

Clark County Combined Health District

Clark County Community Health Assessment 2019

Striving to make Clark County a thriving community that recognizes, values, and pursues health and overall wellness



**2019 Clark County
Community Health Needs Assessment**

Published December, 2019

RECORD OF CHANGE

Clark County Community Health Assessment 2019		Adoption Date:	12/17/2019
		Last Update:	11/5/2019
Revision #:	Summary of Changes	Revision Date	Last Modified By:
1.0	Document created – Draft review	10/15/2019	A.J. Petroff
1.1	Updated/edited based on Steering Committee feedback; added CHA Priorities Feedback Results and final Priorities.	11/5/2019	A.J. Sauter

ACKNOWLEDGEMENTS

Clark County Combined Health District (CCCHD)

Authors

Anna Jean Sauter, M.En., Epidemiologist; Brenna Heinle, MPH, Epidemiologist

Contributors

Christina Conover, RN, BSN, Director of Nursing; Emma Smales, MPH, CHES, Health Planning Supervisor; Charles Patterson, RS, MBA, Health Commissioner

Mercy Health Springfield

Contributors

Carolyn Young, Senior Project Manager of Mission; Marianne Potina, Vice President of Mission Integration

Steering Committee

Clark County Combined Health District

Clark County Commissioners

Clark County-Springfield Transportation
Coordinating Committee

Community Health Foundation

Developmental Disabilities of Clark County

Educational Service Center

Mental Health & Recovery Board

Mercy Health - Springfield

Ohio Valley Surgical Center

Rocking Horse Community Health Center

Springfield Foundation

Springfield Metropolitan Housing Association

Wittenberg University

EXECUTIVE SUMMARY

A Community Health Assessment (CHA) provides an opportunity for the local public health system to evaluate the health of the population and factors that contribute to high health risks, and subsequently set goals to address these issues through the Community Health Improvement Plan (CHIP). In Clark County, a CHA has been completed by the Clark County Combined Health District (CCCHD) every three years since 2013.

This CHA was conducted as part of a collaborative process of collecting and analyzing data, developing priorities, and planning actions to improve Clark County's health. The results of this CHA will provide the basis for the development of the Clark County CHIP.

An accepted national model, called Mobilizing for Action through Planning and Partnerships (MAPP), was used to complete this assessment. This is a community-driven strategic planning process that focuses on using the 10 Essential Services of Public Health to strengthen the local public health system in order to create a healthy community and better quality of life.

There are six phases of MAPP process. The first phase of the process, called Organize for Success/Partnership Development, occurred in early 2018 in Clark County. Phases two through four are covered in this CHA and include:

2. Visioning
3. The Four MAPP Assessments
4. Identification of Strategic Issues

Throughout phases two and three, work was done to form a steering committee, create a vision statement and shared values, and collect data from existing sources and youth surveys. In phase four, the data was reviewed to identify the following three priority topics:

- Mental Health & Substance Use
- Chronic Disease Prevention & Management
- Maternal/Infant Health & Sexual Health

Additionally, three cross-cutting factors were identified. The Robert Wood Johnson Foundation defines health equity as giving everyone a fair and just opportunity to be as healthy as possible. Addressing the following factors will move the Clark County community towards equity:

- Social Determinants of Health
- Access to Care
- Health Behaviors & Prevention

Table of Contents

Record of Change.....	i
Acknowledgements.....	ii
Clark County Combined Health District (CCCHD).....	ii
Executive Summary.....	i
Table of Tables	iv
Table of Figures.....	vi
Introduction	1
Purpose	1
Methodology.....	1
Visioning.....	2
Community Themes and Strengths Assessment.....	3
Results of Community Meetings.....	3
Forces of Change Assessment.....	4
FOC Assessment Results	4
Local Public Health System Assessment	7
LPHS Assessment Results.....	7
Community Health Status Assessment	10
Demographic Characteristics	10
Age and Birthrate.....	10
Population Projections.....	11
Health Outcomes	13
Length of Life.....	13
Quality of Life.....	18
Disability.....	23
Communicable Diseases	24
Health Behaviors.....	28
Sexual Activity.....	28
Smoking.....	30
Diet and Exercise.....	31
Other Health Behaviors.....	31
Alcohol and Drug Use.....	33
Clinical Care.....	37

Clark County Combined Health District

Access to Care	37
Quality of Care	41
Socioeconomic Characteristics	45
Education	45
Employment.....	47
Income	48
Family and Social Support.....	51
Marital status and household type	53
Community Safety.....	53
Food Insecurity.....	54
Physical Environment.....	56
Air and Water Quality	56
Housing	57
Transportation	59
Other Environmental Factors.....	60
Youth Risk Behavior Survey	62
Identify Strategic Issues	65
Draft Priorities.....	65
Feedback.....	65
Feedback Results.....	65
Revised Priorities	67
Next Steps.....	68
References	69
Appendix A: Partner Agencies Invited to Participate.....	71
Appendix B: Forces of Change Assessment Results.....	73
Appendix C: Additional Data	82
Cancer Detection by Stage.....	82
Disability.....	85
Reportable Communicable Diseases	88
Smoking During Pregnancy	92
Domestic Violence	93
Appendix D: Feedback Survey Results	94

TABLE OF TABLES

Table 1: Community Meeting Priorities	3
Table 2: Forces of Change Affecting Health in Clark County, Ohio.....	4
Table 3: Average life expectancy for Clark County, Ohio, and the US, 2010-2015.....	13
Table 4: Infant Mortality Rate per 1,000 live births, Clark County, Ohio, 2013-2017	15
Table 5: Leading Causes of Infant Death by Race, Ohio, 2017.....	16
Table 6: Top 10 Leading Causes of Death, Clark County, 2014-2018	16
Table 7: Suicide Rates per 100,000 Population, Clark County, Ohio, and US, 2014-2017.....	17
Table 8: Fair or Poor Health Status Among Adults, 2016.	18
Table 9: Poor Health Days in the Past 30 Days Among Adults, 2016.....	18
Table 10: Percent of live births with low birthweight by race and ethnicity, Clark County, Ohio, 2012-2018	20
Table 11: Percent of Preterm Births by Race, Clark County, Ohio, 2012-2018	21
Table 12: Leading cancer incidence per 100,000, all stages, Clark County, 2012-2017	22
Table 13: Leading Cancer Incidence per 100,000, Invasive Stage, Clark County, Ohio, US, 2012-2016.....	23
Table 14: Prevalence of Disability Type Within the Total Population	24
Table 15: Behavioral Risk Factors for Diet and Exercise, Clark County, Ohio	31
Table 16: Neonatal Abstinence Syndrome (NAS) Discharges, 2013-2017.....	36
Table 17: Number of Babies Referred to Developmental Disabilities of Clark County for Drug Exposure, 2014-2018.	36
Table 18: Behavioral Risk Factors for Alcohol Use, Clark County, Ohio.....	36
Table 19: Health Resource Availability, Clark County, Ohio	37
Table 20: Health Insurance Coverage, Clark County, Ohio, US.....	40
Table 21: Health Insurance Coverage by Type, Clark County, Ohio, US	40
Table 22: Mammography Screening and Preventable Hospital Stays, Clark County, Ohio.....	41
Table 23: Percent of Live Births that Received Prenatal Care During the 1st Trimester, By Race, Clark County, Ohio, 2014-2018.....	43
Table 24: Kotelchuck Index for Clark County and Ohio, 2014-2018	45
Table 25: High School Graduation Rate, Clark County, Ohio	45
Table 26: High School Graduation Rates (Four-Year Graduation) by School District	46
Table 27: Percentage of Children Participating in the Kindergarten Readiness Assessment (KRA) who demonstrated readiness for kindergarten by school district, Clark County, Ohio, 2015-2018.....	46
Table 28: Educational Attainment by Age Group, Clark County, Ohio, US.....	47
Table 29: Unemployment Rate, Clark County, Ohio, US.....	47
Table 30: Median Household Income for Clark County, Ohio, and US.....	48
Table 31: Percent of Families with Income Below Poverty Level, Clark County, Ohio, US.....	48
Table 32: Percent of Children That Live in a Household Headed by a Single Parent, Clark County, Ohio, 2013-2017	51
Table 33: Number of Reported Violent Crime Offenses per 100,000 Population	54
Table 34: Store Accessibility and Food Availability, Food Insecurity Windshield Survey	56
Table 35: Average Daily Density of Fine Particulate Matter in Micrograms per Cubic Meter (PM2.5), Clark County, Ohio, 2014	56
Table 36: Severe Housing Problems and Cost Burden, Clark County, Ohio.....	57
Table 37: Clark County Zip Codes at Risk for Elevated Blood Lead Levels, 2015-2017.....	61

Clark County Combined Health District

Table 38: Youth Risk Behavior Survey Results, Clark County, 2017 62

Table 39: Forces of Change Affecting Health in Clark County, Ohio, and the Threats and Opportunities
are Posed 73

Table 40: Reportable Communicable Diseases in Clark County, 2009-2018 88

Table 41: Individuals Who Smoked During Pregnancy by Trimester, Clark County, Ohio, 2012-2018 92

Table 42: Victims of Domestic Violence by Outcome and Relationships of Persons Involved, Clark County
..... 93

Table 43: CHA Draft Priorities Feedback Locations/Meetings/Presentations 94

Table 44: CHA Feedback Survey Demographics by Gender 94

Table 45: CHA Feedback Survey Demographics by Age Group 95

Table 46: CHA Feedback Survey Demographics by Race 95

Table 47: CHA Feedback Survey Demographics by Ethnicity 95

Table 48: CHA Feedback Survey Demographics by Income 95

Table 49: CHA Feedback Survey Demographics by Zip Code of Residence 96

TABLE OF FIGURES

Figure 1: Population distribution by Race and Ethnicity, Clark County, Ohio, 2013-2017	10
Figure 2: Age Distribution, Clark County, 2013-2017	10
Figure 3: Birthrate, Clark County, Ohio, 2006-2018.....	11
Figure 4: Birthrate by race, Clark County, Ohio, 2014-2018.....	11
Figure 5: Population projection for Clark County, 2010-2050	12
Figure 6: Population projection for Ohio, 2010-2050.....	12
Figure 7: Population projection for the United States, 2015-2050	12
Figure 8: Population projection by age group, Clark County, 2015-2045.....	13
Figure 9: Life expectancy in Clark County, Ohio, 2010-2015	14
Figure 10: Infant mortality per 1,000 live births, Clark County and Ohio, 2013-2017.	15
Figure 11: Leading causes of infant death, Clark County, 2014-2018	15
Figure 12: Top six leading causes of death, Clark County, 2014-2018	17
Figure 13: Suicide rates per 100,000 population, Clark County, Ohio, and US, 2014-2017	17
Figure 14: Poor Health Days in the Past 30 Days Among Adults, 2016	18
Figure 15: Asthma-related emergency department visits by race/gender and age group, Clark County, 2016	19
Figure 16: Asthma-related emergency department visit disparities by race and gender, Clark County, 2016-2018r.....	19
Figure 17: Percent of live births with low birthweight by race and ethnicity, Clark County, Ohio, 2012-2018	20
Figure 18: Percent of preterm births by race, Clark County, Ohio, 2012-2018.....	21
Figure 19: Leading cancer incidence per 100,000, Clark County, 2012-2017.....	22
Figure 20: Disability status by age group, Clark County, Ohio, US.....	23
Figure 21: Annual Communicable Disease Totals, Clark County, 2014-2018	25
Figure 22: Influenza-associated Hospitalizations, Clark County, 2014-2018.....	25
Figure 23: Hepatitis C - Chronic cases by case classification status, Clark County, 2014-2018	26
Figure 24: Confirmed hepatitis A cases by month in Clark County, Ohio, from February 2018 to September 2019.....	27
Figure 25: Confirmed hepatitis A cases by year in Clark County, Ohio, 2008-2019.	27
Figure 26: Chlamydia rates per 100,000, Clark County, Ohio, 2014-2018.....	28
Figure 27: Gonorrhea rates per 100,000, Clark County, Ohio, 2014-2018	28
Figure 28: Syphilis rates per 100,000, Clark County, Ohio, 2014-2018	29
Figure 29: Birthrates per 1,000 births for age 15-17, Clark County, Ohio, 2012-2018.....	29
Figure 30: Prevalence of smoking status, Ohio, 2013-2017	30
Figure 31: Individuals who smoked during pregnancy, Clark County, Ohio, 2012-2018.....	30
Figure 32: Fatal traffic crashes by type, Clark County, 2014-2018	31
Figure 33: Percent of traffic crashes involving no seatbelt use, Clark County, 2014-2018.	32
Figure 34: 3rd grade oral health screening, Clark County, Ohio, 2013-2015	32
Figure 35: Unintentional Drug Overdose Deaths, Age-Adjusted per 100,000, Clark County, Ohio, 2015-2018	33
Figure 36: Drug overdose deaths involving heroin, Clark County, Ohio, 2015-2018.....	34
Figure 37: Drug overdose deaths involving fentanyl, Clark County, Ohio, 2015-2018.....	34
Figure 38: Drug overdose deaths involving prescription opioids, Clark County, Ohio, 2015-2018.....	34

Clark County Combined Health District

Figure 39: Overdose Deaths by Race, Clark County, 2015-2018 35

Figure 40: Overdose Deaths by Gender, Clark County, 2015-2018. 35

Figure 41: Overdose deaths by age group, Clark County, 2015-2018 35

Figure 42: Clark County HPSA Dental Health 37

Figure 43: Clark County HPSA Primary Care 38

Figure 44: Clark County Medically Underserved Area/Population..... 38

Figure 45: Nursing Homes and Assisted Living Facilities in Clark County 39

Figure 46: Medical Providers in Clark County 39

Figure 47: Immunization Providers in Clark County by practice type..... 41

Figure 48: Percent of pupils with all required immunizations for Kindergarten, 7th grade, and 12th grade, Clark County, Ohio, 2016-2019. 42

Figure 49: Percent of pupils who have a reason of conscience or religious objection for kindergarten, 7th grade, and 12th grade, Clark County, Ohio, 2016-2019 42

Figure 50: Percent of live births that received prenatal care during the 1st trimester, Clark County, Ohio, 2012-2018. 43

Figure 51: Percent of live births that received prenatal care during the 1st trimester, by race, Clark County, Ohio, 2014-2018..... 44

Figure 52: Average Kotelchuck Index for Clark County and Ohio, 2014-2018..... 44

Figure 53: Percentage of Children Participating in the Kindergarten Readiness Assessment (KRA) who demonstrated readiness for kindergarten by school district, Clark County, 2015-2018..... 46

Figure 54: Families (with related children of householder under 18 years) below poverty level, Clark County, Ohio 49

Figure 55: Percent of population receiving SNAP and Cash Benefits, Clark County, 2015-2018. 49

Figure 56: Percent of population receiving SNAP benefits by census tract, Clark County, 2015. 50

Figure 57: Percent of Children enrolled in public schools that are eligible for free or reduced-price lunch, Clark County, Ohio, 2016-2017 50

Figure 58: Percent of child support collected, 2014-2018..... 51

Figure 59: Number of individuals screened through Clark County Job and Family Services by Abuse Type, 2014-2018. 52

Figure 60: Victims of Domestic Violence by Outcome, Clark County, 2014-2018 52

Figure 61: Marital Status, Clark County, 2017. 53

Figure 62: Household type, Clark County, 2013-2017 53

Figure 63: Violent Crime Rate, Springfield, Clark County, Ohio, and US, 2010-2017 53

Figure 64: Percent of population who are low-income and do not live close to a grocery store, Clark County, Ohio. 54

Figure 65: Clark County population with low income and low food access, 2015. 54

Figure 66: Food Environment Index, Clark County, Ohio, 2015-2016 55

Figure 67: Percent of good air quality days, Clark County, Ohio, 2012-2018..... 56

Figure 68: Choice neighborhood target area..... 57

Figure 69: Choice neighborhood resident survey; How long have you lived in your current residence?.. 58

Figure 70: Choice neighborhood resident survey; How long do you plan to live in your neighborhood? . 58

Figure 71: Choice neighborhood resident survey; Do you own your own home? 58

Figure 72: Choice neighborhood resident survey; What are the two biggest barriers to homeownership in your neighborhood? 58

Figure 73: Average passengers per trip, Two-year average by month 59

Clark County Combined Health District

Figure 74: Percent of car seats given to families upon discharge from hospital after birth, Clark County 59
Figure 75: Elevated blood lead level incidence from confirmed cases by year tested, highest BLL test, Clark County, 2015-2017 60
Figure 76: Elevated blood lead level incidence from confirmed cases in children aged 0-5 years old, Clark County, Ohio, 2016-2018. 60
Figure 77: Park Lands, Clark County, Clark County Auditor's Office, 2019 61
Figure 78: Draft Clark County Community Health Assessment Priorities 66
Figure 79: Revised Clark County Community Health Assessment Priorities..... 67
Figure 80: Breast cancer detection by stage, Clark County, 2012-2017 82
Figure 81: Colon and rectum cancer detection by stage, Clark County, 2012-2017 82
Figure 82: Lung and bronchus cancer detection by stage, Clark County, 2012-2017 83
Figure 83: Melanoma of the skin detection by stage, Clark County, 2012-2017 83
Figure 84: Prostate cancer detection by stage, Clark County, 2012-2017..... 84
Figure 85: Prevalence of an ambulatory disability type, Clark County, Ohio, US 84
Figure 86: Prevalence of a cognitive disability type, Clark County, Ohio, US 85
Figure 87: Prevalence of a hearing disability type, Clark County, Ohio, US..... 85
Figure 88: Prevalence of those with a disability but are independent living, Clark County, Ohio, US 86
Figure 89: Prevalence of a self-care disability, Clark County, Ohio, US 86
Figure 90: Prevalence of a vision disability, Clark County, Ohio, US..... 87
Figure 91: Individuals Who Smoked During Pregnancy by Trimester, Clark County, Ohio, 2012-2018 92

INTRODUCTION

Purpose

The purpose of the Community Health Assessment (CHA) is to learn about the health of the population, factors that contribute to higher health risks or poorer health outcomes, and resources available to improve the community's health status (Public Health Accreditation Board (PHAB), 2013). In Clark County, a CHA has been completed by the Clark County Combined Health District (CCCHD) every three years since 2013.

This CHA was conducted as part of a collaborative process of collecting and analyzing data, developing priorities, and planning actions to improve Clark County's health. The results of this CHA will provide the general public and policy leaders with information on the health of the community and the broad range of factors that impact health on the population level (PHAB, 2013). This CHA provides the basis for the development of the Clark County Community Health Improvement Plan (CHIP).

Methodology

The methodology chosen to guide this CHA was Mobilizing for Action through Planning and Partnerships (MAPP). This is a community-driven strategic planning process that focuses on using the 10 Essential Services of Public Health to strengthen the local public health system in order to create a healthy community and better quality of life.

There are six phases of MAPP process. The first phase of the process, called Organize for Success/Partnership Development, occurred in early 2018 in Clark County. During this phase, the CCCHD and partner agencies within the community began to organize and prepare to conduct the 2019 Community Health Assessment.

This report covers phases two through four of the MAPP process:

- **Visioning (Phase 2):** This phase guides the community representatives through a collaborative and creative process that leads to the development of a share community vision and common values.
- **The Four MAPP Assessments (Phase 3):** The four assessments form the core of the MAPP process. The four MAPP Assessments are:
 - **Community Themes and Strengths Assessment:** During this assessment, community thoughts, opinions, and concerns are gathered, providing insight into the issues that are important to the community.
 - **Local Public Health Assessment:** This assessment uses the local public health performance standards to assess the local public health system's capacity and performance.
 - **Community Health Status Assessment:** This assessment answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?" by collecting data from core indicators.
 - **Forces of Change Assessment:** During this assessment, community partners identify forces that are or will be influencing the health and quality of life of the community and the work of the local public health system.

Clark County Combined Health District

- **Identification of Strategic Issues (Phase 4):** In this step, the findings of the four assessments are used to identify strategic issues that are crucial to the success of the local public health system and its vision of improved community health.

The CCCHD collaborated with community members throughout all phases of the MAPP process. Near the beginning of the CHA process, a core group of planners from CCCHD and Mercy Health – Springfield met to discuss the planning process. The Steering Committee was created from this group. A list of all partner agencies invited to participate in the Steering Committee and each phase of the 2019 CHA is located in Appendix A.

Visioning

On March 28, 2019, the CHA Steering Committee gathered to develop a vision statement and shared values.

Vision Statement

A healthy Clark County is a thriving community that recognizes, values, and pursues health and overall wellness.

What This Means

This means that we value relationships, partnerships, and collaborations that unify and advance our priorities. We believe our unified priorities will infuse a quality output that results in fresh, creative solutions to our community health challenges.

With these new priorities and creative solutions in mind, it is our hope to better communicate with each other, instilling the value of good health and how to achieve it as a thriving, connected community.

Values in Action

Collaboration

We value partnership and inclusion, and as a result, anticipate mutually reinforcing activities that align with our unified goals and vision.

Engagement

We will empower and engage the best of our organizations to build relationships and trust that drives forward new opportunities and results.

Prioritization

Prioritization is a sensitivity to the most pressing needs and a recognition that our collaborative efforts create greater impact and momentum when unified.

Quality

Quality is our expectation as an end result, for the wellness of our community.

Communication

Communication is key to empower, engage, and partner in our community, to build trust with community members.

Creativity

Creativity is necessary to find new and different solutions to existing community challenges, envisioning new ideas for the betterment of our community.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

During the summer of 2018, CCCHD collaborated with The Health Collaborative (THC) and the Greater Dayton Area Hospital Association (GDAHA) to conduct a series of six community meetings. The purpose of these focus group-style meetings was to solicit public input on Clark County's top health needs, what community members can do to improve their health, and any barriers to receiving healthcare. The objectives of these meetings were to:

- Share county-level highlights from secondary data
- Gather diverse people, including the general public and community leaders, to share their ideas
- Receive input from agencies that represent vulnerable populations
- Hear concerns and questions about existing health-related issues
- Obtain information about financial and non-financial barriers to healthcare
- Identify resources available to locally address issues
- Obtain insight into local conditions from local people
- Discover health and health-related priorities of attendees

Results of Community Meetings

A total of six community meetings were held in Clark County. One was conducted by the THC/GDAHA consultants, and five were conducted by CCCHD. Sixty-eight people contributed votes to identify a total of 18 priorities. Nine of the priorities identified received at least 4.5% of the vote (Table 1).

Participants agreed on Mental Health as a priority, with emphasis on trauma. The lack of fluoride in the water was mentioned specifically at community meetings. Social Determinants of Health (SDH) was a dominant issue at meetings with 33 votes, of which Poverty and Environment were prominent SDH sub-categories. Access to care was also a concern at meetings, with transportation and cost being mentioned specifically. The full CHNA report can be found on the CCCHD website at:

https://drive.google.com/file/d/12P2nw7vZ-fevODIXO2hCG5nf914-VOL_/view.

Table 1: Community Meeting Priorities

Priority	Number of Votes	Percent of Votes
Access (Transportation, 8; cost, 6)	34	19.2%
Mental Health (Trauma, 5)	25	14.1%
Poverty (Children, 2)	13	7.3%
Environment	11	6.2%
Healthy Behaviors (Smoking, 2)	10	5.7%
Social/Emotional/Community Interaction	9	5.0%
Social Determinants of Health	9	5.0%
Fluoride	8	4.5%

FORCES OF CHANGE ASSESSMENT

On June 26, 2019, a group of community leaders representing a diversity of perspectives gathered at the CCCHD to conduct the Forces of Change Assessment (FOC Assessment) (Appendix A). Participants identified forces, such as patterns over time (e.g. migration in or out of community), discrete elements (e.g. proximity to interstate highway), or one-time occurrences (e.g. passage of new legislation), that may affect the health of the community or the local public health system. After identifying forces of change, the group discussed potential threats and opportunities that may be generated from these occurrences.

FOC Assessment Results

Through the FOC Assessment, participants identified a total of 73 forces falling within 14 theme areas (Table 2). For each force identified, specific threats and opportunities were discussed (Appendix B).

Table 2: Forces of Change Affecting Health in Clark County, Ohio

Theme Area	Forces
Crime	Human trafficking Identity theft, burglary, crime Prevalence of elderly abuse
Development/Economy	Abundance of art/culture amenities BRAC - Impact on Wright-Patterson Air Force Base Changing face of philanthropy DORA (Designated Outdoor Recreational Area) Downtown revitalization Gas tax and tariffs Inconsistencies with EF Hutton being open or closed Installation of new playground equipment Leadership change at Speedway New Kroger development canceled Opportunity zone/Community Reinvestment Act (CRA) Outdoor activities (Buck Creek State Park, bike trails, parks, etc.) Technology Upper Valley Mall Use of vape shops
Education	Decline in Enrollment in 2 colleges (Blip or trend?) Decline in number of high school seniors Home Schooling Increase/growth: Secondary Education Options Inequality of funding schools and other agencies No Child Left Behind Act School accountability Undereducated adult population
Employment	Declining number of people in trades

Theme Area	Forces
	Income/Wage Cliff Low unemployment rate Need for agricultural workforce Need for higher wages/Economic development (ex. Topre) Uneducated workforce
Environment/Infrastructure	Climate change and weather disasters Limited public transportations Proximity to I-70 Surplus of water Tremont City barrel fill
Family/Youth	Higher awareness of profiling/bullying, etc. Need for summer programs and after school programs Out of home placements for children Unauthorized home daycares; childcare facilities needing star ratings
Food Security	Food Bank changes Food deserts
Healthcare	Access to health care and cost of health care Chronic diseases and increase in diabetes and obesity rate Insurance costs Liability lawsuits Opening of two new hospitals Shortage of physicians and need for oral health Telehealth
Housing	Lack of affordable housing New housing development in Springfield Old housing stock Relationship between lead poisoning and ADHD Sewage regulations
Inclusion	Aging population Immigration - ICE Raids Lack of case providers for developmentally disabled population New Carlisle has an 11% Hispanic population and it is increasing
Mental Health	Behavioral health issues (trauma) Secondary trauma (Teachers, caregivers, first responders)
Other	2020 Census Cross cutting: Perception of Clark County assets
Policy/Governance	Change of New Carlisle Council Members Combined 911 dispatch Effective collaboration among elected officials and decision makers Election of President Trump New County and City Commissions Members Not passing fluoride in water

Theme Area	Forces
	Passing of smoking limitations in public spaces Turnover of community leaders
Premature Life Loss	Infant mortality (disparities among diverse populations) Opioid/Drug epidemic

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

On July 9, 2019, various representatives from Clark County's local public health system gathered at the CCCHD to conduct the Local Public Health System Assessment (Appendix A). The local public health system (LPHS) is defined as "All entities that contribute to the delivery or public health services within a community (National Association of County and City Health Officials (NAACHO))." Throughout this meeting, the group used the 10 Essential Services of Public Health to identify strengths and weaknesses of Clark County's LPHS.

LPHS Assessment Results

Essential Service #1: Monitor Health Status

While the LPHS conducts regular CHAs, shares information, and provides resources, the group identified the following weaknesses and opportunities for improvement:

- The CHA needs improvement. Specifically, the LPHS must consider literacy levels when creating CHA/CHIP materials. Additionally, use of the CHA may improve if it becomes more easily accessible to the public.
- Investment and ownership of the CHA must increase for other LPHS agencies besides the local health department.
- Improve perception/information sharing. The media focus should include positive aspects of progress and problem resolution.
- The LPHS experiences data challenges, such as insufficient data for specific topics (e.g. oral health and immunizations), no centralized place to store/save data, and lack of technological expertise.

Essential Service #2: Diagnose and Investigation Health Problems and Hazards

The LPHS conducts regular surveillance, investigation, and response activities for disease and other public health threats, such as illegal trash dumps and dog bites. Weaknesses and opportunities for improvement include:

- Improved communication between local partners.
- Intentional sharing and communication of emergency response plans to increase complementary and decrease contradictory aspects of various agency plans.
- Maintain current contacts and method of notification to maintain continuity in the event of personnel turnover.

Essential Service #3: Inform, Educate, and Empower People about Health Issues

A strength that was identified in this area is the Health Commissioner represents Public Health and has developed a network of individuals in leadership roles to facilitate change within our community. This is occurring at the state and local level. The group identified the following weaknesses and opportunities for improvement:

- It is difficult to make a noticeable impact on health improvement in the short term.
- The LPHS does not have a collaborative data sharing system.
- There is a lack of resources in the LPHS, both financial and non-financial.

Essential Service #4: Mobilize Community Partnerships to Identify and Solve Health Problems

Although many LPHS agencies within the community participate in collaborative work, there are many areas for improvement:

- Need exists for a centralized location for current resource information.
- While there is a lot of data available within the LPHS, there is no protocol for obtaining or sharing data.
- Encourage ownership and investment in Community Health to increase participation in public health efforts.

Essential Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts

The group agreed that collaborative partnerships within the LPHS for CHIP and preparedness planning are strong. Additionally, large policy work using a whole-community approach is beginning to engage locally in Clark County. Weaknesses and opportunities for improvement include:

- Local economic conditions are often prohibitive of supportive resources.
- Adopt methodical approach to policy work by incorporating a policy review team and conducting biannual review and accountability to boards and systematic partners.
- Educate LPHS partners on National standards to win support for policy review.
- Encourage partners to include their role of LPHS in their organization's strategic plan.

Essential Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety

The LPHS group identified the following weaknesses and opportunities for improvement:

- Law/Rule review is mostly reactive instead of proactive.
- Impact of enforcement for public health issues is limited.

Essential Service #7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable

The following weaknesses and opportunities for improvement were identified:

- There is very little data regarding where to reach at-risk populations.
- Challenges, such as transportation, exist in accessing services.
- A central location for all potential referral information does not exist.
- Challenges exist in referral process, such as connection to services through follow up calls or visits.

Essential Service #8: Assure a Competent Public Health and Personal Healthcare Workforce

During the LPHS Assessment, the following weakness was identified:

- The LPHS is not familiar with a workforce assessment and how it used to identify and address gaps at both the local health department and with other public and private agencies that are part of the LPHS.

Clark County Combined Health District

Essential Service #9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

While various funding sources require each entity to evaluate the initiatives that are being funded, weaknesses and improvement opportunities exist in capacity and flexibility/timeliness:

- Some agencies have a better infrastructure to do evaluation and implement change than others.
- Many agencies within the LPHS do not routinely view data for evaluation purposes.
- It is difficult to re-allocate or shift resources if program evaluation indicates a different direction is needed.

Essential Service #10: Research for New Insights and Innovative Solutions to Health Problems

Research studies are currently occurring at the Rocking Horse Community Health Center. Some weaknesses and areas for improvement include:

- Improve sharing of research studies and their findings.
- Involve more LPHS agencies in research studies.

Overall, there are strong partnerships within the LPHS. Moving forward, the LPHS must work on improving information and data sharing, and encouraging ownership and involvement in public health efforts occurring within the community.

COMMUNITY HEALTH STATUS ASSESSMENT

The Community Health Status Assessment (CHSA) consists of primary and secondary data that was analyzed to identify community health issues and determine where the community stands in relation to state and national data. Data collection for the CHSA began in the fall of 2017 and continued through the summer of 2019. The topics in this chapter are ordered based on the Robert Wood Johnson Foundation’s County Health Rankings organization.

Demographic Characteristics

Clark County population is 51.6% female and 48.4% male. The majority (84.4%) of the population is white non-Hispanic, followed by 8.1% black non-Hispanic (Figure 1).

Age and Birthrate

Clark County has a large population of middle-aged adults and a small population of children (Figure 2). This indicates a recent decline in fertility. Over the past 10 years, the birth rate in Clark County has decreased (Figure 3). Over the past 5 years, birthrate has remained relatively stable. By race/ethnicity, the Hispanic birth rate is consistently higher than non-Hispanic black and non-Hispanic white birthrates (Figure 4). The non-Hispanic white birth rate is consistently lowest.

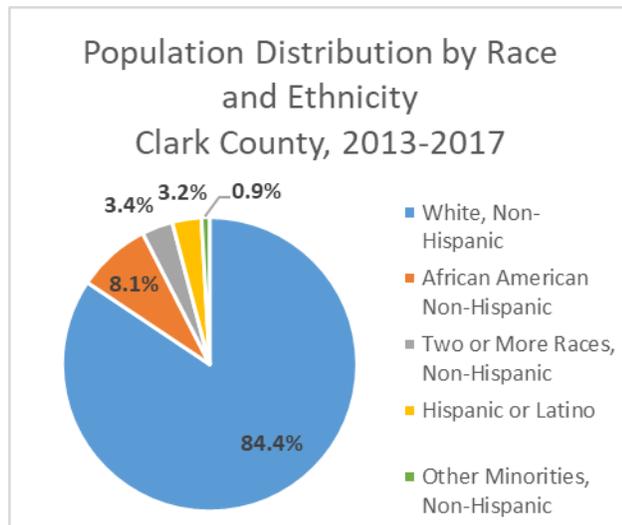


Figure 1: Population distribution by Race and Ethnicity, Clark County, Ohio, 2013-2017, American Community Survey 2013-2017

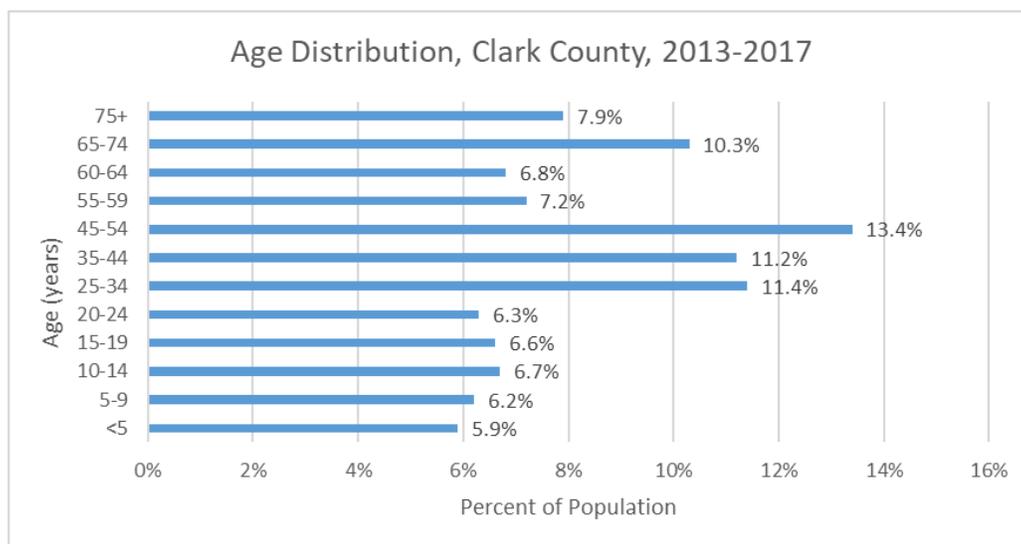


Figure 2: Age Distribution, Clark County, 2013-2017. American Community Survey, 2013-2017

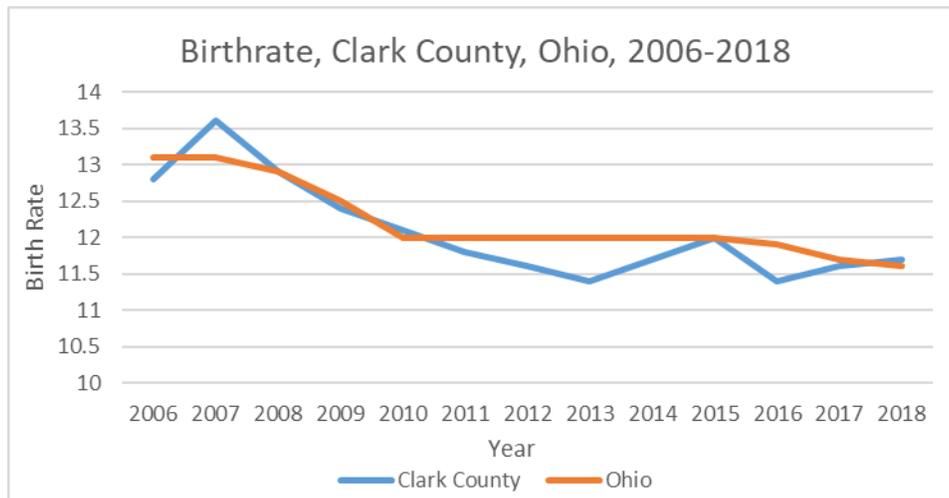


Figure 3: Birthrate, Clark County, Ohio, 2006-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

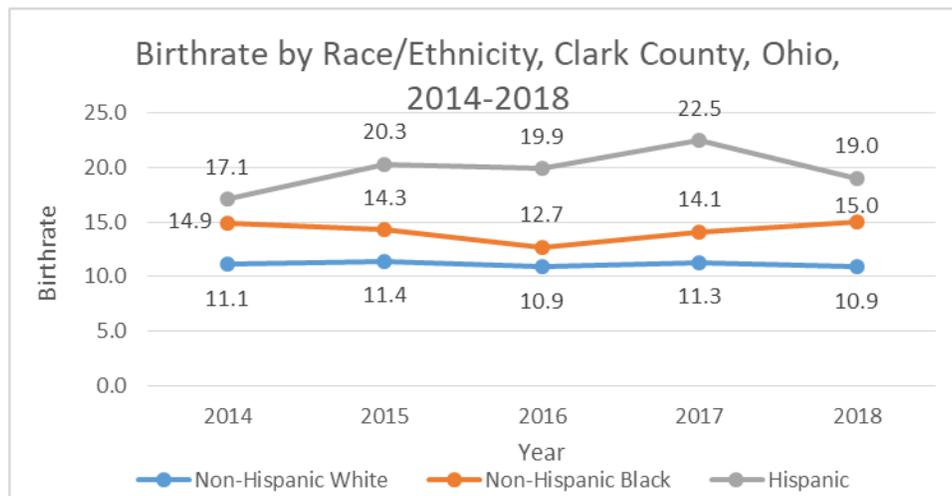


Figure 4: Birthrate by race, Clark County, Ohio, 2014-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Population Projections

The Ohio Development Services Agency forecasts Clark County’s population to experience a 7.4% decrease from 2010 through 2050 (Figure 5). This is in contrast to the state of Ohio’s and the United States’ populations, which are projected to increase over time (Figure 6, Figure 7). Clark County’s age distribution is forecasted to remain relatively stable, with a large population of 20-64-year-olds compared to younger and older populations (Figure 8).

