

Athens County Community Health Assessment

2020-2024

 Athens
City-County
Health Department
happy. healthy. prosperous.

ACKNOWLEDGEMENTS

Athens County Community Health Assessment Committee

James Gaskell, Athens City-County Health Department
Tara Gilts, OhioHealth O'Bleness Memorial Hospital
Rebecca Miller, Ohio University College of Health Sciences and Professions
Sherri Oliver, Ohio University Heritage College of Osteopathic Medicine
Ricky Edwards, Athens-Meigs Educational Service Center
Gary Gooseman, Mayor, Village of Amesville
Chris Chmiel, Commissioner, Athens County Commissioners
Steve Patterson, Mayor, City of Athens
Debbie Phillips, Rural Action Inc
Rob Frey, American Red Cross of Southeastern Ohio
Tami Wires, Athens County Emergency Management Service
Mandy Wright, Athens County Jobs and Family Services
Keith Wasserman, Good Works Inc
Patty Mitchell, Passion Works
Claire Gysegun, Hocking Athens Perry Community Action
Nick Tepe, Athens County Public Libraries
Jessica Meade, Holzer Health Systems
Jessie Powers, Athens County Planner
Scott Winemiller, Community Food Initiatives
Jesse Stock, Athens County Foundation
Mollie Fitzgerald, Live Healthy Appalachia
Kathy Trace, Trimble Township Bridgebuilders
Joyce Lewis, Athens County Veterans Affairs
Ellen Martin, Health Recovery Services
Michelle Oestrike, Athens Area Chamber of Commerce
Bill Dunlap, Alcohol Drug Addiction & Mental Health Services Board
Sarah Grace, Athens City Council
Terri Gillispie, Integrated Services
Peter Galbraith, First Presbyterian Church of Nelsonville

Special Recognition - Authorship & Research

Jack Pepper, Athens City-County Health Department
Sharon Casapulla, Ohio University
Matt Scanlin, Ohio University

Special Recognition - Funding

Athens City-County Health Department
Ohio Department of Health

TABLE OF CONTENTS

Page 4	Executive Summary
Page 5	Alignment Requirements
Page 6	About The Community Health Assessment Process
Page 8	Community Profile <i>Statistical data about the population of Athens County</i>
Page 10	Community Health Status Assessment
Page 12	Social Determinants of Health <i>Socio-economic factors that can affect one's health</i>
Page 13	Health Care Access
Page 15	Education, Income, Employment and Poverty Indicators
Page 19	Perceived Health Problems <i>Most important health problems facing residents, as perceived by residents</i>
Page 21	Behavioral Risk Factors <i>Behaviors that affect health</i>
Page 24	Oral Health <i>Oral health practices</i>
Page 26	Maternal and Child Health <i>Issues of concern for mothers and young children</i>
Page 27	Mental and Social Health <i>Suicide, homicide, domestic violence</i>
Page 28	Death, Illness and Injury <i>Leading causes of death, cancer, hospital visits, infectious diseases</i>
Page 31	Data Gap and Next Steps
Page 32	References
Page 33	Appendix

EXECUTIVE SUMMARY

The purpose of the Athens County Community Health Assessment (CHA) is to provide a view into the health of the community. The CHA is built on many years of previous community work and long-established local partnerships. The report is the result of a collaborative effort, coordinated by the Athens City-County Health Department, intended to help the community better understand the health needs and priorities of Athens County residents. The committee included stakeholders working across multiple sectors including: local public health, academia, developmental disabilities, k-12 education, social services, mental health addiction services, faith-based organizations, hospitals, healthcare services, senior services, veterans' services, local business, local political partners and many other vital health and human service organizations. The process of engaging community members and organizations to identify strengths and challenges related to health will result in improved planning of services and an improved ability to prioritize resources to improve health outcomes.

The Community Health Assessment process was rooted in values including a desire to present challenges, needs and strengths in the county. The process uses a broad framework these challenges, and strengths based on the social determinants of health. The social determinants of health are the conditions in which people are born, grow, live, work and age. They include many factors that influence health that have not often been connected in a traditional health assessment document. Some of these factors include physical environment, education, social connectivity and economic stability. The 2020 CHA stands apart from past assessments because it identifies challenges and strengths while also recognizing many of the social determinants in Athens County.

Data used in the Community Health Assessment include primary and secondary data, qualitative and quantitative data. Primary data was collected through focus groups and a community survey. The focus groups and surveys gathered community perceptions on strengths and challenges related to health. Community perceptions and experiences sometimes matched what the secondary data illustrated and other times it did not. Secondary and primary data are intermingled throughout the document painting a thorough picture of community health.

The number one perceived health challenge identified in the primary data collection was the prevalence of substance use disorders (SUDS) in the county. The was followed by (1) obesity; (2) access to care; and (3) poverty.

The Community Health Assessment is a comprehensive look at the health in Athens County, but it does have limitations. The assessment is not meant to cover every possible factor that influences health nor is it an evaluation of services or the health care system itself. We hope Athens County's 2018 Community Health Assessment serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

How to Read This Report

As shown on the next page, **Athens County's 2020 Community Health Assessment** is organized into multiple, distinct sections. Each section begins with a sentence that briefly describes the section, and is then followed by a "call-out box" that highlights and summarizes the key findings of the data compilation and analysis, from the researchers' perspectives. For some indicators, the related U.S. Department of Health and Human Services Healthy People 2020 goals are included with Athens County's status indicated as "met" or "not met."

Sources for all secondary data included in this document are marked by an endnote and described in the report's Reference section. Primary data (i.e., from the 2018 Athens County Health Status Assessment) are marked by the following endnote symbol: §. Caution should be used in drawing conclusions in cases where data are sparse (e.g., counts less than 10).

ALIGNMENT REQUIREMENTS

Many community organizations are required to complete some version of a community health assessment. These organizations range from the Internal Revenue Service (IRS) to the Ohio Department of Health (ODH). Although vastly different in mission, these organizations recognize the need for community organizations to better understand the strengths and needs in a community. In the paragraphs that follow, the specific requirements for participating local organizations are addressed to ensure required compliance.

Public Health Accreditation Board (PHAB) Requirements

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) is the measurement of health department performance against a set of nationally recognized, practice focused and evidenced-based standards. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. The Public Health Accreditation Board requires that Community Health Assessments be completed at least every five years, however, Ohio Revised Code (ORC 3701.981) requires that health departments and non-profit hospitals collaborate to create a Community Health Assessment every 3 years.

Hospital Requirements ~ Internal Revenue Services (IRS)

The Athens County Community Health Assessment fulfills national mandated requirements for hospitals in the county. The H.R. 3590 Patient Protection and Affordable Care Act (ACA), enacted in March 2010, added new requirements in Part V, Section B, on 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years in order to maintain tax-exempt status. To meet these requirements, the hospital shifted their definition of “community” to encompass the entire county, and collaboratively completed the Community Health Assessment. This has resulted in increased collaboration, less duplication, and better sharing of resources between local public health and local hospital systems.

Alcohol, Drug Addiction, Mental Health Services (ADAMHS) ~ 317 Board

In April 2019, under a State of Ohio gubernatorial mandate, Alcohol, Drug Addiction, and Mental Health Services were directed to adjust their Community Health Assessment time lines to align with local public health and hospital systems. The Athens, Hocking, Vinton Alcohol, Drug Addiction, and Mental Health Services Board was a participating member of the steering committee for the 2020 Community Health Assessment, however under the new gubernatorial, mandate intend to be a funding partner during the next assessment planning cycle.

State of Ohio ~ State Health Assessment (SHA)

The 2016 State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department and hospital assessments, and plans, and key informant interviews. The State Health Assessment was an invaluable reference document during the entire Athens County Community Health Assessment process.

To view the full 2016 Ohio State Health Assessment, please visit: http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHA_FullReport_08042016.pdf?la=en

ABOUT THE COMMUNITY HEALTH ASSESSMENT PROCESS

The 2020 Community Health Assessment (CHA) is a view into the health status of the people that live in Athens County. The assessment process results in an increased understanding of key health issues facing our communities, aids in better planning of services and helps to validate already existing services. The development of the assessment also engages the community members by listening to their perceptions and experiences about what influences health. The process includes comprehensive data collection and analysis, working across multiple sectors and bringing dozens of local organizations together. The results of the aforementioned efforts results in a document that assists all Athens County organizations, agencies and citizens in planning and prioritizing identified issues that ultimately improve health outcomes of the individual and community alike. The 2020 Athens County Community Health Assessment was adopted by the Athens City-County Board of Health November 2019.

The 2020 Community Health Assessment is built on several iterations and lessons learned from previous assessments and improvement plans. After the 2016 publication of the Athens County Health Assessment and subsequent Community Health Improvement Plan (CHIP), priority implementation and monitoring were assigned to three existing coalitions. Through the work completed within those coalitions a strong desire to pool resources, reduce duplication of services and better meet individuals needs several organizations to committed to a long-term partnership to share in the resources required to complete a Community Health Assessment.

Identified Disparate Populations

Rural communities outside of the city of Athens experience disproportionately higher rates of chronic disease, feelings of isolation, and poorer mental health days. Social contributors to this health inequity include:

- Limited transportation options
- Higher rates of tobacco use
- Access to health care
- Fewer opportunities for healthy food

The process used to develop the 2020 Community Health Assessment reflected the National Association of County & City Health Officials Mobilizing for Action through Planning and Partnerships (MAPP) model. The MAPP process is a national best practice and is widely considered the standard for public health accreditation. It is a community driven process that results in the engagement of new stakeholders, provides a broad understanding of community health issues and helps identify resources and assets afforded to the local community. The MAPP process requires a significant time commitment, requiring a recommended time line of 18 months. The time line required to complete the 2020 Athens County Health Assessment was 18 months; April 2018 – November 2019.



ABOUT THE COMMUNITY HEALTH ASSESSMENT PROCESS

CONTINUED

The work of the Community Health Assessment was completed without the assistance of a consultant. The Community Health Assessment committee provided the leadership to the process, while two post-secondary Ohio University students completed most of the secondary data collection. Community focus groups and mailed survey responses were key in engaging community voices; all of the specific work on the assessment is outlined below.

- 1. Prepare to assess / Generate questions.** The assessment steering committee, representing a variety of sectors, discussed a range of potential indicators for possible inclusion in the **2020 Community Health Assessment**. However, in the end, the questions for the primary data collection survey were almost entirely identical to those used in the 2016 assessment. The 2016 assessment relied heavily on the CDC's Behavioral Risk Factor Surveillance System (BRFSS) survey tool.

