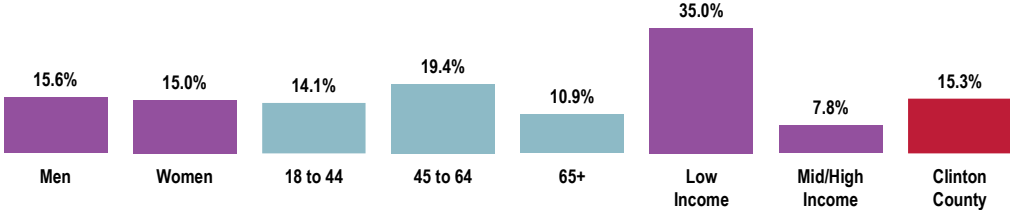
Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 79]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Clinton County, 2020)



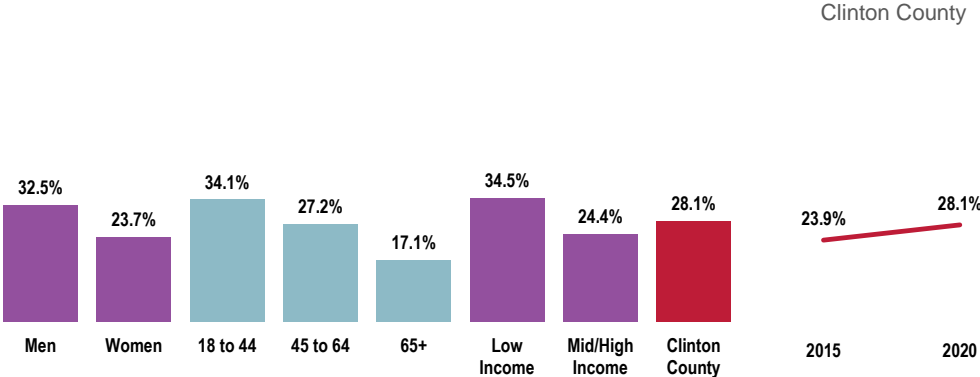
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

Sugar-Sweetened Beverages

A total of 28.1% of Clinton County adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

DISPARITY ► Decreases with age among survey respondents.

Had Seven or More Sugar-Sweetened Beverages in the Past Week (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 153]
Notes: • Asked of all respondents.



Meal Preparation

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 10.9% of survey respondents 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.

DISPARITY ► Correlates with age in Clinton County.

Had Seven or More Meals in the Past Week That Were Not Prepared at Home (Clinton County, 2020)

Clinton County



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 315]
 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, 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.

– Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

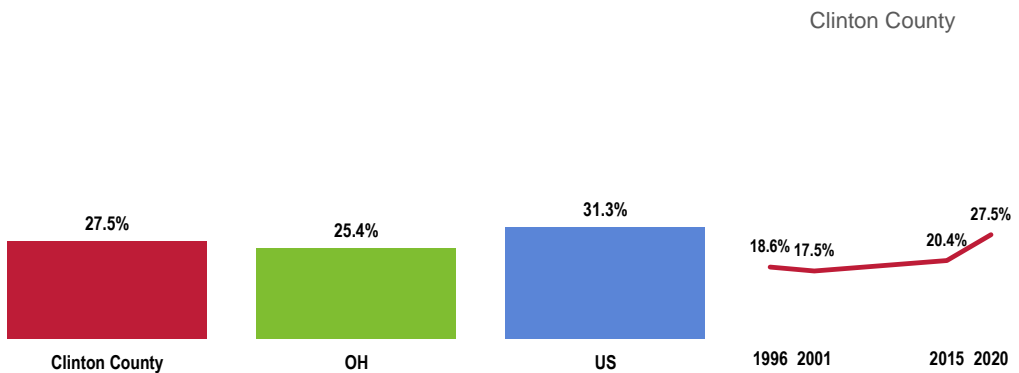
A total of 27.5% of Clinton County adults report no leisure-time physical activity in the past month.

BENCHMARK ▶ Satisfies the Healthy People 2020 objective.

TREND ▶ Marks a statistically significant increase from previous survey findings.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 = 32.6% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 82]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 OH data.
 • 2020 PRC National Health Survey, PRC, 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.

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.



Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

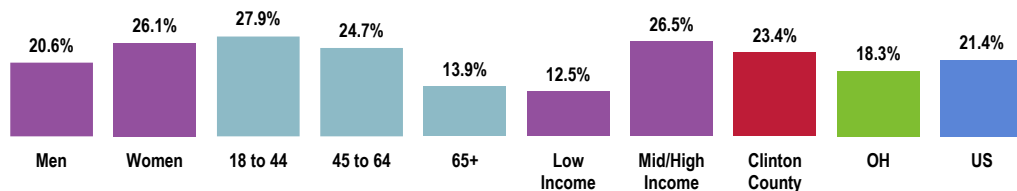
A total of 23.4% of Clinton County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ▶ Better than the Ohio prevalence.

DISPARITY ▶ Decreases with age and is especially high among higher-income residents.

Meets Physical Activity Recommendations (Clinton County, 2020)

Healthy People 2020 = 20.1% or Higher



- Sources:
- 2020 PRC Community Health Survey, PRC, 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); 2018 OH data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
 - Asked of all respondents.
- Notes:
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.



Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

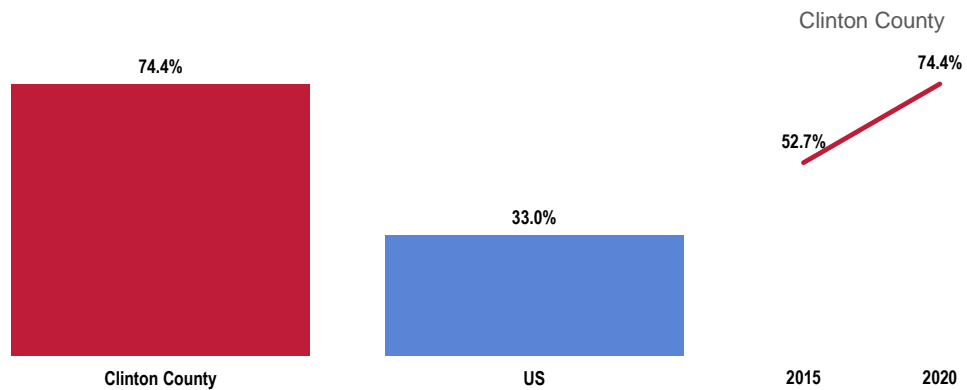
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

Among Clinton County children age 2 to 17, 74.4% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

BENCHMARK ▶ Considerably higher than the US proportion.

TREND ▶ Denotes a statistically significant improvement from 2015 survey findings (note that these values carry wide margins of error due to the relatively low sample of children represented in each survey).

Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 109]
 - 2020 PRC National Health Survey, PRC, 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 health care 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: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. 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 $\geq 30 kg/m^2$, 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.

Adult Weight Status

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.



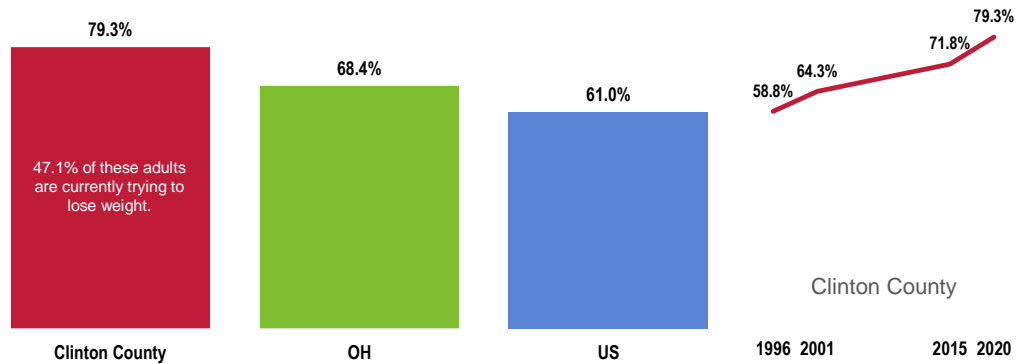
Overweight Status

Nearly 8 in 10 Clinton County adults (79.3%) are **overweight**.

BENCHMARK ▶ Well above state and national percentages.

TREND ▶ Increasing significantly over time.

Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Items 128, 318]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 OH data.
 - 2020 PRC National Health Survey, PRC, Inc.
- 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.

The overweight prevalence above includes 38.1% of Clinton County adults who are **obese**.

BENCHMARK ▶ Worse than the US percentage. Fails to satisfy the Healthy People 2020 objective.

TREND ▶ Marks a steady, significant increase in obesity prevalence since 1996.

DISPARITY ▶ Higher among adults age 45+ and those in low-income households.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

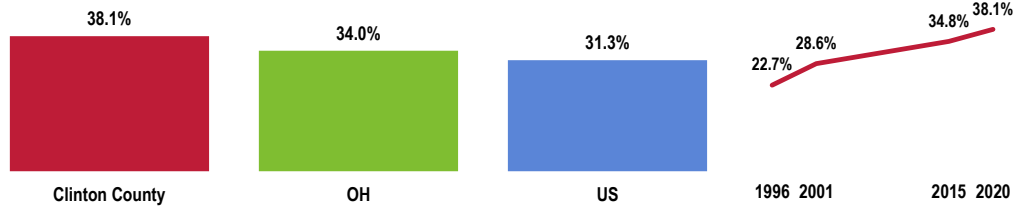
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .



Prevalence of Obesity

Healthy People 2020 = 30.5% or Lower

Clinton County



Sources:

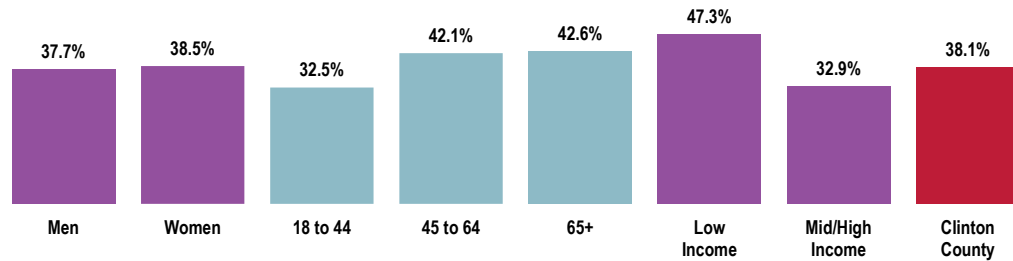
- 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 OH data.
- 2020 PRC National Health Survey, PRC, Inc.
- US 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.
- 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.

Prevalence of Obesity (Clinton County, 2020)

Healthy People 2020 = 30.5% or Lower



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
- 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.
- 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.

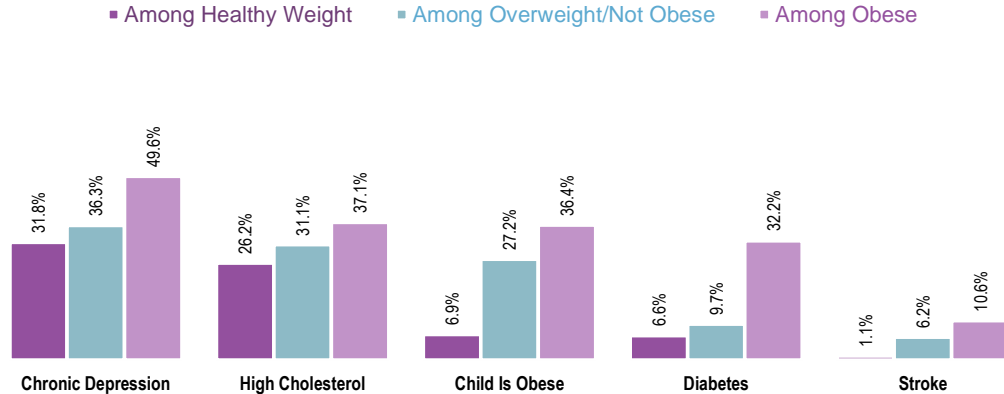


Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
Notes: • Based on reported heights and weights, asked of all respondents.