Clark County Combined Health District

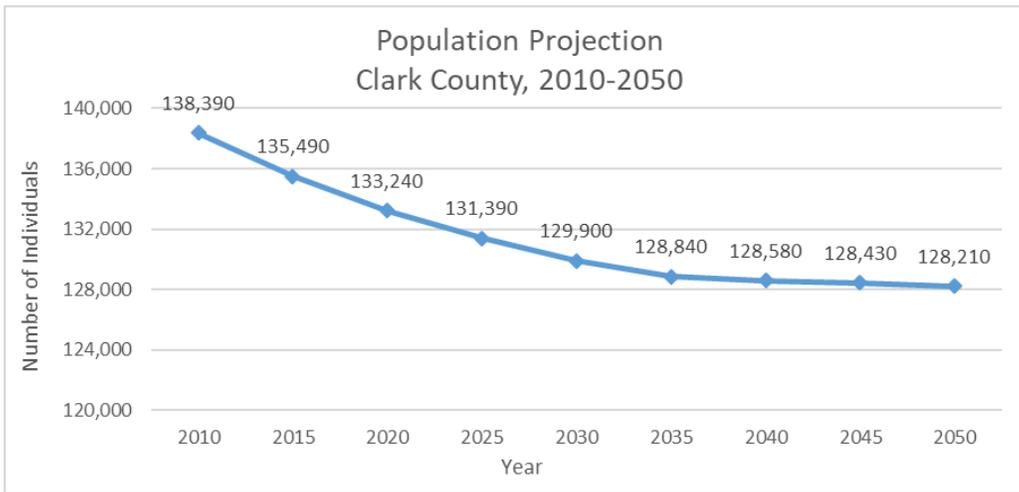


Figure 5: Population projection for Clark County, 2010-2050, Ohio Development Services Agency, 2018

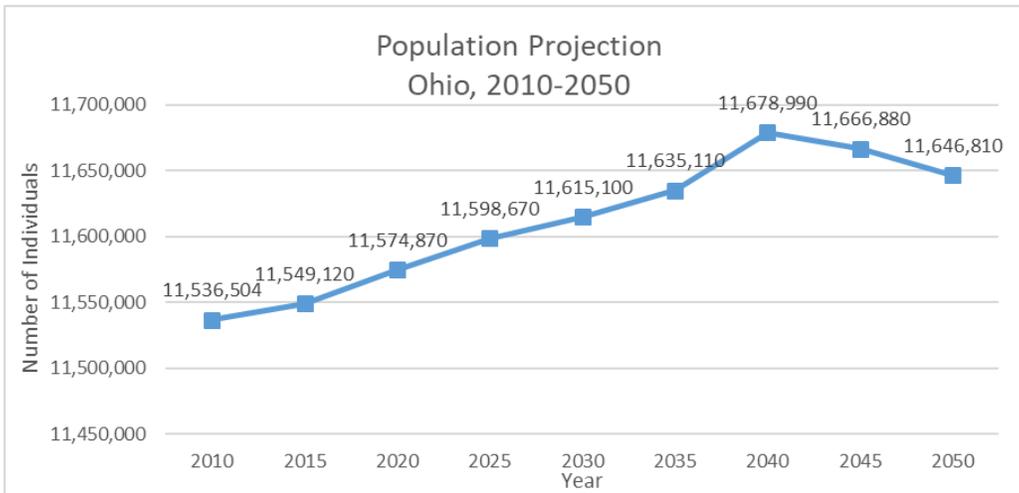


Figure 6: Population projection for Ohio, 2010-2050, Ohio Development Services Agency, 2018

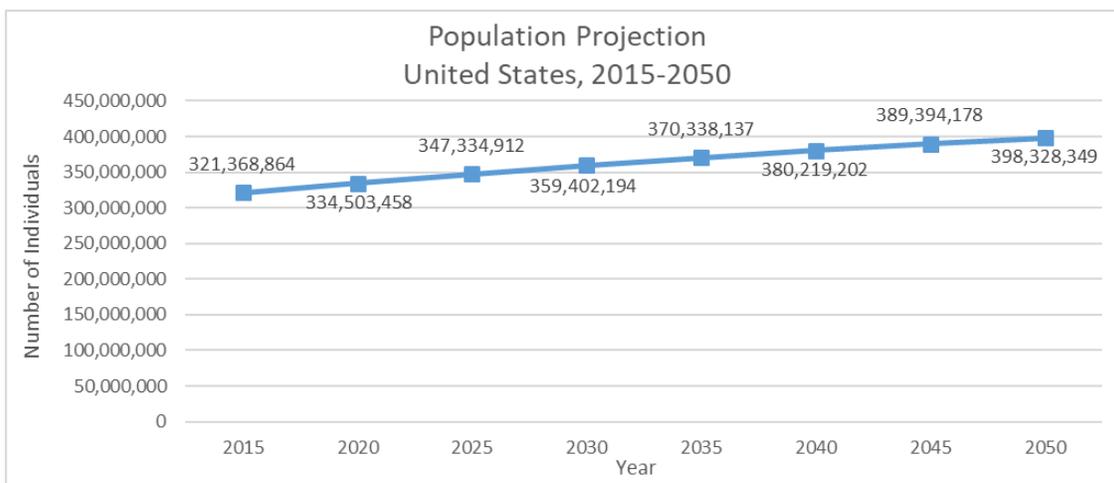


Figure 7: Population projection for the United States, 2015-2050, CDC Wonder

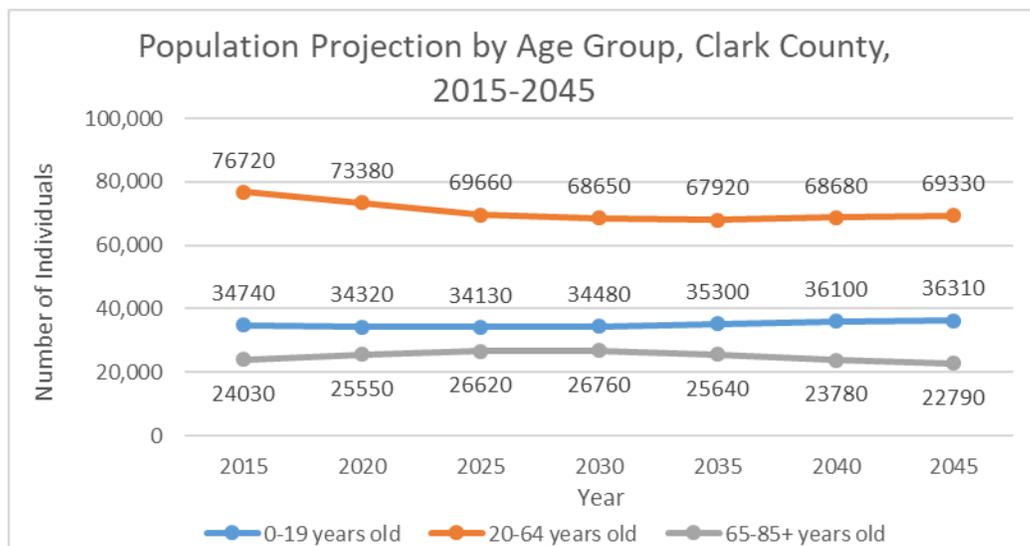


Figure 8: Population projection by age group, Clark County, 2015-2045, Ohio Development Services Agency 2018

Health Outcomes

Length of Life

The Years of Potential Life Lost (YPLL) rate for Clark County is 11,700, which is higher than the YPLL for the state (8,500) (Robert Wood Johnson Foundation County Health Rankings (CHR), 2019). By race, the black population in Clark County has a higher YPLL rate (18,400) than the white (11,300) (CHR, 2019).

Life expectancy at birth for Clark County residents ranged from 65.7 years to 83.6 years (National Center for Health Statistics, 2018). Average life expectancy at birth for Clark County residents was 74.3 years, which is slightly lower than the average life expectancy for the state of Ohio and the U.S. (Table 3). Life expectancy is lowest in the central, eastern, and south western portions of Clark County (Figure 9).

Table 3: Average life expectancy for Clark County, Ohio, and the US, 2010-2015, U.S. Small-area Life Expectancy Estimates Project USALEEP

Location	Average Life Expectancy (Years)
Clark County	74.3
Ohio	76.6
US	78.3

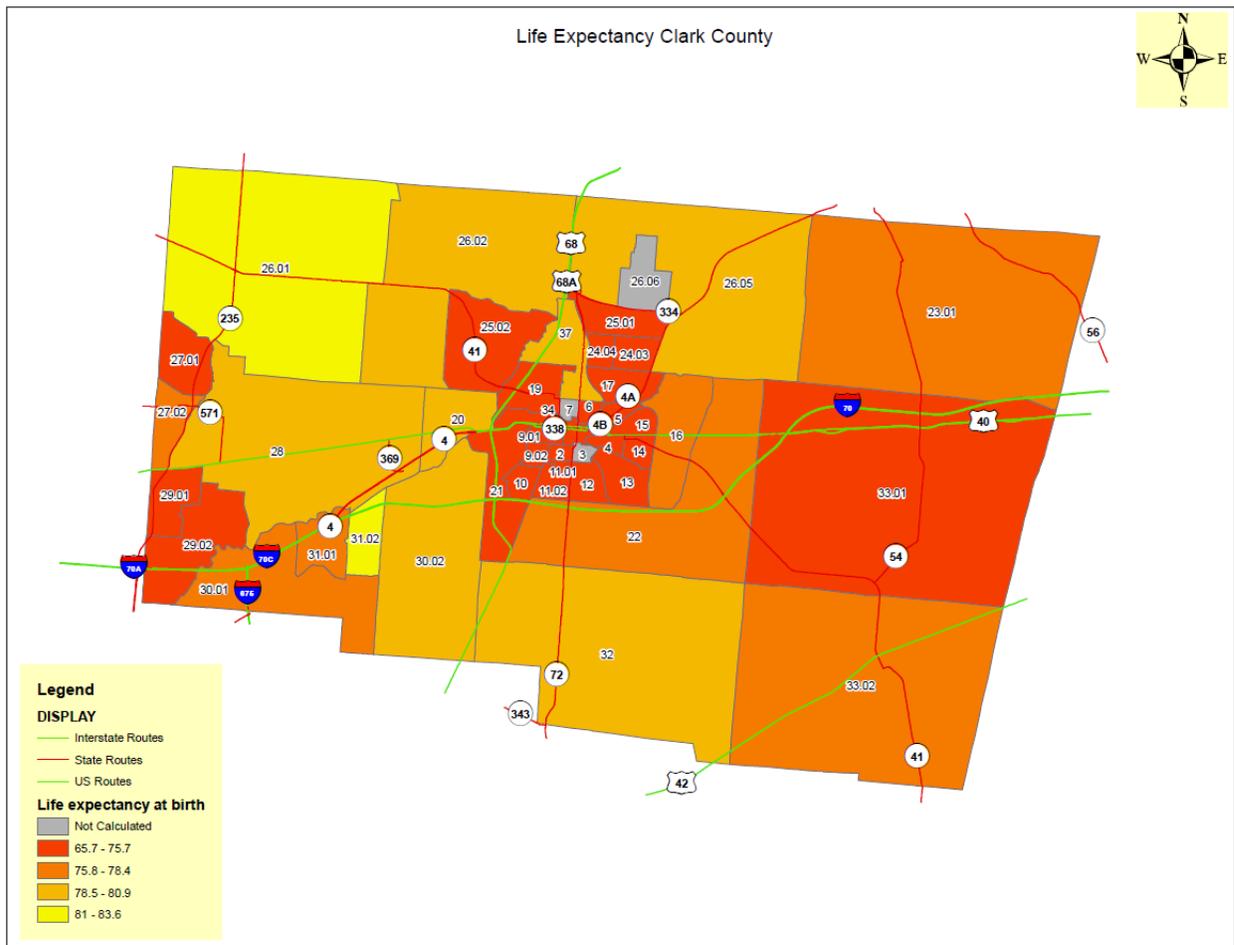


Figure 9: Life expectancy in Clark County, Ohio, 2010-2015, U.S. Small-area Life Expectancy Estimates Project (USALEEP)

Infant Mortality

Over the past five years, infant mortality in Clark County has fluctuated (Figure 10). On average, the Clark County infant mortality rate over the past five years is slightly higher than the state of Ohio. In Clark County, there is a racial disparity in infant mortality (Table 4).

The leading cause of infant death in Clark County is external injuries, followed by prematurity (Figure 11). In Ohio, the leading cause of infant death is prematurity, followed by congenital anomalies (Table 5). This is a trend that extends across races for the state.

Clark County Combined Health District

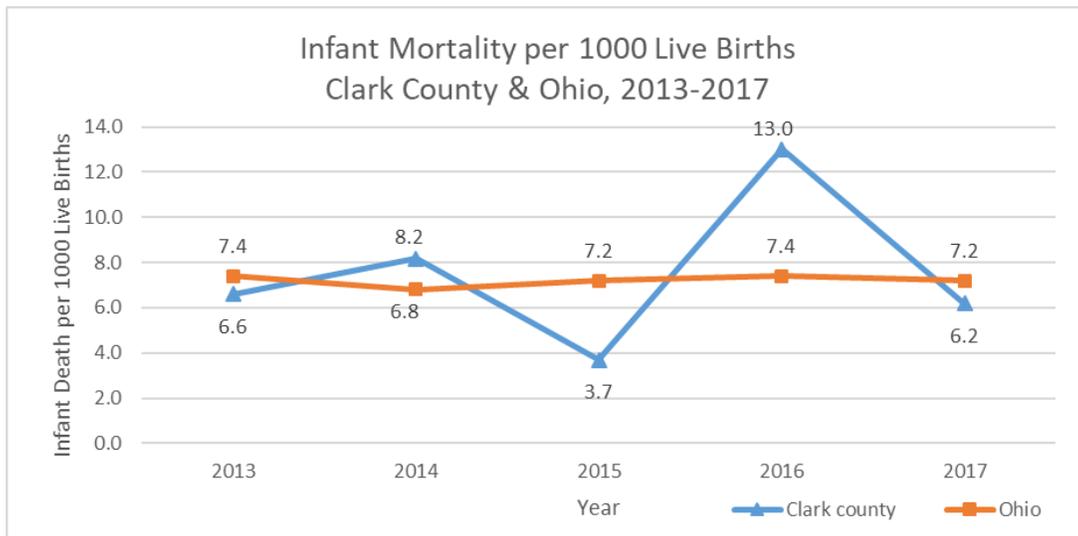


Figure 10: Infant mortality per 1,000 live births, Clark County and Ohio, 2013-2017. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

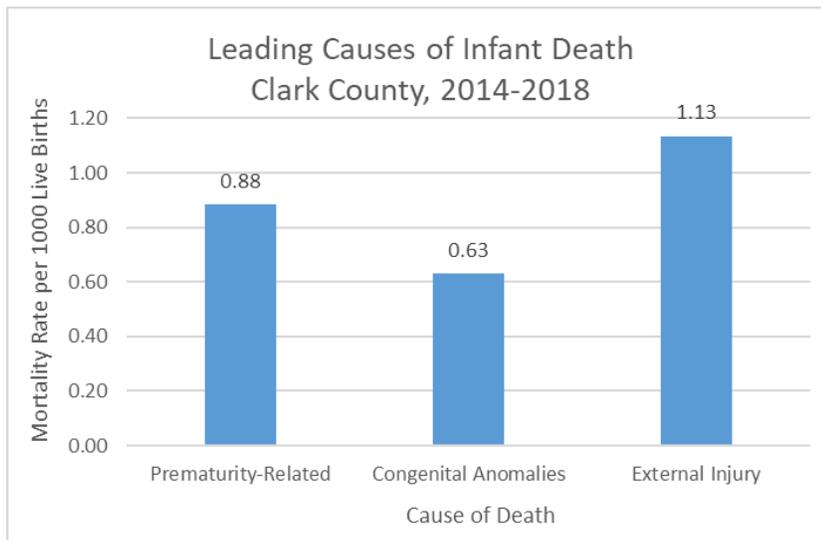


Figure 11: Leading causes of infant death, Clark County, 2014-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Table 4: Infant Mortality Rate per 1,000 live births, Clark County, Ohio, 2013-2017. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Race	Clark County		Ohio	
	Black	White	Black	White
Infant Mortality Rate	*16.7	6.1	15.2	5.6

*Rates based on fewer than 20 infant deaths should be interpreted with caution

Table 5: Leading Causes of Infant Death by Race, Ohio, 2017, ODH Infant Mortality Report, Rates per 1,000

Cause of Infant Death	All Races	Black	White
Prematurity-Related	2.3	5.5	1.6
Congenital Anomalies	1.3	1.9	1.2
Obstetric Conditions	0.7	1.9	0.4
External Injury	0.6	0.4	0.4
Sudden Infant Death Syndrome (SIDS)	0.5	1.4	0.3
Perinatal Infections	0.4	1.1	0.3
Other infections	0.2	0.4	0.2
Birth Asphyxia	0.1	0.2	0.0
Other	1.2	2.1	0.9

Leading Causes of Death

The leading cause of death for Clark County residents in 2018 was heart disease, followed by cancer, then unintentional injuries (Table 6) (Figure 12). Unintentional injuries include “accidental poisoning and exposure to noxious substances,” or drug overdose deaths, which account for 69% of all unintentional injuries.

Over the past four years, Clark County has experienced an increase in suicide deaths that has been consistently higher than the state and U.S. (Table 7) (Figure 13).

Table 6: Top 10 Leading Causes of Death, Clark County, 2014-2018, age-adjusted mortality rate. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health Specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Cause of Death	2014	2015	2016	2017	2018
Heart Disease	209.9	201.5	207.3	210.7	204.9
Cancer	177.6	191.4	183.5	187.9	183.7
Unintentional Injuries*	71.6	94.0	95.6	116.6	106.3
Chronic Lower Respiratory Diseases	46.3	64.8	61.8	51.0	59.4
Stroke	50.5	61.2	70.2	74.3	52.0
Alzheimer's Disease	48.8	46.6	32.5	36.6	35.3
Diabetes Mellitus	31.6	30.7	32.6	33.2	34.4
Suicide	15.9	15.4	15.2	18.4	21.0
Septicemia	14.8	21.0	13.7	15.3	19.0
Influenza & Pneumonia	19.5	30.2	18.7	24.0	14.9

*Drug Overdose Deaths are included in the Unintentional Injuries Category

Clark County Combined Health District

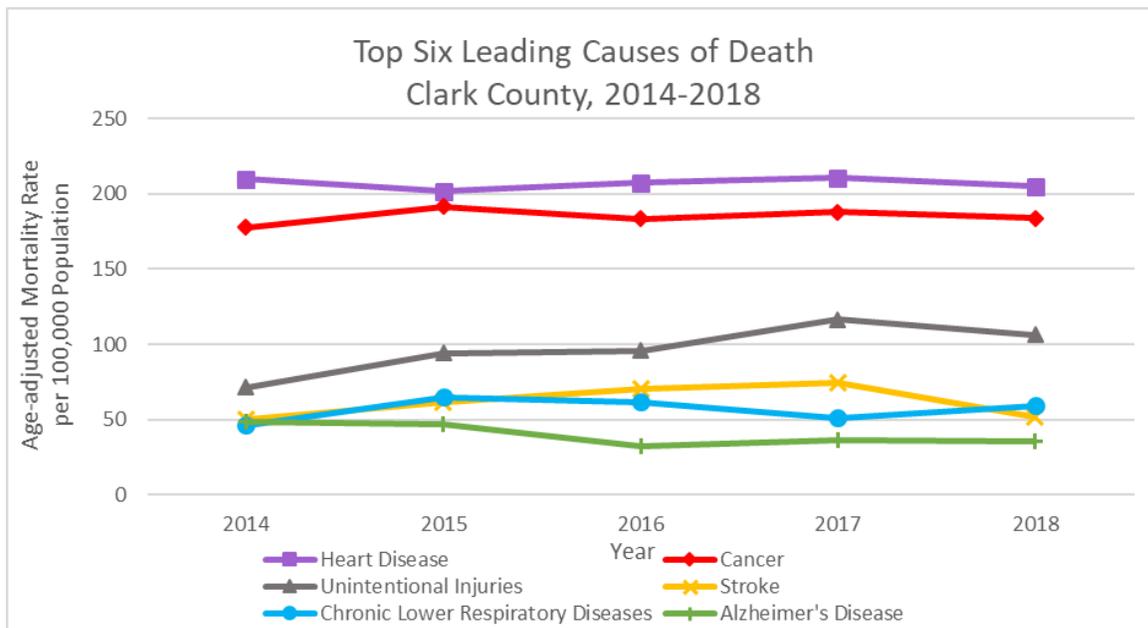


Figure 12: Top six leading causes of death, Clark County, 2014-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Table 7: Suicide Rates per 100,000 Population, Clark County, Ohio, and US, 2014-2017, CDC Wonder

Year	Clark County	Ohio	US
2014	15.9	12.6	13.0
2015	15.4	13.9	13.3
2016	15.2	14.2	13.5
2017	18.4	14.8	14.0

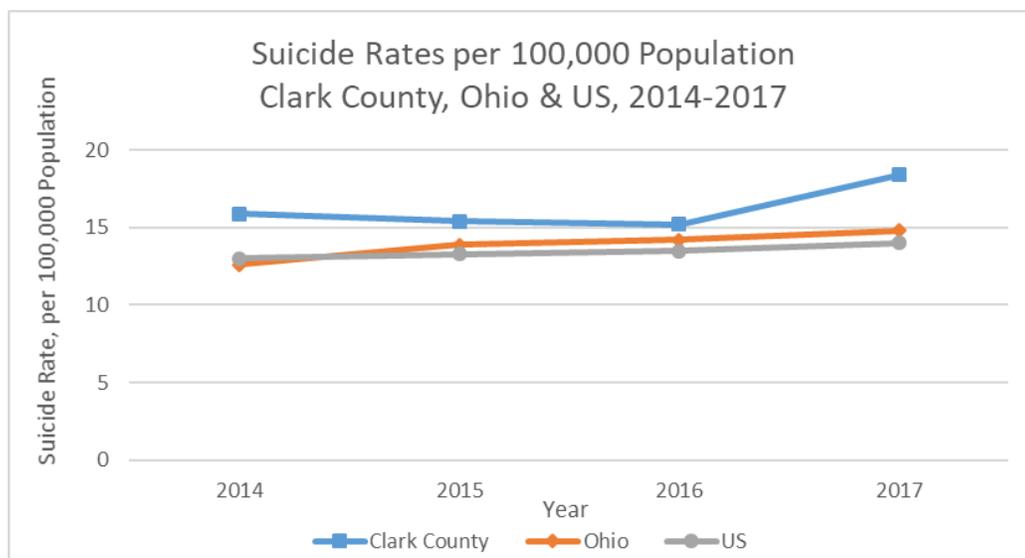


Figure 13: Suicide rates per 100,000 population, Clark County, Ohio, and US, 2014-2017, CDC Wonder

Clark County Combined Health District

Quality of Life

Overall Health

Nearly 17% of Clark County residents report having fair or poor health status (Table 8). On average, Clark County adults report 4.1 poor physical health days and 4 poor mental health days in one month (Table 9) (Figure 14).

Table 8: Fair or Poor Health Status Among Adults, 2016, Behavioral Risk Factor Surveillance System (BRFSS), Ohio State Health Assessment, 2016.

Location	Percent of Respondents
Clark County	16.9%
Ohio	17.0%
US	16.0%

Table 9: Poor Health Days in the Past 30 Days Among Adults, 2016, Behavioral Risk Factor Surveillance System (BRFSS), Ohio State Health Assessment, 2016.

Type of Poor Health Day	Location	Number of Days
Poor Physical Health Days	Clark County	4.1
	Ohio	4.0
	US	3.7
Poor Mental Health Days	Clark County	4.0
	Ohio	4.3
	US	3.8

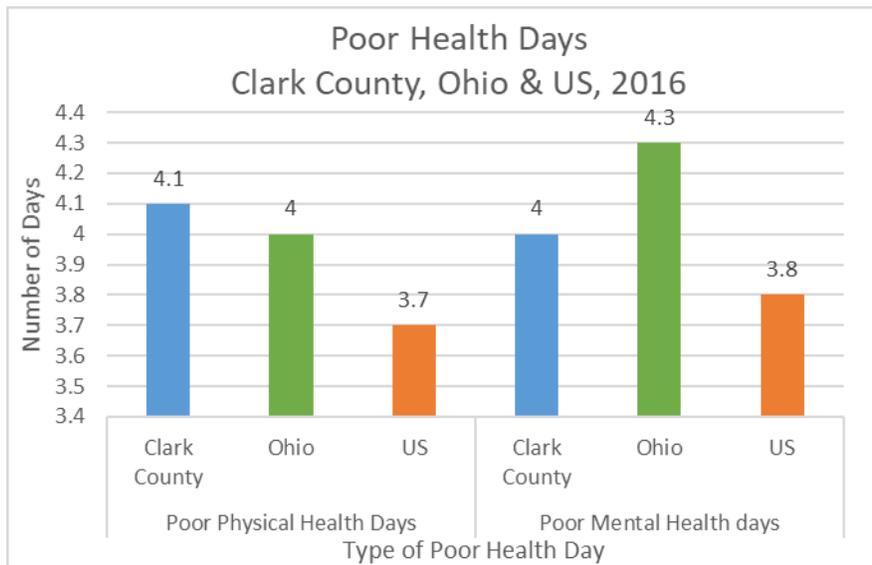


Figure 14: Poor Health Days in the Past 30 Days Among Adults, 2016, Behavioral Risk Factor Surveillance System (BRFSS), Ohio State Health Assessment, 2016.

Clark County Combined Health District

Asthma

While white males and females accounted for the majority of asthma-related ED visits to Springfield Regional Medical Center in 2016 (Figure 15), African American males and females were a health disparate population (Figure 16).

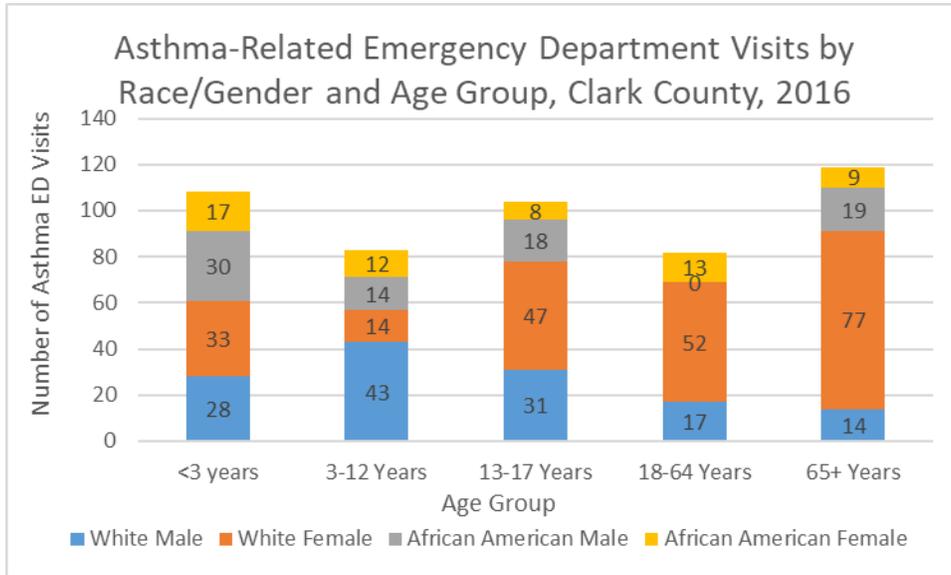


Figure 15: Asthma-related emergency department visits by race/gender and age group, Clark County, 2016, Springfield Regional Medical Center

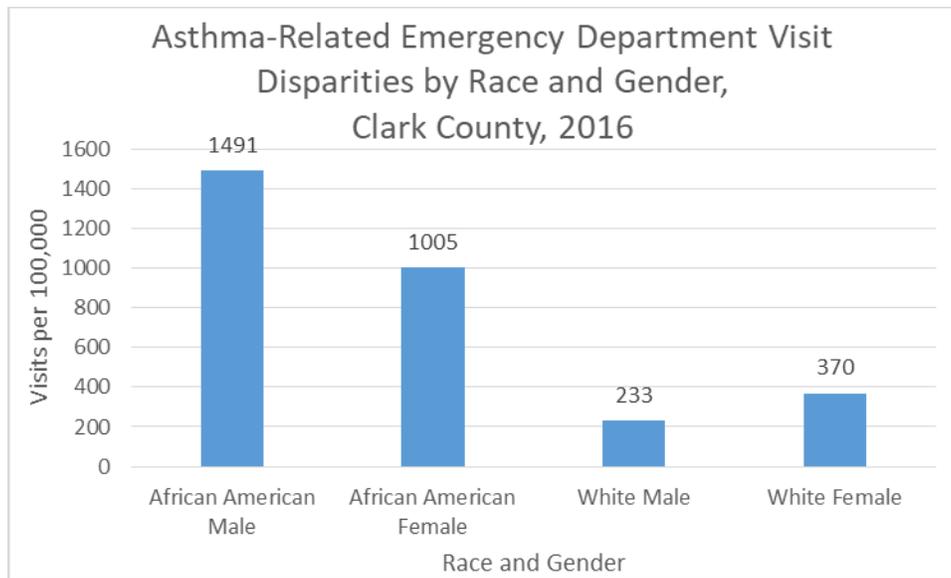


Figure 16: Asthma-related emergency department visit disparities by race and gender, Clark County, 2016-2018, Springfield Regional Medical Center.

Clark County Combined Health District

Birth Outcomes

In Clark County, there is a racial disparity in the percent of live births born at a low birth weight (Table 10) (Figure 17). There is also a racial disparity in the percent of preterm live births (Table 11) (Figure 18).

Table 10: Percent of live births with low birthweight by race and ethnicity, Clark County, Ohio, 2012-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Year	Clark County			Ohio		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2012	8.58%	12.97%	6.06%	7.41%	13.83%	7.55%
2013	7.24%	12.09%	7.95%	7.41%	13.37%	8.00%
2014	8.10%	15.84%	6.85%	7.30%	13.58%	7.82%
2015	7.03%	18.13%	10.11%	7.27%	13.93%	7.68%
2016	7.83%	13.45%	3.30%	7.39%	14.15%	8.68%
2017	9.70%	12.57%	6.73%	7.27%	14.28%	8.60%
2018	7.89%	17.24%	3.33%	7.24%	13.70%	7.54%

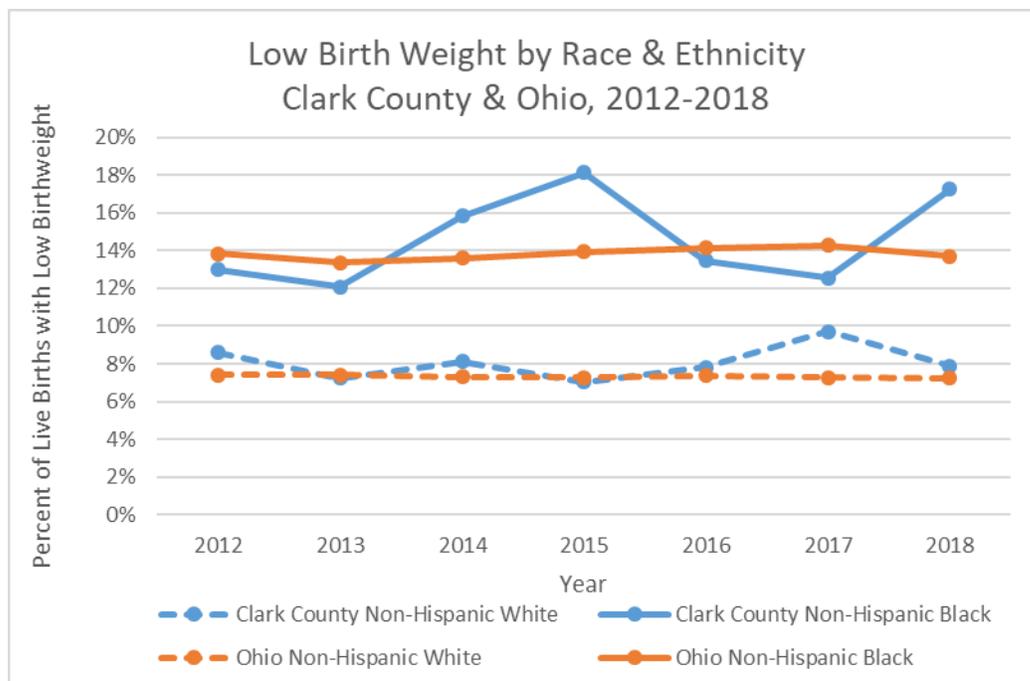


Figure 17: Percent of live births with low birthweight by race and ethnicity, Clark County, Ohio, 2012-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Table 11: Percent of Preterm Births by Race, Clark County, Ohio, 2012-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Year	Clark County		Ohio	
	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic White	Non-Hispanic Black
2012	13.18%	16.67%	9.62%	14.35%
2013	12.52%	17.58%	9.57%	13.85%
2014	10.57%	14.36%	9.51%	13.78%
2015	11.80%	15.54%	9.44%	14.13%
2016	11.50%	18.13%	9.57%	14.25%
2017	10.55%	15.71%	9.40%	14.47%
2018	10.61%	18.23%	9.48%	13.83%

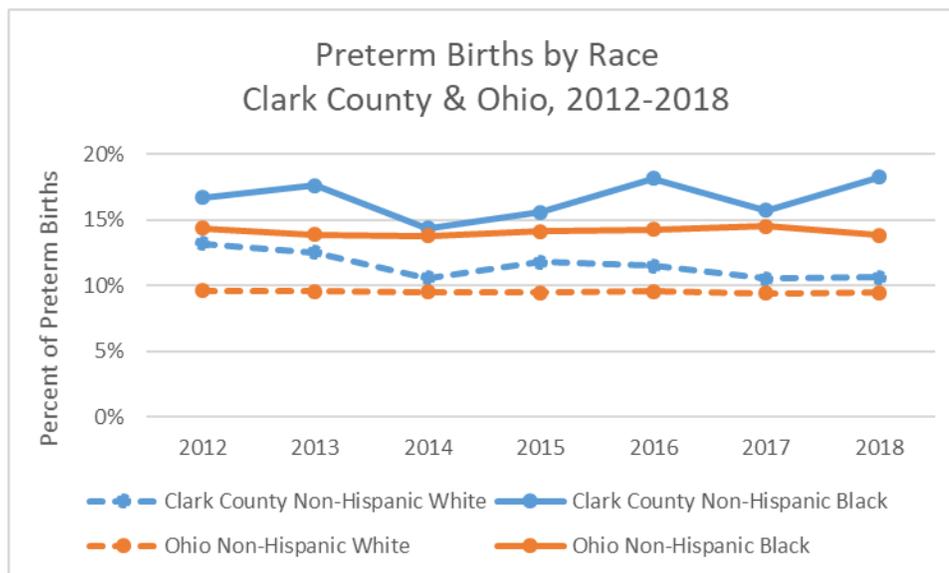


Figure 18: Percent of preterm births by race, Clark County, Ohio, 2012-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Clark County Combined Health District

Cancer Incidence

The leading types of cancer in Clark County for 2017 are Breast, Lung & Bronchus, and Melanoma of the Skin (Figure 19) (Table 12). From 2012-2017, Breast and Lung & Bronchus have remained the top two cancer incidences in Clark County. Incidence rates for both cancer types have been increasing over time. For further data about cancer detection by stage, please see Appendix C.

Clark County is higher than the US and the state incidence in invasive cases of Female Breast Cancer, Colon & Rectum Cancer, Lung & Bronchus Cancer, and Melanoma of the Skin (Table 13).

