

1996
PRC COMMUNITY HEALTH ASSESSMENT

Clinton County, Ohio

Prepared for

Coalition for a Healthier Clinton County

by

Professional Research Consultants, Inc.

11326 "P" Street Omaha, Nebraska 68137 (800) 428-7455

Copyright 1996 N169

Table of Contents

METHODOLOGY	7
Telephone Survey	7
Secondary Data	11
Focus Groups	12
HEALTH STATUS	14
PHYSICAL HEALTH STATUS	15
Self-Reported Physical Health	15
Activity Limitations	18
Work Limitations	19
Sick Days	20
MENTAL HEALTH STATUS	21
General Mental Health	21
Depression	23
Stress	24
Utilization of Mental Health Services	25
Local Health Resources	26
MORTALITY	27
Age-Adjusted Death Rate	27
Leading Causes of Death	28
MORBIDITY	31
Incidence of Infectious Disease	31
Chronic Illness	32
Local Health Resources	32
Diabetes	33
STD Awareness	34
NATALITY	35
Live Births	35
Births to Teenage Mothers	36
Low-Weight Births	37
Prenatal Care	38
Infant Deaths	39
Local Health Resources	39

MODIFIABLE HEALTH RISKS	40
<u>FOCUS GROUP FINDINGS</u>	<u>41</u>
Modifiable Behavioral Health Risks	41
<u>OVERWEIGHT</u>	<u>44</u>
Overweight Prevalence	44
Weight Control	46
<u>NUTRITION</u>	<u>47</u>
Dietary Fat Content	47
Food Labels	48
<u>EXERCISE</u>	<u>49</u>
Exercise	49
No Leisure-Time Physical Activity	50
Sedentary Lifestyles	51
Local Health Resources	52
<u>TOBACCO USE</u>	<u>53</u>
Cigarette Smoking Prevalence	53
Cigarette Smoking Cessation	56
Use of Cigars, Pipes and Smokeless Tobacco	57
Local Health Resources	57
<u>ALCOHOL USE</u>	<u>58</u>
Current Drinkers	58
Chronic Drinkers	60
Binge Drinkers	61
Drinking and Driving	62
Local Health Resources	63
<u>HYPERTENSION</u>	<u>64</u>
Blood Pressure Testing	64
High Blood Pressure Prevalence	65
Local Health Resources	66
<u>CHOLESTEROL SCREENING</u>	<u>67</u>
Blood Cholesterol Testing	67
High Blood Cholesterol Prevalence	68
Local Health Resources	69

CRIME	70
Victimization	71
Local Health Resources	72
PREVENTION	73
FOCUS GROUP FINDINGS	74
Prevention	74
PRIMARY MEDICAL CARE	79
Regular Use of Physician's Offices/Clinics	79
Local Health Resources (Family Practitioners)	79
Routine Physician Care	80
Local Health Resources (Pediatricians)	81
Routine Dental Care	82
Local Health Resources (Dentists)	83
IMMUNIZATION	84
Influenza	84
Local Health Resources	84
CANCER SCREENINGS	85
Colorectal Cancer	85
Breast Cancer	87
Cervical Cancer	90
Prostate Cancer	91
Testicular Cancer	92
Local Health Resources (for the preceding 5 cancers)	94
INJURY CONTROL	95
Motor Vehicle Safety	95
Fire Safety	97
Local Health Resources (fire rescue personnel)	97
Water Safety	98
Local Health Resources	99
Handgun Ownership	100
Occupational Injury	101
Local Health Resources	101

ACCESS TO HEALTH CARE 102

FOCUS GROUP FINDINGS 103

Access 103

HEALTH INSURANCE COVERAGE 111

Insurance Coverage 111

Lack of Health Insurance Coverage 112

PHYSICIAN AVAILABILITY 113

Difficulty Seeing Physicians 113

COST OF HEALTH SERVICES 114

Cost 114

TRANSPORTATION 116

Lack of Transportation to Health Services 116

Local Health Resources (Public Transportation to Health Facilities) 117

HEALTH EDUCATION 118

FOCUS GROUP FINDINGS 119

Health Education 119

Sources of Health Care Information 124

DEMOGRAPHICS 125

DEMOGRAPHIC ANALYSIS 126

Population Size 126

Gender 127

Age 128

Income 129

Employment 130

Education 131

Marital Status 132

SUMMARY OF FINDINGS 133

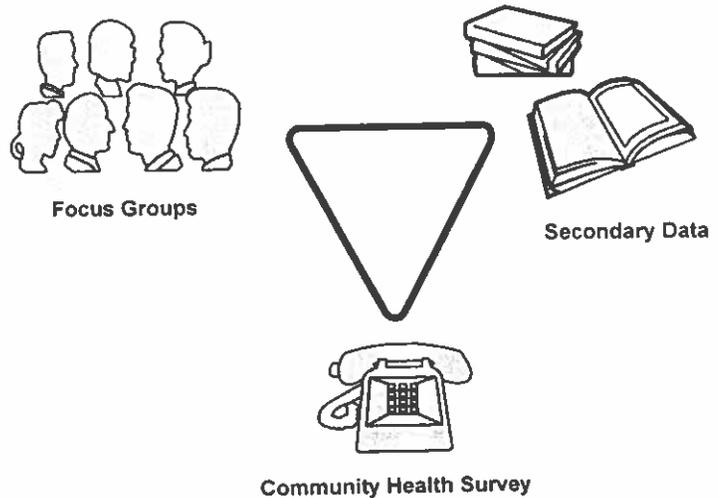
SUMMARY OF FINDINGS 134

Summary of Health Indicators	134
Focus Group Findings Summary	135
Needs of Special Populations	139
Vision for a Healthier Future	145
Health Priorities	149
Listing of Local Health Resources Included in This CHA	153

Methodology

A Community Health Assessment is an effective first step by which providers can assess the needs and perceptions of the communities it serves and develop strategies for meeting those needs. There are three components that are essential in rendering a complete picture of the health of a community: the health survey, secondary data, and focus groups.

The CHA Process



The community health survey gives us a remarkably complete and accurate view of the health status of Clinton County through a randomized survey of the health and behaviors of 500 residents. Secondary data — especially existing public health data and statewide risk assessments — complement the survey process and, in some cases, provide a benchmark against which the results of the survey may be compared. Finally, focus groups offer a unique perspective by involving individuals who are leaders of or have special insight to different segments of the population. Focus group participants are chosen because of their ability to identify primary concerns of the populations whom they represent and of the community overall.

Telephone Survey

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *1996 PRC Community Health Assessment*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random selection capabilities.

Sample Design

The service area for this study includes each of the ZIP Codes comprising Clinton County (45107, 45113, 45146, 45148, 45159, 45169, and 45177). The sample design utilized for this effort consists of a random sample of 500 individuals aged 18 and older in Clinton County, selected in proportion to the actual population distribution of the community (at the ZIP Code level) so that a sample representative of each area was obtained. Population estimates were based on the latest census projections of adults aged 18 and over published in the *1994 CACI Sourcebook of ZIP Code Demographics*.

Sampling Technique

The sampling used for this study consisted of a two-stage, modified Waksberg technique. Two distinct levels of attention were given to the data collection, as follows:

STAGE 1: The primary sampling unit (PSU) included in the survey consisted of the first eight numbers of each 10-digit telephone number (i.e., area code + prefix + next two digits). These PSUs were selected randomly from a listing of valid telephone numbers for the defined area obtained from Donnelley Services.

