



2019

Fairfield County Community Health Needs Assessment

Coordinated by the Fairfield County Health Partners: Fairfield Medical Center, Fairfield County Department of Health and Fairfield Community Health Center.



Fairfield
Medical Center



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Fairfield Medical Center Community Health Needs Impact Report

Fairfield Medical Center (FMC), as part of the 2016 Fairfield County Community Health Assessment Steering Committee, worked collaboratively with community partners to develop and prioritize health indicators as listed below:

1. Adult and Youth Substance Abuse
2. Adult, Youth and Child Mental Health
3. Adult, Youth and Child Obesity

As outlined in the 2017-2019 Fairfield Medical Center Health Improvement Plan, the prioritized health needs addressed by FMC were improving adult, youth and child mental health, decreasing adult and youth substance abuse and decreasing adult, youth and child obesity. Below are the goals and improvement actions made by Fairfield Medical Center during the years 2017, 2018 and 2019.

Improving adult, youth and child mental health

GOAL: Raise awareness of mental health issues within our community, the impact it has on our society and provide resources to those in need.

IMPROVEMENT ACTIONS:

- Through the Fairfield Medical Center Autism Camp, we provided assistance to autistic youth/children in our community as they transition into the upcoming school year.
- FMC Monitor magazine featured articles on mental health topics. This publication is mailed out to 70,000 households every three months.

Decreasing adult and youth substance abuse

GOAL: Raise awareness of substance abuse issues within our community, the impact it has on our society and provide resources to those in need.

IMPROVEMENT ACTIONS:

- FMC Monitor magazine featured articles on substance abuse topics. This publication is mailed out to 70,000 households every three months.
- Distributed NARCAN kits and provided educational sessions.
 - Trained community members on overdose warning signs and proper NARCAN usage.
- Conducted All Soles Matter, which raised awareness in our community of drug overdoses and provided education for those looking for help.
- Conducted an Opioid Addiction Symposium, which provided education to community members on the opioid epidemic in our community and discussed assistance options for those in need.
- Continued to provide substance abuse stabilization care to patients in need through a Substance Abuse Stabilization Unit. We have been able to increase the resources available to patients through a preferred provider partnership with Diley Ridge Medical Center.



Decreasing adult, youth and child obesity

GOAL: Raise awareness of obesity issues within our community, the impact it has on our society and provide resources to those in need.

IMPROVEMENT ACTIONS:

- FMC Monitor magazine featured articles on obesity topics. This publication is mailed out to 70,000 households every three months.
- Created “Healthy Eating Sessions”, a series of classes for members of the community looking for assistance with healthy ways to manage their diet/weight.
- Started the FMC Color Run, which takes place during the annual Healthfest. This race has connected with 850 community members
- Provided bariatric nutrition classes to members of the community who are interested in bariatric services. These classes have connected with over 200 community members.
- Provided diabetes support group classes to those impacted by the disease. These classes have connected with over 500 community members.
- We are providing a nutrition education classes to middle school students in our community. This class has connected with 650 community members.



Fairfield Medical Center reviewed the health needs identified through the most recent CHNA process and has determined which of those needs align with our mission, goals, resources and strategic plans.

Health needs to be addressed

- Mental Health
- Substance Use and Abuse
- Cancer and Cancer Care
- Cardiopulmonary Disease
- Obesity
- Access to Care

Health needs that will not be addressed

Fairfield Medical Center acknowledges the wide range of health issues impacting our community and were identified during the CHNA process. We have determined that we can only focus on the needs that we currently have the resources available for and ability to positively impact.

We will not be addressing the following health needs:

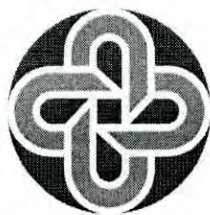
- Income and Poverty – While we are the largest employer in the county, we do not plan to directly address this need through our portfolio of available health services.
- Access to Transportation – We do not have the resources available to directly impact this particular need.
- Alzheimer’s Disease and Dementia – While we are committed to providing care for patients in need, we do not plan to directly address this need. There are community partners who have more specific resources to deal with this need.



Fairfield Medical Center established the following goals for each identified concern:

Identified Health Need	Prioritization #	Goals	Resources
Mental Health	Fairfield Medical Center: 1 Fairfield County CHNA: 3	<p>Raise awareness of mental health issues within our community, the impact it has on our society and provide resources to those in need.</p> <p>We will focus on educating the community on the availability of care for those in need.</p> <p>We will look for opportunities to provide additional resources to those in need.</p>	<p>Fairfield Medical Center providers and staff</p> <p>Fairfield Healthcare Providers</p>
Substance Use and Abuse	Fairfield Medical Center: 2 Fairfield County CHNA: 2	<p>Raise awareness of substance use and abuse issues within our community, the impact it has on our society and help provide resources to those in need.</p> <p>We will focus on educating the community on the availability of care for those in need.</p> <p>We will look for opportunities to work with outside resources with the intent of reducing the impact of substance abuse in our community.</p>	<p>Fairfield Medical Center providers and staff</p> <p>Fairfield Healthcare Providers</p>
Cancer and Cancer Care	Fairfield Medical Center: 3 Fairfield County CHNA: 4	<p>We will focus on educating the community on the availability of cancer care for those in need.</p> <p>We will look for opportunities to provide enhanced cancer care resources and services to those in need, regardless of the patient's ability to pay.</p>	<p>Fairfield Medical Center providers and staff</p> <p>Fairfield Healthcare Providers</p>

Cardiopulmonary Disease	Fairfield Medical Center: 4 Fairfield County CHNA: 5	<p>We will focus on educating the community on the availability of cardiopulmonary care for those in need.</p> <p>We will look for opportunities to provide patients with enhanced cardiopulmonary resources and services to those in need, regardless of the patient's ability to pay.</p>	<p>Fairfield Medical Center providers and staff</p> <p>Fairfield Healthcare Providers</p>
Obesity	Fairfield Medical Center: 5 Fairfield County CHNA: 1	<p>Raise awareness of obesity issues within our community, the impact it has on our society and provide resources to those in need.</p> <p>We will focus on educating the community about lifestyle options, healthy weight and activity levels.</p> <p>We will look for opportunities to work with outside resources with the intent of reducing the impact of obesity in our community.</p>	<p>Fairfield Medical Center providers and staff</p> <p>Fairfield Healthcare Providers</p>
Access to Care	Fairfield Medical Center: 6 Fairfield County CHNA: 7	<p>We will focus on addressing the evolving health care needs of our community and look for solutions to offer those services in locations, and at times, that are convenient to the public.</p> <p>If we are unable to meet a health care need, we will work with outside resources to find solutions that are convenient and meet appropriate standards of care.</p>	<p>Fairfield Medical Center providers and staff</p> <p>Fairfield Healthcare Providers</p>



Fairfield Medical Center

Adoption of Community Health Needs Assessment

On December 4, 2019, the Board of Directors for Fairfield Medical Center met to discuss the 2019 Community Health Needs Assessment. Upon review, the Board approved and adopted the 2019 Community Health Needs Assessment.

Dan Fruth, Chair
Fairfield Medical Center Board of Directors

FAIRFIELD COUNTY

Community Health Status Assessment

December 2019



ILLUMINOLOGY

 THE OHIO STATE UNIVERSITY
COLLEGE OF PUBLIC HEALTH

The Fairfield County 2019 Community Health Assessment is the result of a collaborative effort coordinated by the Fairfield Department of Health and Fairfield Medical Center. It is intended to help community stakeholders better understand the health needs and priorities of Fairfield County residents. We acknowledge and thank the many community organizations that shared their time and expertise with this collaborative effort, including:

- Dalan & Starrit Adult Group Home
- Fairfield Community Health Center
- Fairfield County 2-1-1 (211)
- Fairfield County ADAMH Board
- Fairfield County Job & Family Services
- Fairfield County Sheriff's Office
- Fairfield Department of Health
- Fairfield Medical Center
- Lancaster Fairfield Community Action Agency
- Lancaster Fairfield Public Transit
- Mount Carmel Health System
- Ohio State University Extension Office
- OhioGuidestone
- Project FORT/Major Crimes Unit
- Southeastern Ohio Center for Independent Living
- United Way of Fairfield County
- Violet Township Fire Department

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, health disparities, and other health issues can help direct community resources to where they will have the biggest impact. Participating organizations (including the Fairfield Department of Health and Fairfield Medical Center) will begin using the data reported in the Fairfield County 2019 Community Health Assessment to inform the development and implementation of strategic plans to meet the community's health needs.

We hope the Fairfield County 2019 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.

About the Community Health Assessment Process

The process followed by the Fairfield County 2019 Community Health Assessment reflected an adapted version of Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process.¹ This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so that they can better focus their efforts and collaboration.

¹ See <http://www.countyhealthrankings.org/roadmaps/action-center/assess-needs-resources>.

Fairfield Medical Center contracted with Illuminology, a central Ohio based research firm, and the Center for Public Health Practice, within The Ohio State University College of Public Health, to assist with this work. The primary phases of the Assess Needs and Resources process, as adapted for use in Fairfield County, included the following steps.

(1) Prepare to assess / generate questions. Community partners were closely involved with the Fairfield County 2019 Community Health Assessment. On February 25th, 2019, 17 community leaders, stakeholders, and employees from participating organizations gathered to discuss their perspectives on emerging health issues in Fairfield County. Facilitated by Illuminology, this session provided an opportunity for community members to better understand the upcoming community health assessment process, to participate in conversation with one another about the current state of health in the county, and to suggest indicators to be considered in the community health assessment. Both small group discussions and large group “report-outs” occurred during this session.

Illuminology used the information from this session and additional feedback from the Fairfield Department of Health and Fairfield Medical Center to identify which indicators could be assessed via secondary sources and which indicators needed to be included as part of the primary data collection efforts.

(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 (e.g., Fairfield Medical Center). Rates and/or percentages were calculated when necessary. The Center for Public Health Practice located and recorded this information into a secondary data repository. 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 Fairfield County 2019 Community Health Assessment, secondary data must have been collected or published in 2013 or later.

(3) Collect primary data. Primary data for this health assessment came from the 2019 Fairfield County Health Survey, a representative survey of Fairfield County adult residents. Fielded in multiple waves from April 25, 2019 through July 8, 2019, the questionnaires could be completed via Internet or by mail (see Appendix A for a hard-copy version).

A total of 3,100 addresses were randomly selected from the universe of residential addresses in Fairfield County. A notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online. Two weeks 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.

In total, 539 Fairfield County residents completed the survey, or 18% of the total number of valid addresses (i.e., addresses that were not vacant or otherwise unable to be surveyed) that were invited to participate. With a random sample of this size, the margin of error is $\pm 4.2\%$ for Fairfield County at the 95% confidence level.

In late 2019, the community partnership will support the design, conduct, and analysis of two focus groups held with Fairfield County high school students. The intent of these groups will be to explore and better understand their perspective of and experience with the prioritized health issues, among other issues. The results from this study will be appended to this report at a later date.

(4) Analyze the adult survey data. Before analyzing responses to the survey, survey weights were computed, which allow for the calculation of more accurate survey estimates at the Fairfield County level.

To calculate a weight, a base weight was first created that adjusted for unequal probabilities of selection into the survey (i.e., compensating for the number of adults in the household). Then, this base weight was adjusted so that respondents' demographic characteristics (i.e., age, gender, educational attainment, and presence of children in the household) aligned with population benchmarks for Fairfield County. These population benchmarks were obtained from the most recent data available from the U.S. Census Bureau's American Community Survey (i.e., 2017 1-year estimates). This adjusted base weight was calculated via an iterative proportional fitting procedure within the STATA v15 software package; analyses of weighted data were conducted using complex survey [svy] commands within STATA v15.

(5) Prioritize the results. Fairfield County health professionals and county leaders representing a diverse array of political, social service, and community organizations were sent a draft copy of the Fairfield County 2019 Community Health Assessment along with a request for comments on and edits to the report.

On October 7, 2019, these individuals gathered together to identify potential health issues for the Fairfield County 2019 Community Health Assessment. Working first in small groups that focused on specific sections of this report, the meeting attendees discussed and identified potential priority health issues. Via a “Gallery Walk” exercise, each attendee heard a rationale for why potential priority health issues should be considered by the larger group; attendees were able to suggest additional potential priority health issues for consideration. After the group had a full understanding of each potential priority health issue, a multivoting procedure was used to identify the priority health issues that were thought to be significant ones for Fairfield County residents. Members were asked to consider the following criteria when prioritizing these health issues:

- **Seriousness:** Degree to which the health issue leads to death, disability, and impairs one’s quality of life.
- **Severity of the Consequences of Inaction:** Risks associated with exacerbation of health issue if not addressed at the earliest opportunity.
- **Size:** Number of persons affected.
- **Equity:** Degree to which different groups in the county are affected by the health issue.
- **Feasibility:** Ability of an organization or individuals to reasonably combat the health issue given available resources, including the amount of control, knowledge, and influence the organization(s) have on the issue.
- **Change:** Degree to which the health issue has become more or less prevalent over time, or how it compares to state/national indicators.