Children's Weight Status

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

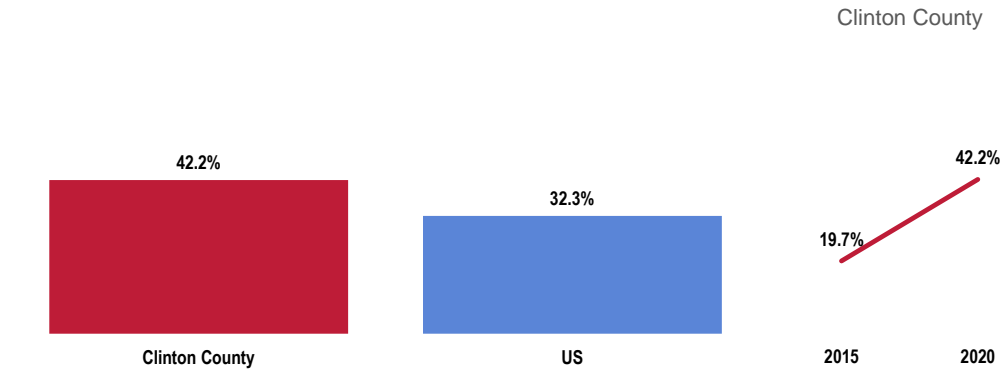
– Centers for Disease Control and Prevention



Based on the heights/weights reported by surveyed parents, 42.2% of Clinton County children age 5 to 17 are overweight or obese ($\geq 85^{\text{th}}$ percentile).

TREND ► Increasing significantly since 2015.

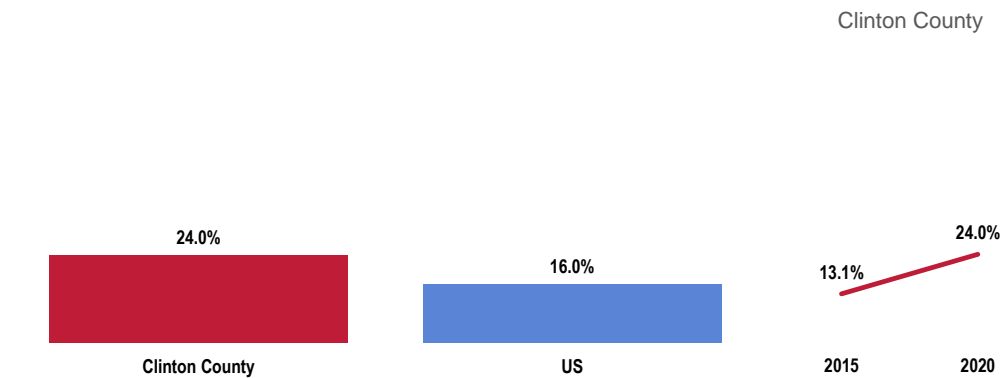
Prevalence of Overweight in Children (Parents of Children Age 5-17)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 131]
 • 2020 PRC National Health Survey, PRC, 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.

The childhood overweight prevalence above includes 24.0% of area children age 5 to 17 who are obese ($\geq 95^{\text{th}}$ percentile).

Prevalence of Obesity in Children (Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher) Healthy People 2020 = 14.5% or Lower



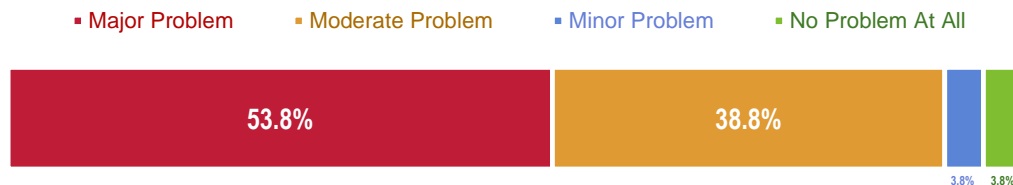
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 131]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of all respondents with children age 5-17 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

Key informants taking part in an online survey most often 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, 2020)



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

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

Nutrition, Physical Activity, and Weight

Obesity and high blood pressure stem from a lack of healthy food choices in the community and lack of education about healthy eating. Wilmington has many fast-food restaurants with few healthy options. I believe that to focus on these issues we must make healthy choices more accessible and educate the public about how to make better choices. In addition to all of this, there is also a recreation component that is important to consider. Community members need better access to recreational facilities, walkable spaces, etc. There are many health issues that stem from poor nutrition, lack of physical activity, and obesity, therefore these are major problems that we must prioritize as a community. – Public Health Representative

Lack of healthy options when eating out here. Numerous recreation facilities, but lack of support when it comes to the nutrition aspect. – Public Health Representative

As mentioned in relation to diabetes, there are many areas in the community where there are food deserts and limited access to nutritional options. Many communities lack grocery stores and rely on limited options such as dollar/convenience stores to purchase food. We have a high rate of students who receive free and reduced lunch and are dependent on low-quality nutrition options through school food programs. Even in non-impovertised groups, the high prevalence of fast food and similarly low-quality nutritional options would suggest challenges in that area. Most of the population is overweight with many being obese and morbidly obese. There are limited recreational and active lifestyle infrastructure. There is no public wellness facility that provides access to active living in inclement weather. Parks are underfunded and not well distributed. Pedestrian infrastructure is poor and not a high priority for many jurisdictions. – Community/Business Leader

As stated earlier, this county does not have a culture of healthy eating, exercise or healthy activities. These opportunities, of course, are made even more difficult with the Covid crisis. – Public Health Representative

Unhealthy eating habits and education. – Social Services Provider

Fast food restaurants, places for physical activity. No YMCA, public pools, etc. – Community/Business Leader

Sedentary lifestyles are extremely common. Too many people lack resources and money to make healthy nutrition choices a priority. – Public Health Representative

Access to Recreation Facilities

Lack of recreation center type facility for comprehensive activities. – Community/Business Leader

No gyms or public pools in the summer. – Physician



Obesity is not just a county problem but a national issues as well. Our county does not have many opportunities for most people to partake in physical activity year round. Ever since the County YMCA closed down, this has been a major issue. Not everyone can afford to buy local private gym memberships. – Community/Business Leader

Lack of affordable recreation opportunities. No community wellness center or gym. – Community/Business Leader

This was addressed partially in one of the questions, but I would reiterate the lack of a community wellness center, gym or recreation facility. – Community/Business Leader

Lack of health and exercise resources for kids. After the closing of the YMCA, no fitness centers or gyms picked up the need for a place for kids to be involved in exercise. – Physician

Contributing Factors

Education, over-reliance on fast food, poverty, since healthier food and fresh produce can be expensive. – Community/Business Leader

Affordable access to health/fitness opportunities. We have several “gyms” but they are expensive and classes are always extra. And, talking to a dietitian or other health resource about proper eating, or food/medicine interactions is just not available without a pre scheduled Dr. appt. – Community/Business Leader

Lack of financial resources and education leading to poor food choices. Motivation to get started and having someone to work out with. – Public Health Representative

Largely poor and ovulation who don’t partake in good nutrition and exercise. – Physician

Lack of education on how to prepare and eat healthy meals. Lower cost of highly processed foods over more nutritious foods. – Social Services Provider

Lack of education, of course, but the lack of a community center with a pool and courts and activities that serve everyone is a major factor in the above challenges in our community. We’re a slothful, sedentary population and the wonderful bike trails cannot solve it all. – Community/Business Leader

Awareness/Education

Education. – Community/Business Leader

Changing the culture of a substantial percentage of our citizen population. Obtaining and making available a wellness center for the use of seniors and youth, seven days each week. – Community/Business Leader

Knowledge of shopping and cooking. Physical activity is limited to being able to afford a membership. – Community/Business Leader

Sadly, most people don’t think they have a problem until it becomes a problem. – Physician

Consistent public information and the lack of a recreation center, YMCA, or comprehensive inter-generational wellness center and programming. – Community/Business Leader

This is simply not a priority for this community. We do not have adequate programming or facilities to support the work of proper nutrition, physical activity, and weight. – Community/Business Leader

Lack of attention to these major health issues. – Public Health Representative

Obesity

Too many folks are obese. Obesity is a chronic health problem. – Physician

Rampant obesity. – Public Health Representative

Morbid obesity. – Physician

High proportion of obesity and lack of resources for physical activity. – Social Services Provider

Shortened life and livelihood due to obesity. – Community/Business Leader

Affordable Healthy Food

Time, planning, and affordability of appropriate meal planning and activity. – Community/Business Leader

Fast food is too easily obtained and is not nutritionally sound. – Physician

Healthy foods cost more. Residents may not know how to prepare healthy foods. If you are worried about other crises in your life, healthy foods and exercise are the last things on your mind. – 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)

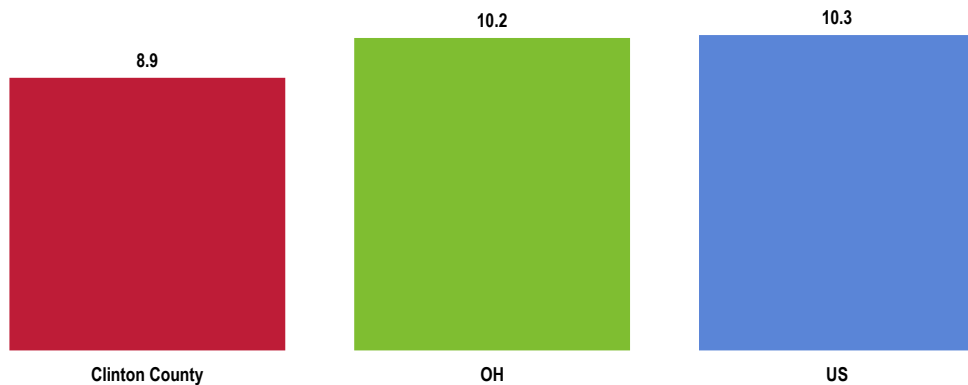
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2016 and 2018, Clinton County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.9 deaths per 100,000 population.

BENCHMARK ► Below the national mortality rate.



Cirrhosis/Liver Disease: Age-Adjusted Mortality (2009-2018 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 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 July 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]

Alcohol Use

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- **HEAVY DRINKERS** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKERS** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 15.3% of area adults are excessive drinkers (heavy and/or binge drinkers).

BENCHMARK ► Well below the US prevalence. Satisfies the Healthy People 2020 objective.

DISPARITY ► Highest among men, adults under 65, and upper-income residents.



Excessive Drinkers

Healthy People 2020 = 25.4% or Lower

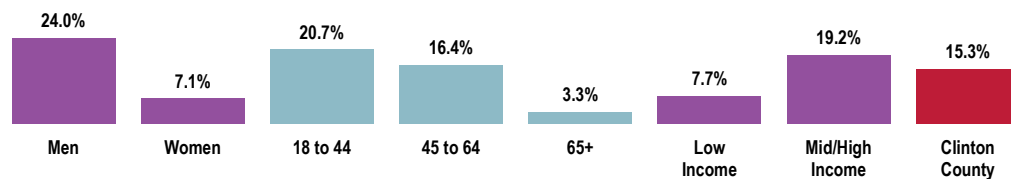
Clinton County



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 136]
 - 2020 PRC National Health Survey, PRC, 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): 2018 OH data.
 - 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 Drinkers (Clinton County, 2020)

Healthy People 2020 = 25.4% or Lower



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 136]
 - 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.