In total, 624 residents completed the survey, or 16% of the total number of valid addresses (i.e., addresses that were not vacant or otherwise able to be surveyed) that were invited to participate.
- 2. Collect secondary data.** Secondary data for this health assessment came from national sources (e.g., U.S. Department of Health and Human Services: Healthy People 2020; U.S. Census Bureau), state sources (e.g., Ohio Department of Health's Data Warehouse), and local sources. Rates and/or percentages were calculated when necessary. All data sources are identified in the Reference section at the end of the report. To ensure community stakeholders are able to use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in the **2020 Athens County Community Health Assessment**, secondary data for the health indicators must have been collected or published in 2011 or later.
- 3. Collect primary data.** Primary data was collected from the 2018 Community Health Status Assessment, a representative survey of Athens County adult residents. Fielded in multiple waves from July 2018 through October 2018, the questionnaire E was completed via Internet or by mail (see Appendix for a hard-copy version). A total of 4,000 addresses were randomly selected from the universal list of residential addresses in Athens County. A notification letter was sent to each of these households asking the adult in the household who most recently had a birthday to complete the survey Online. Approximately 14 days after the initial mailing, a hard copy of the survey was sent to households that had not yet completed the survey Online. Each mailing included a cover letter and a Business Reply Mail envelope so respondents could complete the survey and mail it back at no cost to them.
- 4. Analyze the data.** Before analyzing responses to the 2018 Community Health Status Assessment, the data were weighted. The survey weights were created in two steps. First, a base weight was created, which adjusted for unequal probabilities of selection into the survey (i.e., compensating for the number of adults in the household). Then, the base weight was adjusted so that respondents' demographic characteristics (i.e., age, gender, educational attainment, household income, and kids in the household) aligned with population benchmarks for Athens County. Population benchmarks were obtained from the most recent data available from the U.S. Census Bureau's American Community Survey (i.e., 2014 (5-year estimates)). This adjusted base weight was calculated via an iterative proportional fitting procedure within the STATA v14 software package. Analyses of weighted data were conducted using complex survey [svy] commands within STATA v14.
- 5. Prioritize the results and begin strategic planning.** In October 2018, representatives from Athens City-County Health Department and other community stakeholders participated in a group session that identified the priority health issues facing Athens County residents and outlined the key elements of a strategic plan to address these issues.
- 6. Share results with the community.** This report presents the analysis and synthesis of both the secondary and primary data collected during this effort. This report will be posted on Athens City-County Health Department's website and widely distributed to organizations that serve and represent Athens County residents.

COMMUNITY PROFILE

This section describes the demographic and household characteristics of Athens County's population. Located in the southeastern corner of Ohio, Athens County is part of the Appalachian region. Despite this rural setting, Athens County boasts a population of about 66,000 residents, many of whom are students who attend Ohio University. The county seat and the largest city in the county is Athens City, with a population of about 22,000 residents. Unlike other large college towns, Athens City remains fairly remote and inexpensive yet is afforded excellent arts, restaurants, speakers, and sporting events.



Residents of Athens County, Ohio¹

		Athens County	Ohio
Total Population³	Total population	66,597	11,614,373
Gender	Male	49.9%	49%
	Female	50.1%	51%
Age³	Under 5 years	3.9%	6.1%
	5-17 years	10.6%	16.5%
	18-64 years	73%	62.7%
	65 years and over	12.5%	15.6%
Race	White	89.4%	79.5%
	Non-Hispanic African American	2.7%	12.5%
	American Indian and Alaskan Native	0.4%	0.3%
	Asian	3.6%	2.2%
	Native Hawaiian/Pacific Islander	0.0%	0.1%
Ethnicity	Hispanic or Latino	1.9%	3.7%
	Not Hispanic or Latino	89.4%	79.5%
Marital Status⁴	Never married	51.3%	32.6%
	Now married (except separated)	39.2%	47.4%
	Divorced or separated	5.5%	12.0%
	Widowed	2.6%	6.3%
Veterans²	Civilian veterans	6.3%	8.7%
Disability Status⁵	Total with a disability <65 years	9.1%	8.5%
	< 19 years	1.3%	1.3%
	19 to 64 years	7.7%	7.2%
	65 years and over	4.0%	5.6%
Rural⁴	Percent living in rural areas	43.2%	22.1%

COMMUNITY PROFILE CONTINUED

Households¹

		Athens County	Ohio
Total Households	Number of households ²	22,328	4,601,449
	Owner occupied housing units ²	12,516	3,035,485
	Renter occupied housing units ²	9,812	1,565,964
Median Household Income	Median household income ¹	\$38,100	\$52,400
Household Type	Family households ²	54.3%	63.3%
	Nonfamily households ²	45.7%	36.7%
	Average household size ³	2.56	2.43
Household Size	Average family size ²	3.06	3.04
	Households without a vehicle ²	8.4%	8.4%
Household Size	65 years and over without a vehicle (renter or owner) ⁶	1.9%	2.8%
Grandparents as Caregivers	Grandparents responsible for grandchildren ⁷	N/A	9.4%



COMMUNITY HEALTH STATUS ASSESSMENT

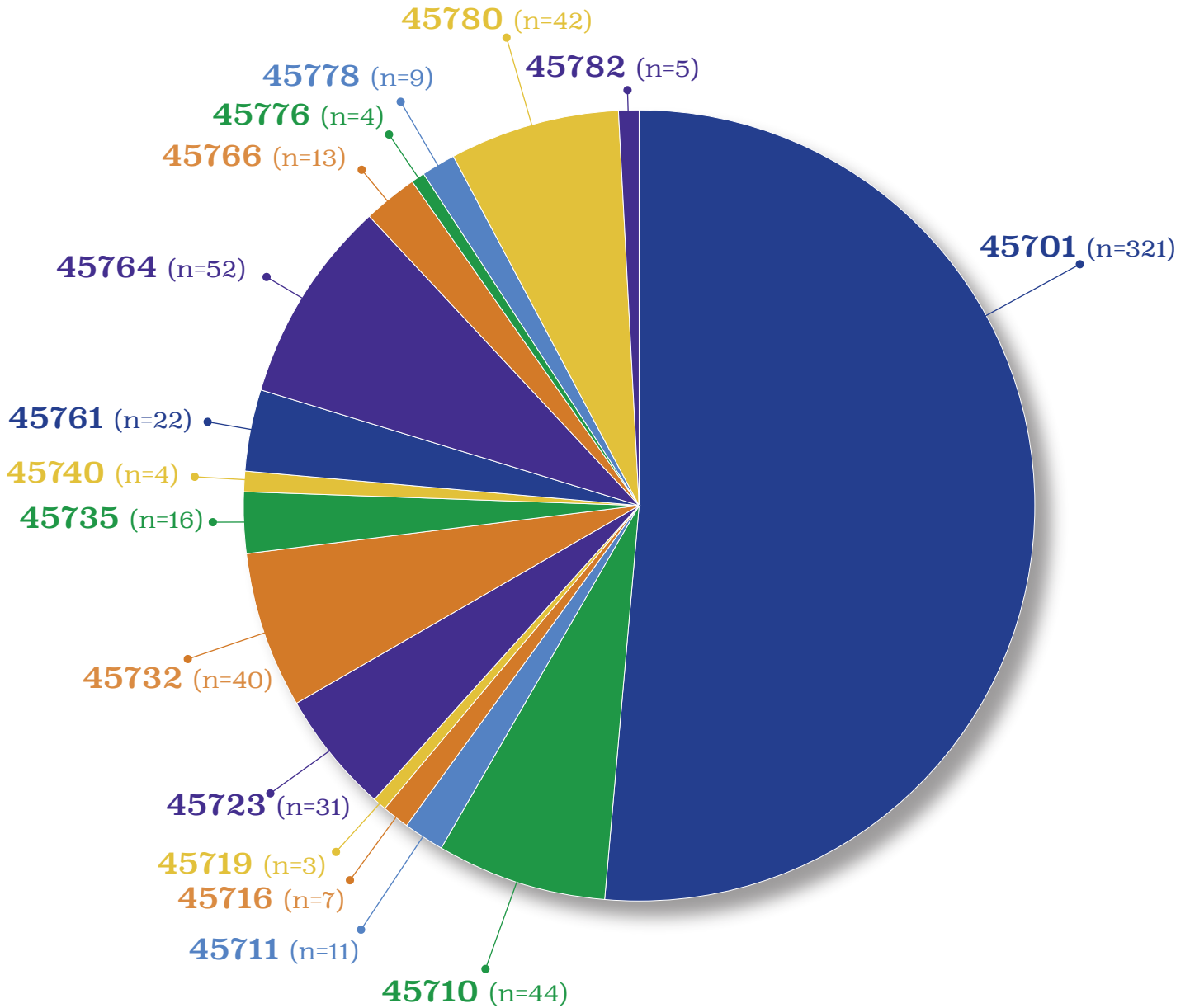
A statistical portrait of the respondents who completed the Community Health Status Assessment is shown in the table below.