Next, two randomly generated digits were added to the PSU to produce a 10-digit telephone number to be contacted. Thus, all households in the defined area share equal opportunity to be interviewed. At least five attempts were made to complete an interview with each PSU.

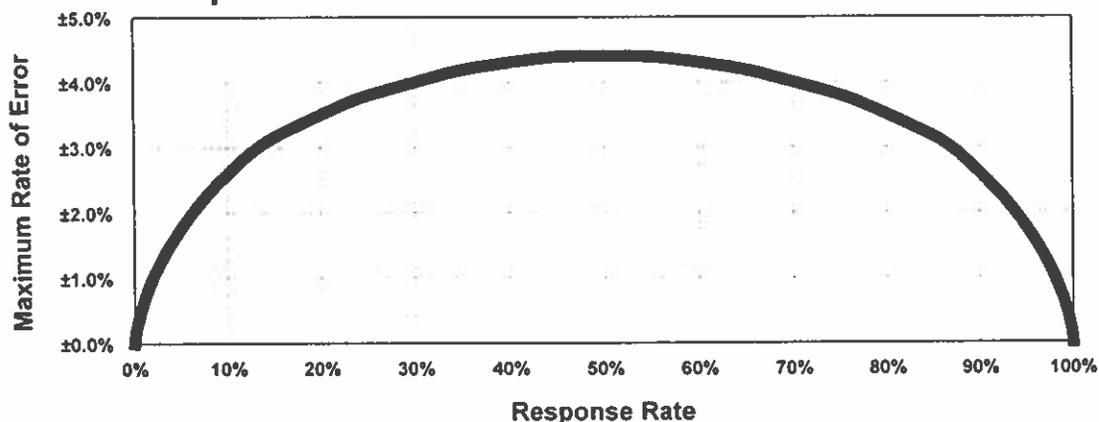
STAGE 2: At the time of interview, individual respondents were selected randomly at the household level according to age ranking. Interviewers first determined the number of household members aged 18 and over, then a random digit key instructed them which household member to interview (based on age ranking). Proportionate numbers of interviews were conducted with the oldest members of households, the second oldest, the third oldest, and so on. If this household member was not available, appointments were set to speak with the desired respondent. This way, an accurate sampling of the population was obtained, one which does not bias toward specific age groupings, decision-makers or heads of households.

All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC). PRC's experienced staff of professional interviewers conducted the interviews, and 15% of all interviews were verified by PRC's supervisors. Furthermore, several quality control procedures were used to ensure accurate coding of the open-ended responses.

The maximum rate of error associated with a sample size of 500 respondents is $\pm 4.4\%$ at the 95 percent level of confidence.

In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 283 residents aged 18 and older in Clinton County (based on 1994 population estimates). Thus, in a case

Expected Error Ranges for a Sample of 500 Respondents at the 95 Percent Level of Confidence



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

Example 1: For example, if 10% of the sample of 500 respondents answered a certain question with a "yes," it can be asserted that between 7.4% and 12.6% ($10\% \pm 2.6\%$) of the total population would offer this response.

Example 2: If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.6% and 54.4% ($50\% \pm 4.4\%$) of the total population would respond "yes" if asked this question.

where 3.4% of the total population responds to a survey question, this is representative of over 962 people and therefore must not be dismissed as too small to be significant.

Sample Characteristics

To accurately represent the population studied, it was necessary to constantly monitor the demographic composition (e.g., age, gender, household location) of the consumer sample throughout the data collection process. In actuality, the sample was composed of 48.6% men and 51.4% women. Interviews were conducted with persons ranging in age from 18 to 91.

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

Secondary Data

A variety of secondary data sources was consulted to complement the research quality of this *Community Health Assessment*. For this, special acknowledgment is due the following persons or organizations for their cooperation in providing valuable data and assistance:

- Clinton Memorial Hospital
- Ohio Department of Health
- Centers for Disease Control
- U.S. Department of Health and Human Services
- National Center for Health Statistics
- Ohio Hospital Association
- *1994 Crime in the United States Report*
- Wilmington Sheriff's Office/Police Department
- *1994 CACI Sourcebook of ZIP Code Demographics*
- Ohio Behavioral Risk Factor Surveillance System
- 1990 U.S. Census of Population

In addition, a list of local health resources related to each health issue was compiled by the Community Health and Education Department at Clinton Memorial Hospital and can be found at the end of each section in this health assessment. Further, a complete listing can be found at the end of the report.

Focus Groups

In order to ascertain a global perspective on the state of health and health care in the community, Professional Research Consultants was retained by the Coalition for a Healthier Clinton County to conduct five focus groups in Clinton County. A list of recommended participants was provided to PRC by the Coalition for a Healthier Clinton County. Potential focus group participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

These focus group candidates were first contacted by letter to request their participation and input. Follow-up phone calls were made to ascertain whether or not they would be able to attend. Confirmation calls were then placed the day before the groups were scheduled to ensure that the groups would have a reasonable turn-out. The final participation rates are segmented below.

<u>Date</u>	<u>Time</u>	<u>Group</u>	<u>Number</u>
May 15, 1996	11:30 a.m.	Employers	8
May 15, 1996	3:30 p.m.	Allied Health	10
May 16, 1996	7:30 a.m.	Physicians	6
May 16, 1996	1:00 p.m.	Social Service	10
May 16, 1996	4:00 p.m.	Community Leaders	14

Each group met for approximately an hour and a half. Meals or snacks were provided and the groups were held in a relatively informal setting to encourage participants to be relaxed and open. Each of these groups were conducted in a room provided at Clinton Memorial Hospital. (In addition to these groups, one phone interview was conducted on June 11, 1996 with a physician unable to attend the original group.)

The participants were asked questions from the same basic question guide. There were, however, a few questions that were tailored to the group's area of expertise in the community. For example, physicians were asked to identify their patients' greatest health risk behaviors, while social service providers were asked to describe the accessibility problems of the populations that they serve.

The sessions were recorded on audio tapes from which verbatim comments in this report were taken. Note that after each quote, the speaker's group is denoted by a letter abbreviation: CL for community leaders, P for physicians, E for employers/business

representatives, SS for social service providers, and AH for allied health professionals. Aside from this group affiliation, there are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

HEALTH STATUS

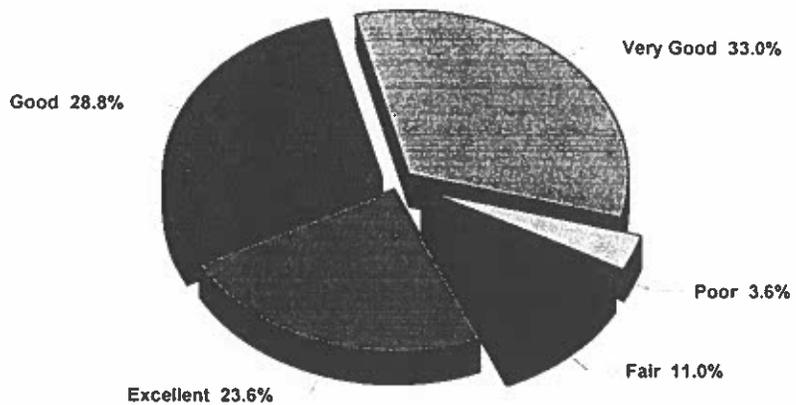
Physical Health Status

The following section describes various assessments of the general physical health of community residents.