Age-Adjusted Unintentional Drug-Related Deaths

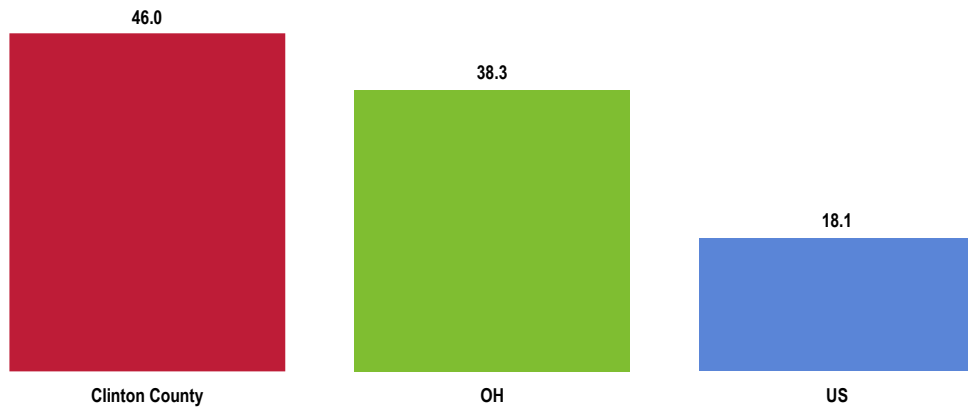
Between 2016 and 2018, the county reported an annual average age-adjusted unintentional drug-related mortality rate of 46.0 deaths per 100,000 population.

BENCHMARK ▶ Worse than the Ohio and especially the US rate. Four times the Healthy People 2020 target.

TREND ▶ Increasing dramatically over time, echoing the statewide trend.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population)

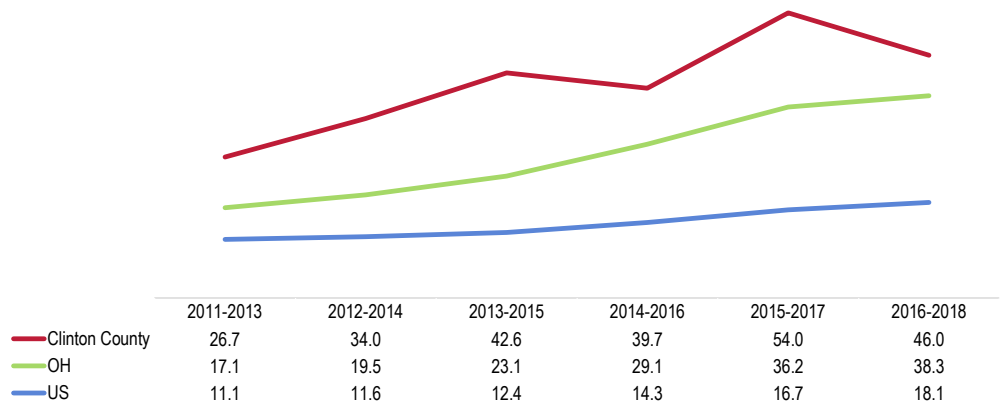
Healthy People 2020 = 11.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 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 July 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12].



Drug Use

Illicit Drug Use

A total of 5.0% of Clinton County adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Worse than the national prevalence.

DISPARITY ► Correlates with age among respondents and is reported much more often among males and adults in low-income households.

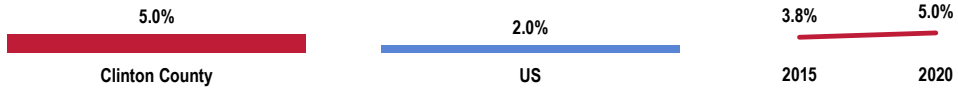
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

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.

Illicit Drug Use in the Past Month

Healthy People 2020 = 7.1% or Lower

Clinton County

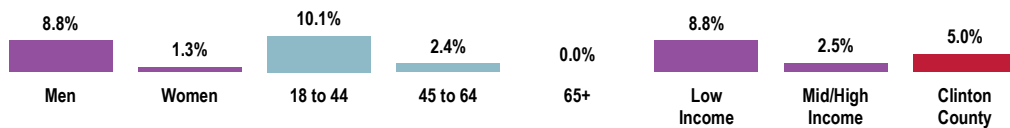


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 49]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.

Illicit Drug Use in the Past Month

(Clinton County, 2020)

Healthy People 2020 = 7.1% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 49]
 • 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.



Illegal Drug Problems

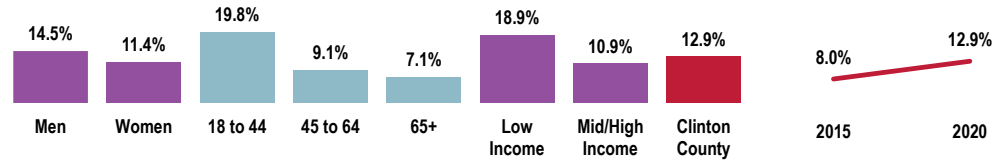
A total of 12.9% of Clinton County adults report that they or an immediate family member has had problems associated with illegal drug use in the past three years.

TREND ▶ The prevalence has worsened significantly since 2015.

DISPARITY ▶ The prevalence is highest among adults under age 45.

Immediate Family Member Had Illegal Drug Problems in the Past 3 Years (Clinton County, 2020)

Clinton County



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: • Asked of all respondents.

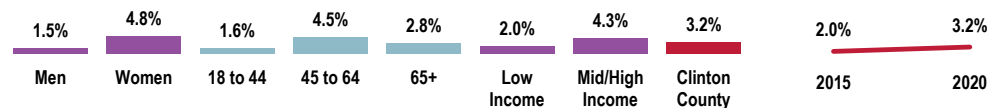
Prescription Drug Abuse

Among survey respondents, 3.2% acknowledge sharing a personal prescription medication with another person.

DISPARITY ▶ Women were more likely to have shared a prescription.

Have Shared Prescription Medication With Someone Else (Clinton County, 2020)

Clinton County



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.



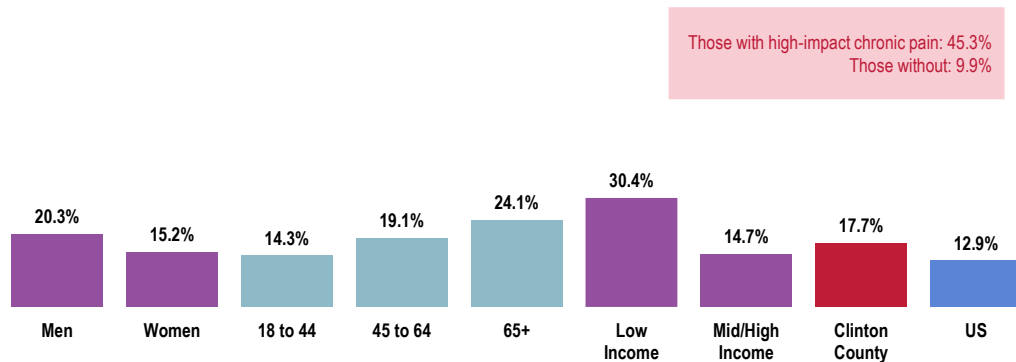
Use of Prescription Opioids

A total of 17.7% of Clinton County report using a prescription opioid drug in the past year.

BENCHMARK ► Worse than the national prevalence for prescription opioid use.

DISPARITY ► Especially high among low-income survey respondents and those reporting high-impact chronic pain.

Used an Opiate or Opioid Drug in the Past Year (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 50]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Alcohol & Drug Treatment

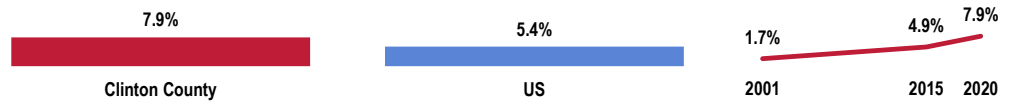
A total of 7.9% of Clinton County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

TREND ► The prevalence has increased significantly since 2001.



Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Clinton County



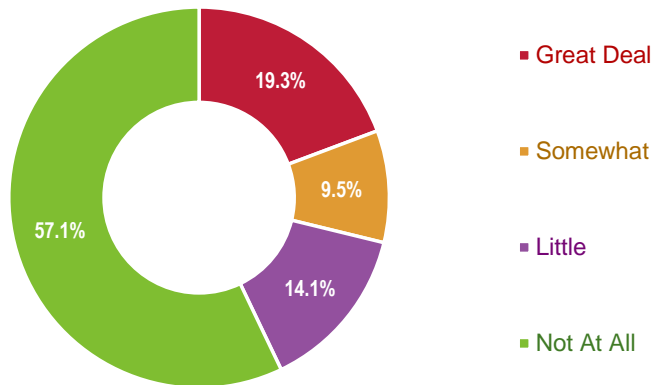
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 51]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Personal Impact From Substance Abuse

Most Clinton County residents' lives have not been negatively affected by substance abuse (either their own or someone else's).

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 52]
 Notes: • Asked of all respondents.

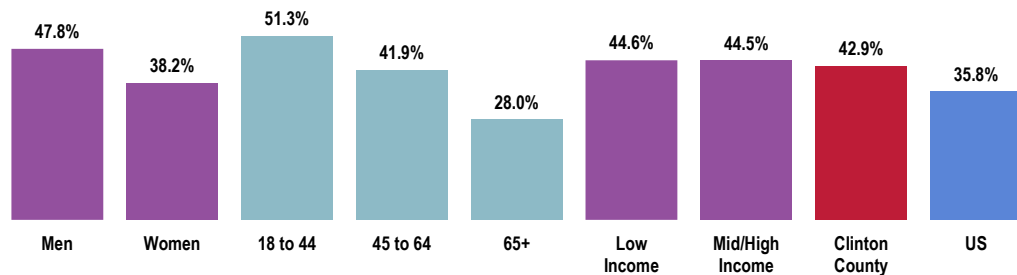


However, 42.9% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

BENCHMARK ▶ Well above the US figure.

DISPARITY ▶ Correlates with age among survey respondents; note the lack of relation with income level.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Clinton County, 2020)

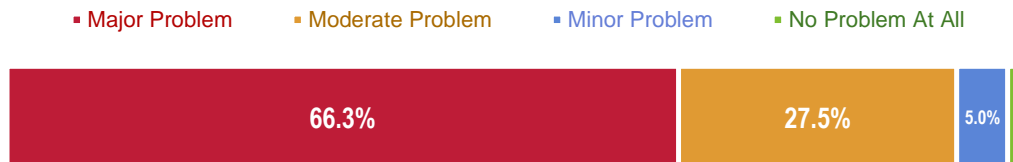


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 52]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”

Key Informant Input: Substance Abuse

Nearly two in three key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2020)



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



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

Access to Care/Services

Again, access to care. – Public Health Representative

Limited access to treatment. – Public Health Representative

Adequate mental health support. Improved judicial system. – Community/Business Leader

Lack of a pain center. – Physician

No inpatient facilities, the mental health of those affected. – Social Services Provider

Cost, location, support and transportation. – Public Health Representative

Son had a drug addiction problem. There are not enough counselors or appointment time available to provide service to everyone that needs it. – Physician

High occurrence of substance abuse, including methamphetamine and opiates. Lack of treatment options, especially for inpatient. – Social Services Provider

If such resources are available, providers must be kept aware. – Physician

Affordable treatment for those without insurance or a high deductible. Transportation for daily travel to and from daily engagement with the treatment facility. – Public Health Representative

Financial barriers. – Public Health Representative

The cost, the desire for treatment. – Public Health Representative

Money and transportation. – Community/Business Leader

No inpatient treatment centers. – Social Services Provider

Inpatient treatment and intensive outpatient treatment. – Physician

Too few providers and essentially no access to inpatient care. – Physician

Services and programs for substance abuse. – Community/Business Leader

It appears that the drug intervention centers have closed, a couple, because of poor management. – Community/Business Leader