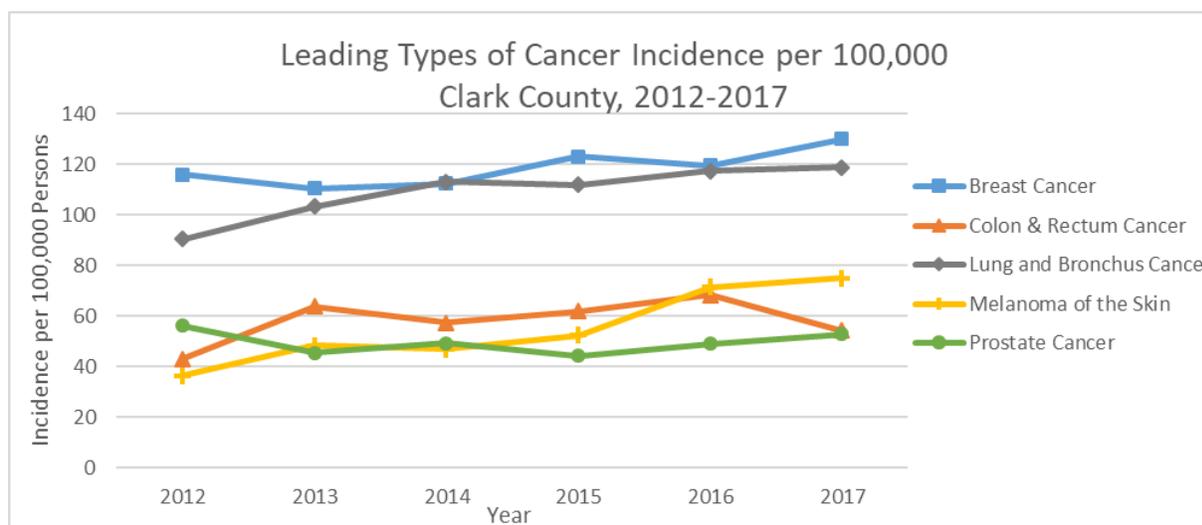


Figure 19: Leading cancer incidence per 100,000, Clark County, 2012-2017. Data queried from the Ohio Cancer Incidence Surveillance System (OCISS). The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Table 12: Leading cancer incidence per 100,000, all stages, Clark County, 2012-2017. Data queried from the Ohio Cancer Incidence Surveillance System (OCISS). The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions

Clark County	2012	2013	2014	2015	2016	2017
Breast Cancer	115.92	110.51	112.24	123.03	119.52	129.97
Lung and Bronchus Cancer	90.40	103.19	112.97	111.98	117.30	118.83
Melanoma of the Skin	36.45	48.30	46.95	52.31	71.27	75.01
Colon & Rectum Cancer	43.01	63.67	57.22	61.88	68.30	54.22
Prostate Cancer	56.14	45.38	49.15	44.20	49.00	52.73

Clark County Combined Health District

Table 13: Leading Cancer Incidence per 100,000, Invasive Stage, Clark County, Ohio, US, 2012-2016, CDC United States Cancer Statistics Data Visualization

Cancer Type	Clark County	Ohio	United States
Female Breast Cancer	149.70	127.40	125.20
Colon & Rectum Cancer	42.40	41.50	38.70
Lung and Bronchus Cancer	77.60	68.50	59.20
Melanoma of the Skin	23.80	22.90	21.80
Prostate Cancer	72.10	103.00	104.10

Disability

Approximately 21,950 individuals (or 16.4% of the population) in Clark County reported at least one disability (Figure 20). The percent of population in Clark County with at least one disability is greater than that of the state and the nation across all ages (Figure 20). Within Clark County, 9.6% of the population has an ambulatory disability and 7.0% have a cognitive disability (Table 14). Within the 65 and older population, ambulatory disabilities are most common (23.2%), followed by hearing disabilities (15.4%) (Table 14). Among 18-64-year-old individuals in Clark County, ambulatory disabilities are most common (8.1%), followed by cognitive disabilities (6.8%) (Table 14). Within the under 18 population, 6.7% report a cognitive disability (Table 14). For additional information about disabilities in Clark County, please refer to Appendix C.

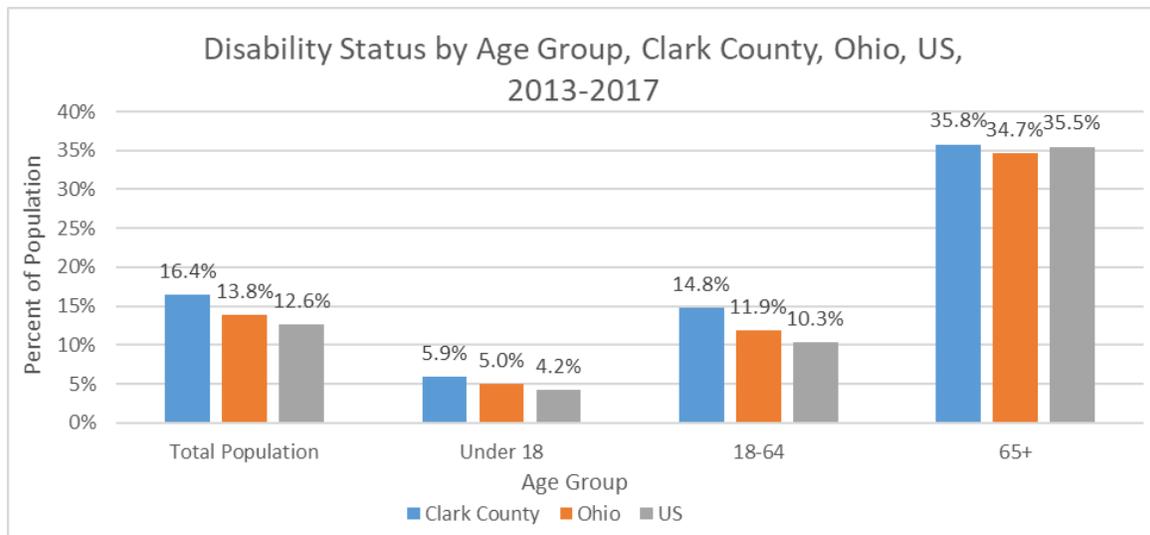


Figure 20: Disability status by age group, Clark County, Ohio, US, American Community Survey 5-year Estimates, 2013-2017

Table 14: Prevalence of Disability Type Within the Total Population. American Community Survey 5-year Estimates, 2013-2017

Disability Type	Age Group	Clark County	Ohio	US
Ambulatory	Total Population	9.6%	7.6%	7.0%
	Under 18	1.2%	0.7%	0.6%
	18-64	8.1%	5.8%	5.1%
	65+	23.2%	22.0%	22.6%
Cognitive	Total Population	7.0%	5.7%	5.1%
	Under 18	6.7%	5.2%	4.1%
	18-64	6.8%	5.3%	4.4%
	65+	8.0%	8.2%	8.9%
Hearing	Total Population	4.6%	3.8%	3.6%
	Under 18	0.3%	0.6%	0.6%
	18-64	2.9%	2.2%	2.0%
	65+	15.4%	14.5%	14.8%
Independent Living	Total Population	7.2%	6.2%	5.8%
	18-64	5.5%	4.2%	3.6%
	65+	13.9%	14.3%	14.8%
Self-Care	Total Population	3.0%	2.8%	2.7%
	Under 18	1.1%	1.0%	1.0%
	18-64	2.4%	2.0%	1.8%
	65+	6.8%	7.7%	8.2%
Vision	Total Population	2.8%	2.4%	2.3%
	Under 18	0.8%	0.7%	0.8%
	18-64	2.8%	2.0%	1.9%
	65+	5.9%	6.1%	6.5%

Communicable Diseases

The Ohio Administrative Code Rules 3703-3-01 through 3701-3-31 establishes a list of diseases that are reportable by law to the local health jurisdiction. These reports may be made by healthcare providers with knowledge of a case of a disease which is required to be reported, laboratorians that examine specimens of human origin with evidence of diseases which are required to be reported, and any individual having knowledge of a person suffering from a disease suspected of being communicable. A complete listing of Ohio's reportable conditions can be found in the Ohio Infectious Disease Control Manual (IDCM): <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/welcome/>

In 2018, Clark County experienced a 24.8% increase in the number of communicable disease cases from 2017 to 2018 (1711 cases and 2136 cases, respectively) (Figure 21). A detailed report of communicable diseases reported in Clark County over the last 10 years can be found in Appendix C. The most frequently reported illnesses in 2018 were chlamydia infection (875 cases), gonococcal infection (385 cases), and influenza-associated hospitalizations (312 cases) (See *Sexually Transmitted Diseases* section on page 28 for more detail on chlamydia and gonorrhea).

Clark County Combined Health District

In 2018, the total number of confirmed influenza-associated hospitalizations increased by 121.6% from 2017 (Figure 22). This number has been increasing since 2016. The total number of Hepatitis C – Chronic cases in Clark County has been slowly increasing over time. This is partially due to a change in 2016, which broadened the case definition for Hepatitis C – Chronic infection, resulting in more cases being classified as “Probable” and fewer cases being classified as “Confirmed.” This is evidenced by the increase in total number of cases and a decrease in confirmed cases (Figure 23).

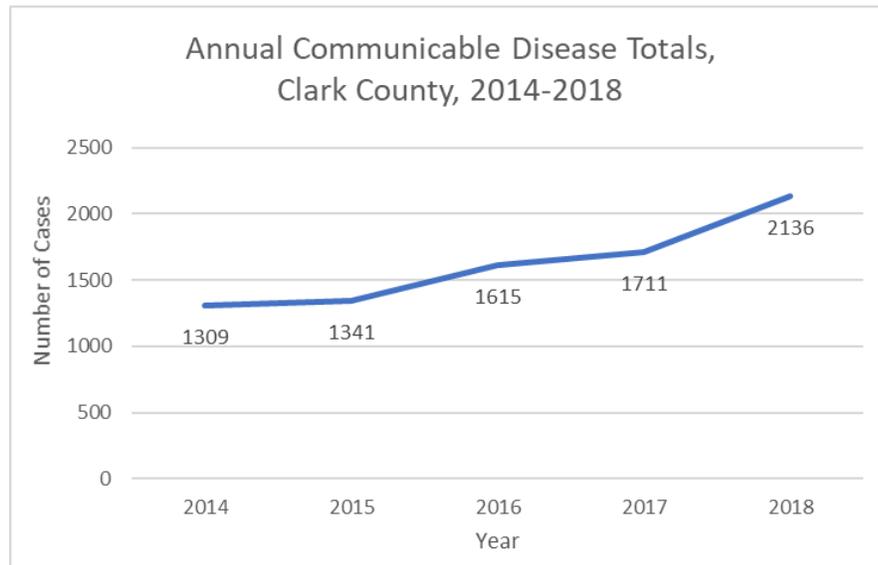


Figure 21: Annual Communicable Disease Totals, Clark County, 2014-2018. Case counts include confirmed, probable, and suspect disease case classifications. All data queried from Ohio Disease Reporting System (ODRS) data extract on 1/9/2019.

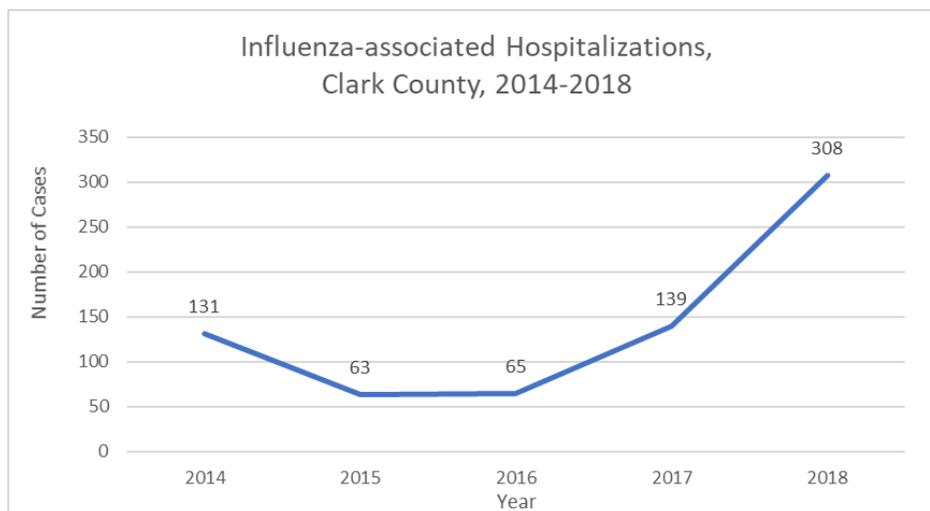


Figure 22: Influenza-associated Hospitalizations, Clark County, 2014-2018. All data queried from Ohio Disease Reporting System (ODRS) data extract on 1/9/2019. Influenza data represents calendar year and not influenza season.

Clark County Combined Health District

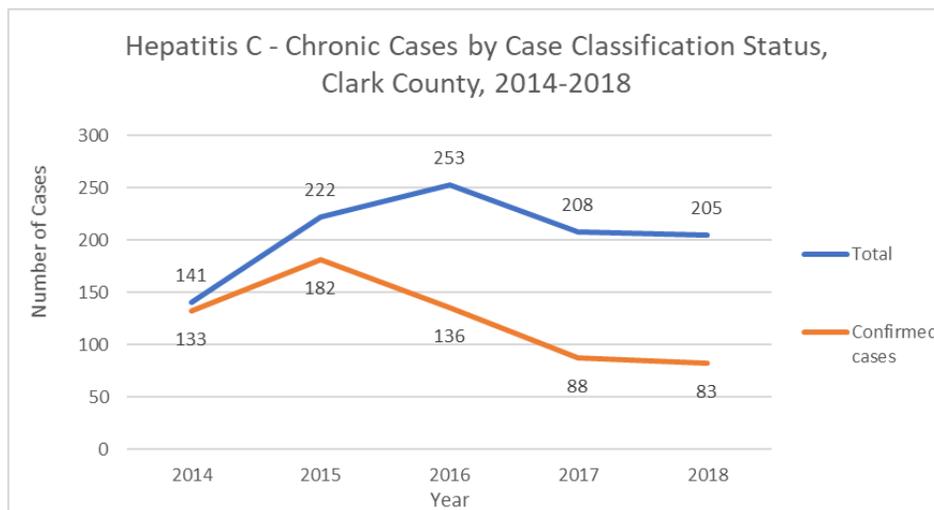


Figure 23: Hepatitis C - Chronic cases by case classification status, Clark County, 2014-2018. All data queried from Ohio Disease Reporting System (ODRS) data extract on 1/9/2019.

Key Events in Communicable Disease

In June of 2018, the Ohio Department of Health (ODH) declared a statewide community outbreak of hepatitis A after observing an increase in cases linked to certain risk factors since the beginning of 2018. Outbreaks of hepatitis A are occurring in several states across the U.S., including neighboring states of Indiana, Kentucky, Michigan and West Virginia.

Hepatitis A is a vaccine-preventable liver disease that usually spreads when a person ingests fecal matter - even in microscopic amounts - from contact with objects, food or drinks contaminated by the stool of an infected person. Hepatitis A can also be spread from close personal contact with an infected person, such as through sex.

People at increased risk for hepatitis A in this outbreak include:

- People with direct contact with individuals infected with the virus
- Men who have sex with men
- People who use street drugs whether they are injected or not
- People who are incarcerated
- People experiencing homelessness
- People who have traveled to other areas of the U.S. currently experiencing outbreaks

Symptoms of hepatitis A include fatigue, low appetite, stomach pain, nausea, clay-colored stools and jaundice. People with hepatitis A can experience mild illness lasting a few weeks to severe illness lasting several months.

As of September 16, 2019, ODH reported 3,327 outbreak cases of hepatitis A across 82 (93%) counties in Ohio. Of these cases, 61% have been hospitalized and there have been 16 deaths.

As of September 20, 2019, the Clark County Combined Health District has investigated 77 confirmed cases of hepatitis A since the beginning of 2018 (Figure 24). The peak number of cases occurred in February and March, with 12 cases in each month (Figure 24). CCCHD has investigated 49 confirmed cases of hepatitis A in 2019 (Figure 25).

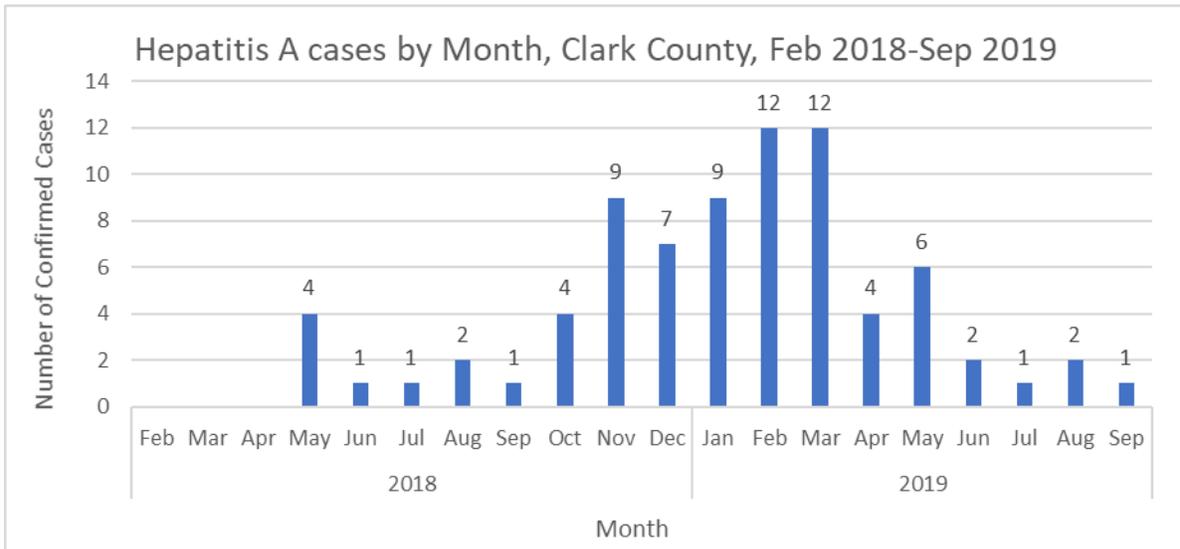


Figure 24: Confirmed hepatitis A cases by month in Clark County, Ohio, from February 2018 to September 2019. Data queried from Ohio Disease Reporting System on 10/31/2019.

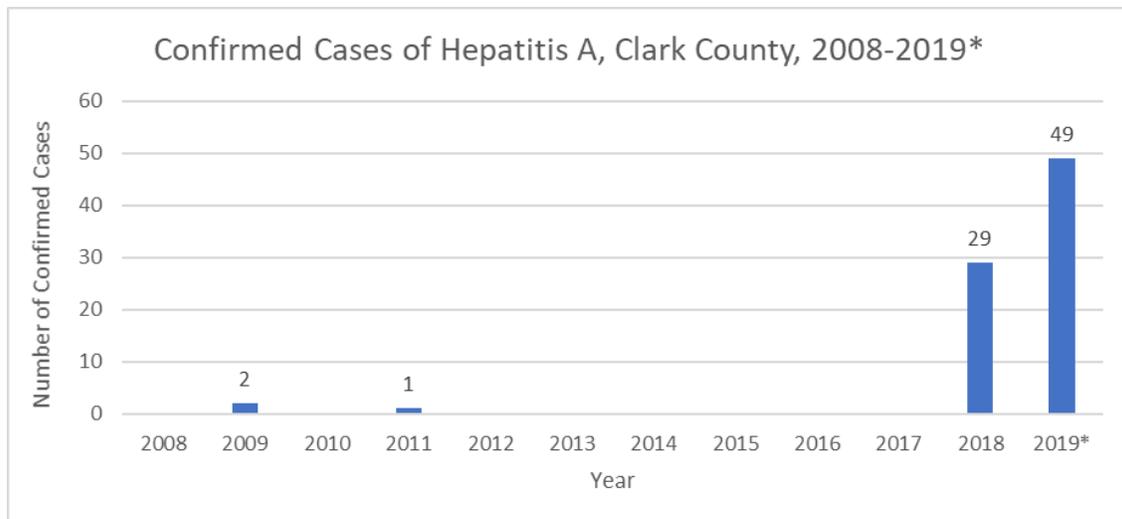


Figure 25: Confirmed hepatitis A cases by year in Clark County, Ohio, 2008-2019. Data queried from Ohio Disease Reporting System on 10/31/2019. *2019 data is preliminary and is subject to change.

Health Behaviors

Sexual Activity

Sexually Transmitted Diseases

Sexually transmitted disease rates in Clark County have increased over the last 5 years. From 2014-2016, the rate of chlamydia in Clark County was less than the rate for the state (Figure 26). In 2018, this trend reversed, and the rate of chlamydia in Clark County surpassed the state (Figure 26). Between 2015 and 2016, the rate of gonorrhea in Clark County surpassed the rate for the state (Figure 27). Since 2015, the rate of gonorrhea in Clark County has remained greater than the rate of gonorrhea for Ohio (Figure 27). The rate of syphilis in Clark County has been consistently higher than the rate for the state (Figure 28).

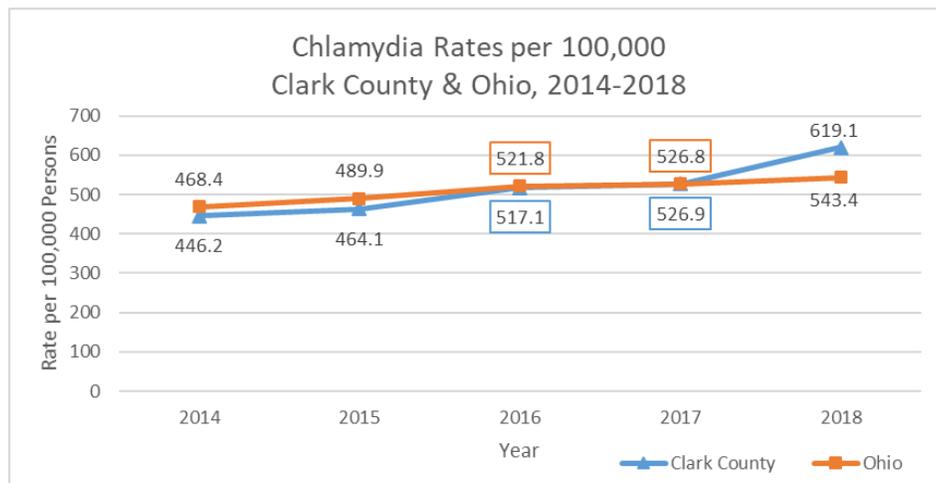


Figure 26: Chlamydia rates per 100,000, Clark County, Ohio, 2014-2018, ODH STD Surveillance Program

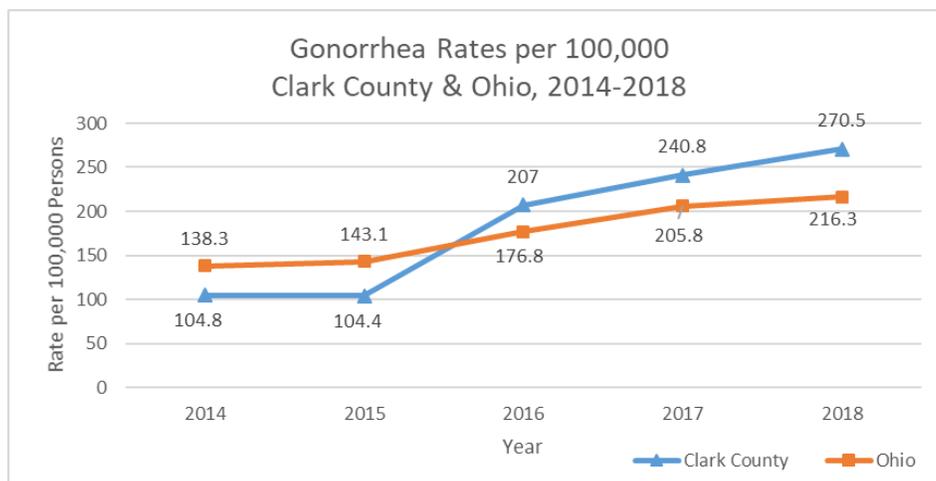


Figure 27: Gonorrhea rates per 100,000, Clark County, Ohio, 2014-2018, ODH STD Surveillance Program

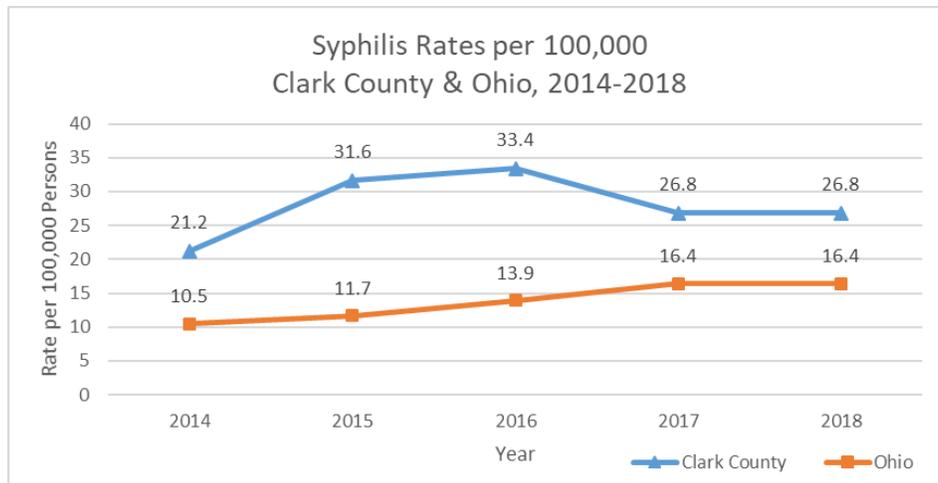


Figure 28: Syphilis rates per 100,000, Clark County, Ohio, 2014-2018, ODH STD Surveillance Program

Teen Births

While Clark County’s teen birth rate has decreased from 2012 to 2018, it has been consistently higher than the state during this time period (Figure 29).

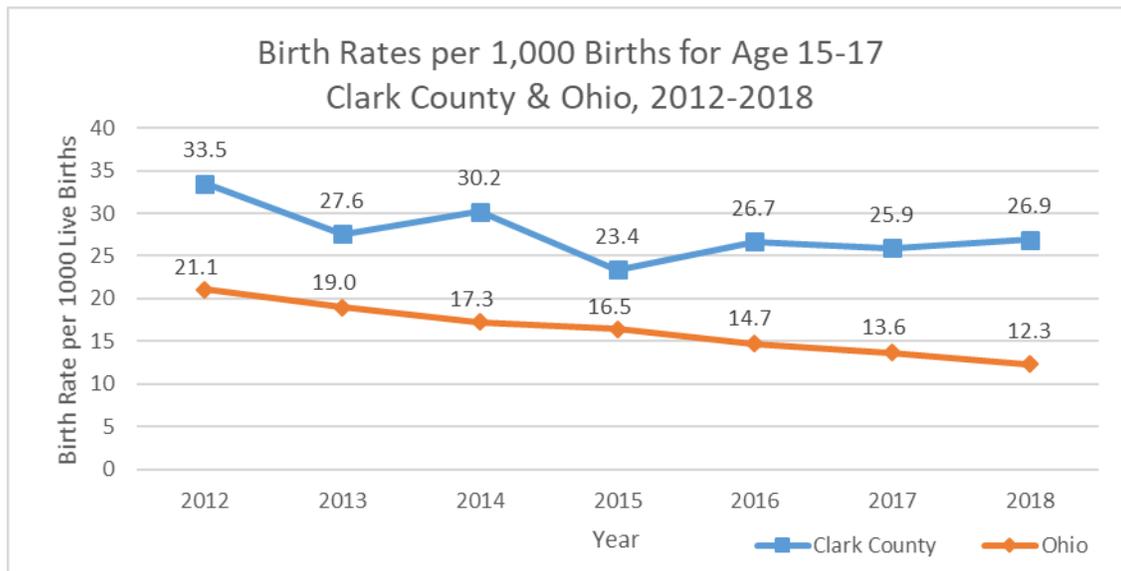


Figure 29: Birthrates per 1,000 births for age 15-17, Clark County, Ohio, 2012-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Smoking

According to the Behavioral Risk Factor Surveillance System (BRFSS) conducted by the Centers for Disease Control and Prevention (CDC) in 2016, 22% of Clark County adults and 23% of Ohio adults report smoking. In the United States, percent of individuals who smoke every day has decreased 7% from 2013 to 2017 (Figure 30).

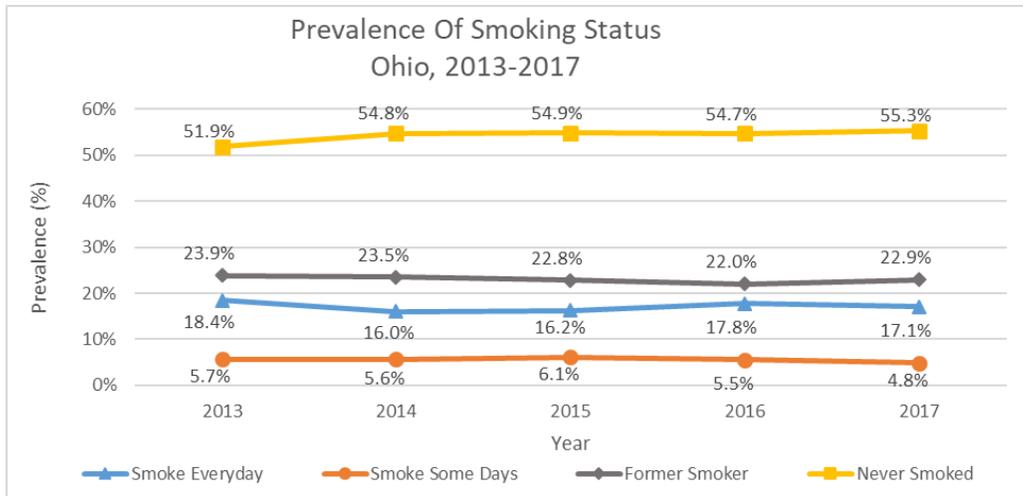


Figure 30: Prevalence of smoking status, Ohio, 2013-2017, CDC BRFSS

Smoking During Pregnancy

In both Clark County and Ohio, the percent of mothers who smoked at any time during pregnancy has decreased over the last 7 years (Figure 31). Despite this decrease over time, the percent of mothers in Clark County who smoked during their pregnancy is greater than that of Ohio's (Figure 31). For additional data about smoking during pregnancy, please refer to Appendix C.

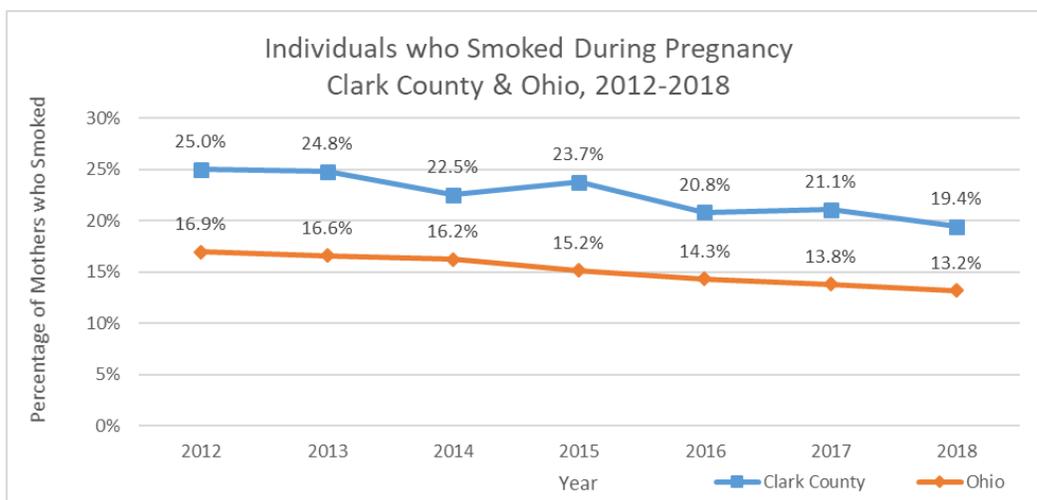


Figure 31: Individuals who smoked during pregnancy, Clark County, Ohio, 2012-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Clark County Combined Health District

Diet and Exercise

According to the Robert Wood Johnson Foundation's County Health Rankings (2018), 28% of Clark County residents and 25% of Ohio residents report physical inactivity (Table 15). The percent of Clark County individuals who reported adult obesity was 36%, compared to 32% of Ohioans (Table 15).

Table 15: Behavioral Risk Factors for Diet and Exercise, Clark County, Ohio, Robert Wood Johnson Foundation County Health Rankings, 2019

	Clark County	Ohio
Physical Inactivity	28%	25%
Adult Obesity	36%	32%

Other Health Behaviors

Car Crashes

Over the past 5 years, the total number of fatal traffic crashes has fluctuated (Figure 32). OVI-Related traffic fatalities have experienced a downward trend from 2014-2018 (Figure 32). The percent of traffic fatalities involving no seat belt use declined 61% from 2014-2016, but has been increasing since 2016 (Figure 33).

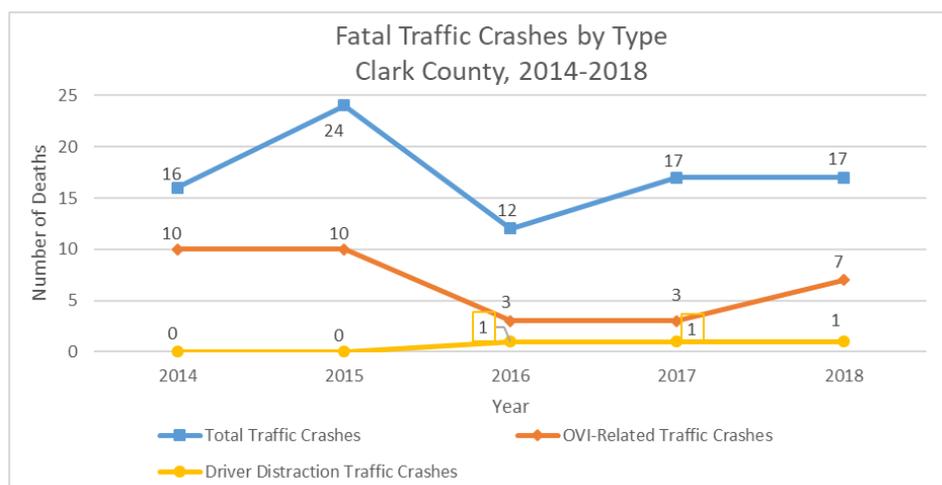


Figure 32: Fatal traffic crashes by type, Clark County, 2014-2018. Ohio State Highway Patrol Statistical Analysis Unit. Note: OVI-related includes alcohol &/or drug related traffic crashes. Driver distraction includes any crash in which one or more drivers were distracted by: 2) manually operating an electronic communication device, 3) talking on hands-free communication device, 4) talking on hand-held communication device, 5) other activity with an electronic device, 6) passenger, or 7) other distraction inside the vehicle.

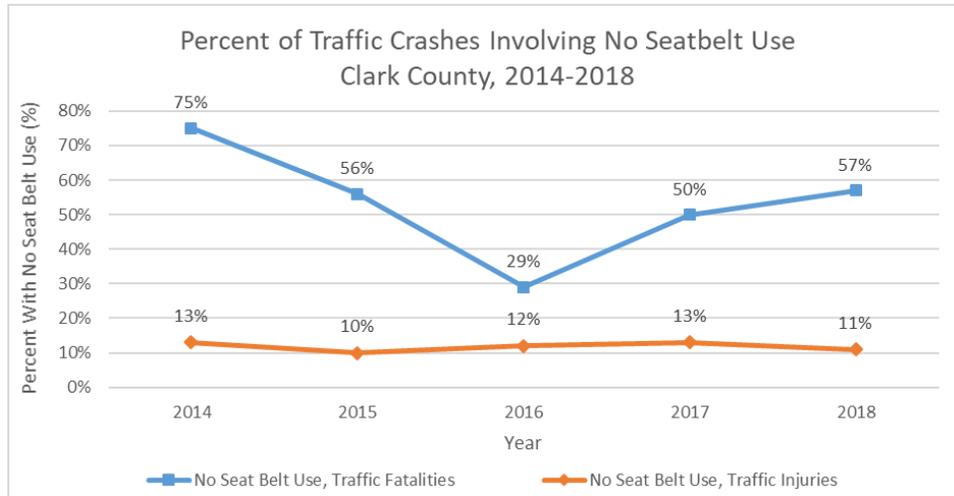


Figure 33: Percent of traffic crashes involving no seatbelt use, Clark County, 2014-2018. Ohio State Highway Patrol Statistical Analysis Unit. Note: Seatbelt Usage includes only passengers in unit types 1-5, 14-15, & 17-18 (excludes motorcycles, ATVs, buses, Amish buggies, other non-specified units, and non-motorists such as pedestrians). Unbelted includes none, unknown, and other non-applicable categories.

Oral Health

Third grade oral health screening data from 2013-2015 shows that children in Clark County have poorer oral health than children in the rest of the state (Figure 34). More 3rd graders have one or more sealants, history of toothache, and untreated cavities in Clark County than in Ohio (Figure 34).

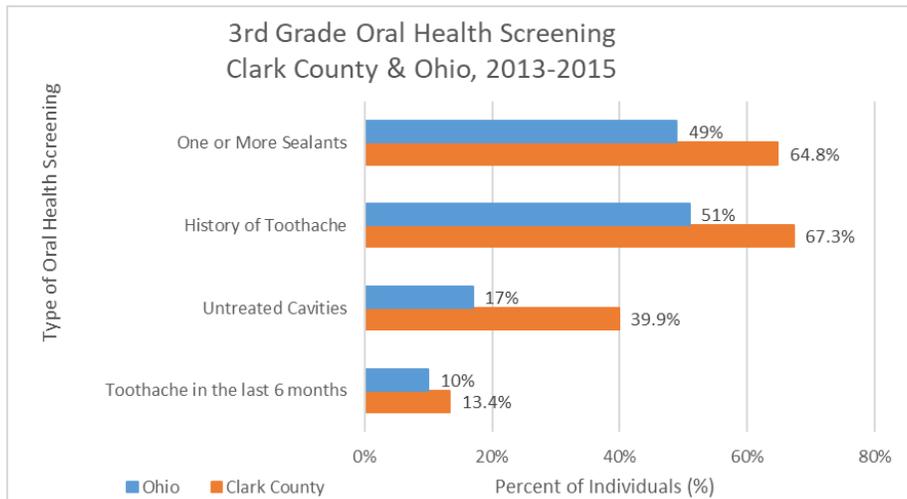


Figure 34: 3rd grade oral health screening, Clark County, Ohio, 2013-2015, ODH Third Grade Oral Health Screening Survey

Clark County Combined Health District

Alcohol and Drug Use

Overdose Deaths

Substance use, including opiate dependence, alcoholism, or abuse of any substance with potentially deleterious psychological and social effects, is a cultural and public health problem affecting many millions of persons in the United States. While there are multiple factors that play into substance use and outcomes related to substance use, overdose death data is presented here in the Health Behaviors section to align with the Robert Wood Johnson Foundation's County Health Rankings.