Table 1. Demographics of Community Health Status Assessment Respondents

		N=624
Gender	Male	35.4% (225)
	Female	63.9% (391)
	Non-binary, Trans-Gender, or Third Gender	0. (1)
Age	<i>Average Age in Years</i>	
	18-34 Years	9.8% (61)
	35-44 Years	9.5% (59)
	45-54 Years	14.3% (89)
	55-64 Years	22.6% (141)
	65+ Years	42.5 % (265)
Education	Currently Enrolled In College	4.2% (26)
	Graduate or Professional Degree	36.5% (228)
	Bachelor's Degree	17.3% (108)
	Some College (no degree)	15.2% (95)
	High School Degree/GED	17.8% (111)
	Associate's Degree	8.8% (55)
	Less than 12th Grade	38% (24)
Income	<i>Median 2017 Pre-Tax Household Income in Dollars</i>	
	Less than \$24,999	14.4% (90)
	\$25,000-\$49,999	17.1% (107)
	\$50,000-\$74,999	16.8% (105)
	\$75,000-\$99,999	10.9% (68)
	\$100,000 or More	23.9% (149)
Occupational Status	Working Full-time	35.7% (223)
	Retired	43.8% (273)
	Working Part-time	10.3% (64)
	Disabled	4.8% (30)
	Never Worked Outside the Home	1.0% (6)
	Other	4.3% (27)
Household Size	<i>Median Number of Household Members</i>	
	0 Children	80.3% (501)
	1-2 Children	16.2% (101)
	3+ Children	2.2% (140)
Athens County Location	45701 Zip Code	51.4%
	Non-45701 Zip Code	49%

COMMUNITY HEALTH STATUS ASSESSMENT CONTINUED

Zip Codes of Community Health Survey Respondents (n=624)



Zip Code Key

45701: Athens	45732: Glouster	45776: Shade
45710: Albany	45735: Guysville	45778: Stewart
45711: Amesville	45740: Jacksonville	45780: The Plains
45716: Buchtel	45761: Millfield	45782: Trimble
45719: Chauncey	45764: Nelsonville	
45723: Coolville	45766: New Marshfield	

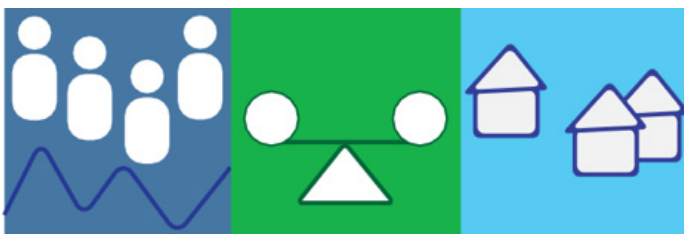
SOCIAL DETERMINANTS OF HEALTH & HEALTH EQUITY FRAMEWORK

The Community Health Assessment steering committee recognizes that multiple factors in a community impact the health of individuals, families and communities. These are often called the Social Determinants of Health. The term Social Determinants of Health is defined by the World Health Organization as *“the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources.”* The social determinants of health influence health inequities.

Health inequities are the avoidable, unfair and unjust differences in health status seen within and between individuals and communities.

The traditional way to approach health assessments and health improvement was to focus only on health care services. More recent research and practice has expanded that perspective to recognize that health is more than health care and what happens at the health care provider’s office. Health care itself influences health, but socioeconomic factors, our physical environment and our individual behaviors also greatly influence our health.

Social Determinants of Health



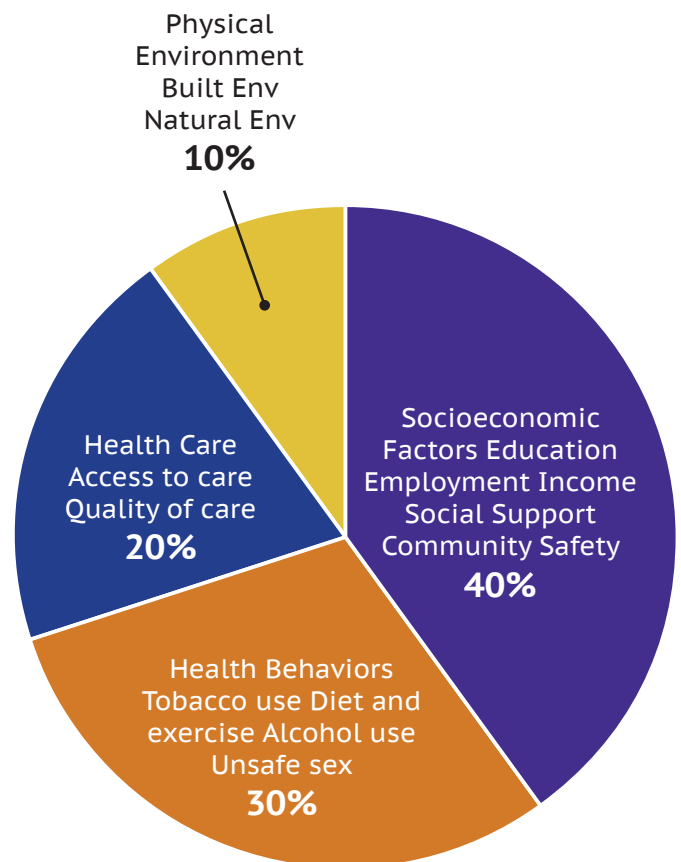
Demographics Economic stability Neighborhood



Education Nutrition Physical environment



Health access Social associations Health behaviors



Source: County Health Rankings and Roadmap, Robert Wood Johnson Foundation and Kings County Hospitals for a Healthier Community, King County Community Health Assessment 2015-2016

HEALTH CARE ACCESS

This section of the report describes contextual factors that can affect the health of Athens County residents, focusing first on the population's access to medical insurance and health care.

Health Care Access Indicators

Key Findings

Most Athens County residents currently have health insurance, with over two-thirds receiving private, employment based health coverage. However, Athens County does not currently meet the national Healthy People 2020 goal for 100% of residents under age 65 to have health insurance.

Health Insurance²

Most Athens County residents have health insurance coverage, especially those under age 18.

		Athens County	Ohio
With Health Insurance	Total with insurance	92.4%	91.5%
	Private health insurance	69.6%	69.1%
	Public health coverage	33.9%	37.6%
	Under 65 years	88.9%	84.9%
	Under 18 years	96.3%	95.5%
	Age 18-64	90.4%	88.1%

Healthy People 2020 Goal

How does Athens County match up with national objectives? As part of its Healthy People 2020 initiative, the Department of Health and Human Services set a goal that 100% of Americans under age 65 would have health insurance by the year 2020. Currently, Athens County does not achieve this target.

Percent with medical insurance (< age 65)⁸

HP2020 target – 100%

Athens County – 92.4%

HP2020 Status:  (not met)

HEALTH CARE ACCESS CONTINUED

Among Athens County residents with health insurance, employment-based insurance was the most common. Note that residents with health insurance could have more than one type of insurance. For example, someone with “Direct-Purchase Insurance” may also have “Medicare coverage.”

“There is a serious lack of healthcare in Athens County, particularly for those without insurance. It seems like other cities in the state have better medical coverage for low income people” ~ Survey Respondent

Type of Health Insurance in Athens County

		Athens County	Ohio
Private Health Insurance Coverage⁹	Total with private health insurance	69.6%	69.1%
	Employment-based health insurance	50.6%	49.6%
	Direct-purchase health insurance	5.3%	4.8%
Public Health Insurance Coverage¹⁰	Total with public health insurance	33.9%	37.6%
	Medicare coverage	5.0%	5.9%
	Medicaid/means-tested public coverage	8.6%	16.4%

Licensed Practitioners¹

The ratio of Athens County physicians (both MDs and DOs) to Athens County residents is 1324:1.

	Athens County Ratio*	Ohio Ratio*
Primary Care Physicians: MDs & DOs¹	1370:1	1310:1
Dentists	4410:1	1660:1
Mental Health Providers	340:1	560:1

**Ratio per population*

Uninsured Children & Adults¹

	Athens County	Ohio
Uninsured Adults	18%	16%
Uninsured Children	8%	6%

EDUCATION, INCOME, EMPLOYMENT, AND POVERTY INDICATORS

This section describes socioeconomic factors that can affect health.

Key Findings

About 27% of adults in Athens County have a bachelor's degree or higher, slightly more than in Ohio overall. However, household income is lower than in Ohio. Also, over a quarter of children fall below the federal poverty level, nearly a third of children are classified as food insecure, and a fifth of households receive food stamps.

As shown in the table below, 27.4% of Athens County adult residents have a Bachelor's degree or higher.

Education Indicators*

	Athens County	Ohio
Less than high school (no diploma)	10.4%	13.3%
High school graduate	31.6%	27.2%
Some college (no degree)	20.2%	21.6%
Associate's degree	9.5%	8.1%
Bachelor's degree	12.8%	18.6%
Master's degree	10.3%	7.91%
Doctorate degree	4.3%	1.3%

*Simply Analytics, 2017

In Athens County, over a quarter of children are below the 100% federal poverty level (FPL).

Income and Poverty

		Athens County	Ohio
Household Income ¹¹	Per capita income	\$22,445	\$30,038
	Median household income	\$44,247	\$54,021
	Mean family income	\$62,256	\$73,337
Poverty Status of Families ²	Families below poverty level	17.7%	11.2%
	Owner –occupied homes below poverty level	7.3%	4.4%
	Renter occupied homes below poverty level	43.6%	31.1%
	Children in poverty	33.9%	20.1%
	Children in single-parent households	36%	36%
	Children eligible for free or reduced price lunch	57%	45%
Poverty Status of Those < 18 Years Old ¹¹	Below 100% FPL federal poverty level	30%	22.1%

EDUCATION, INCOME, EMPLOYMENT, AND POVERTY INDICATORS CONTINUED

The ability to access healthy, fresh food can also affect health. Food insecurity is defined by the United States Department of Agriculture as “a lack of access to enough food for an active, healthy life and a limited availability of nutritionally adequate foods.” According to the Robert Wood Johnson Foundation, Community Health Rankings, in Athens County one fifth of all residents are food insecure; however, nearly one third of children in Athens County are estimated to be food insecure.

Food Access

		Athens County	Ohio
Food Stamp Households¹¹	Total households	15.6%	13.2%

As shown below, Athens County’s 2015 unemployment rate is higher than that for Ohio.

Employment Status¹²

		Athens County	Ohio
Employment Rate of Civilian Labor Force	Employed	53.2%	63.3%
	Unemployed	9.4%	7.2%

United Way ALICE Data

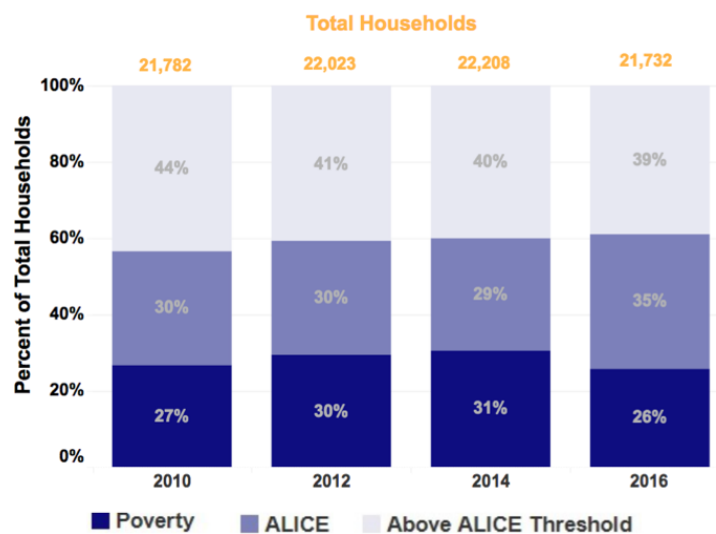
The following four tables are from the United Way ALICE organization. ALICE is a United Way acronym that stands for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed.¹² It describes a group of the population that is often underrepresented. Individuals and families in this category earn above the federal poverty level, but not earn enough to afford a bare-bones household budget of housing, child care, food, transportation, and health care. The United Way ALICE Reports use new measures to provide a more accurate picture of financial insecurity at the state, county, and municipal level.