Self-Reported Physical Health

In Clinton County, self-reported physical health is relatively high. More than one-half (56.6%) of area residents rate their physical health as "excellent" or "very good." In contrast, 14.6% rate it as "fair" or "poor." This is further outlined in the adjacent chart.

Self-Reported Health Status

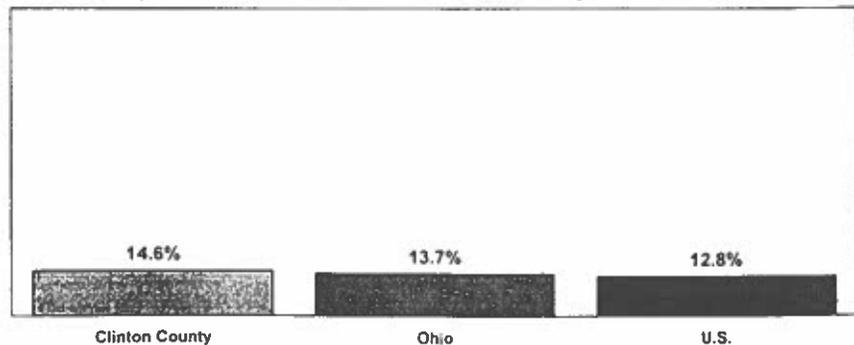


Source: 1996 PRC Community Health Survey
Note: Asked of all respondents

The 14.6% of area residents reporting "fair" or "poor"

physical health is slightly higher than the percentage giving this indication statewide in the 1993 *Ohio Behavioral Risk Factor Surveillance System* administered by the state health department. Furthermore, note in the following table that individuals nationwide report lower levels of "fair" or "poor" physical health than those found in Ohio.

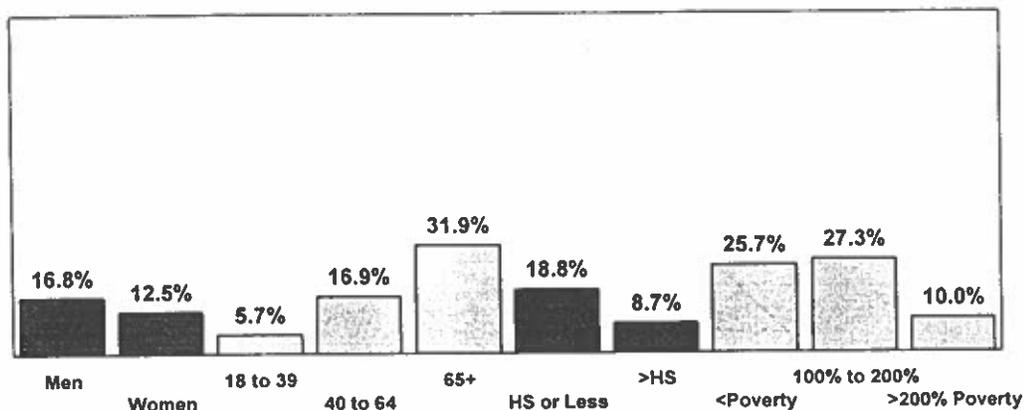
Experience "Fair" or "Poor" Physical Health



Sources: 1 1996 PRC Community Health Survey
2 Behavioral Risk Factor Surveillance System: Statewide Survey Data 1993
3 1995 PRC National Health Survey
Note: Asked of all respondents.

The following chart further examines self-reported health status by various demographic characteristics. As might be expected, indications of "fair" or "poor" health increase sharply with age; that is, older residents much more often report their health as "fair" or "poor." Perhaps more surprising is that there is also a strong negative correlation with both education and income levels. In addition, Clinton County men are more likely than women to indicate experiencing "fair" or "poor" physical health.

Experience "Fair" or "Poor" Physical Health

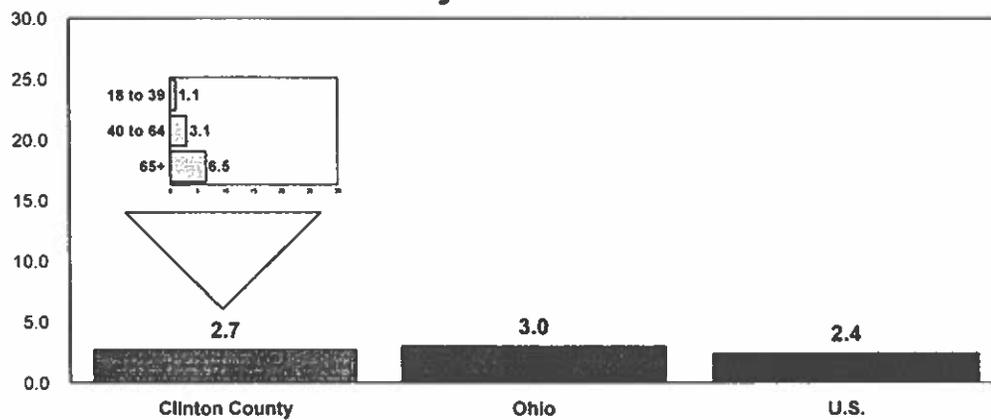


Source: 1996 PRC Community Health Survey
 Note: Asked of all respondents.

In the 1996 PRC Community Health Survey, Clinton County residents reported an average of 2.7 days in the last month on which their physical health was *not* good. This figure is lower than the average 3.0 days reported statewide, but exceeds the 2.4 days nationwide.

Again, note that average days of poor physical health increase by age, varying from 1.1 days among those aged 18 to 39 to 6.5 among those in the 65+ age bracket.

Average Number of Days in Past Month On Which Physical Health Was Not Good

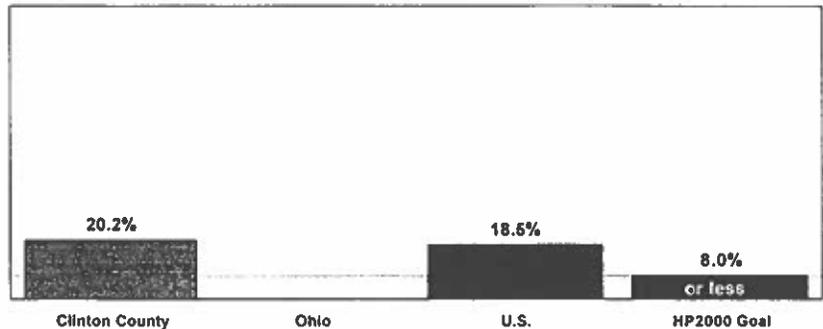


Sources: 1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
 3. 1995 PRC National Health Survey
 Note: Asked of all respondents.

Activity Limitations

A total of 20.2% of county residents report being limited in some way in some activity because of a physical impairment or health problem. This level is more than twice the target established by *Healthy People 2000* as the goal for the year 2000 (8% or less), and exceeds the prevalence of activity limitations found throughout the United States (18.5%), as shown.