From these exercises, the community partners were able to complete its charge to identify and prioritize Fairfield County’s health issues. The list of prioritized health needs, as well as the health indicators that correspond to them, are listed on page 8.

(6) Share results with the community. This report presents the analysis and synthesis of both the secondary and primary data collected during this effort. When fully complete, this report will be posted on the Fairfield Department of Health website and will be widely distributed to organizations that serve and represent residents in the county.

How to Read This Report

As shown on the next page, the Fairfield County 2019 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 goal is included with Fairfield County’s status indicated as “met” or “not met.”

Each section ends with results of analyses looking for the presence of statistically significant differences in the responses across various demographic groups across Fairfield County. These analyses address the Public Health Accreditation Board (PHAB) standard 1.1.2.1c: *“...address the existence and extent of health disparities between and among specific populations in the community or areas in the community.”*

Furthermore, several sections of this report address PHAB standard 1.1.2.1d, which states, *“A discussion of the contributing causes of the health challenges, for example, behavioral risk factors, environmental factors (including the built environment), socioeconomic factors, policies (e.g., zoning, taxation, education, transportation, insurance status, etc.), injury, maternal and child health issues, infectious and chronic disease, resource distribution (e.g., grocery stores), and the unique characteristics of the community that impact on health status. Multiple determinants of health, especially social determinants, must be included...”* This standard is addressed in the following sections: Social Determinants Of Health, Behavioral Risk Factors, Maternal And Child Health, Mental And Social Health, and Death, Illness, And Injury.

Sources for all secondary data included in this document are marked by an endnote and described in the report’s References section. Caution should be used in drawing conclusions in cases where data are sparse (e.g., counts less than 10). Primary data (i.e., from the 2019 Fairfield County Health Survey) are marked by the following endnote symbol: §. In some tables, the percentages may not sum to 100% due to rounding error.

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Prioritized Health Needs

This section lists Fairfield County's prioritized health needs, as identified by the community partners during their October 7, 2019 meeting. The significant health needs facing Fairfield County residents are Obesity, Substance Use/Addiction, and Mental Health, specifically Depression. These health needs are interrelated, if not co-occurring/co-morbid. For example, poor mental health can increase the risk of substance use behaviors, and weight problems can co-occur with depression.

Obesity, with its related categories of poor diet and lack of exercise, is the top priority for Fairfield County. Obesity can lead to a range of cardiovascular issues, including coronary artery disease which is the leading cause of mortality in Fairfield County. Obesity also increases risks of heart attack, stroke, and atrial flutter, which commonly occur among county residents.

Priority #1: Obesity	
Key Indicators	See pages
Body mass index	• 31-32
Diet and exercise	• 32-33
Coronary artery disease and related heart issues (Mortality)	• 45

Substance use and addiction is the second highest priority health need. Continued use of alcohol, tobacco, or other drugs can lead to addiction and negative impacts on health, including COPD and cancer. Additionally, substance use in youth is associated with an increased chance of continued use and potential abuse later in life.

Priority #2: Substance Use and Addiction	
Key Indicators	See pages
Tobacco and alcohol use	• 25-26
COPD and cancer (mortality)	• 45,47
Youth substance use	• 27, 30-31

The third highest priority for Fairfield County is mental health, specifically depression. Depression can lead to suicidal thoughts and behaviors. Victims of domestic violence, child abuse, and bullying may be at special risk to experience mental health issues.

Priority #3: Mental Health	
Key Indicators	See pages
Depressive disorder	• 38
Rates of suicide and domestic violence	• 38
Child abuse	• 39
Self-harm behaviors and bullying (youth)	• 40-41

A preliminary list of community assets, resources, and partners that could possibly be mobilized and employed to address these health needs is presented in Appendix B.

During the prioritization session, several other health issues were considered significant enough to be considered in the final round of voting. In order of number of votes received, these other important health issues included:

- Cancer and cancer care
- Cardiopulmonary disease
- Income and poverty
- Access to care
- Alzheimer's disease and dementia
- Access to transportation.

Overall, Fairfield County's prioritized health issues align well with Ohio's 2017-2019 State Health Improvement Plan (SHIP). The SHIP identifies three priority health topics (or, general areas of focus) that communities should consider when planning to improve the population's health: mental health and addiction, chronic disease, and maternal and infant health, as shown below. The [Fairfield County 2019 Community Health Assessment](#) acknowledges chronic disease through the priority of obesity. Mental health and addiction is expressly prioritized in the [Fairfield County 2019 Community Health Assessment](#).

Health Priority Topics And Outcomes Identified By Ohio's 2017-2019 SHIP

Mental Health and Addiction	Chronic Disease	Maternal and Infant Health
Depression	Heart disease	Preterm births
Suicide	Diabetes	Low birth weight
Drug dependency / abuse	Child asthma	Infant mortality
Drug overdose deaths		

Community Profile

This section describes the demographic and household characteristics of the population in Fairfield County, which is located in Central Ohio.

Founded nearly 220 years ago and covering nearly 510 square miles, Lancaster is the seat of this medium-sized county.



Residents- Demographics¹

		Fairfield County	Ohio
Total Population	Total population	154,733	11,658,609
Gender	Male	49.4%	49.0%
	Female	50.6%	51.0%
Age	Under 5 years	6.2%	6.0%
	5-19 years	20.7%	19.1%
	20-59 years	51.6%	51.5%
	60 years and over	21.7%	23.4%
Race	White	86.5%	81.3%
	Black or African American	7.9%	12.4%
	Asian	2.0%	2.2%
	Some other race	3.6%	3.8%
Ethnicity	Hispanic/Latino (any race)	2.1%	3.7%
	Not Hispanic/Latino (White alone)	85.8%	78.9%
Marital Status	Never married	27.3%	32.6%
	Now married (except separated)	53.5%	47.4%
	Divorced or separated	12.2%	13.7%
	Widowed	7.0%	6.3%
Veterans	Civilian veterans	9.8%	7.9%

¹Too small of a number to be reported

Residents- Disability Information¹

		Fairfield County	Ohio
Disability Status	Total with a disability	12.5%	14.0%
	Under 18 years	3.1%	5.1%
	18 to 64 years	10.7%	12.0%
	65 years and over	35.0%	34.2%
Disability By Type	Hearing difficulty	3.1%	3.8%
	Vision difficulty	2.6%	2.3%
	Cognitive difficulty	4.6%	5.9%
	Ambulatory difficulty	6.8%	7.5%
	Self-care difficulty	2.7%	2.7%
	Independent living difficulty	6.5%	6.3%

Households¹

		Fairfield County	Ohio
Total Households	Number of households	55,674	4,667,192
Household Type	Households with one or more people under 18 years	35.8%	28.8%
	Households with one or more people 60 years and over	40.1%	39.8%
Household Type- Family Households	Total family households	73.3%	63.2%
	Married-couple family household	77.7%*	72.4%*
	Male householder, no wife present, family household	6.5%*	7.8%*
	Female householder, no husband present, family household	15.8%*	19.8%*
Household Type- Non-Family Households	Non-family households	26.7%	36.8%
Household Size	Average household size	2.7	2.4
	Average family size	3.2	3.0
Household Income	Less than \$25,000	16.7%	22.2%
	\$25,000 - \$49,999	19.2%	24.1%
	\$50,000 - \$74,999	19.3%	18.5%
	\$75,000 - \$99,999	13.8%	12.8%
	\$100,000 or more	31.0%	22.5%
Transportation	Households without a vehicle	5.3%	7.9%
Grandparents As Caregivers	Total households with grandparents living with grandchildren	4.7%	3.1%
	Households with grandparent responsible for own grandchildren under 18 years	49.5%**	45.2%**
	Households with grandparent <i>not</i> responsible for own grandchildren under 18 years	50.5%**	54.8%**

*Denominator is total family households **Denominator is total households with grandparents living with grandchildren

A statistical portrait of the adult respondents who completed the 2019 Fairfield County Health Survey is shown in the table below. These percentages have been weighted to match population benchmarks for age, gender, educational attainment, and presence of children in the household.

2019 Health Survey: Respondent Profiles^s

		Fairfield County
		(n=538)
Gender	Male	49.4%
	Female	50.6%
		(n=537)
Age	18-34	26.7%
	35-44	17.4%
	45-54	19.3%
	55-64	17.1%
	65+	19.6%
		(n=538)
Education	High school diploma / GED or less	43.1%
	Associate's degree / some college	32.3%
	Bachelor's degree or more	24.6%
		(n=521)
Income	Less than \$25,000	12.3%
	\$25,000 - \$49,999	19.5%
	\$50,000 - \$74,999	22.1%
	\$75,000 - \$99,999	16.3%
	\$100,000 or more	29.9%
		(n=537)
Household Size	Average household size*	2.9
		(n=538)
Children Under 18	0 children	64.8%
	1-2 children	27.4%
	3 or more children	7.8%

*Outlying values (defined as those more than 3 SD above the mean) were replaced with the highest non-outlying values

Perceived Health Problems

This section identifies the issues that Fairfield County residents think are important when it comes to the health of community members.

Key Findings – Perceived Health Problems

Nearly half of Fairfield County residents say drug abuse is the most important health problem in their county. Residents are also concerned about the cost of health insurance and obesity, poor diets, and lack of exercise.

The 2019 Fairfield County Health Survey included a qualitative (e.g., open-ended) question which asked respondents to share their opinions about the most important health problem(s) affecting county residents. Substantive responses from 448 respondents were coded by a researcher and grouped into categories. Nearly half of the respondents mentioned drug abuse / addiction. Other frequently mentioned problems included the cost of health insurance or health care, obesity, depression and mental health, and access to health care.

Most Important Health Problems Affecting Community^s

	Fairfield County (n=448)
Drug abuse / addiction in general	46.2%
Cost of health insurance or health care	16.7%
Obesity, poor diet, and / or lack of exercise	12.1%
Depression / mental health	6.0%
Access to doctors or quality health care	5.6%
Cancer	5.4%
Heart disease / high blood pressure / high cholesterol	3.3%
Aging / senior care	3.1%
Diabetes	2.2%
Pollution / water or air quality	2.2%
Immunization	2.0%
Low income / poverty / homelessness	1.8%
Alcohol abuse or addiction	1.6%
Smoking / vaping	1.6%
Don't know / no opinion	3.8%
Other	11.2%

Multiple responses were accepted, so the total percentage is greater than 100%; percentages are unweighted.

Social Determinants Of Health

This section describes the socio-economic aspects of Fairfield County residents that affect their health, beginning with a look at a variety of indicators that describe the population's access to health care

Health Care Access Indicators

Key Findings – Social Determinants of Health (Health Care Access)

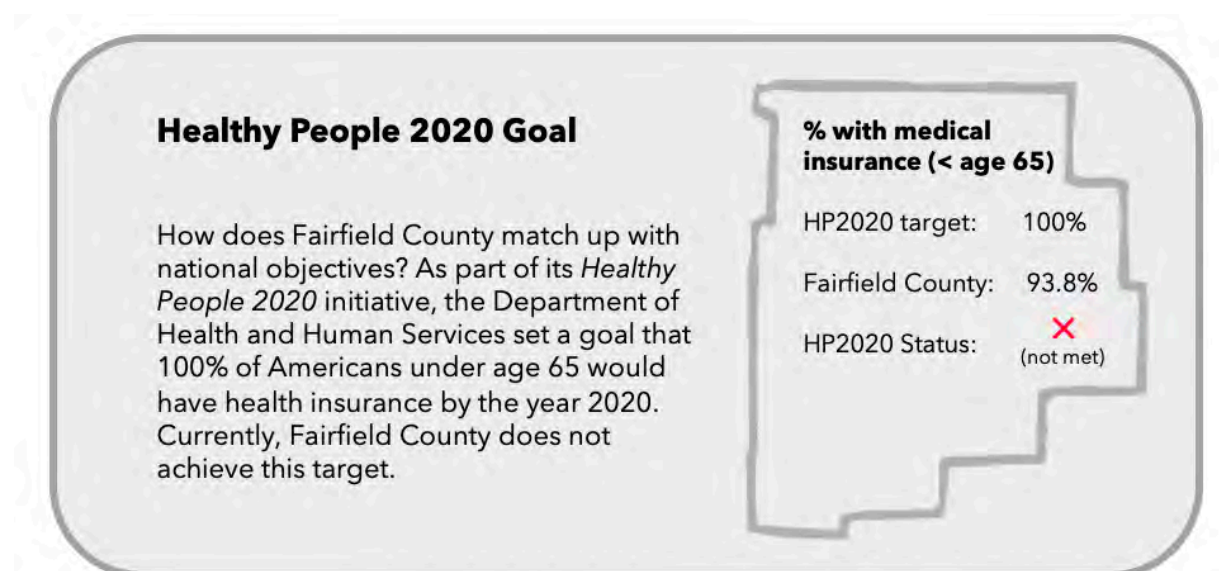
Most Fairfield County residents currently have health insurance, with about 34 percent receiving public health coverage. However, Fairfield County does not currently meet the national Healthy People 2020 goal for 100% of residents under age 65 to have health insurance.