The Household Survival Budget* gives the cost of housing, childcare, food, transportation and health care at the bare minimum “survival” level.

	Single Adult	2 Adults, 1 Infant, 1 Preschooler
Housing	\$550	\$727
Child Care	\$0	\$1,375
Food	\$182	\$603
Transportation	\$349	\$697
Health Care	\$214	\$800
Technology	\$55	\$75
Miscellaneous	\$159	\$483
Taxes	\$244	\$550
Monthly Total	\$1,753	\$5,310
ANNUAL TOTAL	\$21,036	\$63,720
Hourly Wage	\$10.52	\$31.86

Source: U.S. Department of Housing and Urban Development; U.S. Department of Agriculture; Bureau of Labor Statistics; Internal Revenue Service; Tax Foundation; and Ohio Department of Job and Family Services, 2016.

Households by Income, 2010 to 2016 - Athens, Ohio



Source: American Community Survey, 2016, and the ALICE Threshold, 2016.

EDUCATION, INCOME, EMPLOYMENT, AND POVERTY INDICATORS CONTINUED

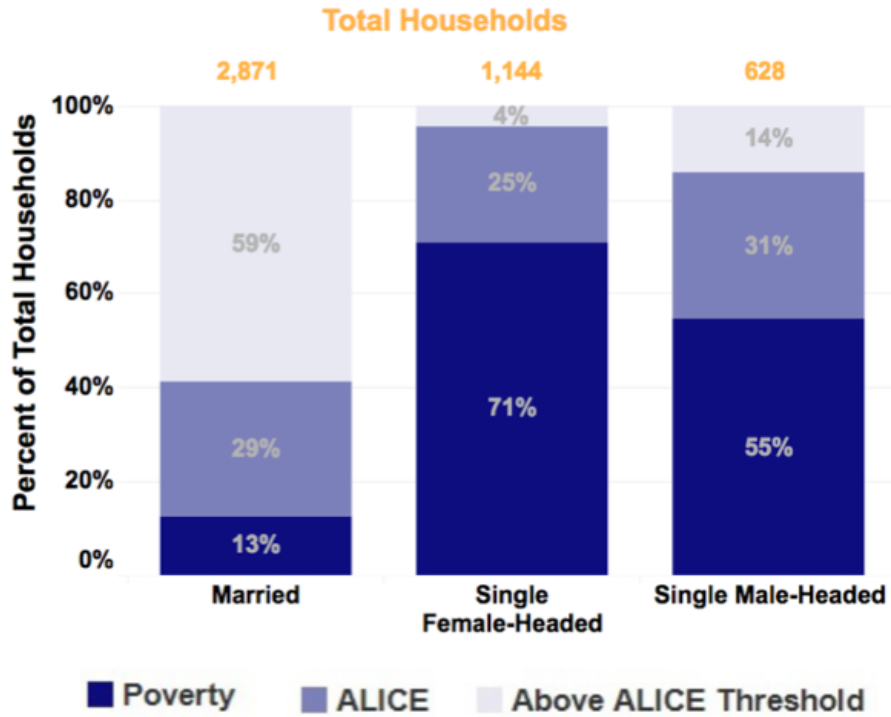
Percent of Households in Poverty or ALICE by Township in Athens County

		Households	Poverty	ALICE	Above ALICE
County	Athens County		26%	35%	39%
Cities	Trimble	1,605	29%	41%	30%
	York	2,714	34%	36%	30%
	Dover	1,520	27%	43%	30%
	Ames	539	9%	35%	56%
	Bern	198	5%	42%	54%
	Waterloo	1,072	24%	41%	35%
	Athens	9,252	41%	27%	32%
	Canaan	750	19%	42%	38%
	Rome	485	22%	29%	49%
	Lee	1,044	14%	36%	50%
	Alexander	1,142	7%	49%	44%
	Lodi	491	15%	43%	43%
	Carthage	546	18%	44%	38%
	Troy	970	11%	39%	50%

“Poverty is the most pressing issue in Athens County. We need to invest in the community to address a chronic problem. Better services, better health education, better mental health support and better jobs.”
~Survey Respondent

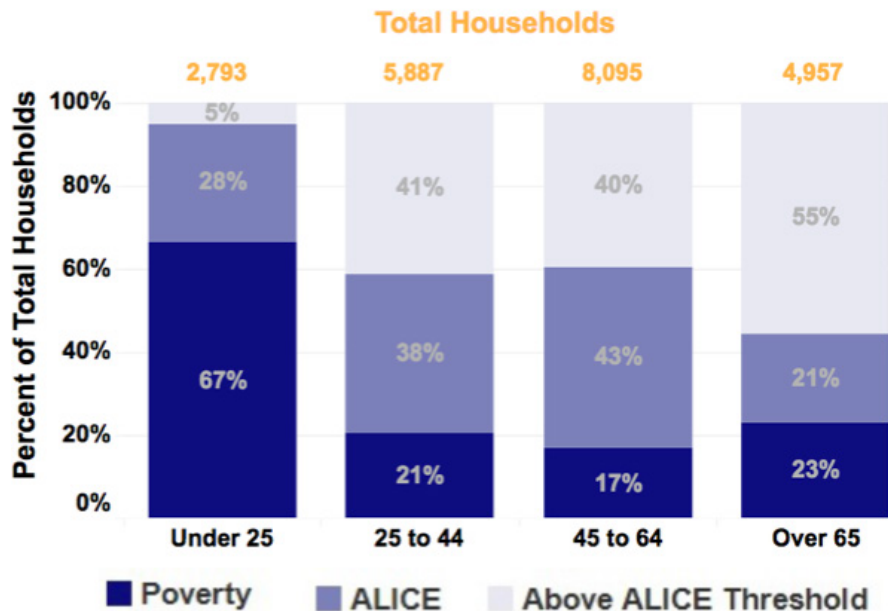
EDUCATION, INCOME, EMPLOYMENT, AND POVERTY INDICATORS CONTINUED

Families with Children - Athens, Ohio, 2016



Source: American Community Survey, 2016, and the ALICE Threshold, 2016.

Households by Age - Athens, Ohio, 2016



Source: American Community Survey, 2016, and the ALICE Threshold, 2016.

PERCEIVED HEALTH PROBLEMS

This section describes the responses of Athens County adults to questions that asked them to identify the perceived health problems and other issues.

Key Findings

Overall, Athens County residents say alcohol and /or drug addiction is the most important health problem in Athens County.

Respondents to the **2018 Athens County Health Survey** reported what they believe to be the most important health problems affecting Athens County residents. Substantive responses from 624 individuals were coded by a researcher and grouped into categories. The most frequently mentioned problem was alcohol and /or drug addiction listed by about a third of respondents. Other important health problems were obesity, food insecurity, and access to care.

“Drugs!!! Between a lack of proper education and employment opportunities we have generations of your people looking for something to do and getting addicted to drugs.” ~ Survey Respondent

Most Important Health Problems⁵

	Athens County
Alcohol and /or drug addiction	34.4%
Obesity / Overweight	13.3%
Inadequate Access to Affordable Mental and Physical Healthcare	9.0%
Inadequate Access to Healthy Foods or Food Insecurity	7.2%
Poverty	5.3%
Cancer	4.0%
Diabetes	2.9%
Mental Health	2.6%
Lack of transportation	1.4%
Cardiovascular disease / problems	1.4%
Sedentary lifestyle	1.3%
Smoking	1.1%
Apathy	>1%
Environmental health problems (sewage, bedbugs, water quality)	>1%
Inadequate education and/or low literacy	>1%
Other	7.4%

Multiple responses were accepted, so the total percentage will be greater than 100%.

Note: percentages are unweighted

BEHAVIORAL RISK FACTORS

This section describes behaviors of Athens County adults that affect their health.

Key Findings

About 41% of Athens County Residents are currently smokers, and 18.3% report binge drinking in the past month, neither of which meet the national Healthy People 2020 Goals.

Regarding weight and behaviors that can promote health, 34.9% of Athens County residents are considered obese. While most residents eat at least one serving of fruits or vegetables, only about 31% report eating five or more servings of fruits and vegetables in a typical day. Finally, about 81% participated in some form of physical activity in the previous month.

About 41% of Athens County adults report they are currently smokers and 21.6% of males and 15.8% of females in Athens County report binge drinking in the past month (i.e. five or more drinks on one occasion in the past month for men; four or more drinks on one occasion in the past month for women).

Tobacco and Alcohol Use⁵

		Athens County	Ohio ¹
Cigarette Use	Current smokers (every day or some days)	41%	23%
Binge Drinking	Males	21.6%	19%
	Females	15.8%	

Healthy People 2020 Goal

How does Athens County match up with national objectives? As part of its Healthy People 2020 initiative, the Department of Health and Human Services set a goal that the percent of adults who are current smokers would decrease to 12.0% by the year 2020. Currently, Athens County does not achieve this target.

Percent of adults who are current cigarette smokers

HP2020 target – 12.0%

Athens County – 41%

HP2020 Status:  (not met)

BEHAVIORAL RISK FACTORS CONTINUED

Healthy People 2020 Goal

How does Athens County match up with national objectives? As part of its Healthy People 2020 initiative, the Department of Health and Human Services set a goal that the percent of adults who binge drink in the previous month would decrease to 24.4% by the year 2020. Currently, Athens County does achieve this target.

Percent of adults who binge drank in past 30 days

HP2020 target – 24.2%

Athens County – 18.3%

HP2020 Status:  (met)

Regarding drug use, 4.2% of Athens County adults reported using prescription medication that were not prescribed to them or taking more than prescribed to feel good, high, more active, or alert. Just over 15% of Athens County adults admitted to using marijuana.

Drug Use During the Past Six Months[§]

	Athens County
Used prescription medication not prescribed or took more than prescribed to feel good, high, more active or alert	4.2%
Used marijuana or hashish	15.2%

According to the Athens City-County Health Department, 6 unintentional overdose deaths were recorded in 2018. Of course, these statistics do not indicate the overall prevalence of illicit drug use or abuse among adults in Athens County; rather, they only measure the extent to which such use results in death. Note that rates calculated based on counts of less than ten may be unstable and therefore should be interpreted with caution.