Over the past four years, unintentional drug overdose deaths have been on the rise in Clark County and the State of Ohio (Figure 35). Overdose deaths involving heroin have decreased, while overdose deaths involving fentanyl have increased (Figure 36) (Figure 37). Overdose deaths involving prescription opioids have decreased in Clark County in the last four years, but have increased in Ohio between 2017-2018 (Figure 38).

In Clark County, total overdose deaths are 89.2% white and 63% male (Figure 39) (Figure 40). Over 75% of overdose deaths in Clark County were between the ages of 25 and 54 (Figure 41).

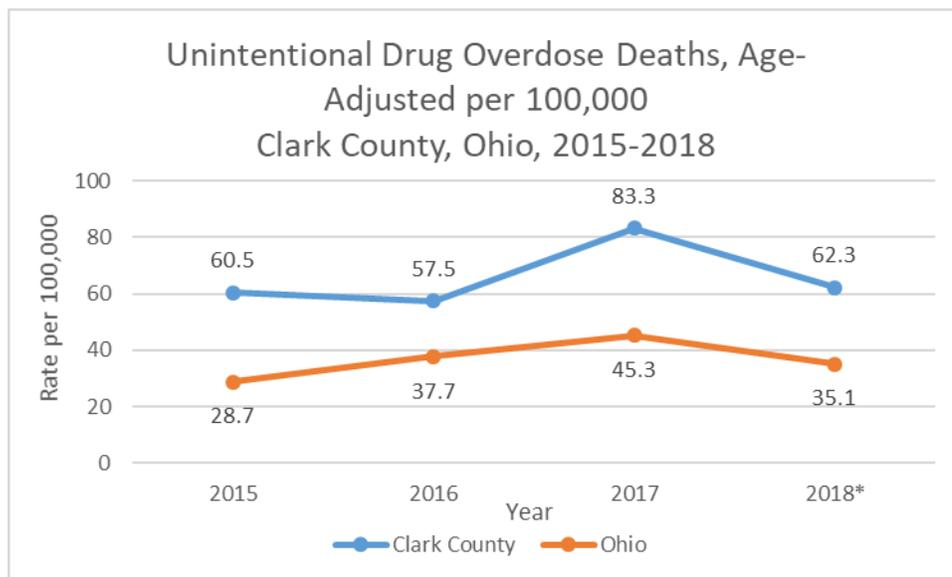


Figure 35: Unintentional Drug Overdose Deaths, Age-Adjusted per 100,000, Clark County, Ohio, 2015-2018. Clark County data collected during County Drug Death Review. Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions. *Ohio data for 2018 is considered preliminary.

Clark County Combined Health District

Figure 36: Drug overdose deaths involving heroin, Clark County, Ohio, 2015-2018. Clark County data collected during County Drug Death Review. Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions. *Ohio data for 2018 is considered preliminary.

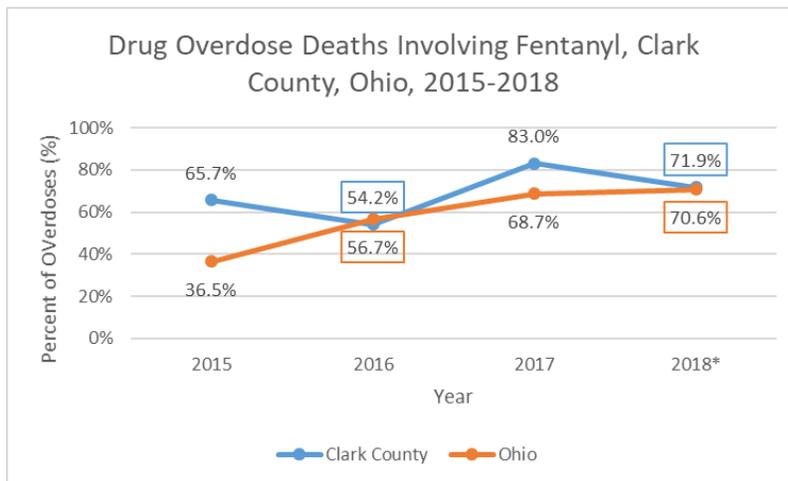
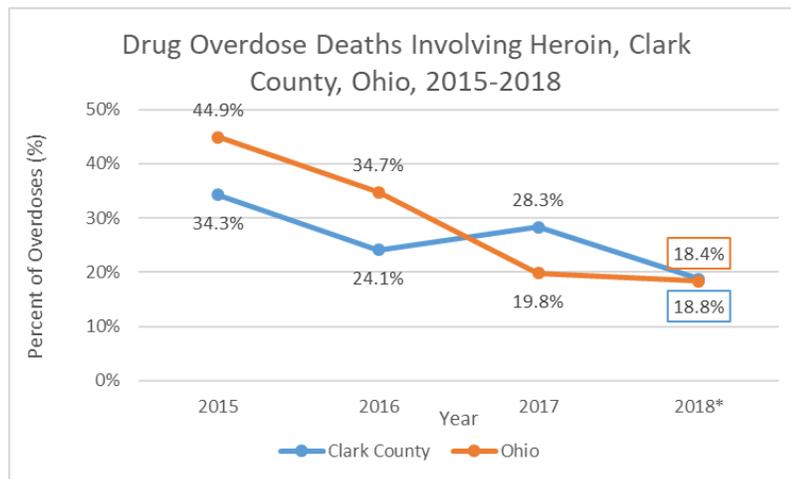
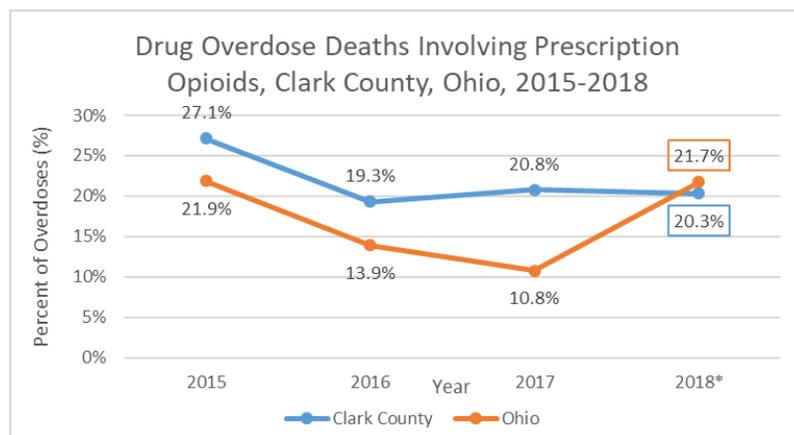


Figure 37: Drug overdose deaths involving fentanyl, Clark County, Ohio, 2015-2018. Clark County data collected during County Drug Death Review. Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions. *Ohio data for 2018 is considered preliminary.

Figure 38: Drug overdose deaths involving prescription opioids, Clark County, Ohio, 2015-2018. Clark County data collected during County Drug Death Review. Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions. *Ohio data for 2018 is considered preliminary.



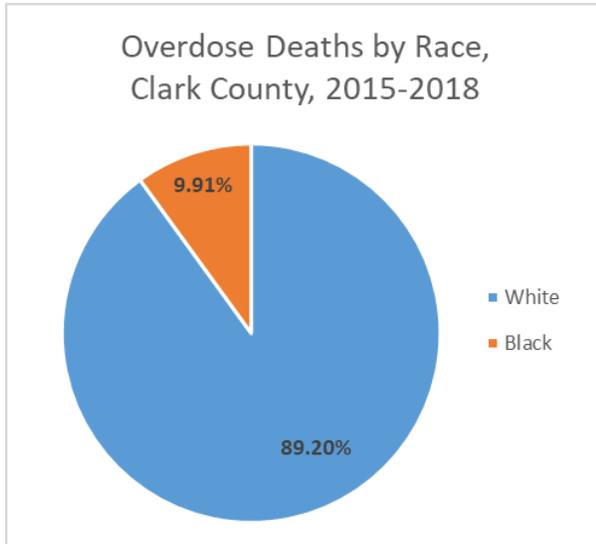


Figure 39: Overdose Deaths by Race, Clark County, 2015-2018. Data collected during Clark County Drug Death Review.

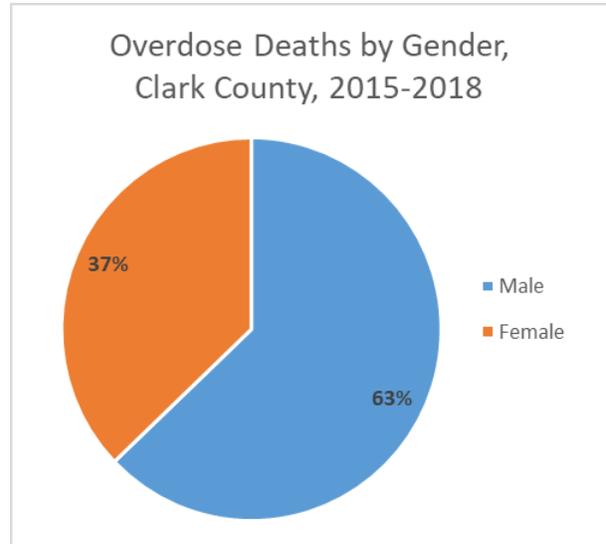


Figure 40: Overdose Deaths by Gender, Clark County, 2015-2018. Data collected during Clark County Drug Death Review.

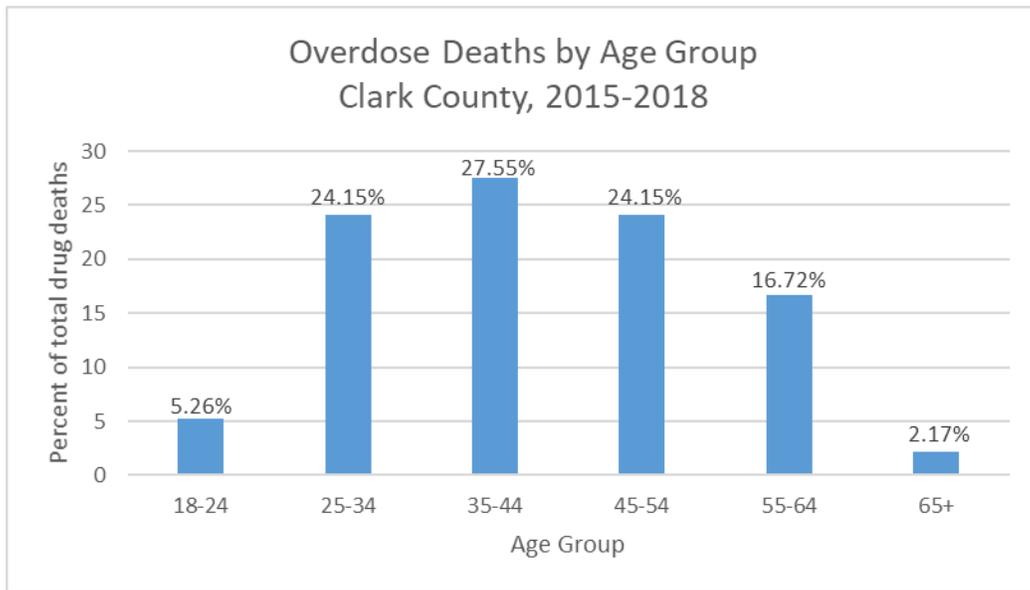


Figure 41: Overdose deaths by age group, Clark County, 2015-2018. Data collected during Clark County Drug Death Review.

Clark County Combined Health District

Neonatal Abstinence Syndrome

The rate at which babies are being discharged from the hospital for Neonatal Abstinence Syndrome (NAS) in Clark County is lower (10.46) than the rate for Ohio (14.18) (Table 16). Despite the Clark County NAS rate being lower than the state, the number of NAS-related referrals made to Developmental Disabilities of Clark County has been steadily increasing since 2014 (Table 17).

Table 16: Neonatal Abstinence Syndrome (NAS) Discharges, 2013-2017, ODH NAS County Hospital Discharge Report

	Clark County	Ohio
2013-2017	83	9840
Birth Rate per 1000 live births	10.46	14.18

Table 17: Number of Babies Referred to Developmental Disabilities of Clark County for Drug Exposure, 2014-2018, Developmental Disabilities of Clark County.

Year	Babies Born Drug Exposed
2014	44
2015	108
2016	159
2017	167
2018	207

Alcohol Use

The percent of driving deaths with alcohol involvement in Clark County is greater (39%) than that of Ohio (33%) (Table 18). The percent of adults reporting binge or heavy drinking in Clark County is 17%, as compared to that of Ohio at 19% (Table 18).

Table 18: Behavioral Risk Factors for Alcohol Use, Clark County, Ohio, Robert Wood Johnson Foundation County Health Rankings, 2019

	Clark County	Ohio
Alcohol-Impaired Driving Deaths	39%	33%
Excessive Drinking	17%	19%

Clark County Combined Health District

Clinical Care

Access to Care

The ratios of population to dentists, primary care physicians, and mental health providers in Clark County are higher than that of Ohio, meaning there are fewer professionals per person in Clark County (Table 19). Within Clark County, parts of Springfield are designated as a Health Professional Shortage Areas (HPSAs) for Dental Health and Primary Care (Figure 42) (Figure 43). These HPSA areas cover most of the south and south-west parts of Springfield. The central and western-most parts of Springfield are designated as Medically Underserved Area/Populations (MUA/P) (Figure 44).

The majority of medical providers, nursing homes, and assisted living facilities in the county are within the City of Springfield (Figure 45) (Figure 46).

Table 19: Health Resource Availability, Clark County, Ohio, Robert Wood Johnson Foundation County Health Rankings, 2019.

	Clark County	Ohio
Population per Dentist	1,980:1	1,620:1
Population per Primary Care Physician	2,280:1	1,300:1
Population per Mental Health Provider	710:1	470:1

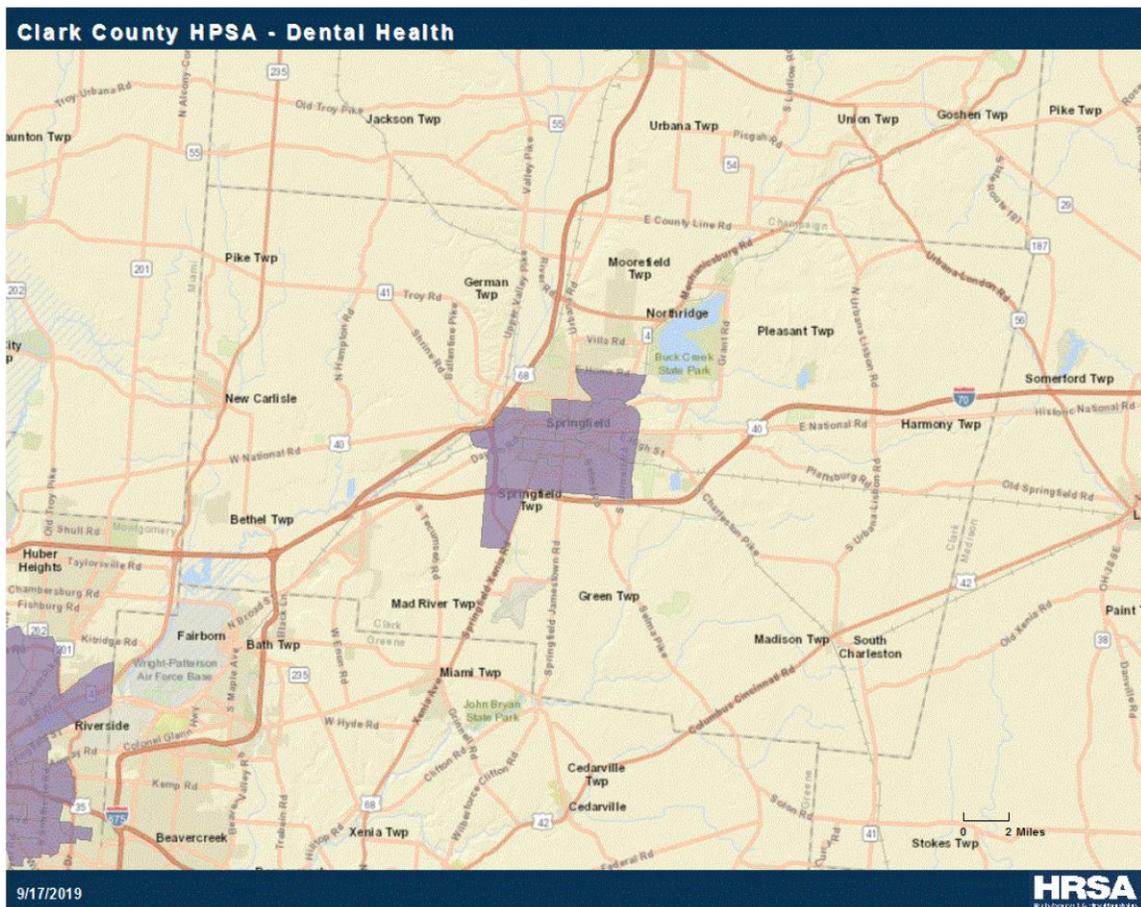


Figure 42: Clark County HPSA Dental Health, Health Resources and Services Administration Map Tool

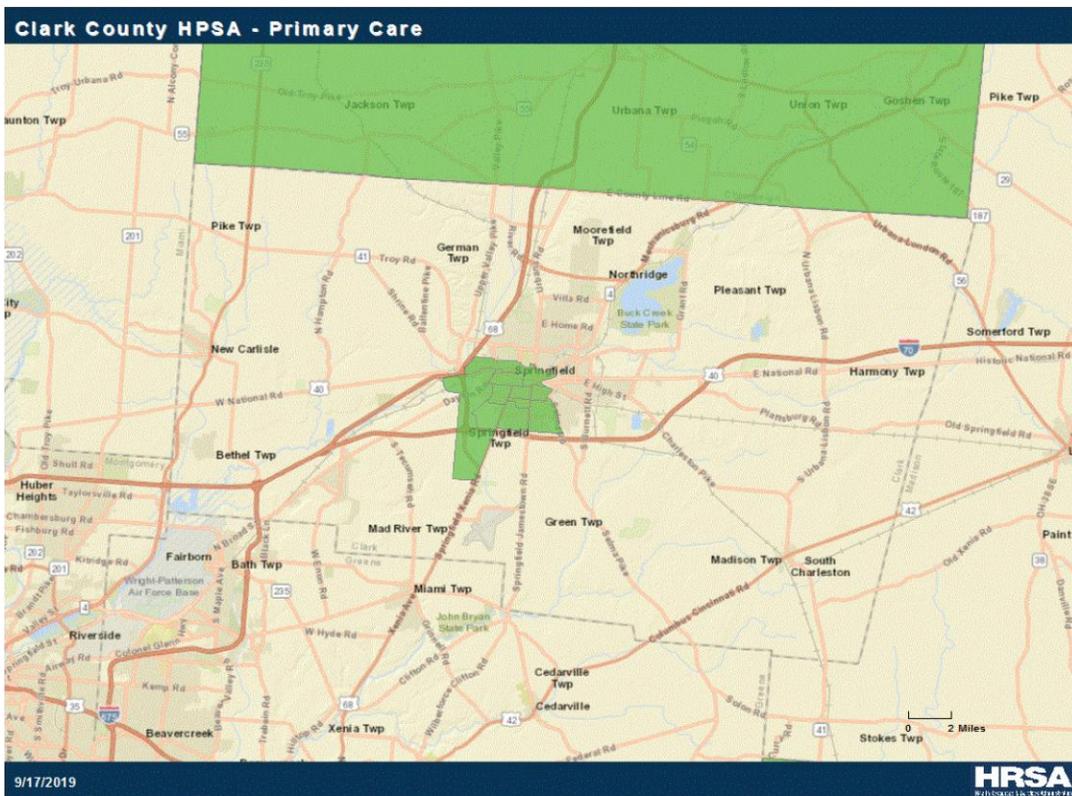


Figure 43: Clark County HPSA Primary Care, Health Resources and Services Administration Map Tool

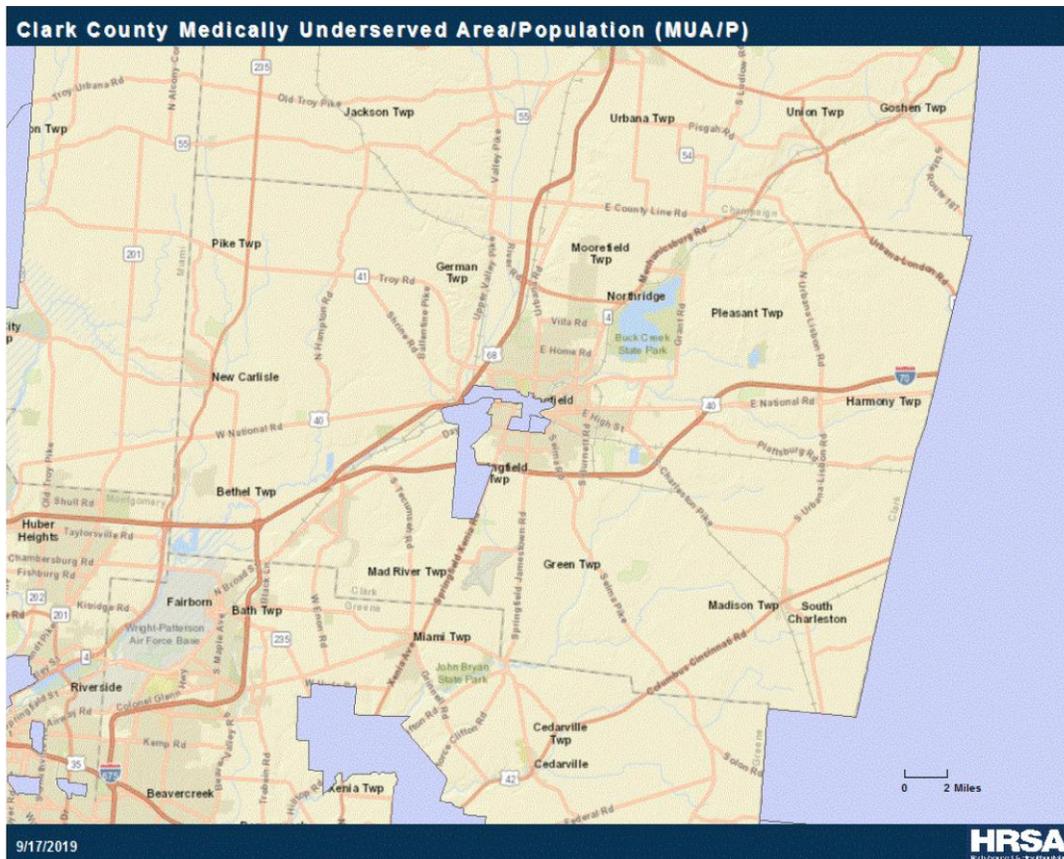


Figure 44: Clark County Medically Underserved Area/Population, Health Resources and Services Administration Map Tool.

Clark County Combined Health District

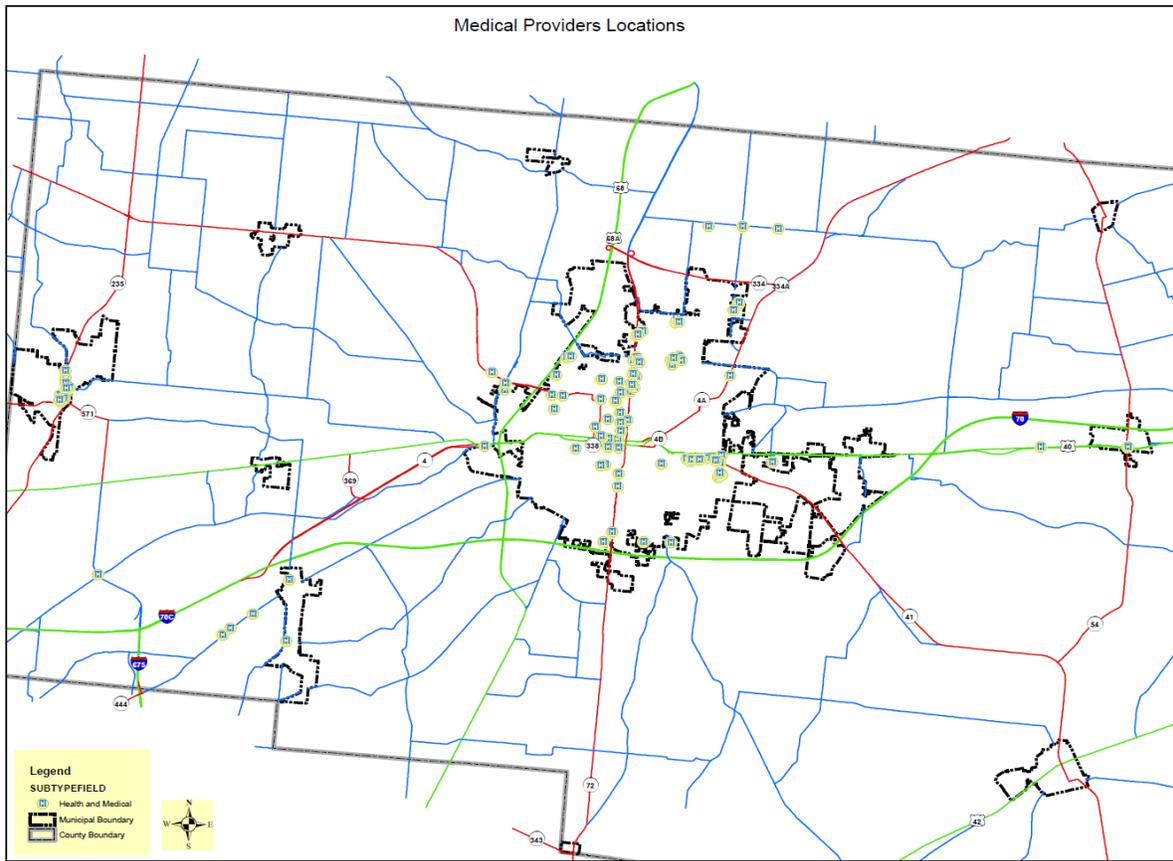


Figure 46: Medical Providers in Clark County, Mercy Health – Springfield, Current 2019.

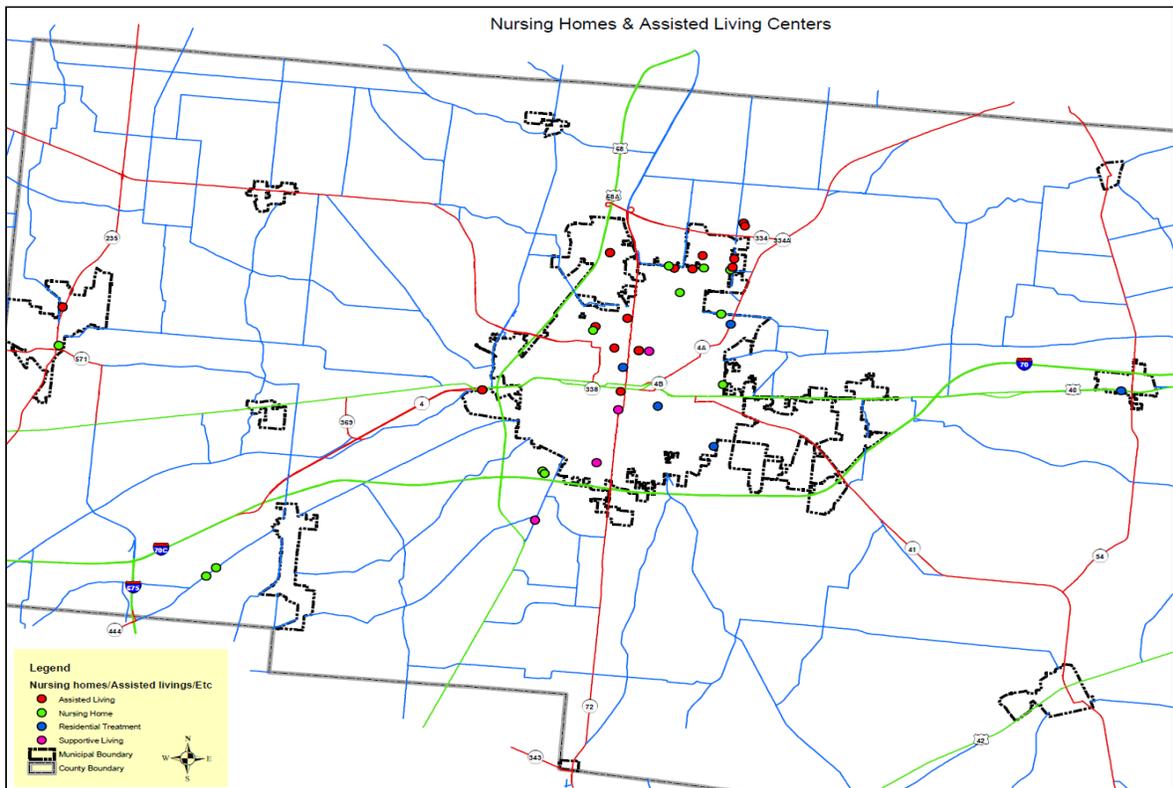


Figure 45: Nursing Homes and Assisted Living Facilities in Clark County, ODH Long-term Care Consumer Guide, Current

Clark County Combined Health District

Most residents in Clark County, Ohio, and the US are covered by health insurance (Table 20). In Clark County, 25.5% of people have public health insurance, compared to 20.8% of Ohio residents and 19.6% of the US (Table 21).

Table 20: Health Insurance Coverage, Clark County, Ohio, US, American Community Survey 5-year Estimates, 2013-2017

Health Insurance Coverage						
	Clark County		Ohio		US	
By Age	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured
<6	97.6%	2.4%	95.7%	4.3%	95.5%	4.5%
6-18	96.2%	3.8%	95.3%	4.7%	93.8%	6.2%
19-25	85.8%	14.2%	87.2%	12.8%	81.9%	18.1%
26-34	85.5%	14.5%	86.3%	13.7%	80.8%	19.2%
35-44	87.1%	12.9%	89.5%	10.5%	84.2%	15.8%
45-54	90.3%	9.7%	91.0%	9.0%	87.4%	12.6%
55-64	93.3%	6.7%	92.9%	7.1%	90.7%	9.3%
65-74	100.0%	0.0%	99.4%	0.6%	98.9%	1.1%
75+	100.0%	0.0%	99.7%	0.3%	99.4%	0.6%
By Household Type						
Married Couple	95.4%	4.6%	94.7%	5.3%	91.9%	8.1%
Single Male Family	85.3%	14.7%	86.4%	13.6%	81.0%	19.0%
Single Female Family	90.7%	9.3%	90.3%	9.7%	85.5%	14.5%
Non-Family Household	89.5%	10.5%	90.2%	9.8%	88.3%	11.7%
By Household Income						
<\$25,000	88.5%	11.5%	88.4%	11.6%	83.3%	16.7%
\$25,000-\$49,999	90.1%	9.9%	89.1%	10.9%	84.4%	15.6%
\$50,000-\$74,999	94.0%	6.0%	92.5%	7.5%	88.4%	11.6%
\$75,000-\$99,999	95.6%	4.4%	94.8%	5.2%	91.9%	8.1%
\$100,000+	97.1%	2.9%	96.8%	3.2%	95.4%	4.6%

Table 21: Health Insurance Coverage by Type, Clark County, Ohio, US, American Community Survey 5-year Estimates, 2013-2017.

Health Insurance Coverage Alone			
	Clark County	Ohio	US
Public Health Insurance Alone	25.5%	20.8%	19.6%
Medicare Coverage	5.3%	5.4%	4.8%
Medicaid/means tested coverage	19.8%	15.1%	14.5%
VA Health care coverage	0.4%	0.3%	0.3%
Private Health Insurance Alone	47.5%	55.5%	53.9%
Employer-based health insurance	43.5%	50.3%	46.4%
Direct-purchase health insurance	3.2%	4.7%	6.5%
Tricare/military health coverage	0.9%	0.5%	1.0%

Clark County Combined Health District

Quality of Care

According to the Robert Wood Johnson Foundation's County Health Rankings, the percent of female Medicare enrollees (ages 65-74) that received an annual mammography screening in Clark County (40%) is slightly lower than that of Ohio (41%) (Table 22). Additionally, the rate of hospital stays for ambulatory-care sensitive conditions in Clark County (5,427 stays per 100,000 Medicare enrollees) is higher than that of Ohio (5,135 stays per 100,000 Medicare enrollees) (Table 22).

Table 22: Mammography Screening and Preventable Hospital Stays, Clark County, Ohio, Robert Wood Johnson Foundation County Health Rankings, 2019. *Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

	Clark County	Ohio
Mammography Screening	40%	41%
Preventable Hospital Stays*	5,427	5,135

Immunizations

If there are inadequate numbers of immunization providers in Clark County, parents may be more likely to defer immunizations because of availability or geographic location. In Clark County, there are 23 pharmacies, 12 family practices, and 2 pediatric practices that provide immunizations (Figure 47). These providers are centralized in the city of Springfield, which may have an impact on vaccine availability to rural communities. Over 62% of providers are pharmacies that do not offer all types of vaccines, which creates access to care issue in areas where there are no other provider options. Additionally, the only two pediatric-only providers are located on the northern side of Springfield.

Schools with lower immunization rates indicate that children at these schools are either behind on their immunization series or that a greater number of parents have philosophical objections to immunizations. Over the last three school years, the percent of pupils in Clark County with all required immunizations has decreased for all grade levels (Figure 48). Related, the percent of pupils who have a reason of conscience of religion objection has increase over the last three school years for all grade levels (Figure 49).

Immunization Providers in Clark County

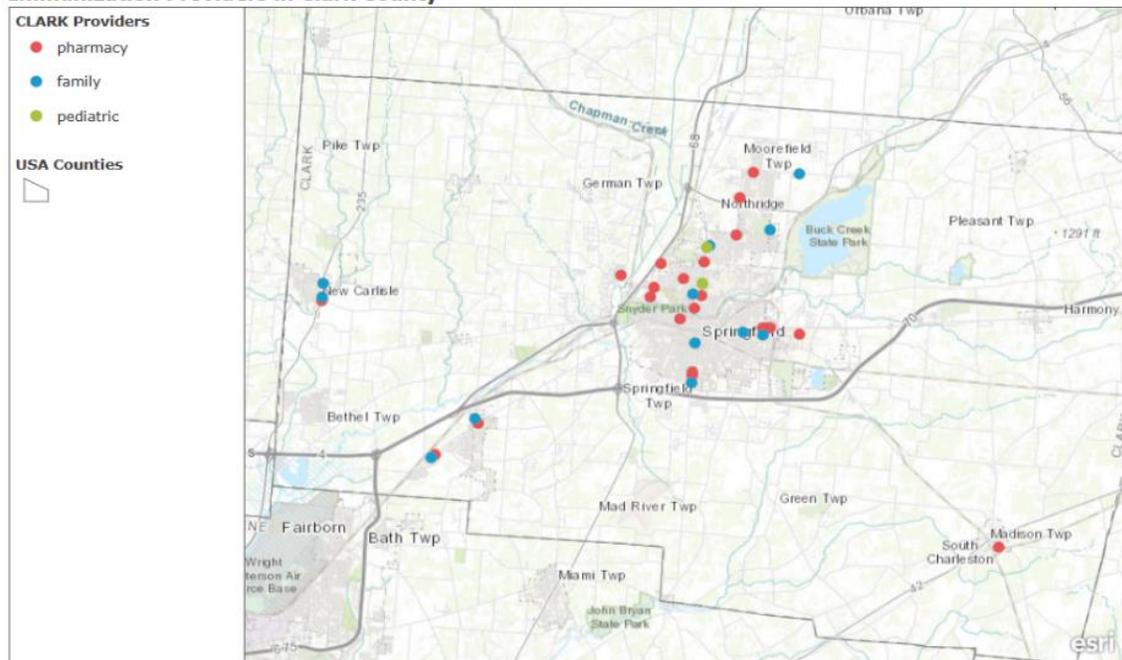


Figure 47: Immunization Providers in Clark County by practice type

Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

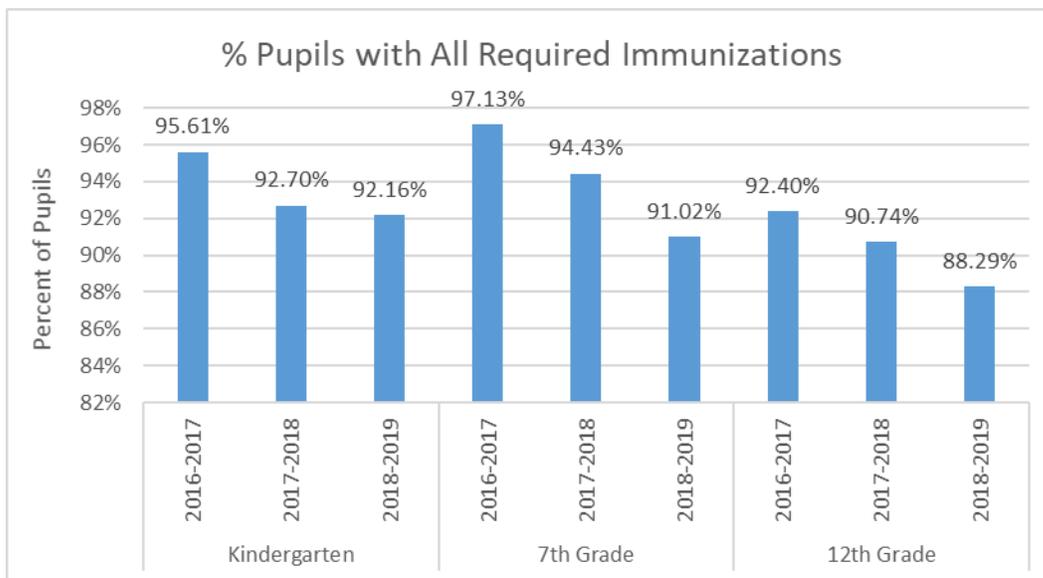


Figure 48: Percent of pupils with all required immunizations for Kindergarten, 7th grade, and 12th grade, Clark County, Ohio, 2016-2019, ODH School Immunization Level Assessment.