In the past year, nearly one-fifth of adult residents in Fairfield County needed to see a doctor but didn't because of cost. In addition, 36% of residents traveled outside Fairfield County for health care, suggesting potential health care access issues exist.

As shown in the table below, most Fairfield County residents have health insurance coverage.

Health Insurance¹

		Fairfield County	Ohio
With Health Insurance Coverage	Total with insurance	94.6%	94.0%
	Under 18 years	93.3%	95.5%
	Age 18-64	94.0%	92.0%
	Under age 65	93.8%	93.0%
	Age 65+	99.3%	99.5%
Without Health Insurance Coverage	Total without insurance	5.4%	6.0%
	Under 18 years	6.7%	4.5%
	Age 18-64	6.0%	8.0%
	Under age 65	6.2%	7.0%
	Age 65+	0.7%	0.5%



Among Fairfield County residents with health insurance, employment-based insurance was the most common. Note that residents could have more than one type of health insurance. For example, someone with direct-purchase insurance may also have Medicare coverage.

Types Of Health Insurance¹

		Fairfield County	Ohio
Private Health Insurance Coverage	Total with private health insurance	74.2%	69.1%
	Private health insurance alone	57.3%	54.9%
	Employment-based health insurance	62.4%	58.9%
	<i>Employment-based health insurance alone</i>	50.5%	49.6%
	Direct-purchase health insurance	15.1%	12.1%
	<i>Direct-purchase health insurance alone</i>	5.4%	4.8%
	TRICARE / military health coverage	2.7%	1.7%
	<i>TRICARE / military health coverage alone</i>	1.4%	0.5%
Public Health Insurance Coverage	Total with public health insurance	34.0%	37.6%
	Public health insurance alone	18.4%	22.5%
	Medicare coverage	17.2%	18.5%
	<i>Medicare coverage alone</i>	4.5%	5.9%
	Medicaid / means-tested coverage	18.3%	21.0%
	<i>Medicaid / means-tested coverage alone</i>	13.8%	16.4%
	VA health care	2.5%	2.3%
	<i>VA health care alone</i>	0.0%	0.3%

The ratio of Fairfield County physicians (both MDs and DOs) is 1 to every 481 Fairfield County residents.

Licensed Practitioners

	Fairfield County		Ohio	
	Count	Ratio*	Count	Ratio*
Licensed physicians: MDs & DOs ²	322	1:481	34,181	1:341
Licensed dentists ²	60	1:2,579	6,285	1:1,855
Licensed social workers ²	56	1:2,763	35,791	1:326
Licensed chemical counselors ³	119	1:1,300	11,000	1:1,060
Licensed psychiatrists ⁴	7	1:22,105	1,280	1:9,108
Licensed psychologists ⁵	16	1:9,671	3,660	1:3,185

*Ratio of practitioners to Fairfield County residents

A large majority (81%) of Fairfield County residents visited a doctor for a routine checkup within the year before taking the survey.

Amount Of Time Since Last Visiting Doctor For A Routine Checkup[§]

	Fairfield County (n=536)
Within the past year	80.9%
Within the past 2 years	6.6%
Within the past 5 years	8.1%
5 or more years ago	4.3%

With regard to potential barriers to medical care, 18% of Fairfield County residents say they experienced a time in the past 12 months when they needed to see a doctor but could not because of cost.

Gaps & Barriers

In addition to reporting whether they did not get necessary medical care in the past 12 months due to cost, residents also reported if they had *delayed* receiving needed medical care in the past 12 months for a variety of reasons. As shown below, cost and appointment-scheduling issues were associated with residents postponing necessary medical care.

Reasons Residents Delayed Medical Care^{\$}

	Fairfield County (n=539)
Couldn't schedule an appointment soon enough	10.6%
Could not afford the co-pay	9.8%
Didn't have insurance	7.9%
Couldn't schedule an appointment	5.2%
Didn't have transportation	2.8%
Other	8.8%
Not applicable	62.9%

Multiple responses were accepted, so the total percentage is greater than 100%

Over a third (36%) of Fairfield County residents report traveling outside of the county at least once in the past year to receive needed medical care. As shown in the table, they most often sought primary care.

Reasons Residents Traveled Outside Of Fairfield County To Receive Medical Care^s

	Fairfield County (n=221)
Primary care	26.2%
Tests, including blood tests, CT scan, MRI, x-ray, mammogram, etc.	12.2%
Orthopedist / rheumatologist / back or joint pain treatment	9.5%
Cardiologist / heart surgery	7.7%
Dermatologist	7.7%
OB-GYN	6.8%
Ophthalmologist / eye care	6.8%
Oncologist / cancer	6.3%
Gastroenterologist / colonoscopy / endoscopy	5.4%
Urologist / kidney care	5.4%
Hospital / ER / urgent care	4.1%
VA	4.1%
Dental care	3.2%
Neurologist	2.7%
Endocrinologist / diabetes care	2.7%
Other medical care	18.6%

Multiple responses were accepted, so the total percentage is greater than 100%; percentages are unweighted

Unserved/Underserved Populations (Education, Income, Employment, And Poverty Indicators)

This section reports education, income, employment, and poverty indicators that are related to health.

Key Findings – Social Determinants of Health (Education, Income, Employment, and Poverty)

About 41% of Fairfield County residents have a high school education or less (slightly better than Ohio). Also, 13% of children fall below the federal poverty level, 12% of residents are classified as food insecure, and 11% of households receive food stamps.

Unemployment in Fairfield County is slightly lower than the Ohio average.

As shown in the table below, 41% of Fairfield County residents have a high school education or less. About 27% of Fairfield County adult residents have a Bachelor's degree or higher and the remaining 32% have an Associate's degree or "some college" (no college degree).

Educational Attainment¹

	Fairfield County	Ohio
No high school	1.7%	2.7%
Some high school (no diploma)	6.7%	7.0%
High school graduate / GED	32.5%	33.3%
Some college (no degree)	23.4%	20.2%
Associate's degree	8.7%	8.8%
Bachelor's degree	17.9%	17.3%
Graduate or professional degree	9.2%	10.6%

The four-year high school graduation rate in Ohio is 84.1%⁶. Fairfield County public (non-charter and non-private) high school graduation rates are at that rate or above.

Four Year High School Graduation Rates^{6*}

	Fairfield County Total	Fairfield County Rate
Lancaster City	394	91.4%
Amanda-Clearcreek Local	128	90.8%
Berne Union Local	64	95.5%
Bloom-Carroll Local	146	96.6%
Fairfield Union Local	157	96.9%
Liberty Union-Thurston Local	113	91.1%
Pickerington Local	771	96.7%
Walnut Township Local	37	84.1%

**Data for private and charter schools are unavailable.*

Regarding young children preparing to enter kindergarten in Fairfield County, 80% are considered to have “demonstrated readiness” or to be “approaching readiness” meaning they entered with “sufficient skills, knowledge and abilities to engage with kindergarten-level instruction” or “needed supports to be able to engage with kindergarten-level instruction”, respectively. Almost all (97%) Fairfield County third graders met the threshold needed in reading proficiency to move to fourth grade.

Kindergarten Readiness⁷

	Fairfield County	Ohio
Demonstrated or approaching readiness	79.9%	77.6%

Third Graders With Reading Proficiency⁸

	Fairfield County	Ohio
Reading proficiency- third graders who met threshold to move to fourth grade	97.1%	95.0%

In Fairfield County, 13% of children are below the 100% federal poverty level (FPL), a much lower percentage than the state of Ohio (20% of children are below FPL).

Income And Poverty¹

		Fairfield County	Ohio
Annual Household Income	Per capita income	\$30,091	\$30,038
	Median household income	\$67,310	\$54,021
	Mean household income	\$81,579	\$73,337
Poverty Status Of Individuals	Total persons below FPL	9.1%	14.0%
	Below 100% FPL	7.0%	9.8%
Poverty Status Of Families	At 100% - 199% FPL	12.9%	14.5%
	At 200% - 399% FPL	28.8%	31.5%
	At or over 400% FPL	51.4%	44.1%
Poverty Status Of Those <18 Years Old	Below 100% FPL	13.0%	20.1%
	100% - 199% FPL	17.9%	20.7%
	At or above 200% FPL	69.1%	59.2%

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. In Fairfield County, 12% of all residents are food insecure; however, 17% of children in Fairfield County are estimated to be food insecure.

Food Access

		Fairfield County	Ohio
Food Insecure Persons⁹	Total residents	12.0%	14.5%
	Children	17.2%	19.6%
Food Stamp Households¹	Total households	10.7%	13.2%
	With one or more people 60 years and over	27.9%*	30.6%*
	With children under 18 years	54.3%*	45.2%*

*Denominator is total households receiving food stamps

As shown in the next table, the unemployment rate in Fairfield County in 2017 (4.2%) is slightly lower than for Ohio (5.2%). Unemployment is defined by the Ohio Department of Job and Family Services as those people, 16 years of age and over, who were “actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within 30 days to a new payroll job.” Those who have stopped looking for a new job (and who therefore removed themselves from the civilian labor force) are not included in this statistic.

Employment Status¹

		Fairfield County	Ohio
Unemployment Rate*	Annual average unemployment rate	4.2%	5.2%
Employment Rate Of Labor Force**	In labor force	63.1%	62.9%
	Civilian labor force	62.7%	62.8%
	Employed	60.1%	59.6%
	Unemployed	2.6%	3.2%
	Armed forces	0.4%	0.1%
	Not in labor force	36.9%	37.1%

*Denominator is civilian labor force **Denominator is total area population 16 years and over

Readers who wish to learn more about the current state of jobs and public assistance in this county are encouraged to access the Ohio Department of Job and Family Services’ “QuickView” report, at <http://jfs.ohio.gov/County/QuickView/Index.stm>.

Demographic Differences Observed In The 2019 Health Survey

Additional analyses were conducted on the data obtained from the 2019 Fairfield County Health Survey, looking for the presence of statistically significant differences in the responses across various demographic groups across Fairfield County. Analyses included age, gender, educational attainment, income, presence of children in the household, and whether or not residents live in the Lancaster zip code. These analyses address PHAB standard 1.1.2.1c: *“address the existence and extent of health disparities between and among specific populations in the community or areas in the community.”* The following patterns were observed.

Amount of time since last visiting a doctor for a routine checkup

- Those 55 years old or older were more likely than those younger than 55 to have seen a doctor for a routine checkup in the year leading up to taking the survey (94% and 73%, respectively).

- Those with household incomes of at least \$50,000 a year were more likely than those with household incomes of under \$50,000 a year to have seen a doctor for a routine checkup in the year leading up to taking the survey (86% and 68%, respectively).
- Those with no children in the household were more likely than those with at least one child in the household to have seen a doctor for a routine checkup in the year leading up to taking the survey (87% and 69%, respectively).

Did not see a doctor because of cost

- Those with household incomes of under \$50,000 a year were more likely than those with household incomes of at least \$50,000 a year to say there was a time in the past 12 months when they needed to see a doctor, but could not because of cost (30% and 13%, respectively)

Behavioral Risk Factors

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

Key Findings – Behavioral Risk Factors

About a tenth of Fairfield County adult residents are currently smokers, and nearly a third report binge drinking in the past month. The percent of current smokers meets the *Healthy People 2020* goal, while the percent of residents who report binge drinking does not meet this goal. In addition, 23% of Fairfield County adult residents personally know someone in their community who has a drug abuse or addiction problem with heroin, methamphetamines, or prescription pain medicine.

Regarding other health behaviors, 36% of Fairfield County adult residents are obese; this percentage is above the national goal. Most Fairfield County residents eat at least one serving of fruits and vegetables a day and about 75% participated in at least some form of physical activity in the previous month.

About one in ten (11%) Fairfield County adults reported being current smokers, while 30% of Fairfield County adults reported binge drinking (i.e. five or more drinks on one occasion in the past 30 days for men; four or more drinks on one occasion in the past 30 days for women) at least once in the past month.

Tobacco And Alcohol Use^s

		Fairfield County (average n=537)
Cigarette Use	Current smokers - every day or some days	10.8%
	Have smoked at least 100 cigarettes	34.7%
Alcohol	Binge drinkers	30.3%

Fairfield County had a lower rate of alcohol-related crashes than Ohio in 2017.

Alcohol-Related Crashes¹

	Fairfield County		Ohio	
	Count	Rate*	Count	Rate*
Total alcohol-related crashes	145	93.7	11,928	102.3
Alcohol-related fatal crashes	3	1.9	297	2.5

*Rate per 100,000 population

Healthy People 2020 Goal


How does Fairfield 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, Fairfield County achieves this target.

Additionally, the Department of Health and Human Services set a goal that the percent of adults who binge drank in the past 30 days would decrease to 24.4% by the year 2020. Currently, Fairfield County does not achieve this target.