Body Mass Index[§]

Body mass index was calculated from weight and height provided by survey participants. In Athens County, over half of adult residents are overweight or obese.

	Athens County Respondents
Mean Body Mass Index	28.5
Underweight (BMI < 18.5)	3.3%
Normal weight (BMI = 18.5 - 24.9)	32%
Overweight (BMI= 25 – 29.9)	29.8%
Obese (BMI > 29.9)	34.9%

BEHAVIORAL RISK FACTORS CONTINUED

Healthy People 2020 Goal

How does Athens County match up with national objectives? As part of its Healthy People 2020 initiative, the Department of Health and Human Services set a goal that the percent of adults who are obese would decrease to 30.5% by the year 2020. Currently, Athens County achieves this target.

Percent of adults who are obese

HP2020 target – 30.5%

Athens County – 34.9 %

HP2020 Status: ✘ (not met)

Considering nutrition, most Athens County adults report eating fruit (i.e., fresh, frozen, or canned fruit, but not fruit juice) at least once on a typical day, and the majority also report eating vegetables at least once on a typical day.

Nutrition⁵

	Mean
Servings of fruit eaten <i>daily</i>	1.5
Servings of vegetables eaten <i>daily</i>	2.0

Overall, only 1.5% of Athens County residents report eating five or more servings of fruits per day and 8% report eating five or more servings of vegetables per day. Of those who don't eat five or more servings per day 34% say it is because these foods are too expensive.

Reasons Why Athens County Residents Do Not Eat Five Servings of Fruits/Vegetables⁵



Physical Activity

About 81% of Athens County adults participated in some form of physical activity (such as running or walking for exercise, calisthenics, golf, gardening, or other activity for exercise, other than their regular job) at least once in the past month prior to the survey. On average the respondents spend 4.4 hours per day sitting for work and 30% of the respondents spend 6 or more hours sitting for work.

ORAL HEALTH

This section describes oral health practices among Athens County residents.

Key Findings

Over half (51.9%) of Athens County residents have visited the dentist in the past year. The majority of those who do not visit the dentist indicated it was because they did not have dental insurance or because of the cost.

Length of Time Since Last Visited Dentist⁵

Over half of all Athens County residents report visiting a dentist or dental clinic in the past year.

Many of those who have not visited a dentist in the past year say it is because they have dentures or it is too costly.



Healthy People 2020 Goal

How does Athens County match up with national objectives? As part of its Healthy People 2020 initiative, the Department of Health and Human Services set a goal that the percent of adults who had visited the dentist in the past year would increase to 49% by the year 2020. Currently, Athens County achieves this target.

Percent of adults who visited the dentist in the past year

HP2020 target – 49.0%

Athens County – 51.9%

HP2020 Status: ✓ (met)

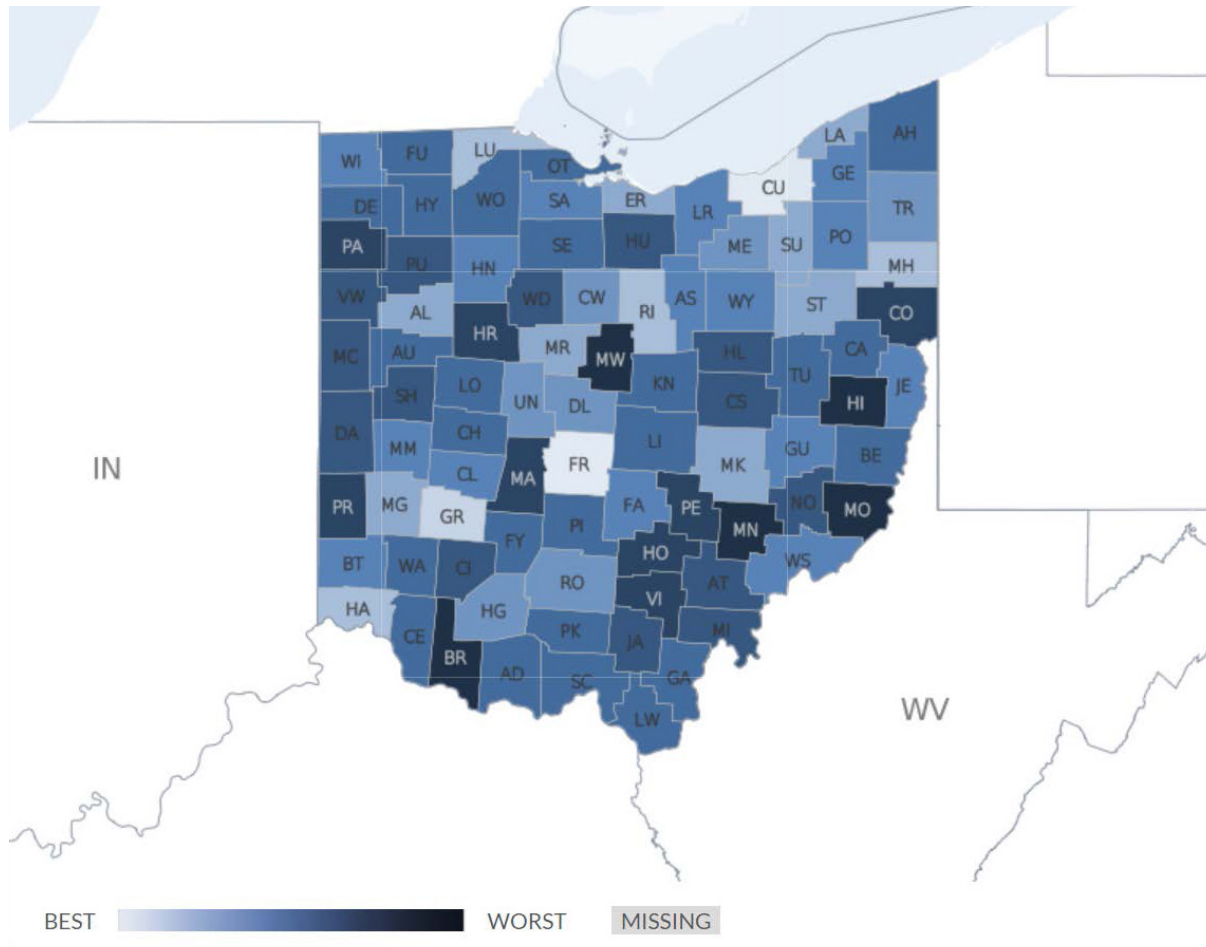
ORAL HEALTH CONTINUED

Reasons Why Residents Have Not Visited the Dentist in the Past Year⁵

No dental insurance	32.4%
Cost	28.0%
didn't think I needed to go	12.8%
I have no teeth	12.2%
I Do Not Like Going/I am Afraid to Go	10.4%
Other	4.2%

Licensed Practitioners¹

The ratio of Athens County dentists is 1 to every 4,045 Athens County residents. The map below illustrates the ratio of total population to available dentists.



Robert Wood Johnson Foundation, County Health Rankings, 2016

MATERNAL AND CHILD HEALTH

Health issues facing mothers and their children in Athens County are described in this section.

Key Findings

In Athens County, 11% of infants are born preterm, or before 37 weeks gestation, which meets the national goal. Rates of pregnancies and live births among 18-19 year olds are well below Ohio rates. However, 15% of pregnant women in Athens County report smoking in the last three months of pregnancy. Almost all residents say vaccines are at least moderately important to children's health, and 93% of kindergartners had received all their vaccines in 2014.

Maternal and Child Health

		Athens County Rate	Ohio Rate
Infant Mortality Rate ⁴		7.3	7.3
Live Births (Adolescent) ¹	10-14 years*	N/A	N/A
	15-19 years*	10	28
		Percent	Percent
Low Birth Weight ¹⁵	Low birth weight babies (<2500 grams)	13.8%	11.5%
Preterm Birth Rate ¹⁵	Preterm births (<37 weeks)	19.4%	12.5%

*Rate per 1,000 females in same age group

N/A = not available or cannot be calculated

Healthy People 2020 Goal

How does Athens County match up with national objectives? The Healthy People 2020 goal is for only 11.4% of all live births to occur before 37 weeks gestation by the year 2020. Currently, Athens County achieves this target, as 11.3% of live births are considered preterm.

Total preterm live births

HP2020 target – 11.4%

Athens County – 11.3 %

HP2020 Status:  (met)

Childhood Immunization Rates

In Athens County, two-thirds of residents believe vaccines are extremely important to children's health, and an additional 30% believe vaccines are moderately or very important to children's health.

Vaccination rates among kindergartners in Athens County are presented in the table below. About 92% of children entering kindergarten in 2018 had received all of their immunizations.

	Athens County	Ohio
Kindergarten	91.8%	89.14%
Grade Twelve	90.4%	84.01%

MENTAL AND SOCIAL HEALTH

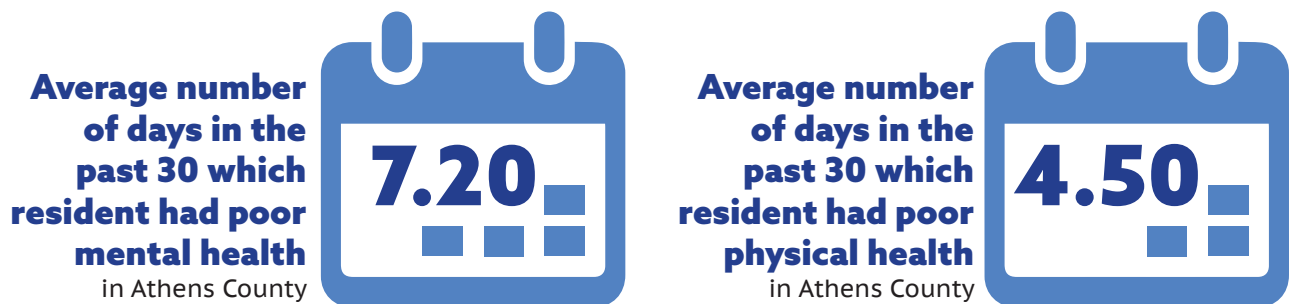
This section describes issues associated with the mental and social health of Athens County residents.

Key Findings

Over half of Athens County residents say they had at least one day of poor mental health in the past month, and half of residents say they had at least one day of poor physical health in the past month. About one-third of residents have been diagnosed with a depressive disorder and 30% with an anxiety disorder.