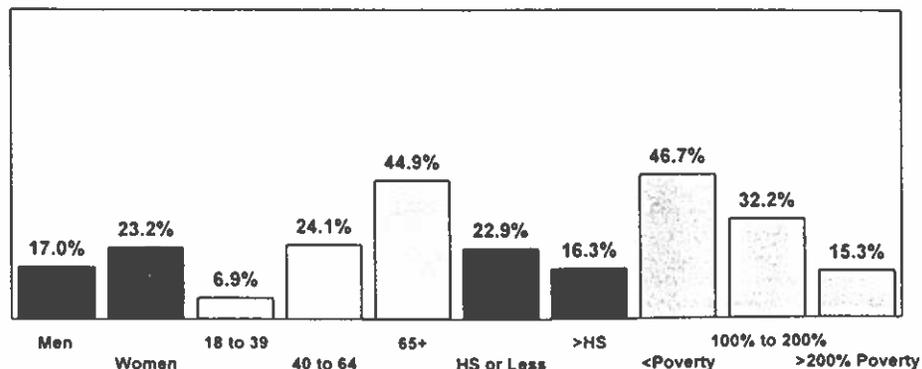
Activity Limitation Due to Physical Impairment or Health Problem



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 3. Healthy People 2000
 Notes: 1. Reflects the total sample of respondents.
 2. Statewide data not available.

The following chart segments physical impairment by demographic characteristics. Note that there is a strong correlation with age in that limitations are noted among 45% of persons aged 65 and older, but among fewer than 1 in 10 residents aged 18 to 39. Low-income persons express the highest indication of being limited in some activities (46.7%). In applying the percentage of respondents with activity limitations to the total adult population of the area surveyed, this translates to nearly 5,717 persons in Clinton County with some type of activity limitation.

Activity Limitation Due to Physical Impairment or Health Problem

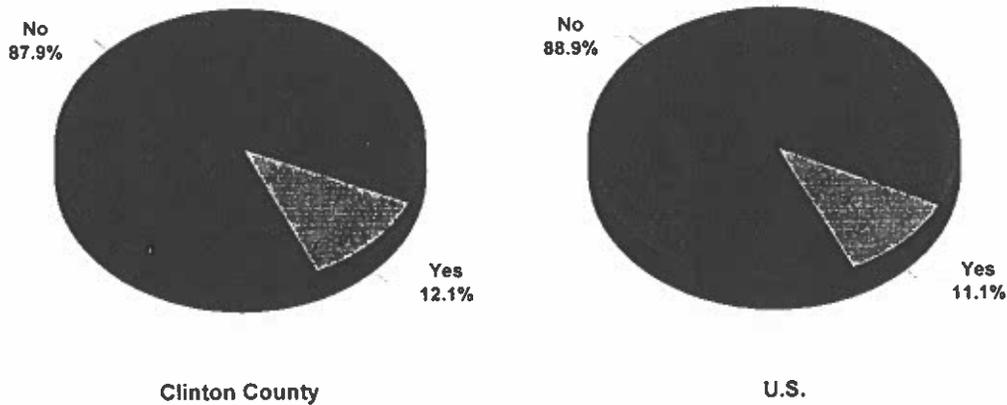


Source: 1996 PRC Community Health Survey
 Note: Reflects the total sample of respondents.

Work Limitations

A total of 12.1% of Clinton County adults currently suffer from a physical impairment or health problem which prevents them from working at a job or business, compared to a slightly lower prevalence (11.1%) throughout the U.S.

Physical Impairment or Health Problem Prevents Working at a Job or Business



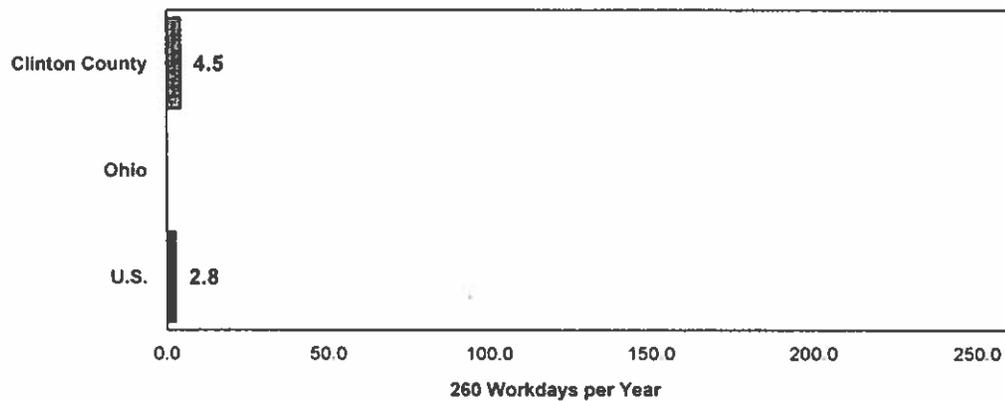
Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
Notes: 1. Reflects total sample of respondents.
2. Statewide data not available.

Keep in mind that this prevalence is representative of approximately 3,424 adults in Clinton County.

Sick Days

Participants in the 1996 PRC Community Health Survey who are currently employed were further asked how many days of work during the past year they have missed due to personal illness. Overall, workers report experiencing an average 4.5 sick days during the past year (out of a possible 260). Note the lower nationwide findings.

Average Number of Workdays Missed in the Past Year Due to Personal Illness or Injury



- Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
- Notes: 1. Asked of employed respondents.
2. Statewide data not available.

Mental Health Status

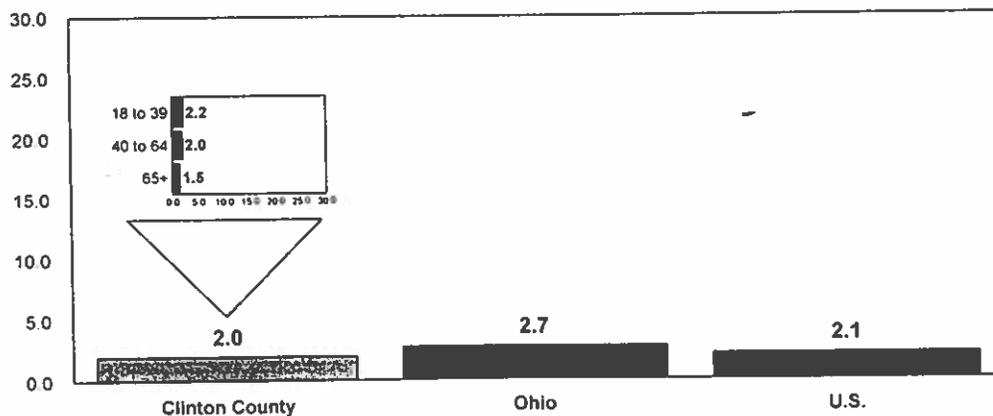
The following section outlines general assessments of the mental health status of area residents, including problems with depression, stress and emotions.

General Mental Health

Clinton County residents report experiencing an average of 2.0 days during the past month on which their mental health was *not* good. (In this case, respondents were told that mental health includes stress, depression and problems with emotions.)

Note in the following chart that, unlike physical health, mental health is more often reported to be not good among younger community members. County residents between the ages of 18 and 39 report experiencing an average of 2.2 days during the past month on which their mental health was *not* good. This compares to an average of just 1.5 days among community members aged 65 and older. Statewide, residents report an average of 2.7 days of poor mental health in the past month, higher than nationwide findings.