% of adults who are current cigarette smokers

HP2020 target: 12.0%


Fairfield County: 10.8%

HP2020 Status:  (met)

% of adults who binge drank in the past 30 days

HP2020 target: 24.4%

Fairfield County: 30.3%

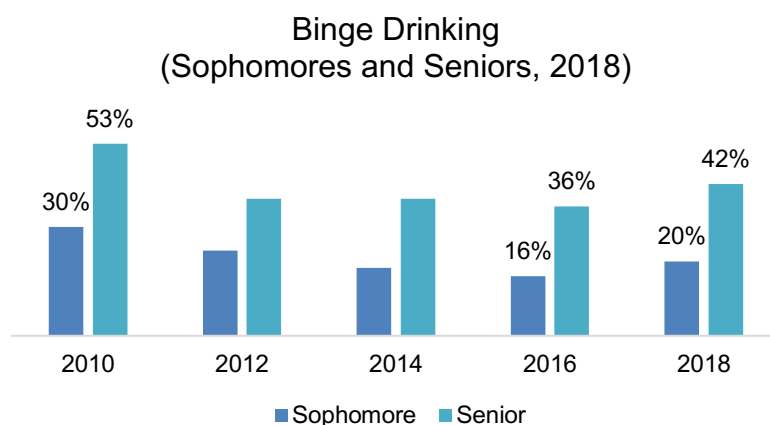
HP2020 Status:  (not met)

In 2018, Fairfield County ADAMH conducted a Youth Behavior Survey, which asked high school sophomores and seniors about a variety of mental and social health issues, along with alcohol, tobacco, and other drug behaviors. Key points from this survey are reviewed in

this report; these key points are marked here and throughout the report by a thick blue border. Readers can consult Appendix C for more information about the Fairfield County Youth Behavior Survey.

Findings from the 2018 Fairfield County Youth Behavior Survey

In the most recent survey of Fairfield County high school students, 42% of seniors reported binge drinking (consuming 5 or more drinks within a few hours); this is twice the rate found for sophomores (20%). Though binge drinking declined in both groups from 2010 to 2016, it increased for both from 2016 to 2018.



Turning to illicit drug use, the 2019 Fairfield County Health Survey asked respondents whether they personally know anyone in their community who has a drug abuse or addiction problem with heroin, methamphetamines, or prescription pain medicine. Almost a quarter (23%) of residents knew someone with at least one of these problems.

Know Anyone With A Drug Abuse Or Addiction Problem^s

	Fairfield County (average n=534)
Heroin	15.6%
Methamphetamines	15.9%
Prescription pain medicine	18.4%

Fairfield County has lower rates of deaths from unintentional drug overdose than the state of Ohio, as seen below. Note that these statistics do not indicate the overall prevalence of illicit drug use or abuse among adults in Fairfield County; rather, it only measures the extent to which such use results in death.

Deaths From Unintentional Drug Overdose²

	Fairfield County		Ohio	
	Count	Rate*	Count	Rate*
Opioids including heroin, fentanyl, methadone, and other synthetic opioids	36	26.1	4,162	38.1
Prescription opioids	31	22.5	3,940	36.1
Other opioids including codeine and morphine	6	**	812	7.3
Heroin	11	8	987	9.0
Fentanyl and chemical compounds with a similar structure	27	20	3,431	31.6
Benzodiazepines	1	**	506	4.6
Cocaine	7	**	1,540	13.9
Alcohol (all types)	2	**	580	5.2
Methadone	1	**	98	0.9
Hallucinogens	0	-	108	1.0
Barbiturates	0	-	18	0.2
Other and unspecified narcotics	0	-	123	1.1
Other synthetic narcotics	27	20	3,444	31.7
Other unspecified drugs	3	**	2,684	24.3
Psychostimulants with abuse potential, including methamphetamine	6	**	537	5.1

*Rate per 100,000 population, age-adjusted **Data are blinded for confidentiality

EMS providers administered Naloxone (Narcan) 170 times in Fairfield County and 44,469 times in Ohio in 2017.³ Only 72% of transporting Ohio EMS Agencies reported Naloxone administrations; the actual counts are likely higher than reported here.

About 4% of Fairfield County survey respondents reported using marijuana in the past 30 days. Misuse of prescription medication (using prescription medication that was not prescribed to the resident or taking more medicine than was prescribed to feel good, high, more active, or more alert) was reported at very low rates; this may be due in part to a desire to not admit to engaging in such behaviors on these self-administered questionnaires.

Self-Reported Marijuana Use And Prescription Medication Misuse^s

	Fairfield County (average n=537)
Have used marijuana in the past 30 days	4.3%
Have used prescription medication that was not prescribed to the resident or took more medicine than was prescribed to feel good, high, more active, or more alert in the past 30 days	<1%

A large majority (84%) of Fairfield County residents reported knowing that in Ohio, medical marijuana or cannabis can be used to treat certain medical conditions. Among those who reported using marijuana in the past 30 days, very few (2%) reported using it for non-medical reasons only. This may be due in part to a desire to not admit to engaging in such behaviors on these self-administered questionnaires.

Medical v. Non-medical Marijuana Use In Past 30 Days^s

	Fairfield County (n=23)
Used marijuana for medical reasons only (to treat symptoms of a health condition)	40.5%
Used marijuana for non-medical reasons only (to have fun or fit in)	2.0%
Used marijuana for both medical and non-medical reasons	57.6%

Among those who reported using marijuana in the past 30 days, almost all (99%) reported smoking it. About half (54%) reported vaporizing it and about a quarter (27%) reported eating it.

Ways Used Marijuana In Past 30 Days^s

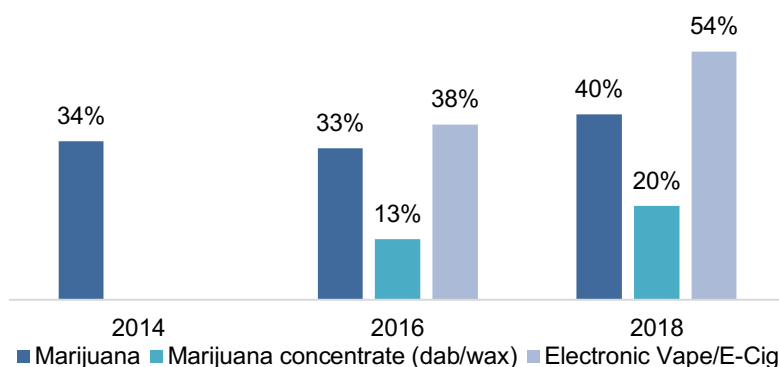
	Fairfield County (n=23)
Smoked it	99.2%
Vaporized it	54.4%
Ate it	27.4%
Dabbed it	18.7%
Drank it	3.7%
Used it in some other way	4.4%

Multiple responses were accepted, so the total percentage is greater than 100%

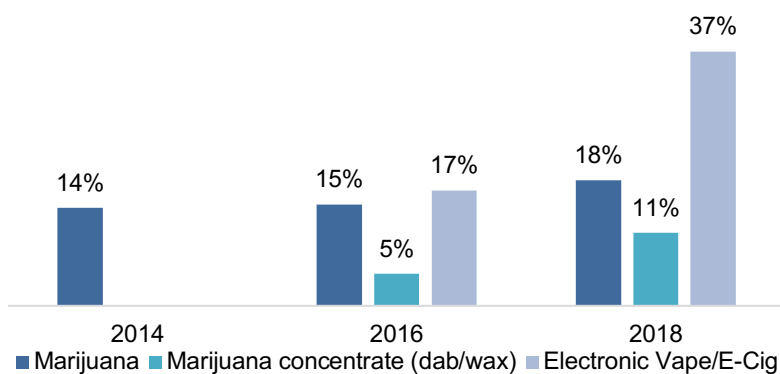
Findings from the 2018 Fairfield County Youth Behavior Survey

This survey found that 40% of high school seniors have used marijuana in their lifetime; 18% of seniors reported using marijuana in the past 30 days. Around half of seniors reported using an electronic vape/e-cigarette in their lifetime, and 37% reported using one in the past 30 days. The following graphs shows these trends since 2014, for both lifetime and past 30 day use.

Lifetime Substance Use (Seniors, 2018)



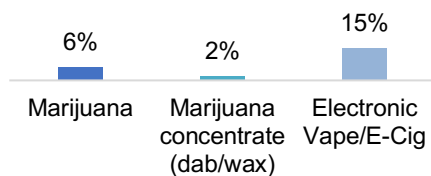
30 Day Substance Use (Seniors, 2018)



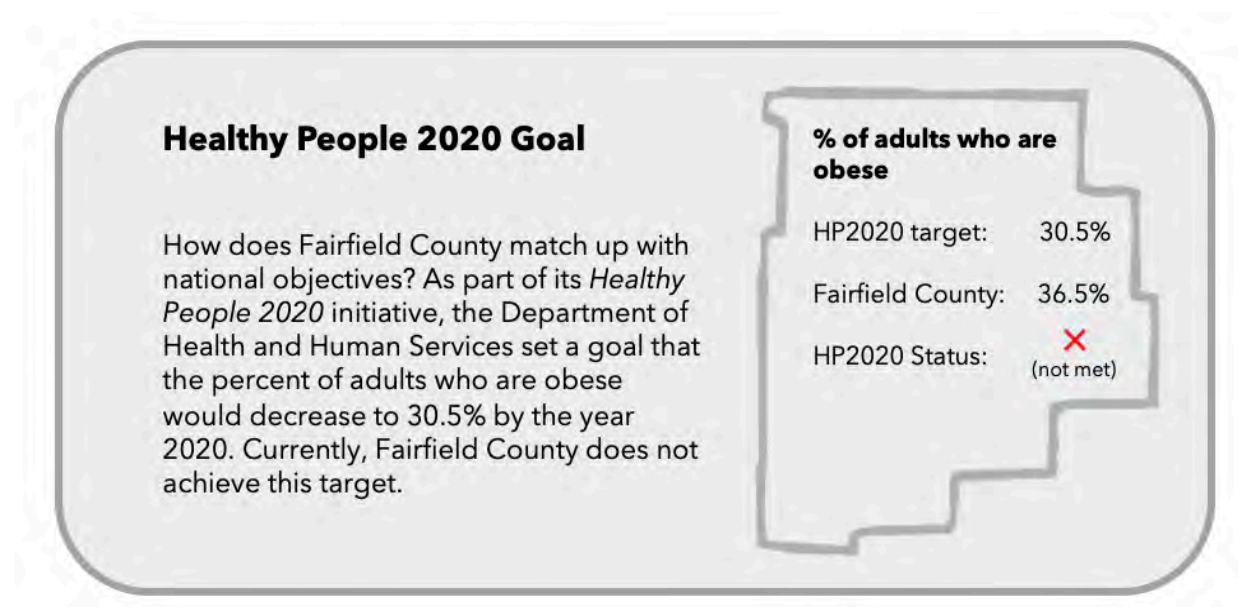
*There is no data for use of marijuana concentrates (dabs/wax) or electronic vapes for 2014.

15% of seniors also reported that they use an electronic vape/E-Cig daily. This is almost twice the number who report using marijuana/marijuana concentrates on a daily basis.

Daily Substance Use (Seniors, 2018)



Another set of questions in the 2019 Fairfield County Health Survey focused on the issue of obesity. To estimate the percentage of the adult population who are obese, body mass index (BMI) was calculated from weight and height provided by survey participants. In Fairfield County, about 70% of adult residents are overweight (34%) or obese (37%).



Body Mass Index[§]

	Fairfield County (n=523)
Underweight (BMI < 18.5)	1.7%
Normal weight (BMI = 18.5 - 24.9)	28.2%
Overweight (BMI= 25 - 29.9)	33.7%
Obese (BMI > 29.9)	36.5%

An important predictor of obesity relates to one's nutritional intake. Most Fairfield County adults report eating fruit (i.e., fresh, frozen, or canned fruit, but excluding fruit juice) at least once on a typical day, and nearly all report eating vegetables at least once on a typical day. The U.S. Department of Health recommends a daily serving of 2.5 cup-equivalents of vegetables and 2 cup-equivalents of fruit. While residents may eat fruits and vegetables, they may not be reaching the recommended amounts for optimal health benefits.

Nutrition[§]

	Fairfield County (average n=535)	
	Median # of times doing this daily	Percentage doing this at least once daily
Eating fruit	1	76.9%
Eating vegetables	2	92.3%

Another important predictor of obesity is the extent to which one exercises regularly; 76% of Fairfield County adults said they 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, in the month prior to the survey. Fairfield County adult residents engaged in physical activity 10 times (median) and they engaged in 4 hours of physical activity (median) in the month leading up to the survey. For comparison, the U.S. Department of Health recommends adults spend at least 2 and a half hours per week, about 10 hours a month, doing moderate-intensity aerobic activity.