Over 44% of Athens County residents said they had at least one day during the past 30 in which their mental health was not good, and the average number of days like this was close to five. In addition, 42% said they had at least one day during the past 30 days in which their physical health was poor.

Recent Days of Poor Mental and Physical Health^s



Diagnoses of Mental Health Conditions^s

Ever Been Told That You Had...	Athens County
A depressive disorder (including depression, major depression, dysthymia, or minor depression)	31.4%
An anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, or social anxiety disorder)	36.9%

The table below shows reported cases of suicide, murder, domestic violence, and child abuse in Athens County in recent years.

Regarding mental health conditions, just under a third (31.4%) of Athens County residents have been diagnosed with a depressive disorder and 36.9% have been diagnosed with an anxiety disorder.

Mental and Social Health Indicators

	Athens County		Ohio	
	Count	Ratio*	Count	Ratio*
Suicides	9	13.5	1,743	14.8
Homicides	2	3.0	830	7.6
Domestic Violence	138	207.2	67,201	576.4
Child Abuse Cases	98	147.2	29,659	254.4

* Rate per 100,000 population

Athens City-County Health Department, 2018

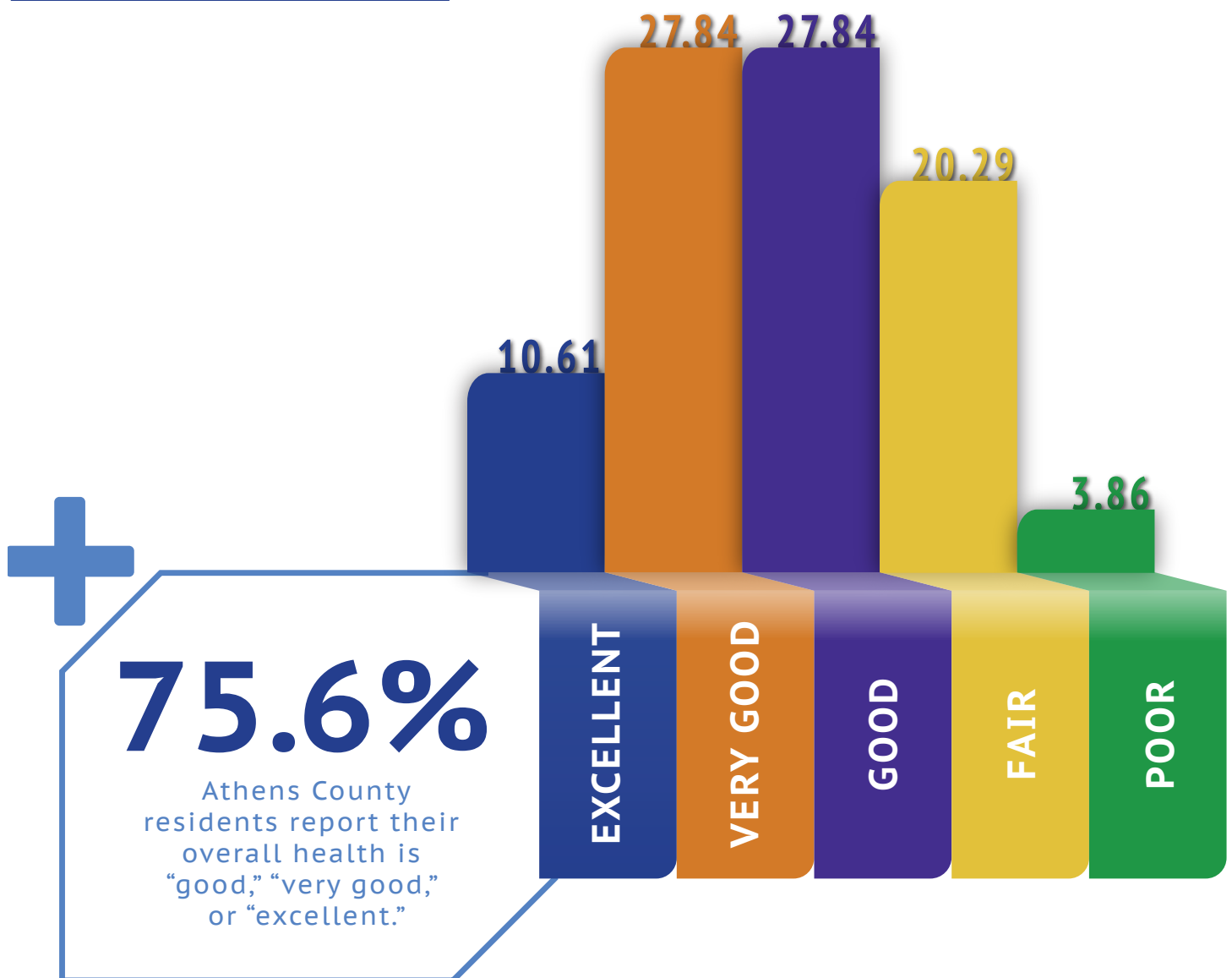
DEATH, ILLNESS, AND INJURY

This section describes leading causes of death, illness, and injury among the residents of Athens County.

Key Findings

Only 39% of Athens County respondents rate their general health as “very good” or “excellent”. The leading causes of death in Athens County are atherosclerotic cardiovascular disease, bronchus or lung cancer, and dementia. Of all cancers, breast, colon and rectum, and lung and bronchus cancer have the highest incidence rates. Regarding hypertension and cholesterol, 40% of Athens County residents have been diagnosed with high blood pressure, and 34% have been diagnosed with high blood cholesterol.

Perceptions of Health Status⁵



DEATH, ILLNESS, AND INJURY CONTINUED

The ten leading causes of death in Athens County in are shown below. Cancers and atherosclerotic cardiovascular disease are the top causes of death.

Mortality – Leading Causes¹⁶

	Athens County		Ohio
	Count	Rate*	Rate*
Malignant neoplasms (cancers)	104	174.0	173.4
Diseases of the heart	104	173.8	185.1
Chronic lower respiratory diseases	33	56.8	47.5
Accidents (unintentional injuries)	28	50.1	66.6
Cerebrovascular diseases	24	43.5	40.6
Diabetes mellitus	20	33.5	24.6
Influenza and pneumonia	13	Not reliable	15.0
Septicemia	11	Not reliable	13.7
Alzheimer’s disease	10	Not reliable	33.4
Intentional self-harm (suicide)	10	Not reliable	14.2

**Rate per 100,000 population, age-adjusted*

N/A = Rate is unreliable due to small number of cases

Cancer Incidence Rates – Top Cancers¹⁷

Considering cancer incidence, breast and prostate cancers have the highest incidence rate in Athens County, followed by lung cancer.

	Athens County		Ohio
	New Cases	Rate*	Rate*
Breast	36	120.0	123.8
Prostate	30	103.4	113.1
Lung & Bronchus	43	73.9	69.9
Colon & Rectum	29	49.4	41.5
Bladder	15	27.1	21.9

**Rate per 100,000 population, age-adjusted. Rates are sex specific for cancers of the breast and prostate.*

N/A = not available

DEATH, ILLNESS, AND INJURY CONTINUED

Diagnoses of Chronic Health Conditions⁵

With regard to chronic health conditions, 40.5% of adult Athens County residents have at some point been told by a health professional that they have high blood pressure, and about 34.2% have been told that they have high blood cholesterol. In addition, about a third of adult Athens County residents have been diagnosed with a mental health disorder.

Ever Been Told That You Had...	Athens County Repondents (n)
High blood cholesterol	34.2%
High blood pressure	39.5%
Arthritis	34.6%
Depressive disorder	31.4%
Anxiety disorder	36.9%
Cancer	14.0%
Pre-diabetes	20.7%
Diabetes	14.2%
Asthma	15.1%
Heart disease	12.9%
COPD	11.6%
Pregnancy-Induced Pre-diabetes/Diabetes	2.0%
Pregnancy-Induced High Blood Pressure	2.6%
Other	21.0%

Incidence of Infectious Disease

	Athens County		Ohio	
	Cases	Rate*	Cases	Rate*
Chlamydia infection	449	674.2	63,350	543.4
Hepatitis C (chronic)	148	151.3	16,746	143.3
Gonorrhea infection	55	82.6	20,487	216.3

*Rate per 100,000 population

Ohio Department of Health, STD Surveillance, 2018
Ohio Department of Health, Hepatitis Surveillance Program, 2018

The most common infectious disease diagnosis in Athens County is chlamydia. With much lower incidence rates, the next most common infectious diseases in the county are gonorrhea and campylobacteriosis. Note that rates calculated based on counts of less than ten may be unstable and therefore should be interpreted with caution.

DATA GAPS AND NEXT STEPS

The Community Health Assessment document is a snapshot of health in Athens County; it has limitations. As mentioned in the executive summary, this document is not meant to cover every possible factor that influences health. Nor is it an evaluation of services or the efficacy of the health care system in Athens County. The assessment is also limited by what data is currently being gathered, published and the frequency of which the data is presented. The steering committee identified several data gaps in the process with the hope that it will drive future data collection and study. The list is not meant to be all inclusive and community members were invited to review and add to the list.

Data Gaps, Possible Future Data Collection and/or Study Topics

- Built environment: specifically sidewalks, running/walking paths, lighting on roads for safety
- Access to quality housing
- Comprehensive data
- Current resource/services mapping
- Generational poverty
- Opioid use & abuse
- Access to specialty health care
- Transportation
- Types & characteristics of employment in area

Summary

In the end, the Community Health Assessment is intended to inform and build on current health improvement efforts in the community. It is one step in an ongoing process of community health planning and improvement. Future work includes prioritization of health issues, achievable interventions, and exploration of how to compliment work that is already being done in the community. The work of improving the health of people in Athens County should include recognition of strengths, identification of needs and continued collaboration to improve health outcomes of individuals, families and community.

Consistent with Public Health Accreditation Board requirements, the Athens City-County Health Department will use this report to inform the development and implementation of strategies to address its findings. It is intended that community stakeholders will also use this report for their own planning efforts. Subsequent planning documents and reports will be shared with community stakeholders and with the public. For example, Appendix B of this report includes a preliminary list of community assets and resources that could possibly be mobilized and leveraged to address some of the health issues identified in this Community Health Assessment. This list will be reviewed and (if necessary) revised by the Athens City-County Health Department and its partners after the Community Health Improvement Plan is formulated and priority issues are identified.