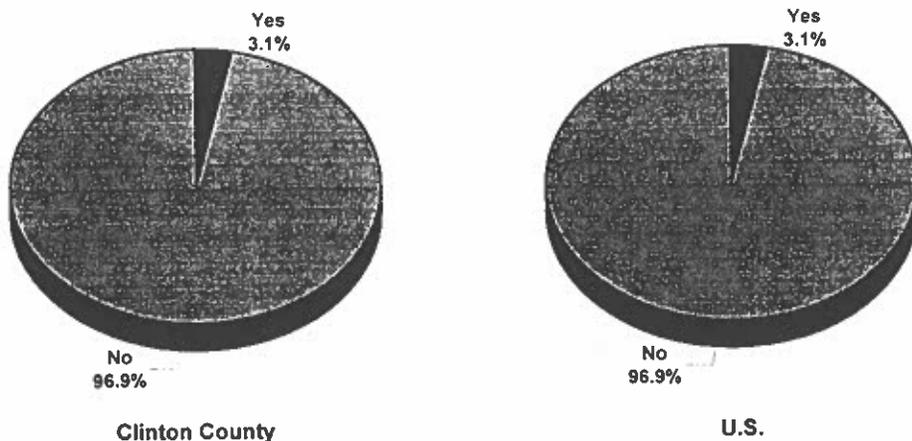
Average Number of Days in Past Month On Which Mental Health Was Not Good



Sources: 1. 1996 PRC Community Health Survey
2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
3. 1995 PRC National Health Survey
Note: Asked of all respondents.

A significant portion of the U.S. population has had some experience with mental illness (3.1% nationwide), and many of these individuals may be predisposed to future emotional or mental problems. In fact, an identical 3.1% of Clinton County adults have a history of problems with mental or emotional illness.

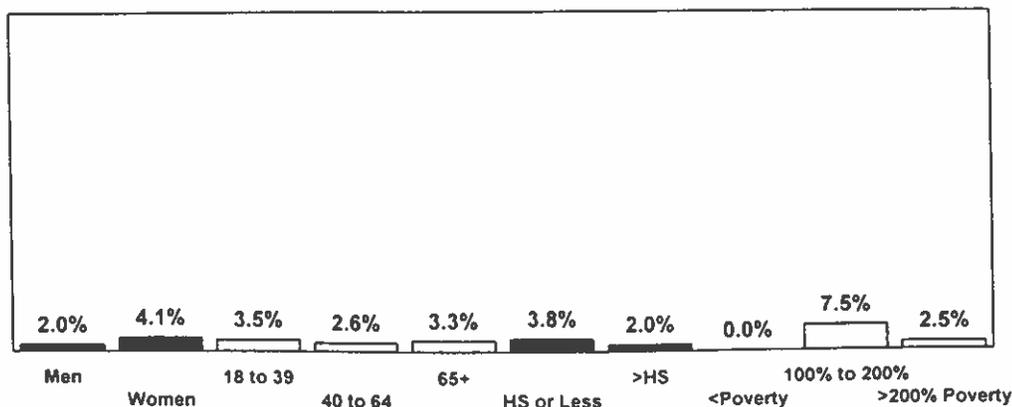
Have History of Problems With Mental or Emotional Illness



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 Notes: 1. Asked of all respondents.
 2. Statewide data not available.

Women in Clinton County are twice as likely as men to express a history of mental and/or emotional illness. It may be interesting to note that no individuals living below the national poverty level indicated having histories of problems with a mental or emotional illness, compared to 7.5% of those living just above the poverty level.

Have History of Problems With Mental or Emotional Illness



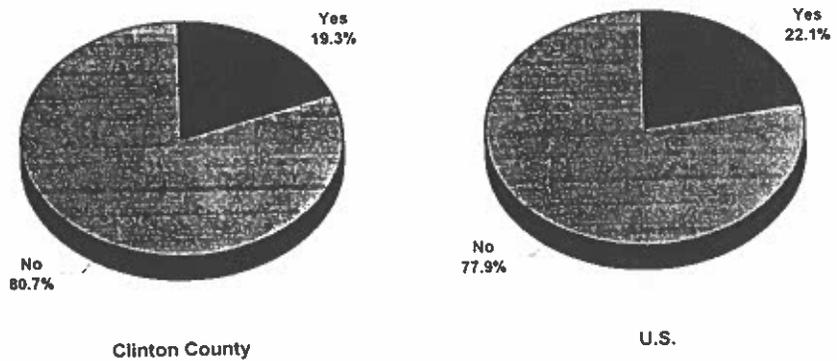
Source: 1996 PRC Community Health Survey
 Note: Asked of all respondents

Depression

Depression is a serious illness affecting the U.S. population, whether occasionally or, in many cases, for prolonged periods of time. In fact, 22.1% of adults throughout the nation indicate they have experienced periods of depression lasting at least two years. In Clinton County, a smaller percentage (19.3%) have had such periods in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

Women in the area, older individuals and residents with lower household incomes and educational levels more often note experiencing periods of depression, as shown below. Based on

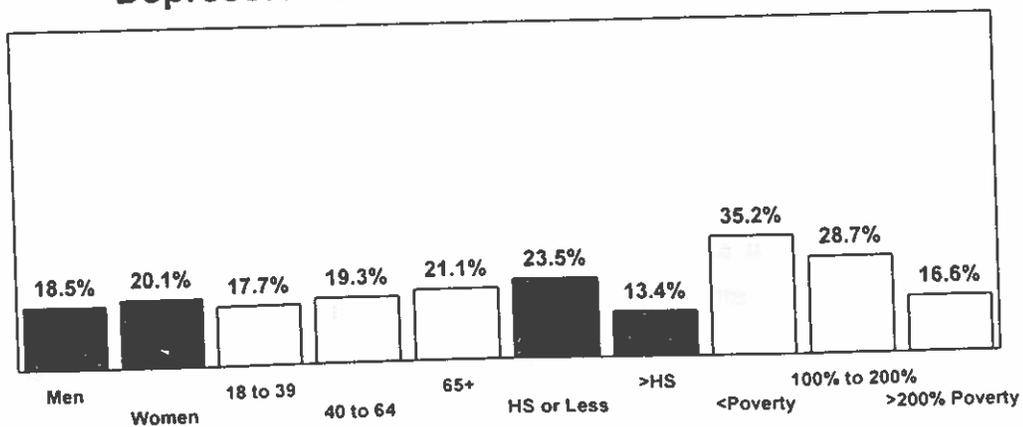
Have Experienced Periods of Depression Which Lasted 2 or More Years



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 Notes: 1. Asked of all respondents.
 2. Statewide data not available

Clinton County's adult population, the total 19.3% prevalence represents a remarkable 5,462 community members who have faced or are facing bouts with depression.

Have Experienced Periods of Depression Which Lasted 2 or More Years

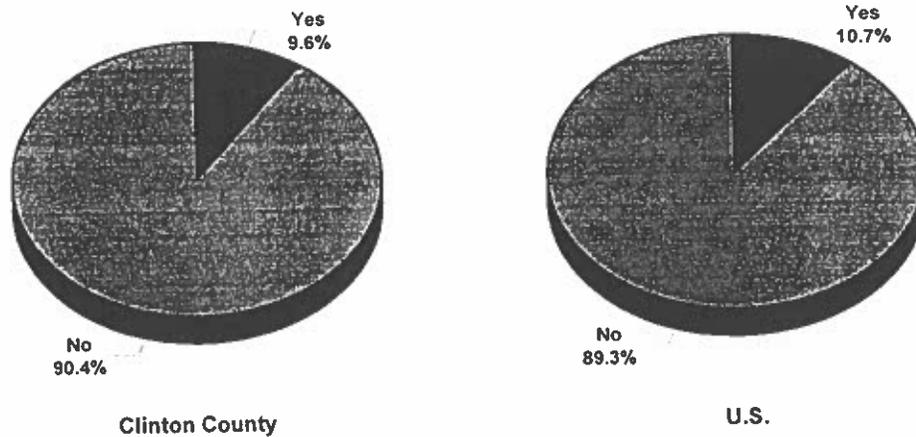


Source: 1996 PRC Community Health Survey
 Note: Asked of all respondents.