Physical Activity In Past Month^s

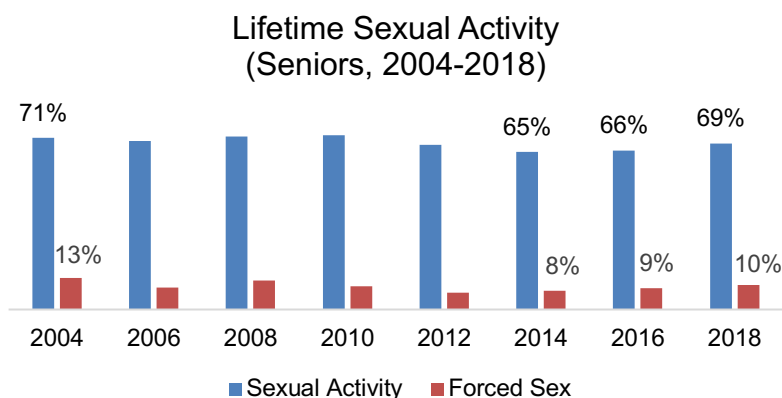
	Fairfield County (average n=525)
Times engaged in physical activity in past month (median)	10
Hours participated in physical activity in past month (median)	4

Sexual activity is another behavioral risk factor that was measured among Fairfield County High School students, specifically seniors. The findings are presented below.

Findings from the 2018 Fairfield County Youth Behavior Survey

In this survey, 69% of seniors reported being sexually active in their lifetime, and 10% reported they felt forced into sexual activity in their lifetime.

Demographic Differences Observed In The 2019 Health Survey



Additional analyses were conducted on the data obtained from the 2019 Fairfield County Health Survey, looking for the presence of statistically significant differences in the responses across various demographic groups across Fairfield County. Analyses included age, gender, educational attainment, income, presence of children in the household, and whether or not residents live in the Lancaster zip code. The following patterns were observed.

Current smoker status

- Males are more likely than females to smoke cigarettes (14% and 7%, respectively).
- Those with a high school degree or less education are more likely than those with at least some college to smoke cigarettes (20% and 4%, respectively).
- Those with household incomes of under \$50,000 a year are more likely than those with household incomes of at least \$50,000 a year to smoke cigarettes (22% and 6%, respectively).

Binge drinking

- Males are more likely than females to have binge drank at least once in the past 30 days (37% and 24%, respectively).
- Those without a child living in the household were more likely to have binge drank at least once in the past 30 days (34% and 24%, respectively).

Heroin abuse

- Those with a high school degree or less education are more likely than those with at least some college to know someone in their community who has a drug abuse or addiction problem with heroin (24% and 9%, respectively).

Methamphetamines abuse

- Those 18-34 years old are more likely than those older to know someone who abuses methamphetamines (24% and 13%, respectively).
- Those with household incomes of under \$25,000 a year are more likely than those with household incomes of at least \$25,000 a year to know someone who abuses methamphetamines (43% and 13%, respectively).
- Those living in Lancaster are more likely than those not living in Lancaster to know someone who abuses methamphetamines (26% and 7%, respectively).

Prescription pill abuse

- Those living in Lancaster are more likely than those not living in Lancaster to know someone who abuses prescription pills (27% and 10%, respectively).

Knowledge of medical marijuana legal status

- Those with household incomes of at least \$75,000 a year are more likely than those with household incomes of under \$75,000 a year to know that in Ohio, medical marijuana can be used to treat certain medical conditions (93% and 76%, respectively).

Overweight or obese

- Those 45 or older are more likely than those younger than 45 to be overweight or obese (77% and 61%, respectively).
- Males are more likely than females to be overweight or obese (81% and 60%, respectively).

At least one serving of fruit per day

- Those with a bachelor's degree or higher are more likely than those with less than a bachelor's degree to eat at least one serving of fruit on a typical day (95% and 71%, respectively).

At least one serving of vegetables per day

- Those with a bachelor's degree or higher are more likely than those with less than a bachelor's degree to eat at least one serving of vegetables on a typical day (100% and 90%, respectively).

Exercise

- Those with at least some college were more likely than those with a high school degree or less to have participated in physical activities or exercise in the month leading up to taking the survey (88% and 60%, respectively).
- Those with household incomes of at least \$50,000 a year are more likely than those with household incomes of under \$50,000 a year to have participated in physical activities or exercise in the month leading up to taking the survey (85% and 60%, respectively).

Maternal And Child Health

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

Key Findings – Maternal and Infant Health

In Fairfield County, the percent of infants born preterm is 9.3%, which meets the national goal. However, the infant mortality rate of 9.3 does not meet the national goal.

In Fairfield County, rates of pregnancy and live births among 15-17 and 18-19 year olds are lower than the Ohio rates. The infant mortality rate is slightly higher in Fairfield County than in Ohio. As seen on the next page, about 8% of babies are considered “low birth weight,” and 9.3% of babies are born preterm, or before 37 weeks gestation.

Maternal and Infant Health

		Fairfield County		Ohio	
		Count		Count	
Total Births¹		1,821		136,890	
		Count	Rate*	Count	Rate*
Infant Mortality Rate¹	Total	17	9.3	982	7.2
	White	11	7.1	550	5.3
	Black	5	27.3	384	15.6
	Native American	**	**	0	-
	Asian or Other Pacific Islander	1	17.8	20	4.2
	Hispanic	1	20.4	54	7.2
	Non-Hispanic	16	9.1	927	7.2
		Count	Rate***	Count	Rate***
Estimated Adolescent Pregnancies^{1,2}	Mother under 18 years	27	3.6	2,978	5.1
	Mother 10-14 years	0	-	160	0.4
	Mother 15-17 years	27	8.8	2,818	12.6
	Mother 18-19 years	90	42.9	8,602	55.7
Live Births (Adolescent)¹	Mother 10-14 years	0	-	79	0.2
	Mother 15-17 years	20	6.40	1,867	8.4
	Mother 18-19 years	65	31.00	5,926	38.4

*Rate per 1,000 live births **Cell value has been blinded for confidentiality ***Rate per 1,000 females of specified age

Maternal and Infant Health (continued)					
		Count	Percent	Count	Percent
Low Birth Weight¹	Low birth weight babies (<2500 grams)	140	7.7%	11,873	8.7%
	Very low birth weight babies (<1500 grams)	34	1.9%	2,113	1.5%
Preterm Births¹	Preterm births (<37 weeks)	169	9.3%	14,196	10.4%
Tobacco Use³	Mother smoked during 3 rd trimester	204	12.2%	15,745	11.4%

Healthy People 2020 Goal


How does Fairfield 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, Fairfield County achieves this target.

Additionally, the Department of Health and Human Services set a goal that the infant mortality rate would decrease to 6.0 (per 1,000 live births). Currently, Fairfield County does not achieve this target.

Total preterm live births

HP2020 target: 11.4%


Fairfield County: 9.3%

HP2020 Status: 
(met)

Rate of infant mortality

HP2020 target: 6.0

Fairfield County: 9.3

HP2020 Status: 
(not met)

Mental And Social Health

This section describes issues associated with mental and social health.

Key Findings – Mental and Social Health

About 22% of residents have been diagnosed with a depressive disorder and about 20% of residents have been diagnosed with an anxiety disorder.

The suicide rate in Fairfield County is 12.6 per 100,000 residents, which does not meet the national goal.

As measured by this survey, 22% of Fairfield County adult residents have been diagnosed with a depressive disorder, and 20% have been diagnosed with an anxiety disorder.

Diagnoses Of Mental Health Conditions[§]

		Fairfield County (n=538)
Ever Been Told That You Had...	A depressive disorder (including depression, major depression, dysthymia, or minor depression)	21.8%
	An anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)	19.5%

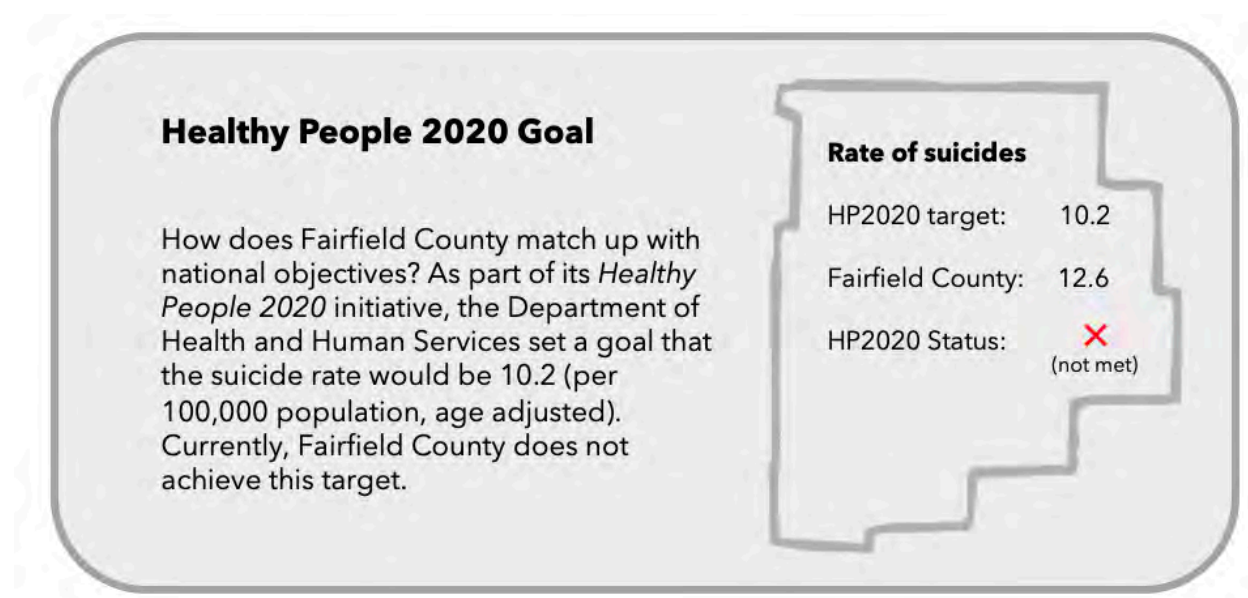
The suicide rate is slightly lower in Fairfield County than it is in Ohio.

Mental And Social Health Indicators

		Fairfield County		Ohio	
		Count	Rate*	Count	Rate*
Suicides¹	Suicides	20	12.6	1,740	14.8
Homicides¹	Homicides	**	**	828	7.5
Domestic Violence²	Domestic violence incidents	640	N/A	76,416	N/A

*Rate per 100,000 population, age-adjusted
N/A= not available or cannot be calculated

**Data are suppressed for confidentiality



Adults with social and mental health issues can have profound impacts on their children. Recognizing this, the types of child abuse cases in Fairfield County are presented below.

Child Abuse³

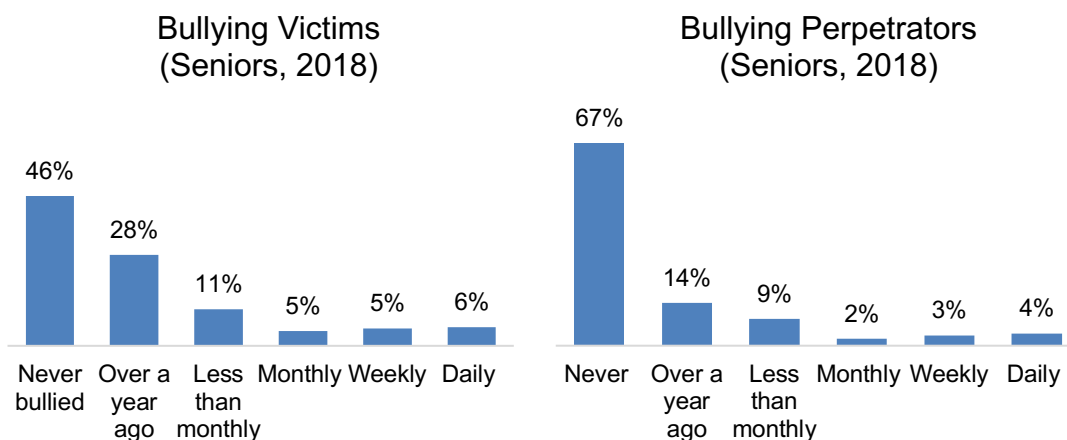
		Fairfield County		Ohio	
		Count	Percent*	Count	Percent*
Total child abuse cases		1,994		101,243	
Child Abuse	Physical abuse	649	33%	30,264	30%
	Neglect	288	14%	25,827	26%
	Sexual abuse	186	9%	9,137	9%
	Emotional maltreatment	38	2%	1,203	1%
	Family in need of other services; dependency and other	236	12%	17,001	17%
	Multiple allegations of abuse / neglect	597	30%	17,861	18%

*Denominator is total child abuse cases

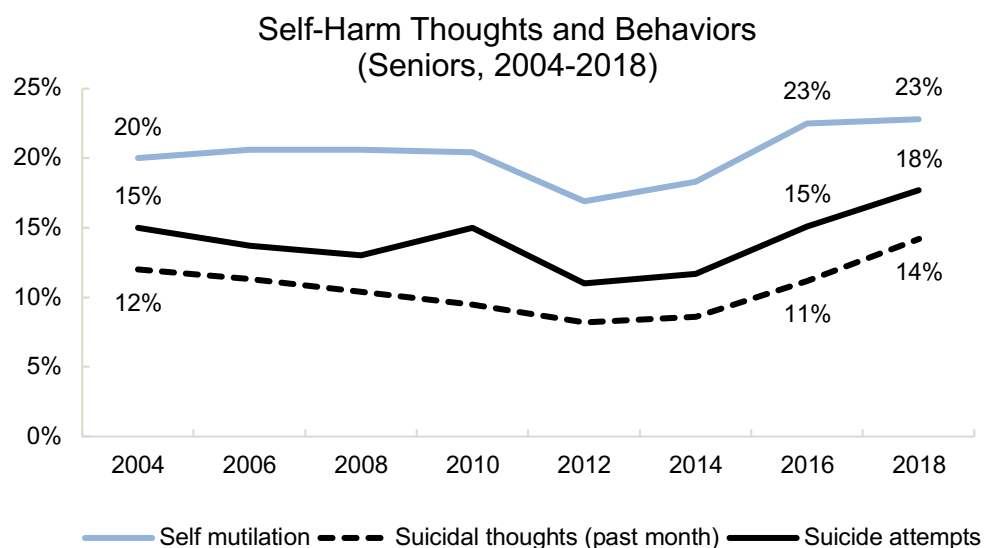
The following section deals with how mental and social health is seen to affect youth, specifically high school seniors, through bullying as well as suicidal thoughts and self-harming behaviors.