Users of Athens County's 2018 Community Health Assessment are encouraged to send feedback and comments that can help to improve the usefulness of this information when future editions are developed. Questions and comments about Athens County's 2018 Community Health Assessment may be directed to:

Jack Pepper, RS, Athens City-County Health Department
740-592-4431, x.5926 | jpepper@athenspublichealth.org

REFERENCES

1. Robert Wood Johnson Foundation (RWJF). County Health Rankings and Roadmaps <http://www.countyhealthrankings.org/roadmaps/action-center/assess-needs-resources>
2. U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
3. U.S. Census Bureau, 2017 Population Estimates Program (PEP). Updated annually. Population and Housing Unit Estimates and U.S. Census Bureau, American Community Survey (ACS). Updated annually. American Community Survey
4. U.S. Census Bureau, MARITAL STATUS 2017 American Community Survey 1-Year Estimates
5. U.S. Census Bureau, AGE BY DISABILITY STATUS BY HEALTH INSURANCE COVERAGE STATUS Universe: Civilian noninstitutionalized population 2017 American Community Survey 1-Year Estimates
6. U.S. Census Bureau, TENURE BY VEHICLES AVAILABLE BY AGE OF HOUSEHOLDER Universe: Occupied housing units 2017 American Community Survey 1-Year Estimates
7. U.S. Census Bureau, GRANDPARENTS 2017 American Community Survey 1-Year Estimates
8. U.S. Census Bureau, Selected Characteristics Of Health Insurance Coverage In The United States 2012-2016 American Community Survey 5-Year Estimates
9. U.S. Census Bureau, From Private Health Insurance Coverage By Type And Selected Characteristics 2017 American Community Survey 1-Year Estimates
10. U.S. Census Bureau, Public Health Insurance Coverage By Type And Selected Characteristics 2017 American Community Survey 1-Year Estimates
11. U.S. Census Bureau, Comparative Economic Characteristics 2017 American Community Survey 1-Year Estimates
12. U.S. Census Bureau, Labor Force Participation Rate From Employment Status 2012-2016 American Community Survey 5-Year Estimates
13. United Way. 2019. ALICE. Retrieved from <https://www.unitedforalice.org/>
14. Ohio Department of Health. <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/OEI/2016-Ohio-Infant-Mortality-Report-FINAL.pdf?la=en>
15. Ohio Department of Health. Public Health Warehouse. Ohio Resident Live Births (2006-Present). <http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>
16. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html>
17. Ohio Department of Health.,Table 2.Average Annual Number and Age-adjusted Rates of Invasive Cancer Cases and Cancer Deaths by Site/Type in Athens County, Ohio and the United States, 2010-2014 <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/opi/cancer-incidence-surveillance-system-ociss/athens.pdf?la=en>

PRIMARY DATA COLLECTION SUMMARY

2020 ATHENS COUNTY COMMUNITY HEALTH ASSESSMENT

Process & Methods

Two primary methods were used to solicit feedback from the community regarding the 2020 Athens County Community Health Assessment. Primary data collection, through focus groups and a community wide survey, provided additional data and context to the secondary data cataloging and analysis. The purpose of the primary data collection was to gather perceptions about health priorities, experiences and gain an understanding of what community members believe influences health the most. Methods included surveys (both paper and online) and targeted focus groups. The primary data collection process was part of a larger community health assessment, following a modified Mobilizing for Action through Planning and Partnerships model (MAPP).

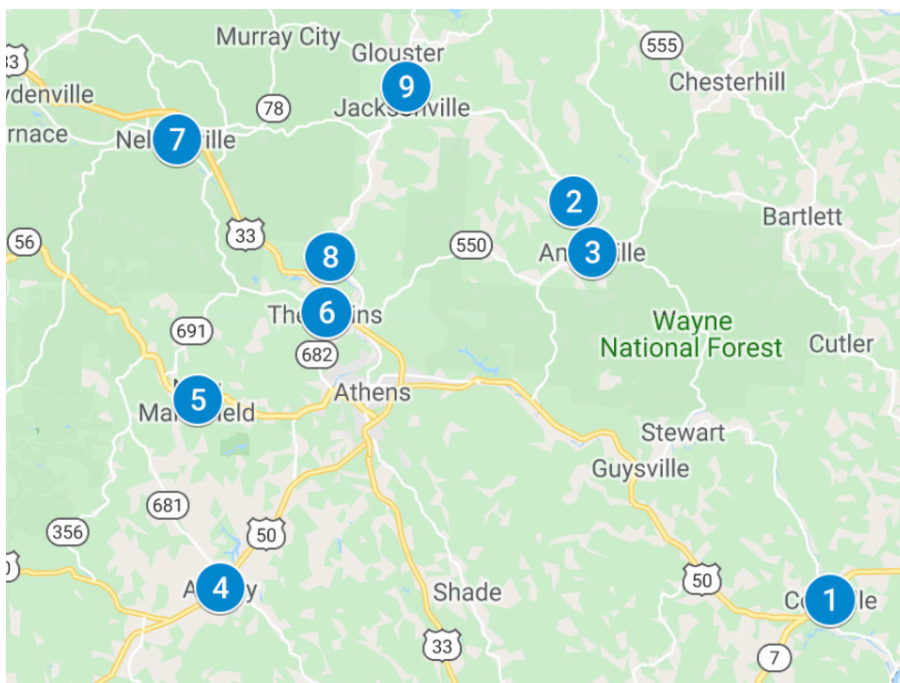
The community survey was written for easy reading and comprehension. Survey questions mirrored the questions in the targeted focus groups. The survey was available online and in paper/hard copy format, in English and Spanish languages. Additional accommodation for language and/or reading and comprehension was offered at local public libraries during specified times. 624 people took the survey, eliciting both quantitative health priority ranking data and 224 unique comments.

The 2020 Athens County CHA collaborative committee also participated in eight targeted community focus groups. Seventy-four (74) community members participated in the focus groups. The meetings were held around the county during December, January and February of 2018-19. The committee identified and prioritized which communities they wanted to have targeted feedback from. The committee then chose local champions for each group who lead recruitment and coordination of each meeting.

Prioritized Communities for 2020 Athens County Community Health Assessment Focus Groups

1. Coolville
2. Federal Valley
3. Amesville
4. Albany
5. New Marshfield
6. The Plains
7. Nelsonville
8. Chauncey
9. Trimble

Data was gathered in the focus groups with open-ended discussion questions. The focus groups were complete within two hours and averaged almost nine people per group. There are limitations to focus group and survey data. Neither should stand on its own; the processes are meant to complement and balance the secondary data analysis.



COMMUNITY THEMES & STRENGTHS 2018

PURPOSE OF COMMUNITY THEMES & STRENGTHS

The Community Themes and Strengths Assessment answers the questions:

“What is important to our community?”

“How is the quality of life perceived in our community?”

“What assets do we have that can be used to improve our community health?”

The Community Themes and Strengths Assessment is a vital part of a community health improvement process. During this phase, community thoughts, opinions, and concerns are gathered, providing insight into the issues of importance to the community. Feedback about quality of life in the community and community assets is also gathered. This information leads to a portrait of the community as seen through the eyes of its residents. Mobilizing and engaging the community may be a daunting task. However when successful, it ensures greater sustainability and enthusiasm for the process.

PURPOSE OF COMMUNITY THEMES & STRENGTHS

“What is important to our community?”

- Community Pride
- Outdoor Recreation
- Low Cost of Living
- Local Food Movement
- Local Business
- Arts and Culture
- Local History
- Youth Opportunity
- Local Partnerships
- Sustainability
- Quality of Life
- Family
- Diversity
- Faith/Religion

“How is the quality of life perceived in our community?”

- Excellent
- Positive
- Average
- “Haves” vs “Have Nots”
- Athens City vs Athens County

“I think it depends on how you define it. If you ask someone about their quality of life from an economic perspective, they may view it as being poor. However, you could ask the same person about their quality of life from a health perspective, and they may perceive that as being quite good. I think that overall, most people have a neutral to positive perception of their quality of life.” ~ Focus Group Participant

“What assets do we have that can be used to improve our community health?”

- Community Leadership
- Major Health System Presence
- Local Food Movement
- Eco-tourism, Outdoor Activities
- Ohio University
- K-12 Education System
- Local Business
- Local Organization Collaborations

“I think it is a mix; different environmental issues such as injection wells is impacting access to drinkable water...lack of access to inclusive healthcare spaces prevents folks from seeking health care services which ultimately impacts quality of life...there is also a stigma associated with mental health issues that prevents open and honest conversations around people living with mental health challenges.” ~ Focus Group Participant

LOCAL PUBLIC HEALTH ASSESSMENT 2018

PURPOSE OF LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The Local Public Health System Assessment (LPHSA) answers the questions:

“What are the components, activities, competences, and capacities of our local public health system?”

“How are the 10 Essential Public Health Services being provided to our community?”

The dialogue that occurs in answering these questions will identify strengths and weaknesses; this information can be used to improve and better coordinate public health activities. In addition, there is a strong educational component to LPHSA, as those organizations that participate in this process learn about their role within the public health system.

The LPHSA focuses on the “local public health system” defined as all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations. The LPHSA uses the 10 Essential Public Health Services as the fundamental framework for assessing the local public health system.

The 10 Essential Public Health Services list the 10 public health activities that should be provided in all communities.

The 10 Essential Public Health Services are:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

The table below characterizes levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates score for each Model Standard, Essential Service, and one overall assessment score.

Optimal Activity (5)	Greater than 75% of the activity described within the question is met
Significant Activity (4)	Greater than 50%, but no more than 75% of the activity described within the question is met
Moderate Activity (3)	Greater than 25%, but no more than 50% of the activity described within the question is met
Minimal Activity (2)	Greater than zero, but no more than 25% of the activity described within the question is met
No Activity (1)	0% or absolutely no activity

LOCAL PUBLIC HEALTH ASSESSMENT 2018

PURPOSE OF LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

This summary report is designed to facilitate communication and sharing among and within programs, partners, and organizations, based on a common understanding of how a high performing and effective public health system can operate. This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance. Outcomes for performance include delivery of all ten essential public health services at optimal levels.