Stress

Excessive stress can be a detriment to one's mental health, and can have significant physical ramifications as well. On a typical day, 9.6% of Clinton County adults admit that their stress level is generally "high." In contrast, 10.7% of people throughout the U.S. report experiencing high levels of stress on a typical day, as shown below.

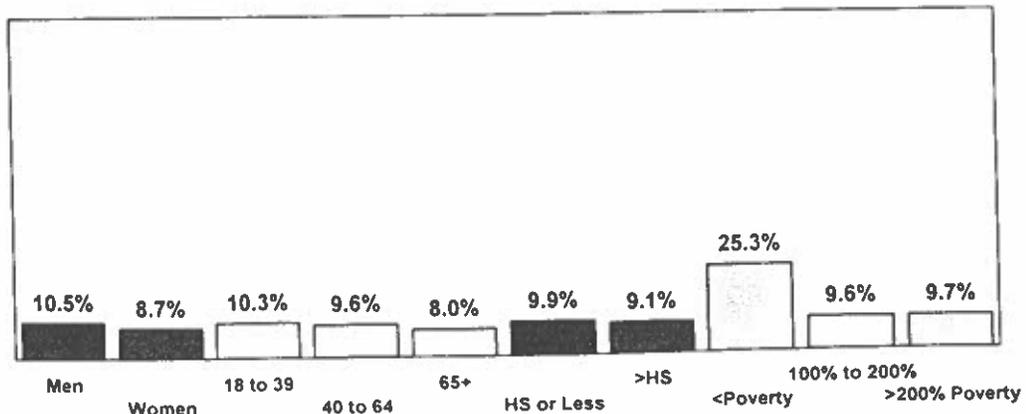
Experience High Stress on a Typical Day



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 Notes: 1. Asked of all respondents.
 2. Statewide data not available.

As shown in the following chart, community members under the age of 65 most often related experiencing high levels of stress, as well as males and a full 25.3% of individuals living in poverty.

Experience High Stress on a Typical Day

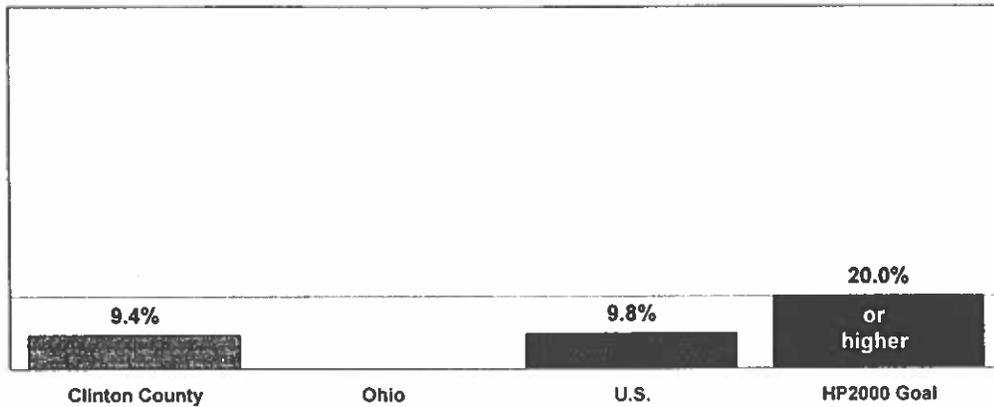


Source: 1996 PRC Community Health Survey
 Note: Asked of all respondents

Utilization of Mental Health Services

A total of 9.4% of Clinton County adults have accessed or attempted to access mental health services or programs. Note the *Healthy People 2000* goal to have at least 20% of adults aged 18 and older who seek help in coping with mental or emotional problems. Across the U.S., 9.8% of people have accessed (or attempted to access) such services.

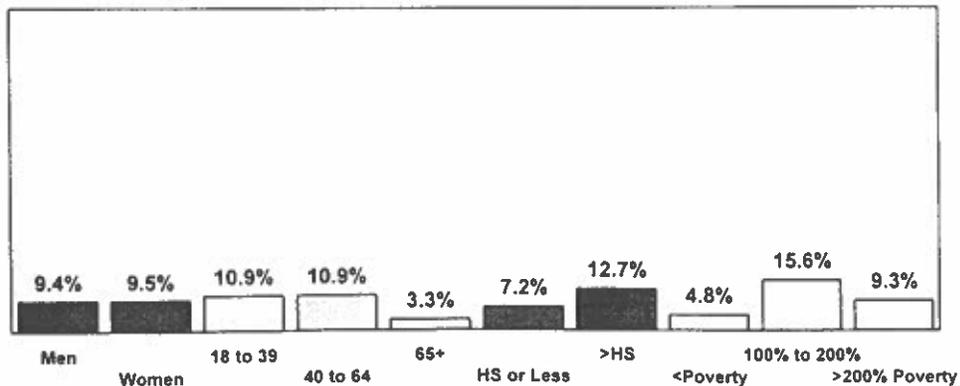
Have Sought Professional Help for a Mental or Emotional Problem



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 3. Healthy People 2000
 Notes: 1. Asked of all respondents.
 2. Statewide data not available.

Note in the following chart that attempts to access mental health services are particularly low among those aged 65+ and people living below the poverty level.

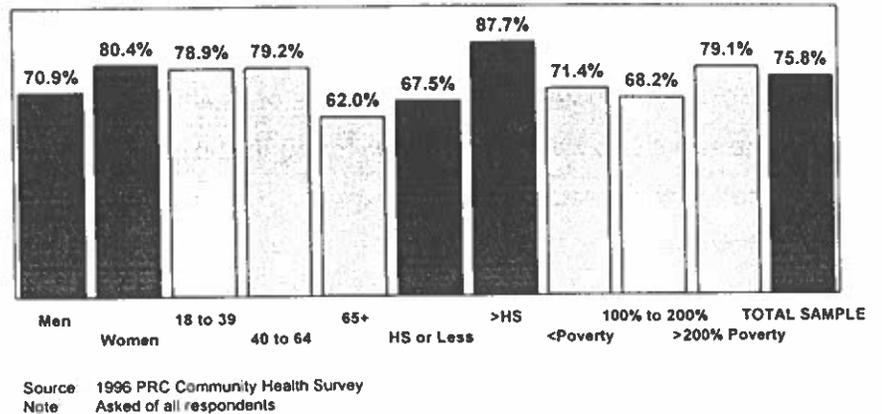
Have Sought Professional Help for a Mental or Emotional Problem



Source: 1996 PRC Community Health Survey
 Note: Asked of all respondents

In a follow-up inquiry, adults were asked to indicate whether they know where to seek professional help for a mental or emotional problem in case they or someone they know were to experience such problems. Three-fourths (75.8%) responded affirmatively; those demographic segments *least*

Know Where to Seek Professional Help for a Mental or Emotional Problem



likely to know where to seek such care include people aged 65 and older, those with no post-secondary education, people in the lower income brackets, and males.