Findings from the 2018 Fairfield County Youth Behavior Survey

The most recent survey of Fairfield County high school seniors found that slightly over half (54%) reported being bullied at some point in the past; 16% had been bullied in the past month. The survey also found that 33% reported bullying at some point in the past; 10% had been bullies in the past month.



As shown in the following graph, the number of Fairfield County seniors who report suicidal thoughts in the past month (14%), self-mutilation (23%), or attempting to commit suicide (18%) has increased from a relative low in 2014.



The relationship between bullying and self-harm is an unfortunately strong one. For those high school seniors who reported being bullied at some point in the past, the percentage reporting suicidal thoughts was greater as compared to those who reported they had never been bullied (82% and 18%, respectively). The percentage of those reporting suicide attempts was also higher for those who had been bullied as compared to those who hadn't been bullied (75% and 25%, respectively).

Being a victim of a crime can also impact mental health. Violent and property crime rates in Fairfield County are presented below.

Crime and Safety⁴

	Fairfield County		Ohio	
	Count	Rate*	Count	Rate*
Violent crime	254	1.7	32,703	2.8
Property crime	3,701	24.3	271,219	23.4

*Rate per 1,000 population

Demographic Differences Observed In The 2019 Health Survey

Additional analyses were conducted on the data obtained from the 2019 Fairfield County Health Survey, looking for the presence of statistically significant differences in the responses across various demographic groups across Fairfield County. Analyses included age, gender, educational attainment, income, presence of children in the household, and whether or not residents live in the Lancaster zip code. The following patterns were observed.

Depression diagnoses

- Females are more likely than males to have been diagnosed with a depressive disorder (30% and 14%, respectively).
- Those with household incomes of under \$25,000 a year are more likely than those with household incomes of at least \$25,000 to have been diagnosed with a depressive disorder (47% and 19%, respectively).

Anxiety diagnoses

- Those with household incomes of under \$25,000 a year are more likely than those with household incomes of at least \$25,000 to have been diagnosed with an anxiety disorder (42% and 17%, respectively).

Death, Illness, And Injury

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

Key Findings – Death, Illness, and Injury

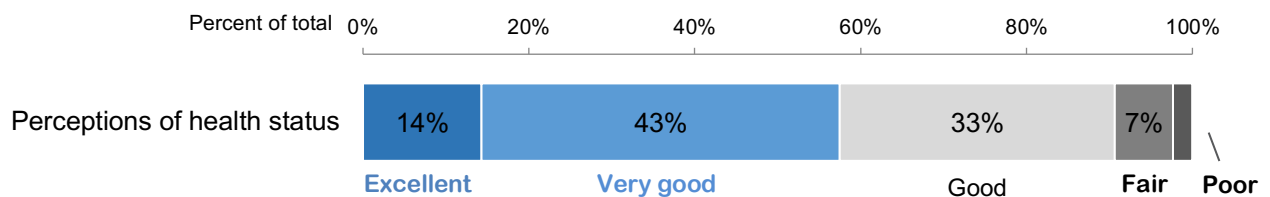
Almost all Fairfield County residents rate their general health as good, very good, or excellent. However, those who are older or have lower household incomes are less likely to say this.

About a third of Fairfield County residents had at least one day of poor physical health in the past month.

The leading cause of death in Fairfield County is coronary heart disease. Among cancer diagnoses, breast and prostate have the highest incidence rates. In Fairfield County, 41% of adult residents have been diagnosed with high blood pressure, 31% have been diagnosed with high cholesterol, and 28% have been diagnosed with arthritis.

As shown below, the majority of Fairfield County adult residents (about 90%) report that in general their health is “good,” “very good,” or “excellent.”

Perceptions Of Health Status^s



As shown on the next page, about a third (35%) of Fairfield County residents had at least one day in the month leading up to the survey in which poor physical or mental health kept them from doing their normal activities such as self-care, work, or recreation.

Days Of Poor Physical Or Mental Health In Past 30 Days^s

	Fairfield County (n=498)
Percent reporting at least one day of poor physical or mental health in past 30 days	34.7%

Centrally located in Fairfield County, Fairfield Medical Center serves more than 250,000 residents in Fairfield, Perry, Hocking, and Athens counties. In 2018, this hospital recorded 50,132 visits to its emergency department; it is unclear, however, how many of these visits were made by Fairfield County residents. Shortness of breath, chest pain, abdominal pain, and weakness were the most frequent causes of emergency department hospital visits to Fairfield Medical Center in 2018.

Top 10 Reasons For ED Hospital Visits¹

	Fairfield County Count
Shortness of breath	1,281
Chest pain, unspecified	535
Unspecified abdominal pain	465
Weakness	462
Altered mental status, unspecified	241
Fever, unspecified	184
Nausea with vomiting, unspecified	148
Disorientation, unspecified	146
Syncope and collapse	139
Dizziness and giddiness	118

Sepsis, childbirth-related admissions, and hip or knee replacements were the most frequent causes of admissions to Fairfield Medical Center in 2018.

Top 20 Reasons For Hospital Admissions¹

Description (DRG)	Fairfield County Count
Septicemia or severe sepsis without mechanical ventilation >96 hours with major complications or comorbidities (871)	580
Neonate birthweight>2499G, normal newborn or neonate with other problem (640)	369
Major hip and knee joint replacement or reattachment of lower extremity without major complications or comorbidities (470)	333
Vaginal delivery (560)	330
Normal newborn (795)	257
Pulmonary edema and respiratory failure (189)	210
Heart failure and shock with major complications or comorbidities or peripheral extracorporeal membrane oxygenation (ECMO) (291)	177
Septicemia or severe sepsis without mechanical ventilation >96 hours without major complications or comorbidities (872)	176
Vaginal delivery without complicating diagnoses (775)	147
Percutaneous cardiovascular procedures with drug-eluting stent without major complications or comorbidities (247)	147
Heart failure and shock with major complications or comorbidities (291)	144
Esophagitis, gastroenteritis & miscellaneous digestive disorders without major complications or comorbidities (392)	138
Simple pneumonia and pleurisy with major complications or comorbidities (193)	135
Septicemia and disseminated infections (720)	130
Renal failure with complications or comorbidities (683)	115
Vaginal delivery without sterilization/dilation and cutterage without complications or comorbidities/major complications or comorbidities (807)	112
G.I. hemorrhage with complications or comorbidities (378)	110
Cellulitis without major complications or comorbidities (603)	108
Psychoses (885)	108
Chronic obstructive pulmonary disease with major complications or comorbidities (190)	106

Slipping, tripping, or stumbling and surgical / medical procedures with abnormal reactions were the most frequent causes injury cases at Fairfield Medical Center in 2018.

Top 10 Causes Of Injury¹

	Fairfield County Count
Slipping, tripping, stumbling	903
Surgical and medical procedures with abnormal reaction	308
Exposure to animate mechanical forces	80
Other land transport accident	65
Exposure to inanimate mechanical forces	45
Car occupant injury	20
Overexertion and strenuous or repetitive motions	14
Event of undetermined intent	13
Motorcycle rider	8
Medical device associated with adverse incidents	7

The ten leading causes of death in Fairfield County are shown below. Coronary artery disease and Alzheimer's disease were the top causes of death in Fairfield County in 2017.

Mortality – Leading Causes²

	Fairfield County		Ohio	
	Count	Rate*	Count	Rate*
Total	1,393	797.4	123,648	849.7
Coronary artery disease	106	59.9	7,257	47.7
Alzheimer's disease	73	43.5	4,943	32.4
Bronchus or lung cancer	82	43.2	6,710	44.1
Unspecified dementia	73	43.2	5,038	32.8
Chronic obstructive pulmonary disease (COPD)	49	27.1	5,683	37.5
Accidental poisoning by and exposure to narcotics and psychodysleptics	33	24.1	3,025	27.6
Heart attack	40	22.8	4,361	29.0
Pneumonia	26	15.2	1,780	11.8
Atrial flutter	23	13.7	1,166	7.6
Stroke	22	12.5	2,641	17.5

*Rate per 100,000 population, age-adjusted

The most common infectious disease diagnosis in Fairfield County is chlamydia. The next most common is AIDS / HIV (persons living with a diagnosis of HIV infection). Note that rates calculated based on counts of less than 10 are likely unstable and therefore should be interpreted with caution. The reader should be aware that in early 2018, Ohio experienced a statewide outbreak of Hepatitis A cases; the data shown below do not reflect this.

Incidence Of Infectious Disease

	Fairfield County		Ohio	
	Cases	Rate*	Cases	Rate*
Chlamydia ³	498	326.3	61,430	528.9
AIDS / HIV (persons living with a diagnosis of HIV infection) ^{4,5}	181	117.0	23,587	202.3
Gonorrhea ⁶	112	73.4	23,992	206.6
Influenza-associated hospitalization ⁷	62	40.1	11,819	101.4
Hepatitis A (acute) ⁷	0	-	51	0.4
Hepatitis B (acute) ⁸	5	3.3	286	2.5
Hepatitis B (total) ⁸	40	26.2	2,840	24.5
Hepatitis C (acute) ⁹	5	3.3	229	2.0
Hepatitis C (total) ⁹	195	127.8	21,882	188.4

*Rate per 100,000 population

Turning to chronic health conditions, 41% of adult Fairfield County residents have at some point been told by a health professional that they have high blood pressure. In addition, 31% have been diagnosed with high cholesterol, and 28% of Fairfield County residents have been diagnosed with arthritis.

Diagnoses Of Chronic Health Conditions[§]

		Fairfield County (average n=530)
Ever Been Told That You Had...	High blood pressure	41.0%
	High blood cholesterol	30.5%
	Arthritis	28.3%
	Any type of cancer	12.6%
	Diabetes	12.2%
	Asthma	10.1%

Considering only cancer-related deaths, lung and bronchus cancers have the highest mortality rate in Fairfield County.

Cancer Mortality Rates – Top Cancers¹⁰

	Fairfield County		Ohio	
	Count	Rate*	Count	Rate*
All sites / types	275	151.3	25,507	173.5
Lung and bronchus	70	38.1	7,103	47.8
Breast (female)	25	25.5	1,710	21.6
Colon and rectum	28	16.7	2,262	15.5
Prostate	11	15.3	1,184	19.7

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

With regard to cancer incidence rates, female breast cancer had the greatest incidence in Fairfield County in 2016, followed by prostate cancer.

Cancer Incidence Rates – Top Cancers¹⁰

	Fairfield County		Ohio	
	Count	Rate*	Count	Rate*
All sites / types	814	450.4	65,645	456.1
Breast (female)	113	123.6	9,648	128.7
Prostate	99	104.8	7,316	100.7
Lung and bronchus	103	54.1	9,652	64.9
Colon and rectum	56	33.3	5,730	40.2

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

The 13% of survey respondents who had been diagnosed with cancer were asked how many months passed from the time they first thought something might be wrong until they first saw a health care provider. 56% had one month or less pass, but 9% had at least six months pass. Among those who had more than 3 months pass, more than half of residents (65%) waited because other life issues were more important. Few residents had time pass because they couldn't afford it, didn't have insurance, didn't have a family doctor, didn't have transportation, or were afraid.

Among the survey respondents who had been diagnosed with cancer, the most frequent source used when deciding on cancer treatment(s) was the resident's family doctor or oncologist, or another physician.

Source Used When Deciding On Cancer Treatment^s

	Fairfield County (n=68)
Other physician (not family doctor or oncologist)	39.5%
Resident's family doctor	37.9%
Resident's oncologist	34.8%
Friends and family	18.6%
American Cancer Society	2.1%
Online blogs or Internet sources	0.8%
Local support organizations	0.5%
National Cancer Institute	0.0%
Other	11.7%
None of these	7.8%

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

Survey respondents who had been diagnosed with cancer reported that trust in their doctors, job / work responsibilities, and advice from family and friends influenced their decisions about cancer treatment(s).