Poor access to clinicians and limited sober living facilities. – Public Health Representative

Integrated, comprehensive treatment programs and facilities. – Community/Business Leader

I was floored last night when I read the police blotter and noticed all the arrests and calls due to substance abuse. We do not have the mental health or recovery services to address the depth of the need. – Community/Business Leader

Disease Management

Getting the ones who need the treatment to actually buy into going through with treatment. – Community/Business Leader

Substance users are not able to stay consistent with treatment for any number of reasons. Having to provide documentation that they do not have transportation. – Social Services Provider

Abusers aren't kept in jail long enough and they end up getting out and going right back to using again. – Social Services Provider

Lost to follow-up. – Physician

Such a high demand and most programs may help to get them off the drugs, but they do not give valuable skills to work, therefore they go back into the very same group of people. – Community/Business Leader

Most programs are focused on stabilizing and maintaining the chemical dependent victim, rather than addressing the deeper systemic issues that create a culture of addiction: poverty, unemployment, affordable housing, violence, etc. – Community/Business Leader

Individual desire for treatment. – Public Health Representative

Denial/Stigma

Individual willpower or desire to change. – Public Health Representative

A place the folks can go to get help and feel safe. – Public Health Representative

There is still stigma associated with getting treatment. Also, there have been at least 3 treatment programs in the community in the past 3 years. Continuity of care is important in this type of treatment. Cost and acceptance of insurance has also been a barrier for residents. – Public Health Representative

The 'want' to get help. – Social Services Provider

Stigma, jobs for recovering addicts, poverty, under-education. – Community/Business Leader

Shame or embarrassment on the part of the person who has the addiction. – Social Services Provider



Transportation

Transportation, housing and stigma. – Community/Business Leader

Transportation, lack of choices. – Community/Business Leader

The greatest barriers are again transportation and lack of support for those addicted, particularly family and peer support. – Social Services Provider

Comorbidities

Mental health and substance abuse go hand in hand in this community and therefore to adequately address substance abuse we must also address mental health. Stigma certainly contributes to the many barriers that people face in accessing substance abuse treatment. I am unsure how well-known substance abuse treatment facilities are in Clinton County. I think we must shift the conversation and address substance abuse as more of an opportunity for rehabilitation. With that being said, those who need substance abuse treatment are not likely to receive the help they need until they interact with the criminal justice system. The U-Turn Docket sponsored by the Court of Common Pleas is absolutely a step in the right direction as it implements a rehabilitation approach. – Public Health Representative

Funding for mental health support as people try to kick the addiction. – Public Health Representative

Cultural/Personal Beliefs

Too few mental health professionals and a culture of policing versus prevention. – Community/Business Leader

Cultural barriers. – Community/Business Leader

Awareness/Education

Educational or early intervention possibly linked to the school system. – Community/Business Leader

Homelessness

Homelessness. – Public Health Representative

Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **heroin/other opioids** as causing the most problems in the community, followed by **methamphetamine/other amphetamines** and **alcohol**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a “Major Problem”)

HEROIN OR OTHER OPIOIDS	36.7%
METHAMPHETAMINE OR OTHER AMPHETAMINES	24.5%
ALCOHOL	22.4%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	8.2%
COCAINE OR CRACK	6.1%
PRESCRIPTION MEDICATIONS	2.0%



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.

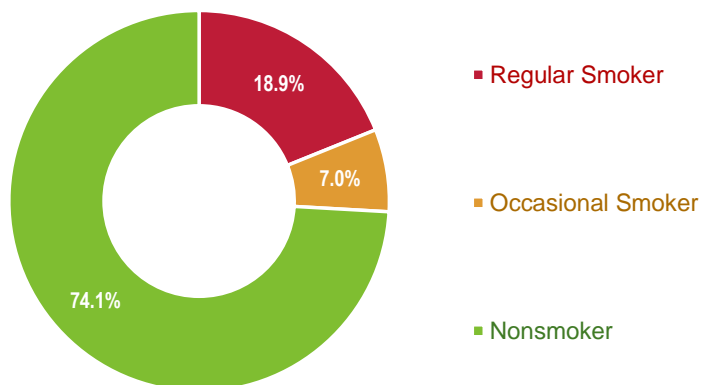
– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 25.9% of Clinton County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.



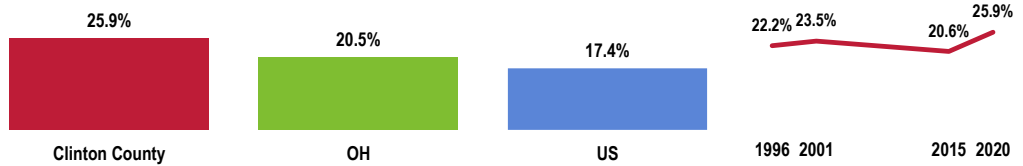
Note the following findings related to cigarette smoking prevalence in Clinton County.

BENCHMARK ► Well above state and national figures. Fails to satisfy the Healthy People 2020 objective.

DISPARITY ► The prevalence decreases with age.

Current Smokers Healthy People 2020 = 12.0% or Lower

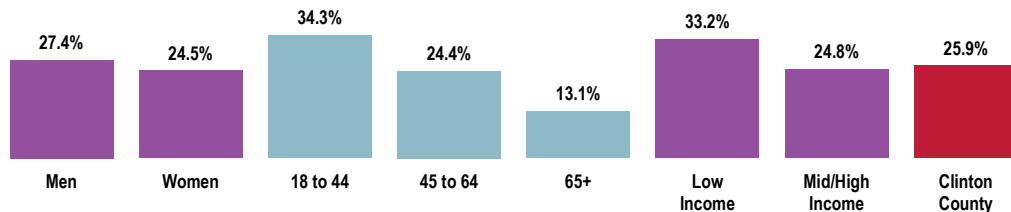
Clinton County



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 40]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 OH data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • 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 every day or on some days).

Current Smokers (Clinton County, 2020) Healthy People 2020 = 12.0% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 40]
 • 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 occasion smokers (every day and some days).

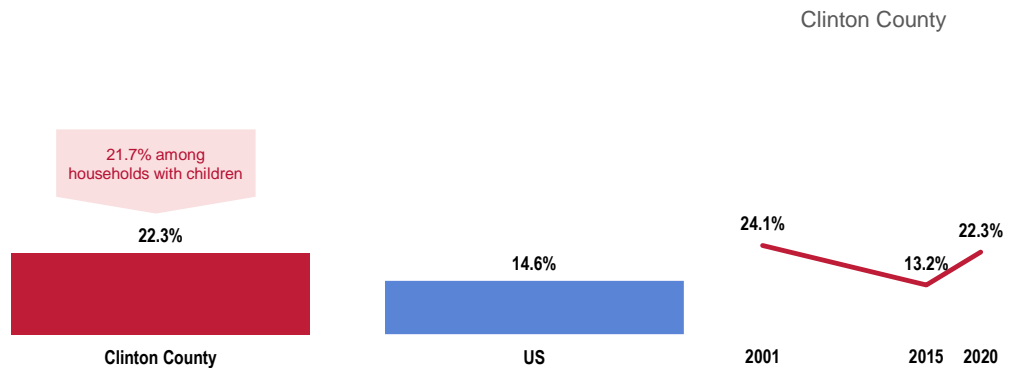


Environmental Tobacco Smoke

Among all surveyed households in Clinton County, 22.3% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

BENCHMARK ▶ Much higher than the national percentage.

Member of Household Smokes at Home



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
• 2020 PRC National Health Survey, PRC, 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.

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)

Nearly half of regular smokers (48.7%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

BENCHMARK ▶ Far from satisfying the Healthy People 2020 objective.

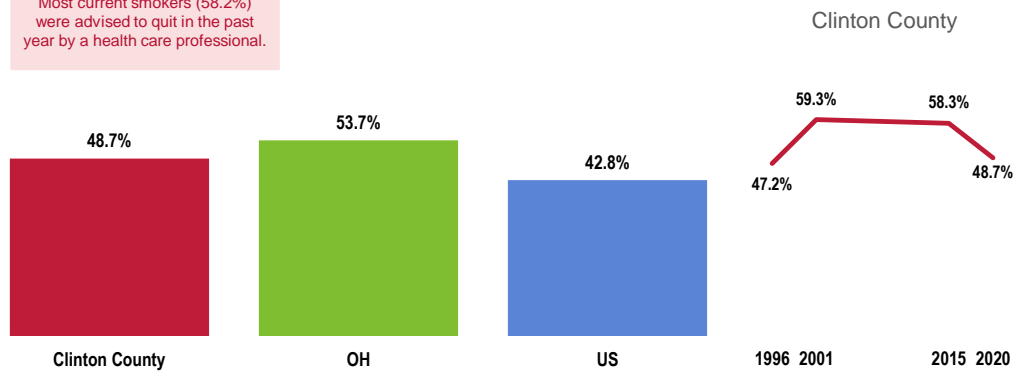
TREND ▶ Though fluctuating over time, the prevalence is similar to that found in 1996.



Have Stopped Smoking for One Day or Longer in the Past Year (Everyday Smokers)

Healthy People 2020 = 80.0% or Higher

Most current smokers (58.2%) were advised to quit in the past year by a health care professional.



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 41-42]
 • 2020 PRC National Health Survey, PRC, 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): 2018 OH data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]

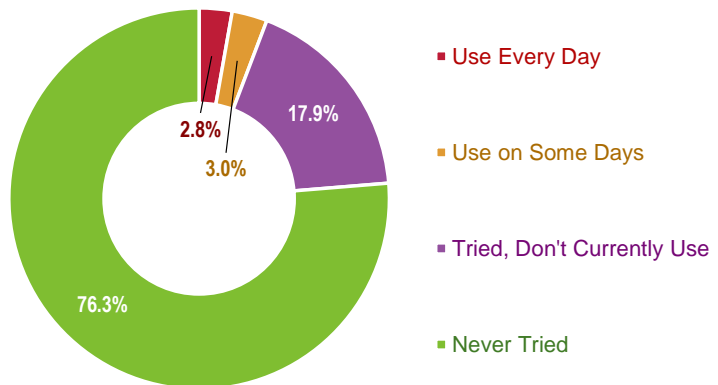
Notes: • Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Use of Vaping Products

Most Clinton County adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 135]
 Notes: • Asked of all respondents.

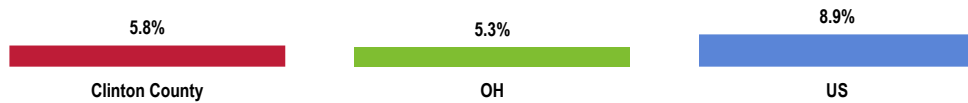


However, 5.8% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ▶ Lower than the national prevalence.

DISPARITY ▶ Reported most often among men and young adults.

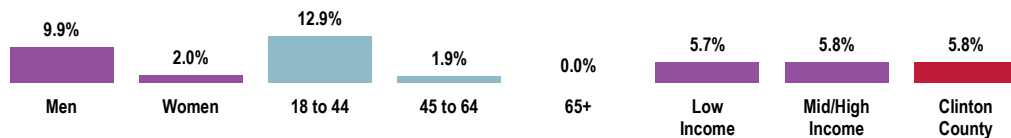
Currently Use Vaping Products (Every Day or on Some Days)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 135]
 • 2020 PRC National Health Survey, PRC, 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): 2018 OH data.

Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 135]
 Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



Cigars & Smokeless Tobacco

A total of 7.5% of Clinton County adults use cigars every day or on some days.

TREND ► Increasing significantly from 2015 survey results.