Local Health Resources

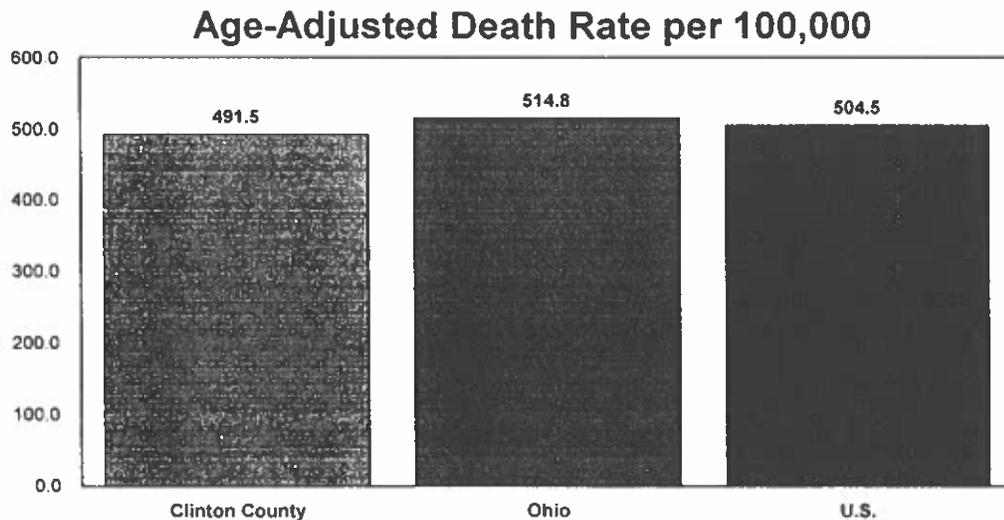
- AIDS Volunteers of Cincinnati
- Alzheimer's Association Greater Cincinnati Chapter
- Big Brothers/Big Sisters
- Catholic Social Services of Southwestern Ohio
- Common Pleas Court
- Clinton County Juvenile Court
- Clinton County Women's Center
- Clinton Memorial Hospital
- Epilepsy Council
- Greene Hall
- Hopewell Behavioral Healthcare Systems
- Presbyterian Church
- Recovery Services of Warren/Clinton Counties
- Sabina Methodist Church
- The Center of Warren/Clinton Counties
- Wilmington Counseling Associates
- Wilmington Friends Meeting
- YWCA House of Peace

Mortality

Certainly no community assessment of health would be complete without an examination of the rates and causes of death found in the population. Such an assessment is detailed in the following section.

Age-Adjusted Death Rate

In 1992 (the most recent year for which such data is available), Clinton County experienced an age-adjusted death rate (adjusted to compensate for differences in age) of 491.5 deaths per 100,000 residents. Statewide, the death rate for 1992 was 514.8 per 100,000 population. Throughout the United States, 504.5 deaths were reported for every 100,000 population, as shown below.



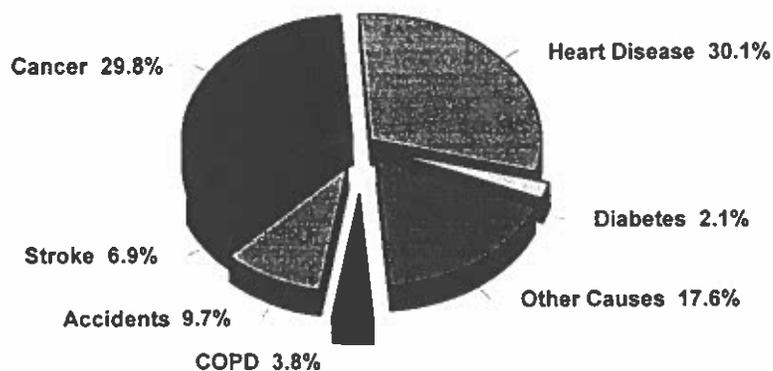
Sources: 1 Centers for Disease Control, 1992 Data
2 National Center for Health Statistics, 1992 Data
Note: Age-adjusted rates are adjusted to the 1940 standard U.S. population

Leading Causes of Death

By far, heart disease is the number-one killer in Clinton County, accounting for 30.1% of deaths in 1992 (the most recent year for which data could be obtained). In addition, cancer accounted for another 29.8% of deaths in Clinton County.

As can be seen in the following chart, the following were the five leading causes of death in Clinton County in 1992: **cardiovascular disease** (heart disease), **malignant neoplasms** (cancer), **accidents**, **cerebrovascular disease** (stroke), and **respiratory problems** (chronic obstructive pulmonary disease).

Leading Causes of Death in Clinton County



Source: Centers for Disease Control, 1992 Data

In order to compare these statistics with other localities, it is necessary to look at the death rates for these and other diseases; these are figures which represent the number of deaths in relation to the population size, in this case, deaths per 100,000 population. The chart on the following page illustrates the death rates measured in 1992 in Clinton County for the leading causes of death. Ohio and national death rates are also provided, along with the goals set forth in *Healthy People 2000*. Note that these death rates are adjusted to compensate for age differences between the various populations examined.

Age-Adjusted Death Rates by Selected Causes

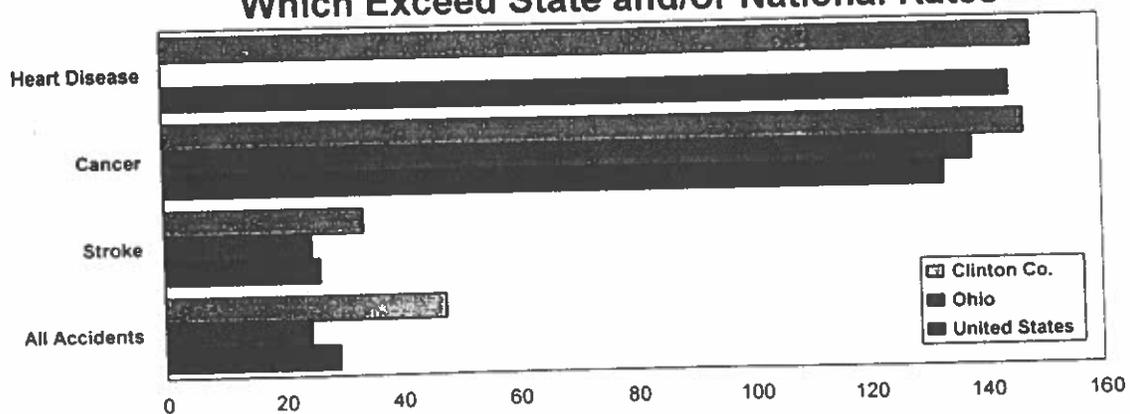
	Clinton County	Ohio	United States	HP2000 Goal
Heart Disease	148.1	154.1	144.3	125.0
Cancer	146.7	138.0	133.1	130.0
Stroke	33.8	24.8	26.2	20.0
Chronic Obstructive Pulm Dis	18.6	21.1	19.9	25.0
Pneumonia/Influenza	N/A	11.5	12.7	
Diabetes	10.7	14.8	11.9	34.0
Suicide	0.0	10.0	11.1	10.5
All Accidents	47.7	24.6	29.4	29.3
Nephritis	0.0	4.9	N/A	

Sources: 1. Centers for Disease Control, 1992 Data
 2. National Center for Health Statistics, 1992 Data
 3. Healthy People 2000

Notes: 1. Rate per 100,000 population.
 2. Figures are age-adjusted to the 1940 U.S. standard population.
 3. The Healthy People 2000 goal for coronary heart disease has been adjusted to account for all diseases of the heart.