Factors Influencing Decisions About Cancer Treatment(s)^s

	Fairfield County (n=68)
Trust in residents' doctors	62.9%
Job / work responsibilities	14.6%
Advice from family / friends	13.4%
Ability to pay the costs	9.4%
Worry about treatment's side effects	8.9%
Transportation to and from treatment	6.2%
Responsibilities as a care provider for children or spouse	5.6%
Other	0.0%
None of these	27.1%

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

The most common problems experienced during cancer treatment (as reported by survey respondents) were treatment side effects, residents' emotions about the experience, and job / work responsibilities.

Problems Experienced During Cancer Treatment^s

	Fairfield County (n=68)
Treatment side effects	25.4%
Residents' emotions / feelings about this experience	19.8%
Job / work responsibilities	10.2%
Keeping track of health insurance bills	8.5%
Shopping and preparing meals	3.6%
Transportation to treatment / doctor appointments	2.0%
Keeping track of residents' appointments	1.8%
Other	1.3%
None of these	64.5%

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

Lastly, the survey respondents who had been diagnosed with cancer would have liked to receive more assistance applying for benefits or understanding their treatment diagnosis.

Types Of Help Residents Would Have Liked During Treatment^s

	Fairfield County (n=68)
Help with applying for any benefits resident might be eligible for	10.5%
Help with understanding resident's diagnosis and / or treatment options	8.4%
Help arranging care services at resident's home	7.5%
Help with resident's insurance / billing paperwork	6.1%
Help with arranging transportation to treatment / doctor appointments	4.0%
Help arranging childcare	1.5%
Help with scheduling and keeping track of resident's appointments	1.5%
Other*	3.5%
None of these	73.5%

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

**Other help residents would have liked includes emotional support, family, and reduced workload.*

Demographic Differences Observed In The 2019 Health Survey

Additional analyses were conducted on the data obtained from the 2019 Fairfield County Health Survey, looking for the presence of statistically significant differences in the responses across various demographic groups across Fairfield County. Analyses included age, gender, educational attainment, income, presence of children in the household, and whether or not residents live in the Lancaster zip code. The following patterns were observed.

Perceptions of health status

- Those younger than 65 were more likely than those 65 or older to say their general health is excellent or very good (63% and 35%, respectively).
- Those with household incomes of at least \$50,000 a year were more likely than those with household incomes of under \$50,000 a year to say their general health is excellent or very good (68% and 38%, respectively).

Days Of Poor Physical Or Mental Health In Past 30 Days

- Those with household incomes of under \$25,000 a year were more likely than those with household incomes at least \$25,000 a year to have had at least one day of poor physical or mental health in the past 30 days (70% and 30%, respectively).

Arthritis diagnoses

- Those 55 or older are more likely than those younger than 55 to have been diagnosed with arthritis (55% and 13%, respectively).

Cancer diagnoses

- Those 55 or older are more likely than those younger than 55 to have been diagnosed with cancer (27% and 4%, respectively).
- Those living in the Lancaster zip code are more likely than those living outside the Lancaster zip code to have been diagnosed with cancer (16% and 9%, respectively).

High blood pressure diagnoses

- Those 55 or older are more likely than those younger than 55 to have been diagnosed with high blood pressure (62% and 29%, respectively).
- Those with a high school education or less are more likely than those with at least some college to have been diagnosed with high blood pressure (59% and 27%, respectively).

High cholesterol diagnoses

- Those 55 or older are more likely than those younger than 55 to have been diagnosed with high cholesterol (51% and 19%, respectively).
- Those with a high school education or less are more likely than those with at least some college to have been diagnosed with high cholesterol (46% and 19%, respectively).

Diabetes diagnoses

- Those 45 or older are more likely than others to have been diagnosed with diabetes (21% and 1%, respectively).

Summary

The Fairfield County 2019 Community Health Assessment provides a comprehensive overview of the community's health status, illuminating areas of strength as well as areas in which there could be improvement.

Consistent with Public Health Accreditation Board requirements and IRS regulations, the participating agencies (including Fairfield Department of Health and Fairfield Medical Center) will use this report to inform the development and implementation of strategies to address these findings. It is intended that a wide range of 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 the prioritized health needs identified by this process. This list will be reviewed and (if necessary) revised by the Fairfield County Health Department and its partners after the health department's Community Health Improvement Plan is formulated.

Users of the Fairfield County 2019 Community Health Assessment are encouraged to send feedback and comments that can help improve the usefulness of this information when future editions are developed. Questions and comments about the Fairfield County 2019 Community Health Assessment may be directed to:

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Appendix A: Survey Questionnaire

The following pages show a hard copy version of the survey questionnaire.

FAIRFIELD COUNTY HEALTH SURVEY

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.

ABOUT YOUR COMMUNITY

1. In your opinion, what is the most important health issue affecting the people who live in Fairfield County? [Please write your answer below]

ABOUT YOUR OVERALL HEALTH

These questions ask about your physical and mental health.

2. Would you say that in general your health is... [Circle one answer]

Excellent	Very good	Good	Fair	Poor
-----------	-----------	------	------	------

3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? [Write a number] — —

4. Has a doctor, nurse, or other health professional EVER told you that you had... [For each question, circle one answer]

4a. Asthma?	Yes	No
4b. Arthritis?	Yes	No
4c. High blood pressure?	Yes	No
4d. High blood cholesterol?	Yes	No
4e. Diabetes?	Yes	No

5. 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)? [Circle one answer]

Yes	No
-----	----

6. 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, posttraumatic stress disorder, or social anxiety disorder)? [Circle one answer]

Yes	No
-----	----

7. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? [Circle one answer]

Yes	No
-----	----

8. During the past 12 months, have you delayed getting needed medical care for any of the following reasons? [Fill in the circles that apply]

- | | |
|---|--|
| <input type="radio"/> You didn't have insurance | <input type="radio"/> You couldn't schedule an appointment soon enough |
| <input type="radio"/> You couldn't afford the co-pay | <input type="radio"/> Other |
| <input type="radio"/> You didn't have transportation | <input type="radio"/> Not applicable |
| <input type="radio"/> You weren't able to schedule an appointment | |

{PLEASE COMPLETE THE NEXT PAGE}

9. Has a doctor, nurse, or other health professional EVER told you that you had any type of cancer? [Circle one answer]
- | | |
|-----|----------------------------------|
| Yes | No
<i>(Go to Question 16)</i> |
|-----|----------------------------------|
10. About how many months passed from the time you first thought something might be wrong until you first saw a health care provider about it? [Write a number] — —
11. If you waited more than 3 months before you saw a health care provider, what were the reasons for this? [Fill in the circles that apply]
- | | |
|---|---|
| <input type="radio"/> You couldn't afford it | <input type="radio"/> You were afraid |
| <input type="radio"/> You didn't have insurance | <input type="radio"/> Other life issues were more important |
| <input type="radio"/> You didn't have a family doctor | <input type="radio"/> Other <small>[Please write your answer below]</small> |
| <input type="radio"/> You didn't have transportation | <input type="radio"/> Not applicable |
12. What source(s) did you use when deciding on your cancer treatment(s)? [Fill in the circles that apply]
- | | |
|---|--|
| <input type="radio"/> My family doctor | <input type="radio"/> National Cancer Institute |
| <input type="radio"/> My oncologist | <input type="radio"/> Online blogs or Internet sources |
| <input type="radio"/> Other physician | <input type="radio"/> Local support organizations |
| <input type="radio"/> Friends and family | <input type="radio"/> Other |
| <input type="radio"/> American Cancer Society | <input type="radio"/> None of these |
13. What factors influenced your decision about which treatment(s) to choose? [Fill in the circles that apply]
- | | |
|--|--|
| <input type="radio"/> Ability to pay the costs | <input type="radio"/> Responsibilities as a care provider for children or spouse |
| <input type="radio"/> Transportation to and from treatment | <input type="radio"/> Job/work responsibilities |
| <input type="radio"/> Trust in my doctors | <input type="radio"/> Other |
| <input type="radio"/> Worry about treatment's side effects | <input type="radio"/> None of these |
| <input type="radio"/> Advice from family/friends | |
14. What problems did you experience (or are you experiencing) during treatment? [Fill in the circles that apply]
- | | |
|---|---|
| <input type="radio"/> Treatment side effects | <input type="radio"/> Shopping and preparing meals |
| <input type="radio"/> Transportation to treatment/doctor appointments | <input type="radio"/> Keeping track of my appointments |
| <input type="radio"/> Job/work responsibilities | <input type="radio"/> Keeping track of health insurance bills |
| <input type="radio"/> My emotions/feelings about this experience | <input type="radio"/> Other <small>[Please write your answer below]</small> |
| | <input type="radio"/> None of these |
15. Which of the following would you have liked help with during your illness? [Fill in the circles that apply]
- | | |
|---|---|
| <input type="radio"/> Help with understanding my diagnosis and/or treatment options | <input type="radio"/> Help with applying for any benefits I might be eligible for |
| <input type="radio"/> Help with arranging transportation to treatment/doctor appointments | <input type="radio"/> Help arranging care services at my home |
| <input type="radio"/> Help arranging childcare | <input type="radio"/> Help with my insurance/billing paperwork |
| <input type="radio"/> Help with scheduling and keeping track of my appointments | <input type="radio"/> Other <small>[Please write your answer below]</small> |
| | <input type="radio"/> None of these |

{PLEASE COMPLETE THE NEXT PAGE}

16. About how long has it been since you last visited a doctor for a routine checkup (i.e., "well visit")?

[Circle one answer]

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

17. In the past 12 months, did you travel outside of Fairfield County in order to receive needed medical care? [Circle one answer]

Yes	No (Go to Question 19)
-----	---------------------------

18. What kind of medical care did you receive outside of Fairfield County? [Please write your answer below]

HEALTH BEHAVIORS

These questions ask about a variety of health behaviors.

19. On a typical day, how many times do you eat fruit? Please count fresh, frozen, or canned fruit, but do not include fruit juice. [Write a number] — —

20. On a typical day, how many times do you eat vegetables? [Write a number] — —

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? [Circle one answer]

Yes	No (Go to Question 24)
-----	---------------------------

22. How many times in the past month did you participate in these physical activities or exercises? [Write a number] — — —

23. And during the past month, for about how many hours did you participate in these physical activities or exercises, overall? (If less than 1 hour, please write 0) [Write a number] — — —

24. Have you smoked at least 100 cigarettes in your entire life? [Circle one answer]

Yes	No (Go to Question 26)
-----	---------------------------

25. Do you now smoke cigarettes every day, some days, or not at all? [Circle one answer]

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

26. One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if male, 5 drinks or more | if female, 4 drinks or more) on an occasion? [Write a number] — —

27. Do you personally know anyone in Fairfield County who has a drug abuse or addiction problem with...

[For each question, circle one answer]

27a. Heroin?	Yes	No
27b. Methamphetamines?	Yes	No
27c. Prescription pain medicine?	Yes	No

{PLEASE COMPLETE THE NEXT PAGE}

28. During the past 30 days, on how many days did you use 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? [Write a number] ____

29. Did you know that in Ohio, medical marijuana or cannabis can be used to treat certain medical conditions? [Circle one answer]

Yes

No

30. During the past 30 days, on how many days did you use marijuana or cannabis? [Write a number] ____
(If you wrote zero (0), go to Question 33)

31. When you used marijuana or cannabis during the past 30 days, was it usually...? [Circle one answer]

For medical reasons
(to treat symptoms of a health condition)

For non-medical reasons
(to have fun or fit in)

For both medical and
non-medical reasons

32. Which of the following ways did you use marijuana or cannabis during the past 30 days?

[Fill in the circles that apply]

☐ Smoked it

☐ Vaporized it

☐ Ate it

☐ Dabbed it

☐ Drank it

☐ Used it some other way

OTHER QUESTIONS

These questions are for statistical purposes only. All responses will remain confidential.

33. What is your gender? [Circle one answer]

Male

Female

34. What is your age? [Write a number] ____

35. How much do you weigh without shoes? [Write a number] ____ pounds

36. How tall are you without shoes? [Write two numbers] ____ feet / ____ inches

37. Including yourself, how many people live in your household? [Write a number] ____

38. And how many of these people are under age 18? [Write a number] ____

39. What is the highest level of education you have completed? [Circle one answer]

Less than
12th grade
(no diploma)

High school
degree/GED

Some
college
(no degree)

Associate's
degree

Bachelor's
degree

Graduate or
professional
degree

40. Which of the following categories includes the total income of everyone living in your home in 2018, before taxes? [Circle one answer]

Less than
\$25,000

Between \$25,000
and \$49,999

Between \$50,000
and \$74,999

Between \$75,000
and \$99,999

\$100,000
or more

{YOU ARE FINISHED! PLEASE USE THE ENVELOPE PROVIDED TO RETURN THIS SURVEY. **THANK YOU!**}

Appendix B: Community Assets And Resources

A preliminary list of community assets and resources that could possibly be mobilized and leveraged to address the prioritized health needs identified via this process is shown below.