Average Activity Levels of the Local Public Health System and County Health Department across each Essential

Table 2. Average Activity Levels of the Local Public Health System and County Health Department across each Essential

Model Standards by Essential Services	LPHS Activity	Health Dept. Activity
ES 1: Monitor Health Status	2.0	3.8
1.1 Community Health Assessment	2.1	3.7
1.2 Current Technology	2.0	3.7
1.3 Registries	1.7	4.0
ES 2: Diagnose and Investigate	1.9	4.0
2.1 Identification/Surveillance	1.8	4.0
2.2 Emergency Response	2.1	4.0
2.3 Laboratories	1.8	4.0
ES 3: Educate/Empower	2.1	3.6
3.1 Health Education/Promotion	2.4	4.0
3.2 Health Communication	1.9	3.3
3.3 Risk Communication	2.0	3.3
ES 4: Mobilize Partnerships	2.4	3.9
4.1 Constituency Development	2.5	3.8
4.2 Community Partnerships	2.1	4.0
ES 5: Develop Policies/Plans	2.1	3.9
5.1 Governmental Presence	1.9	4.0
5.2 Policy Development	2.3	3.7
5.3 CHIP/Strategic Planning	2.2	4.0
5.4 Emergency Plan	2.3	4.0
ES 6: Enforce Laws	1.9	3.9
6.1 Review Laws	2.2	4.0
6.2 Improve Laws	1.8	3.7
6.3 Enforce Laws	1.7	4.0
ES 7: Link to Health Services	2.6	3.1
7.1 Personal Health Service Needs	2.5	3.8
7.2 Assure Linkage	2.6	2.5
ES 8: Assure Workforce	2.0	3.5
8.1 Workforce Assessment	1.4	4.0
8.2 Workforce Standards	1.7	3.7
8.3 Continuing Education	2.0	3.4
8.4 Leadership Development	2.6	3.3
ES 9: Evaluate Services	1.7	2.4
9.1 Evaluation of Population Health	1.9	2.8
9.2 Evaluation of Personal Health	1.9	2.0
9.3 Evaluation of LPHS	1.5	2.5
ES 10: Research/Innovations	2.0	3.3
10.1 Foster Innovation	2.0	3.0
10.2 Academic Linkages	2.3	4.0
10.3 Research Capacity	1.7	3.0
Average Overall Score	2.0	3.5

Notes: All items on the survey were on a scale on a 4 point scale 1=no activity, 2=minimal activity, 3=Moderate activity, 4=significant activity). Average scores were rounded to 1 decimal place. Local public health systems (LPHS) and essential services (ES) are abbreviated.

FORCES OF CHANGE ASSESSMENT 2018

PURPOSE OF FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment is aimed at identifying forces such as trends, factors or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

- Trends are patterns over time, such as migration in an out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community’s large ethnic populations, an urban setting, or the jurisdiction’s proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

During the Forces of Change Assessment participants will answer the questions similar to the following:

“What is occurring or might occur that affects the health of our community or the local public health system?”

“What specific threats or opportunities are generated by these occurrences?”

“What, if any, trends are occurring that may impact the health of our community or the local public health system?”

SUMMARY OF FORCES OF CHANGE ASSESSMENT

“What has occurred recently that may affect our local public health system or community?”

- Opioid Epidemic
- Political Climate
- Funding Cuts
- Increased Cost of Living
- Loss of Medicaid Coverage
- Environment Degradation
- Hospital Closure (Nelsonville)
- Flooding

“What opportunities exist relating to those occurrences?”

- Great Community Partners
- Existing Collaborations
- Unique, Progressive Community
- Urban Center of Larger Rural Area
- Broadband Expansion
- Establishment of Drug Court

“Identify any trends both nationally or locally that may have an impact?”

- Increase & Expanded Drug Use
- Political Frustration
- Continued Economic Challenges
- Generational Poverty
- Increased Mental Health Illness
- Decrease in Public Health Funding (State & Federal)

“What threats exist relating to those occurrences?”

- Geography
- Poverty
- Lack of Transportation
- Fracking
- Access to Firearms
- Lack of Qualified Workforce
- Poor Educational Standards



Public Health
Prevent. Promote. Protect.

2018 Athens County Health Survey

Recently, the Athens City-County Health Department requested that you complete an online version of **the Athens County Health Survey**. This is a friendly reminder to please complete this survey. You can do so by entering the following link into your web browser.

Access the **Athens County Health Survey** online with this link:

<https://tinyurl.com/AthensHealthSurvey>

Your anonymous password

93879

However, if you prefer not to complete it online, you can instead complete the paper version of **the Athens County Health Survey** that is included in this envelope. If you complete the paper version of the survey, please mail it back to the Athens City-County Health department using the provided prepaid return envelope.

Thanks in advance for participating in the survey. This survey will help us understand health barriers, needs, concerns, and other contributors to disease. If we understand these factors, we can better develop programs and services to address those factors. Please respond thoughtfully to the survey. Your responses are critical. The data received from the survey will inform our health improvement plan which will improve health for us all. Of course, all of your responses will be anonymous.

This survey should be completed by the adult aged 18 or older at this address who **MOST RECENTLY** had a birthday. All responses will remain confidential, so please answer honestly.

APPENDIX E

1. What is your zip code? _____

2. What is your gender?
 Male
 Female
 Non-binary/ third gender
 Prefer to self-describe _____
 Prefer not to answer

3. What is your age? _____

4. What is the highest level of education you have completed?
 Less than 12th Grade
 High School Degree/GED
 Some College (no degree)
 Associate's Degree
 Bachelor's Degree
 Graduate or Professional Degree

5. Are you enrolled in college? Yes No

6. What is your occupational status?
 Currently working part-time (less than 35 hours per week)
 Currently working full-time (35+ hours per week)
 Retired
 Never worked outside the home
 Disabled
 Other _____

7. About how tall are you without shoes? _____ Feet _____ Inches

8. About how much do you weigh without shoes? _____ Pounds

9. Including yourself, how many people live in your household? _____

10. How many of the people living in your household are under age 18? _____

11. What was the total income of everyone living in your home in 2017, before taxes?

12. Would you say that in general your health is...

Excellent Very Good Good Fair Poor

13. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

days

14. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? days

15. Has a doctor, nurse, or other healthcare professional EVER told you that you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)? Yes No

16. Has a doctor, nurse, or other health professional EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post-traumatic stress disorder, or social anxiety disorder)? Yes No

17. Has a doctor, nurse, or other health professional EVER told you that you had...

	Yes	Yes, only during pregnancy	No
Asthma?			
Arthritis?			
Any type of cancer?			
Pre-diabetes or borderline diabetes?			
Diabetes?			
High blood pressure?			
High blood cholesterol?			
Heart disease			
COPD (emphysema)			
Other			

One serving of fruit equals:



1 medium apple



1 medium banana



1 medium orange

18. On a typical day, how many servings of fruit do you eat? Please count fresh, frozen, or canned fruit, but do not include fruit juice. _____ servings of fruit.

One serving of vegetables equals:



1/2 cup
cooked broccoli



1/2 cup
cooked carrot



1 cup
leafy salad

19. On a typical day, how many servings of vegetables do you eat? _____ servings of vegetables.

20. If you do not eat 5 or more servings of fruits and vegetables in a typical day, please explain why. (Select all that apply)

- These foods are hard to get.
- These foods cost too much.
- Most people in my house don't like to eat these foods.
- It takes too much time or effort to prepare these foods.
- Other (Please specify) _____

21. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? Yes No

22. How many hours do you spend sitting during the workday? _____ hours.

23. How long has it been since you last visited a dentist or dental clinic for any reason? Please include visits to dentists or dental specialists such as orthodontists.

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 5 or more years ago

24. If you didn't visit a dentist or dental clinic in the past year, please explain why? (Select all that apply)

- Cost
- No dental insurance
- I didn't think I needed to go
- I have no teeth
- I don't like going / I am afraid to go
- Other (Please specify) _____

25. Have you smoked at least 100 cigarettes in your entire life? ____ Yes ____ No

26. Do you now smoke cigarettes every day, some days, or not at all?

- ____ Every day
- ____ Some days
- ____ Not at all

One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with 1 shot of liquor.



27. During the last 12 months, how often did you usually have any kind of drink containing alcohol?

- ____ Every day
- ____ 5 to 6 days per week
- ____ 3 to 4 days per week
- ____ Two days per week
- ____ One day per week
- ____ 2 to 3 days per month
- ____ 1 day per month
- ____ 3 to 11 days in the past year
- ____ 1 or 2 days in the past year
- ____ I did not drink any alcohol in the past year, but I did drink in the past.
- ____ I never drank any alcohol in my life.

28. During the last 12 months, how many alcoholic drinks did you have on a **typical day** when you drank alcohol?

- 25 or more
- 19 to 24 drinks
- 16 to 18 drinks
- 12 to 15 drinks
- 9 to 11 drinks
- 7 to 8 drinks
- 5 to 6 drinks
- 3 to 4 drinks
- 2 drinks
- 1 drink

29. During the last 12 months, how often did you have 5 or more (males) or 4 or more (females) drinks containing any kind of alcohol in a **two-hour period**?

- Every day
- 5 to 6 days per week
- 3 to 4 days per week
- Two days per week
- One day per week
- 2 to 3 days per month
- 1 day per month
- 3 to 11 days in the past year
- 1 or 2 days in the past year
- I did not drink any alcohol in the past year, but I did drink in the past.
- I never drank any alcohol in my life.

30. In the past 6 months, have you used marijuana? Yes No

31. In the past 6 months, have you used prescription medication that was not prescribed for you, or took more medicine than was prescribed for you, in order to feel good, high, more active, or more alert? Yes No

APPENDIX E

32. How do you use your cell phone while driving? (choose all that apply)

- I don't use my cell phone while driving.
- I sometimes talk on the phone while driving.
- I sometimes use my phone for navigation or directions while driving.
- I sometimes text while driving.
- I sometimes check social media while driving.
- I sometimes use other apps while driving (for example: SnapChat, WhatsApp, games, etc.)

33. Do you or your family worry that your food will run out and that you won't be able to get more? Yes No

34. Are you worried about losing your housing or are you homeless? Yes No

35. Are you currently having issues at home with your utilities such as your heat, electric, natural gas or water? (for example: utility company shutting off service for not paying bills) Yes No

36. Has a lack of transportation kept you from: attending medical appointments, from work, or from getting things you need for daily living? Yes No

37. Are you worried that someone may hurt you or your family? Yes No

38. Do you think there are enough opportunities for social interaction for adults in your community? Yes No

39. In your opinion, what is the most important health problem affecting the people who live in Athens County?

Thank you for completing this Survey. If you would like to learn more about the results, please attend one of our community meetings which will be held throughout the county in late summer. Check our website and Facebook page for more information.