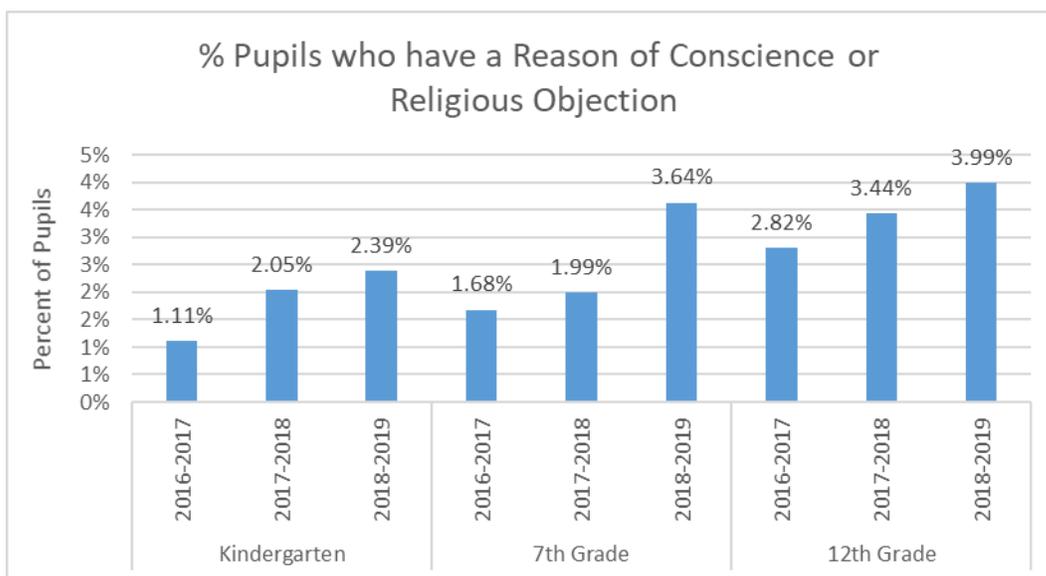


Figure 49: Percent of pupils who have a reason of conscience or religious objection for kindergarten, 7th grade, and 12th grade, Clark County, Ohio, 2016-2019, ODH School Immunization Level Assessment.

Clark County Combined Health District

Prenatal Care

The percent of live births in Clark County that received prenatal care during the first trimester has decreased over time and is lower than that of Ohio (Figure 50). There exists a racial disparity in the percent of live births that received prenatal care in the 1st trimester (Table 23) (Figure 51). Statewide data mirrors this trend.

The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data, when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services), to measure adequacy of prenatal care. A ratio of observed to expected visits is calculated and grouped into four categories: 1) Inadequate (received less than 50% of expected visits), 2) Intermediate (50%-79%), 3) Adequate (80%-109%), and 4) Adequate Plus (110% or more).

On average, the Kotelchuck Index for the majority of live births in Clark County were classified as Adequate or greater (Figure 52). While Clark County has a higher average Kotelchuck Index of Adequate than Ohio, a greater percentage of Ohio's live births scored as Adequate Plus (Figure 52) (Table 24).

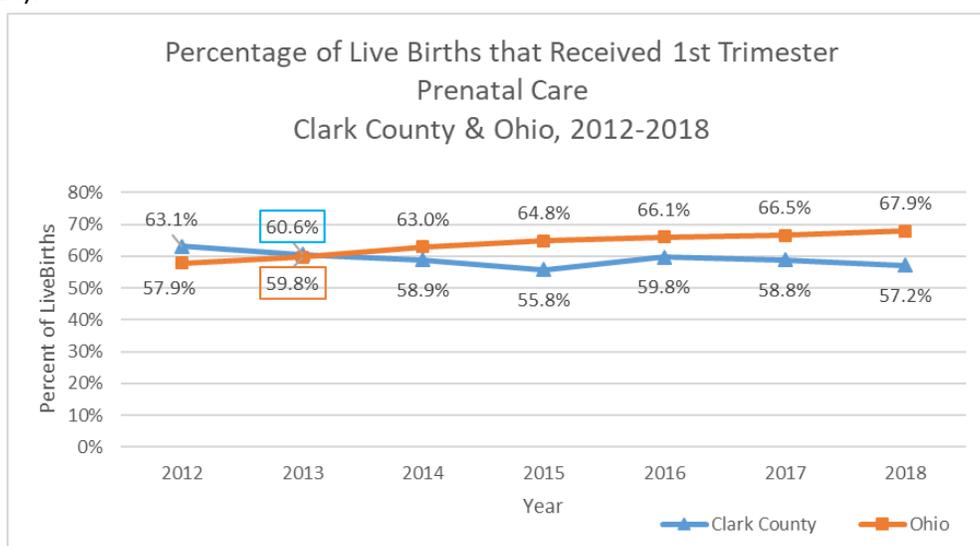


Figure 50: Percent of live births that received prenatal care during the 1st trimester, Clark County, Ohio, 2012-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Table 23: Percent of Live Births that Received Prenatal Care During the 1st Trimester, By Race, Clark County, Ohio, 2014-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

	Clark County		Ohio	
	Black	White	Black	White
2014	49.8%	60.6%	51.4%	66.3%
2015	47.5%	57.3%	53.6%	68.1%
2016	54.6%	55.7%	55.7%	69.0%
2017	47.5%	60.6%	57.0%	69.2%
2018	47.8%	59.1%	59.5%	70.3%

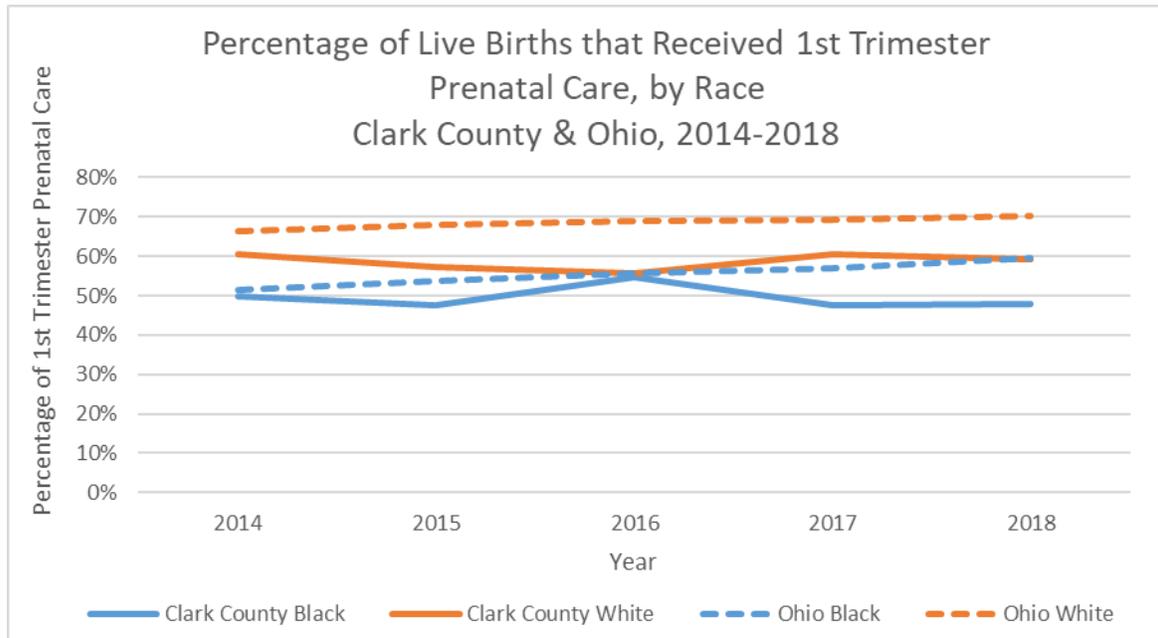


Figure 51: Percent of live births that received prenatal care during the 1st trimester, by race, Clark County, Ohio, 2014-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

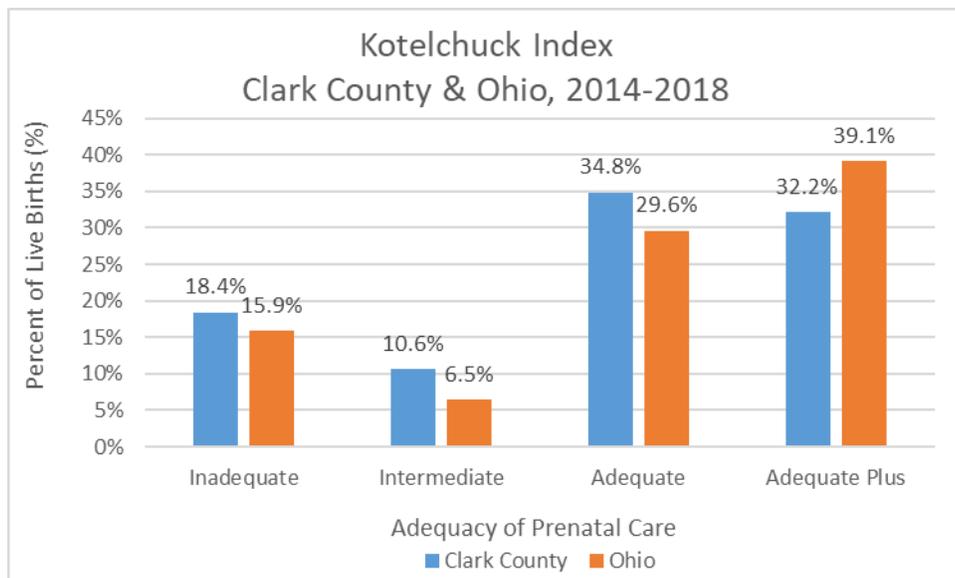


Figure 52: Average Kotelchuck Index for Clark County and Ohio, 2014-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Clark County Combined Health District

Table 24: Kotelchuck Index for Clark County and Ohio, 2014-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Location	Year	Inadequate	Intermediate	Adequate	Adequate Plus
Clark County	2014	17.3%	10.5%	34.4%	30.7%
	2015	18.0%	9.5%	36.0%	31.8%
	2016	18.0%	10.3%	34.5%	34.0%
	2017	18.6%	11.4%	35.8%	31.7%
	2018	20.2%	11.5%	33.5%	32.8%
	5-Year Average	18.4%	10.6%	34.8%	32.2%
Ohio	2014	16.4%	7.3%	29.4%	35.5%
	2015	15.6%	6.8%	29.8%	37.6%
	2016	16.0%	6.3%	29.8%	39.7%
	2017	16.1%	6.0%	29.2%	40.9%
	2018	15.6%	6.1%	29.9%	41.8%
	5-Year Average	15.9%	6.5%	29.6%	39.1%

Socioeconomic Characteristics

Education

In Clark County, 88% of students graduate high school, compared to 85% of Ohioans (Table 25). On average, the Springfield City School District has the lowest high school graduation rate in Clark County and Southeastern Local School District has the highest graduation rate (Table 26). Greenon School District has the highest percentage of children Demonstrating readiness in 2018 at 62.2%, while Springfield City School District had the lowest percentage of students Demonstrating readiness in 2018 at 22.7% (Table 27) (Figure 53). Springfield City School District has seen a 4.8% increase in the percentage of children Demonstrating readiness between 2015 and 2018 (Table 27) (Figure 53).

Of the 18-24-year-olds in Clark County, 37.8% have a high school diploma and 42.9% have some college education or an associate degree (Table 28). The percent of 18-34-year-olds with some college or an associate degree is lower in Clark County than in Ohio and the US (Table 28). The percent of people 25 and older with a high school diploma in Clark County (36.9%) is higher than that of Ohio and the US, however, the percent of people with a bachelor's degree in the state and the nation both surpass Clark County (Table 28).

Table 25: High School Graduation Rate, Clark County, Ohio, Robert Wood Johnson Foundation County Health Rankings, 2019

High School Graduation Rate	
Clark County	88%
Ohio	85%

Clark County Combined Health District

Table 26: High School Graduation Rates (Four-Year Graduation) by School District, Ohio Department of Education (ODE) School Report Cards, 2018

School District	2014-15	2015-16	2016-17	2017-18	4-Year Average
Springfield City School District	72.7	76.6	75.4	76.3	75.3
Greenon Local	94.4	93.8	93.4	95.0	94.2
Tecumseh Local	87.3	89.2	88.6	90.3	88.9
Northeastern Local	93.6	93.5	95.5	91.4	93.5
Northwestern Local	98.0	93.2	95.3	94.3	95.2
Southeastern Local	94.2	94.5	92.6	100.0	95.3
Clark-Shawnee Local	94.6	91.4	97.4	93.9	94.3

Table 27: Percentage of Children Participating in the Kindergarten Readiness Assessment (KRA) who demonstrated readiness for kindergarten by school district, Clark County, Ohio, 2015-2018. Engage Springfield, 2019.

	2015	2016	2017	2018
Clark-Shawnee	42.4	38.6	46.4	46
Greenon	32.8	50	49.1	62.2
Northeastern	50.5	32.7	41.4	54.7
Northwestern	57.5	63	44.4	50
Southeastern	51	30.2	32	49
Springfield City	17.9	21.1	24.6	22.7
Tecumseh	35.2	56.5	60.9	55.5
Clark County	34.1	36.1	38.8	41.4
Ohio	37.3	40.1	40.6	41.5

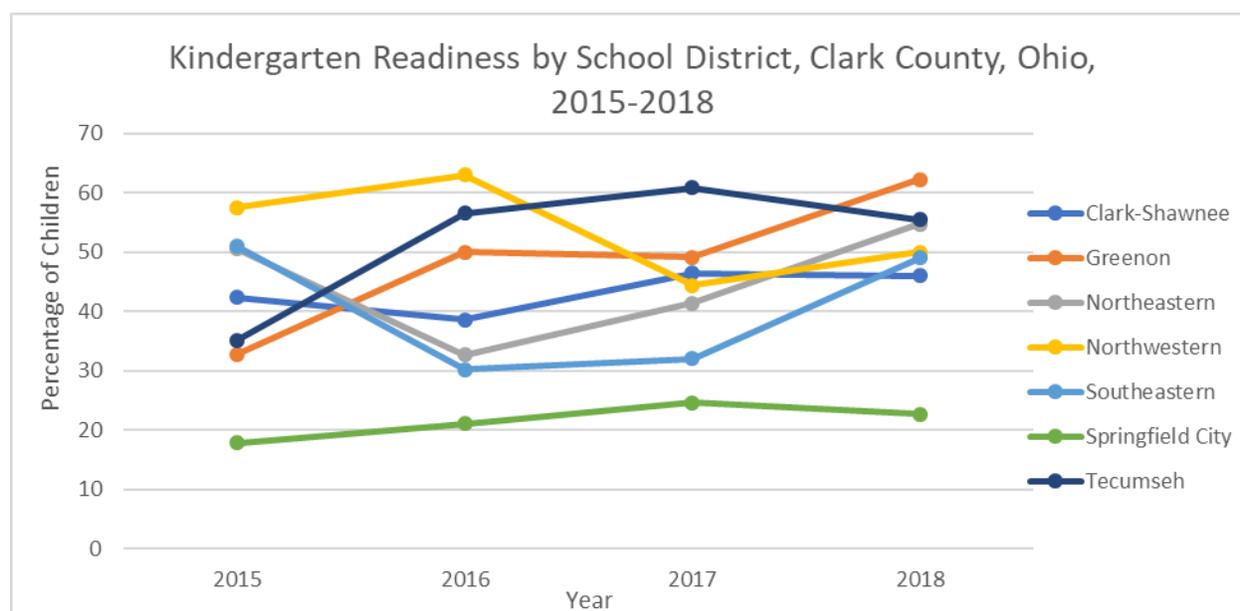


Figure 53: Percentage of Children Participating in the Kindergarten Readiness Assessment (KRA) who demonstrated readiness for kindergarten by school district, Clark County, Ohio, 2015-2018. Engage Springfield, 2019.

Clark County Combined Health District

Table 28: Educational Attainment by Age Group, Clark County, Ohio, US, American Community Survey 5-year Estimates, 2013-2017

		Educational Attainment		
		Clark County	Ohio	US
18-24 years old				
	< High School Graduate	14.1%	13.7%	13.4%
	High School Graduate (or equivalent)	37.8%	32.5%	30.5%
	Some college or Associates Degree	42.9%	43.9%	45.7%
	Bachelor's Degree or higher	5.2%	10.0%	10.5%
25+ years old				
	Less than 9th grade	2.9%	2.9%	5.4%
	9th grade - 12th grade, no diploma	9.9%	7.3%	7.2%
	High School Graduate (or equivalent)	36.9%	33.6%	27.3%
	Some College, No degree	22.7%	20.5%	20.8%
	Associates Degree	9.1%	8.5%	8.3%
	Bachelor's Degree	11.2%	17.0%	19.1%
	Graduate or Professional Degree	7.3%	10.2%	11.8%

Employment

The overall unemployment rate for Clark County (7.7%) is higher than the unemployment rate for Ohio (6.5%) and the US (6.6%) (Table 29). In Clark County, Ohio, and the US, the unemployment rates for males are greater than the unemployment rates for females (Table 29).

Table 29: Unemployment Rate, Clark County, Ohio, US. American Community Survey 5-year Estimates, 2013-2017

		Unemployment Rate	
Clark County	Overall		7.7%
	Male		7.3%
	Female		6.8%
Ohio	Overall		6.5%
	Male		6.2%
	Female		5.6%
US	Overall		6.6%
	Male		6.2%
	Female		6.0%

Clark County Combined Health District

Income

The median household income for Clark County residents (\$46,275) is less than that of Ohio (\$52,407) and the US (\$57,652) (Table 30). Similarly, the mean household income for Clark County residents (\$61,195) is less than the mean household income for Ohio (\$71,119) and the US (\$81,283) (Table 30). Income in Clark County is skewed, meaning the mean household income is higher than the median. This indicates that the median is a better representation of the population than the mean.

Table 30: Median Household Income for Clark County, Ohio, and US, American Community Survey 5-year Estimates, 2013-2017

	Clark County	Ohio	US
Median Household income	\$46,275	\$52,407	\$57,652
Mean Household income	\$61,195	\$71,119	\$81,283

In Clark County, 15.7% of the population was living in poverty (U.S. Census Bureau, Small Area Income and Poverty Estimates, 2015). Over 12% of all families in Clark County had income below the poverty level (Table 31). High-risk children with higher levels of poverty may reside in the city of Springfield, where 47.6%-63.5% of families are living below the poverty level (Figure 54). There are also pockets of high-risk families in other parts of Springfield, Park Layne, and northern New Carlisle, where 8.3%-36.6% of families are living below the poverty level (Figure 54).

Between 2015 and 2018, the percent of Clark County's population receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) decreased (Figure 55). The percent of the population receiving SNAP benefits is greatest within the City of Springfield (Figure 56).

During the 2016-2017 school year, 47% of students in Clark County were eligible for free or reduced-price meals, compared to 39% at the state level (Figure 57).

Table 31: Percent of Families with Income Below Poverty Level, Clark County, Ohio, US, American Community Survey 5-year Estimates, 2013-2017

	Clark County	Ohio	US
All Families	12.1%	10.8%	10.5%
With related children of the householder under 18 years	21.2%	18.2%	16.7%
With related children of the householder under 5 years	23.1%	20.6%	16.2%
Married Couple Families	5.0%	4.3%	5.3%
With related children of the householder under 18 years	7.9%	6.3%	7.5%
With related children of the householder under 5 years	3.3%	5.5%	5.9%
Single Mother Household	31.7%	32.3%	28.8%
With related children of the householder under 18 years	40.0%	43.0%	38.7%
With related children of the householder under 5 years	43.8%	51.9%	43.7%

Clark County Combined Health District

S1702

POVERTY STATUS IN THE PAST 12 MONTHS OF FAMILIES
2013-2017 American Community Survey 5-Year Estimates

Thematic Map of All families - Percent below poverty level; Estimate; With related children of householder under 18 years
Geography by: Census Tract

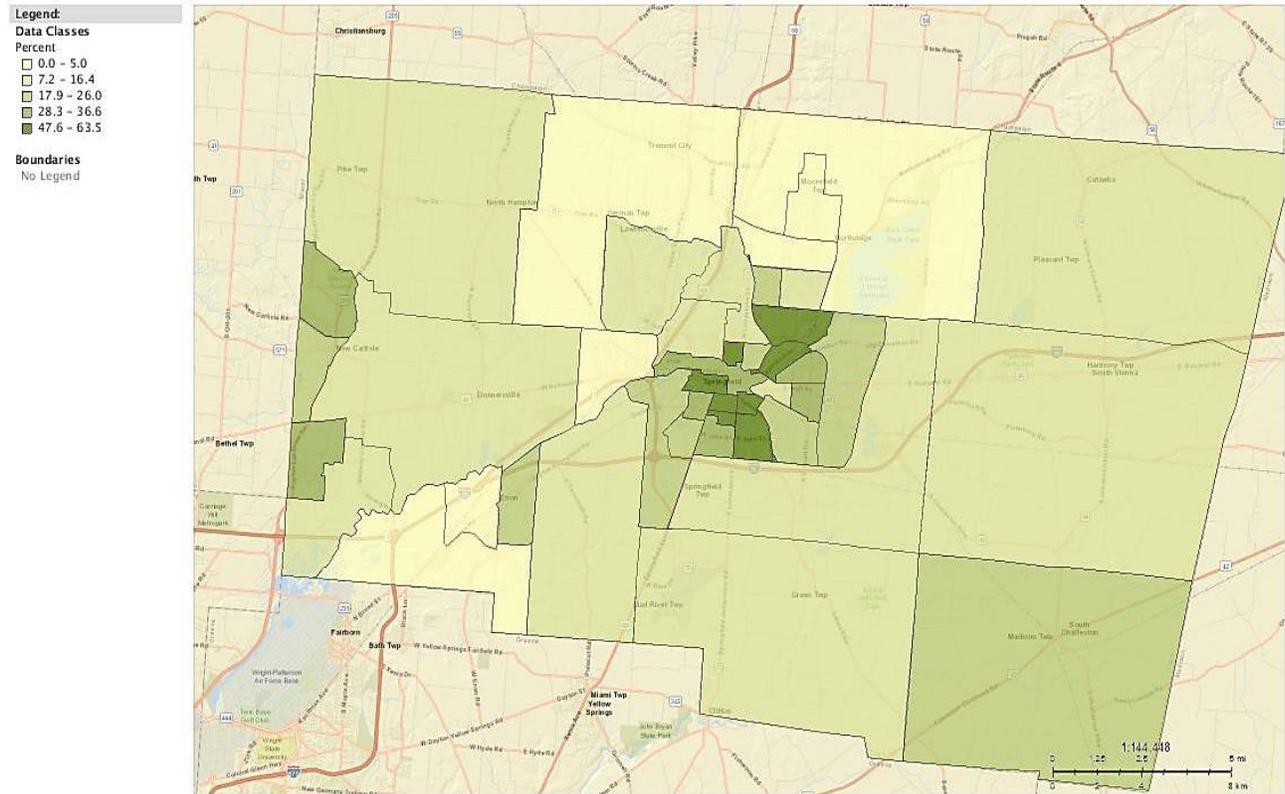


Figure 54: Families (with related children of householder under 18 years) below poverty level, Clark County, Ohio, 2013-2017 American Community Survey 5-year Estimates.

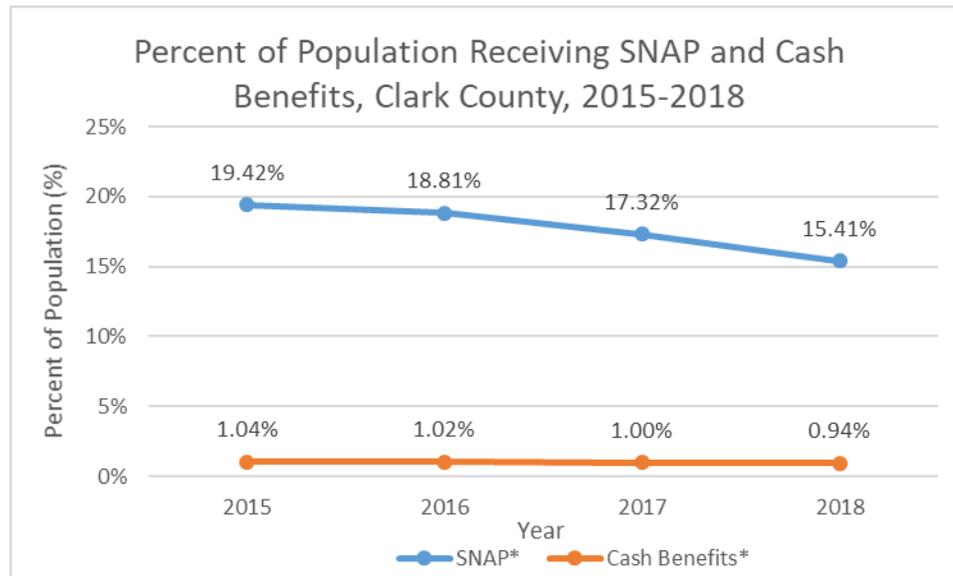


Figure 55: Percent of population receiving SNAP and Cash Benefits, Clark County, 2015-2018. Clark County Job and Family Services. *Individuals receiving this benefit could be under the age of 18.

Clark County Combined Health District

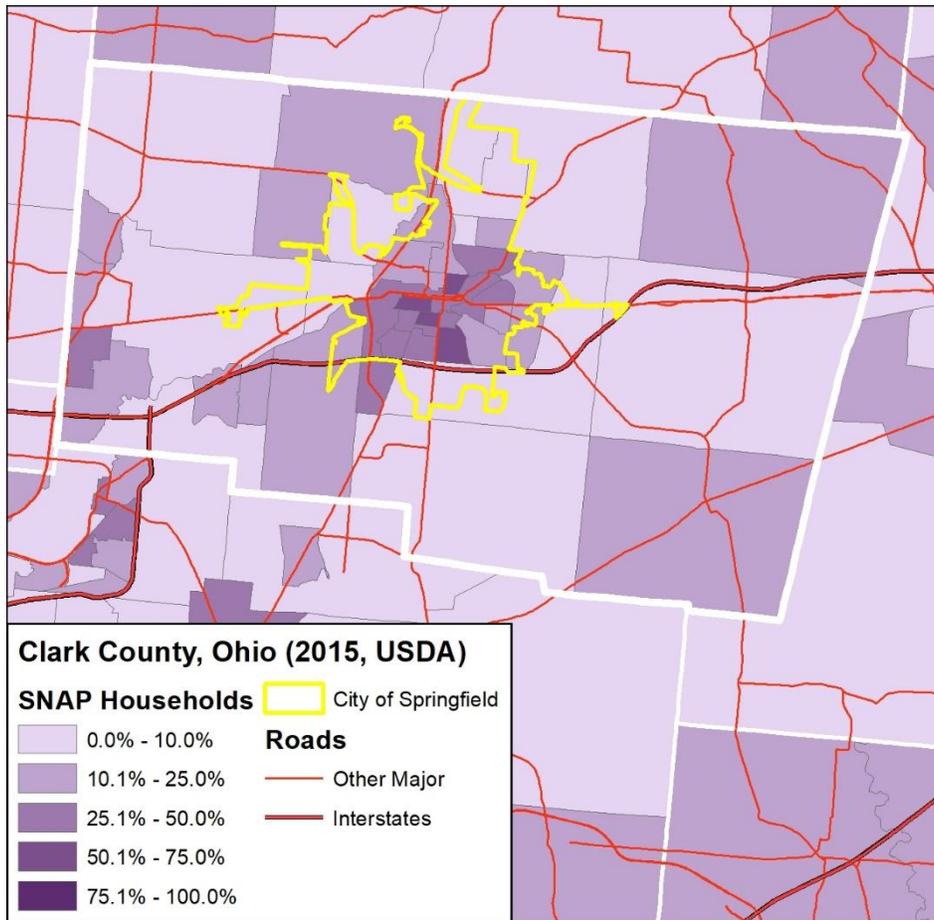


Figure 56: Percent of population receiving SNAP benefits by census tract, Clark County, 2015.

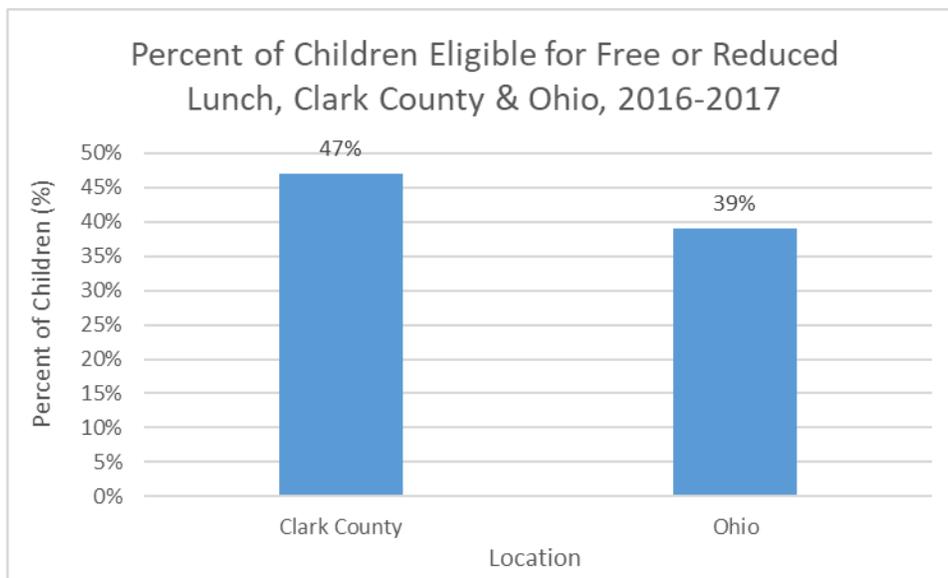


Figure 57: Percent of Children enrolled in public schools that are eligible for free or reduced-price lunch, Clark County, Ohio, 2016-2017, Ohio Department of Education.

Clark County Combined Health District

Family and Social Support

The percent of children in Clark County that live in a household headed by a single parent (43%) is higher than the percent of children in single-parent households in Ohio (36%) (Table 32). In Clark County, the percent of child support collected increased from 2014-2016, then decreased from 2016-2018 (Figure 58).

Of all types of abuse, children in Clark County more often experience physical abuse, followed by neglect (Figure 59).

Table 32: Percent of Children That Live in a Household Headed by a Single Parent, Clark County, Ohio, 2013-2017. American Community Survey 5-Year Estimates

Percent of Children in Single-Parent Households	
Clark County	43%
Ohio	36%

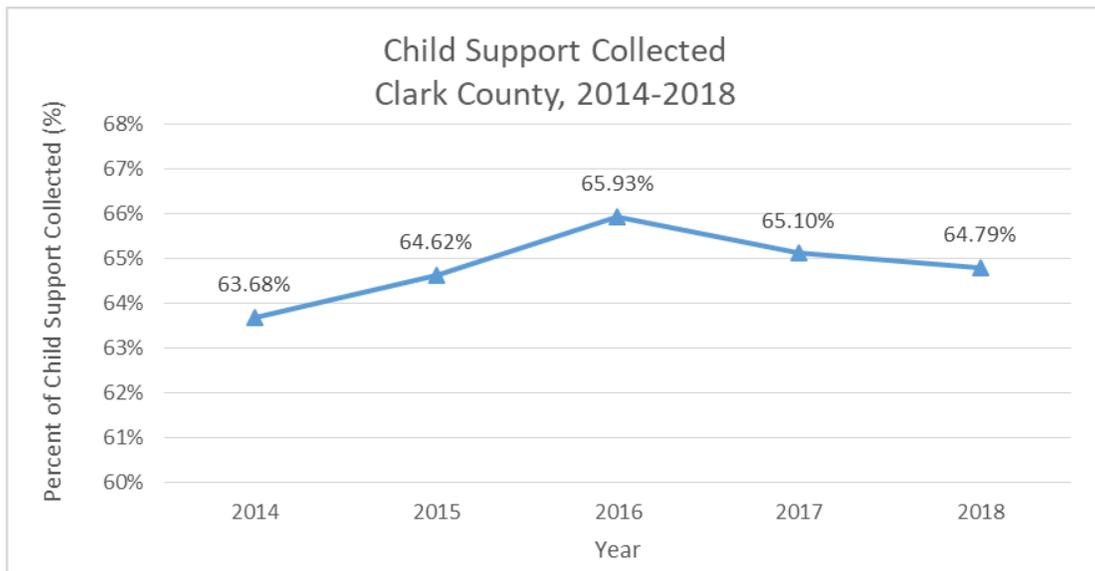


Figure 58: Percent of child support collected, 2014-2018, Clark County Job and Family Services

Clark County Combined Health District

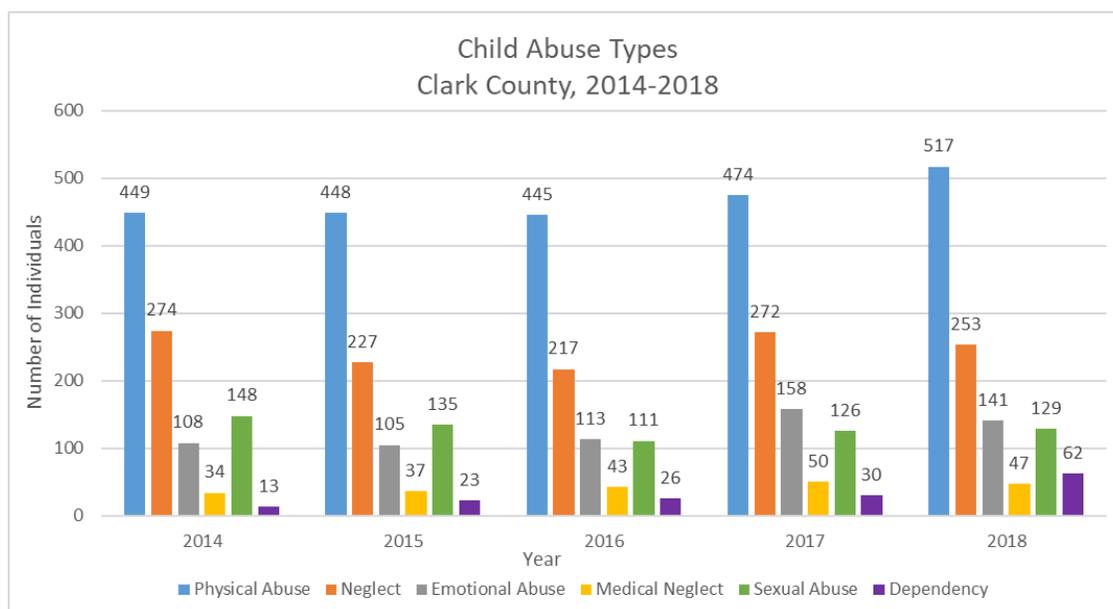


Figure 59: Number of individuals screened through Clark County Job and Family Services by Abuse Type, 2014-2018. Clark County Job and Family Services. NOTE: Children can be screened with multiple abuse types, therefore duplication may occur across abuse types.

Dependency is defined as any child: A) Who is homeless or destitute or without adequate parental care, through no fault of the child's parents, guardian, or custodian; B) Who lacks adequate parental care by reason of the mental or physical condition of the child's parents, guardian, or custodian; C) Whose condition or environment is such as to warrant the state, in the interests of the child, in assuming the child's guardianship; D) To whom both of the following apply: 1) The child is residing in a household in which a parent, guardian, custodian, or other member of the household committed an act that was the basis for an adjudication that a sibling of the child or any other child who resides in the household is an abused, neglected, or dependent child, 2) Because of the circumstances surrounding the abuse, neglect, or dependency of the sibling or other child and the other conditions in the household of the child, the child is in danger of being abused or neglected by that parent, guardian, custodian, or member of the household.

Domestic violence

The total number of domestic violence reports in Clark County have increased from 2014-2018 (Figure 60). For total number of domestic violence fatalities and a detailed summary of outcomes by year and relationships of persons involved, please see Appendix C.