Priority 1: Obesity

Social Services

- YMCA
- Fairfield County 2-1-1 Information and Referral Services
- Produce Prescription
- Produce Perks

Senior Services

- Olivedale
- Meals on Wheels

Behavioral Health

- ADAMH

Clinical Services

- Fairfield Medical Center
- Fairfield Community Health Center

Community

- Help Me Grow Early Intervention
- Local food pantries
- Library events (free yoga)
- Silver Sneakers
- Move with the Mayor/Walk with a Doc walking programs
- Lancaster Farmers Market
- Lancaster Alive (civic group exercise clubs)
- Running clubs
- Fitness organizations
- Local trails and paths
- FMC/YMCA partnership (free classes)

Schools & Universities

- OSU extension Fairfield County
- Ohio University Lancaster
- Other schools/sports at school

Government

- Fairfield Department of Health
- Fairfield Agricultural Center
- Parks and Recreation Department
- Metro Parks
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, and Children (WIC)

Business

- Chamber of Commerce
- Workplace health plans

Priority 2: Substance Use and Addiction

Social Services

- Fairfield County Job and Family Services
- Lutheran Social Services
- Faith-based communities

Senior Services

- Olivedale

Behavioral Health

- New Horizons
- ADAMH
- Prime Behavioral Health
- Integrated Services for Behavioral Health
- OhioGuidestone
- Changes in Pickerington

Clinical Services

- Project DAWN
- Diley Ridge detox
- Fairfield Community Health Center
- Mount Carmel Behavioral Health
- Mid-Ohio Psychological Help
- The Recovery Center in Lancaster

Community

- United Way
- Pearl House
- Rutherford House
- Creed of Recovery
- The Refuge
- AAA

Schools & Universities

- Drug free clubs in schools
- D.A.R.E.
- Schools (general)

Law Enforcement

- Court system
- Project FORT/ Major Crimes Unit
- Highway Patrol
- Sheriff's Office
- Lancaster Police Department

Business

- Chamber of Commerce

Media

- Fairfield County Board of Developmental Disabilities

Priority 3: Mental Health (Depression)

Social Services

- Fairfield County 2-1-1 Information and Referral Services
- Faith-based organizations

Senior Services

- New Horizons
- Meals on Wheels

Behavioral Health

- Behavioral Health Agencies
- ADAMH
- New Horizons
- OhioGuidestone
- Mid-Ohio Psychological
- Integrated Services for Behavioral Health
- The Parent Project / Parenting programs
- The Recovery Center in Lancaster
- Changes in Pickerington

Clinical Services

- Fairfield Medical Center

Government

- Fairfield Health Department
- Women, Infants, and Children (WIC) healthcare referrals

Law Enforcement

- Jail programs

Appendix C: Fairfield County Youth Behavior 2018 Executive Summary

The following pages present the executive summary from Fairfield County's 2018 Youth Behavior Survey.

Fairfield County Youth Behavior Survey 2018 Executive Summary

Preventing teen drug and alcohol use takes a full community effort. The Fairfield County Youth Behavior Survey is one of the key elements used by local community-based organizations and partners in identifying underlying root causes of youth substance abuse and a tool to create systems-level change. The survey is one source of information that can assist in setting the stage for that change.

The results of the biennial survey help to plan focused prevention and intervention, target school-based programs, evaluate progress toward reducing youth alcohol and substance abuse, and identify trends and emerging issues. In addition, the access to current data assists in obtaining funding to support needed services.

*The 2018 the Fairfield County biennial Youth Behavior Survey was implemented in all public schools in May 2018. A total of 2,106 students in grades 10 and 12 from nine (9) schools participated in the 2018 survey. * The results of the surveys provide a benchmark for alcohol, tobacco and other drug (ATOD) use as well as an indication of negative and problematic behavior among our youth. These behaviors are self-reported. Concurrently, the survey also assesses the risk factors that are related to these behaviors and protective factors that guard against them.*

Key Findings of 2018 Youth Behavior Survey

Results of the study suggest that after a period of declining use reported in 2008 and a slight tick upward in 2010 that began to reverse itself in 2012, frequent drug use among Fairfield County twelfth graders is fluctuating.

The study shows that

- Frequent alcohol use (30 day) among twelfth graders has increased from 19.1% in 2016 to 21.8% in 2018.
- Frequent marijuana use increased from 14.6% in 2016 to 18.2% in 2018.
- Frequent use of cigarettes has decreased to an all-time low of 7.8%.
- The 2004 Fairfield County data of frequent illegal use of prescription drugs was at a high of 9.3%. This data was Fairfield County's red flag to the epidemic of prescription drug use among our youth. In 2018 frequent prescription drug use was at 0.8%

Frequent Use (30-day use)	2004	2006	2008	2010	2012	2014	2016	2018
Seniors								
Alcohol	37.9	34.9	31.2	34.7	21.1	19.6	19.1	21.8
Cigarettes (Tobacco)	24	23.0	23.5	22.5	14.1	9.9	8.0	7.8
Marijuana	18.8	14.4	15.8	20.3	16.4	14.2	14.6	18.2
Other People's Prescriptions	9.3	8.5	7.2	5.7	2.4	.4	1.0	0.8

Age of Onset

The 2018 data reveal a fluctuation in findings in the area of *age of onset*. The age at which Fairfield County youth are initiating the use of marijuana and prescription drugs continue to increase meaning the age of use is older. The age of onset decreased regarding alcohol and cigarettes. This trend is important to monitor because the longer use is delayed, the less likely the individual is to become harmfully involved with substances as they grow older. Youth who start drinking before age 15 are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21 years.ⁱ

Average age of first use Seniors	2004	2006	2008	2010	2012	2014	2016	2018
Alcohol	14.31	14.41	14.58	14.05	14.94	14.96	15.13	15.01
Cigarettes	13.78	13.94	14.34	14.01	14.57	14.81	15.16	14.67
Marijuana	14.63	14.60	14.89	14.65	14.99	15.15	15.25	15.31
Illegal Prescription (Rx) Drugs	14.85	14.59	15.60	14.84	15.08	15.54	15.35	15.73

Ease of Access

The 2018 Fairfield County Youth Behavior Survey disclosed that it is easier to access to alcohol, cigarettes and marijuana as compared to 2016 survey results. It is harder to access prescription drugs and heroin compared to 2016.

<i>Ease of Access</i>	<i>2004</i>	<i>2006</i>	<i>2008</i>	<i>2010</i>	<i>2012</i>	<i>2014</i>	<i>2016</i>	<i>2018</i>
<i>Very Easy and Somewhat Easy - % Seniors</i>								
<i>Alcohol</i>	<i>85</i>	<i>84.2</i>	<i>84.2</i>	<i>83.3</i>	<i>79.1</i>	<i>76.7</i>	<i>73.4</i>	<i>74.5</i>
<i>Cigarettes (Tobacco)</i>	<i>85.5</i>	<i>84.7</i>	<i>75.3</i>	<i>84.3</i>	<i>79.6</i>	<i>75.2</i>	<i>69.8</i>	<i>70.2</i>
<i>Marijuana</i>	<i>69</i>	<i>67.3</i>	<i>66.2</i>	<i>73.1</i>	<i>68.1</i>	<i>68.3</i>	<i>63.6</i>	<i>67.2</i>
<i>Illegal Prescription (Rx) Drugs</i>	<i>49</i>	<i>49</i>	<i>45.3</i>	<i>45.7</i>	<i>35.7</i>	<i>31.8</i>	<i>29.1</i>	<i>27.4</i>
<i>Heroin</i>	<i>15.6</i>	<i>16.2</i>	<i>15.9</i>	<i>30.4</i>	<i>30.3</i>	<i>25.5</i>	<i>22.6</i>	<i>19.7</i>

The issues of binge drinking and attendance at parties where parents have allowed alcohol continue to be monitored. Results of the 2018 survey indicated that 53.7% of seniors reported that they have been to a party where parents have allowed alcohol. In regard to binge drinking, of the high school seniors who report drinking, 41.6% reported that they had consumed 5 or more glasses of any alcoholic beverage within a few hours.

Risk and Protective Factors

Just as there are both risk factors and protective factors associated with many human diseases, there are factors that can help protect youth from, or put them at risk for, drug use and other problem behaviors. A youth's behavior is influenced by a complexity of experiences and influences. The 2018 Fairfield County Youth Behavior Survey measures a variety of protective and risk factors. Protective factors, also called assets, are conditions that buffer children and youth from exposure to risk either by reducing the impact of risks or changing the way that young people respond to risks. These are characteristics that are known to decrease the likelihood that a student will engage in problem behaviors.

Behavioral Issues

In addition to alcohol, drug and tobacco use behavior, the 2018 Fairfield County Youth Behavior Survey also measures other problem behaviors. Sexual activity, suicidal thoughts, suicidal attempts, and self-mutilation rates all increased from 2016.

Behavior - % Seniors	2004	2006	2008	2010	2012	2014	2016	2018
Engaging in sexual activity - Lifetime	71	69.7	71.3	72	68.1	65.2	65.5	68.6
Forced to engage in sexual activity - Lifetime	13	9	12	9.7	7	7.7	8.8	10.2
Suicidal thoughts in past month	12	11.3	10.4	9.5	8.2	8.6	11.2	14.2
Suicidal attempts - Lifetime	15	13.7	13	15	11	11.7	15.1	17.7
Self-mutilation - Lifetime	20	20.6	20.6	20.4	16.9	18.3	22.5	22.8

In 2012, 2014, 2016 and 2018 the study analyzed the effect of protective factors on the use rates of youth, as well as other behavioral health issues. In both studies the positive impact of parents and adults in a youth's life were illustrated. Those children whose parents set clear rules, talk about the harmful effects of substances, and are involved in school have lower use rates than those children who do not. In addition, school and community activities such as involvement in school/community activities and school sports were illustrated as protective factors resulting in lower use rates.

Key Points

- ☒ The perception of risk and peer attitude toward marijuana is concerning. Only 33.0% of Fairfield County seniors perceive marijuana as harmful compared to 86.1% who view prescription drugs as harmful. Similarly, 61.3% perceive binge drinking as harmful and 78.4% perceive cigarettes as harmful. Youth perceive it is riskier to binge drink, smoke cigarettes or take prescription drugs than to smoke pot.
- ☒ Continuing a trend from 2012, 2014, and 2016 the thirty-day use of marijuana surpasses the thirty-day use of cigarettes and is only 3.6% below the thirty-day use of alcohol.

Progress

- ☒ Lifetime use of prescription drugs for seniors decreased to 4.4% and 30-Day use decreased to 0.8%.
- ☒ Ease of access for prescription drugs has decreased each year since 2010.
- ☒ The age of onset increased for marijuana and prescription drugs. For these substances' youth are beginning to use at a later age.
- ☒ Seniors perceive prescription drug use as a moderate/great risk.
- ☒ Protective strategies or assets make a difference in youth risky behaviors

Concerns

- ☒ Underage drinking remains a strong concern.
- ☒ The use of marijuana and the perception of marijuana as a lower risk activity is troubling.
- ☒ Vaping has a higher lifetime use and 30-day use compared to cigarettes and marijuana use.
- ☒ Suicidal thoughts, suicidal attempts and self-mutilation have all increased since 2016.

The 2018 Fairfield County Youth Behavior Survey illustrates that a collaborative approach to prevention works and is needed now more than ever. No one sector of the community can single-handedly address adolescent drug and alcohol use or problem behaviors. The reality is parents, schools, businesses, law enforcement, faith-based organizations, human services and other sectors working together can and do have a significant, long term impact in preventing adolescent substance abuse and related behaviors.

- *Data Cleaning: 2018 Original 2,244 surveys in original file. Eliminated 138 surveys containing missing, inconsistent and/or suspicious responses resulting in final analysis of 2,106 surveys
- The analysis of the 2018 survey was conducted by the Ohio University Voinovich Center in partnership with the Fairfield County ADAMH Board. The same statistical software program (SPSS), methodology, frequencies and crosstabs were utilized as in prior years.
- All materials related to the Fairfield County Youth Behavior Survey from 2004 through 2018 can be located and downloaded at the Fairfield County ADAMH website www.fairfielsadamh.org

ⁱ Office of Applied Studies. The NSDUH Report: Alcohol Dependence or Abuse and Age at First Use. Rockville, MD: Substance Abuse and Mental Health Services Administration, October 2004. Available at <http://www.oas.samhsa.gov/2k4/ageDependence/ageDependence.htm>.

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³ Ohio Chemical Dependency Professionals Board (2019)

⁴ State Medical Board of Ohio (2019)

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⁶ Ohio Department of Education, District Graduation Rates (2017-2018)

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⁸ Ohio Department of Education, Third Grade Reading Guarantee Results (2018)

⁹ Feeding America, "Map the Meal Gap" (2017)

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² Ohio Bureau of Criminal Identification and Investigation, Domestic Violence Report, Domestic Violence Incidents by County and Agency (2017)

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⁹ Ohio Department of Health, Ohio Hepatitis C Status Report (2015-2017)

¹⁰ Ohio Department of Health, Ohio Annual Cancer Report 2019, Summary of Cancer Incidence and Mortality for 2016 and Cancer Trends for 2007-2016