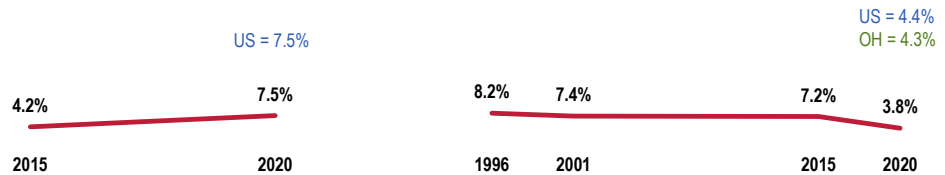
A total of 3.8% of county adults use some type of smokeless tobacco every day or on some days.

TREND ► Decreasing significantly from previous survey findings.

Examples of smokeless tobacco include chewing tobacco, snuff, or “snus.”

Currently Smoke Cigars
Healthy People Goal = 0.3% or Lower

Currently Use Smokeless Tobacco
Healthy People Goal = 0.2% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 305-306]
 • 2020 PRC National Health Survey, PRC, 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): 2018 OH data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives TU-1.2, TU-1.3]

Notes: • Reflects the total sample of respondents.
 • Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” in the community, followed closely by “moderate problem” ratings.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2020)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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



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

Incidence/Prevalence

- Too many smokers and the attitude toward smoking is irresponsible. – Public Health Representative
- I see more and more people smoking and vaping. – Community/Business Leader
- A preponderance of smokers. – Community/Business Leader
- Most recent Community Health Needs Assessment confirmed this. Large percentage of parents or guardians of the students I serve use tobacco or nicotine products. – Community/Business Leader
- From my experience, I personally know a lot of people who use tobacco and see a lot of use in our community. – Community/Business Leader
- Poor population has higher smoking rates. – Physician
- Observation. With what we know about tobacco, it still amazes me how many people, young and old, smoke, even health care providers. – Community/Business Leader
- Many people smoke and this puts not only the smoker at health risk, but others for second and third hand smoke related issues. – Public Health Representative
- Too many smokers. – Community/Business Leader
- High prevalence of smokers and chewing tobacco. No smoking cessation programs. Increased vaping. – Social Services Provider
- A large percent of Clinton County people smoke. – Public Health Representative
- I have read that it has been in previous studies. – Community/Business Leader

Teen/Young Adult Usage

- It seems that a lot of teens and adults still choose to use tobacco even with the knowledge of fatal consequences. – Social Services Provider
- It amazes me how many still smoke with all the evidence of the damage done by smoking. I do know that underage kids can still buy cigarettes. – Physician
- Tobacco use rises in most surveys. Especially vaping is a real issue, especially among youth. – Community/Business Leader
- Easy to get by underage kids. – Public Health Representative
- Many youth are utilizing tobacco products and continually gaining access to tobacco products. – Community/Business Leader

Cultural/Personal Beliefs

- Historic culture of smokers, low income. – Public Health Representative
- Because it is not a big deal if people smoke or vape. It is a culture thing. Vaping is the ‘safe’ alternative with the younger generation and needs to be addressed, along with tobacco use. – Public Health Representative
- It is culturally acceptable. – Public Health Representative

Comorbidities

- Tobacco abuse factors in many chronic health conditions. – Physician



SEXUAL HEALTH

HIV

ABOUT HUMAN IMMUNODEFICIENCY VIRUS (HIV)

The HIV epidemic in the United States continues to be a major public health crisis.

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.

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 health care programs.

Improving access to quality health care 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)
-

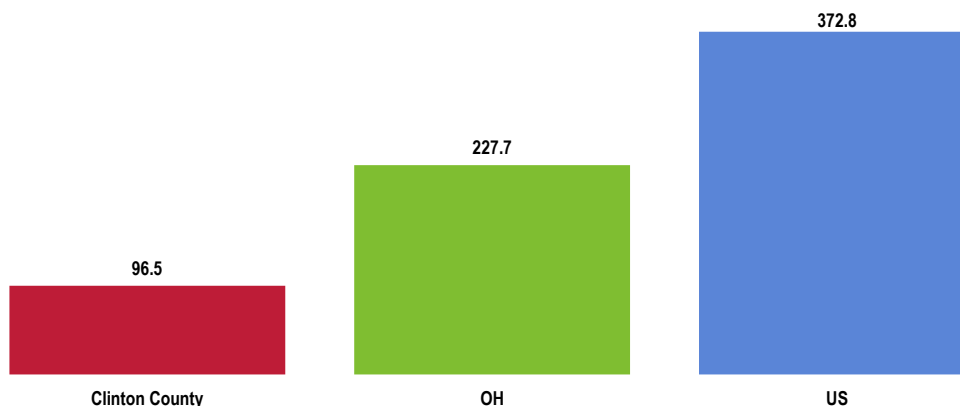
HIV Prevalence

In 2018, there was a prevalence of 96.5 HIV cases per 100,000 population in Clinton County.

BENCHMARK ► Well below the Ohio and especially the US prevalence rate.



HIV Prevalence (Prevalence Rate of HIV per 100,000 Population, 2018)



- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.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.

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.

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 health care; 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)

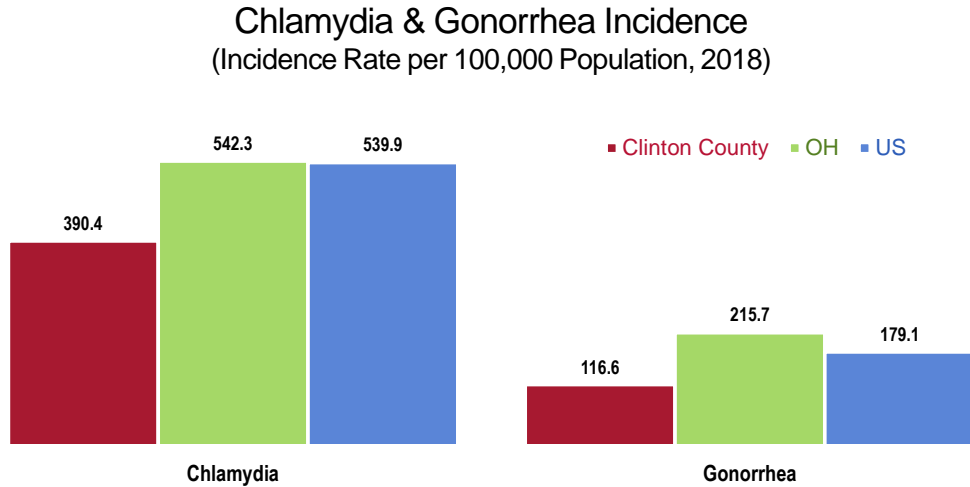


Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in Clinton County was 390.4 cases per 100,000 population.

The county's gonorrhea incidence rate in 2018 was 116.6 cases per 100,000 population.

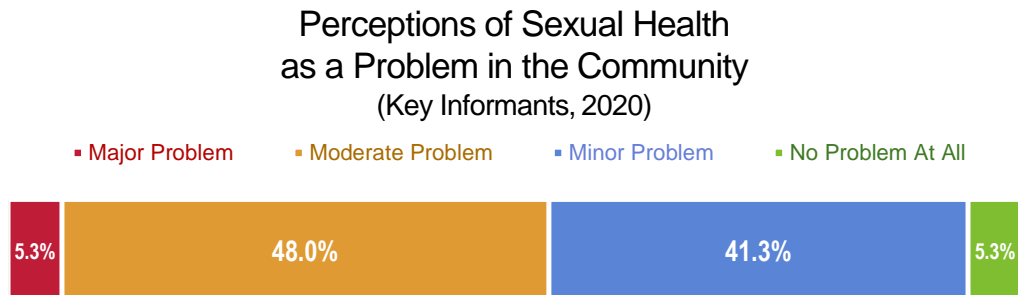
BENCHMARK ▶ Both incidence rates are lower than the corresponding state and national rates.



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).
 Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a “moderate problem” in the community.



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

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

Access to Care/Services

■ Lack of community-based clinics. – Public Health Representative

Awareness/Education

■ Lack of education in the schools at a young age. – Community/Business Leader





ACCESS TO HEALTH CARE

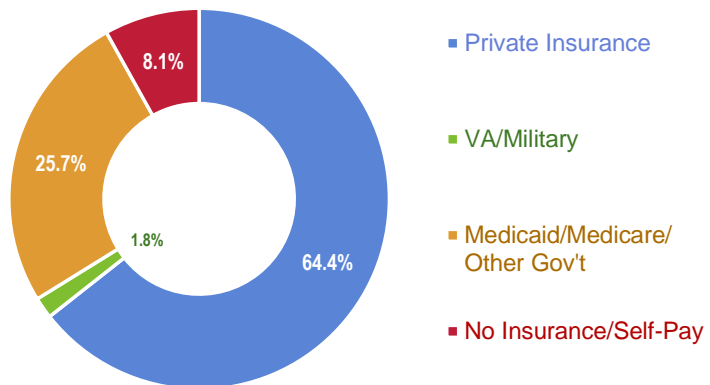
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 64.4% of Clinton County adults age 18 to 64 report having health care coverage through private insurance. Another 27.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 138]
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 health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 8.1% report having no insurance coverage for health care expenses.

BENCHMARK ► The Healthy People 2020 objective is universal coverage.

DISPARITY ► Unfavorably high among male respondents.



Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2020 = 0.0% (Universal Coverage)

Clinton County

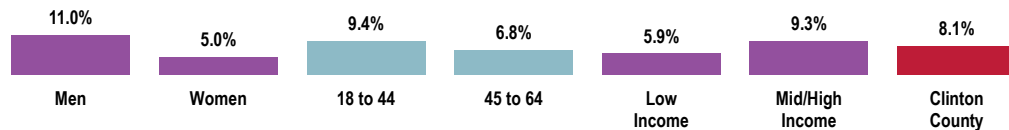


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 138]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 OH data.
 • 2020 PRC National Health Survey, PRC, 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.

Lack of Health Care Insurance Coverage (Adults Age 18-64; Clinton County, 2020)

Healthy People 2020 = 0.0% (Universal Coverage)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 138]
 • 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.



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT ACCESS TO HEALTH CARE

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)

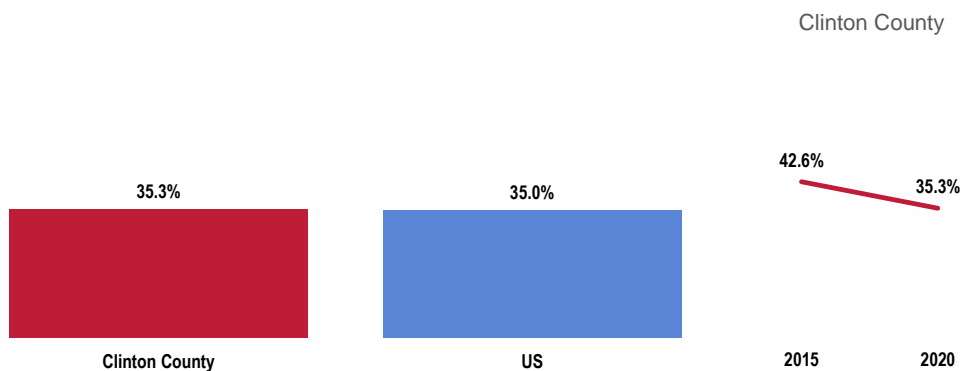
Difficulties Accessing Services

A total of 35.3% of Clinton County adults report some type of difficulty or delay in obtaining health care services in the past year.

TREND ▶ Denotes a significant improvement since 2015.

DISPARITY ▶ Unfavorably high among adults in higher-income households.