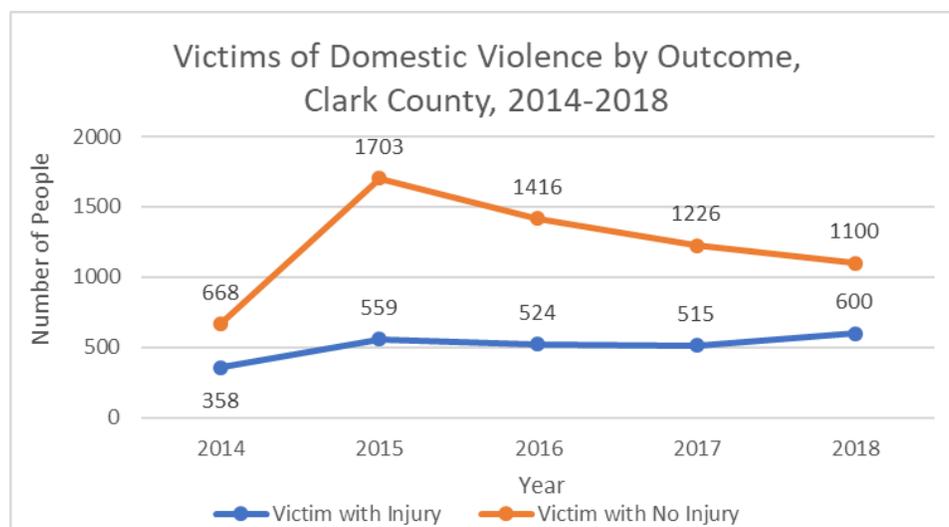


Figure 60: Victims of Domestic Violence by Outcome, Clark County, 2014-2018, Ohio Attorney General Domestic Violence Reports, 2014-2018

Clark County Combined Health District

Marital status and household type

Nearly half of Clark County residents are married (48.3%), 29% have never married, and 13% are divorced (Figure 61). Households in Clark County are 45.7% married couples with family, 28.3% Individuals living alone, and 14.1% single female parents (Figure 62). There are more single female parents in Clark County than single male parents (Figure 62).

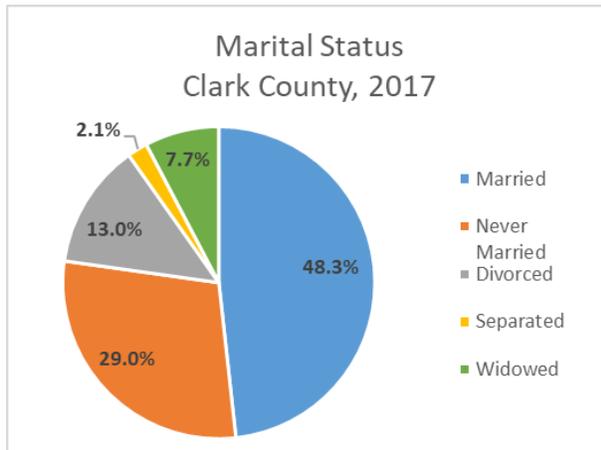


Figure 61: Marital Status, Clark County, 2017, American Community Survey 1-year Estimate.

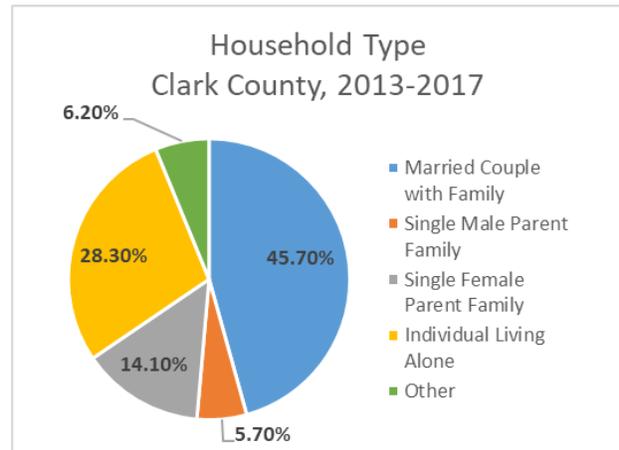


Figure 62: Household type, Clark County, 2013-2017, American Community Survey 5-year Estimates

Community Safety

Violent crimes are defined as offenses that involve face-to-face confrontation between a victim and a perpetrator, including homicide, rape, robbery, and aggravated assault. The violent crime rate for Clark County is greater than the violent crime rate for Ohio (Table 33) (Figure 63). Springfield City's violent crime rate is consistently higher than the rates for Clark County, Ohio, and the US (Figure 63).

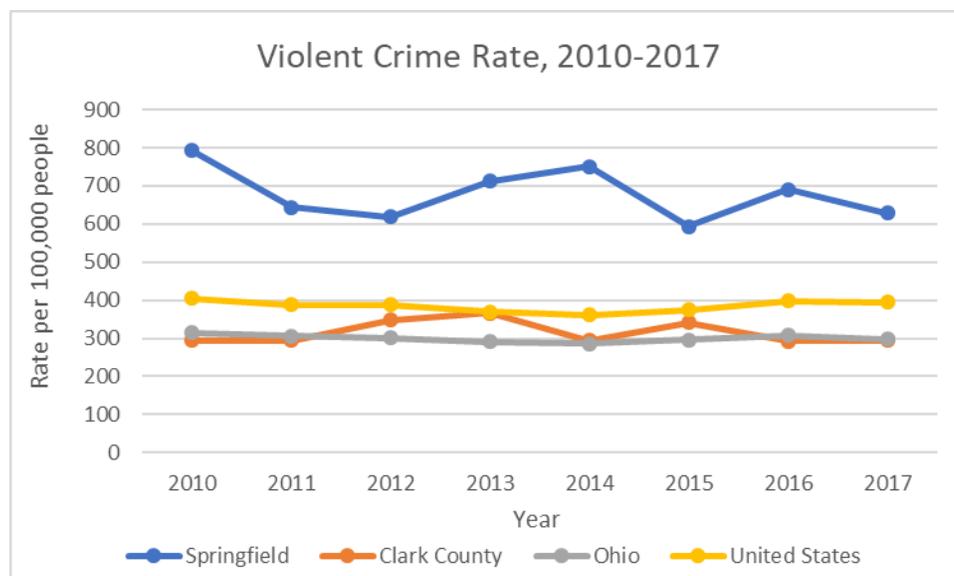


Figure 63: Violent Crime Rate, Springfield, Clark County, Ohio, and US, 2010-2017, Engage Springfield, 2019.

Clark County Combined Health District

Table 33: Number of Reported Violent Crime Offenses per 100,000 Population.
Robert Wood Johnson Foundation County Health Rankings 2019

Violent Crime Rate	
Clark County	368
Ohio	293

Food Insecurity

The percent of the population in Clark County who have low income and do not live close to a grocery store is 11% (Figure 64). This is higher than the percent of Ohio's population with low income and low access (7%). Clark County residents with low income and low access to food are located centrally within the City of Springfield and the southwest corner of the county (Figure 65). Similarly, Clark County's Food Environment Index is higher than Ohio's Food Environment Index (Figure 66).

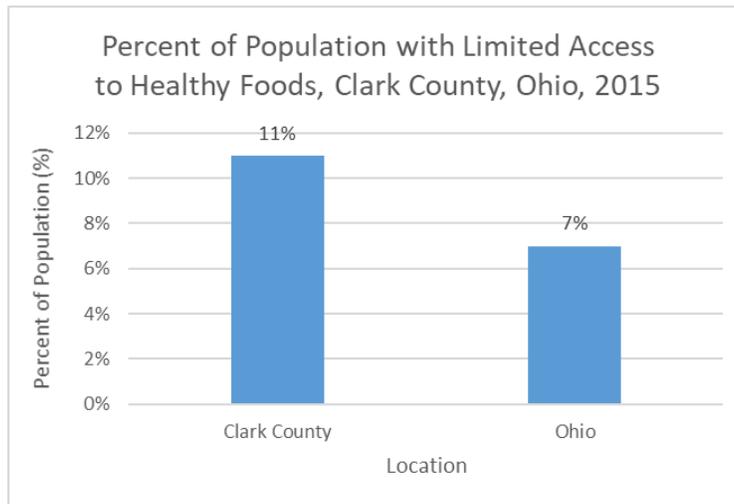


Figure 64: Percent of population who are low-income and do not live close to a grocery store, Clark County, Ohio, United States Department of Agriculture (USDA) Food Environment Atlas, 2015.

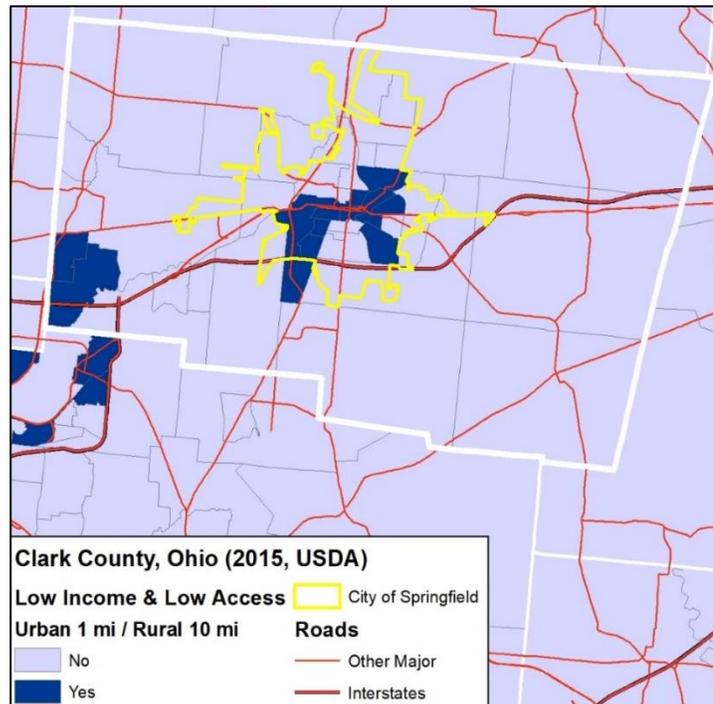


Figure 65: Clark County population with low income and low food access, 2015.

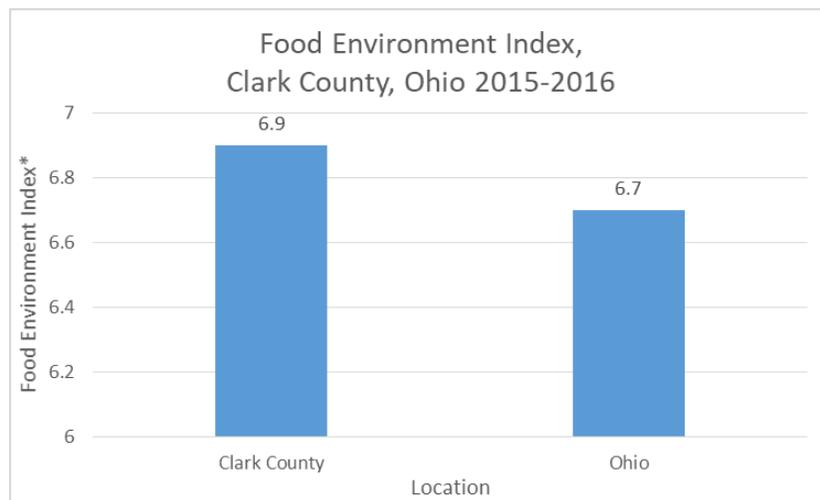


Figure 66: Food Environment Index, Clark County, Ohio, 2015-2016, USDA Food Environment Atlas. Food Environment Index is an index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best).

Food Access and Availability

In June 2019, the CCCHD conducted a windshield survey to assess food insecurity and identify food deserts in Clark County. CCCHD visited 33 local stores, ranging from full service grocery stores to small community- or commercial-owned corner stores and discount stores, and noted the presence or absence of ADA accessibility and accessibility on foot; whether the store accepted the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), SNAP, or Electronic Benefits Transfer (EBT); availability of fruits and vegetables (fresh, canned, or frozen); and pricing. Stores with limited accessibility/availability in each category were specified and are included in the totals presented in parentheses (Table 34).

The stores surveyed were categorized into five groups: 1) North Side of Springfield, 2) South Side of Springfield, 3) Enon, 4) Rural Springfield, and 5) New Carlisle. Results of this windshield survey indicated that full-service grocery stores with adequately priced produce were located in neighborhoods with a higher median income. While there was a limited selection of canned or frozen vegetables at convenience stores that accept EBT or WIC, these products were often at least double the price of the same products at the grocery stores. The South Side of Springfield had the fewest stores with fresh produce, processed produce, food assistance, wheelchair accessibility, and pedestrian accessibility (Table 34). The North Side of Springfield and New Carlisle have high accessibility and food availability (Table 34).

Clark County Combined Health District

Table 34: Store Accessibility and Food Availability, Food Insecurity Windshield Survey, Clark County Combined Health District, 2019. Percentages in parentheses include stores with limited accessibility/availability.

Location	Fresh Produce	Processed Produce	Food Assistance	Wheelchair Accessibility	Accessibility for Pedestrians
North Side of Springfield	58.3%	58.3% (91.7%)	83.3%	41.6%	41.6% (58.3%)
South Side of Springfield	15.4% (23.1%)	23.0% (61.5%)	69.2%	0.0%	46.2%
Enon	50.0%	50.0% (100.0%)	100.0%	50.0%	0.0% (50.0%)
Rural Springfield	50.0%	100.0%	100.0%	0.0%	0.0% (50.0%)
New Carlisle	75.0%	50.0% (100.0%)	100.0%	25.0%	75.0%

Physical Environment

Air and Water Quality

According to the US Environmental Protection Agency (USEPA), Clark County has consistently had fewer good air quality days than other counties in the state of Ohio (Figure 67). The average daily density of air pollutants in Clark County is 11.6, compared to 11.5 for the state (Table 35).

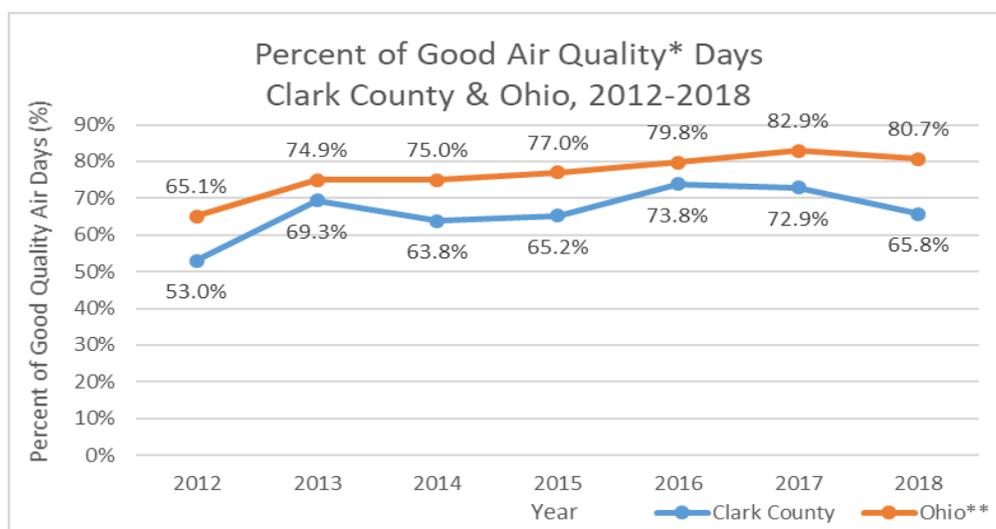


Figure 67: Percent of good air quality days, Clark County, Ohio, 2012-2018, US Environmental Protection Agency (EPA) Air Quality Statistics. *Air Quality takes into account multiple types of pollutants, Carbon Monoxide (CO), Lead (Pb), Nitrogen Dioxide (NO₂), Ozone (O₃), Particle Pollution (PM; PM 2.5, PM10) and Sulfur Dioxide (SO₂). **Ohio was calculated based on the averages of all of the counties that took an AQI Measurement

Table 35: Average Daily Density of Fine Particulate Matter in Micrograms per Cubic Meter (PM_{2.5}), Clark County, Ohio, 2014, CDC's National Environmental Public Health Tracking Network

Air Pollution - Particulate Matter	
Clark County	11.6
Ohio	11.5

Housing

The percent of households that spend 50% or more of their household income on housing in Clark County is 14%, which is less than that of Ohio (15%) (Table 36). Similarly, the percent of households in Clark County that experience at least one housing problem, such as overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities, is slightly less than the state of Ohio (Table 36).

Table 36: Severe Housing Problems and Cost Burden, Clark County, Ohio. Severe Housing Problems: Percentage of households that spend 50% or more of their household income on housing, American Community Survey 5-year Estimates, 2013-2017. Severe Housing Cost Burden: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities, U.S. Department of Housing and Urban Development (HUD) Comprehensive Housing Affordability Strategy (CHAS) data, 2011-2015

	Severe Housing Problems	Severe Housing Cost Burden
Clark County	14%	12%
Ohio	15%	13%

Choice Neighborhood Survey

The Choice Neighborhood Survey, conducted by Springfield Promise Neighborhood in 2019, was conducted at two large-scale community gatherings, for which the public was invited and over 130 community members attended. The survey was also offered at three other smaller events. The Choice Neighborhood is located on the south side of the City of Springfield (Figure 68).

Of the Choice Neighborhood residents surveyed, 35% have lived in their current residence for 1-4 years and 31% have lived there for less than one year (Figure 69). Forty-nine percent of residents reported planning to live in their current neighborhood for as long as they can (Figure 70).

The majority of residents in the Choice Neighborhood report renting their home (83%), whereas 51.6% of homes in Springfield and 34.4% of homes in Clark County are renter-occupied, according to the 2013-2017 American Community Survey 5-year estimates (Figure 71). Residents of the Choice Neighborhood reported the largest barriers to homeownership were credit issues (45%), safety or upkeep concerns (39%), and fixed income (31%) (Figure 72).

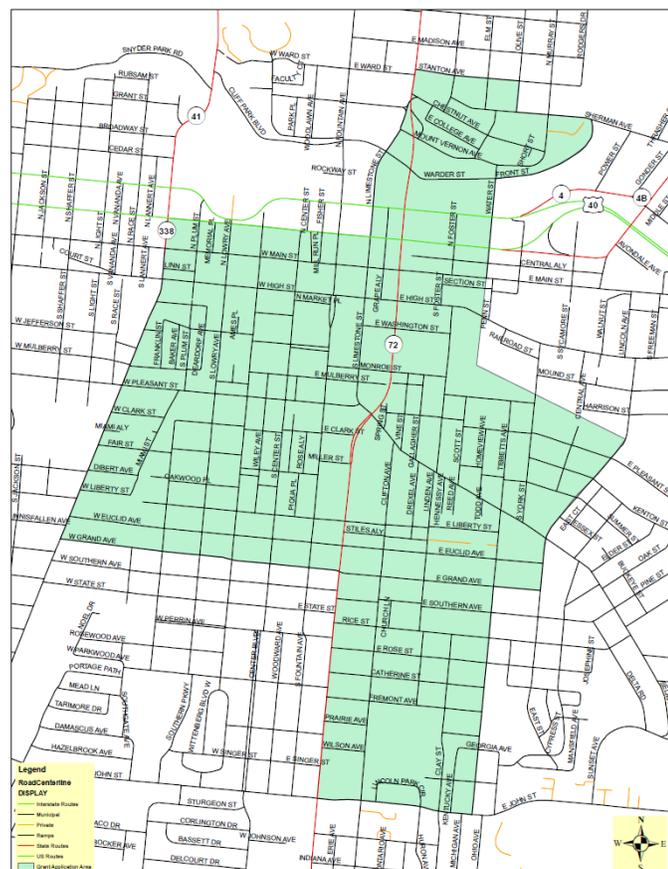


Figure 68: Choice neighborhood target area

Clark County Combined Health District

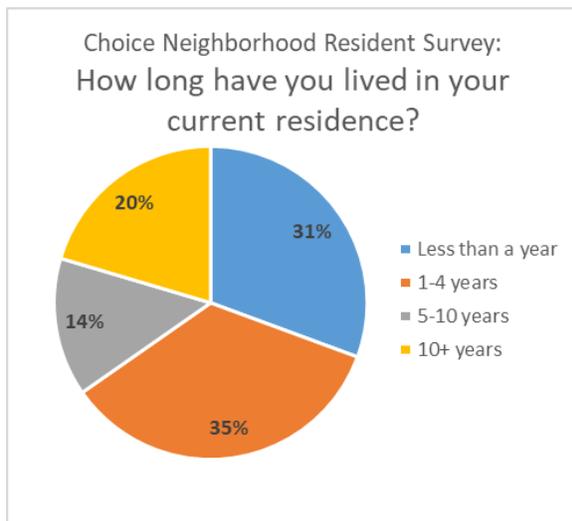


Figure 69: Choice neighborhood resident survey; How long have you lived in your current residence?

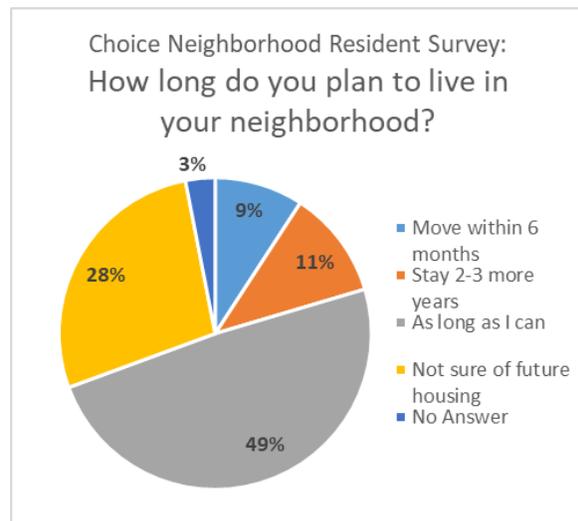


Figure 70: Choice neighborhood resident survey; How long do you plan to live in your neighborhood?

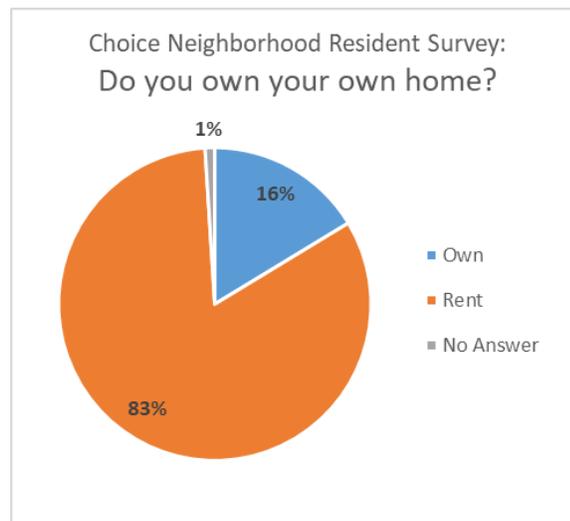


Figure 71: Choice neighborhood resident survey; Do you own your own home?

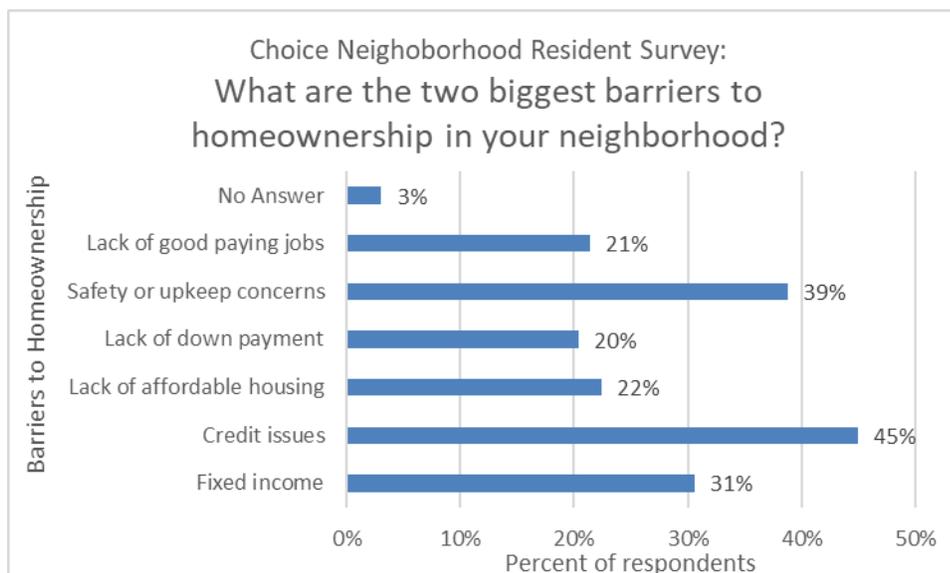


Figure 72: Choice neighborhood resident survey; What are the two biggest barriers to homeownership in your neighborhood? NOTE: Respondents selected more than one answer for this question and therefore the total does not add up to 100%.

Transportation

On average, Clark County Public Transit transports 7.8 passengers per trip. This average fluctuates between 7.2 and 8.3 throughout the year, with highest volume occurring during the months of February, May, and September (Figure 73).

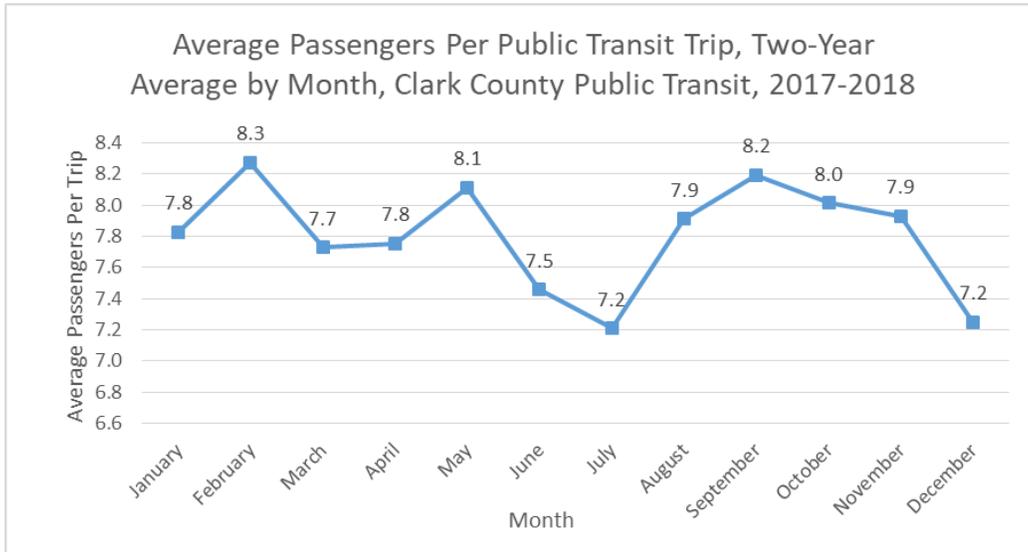


Figure 73: Average passengers per trip, Two-year average by month, Clark County-Springfield Transportation Coordinating Committee, 2017-2018.

Upon discharge from the hospital after a live birth, the Springfield Regional Medical Center in Clark County provides car seats to families who do not have one. Over the last three years, the percent of live births that was given car seats has decreased (Figure 74).

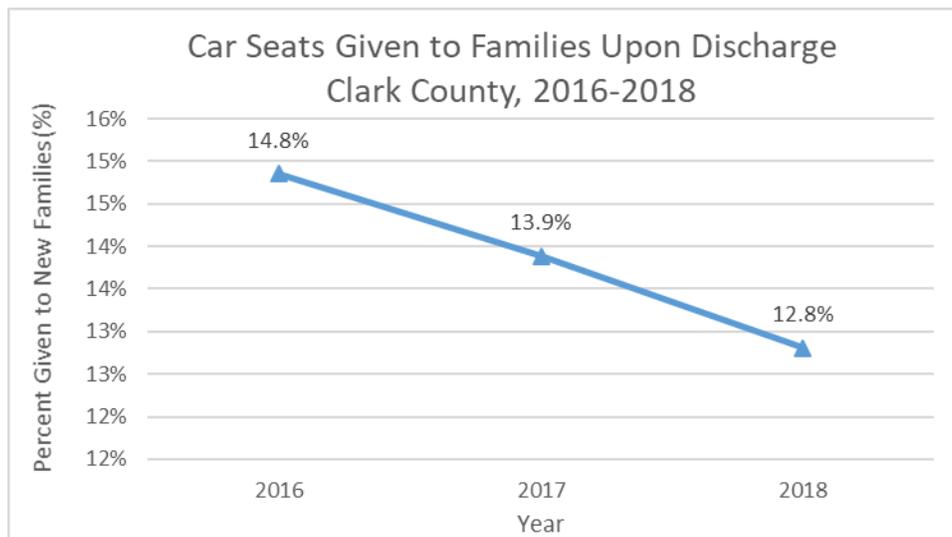


Figure 74: Percent of car seats given to families upon discharge from hospital after birth, Clark County, Springfield Regional Medical Center, 2016-2018

Clark County Combined Health District

Other Environmental Factors

Blood Lead Level

Blood lead levels (BLL) in Clark County children have increased from 2015-2017, peaking in 2016 (Figure 75). This trend is mirrored in the 0-5 years age group (Figure 75). BLL in Clark County children ages 0-5 years is greater than BLL incidence in Ohio (Figure 76). There are eight zip codes within Clark County at risk for elevated blood lead levels (Table 37).

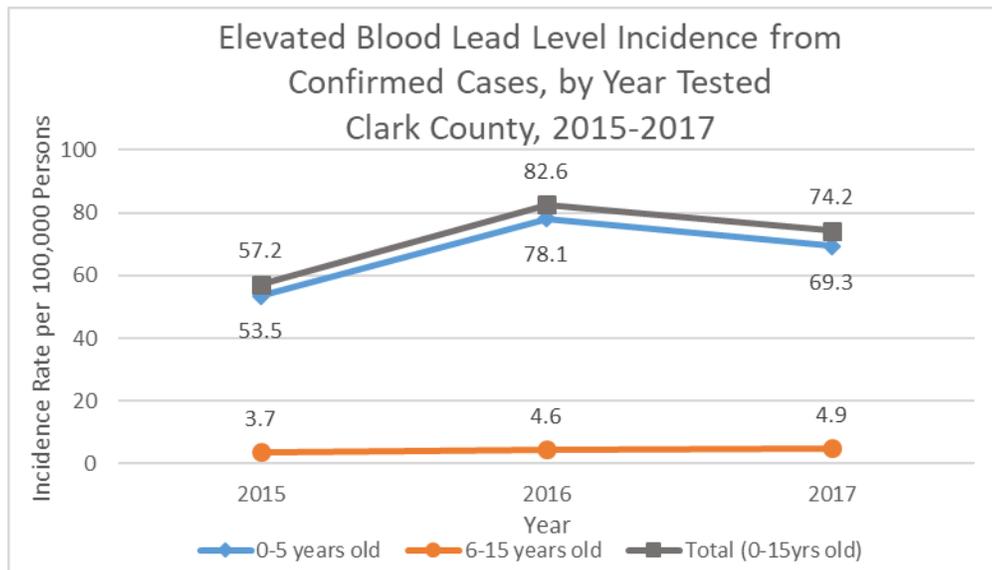


Figure 75: Elevated blood lead level incidence from confirmed cases by year tested, highest BLL test, Clark County, 2015-2017. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or

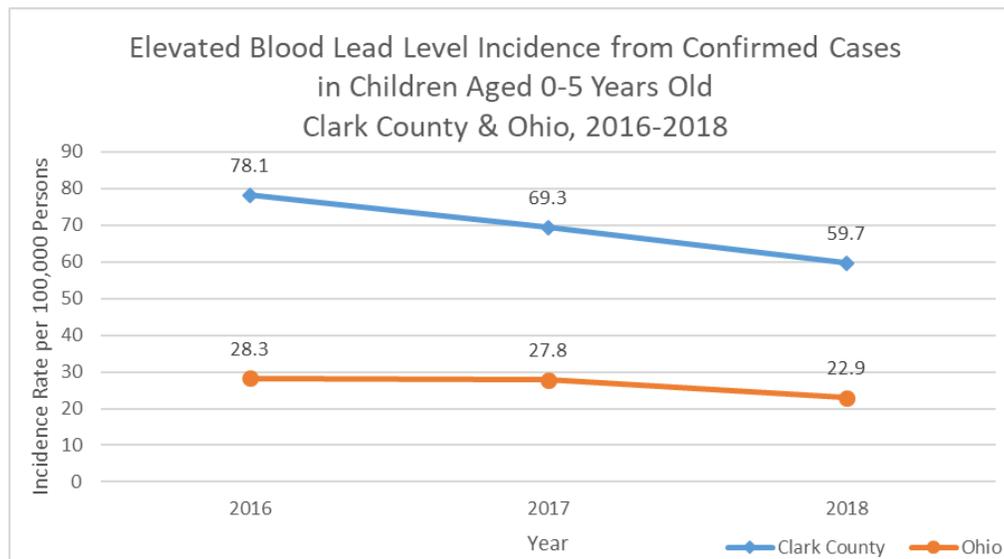


Figure 76: Elevated blood lead level incidence from confirmed cases in children aged 0-5 years old, Clark County, Ohio, 2016-2018. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Clark County Combined Health District

Table 37: Clark County Zip Codes at Risk for Elevated Blood Lead Levels, 2015-2017. Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Zip Codes at Risk for Elevated Blood Lead Level

- 45324
- 45387
- 45501
- 45502
- 45503
- 45504
- 45505
- 45506

Public Recreational Land Use

Figure 77 depicts recreation parks land in Clark County.

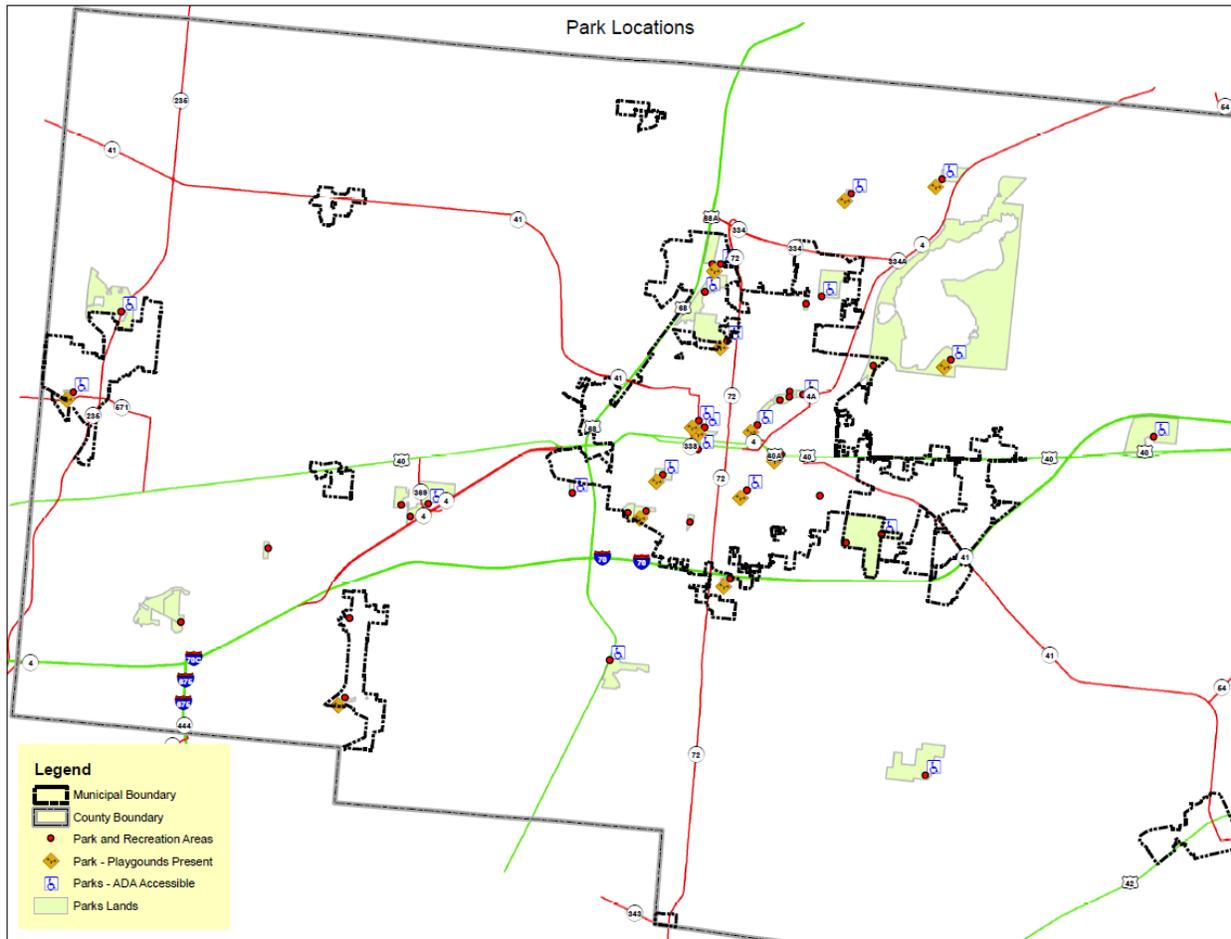


Figure 77: Park Lands, Clark County, Clark County Auditor's Office, 2019

Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is a survey that monitors health risk behaviors that contribute to the leading causes of death and disability among 9th-12th grade students. Topics include behaviors that contribute to unintentional injuries and violence, sexual behaviors, alcohol and drug use, tobacco use, unhealthy dietary behaviors, inadequate physical activity, and the prevalence of obesity and asthma.

This report describes county-wide results of the High School YRBS that was administered in September 2017 by the Clark County Combined Health District in collaboration with each individual school district and school to accomplish this goal. To view the full YRBS reports for high school and middle school, please visit <http://www.ccchd.com/ccchd/nhe/comhealthas.html>.