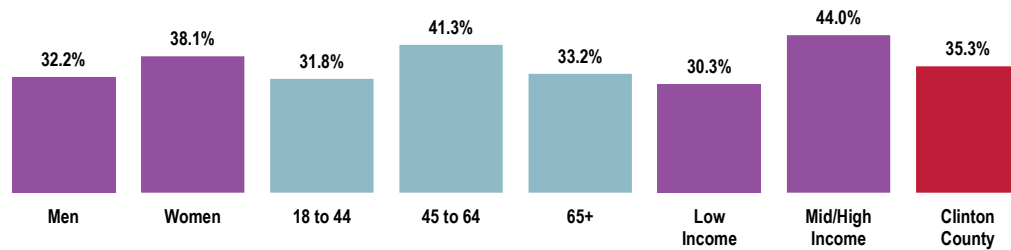
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 140]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share (1 in 5) of Clinton County adults.

BENCHMARK ► While difficulty getting an appointment is worse in Clinton County than across the US, these barriers fared better in the county when compared with national figures: cost of a physician visit, cost of prescription medication, lack of transportation, and language/culture.

TREND ► Note the significant worsening of appointment availability and finding a physician when compared with earlier survey findings.

Note also the percentage of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

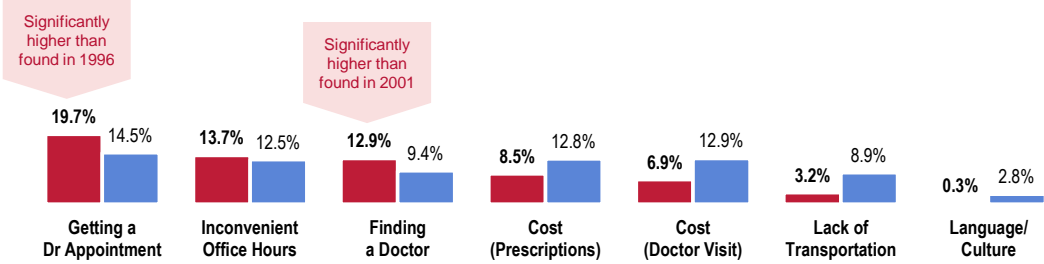
Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.



Barriers to Access Have Prevented Medical Care in the Past Year

■ Clinton County ■ US

In addition, 9.7% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

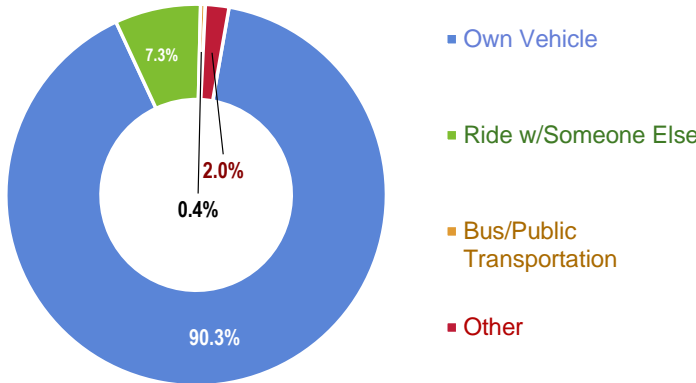


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 7-14]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Transportation

Note that the vast majority (90.3%) of residents use their own vehicle for transportation, and 7.3% rely on someone else to drive them places.

Primary Means of Transportation (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 310]
 Notes: • Reflects the total sample of respondents.



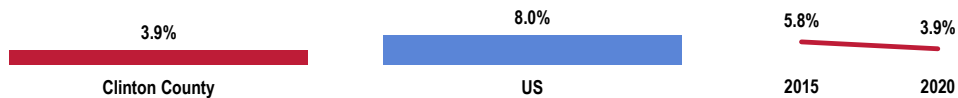
Accessing Health Care for Children

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.

A total of 3.9% 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.

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)

Clinton County

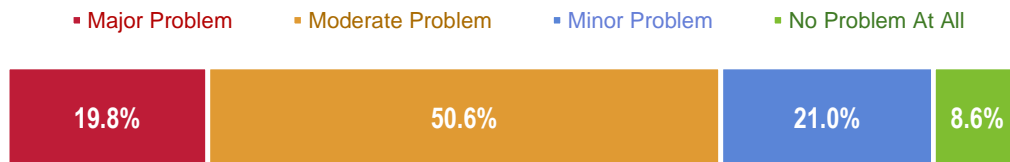


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 104]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a “moderate problem” in the community.

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2020)



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



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

Lack of Providers

Lack of providers for primary care. – Social Services Provider

Decreasing number of physicians for all levels of care. This is a “relationship” county. New physicians, for the most part, are employees of the health system, and rotate through their positions quickly, moving in and out of the community before trusting relationships can be developed. In the specialty areas, physicians lack strong credentials – i.e. board certification. There is minimal access for individuals without insurance. – Public Health Representative

Lack of primary health care physicians; lack of a dental program for the underserved population; lack of sex education; lack of medical psychiatric care and the inappropriate prescription of psychiatric medication to children and adults by primary care physicians. Over-prescription of pain killers. This just skims the surface of challenges faced in Clinton County. – Community/Business Leader

In this area, there is limited access to providers without traveling to bigger cities. There’s also a lack of transportation resources to get to appointments. Limited providers accepting Medicaid. – Public Health Representative

Too few providers. Access limited by the patient’s ability to pay for care. – Physician

We have a lack of health care providers to serve the population. Residents are now looking for family doctors in other counties because of the unavailability in our community. Specialists are not available on a timely basis. – Community/Business Leader

Transportation

Transportation. Our county does not have a public transportation system that allows for easy access to services. – Community/Business Leader

Availability and cost of transportation to health care can be an obstacle for individuals who live outside the city center. This is based upon information collected for the Clinton County Aging Friendly report. – Other Healthcare Provider

The issue we have dealt with for so long is transportation, especially with low income families. – Community/Business Leader

One of the biggest challenges to accessing health care is transportation, particularly for folks living outside the city limits. The second challenge is a lack of health care providers that serve Medicaid patients. – Social Services Provider

Access to Care/Services

Very limited availability of primary care services. People go to urgent care centers or retail clinics instead of a primary care physician or nurse practitioner with whom they have an established relationship. – Public Health Representative

Many physicians don’t take new patients. Many don’t take Medicaid. The emergency room is a joke. – Social Services Provider

Insurance Issues

Lack of health care coverage. – Public Health Representative

The first challenge would be the percentage of residents with quality health insurance likely being low due to low household income and above average poverty. The second challenge would be access to certain specialists and medical professional services, particularly for those with limited transportation. – Community/Business Leader

Mental Health Services

As a school administrator, I have serious concerns about our families having access to an effective and comprehensive service program to deal with mental health issues. I am not confident that our Emergency Room is equipped to intervene with patients with serious mental health issues and are often sent home. It would also be helpful that more intervention would be able to occur prior to the need to seek out emergency care. I am concerned that there is also a pattern of chronic issues that are not resolved and those students are more frequently absent from school. – Community/Business Leader

Affordable Care/Services

Consistently affordable, expansive coverage and access. – Community/Business Leader



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

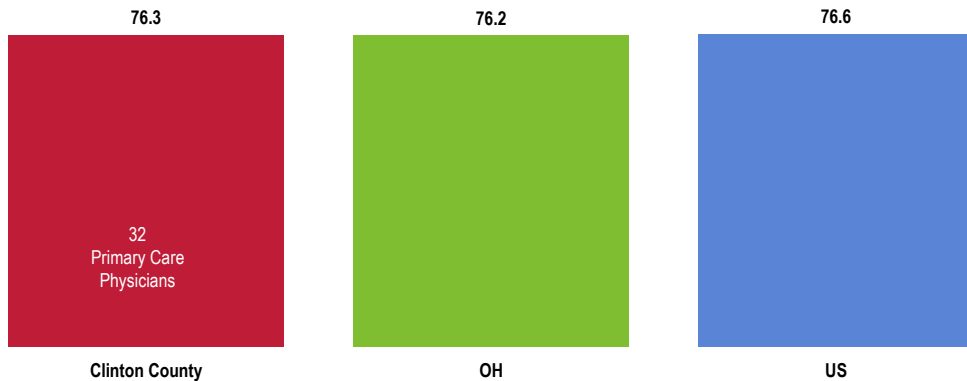
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In 2017, there were 32 primary care physicians in Clinton County, translating to a rate of 76.3 primary care physicians per 100,000 population.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2017)



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2020 via SparkMap (sparkmap.org).
- Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. 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 77.9% of Clinton County adults were determined to have a specific source of ongoing medical care.

BENCHMARK ▶ Far from satisfying the Healthy People 2020 objective.

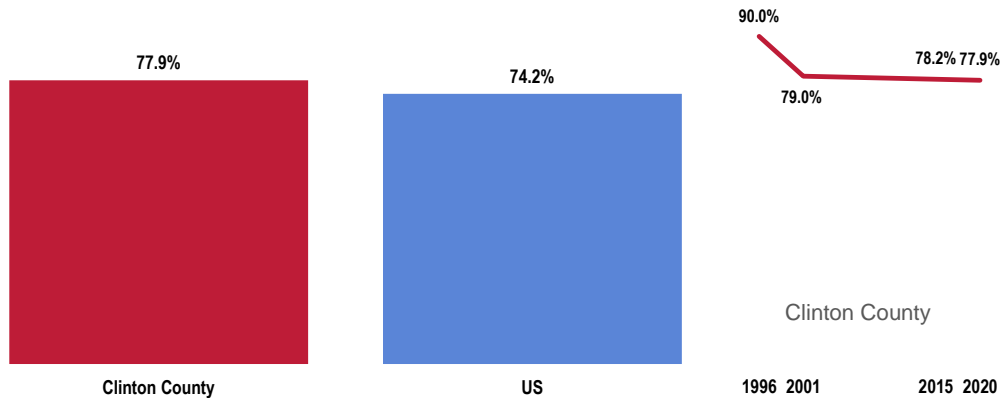
TREND ▶ Decreasing significantly from 1996 survey results (though similar to more recent administrations).

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.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 = 95.0% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 139]
 • 2020 PRC National Health Survey, PRC, 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.

Utilization of Primary Care Services

Adults

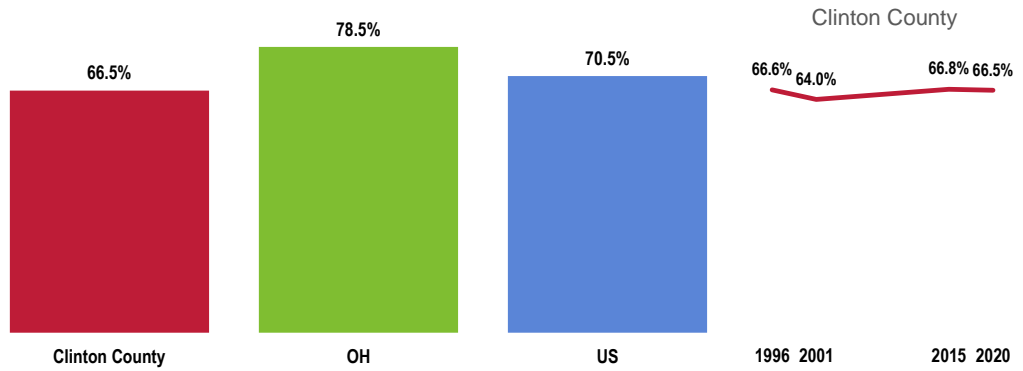
Two-thirds of adults (66.5%) visited a physician for a routine checkup in the past year.

BENCHMARK ▶ Below the state prevalence.

DISPARITY ▶ Much lower among men than women; increases with age among respondents.



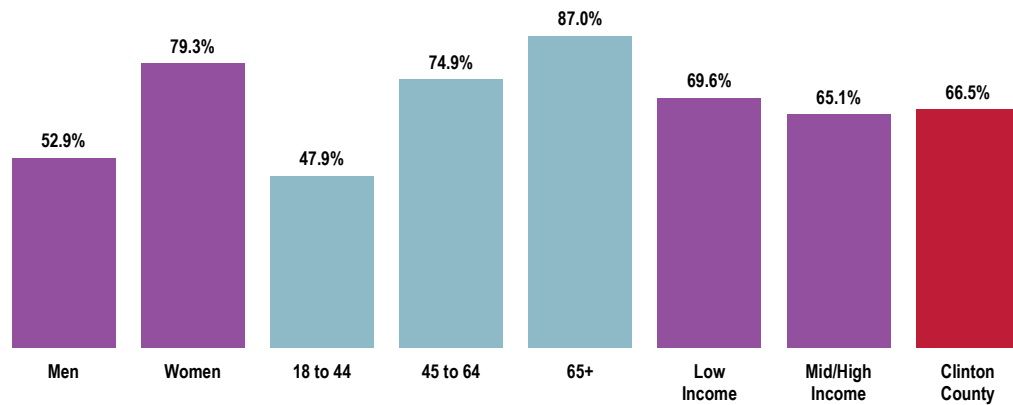
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 OH data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 18]
 Notes: • Asked of all respondents.

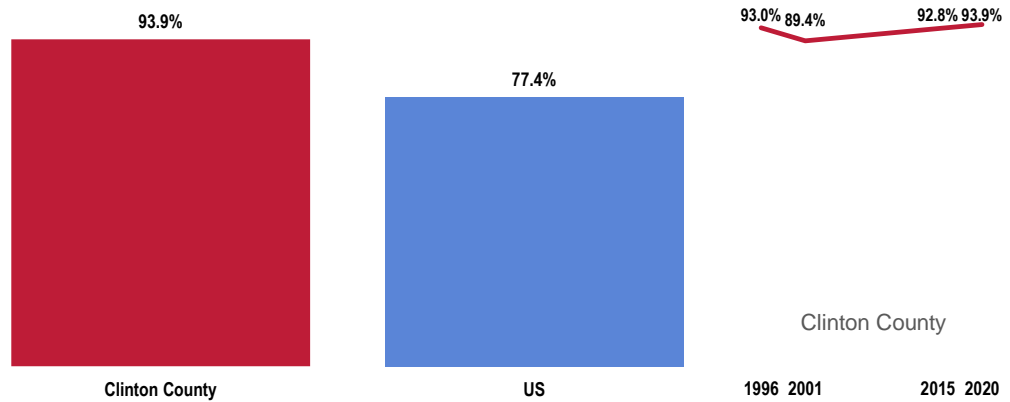


Children

Among surveyed parents, 93.9% report that their child has had a routine checkup in the past year.

BENCHMARK ► Well above the US prevalence.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 105]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.



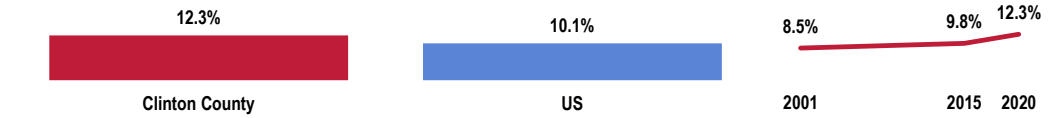
EMERGENCY ROOM UTILIZATION

A total of 12.3% of Clinton County adults have gone to a hospital emergency room more than once in the past year about their own health.

DISPARITY ► Highest among Clinton County women.

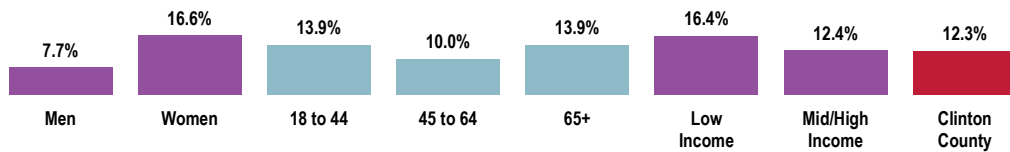
Have Used a Hospital Emergency Room More Than Once in the Past Year

Clinton County



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 22]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 22]
 Notes: • Asked of all respondents.



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.

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.

– Healthy People 2020 (www.healthypeople.gov)

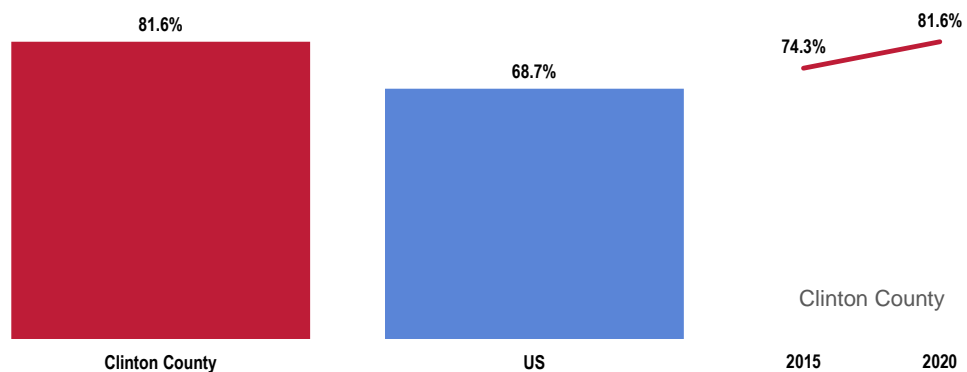
Dental Insurance

Most Clinton County adults (81.6%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ▶ Well above the national figure.

TREND ▶ Denotes a statistically significant increase since 2015.

Have Insurance Coverage
That Pays All or Part of Dental Care Costs



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 21]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Dental Care

Adults

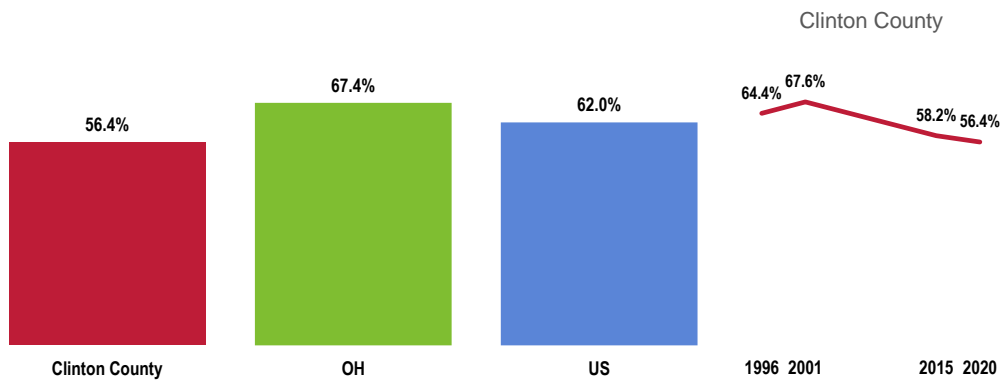
A total of 56.4% of Clinton County adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ▶ Lower than the statewide finding. Satisfies the Healthy People 2020 objective.

TREND ▶ Decreasing considerably from 1996 and 2001 survey administrations.

DISPARITY ▶ Unfavorably low among men, young adults, seniors, low-income residents, and those without dental health insurance.

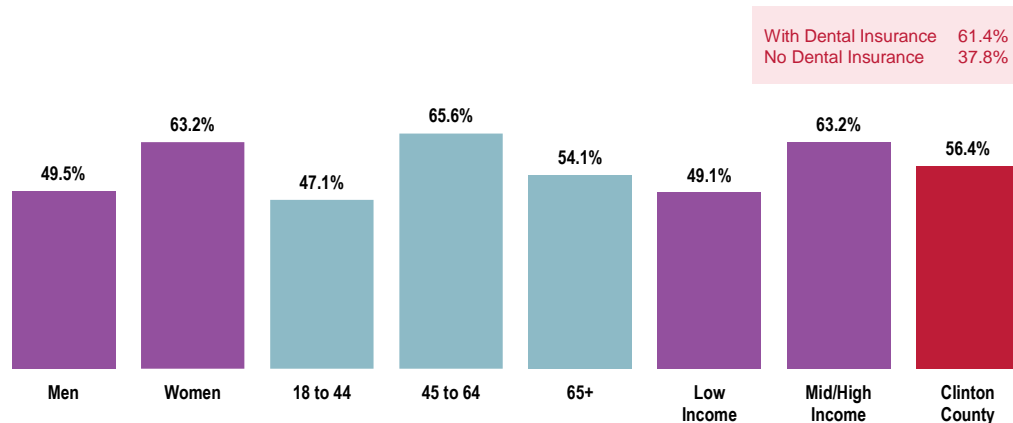
Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2020 = 49.0% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 20]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 OH data.
 • 2020 PRC National Health Survey, PRC, 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.

Have Visited a Dentist or Dental Clinic Within the Past Year (Clinton County, 2020)
Healthy People 2020 = 49.0% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 20]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents.



Children

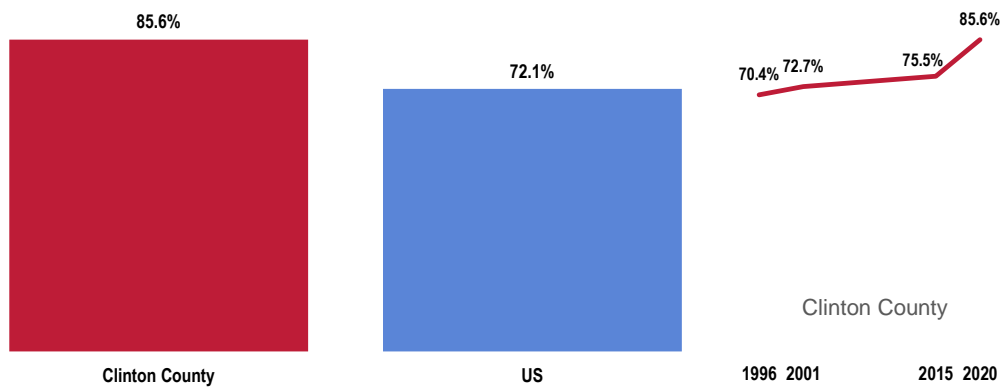
A total of 85.6% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ▶ Well above the US figure. Easily satisfies the Healthy People 2020 objective.

TREND ▶ Significantly higher than 1996 survey results.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

Healthy People 2020 = 49.0% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 108]
 • 2020 PRC National Health Survey, PRC, 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.