Table 38: Youth Risk Behavior Survey Results, Clark County, 2017

	Youth Risk Indicator	Percent of High School Students	Percent of Middle School Students
Driving Habits	Rarely or never wore a seatbelt when riding a car driven by someone else	7.7%	6.0%
	Rarely or never wore a seatbelt when driving	4.0%	-
	Texted or emailed while driving at least 1 day in the past 30 days	18.6%	-
	Drove a car after they had been drinking alcohol at least 1 day in the past 30 days	2.5%	-
	Rode in a car driven by someone who had been drinking alcohol, at least once in the past 30 days	18.3%	20.7%
Violence & Weapon Carrying	Involved in a physical fight at least once in the past 12 months	23.3%	5.1%
	Carried a weapon on school property at least 1 day in the past 30 days	3.3%	-
	Carried a weapon (gun, knife, club) at least 1 day in the past 30 days	17.3%	34.9%
	Did not go to school because they felt unsafe at least 1 day in the past 30 days	6.2%	-
Sexual Violence	Forced into having sexual intercourse	12.1%	-
	Forced by anyone into doing sexual things at least once in the past 12 months	10.4%	-
	Physically hurt by someone they were dating at least once in the past 12 months	6.5%	-
Bullying	Bullied on school property in the past 12 months	20.9%	44.9%
	Bullied for their weight, size, or physical appearance in the past 12 months	29.7%	-

Youth Risk Indicator		Percent of High School Students	Percent of Middle School Students
Depression & Suicide	Electronically bullied in the past 12 months	18.1%	24.0%
	Felt sad or hopeless for two weeks or more in a row in the past 12 months	34.2%	-
	Seriously considered attempting suicide in the past 12 months	22.0%	22.9%
	Attempted suicide at least once in the past 12 months	9.3%	7.0%
Tobacco	Tried smoking a cigarette	33.5%	13.1%
	Smoked cigarettes at least 1 day in the past 30 days	11.9%	2.9%
	Smoked more than 10 cigarettes per day in the past 30 days	1.3%	-
	Tried an electronic vapor product	42.8%	17.5%
	Smoked an electronic vapor product at least once in the past 30 days	21.2%	5.3%
	Got their cigarettes from a convenience store, gas station, or grocery store in the past 30 days	2.8%	-
	Usually got their cigarettes from a person 18 years or older in the past 30 days	-	0.3%
Alcohol	Had least one drink of alcohol 1 day or more in their life	49.7%	23.0%
	Had at least one drink of alcohol on at least 1 day in the past 30 days	25.7%	-
	Had 5 drinks or more in row in the past 30 days	10.6%	-
	Usually got their alcohol from someone else in the past 30 days	10.9%	-
Marijuana	Had used marijuana at least once in their life	34.8%	9.9%
	Used marijuana at least once in the past 30 days	21.5%	-
Drugs	Had been offered, sold, or given an illegal drug on school property	15.0%	-
	Used a needle to inject an illegal drug at least once	3.2%	-
	Have taken non-prescribed pain medication or misused it at least once in their life	13.2%	4.6%
	Have used heroin at least once in their life	3.5%	-
	Have used methamphetamines at least once in their life	4.0%	-
	Have sniffed glue, aerosols, paints to get high at least once in their life	9.3%	5.0%
	Have used ecstasy at least once in their life	5.4%	-
Sexual Behavior	Have had sexual intercourse	33.8%	7.2%
	Did not use a condom when they last had sex	18.1%	2.9%

	Youth Risk Indicator	Percent of High School Students	Percent of Middle School Students
	Did not use any method to prevent pregnancy when they last had sex	6.0%	-
	Had sexual contact with both males and females	4.6%	-
	Are non-heterosexual (LGBT)	12.4%	-
	Used alcohol or drugs the last time before sex	7.0%	-
	Texted, emailed, or posted a revealing or sexual photo of themselves in the past 30 days	16.2%	-
	Have never been taught at school where to find sexual health services, birth control or STD testing	21.5%	-
Miscellaneous	Have not been taught about HIV or AIDS in school	15.3%	47.4%
	At least sometimes went hungry because there wasn't enough food at home in the last 30 days	14.5%	-
	Get 4 hours or less of sleep on a school night	10.8%	5.7%

IDENTIFY STRATEGIC ISSUES

The fourth phase of the MAPP process is identifying strategic issues. During this process, the steering committee worked both as a group and independently to identify the most important health-related issues facing the Clark County community.

After reviewing the preliminary data collected during the four assessments, the members of the CHA Steering Committee were asked to write down the most important data points and issues that were brought to light through data review. These ideas were then group into categories based on the Robert Wood Johnson Foundation's County Health Rankings.

Draft Priorities

After this meeting, the CCCHD Team summarized the results of the brainstorming session into a one-page description of priority topics, priority outcomes, and cross-cutting factors. During a second meeting, the CHA Steering committee reviewed and revised the priorities, creating a draft version of the Clark County Community Health Assessment Priorities (Figure 78).

Feedback

Feedback on the draft priorities was sought from the community. The draft priorities were shared through verbal presentation, electronically via survey, and remotely by feedback stations (See Appendix D for a listing of all locations). Feedback stations were opened at the CCCHD, Springfield Regional Medical Center, and Rocking Horse Community Health Center. At all encounters, respondents were asked, "How well do the Clark County Community Health Assessment Priorities represent what you feel are the main health-related concerns in the community?" as well as a series of optional demographic questions.

Feedback Results

The Steering Committee team received feedback from 102 community members. 71% of the individuals who responded were female and 22% belonged in the 45-54 age group (Appendix D). Of 102 responses, 52 (51%) individuals mentioned that they agreed with the findings of the community's top priorities. Sixteen (16%) individuals mentioned that mental health and substance abuse are of great concern for the community.

"I feel they are overlooking the main causes of chronic disease. #1 being healthy, unprocessed foods and modern nutrition counseling."

-Clark County Community Member

Social Determinants of Health were also mentioned by multiple individuals. Access to care and poverty were mentioned by 14 individuals who thought that there was a cause for concern throughout the county on this topic. Six individuals thought that housing and transportation needed

"I think at the heart of community issues is a type of poverty and hopeless thinking."

-Clark County Community Member

to be of greater concern in the CHA. Food and nutrition were mentioned by five individuals. Chronic disease was mentioned five times, sexual health was mentioned three times and the elderly and aging was also mentioned two times.

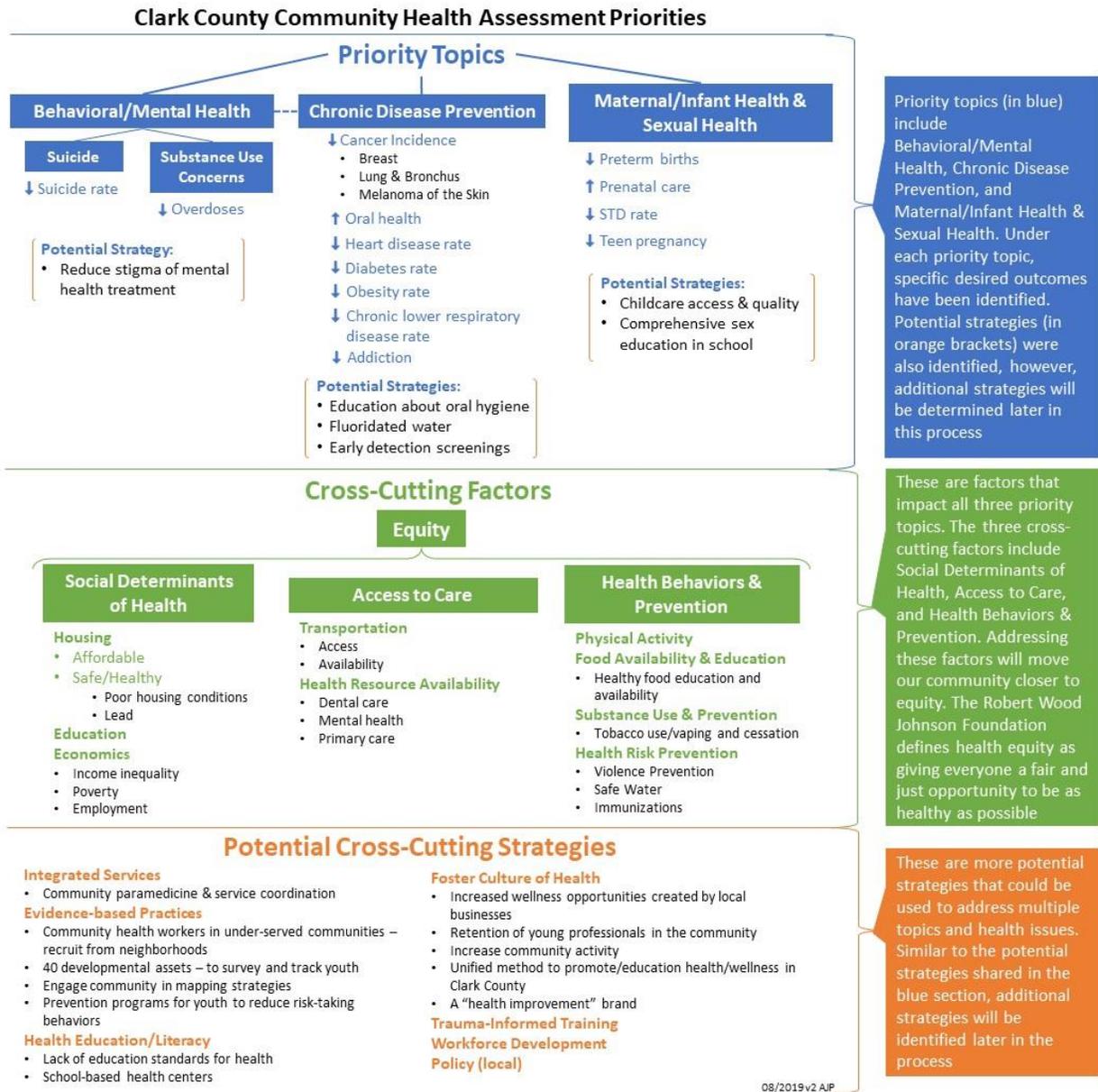
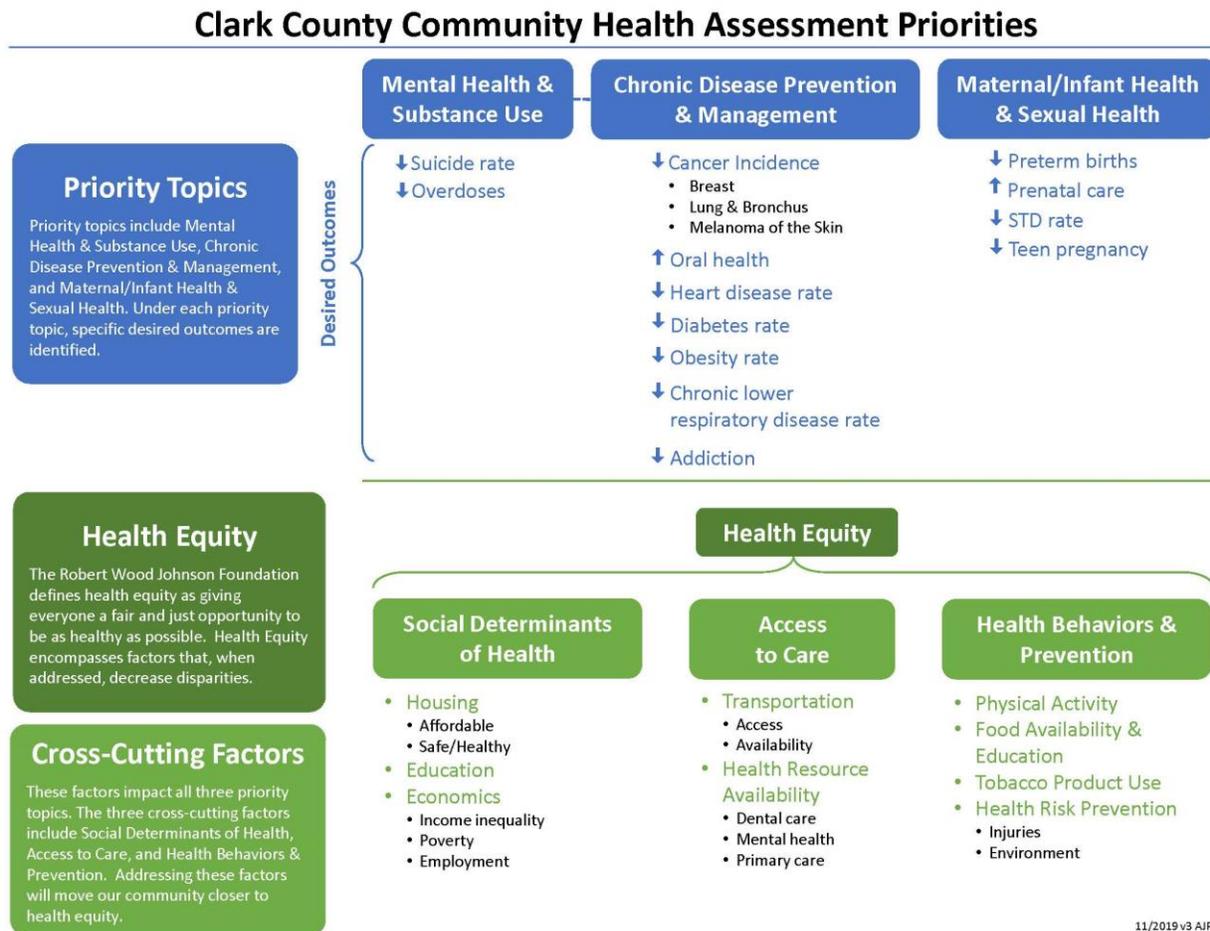


Figure 78: Draft Clark County Community Health Assessment Priorities

Revised Priorities

After reviewing feedback from members of the Clark County community, the Steering Committee made several changes to the Clark County Community Health Assessment Priorities (Figure 79). By removing the potential strategies and consolidating bullet points under cross-cutting factors, the Steering Committee created a simpler explanation of the CHA Priorities. Priority Topic titles were edited to better reflect the efforts that need to be made in order to improve the stated outcomes, which were explicitly labeled to dissolve confusion that was expressed during feedback sessions. Additionally, a greater emphasis was placed on Health Equity in the final version of the Priorities.



11/2019 v3 AJP

Figure 79: Revised Clark County Community Health Assessment Priorities

Next Steps

Using the results from the Community Health Assessment, the next steps in the MAPP process are:

- **Formulate Goals and Strategies (Phase 5):** During this phase, goals and strategies will be created for each of the priority areas identified in Phase 4, and
- **The Action Cycle (Phase 6):** This step includes planning, implementation, and evaluation of the strategies identified in the previous phase.

The Community Health Improvement Plan (CHIP) will be a separate report that addresses phases 5 and 6 by describing the strategic issues identified during the CHA process and presenting the implementation and evaluation plans for each priority topic.

REFERENCES

Centers for Disease Control and Prevention (CDC) Wonder. (2019). Multiple Cause of Death, 1999-2017 Request. <https://wonder.cdc.gov/mcd.html>

Centers for Disease Control and Prevention (CDC) National Center for Environmental Health, Environmental Health Tracking Branch. (2019). National Environmental Public Health Tracking Network. <https://ephtracking.cdc.gov/showHome.action>

Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. (2015). BRFSS Prevalence & Trends Data [online]. 2015. [accessed Nov 05, 2019]. URL: <https://www.cdc.gov/brfss/brfssprevalence/>.

Clark County Combined Health District. (2019). Clark County Drug Death Review.

Clark County-Springfield Transportation Coordinating Committee. (2019). Public Transit Data.

Engage Springfield, in Affiliation with Wittenberg University. (2019). Kindergarten Readiness. <https://engagespringfield.org/2019/06/11/kindergarten-readiness/>

Engage Springfield, in Affiliation with Wittenberg University. (2019). Violent Crimes. <https://engagespringfield.org/2019/06/27/violent-crimes/>

Health Resources and Services Administration (HRSA). (2018). HRSA Map Tool. <https://Data.HRSA.gov>

National Association of County and City Health Officials (NACCHO). Mobilizing for Action through Planning and Partnerships, Achieving Healthier Communities through MAPP: A User's Handbook.

National Center for Health Statistics. (2018). U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates File for {Jurisdiction}, 2010-2015]. National Center for Health Statistics. 2018. Available from: <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>.

Ohio Attorney General. (2018). Domestic Violence Reports, 2014-2018. <https://www.ohioattorneygeneral.gov/Files/Reports/Domestic-Violence-Reports>

Ohio Disease Reporting System (ODRS). (2019). Communicable Disease, Clark County, 2009-2019.

Ohio Department of Education (ODE). (2017). Data for Free and Reduced-Price Meal Eligibility, October 2016 (FY2017). <http://education.ohio.gov/Topics/Student-Supports/Food-and-Nutrition/Resources-and-Tools-for-Food-and-Nutrition/MR81-Data-for-Free-and-Reduced-Price-Meal-Eligibil>

Ohio Department of Education (ODE). (2019). ODE School Report Cards. <https://reportcard.education.ohio.gov/>

Ohio Department of Health (ODH). (2015). Third Grade Oral Health Screening Survey, 2013-2015: Findings for Ohio Counties. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/media/oral-health-status-of-3rd-grade-schoolchildren-in-ohio-findings-for-ohio-counties>

Ohio Department of Health (ODH). (2016). Ohio 2016 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2016-brfss-annual-report>

Clark County Community Health Assessment

Ohio Department of Health (ODH). (2018). 2017 Ohio Neonatal Abstinence Syndrome County Report. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/resources/NAS_Hospital_Reporting_in_Ohio

Ohio Department of Health (ODH). (2019.) ODH School Level Immunization Assessments, 2016-2018.

Ohio Department of Health (ODH). (2019). ODH Long-term Care Consumer Guide: Assisted Living, Nursing Homes. <https://ltc.age.ohio.gov/Default>

Ohio Department of Health (ODH) (2019). Ohio Public Health Information Warehouse - Secure: Birth Resident, Infant Mortality, Lead Data, Mortality, Ohio Cancer Incidence Surveillance System.

Ohio Development Services Agency (2019). Population Characteristics and Projections. https://www.development.ohio.gov/reports/reports_pop_proj_map.htm

Ohio State Highway Patrol Statistical Analysis Unit. (2019). Crashes Clark County.

Public Health Accreditation Board (PHAB). (2013). Public Health Accreditation Board: Standards and Measures, Version 1.5. http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

Robert Wood Johnson Foundation County Health Rankings (CHR). (2019). <https://www.countyhealthrankings.org/>

Springfield Promise Neighborhood. (2019). Choice Neighborhood Survey.

Springfield Regional Medical Center (SRMC). (2019). Asthma Data.

Springfield Regional Medical Center (SRMC). (2019). Mercy Medical Providers.

Springfield Regional Medical Center (SRMC). (2019). Car Seat Data.

U.S. Cancer Statistics Working Group. (2019). U.S. Cancer Statistics Data Visualizations Tool, based on November 2018 submission data (1999-2016): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz

U.S. Census Bureau. (2017). 2013-2017 American Community Survey 5-year Estimates. <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

U.S. Census Bureau. (2016). Small Area Health Insurance Estimates. <https://www.census.gov/content/dam/Census/library/visualizations/2016/demo/sahie-2016/web-map1-2016.pdf>

U.S. Department of Agriculture Economic Research Service. (2019). Food Environment Atlas, 2015. <https://www.ers.usda.gov/data-products/food-environment-atlas/>

U.S. Department of Housing and Urban Development (HUD). (2015). HUD Comprehensive Housing Affordability Strategy (CHAS) data, 2011-2015.

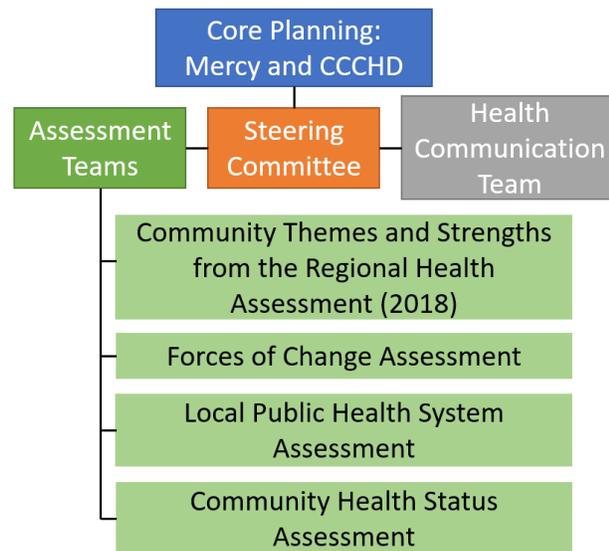
Developmental Disabilities of Clark County. (2019). Babies born drug exposed, 2014-2018.

Clark County Job and Family Services. (2019). Child Support, SNAP and Cash Benefits, Child Abuse Types, 2014-2018.

APPENDIX A: PARTNER AGENCIES INVITED TO PARTICIPATE

Steering Committee

CitiLookout
 City of Springfield
 Clark County Combined Health District
 Clark County Commissioners
 Clark County-Springfield Transportation Coordinating Committee
 Community Health Foundation
 Developmental Disabilities of Clark County
 Educational Service Center
 Mental Health & Recovery Board
 Mercy Health - Springfield
 New Carlisle Community Health Center
 Ohio Valley Surgical Center
 Rocking Horse Community Health Center
 Springfield Foundation
 Springfield Metropolitan Housing Association
 Wittenberg University



Assessment Teams

Community Themes and Strengths Assessment

Clark County Combined Health District
 Clark County Department of Job and Family Services
 Clark County Pharmacists Association
 Community Members At Large
 Episcopal Retirement Services Retirement Community
 Mental Health & Recovery Board
 Mercy Health - Springfield
 Mt. Zion Baptist Church
 New Carlisle Farmer's Market
 Ohio State University Extension
 Pregnancy Resource Clinic
 South Vienna Council
 Springfield City Youth Mission
 Springfield Soup Kitchen
 St. John Missionary Baptist Church
 United Senior Services

Forces of Change Assessment

Armology of Ohio
 City of New Carlisle
 Clark County Combined Health District
 Clark County Community Development
 Community Health Foundation
 Mercy Health - Springfield
 Springfield Foundation
 Springfield Promise Neighborhood
 United Way of Clark, Champaign, and Madison Counties

Clark County Community Health Assessment

Local Public Health System Assessment

Clark County Combined Health District
Clark County Department of Job and Family Services
Clark County Family & Children First Council
Clark County Emergency Management Agency
Clark County Solid Waste District
Community Health Foundation
Miami Valley Child Development Centers
Mental Health Services for Clark and Madison Counties
Mercy Health – Springfield
Springfield Fire and Rescue Department
Springfield Metropolitan Housing Authority
Rocking Horse Community Health Center
United Way of Clark, Champaign, and Madison Counties

Community Health Status Assessment

Clark County Auditor
Clark County Combined Health District
Community Health Foundation
Mental Health & Recovery Board
Mercy Health – Springfield
Rocking Horse Community Health Center
Wittenberg University

Health Communication Team

City of Springfield
Clark County Commissioners
Clark County Combined Health District
Mental Health & Recovery Board
Mercy Health – Springfield
Private Business

APPENDIX B: FORCES OF CHANGE ASSESSMENT RESULTS

Table 39: Forces of Change Affecting Health in Clark County, Ohio, and the Threats and Opportunities are Posed

Theme Area	Forces	Threats	Opportunities
Crime	Human trafficking	<ul style="list-style-type: none"> • Brings in bad business practices 	<ul style="list-style-type: none"> • Create awareness
	Identity theft, burglary, crime	-	-
	Prevalence of elderly abuse	-	-
Development/ Economy	Abundance of art/culture amenities	<ul style="list-style-type: none"> • No support from community 	<ul style="list-style-type: none"> • Teaches creativity
	BRAC - Impact on Wright-Patterson Air Force Base	<ul style="list-style-type: none"> • Loss of revenue dollars to community 	-
	Changing face of philanthropy	<ul style="list-style-type: none"> • not enough discretionary funding for programs - existing and new • not enough funding for government organizations • programs no longer exist 	<ul style="list-style-type: none"> • find alternate way to engage millennials • agencies may need to consolidate service • best practices can emerge
	DORA (Designated Outdoor Recreational Area)	-	-
	Downtown revitalization	<ul style="list-style-type: none"> • Gentrification • divert resources from other projects • perception of being focused downtown rather than neighborhoods 	<ul style="list-style-type: none"> • Attract millennials • gap financing • market (incubator) year-round • increase jobs • increase retail space
	Gas tax and tariffs	<ul style="list-style-type: none"> • Higher costs for travel to shop, recreational and work opportunities • Potentially could scare businesses away 	<ul style="list-style-type: none"> • Fix our roads • Uses revenues to fix infrastructure
Inconsistencies with EF Hutton being open or closed	<ul style="list-style-type: none"> • Uncertainty of building at 1 Main Street • Uncertainty of repayment of taxes and liens • Large empty building in downtown 	<ul style="list-style-type: none"> • Reutilize the building at 1 Main Street • Use for building found 	
Installation of new playground equipment	<ul style="list-style-type: none"> • Damage to equipment 	-	

Clark County Community Health Assessment

Theme Area	Forces	Threats	Opportunities
	Leadership change at Speedway	<ul style="list-style-type: none"> • Loss of consistency • Shift in thoughts of Clark County could affect entire business strategy 	<ul style="list-style-type: none"> • Fresh ideas • Create meaningful relationship with Speedway – reaffirm our commitment to them
	New Kroger development canceled	<ul style="list-style-type: none"> • perception of new business not coming to south area • media reports impact perception of cause of changes in business decisions • loss of revenue 	<ul style="list-style-type: none"> • increase hope in south side
	Opportunity zone/Community Reinvestment Act (CRA)	-	-
	Outdoor activities (Buck Creek State Park, bike trails, parks, etc.)	<ul style="list-style-type: none"> • Not enough support from community 	<ul style="list-style-type: none"> • Create tourism
	Technology		
	Upper Valley Mall	<ul style="list-style-type: none"> • Not enough support from community 	<ul style="list-style-type: none"> • Bring in different attractions • Could increase tourism in Clark Co
	Use of vape shops	<ul style="list-style-type: none"> • Getting young people hooked • What are the health issues in the future from vaping? 	<ul style="list-style-type: none"> • Educate
Education	Decline in Enrollment in 2 colleges (Blip or trend?)	<ul style="list-style-type: none"> • financial stability of institutions • less graduates • less educated workforce/uneducated workforce • less jobs for college workers • serious strain on finances at colleges 	<ul style="list-style-type: none"> • new programs to attract new students • investigate funding opportunities for students • evaluate available programming

Theme Area	Forces	Threats	Opportunities
	Decline in number of high school seniors	<ul style="list-style-type: none"> • Impact on workforce • impact on family structure • impacts enrollment • impacts workforce • redundant schools • underutilization of schools • less demand for teachers/others 	<ul style="list-style-type: none"> • better student/teacher ratios • better opportunity for student involvement in activities • awareness of issues
	Home Schooling	<ul style="list-style-type: none"> • devaluation of schools • losing income in schools 	<ul style="list-style-type: none"> • less crowded schools • change our teaching system
	Increase/growth: Secondary Education Options	<ul style="list-style-type: none"> • Division 	<ul style="list-style-type: none"> • Create options
	Inequality of funding schools and other agencies	<ul style="list-style-type: none"> • Segregation • Loss of students 	-
	No Child Left Behind Act	<ul style="list-style-type: none"> • increase anxiety in students early in life • remove incentive to learn • focus on teaching to the test • encourages passing students to the next grade without meeting standards • Separates students 	<ul style="list-style-type: none"> • fix broken policy • increase out of school opportunities • need for researching alternatives • Extra opportunity or chance
	School accountability	<ul style="list-style-type: none"> • Loss of educational funds 	-
	Undereducated adult population	<ul style="list-style-type: none"> • expanding companies go elsewhere • funding for civic activities decreases • funding for schools/government decreases • declining workforce • shortage of qualified workers 	<ul style="list-style-type: none"> • develop technical opportunities • creates opportunity to educate effectively
Employment	Declining number of people in trades	<ul style="list-style-type: none"> • Low workforce • New companies not wanting to come to area • Decreased workforce 	<ul style="list-style-type: none"> • Create more training opportunities • Can increase the focus on offering trades in schools

Clark County Community Health Assessment

Theme Area	Forces	Threats	Opportunities
	Income/Wage Cliff	<ul style="list-style-type: none"> • Not competitive • More workers traveling to work out of area • No incentive to get off government assistance program 	<ul style="list-style-type: none"> • Address this at the state level
	Low unemployment rate	<ul style="list-style-type: none"> • Difficult to attract businesses when no employees • difficult for existing workers • low unemployment due to low income 	<ul style="list-style-type: none"> • Spurs economic growth
	Need for agricultural workforce	-	-
	Need for higher wages/Economic development (ex. Topre)	<ul style="list-style-type: none"> • Companies closing 	<ul style="list-style-type: none"> • New companies coming into the area
	Uneducated workforce	<ul style="list-style-type: none"> • Lack of workforce • lack of qualified employees • low wages • businesses will locate in other communities • new businesses not attracted to Springfield 	<ul style="list-style-type: none"> • create certificate programs
	Climate change and weather disasters	-	-
Environment/ Infrastructure	Limited public transportations	<ul style="list-style-type: none"> • Costs • No opportunity for people to take public transportation to work 	<ul style="list-style-type: none"> • Travel opportunities for work, play
	Proximity to I-70	-	<ul style="list-style-type: none"> • Huge economic impact it has on Clark County
	Surplus of water	-	-
	Tremont City barrel fill	<ul style="list-style-type: none"> • Water contamination 	<ul style="list-style-type: none"> • Focus at national level to increase awareness of this site
Family/Youth	Higher awareness of profiling/bullying, etc.	-	<ul style="list-style-type: none"> • Accountability efforts made for the bully and family • Create more programs that work • Effectively address these issues

Theme Area	Forces	Threats	Opportunities
	Need for summer programs and after school programs	<ul style="list-style-type: none"> vulnerable population seek unsafe and unhealthy alternatives 	<ul style="list-style-type: none"> increase access to programming protection of children nutrition health creates opportunity for school-aged children to increase learning potential through these programs
	Out of home placements for children	<ul style="list-style-type: none"> trauma for children lack of stability children get lost in the system 	<ul style="list-style-type: none"> outreach to adults seeking to help & support children adoption
	Unauthorized home daycares; childcare facilities needing star ratings	<ul style="list-style-type: none"> Safety of children loss of affordable childcare options 	<ul style="list-style-type: none"> Provide good clean safe day care enforce listening create monitoring jobs
Food Security	Food Bank changes	<ul style="list-style-type: none"> funding/sources to expand need food bank closes 	<ul style="list-style-type: none"> satellite neighborhood pantries chance for collaboration
	Food deserts	<ul style="list-style-type: none"> higher cost of less nutritious food increase chronic diseases increase processed food vs fresh hunger 	<ul style="list-style-type: none"> continuation of food bank local farmers market SNAP Education community gardens
Healthcare	Access to health care and cost of health care	<ul style="list-style-type: none"> unhealthy population chronic disease and illness increasing costs make seeking care unfeasible in some instance 	<ul style="list-style-type: none"> open more health centers healthier community
	Chronic diseases and increase in diabetes and obesity rate	<ul style="list-style-type: none"> Higher cost of healthcare increase mortality increase comorbidities increase other needs related to food insecurity 	<ul style="list-style-type: none"> Education Programming Awareness farmers market access to medical supplies access to prescription foods

Theme Area	Forces	Threats	Opportunities
	Insurance costs	<ul style="list-style-type: none"> • People not going to purchase insurance • Tax payers continue to pay more • People refuse to work so as not to lose Medicaid 	-
	Liability lawsuits	-	-
	Opening of two new hospitals	<ul style="list-style-type: none"> • If not aware of payer source, it leaves the burden to Mercy* • Physician recruitment increasingly difficult • not enough volume for both • threatens the health status of community 	<ul style="list-style-type: none"> • Consolidation • choices in health care • costs may go down? • creates healthy market competition • creates an incentive to offer a better healthcare solution to patients
	Shortage of Physicians and need for oral health	<ul style="list-style-type: none"> • unhealthy population • poor oral health leads to other problems • using ER and urgent care for primary health care • decrease in public health • increase in costs- higher demand 	<ul style="list-style-type: none"> • provide more access to patients • provide loan forgiveness to providers • healthier community • increase awareness
	Telehealth	<ul style="list-style-type: none"> • Identify theft 	<ul style="list-style-type: none"> • Real time medical assistance
Housing	Lack of affordable housing	<ul style="list-style-type: none"> • people leaving county • lack of safe housing • residents must choose substandard quality in housing • population is increasingly transient • impact on financial resources for families • increase in shelter usage • impacts housing demand • impacts veterans • Segregation 	<ul style="list-style-type: none"> • need for more age restricted and non-age restricted housing • creative solutions for land use • Better living conditions • Creates opportunity for population growth • Creates incentive for retaining population • Converting underused buildings in downtown to housing
	New housing development in Springfield	<ul style="list-style-type: none"> • Age restrictions 	<ul style="list-style-type: none"> • Better housing opportunities
	Old housing stock	-	-

Clark County Community Health Assessment

Theme Area	Forces	Threats	Opportunities
	Relationship between lead poisoning and ADHD	<ul style="list-style-type: none"> Educate the community 	-
	Sewage regulations	<ul style="list-style-type: none"> Uncertainty can have negative effects on residential and commercial development 	<ul style="list-style-type: none"> Can place emphasis on driving sewer and water throughout the county
	Aging population	<ul style="list-style-type: none"> Aging at rate higher than any state in country increase elder abuse impact on housing family structure-absentee aging population coming back into workforce/displacing new workers 	<ul style="list-style-type: none"> United Senior Services great opportunity for young workforce volunteerism
Inclusion	Immigration - ICE Raids	<ul style="list-style-type: none"> Deporting people that were recruited to work Impact on workforce Impact on behavioral health needs / trauma Children left without caregivers Teaching racism Non equality 	<ul style="list-style-type: none"> Immigration Reform Teaching opportunities
	Lack of case providers for developmentally disabled population	<ul style="list-style-type: none"> Getting lost in the shuffle 	<ul style="list-style-type: none"> Awareness opportunities
	New Carlisle has an 11% Hispanic population and it is increasing	<ul style="list-style-type: none"> More racism 	<ul style="list-style-type: none"> More workforce availability More revenue dollars spent in community More tax dollars Increased diversity Increased workforce Develop programs

Clark County Community Health Assessment

Theme Area	Forces	Threats	Opportunities
Mental Health	Behavioral health issues (trauma)	<ul style="list-style-type: none"> • Burden on child protective services is escalating • public safety need increased • more crime and substance abuse • drug death • suicide • depression 	<ul style="list-style-type: none"> • Education and awareness • trauma informed training • rehab methods • increase residential care • housing
	Secondary trauma (Teachers, caregivers, first responders)	<ul style="list-style-type: none"> • Burnout • Turnover • lack of quality • decrease test performance • workplace violence 	<ul style="list-style-type: none"> • Programming • awareness
Other	2020 Census	<ul style="list-style-type: none"> • Loss of correct population count • Loss of program funding • Likely going to lose representation 	<ul style="list-style-type: none"> • More money for our community programs • Creates a relatively accurate count
	Cross cutting: Perception of Clark County assets	-	-
Policy/ Governance	Change of New Carlisle Council Members	<ul style="list-style-type: none"> • Loss of knowledge 	<ul style="list-style-type: none"> • New ideas
	Combined 911 dispatch	-	-
	Effective collaboration among elected officials and decision makers	<ul style="list-style-type: none"> • Nothing gets done 	<ul style="list-style-type: none"> • To create positive change • Increased teamwork – better idea sharing
	Election of President Trump	<ul style="list-style-type: none"> • Trade relations • volatility/division • healthcare • increase in racism 	<ul style="list-style-type: none"> • Impeachment • opportunity to change immigration
	New County and City Commissions Members	<ul style="list-style-type: none"> • loss of knowledge • lack of continuity • lack of institutional awareness 	<ul style="list-style-type: none"> • new ideas • creates “breath of fresh air” in these officials • some are more motivated to spark change
	Not passing fluoride in water	<ul style="list-style-type: none"> • Bad oral care for children 	<ul style="list-style-type: none"> • Healthy community
	Passing of smoking limitations in public spaces	-	<ul style="list-style-type: none"> • Better health

Clark County Community Health Assessment

Theme Area	Forces	Threats	Opportunities
	Turnover of community leaders	<ul style="list-style-type: none"> • loss of knowledge • project stalling • loss of relationships 	<ul style="list-style-type: none"> • new ideas and growth • more diversity
	Infant mortality (disparities among diverse populations)	<ul style="list-style-type: none"> • Higher costs to tax payers 	<ul style="list-style-type: none"> • Create awareness
Premature Life Loss	Opioid/Drug epidemic	<ul style="list-style-type: none"> • Hurts the perception of community • Public health emergency • Better programs needed for treatment 	<ul style="list-style-type: none"> • Educational programs • Opportunity for increased awareness