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.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2020)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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



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

Affordable Care/Services

There is 1 dentist in Clinton County that accepts CareSource (Medicaid) dental insurance. Four dentists (long wait times for appointments) that might accept other forms of Medicaid insurance. No free or low-income dental clinics. Closest low- or no-cost dental clinic is Dayton or Cincinnati. – Public Health Representative

Many dentists don't take Medicaid or new patients. We only have about five in Clinton County that do. – Social Services Provider

Years ago, the hospital closed the dental clinic. Bad decision. There is no place for the underserved to go for dental care unless a dentist is willing to volunteer his or her services. – Community/Business Leader

Always receiving calls at the health district for dental service for uninsured people that need to see a dentist. – Public Health Representative

Folks with acute and chronic oral health issues do not have access to care. – Physician

Lack of providers for low income services. – Public Health Representative

There are no low income, uninsured/underinsured providers in this county. Some clinics are available in larger cities, such as Cincinnati, Dayton and Columbus, but transportation is a huge issue for this population. – Public Health Representative

Lack of Providers

There are few dentists in the area. Finding one that accepts your insurance is a problem. – Community/Business Leader

Lack of providers, lack of oral health education. Availability of appointments is currently at seven months, just for an exam. Extremely restricted services for treatment. Increase in the severity of dental issues. – Social Services Provider

Poverty

Again because low income and usually a low priority. – Physician

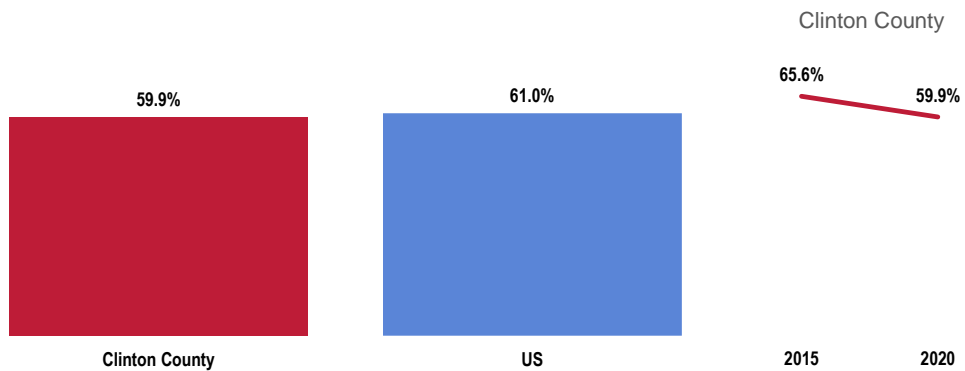


VISION CARE

A total of 59.9% of Clinton County residents had an eye exam in the past two years during which their pupils were dilated.

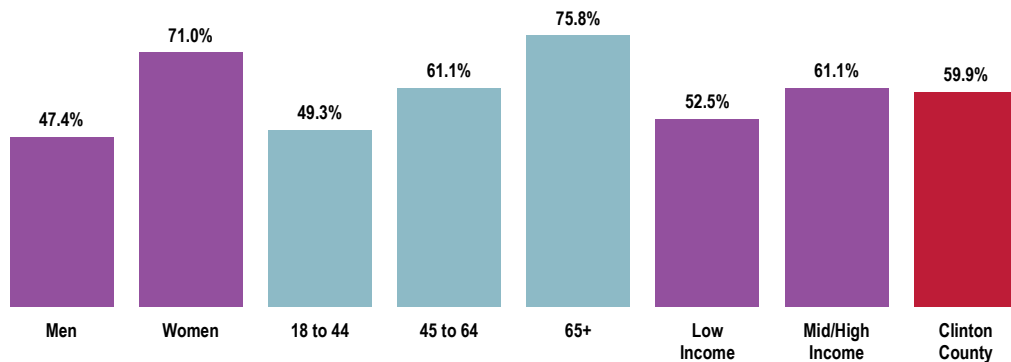
DISPARITY ► Increases with age and is much higher among local women than men.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 19]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 19]
 Notes: • Asked of all respondents.



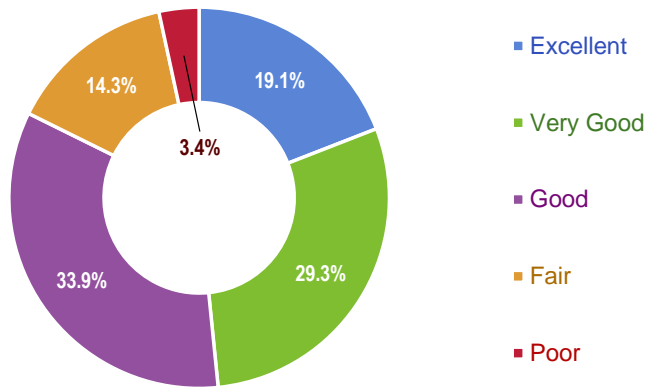


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Clinton County adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community (Clinton County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 17.7% of residents characterize local health care services as “fair” or “poor.”

BENCHMARK ▶ Over twice the national percentage.

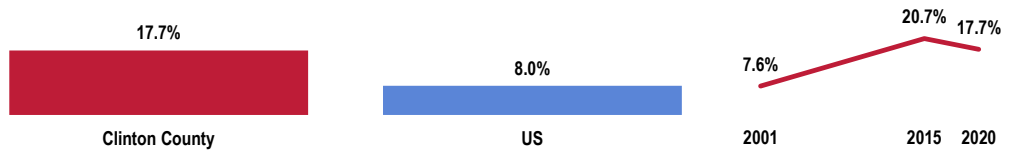
TREND ▶ Increasing significantly from 2001 survey findings (though decreasing since 2015).

DISPARITY ▶ Unfavorably high among women, upper-income residents, and adults with access difficulties in the past year.



Perceive Local Health Care Services as “Fair/Poor”

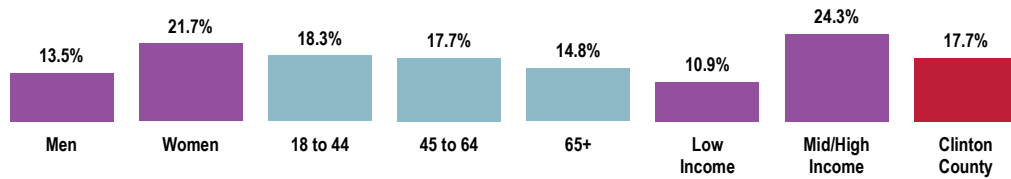
Clinton County



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor” (Clinton County, 2020)

With Access Difficulty 39.0%
 No Access Difficulty 5.5%



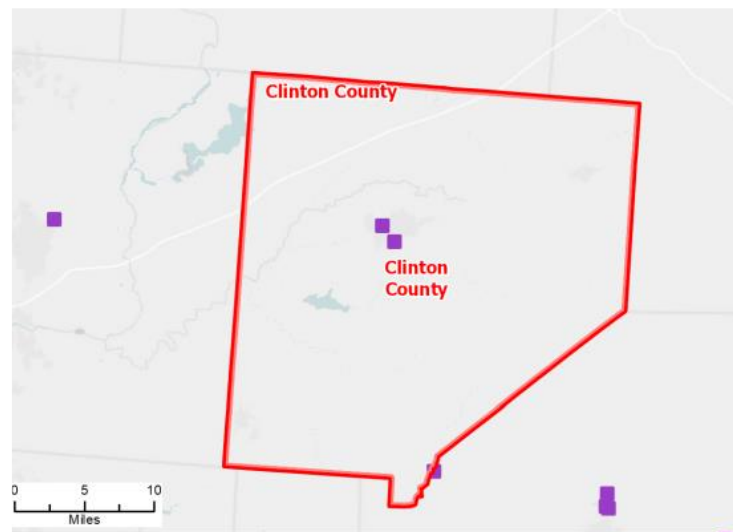
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
 Notes: • Asked of all respondents.



HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Clinton County as of December 2019.



Federally Qualified Health Centers, POS
December 2019



Report Location, County



Map Legend

SparkMap



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Cab Service
- Charles Fischer Grant
- Clinton County Community Action
- Clinton County Reproductive Services
- Clinton Medical Transport
- Clinton Memorial Hospital
- Community Action
- Health Department
- HealthFirst
- HealthSource
- Help Me Grow
- Medicaid/CareSource
- New Life Clinic
- Ohio Department of Job and Family Services (ODJFS)
- Patient Medication Assistance Program
- Solutions
- Sugartree Ministries
- United Way
- Urgent Care Centers
- Wilmington Transit

Cancer

- American Cancer Society
- Cancer Specialty Clinic
- Clinton County Cancer Center
- Clinton Memorial Hospital
- Foster J. Boyd Cancer Center
- Health Department
- Hospice
- James Cancer Center
- VFW

Coronavirus

- Clinton County Health Department
- CDC.gov
- Chamber of Commerce
- Clinton County Health Department
- Clinton County Health District
- Clinton Memorial Hospital
- Coronavirus.ohio.gov
- Covidcc.com
- FEMA

- Greater Tomorrow Health
- HealthFirst
- HealthSource

Dementia/Alzheimer's Disease

- Clinton Memorial Hospital
- Council on Aging
- HealthFirst
- Mental Health Recovery Board
- Ohio Living Cape May
- Respite Care
- Senior Day Care
- Wilmington Friends Adult Daycare

Diabetes

- Clinton County Health Department
- Clinton County Diabetes and Community Wellness Program
- Clinton County Farmers Market
- Clinton County Foundation
- Clinton County Health Department
- Clinton County Health District
- Clinton Memorial Hospital
- Davita Dialysis
- Diabetes Educator
- Dialysis Center
- Fitness Centers/Gyms
- Grocery Stores
- Health Department
- Health District
- HealthFirst
- Heather's Hope
- Ohio Department of Job and Family Services (ODJFS)
- Parks and Recreation
- Patient Medication Assistance Program
- School System
- United Way
- WIC

Disabilities

- AA/NA



Family Planning

Child Services
Clinton Memorial Hospital
Early Head Start
Early Intervention
Help Me Grow
Job and Family Services
New Life Clinic
School System
WIC

Heart Disease

Clinton County Farmers Market
Clinton Memorial Hospital
Farmers Market
Fitness Centers/Gyms
Get Fit
Health Department
HealthSource
Hospice
Ohio Heart Cardiology
Ohio Vein & Vascular
Parks and Recreation
Patient Medication Assistance Program
Wilmington Parks and Recreation
Wilmington Rehab

Injury and Violence

Alternatives to Violence
Law Enforcement
Mental Health Recovery Board
Solutions

Kidney Disease

Dialysis Center

Mental Health

Barker House
Brightview
Butler County Crisis Hotline
Clinton County Health Department
Clinton County Homeless Shelter
Clinton Memorial Hospital
Compeer
Crisis Hotline
HealthFirst
Holistic Wellness
Hope House
Mental Health America
Mental Health Recovery Board
MRDD Services
Ohio Department of Job and Family Services (ODJFS)
Phoenix Center
Point Valley Mental Health
Police Department

Solutions Community Counseling and Recovery Center
Stillwater Stables
Sugartree Ministries
Talbert House
The Nest Recovery Homes
Transformative Wellness
Wilmington Counseling Associates

Nutrition, Physical Activity, and Weight

Anytime Fitness
Clinton County Health Department
Clinton County Board of Commissioners
Clinton County Farmers Market
Clinton County Joint Recreational District
Clinton County Pool and Tennis Club
Clinton County Trails Coalition
Clinton County Youth Council
Clinton Memorial Hospital
Farmers Market
Fathers Kitchen
Get Fit
Health Fairs
HealthFirst
Legacy Fund
Little Clinic Dietician Services
OSU Extension
Parks and Recreation
Planet Fitness
SNAP
Vital Fitness
Weight Watchers
WIC
Wilmington College
Wilmington Parks and Recreation

Oral Health

Health Department
School System
Wilmington Dental Arts

Respiratory Disease

Clinton County Health Department
Clinton Memorial Hospital
Littleton's

Substance Abuse

AA/NA
Acres
Brightview
Butler County Crisis Hotline
Clinton County Board of Commissioners
Clinton County Drug Court
Clinton County Foundation
Clinton County Health District
Clinton County Probation



Clinton County Youth Council
Clinton Memorial Hospital
Drug Court
Greater Tomorrow Health
HealthFirst
Laurel Oaks
Mental Health Recovery Board
Ohio Department of Job and Family Services (ODJFS)
Ohio Means Jobs—Clinton County
Phoenix Center
Project Dawn
Recovery and Counseling Centers
Residential Programs
Salvation Army
Solutions
Star
Sugartree Ministries
Talbert House

The Nest Recovery Homes
Transformative Wellness
United Way
You Turn Program

Tobacco Use

1-800-Quit Line
Baby and Me Tobacco Free
Clinton County Foundation
Clinton County Health Department
Clinton County Health District
Clinton County Youth Council
Clinton Memorial Hospital
HealthFirst
Mental Health Recovery Board
Solutions
Tobacco Cessation Programs
United Way
WIC