APPENDIX C: ADDITIONAL DATA

Cancer Detection by Stage

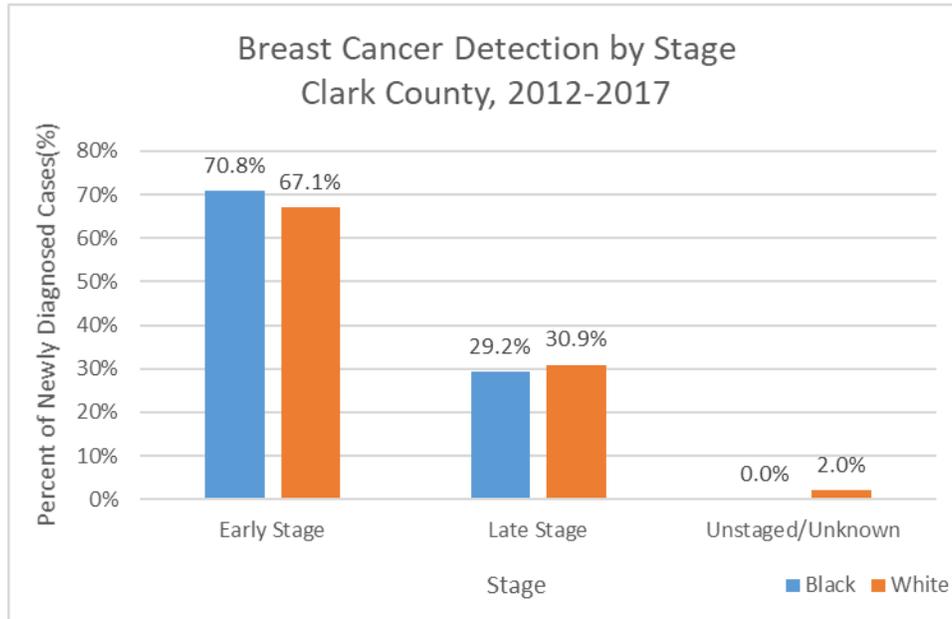


Figure 80: Breast cancer detection by stage, Clark County, 2012-2017, Data queried from the Ohio Cancer Incidence Surveillance System (OCISS). The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

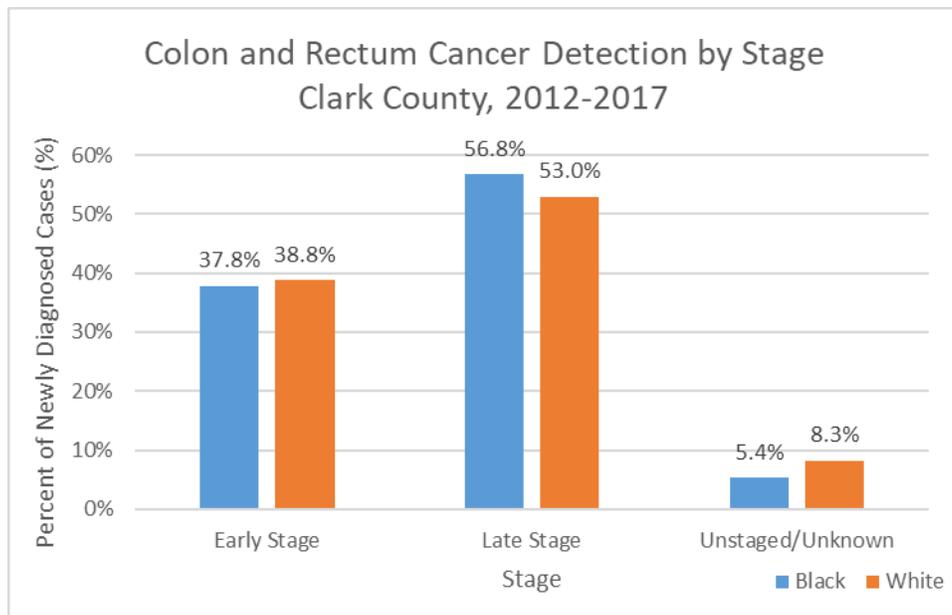


Figure 81: Colon and rectum cancer detection by stage, Clark County, 2012-2017, Data queried from the Ohio Cancer Incidence Surveillance System (OCISS). The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

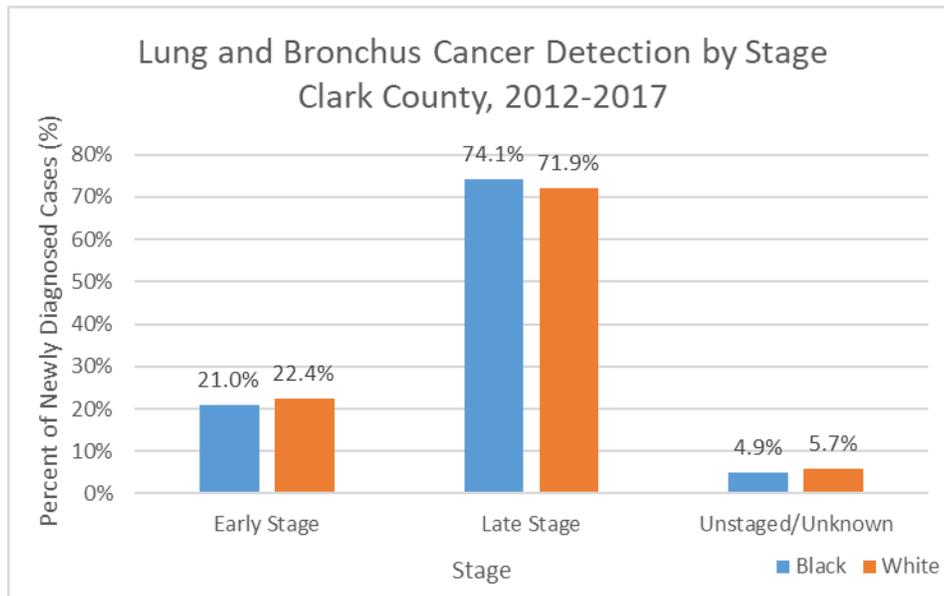


Figure 82: Lung and bronchus cancer detection by stage, Clark County, 2012-2017, Data queried from the Ohio Cancer Incidence Surveillance System (OCISS). The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

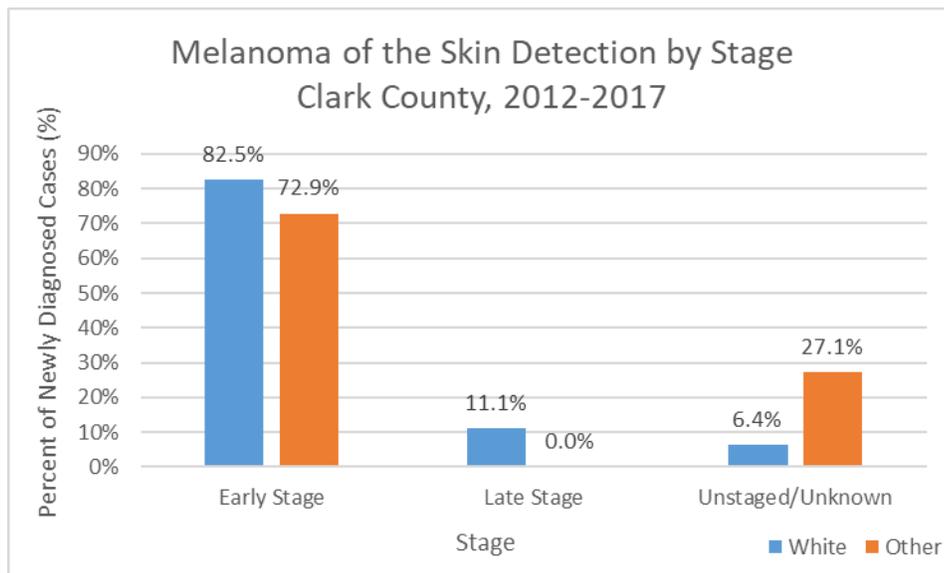


Figure 83: Melanoma of the skin detection by stage, Clark County, 2012-2017, Data queried from the Ohio Cancer Incidence Surveillance System (OCISS). The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

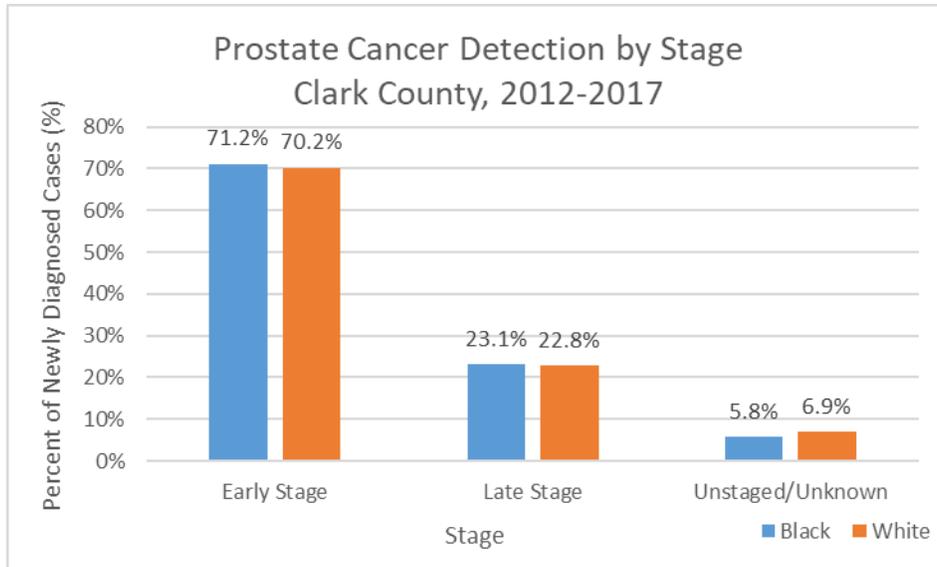


Figure 84: Prostate cancer detection by stage, Clark County, 2012-2017, Data queried from the Ohio Cancer Incidence Surveillance System (OCISS). The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

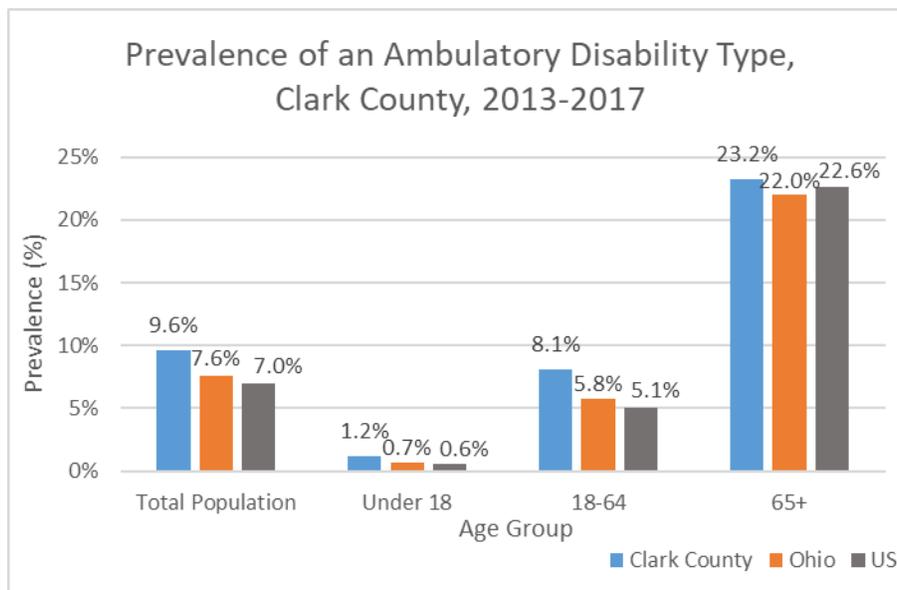


Figure 85: Prevalence of an ambulatory disability type, Clark County, Ohio, US, American Community Survey 5-year estimates, 2013-2017

Disability

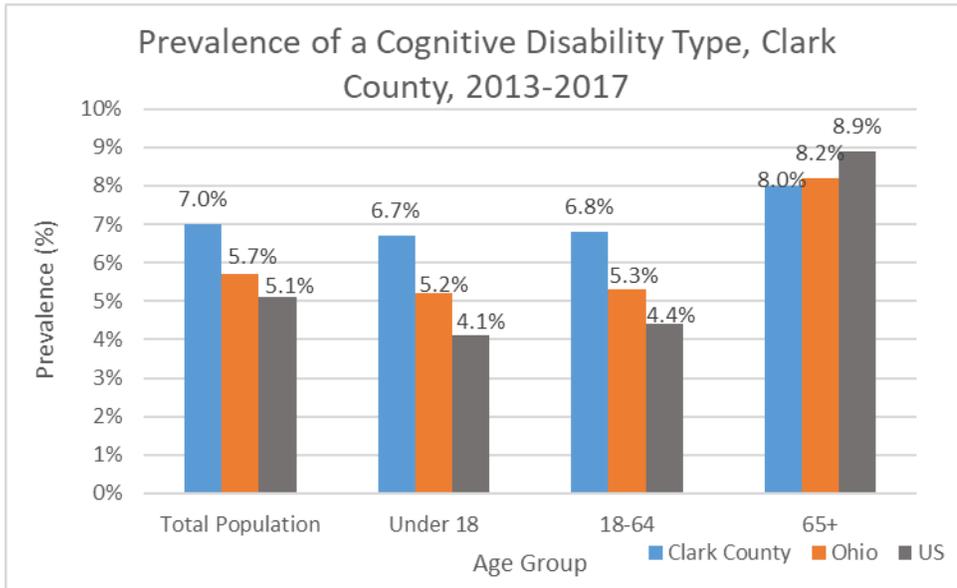


Figure 86: Prevalence of a cognitive disability type, Clark County, Ohio, US, American Community Survey 5-year estimates, 2013-2017

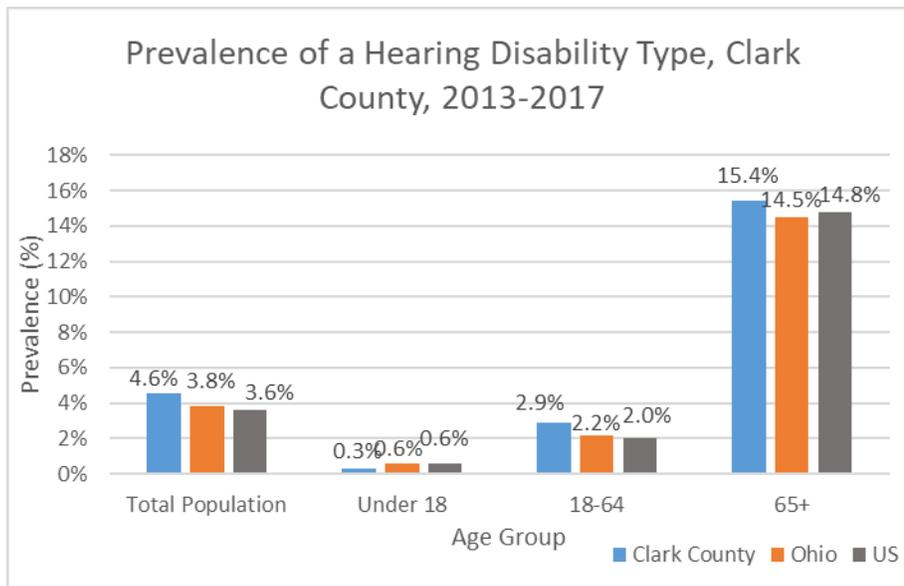


Figure 87: Prevalence of a hearing disability type, Clark County, Ohio, US, American Community Survey 5-year estimates, 2013-2017

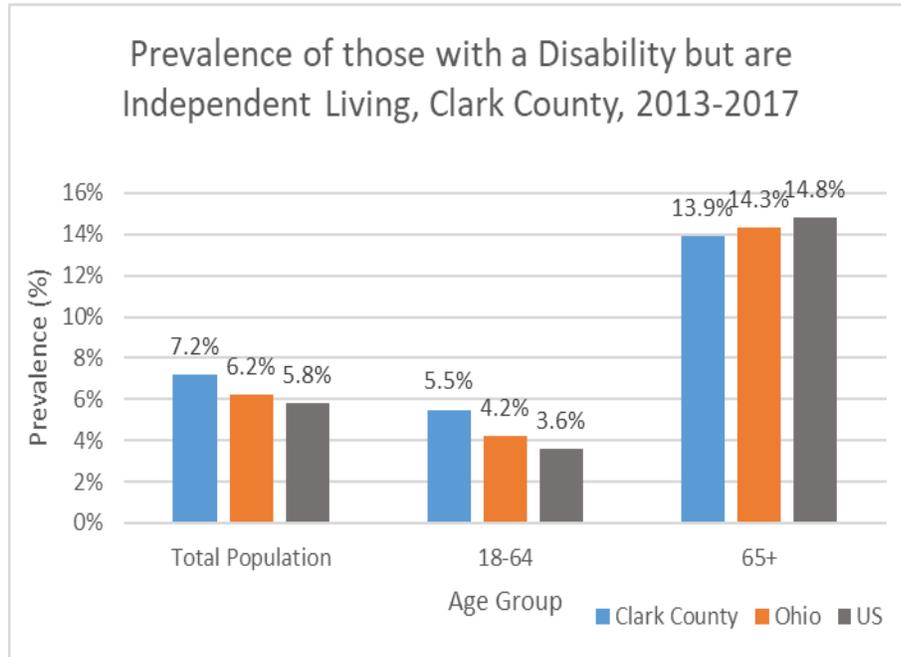


Figure 88: Prevalence of those with a disability but are independent living, Clark County, Ohio, US, American Community Survey 5-year estimates, 2013-2017

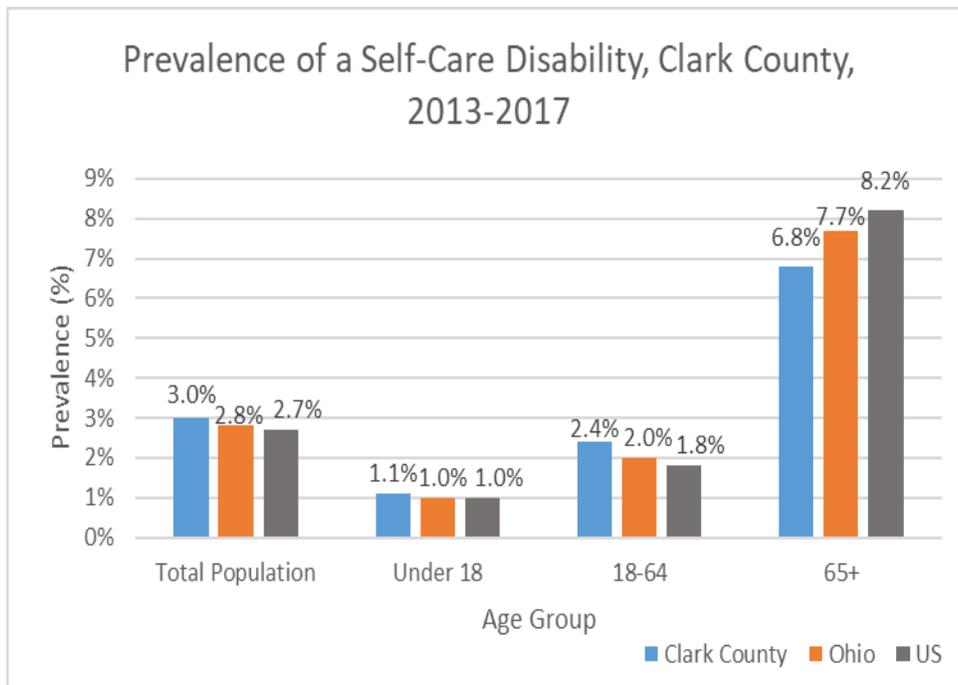


Figure 89: Prevalence of a self-care disability, Clark County, Ohio, US, American Community Survey 5-year estimates, 2013-2017

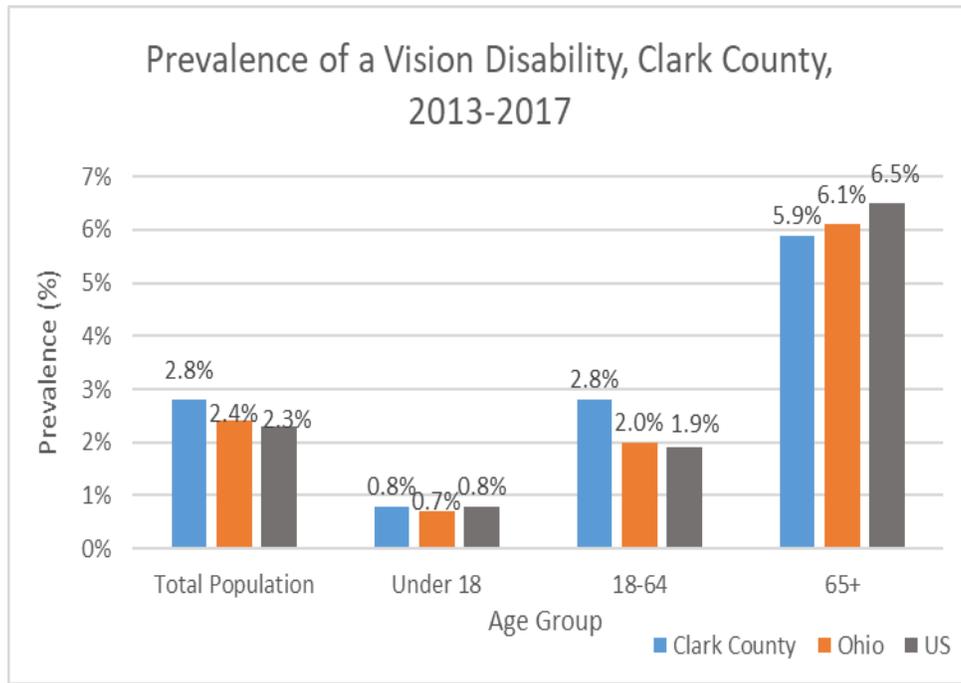


Figure 90: Prevalence of a vision disability, Clark County, Ohio, US, American Community Survey 5-year estimates, 2013-2017

Reportable Communicable Diseases

Table 40: Reportable Communicable Diseases in Clark County, 2009-2018. All data queried from Ohio Disease Reporting System (ODRS) data extract on 11/1/2019.

Reportable Condition	2009		2010		2011		2012		2013		2014		2015		2016		2017		2018	
	Confirmed	Grand Total*																		
Enteric Diseases																				
Campylobacteriosis	32	32	9	9	10	12	12	13	19	24	11	15	14	18	16	30	13	27	15	28
Cryptosporidiosis	2	4	1	1	0	0	1	3	1	4	0	0	1	3	14	15	8	8	11	12
E. coli - enterohemorrhagic (shiga toxin producing) - Not O157:H7	1	1	2	2	1	1	0	0	1	1	2	2	0	0	0	0	0	0	0	0
E. coli - enterohemorrhagic (shiga toxin producing) O157:H7	3	3	0	0	0	0	0	0	3	3	2	2	0	1	0	0	0	0	0	0
E. coli - enterohemorrhagic (shiga toxin producing) Unknown serotype	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	0	0	0	0	0	0	0	0	0	0	0	0	6	7	3	7	0	4	2	6
Giardiasis	5	5	4	4	0	0	1	1	5	12	5	5	2	2	8	8	6	7	3	6
Hepatitis A	2	3	0	1	1	6	0	0	0	5	0	4	0	1	0	2	0	7	18	23
Listeriosis	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Salmonellosis	13	13	14	14	22	22	14	14	13	13	12	12	16	17	18	18	21	21	12	12
Shigellosis	58	58	3	3	0	0	30	34	19	31	1	1	5	6	4	6	0	0	0	1
Typhoid fever	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0
Yersiniosis	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	2
Hepatitis B & C																				
Hepatitis B - Investigation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Hepatitis B - Perinatal Infection	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Hepatitis B (including delta) - acute	6	8	13	14	4	9	2	4	0	11	0	2	2	6	4	5	1	2	2	3
Hepatitis B (including delta) - chronic	3	20	5	24	7	20	3	22	1	27	6	34	4	48	6	43	10	53	5	84
Hepatitis C - acute	0	0	0	0	1	1	0	1	0	0	1	1	0	0	0	2	5	6	0	3

Reportable Condition	2009		2010		2011		2012		2013		2014		2015		2016		2017		2018	
	Confirmed	Grand Total*																		
Hepatitis C - chronic	147	187	124	168	121	175	115	147	103	125	133	141	196	233	147	255	98	215	95	201
Hepatitis C - Perinatal Infection	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Sexually Transmitted Infections																				
Chlamydia infection	413	413	530	530	538	538	521	521	697	697	624	624	665	665	724	724	738	738	880	880
Gonococcal infection	206	206	265	267	205	208	179	180	212	213	153	153	152	152	285	285	323	323	386	386
Herpes - congenital	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV [†]	9	12	13	15	6	9	1	7	4	8	0	8	0	5	9	11	1	8	11	12
Syphilis - congenital	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3
Syphilis - early	3	3	0	0	3	3	0	0	0	0	0	9	0	6	0	11	0	5	0	10
Syphilis - late latent (>1 year) asymptomatic	0	0	0	0	1	2	5	5	0	4	0	10	0	14	0	13	0	12	0	0
Syphilis - primary	0	0	0	0	1	1	2	2	0	1	1	6	0	13	0	4	0	4	0	4
Syphilis - secondary	0	0	1	1	0	0	3	3	0	1	0	3	0	12	0	12	2	11	0	11
Syphilis - stage Unknown	0	0	0	2	0	1	0	0	0	1	0	0	0	0	0	3	0	5	0	2
Syphilis - unknown duration or late	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Vaccine-Preventable Diseases																				
Haemophilus influenzae (invasive disease)	0	0	2	0	2	0	2	0	3	0	1	0	2	0	4	0	4	0	3	0
Influenza - ODH Lab Results	0	0	0	0	3	3	0	0	0	0	10	10	1	4	5	5	22	24	3	5
Influenza A - novel virus infection (call health department immediately)	6	8	0	0	0	0	3	10	0	0	0	0	0	0	2	2	1	1	0	0
Influenza-associated hospitalization	65	65	0	0	36	36	23	24	40	41	131	131	63	66	65	66	139	139	308	312
Influenza-associated pediatric mortality	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0

Reportable Condition	2009		2010		2011		2012		2013		2014		2015		2016		2017		2018	
	Confirmed	Grand Total*																		
Meningococcal disease - Neisseria meningitidis (call health department immediately)	2	2	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	0	0	1	1	0	0	0	0	0	0	0	8	0	0	0	3	0	0	0	2
Pertussis	13	29	8	17	4	10	7	15	96	204	41	69	4	10	10	16	8	15	2	8
Streptococcal - Group A - invasive	3	3	3	3	8	8	1	1	6	6	7	7	4	4	8	8	6	6	11	12
Streptococcal - Group B - in newborn	1	1	0	0	0	0	1	1	1	1	1	1	0	0	3	3	1	1	1	2
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	23	23	25	26	22	22	24	24	10	10	11	11	10	10	6	7	17	17	12	13
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	0	0	2	2	1	1	4	4	4	4	5	5	1	1	4	4	4	4	7	7
Varicella	0	19	0	8	4	6	1	10	3	7	1	5	5	14	0	11	6	16	5	11
Vectorborne and Zoonotic Diseases																				
Anaplasmosis-Anaplasma phagocytophilum	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Babesiosis	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Chikungunya virus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Lyme Disease	1	1	0	0	0	0	1	3	1	5	0	1	0	2	0	7	0	9	2	11
Other arthropod-borne disease	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1
West Nile virus disease (also current infection)	0	0	0	0	0	0	2	13	0	0	0	0	0	0	0	0	0	1	0	2
Zika virus infection	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
Other Reportable Infectious Diseases																				
Coccidioidomycosis	0	0	1	1	0	0	0	1	1	3	1	1	0	0	0	1	2	2	0	4
CP-CRE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	9
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Cytomegalovirus -congenital (CMV)	0	0	1	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0

Reportable Condition	2009		2010		2011		2012		2013		2014		2015		2016		2017		2018	
	Confirmed	Grand Total*	Confirmed	Grand Total*	Confirmed	Grand Total*	Confirmed	Grand Total*	Confirmed	Grand Total*	Confirmed	Grand Total*	Confirmed	Grand Total*	Confirmed	Grand Total*	Confirmed	Grand Total*	Confirmed	Grand Total*
Immigrant Investigation	0	0	0	0	0	0	0	4	0	1	0	0	0	0	0	6	0	1	0	1
Legionellosis - Legionnaires' Disease	1	1	0	1	3	3	4	4	5	5	4	4	8	8	10	10	4	4	14	14
Meningitis - aseptic/viral	12	13	2	3	11	13	5	5	5	6	3	4	4	7	4	4	3	3	3	4
Meningitis - bacterial (Not N. meningitidis)	3	3	1	1	3	4	0	2	1	2	2	4	0	1	1	1	0	2	1	3
Mycobacterial disease - other than tuberculosis	7	7	17	17	14	15	9	9	11	11	4	4	10	10	1	1	1	2	0	0
Staphylococcal aureus - intermediate resistance to vancomycin (VISA)	0	0	0	0	0	0	1	1	2	2	0	0	0	0	0	0	0	0	0	0
Toxic shock syndrome (TSS)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	0
Tuberculosis	1	1	0	0	0	0	2	2	1	1	1	1	0	0	0	0	3	3	1	1
Total	1,041	1,146	1,047	1,138	1,032	1,131	979	1,094	1,270	1,494	1,175	1,307	1,177	1,348	1,362	1,611	1,446	1,712	1,822	2,124

*Grand total numbers include all Confirmed, Probable, and Suspect cases.

†HIV data were collected from ODRS and not from ODH HIV Surveillance.

Smoking During Pregnancy

Table 41: Individuals Who Smoked During Pregnancy by Trimester, Clark County, Ohio, 2012-2018, Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Year	Clark County			Ohio		
	1st Trimester	2nd Trimester	3rd Trimester	1st Trimester	2nd Trimester	3rd Trimester
2012	24.3%	21.8%	20.3%	16.5%	14.3%	13.7%
2013	24.4%	21.7%	20.3%	16.2%	14.0%	13.3%
2014	22.0%	19.3%	18.3%	15.8%	13.6%	13.0%
2015	23.2%	20.2%	19.1%	14.8%	12.7%	12.1%
2016	20.4%	18.1%	17.0%	14.0%	12.0%	11.4%
2017	20.5%	17.8%	17.1%	13.5%	11.6%	11.1%
2018	18.3%	16.0%	15.2%	12.9%	11.2%	10.7%

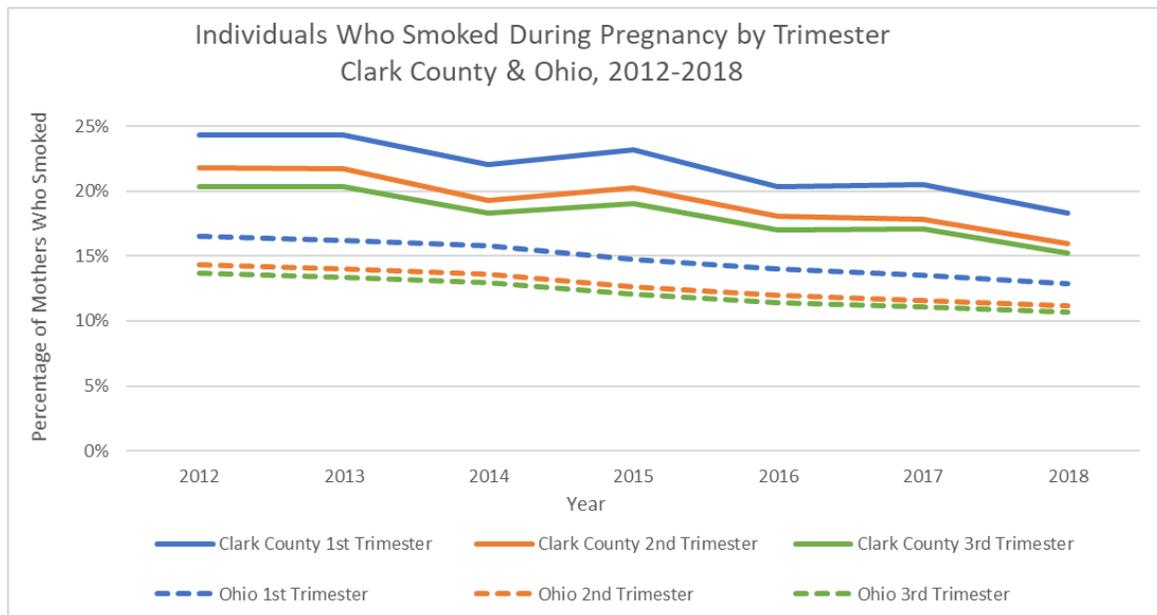


Figure 91: Individuals Who Smoked During Pregnancy by Trimester, Clark County, Ohio, 2012-2018, Data queried from the Ohio Department of Health Public Health Information Warehouse. The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Domestic Violence

Table 42: Victims of Domestic Violence by Outcome and Relationships of Persons Involved, Clark County, Ohio Attorney General Domestic Violence Reports, 2014-2018

Year	Outcome	Relationships of Persons Involved									Total
		Wife	Husband	Parent	Non-Spousal Relationship with Child Involved	Child or Children	Other Family	Former Spouse	Live-in Partner	Other	
2018	Victim with Injury	66	28	71	139	26	88	8	174	0	600
	Victim with No Injury	182	59	126	205	44	120	26	331	7	1100
	Victim Fatal Injury	2	0	0	0	0	1	0	0	0	3
	Total Victims	250	87	197	344	70	209	34	505	7	1703
2017	Victim with Injury	55	20	47	119	14	86	5	159	10	515
	Victim with No Injury	200	75	78	227	31	216	28	274	97	1226
	Victim Fatal Injury	0	0	0	0	0	0	0	0	0	0
	Total Victims	255	95	125	346	45	302	33	433	107	1741
2016	Victim with Injury	64	22	54	123	28	66	5	146	16	524
	Victim with No Injury	274	67	198	263	66	134	32	315	67	1416
	Victim Fatal Injury	0	0	0	0	0	0	0	0	0	0
	Total Victims	338	89	252	386	94	200	37	461	83	1940
2015	Victim with Injury	78	18	71	120	45	66	9	138	14	559
	Victim with No Injury	269	81	264	332	86	227	45	347	52	1703
	Victim Fatal Injury	0	0	0	0	0	0	0	0	0	0
	Total Victims	347	99	335	452	131	293	54	485	66	2262
2014	Victim with Injury	41	16	45	76	28	57	4	75	16	358
	Victim with No Injury	128	46	99	90	57	66	14	132	36	668
	Victim Fatal Injury	0	0	0	0	2	0	0	0	0	2
	Total Victims	169	62	144	166	87	123	18	207	52	1028

APPENDIX D: FEEDBACK SURVEY RESULTS

Table 43: CHA Draft Priorities Feedback Locations/Meetings/Presentations

Feedback Location/Meeting/Presentation
Family Children First Council Meeting
Lobby of Clark County Combined Health District (CCCHD)
Child and Family Collaborative
Bulletin Board outside of Bathroom in CCCHD
City of New Carlisle Meeting
Mad River Township Meeting
Green Township Meeting
Promise Neighborhood Meeting
Mercy Health Garden Level Lobby - Near Cafeteria
Rocking Horse Community Center
Springfield Township Meeting
City of Springfield Meeting
Springfield Farmers Market
Village of South Charleston Meeting
Pleasant Township Meeting
Village of Catawba Meeting
Village of Clifton Meeting
Village of Donnelsville Meeting
Madison Township Meeting
German Township Meeting
Village of Enon Meeting
Village of North Hampton Meeting
Clark County Commission Office
Harmony Township Meeting
Bethel Township Meeting
Pike Township Meeting
Moorefield Township Meeting
Village of South Vienna Meeting
Wright State Nursing Student - Key Informant Surveys
Clark County Combined Health District Facebook
St. Johns Church Missionary Baptist Church
Family Children First Council Board of Directors
Housing Collaborative Members Meeting
Springfield Promise Neighborhood Community Gathering

Table 44: CHA Feedback Survey Demographics by Gender

Gender	% of individuals
Males	16%
Females	71%
Unanswered	13%

Clark County Community Health Assessment

Table 45: CHA Feedback Survey Demographics by Age Group

Ages	% of individuals
Under 18	3%
18-24	3%
25-34	10%
35-44	14%
45-54	22%
55-64	20%
65+	19%
Unanswered	9%

Table 46: CHA Feedback Survey Demographics by Race

Race	% of individuals
White or Caucasian	66%
Black or African American	21%
Asian or Asian American	2%
Another Race	2%
Unanswered	9%

Table 47: CHA Feedback Survey Demographics by Ethnicity

Ethnicity	% of individuals
Hispanic	2%
Non-Hispanic	58%
Other	6%
Unanswered	34%

Table 48: CHA Feedback Survey Demographics by Income

Income	% of individuals
No Income	8%
\$1 - \$9,999	5%
\$10,000 - \$19,999	3%
\$20,000 - \$29,999	7%
\$30,000 - \$39,999	11%
\$40,000 - \$49,999	5%
\$50,000 - \$59,999	11%
\$60,000 - \$69,999	10%
\$70,000 and above	27%
Unanswered	13%

Clark County Community Health Assessment

Table 49: CHA Feedback Survey Demographics by Zip Code of Residence

Zip Code	% of individuals
43010	1%
43044	2%
43140	1%
45344	2%
45364	1%
45368	1%
45369	5%
45502	3%
45503	31%
45504	11%
45505	5%
45506	19%
I do not live in Clark County but I am a valued community member because I work and/or spend a lot of time in Clark County.	8%
Unanswered	10%