As shown, Clinton County experienced death rates notably above state and/or national levels for heart disease, cancer, stroke, and all accidental deaths.

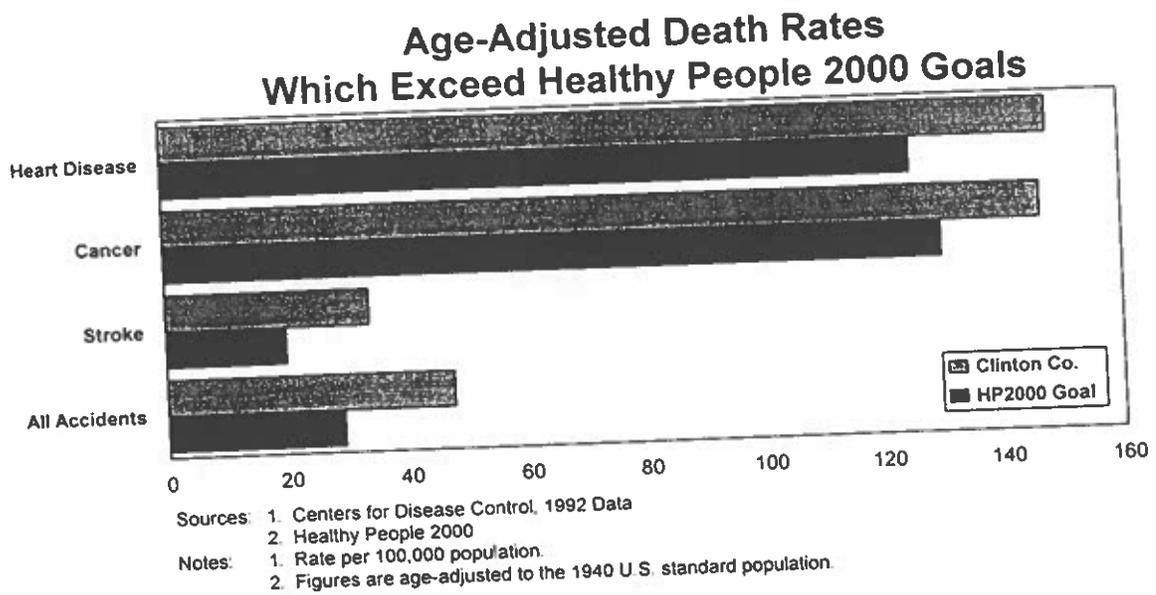
Age-Adjusted Death Rates Which Exceed State and/or National Rates



Sources: 1. Centers for Disease Control, 1992 Data
 2. National Center for Health Statistics, 1992 Data

Notes: 1. Rate per 100,000 population.
 2. Figures are age-adjusted to the 1940 U.S. standard population.

Further, when examining those causes of death for which *Healthy People 2000* has set targets for the year 2000, Clinton County needs to focus again on reducing death rates associated with heart disease, cancer, stroke and accidents. This is perhaps more easily seen in the following chart.



Morbidity

"Morbidity" is defined as the rate of disease in a given locality. The following section outlines data related to the incidence of infectious disease in Clinton County.

Incidence of Infectious Disease

The following chart outlines the reported incidence of selected infectious diseases in Clinton County. Note that, compared to state levels, the county experienced lower incidence rates for each infectious disease illustrated. Further, Clinton County disease rates meet those recommended by *Healthy People 2000*, another positive finding for the community.

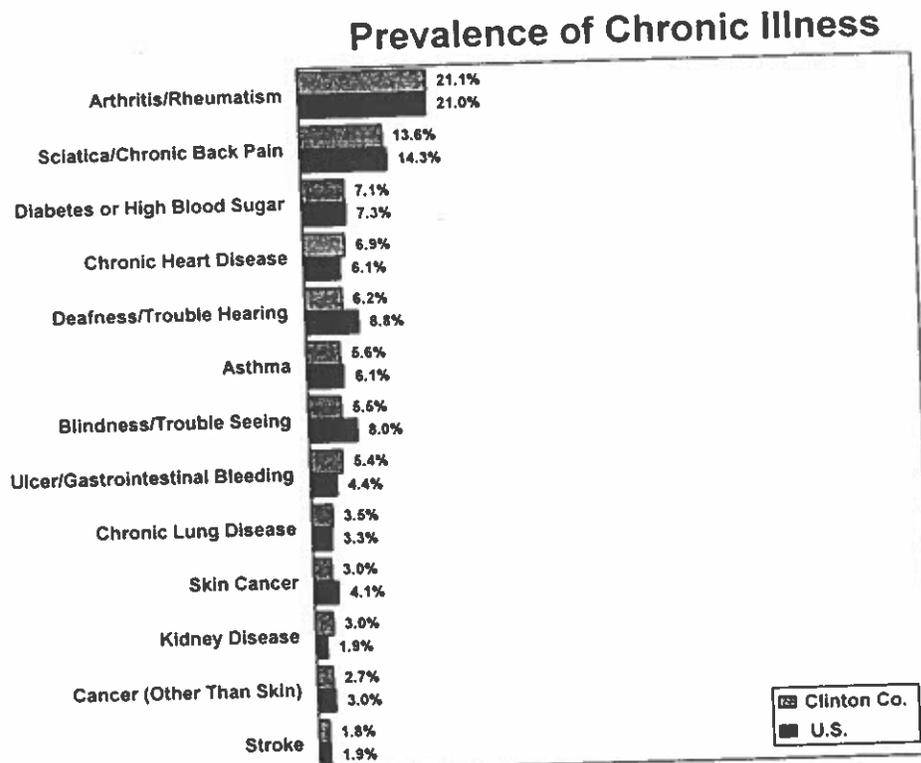
Infectious Disease Rates per 100,000 Population

	Clinton County	Ohio	United States	HP2000 Goal
'93-94 AIDS Cases	8.5	13.3	30.0	
Tuberculosis	0.0	2.6	9.4	3.5
Hepatitis A	0.0	16.2	10.3	
Hepatitis B	0.0	1.1	4.8	
Syphilis	0.0	17.9	32.0	10.0
Gonorrhea	37.7	190.5	168.4	225.0
Chlamydia	123.8	243.2		170.0

- Sources: 1. Ohio Department of Health, 1993-4 and 1995 Data
 2. U.S. Department of Health and Human Services, 1994 Data
 3. Healthy People 2000
- Notes: 1. Rate per 100,000 population.
 2. AIDS data is for 1993-1994. All else reflects the entire year of 1995.

Chronic Illness

As part of the 1996 PRC Community Health Survey, area residents were asked to report the prevalence of any of 13 chronic conditions. As shown below, 21.1% of adults in Clinton County suffer from **arthritis or rheumatism** — this includes 50.0% of those aged 65 and older. Furthermore, another 13.6% of residents currently suffer from sciatica or chronic back pain, as shown below.



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 Note: Asked of all respondents.

Keep in mind that each percentage point above represents approximately 283 adults in Clinton County.

Local Health Resources

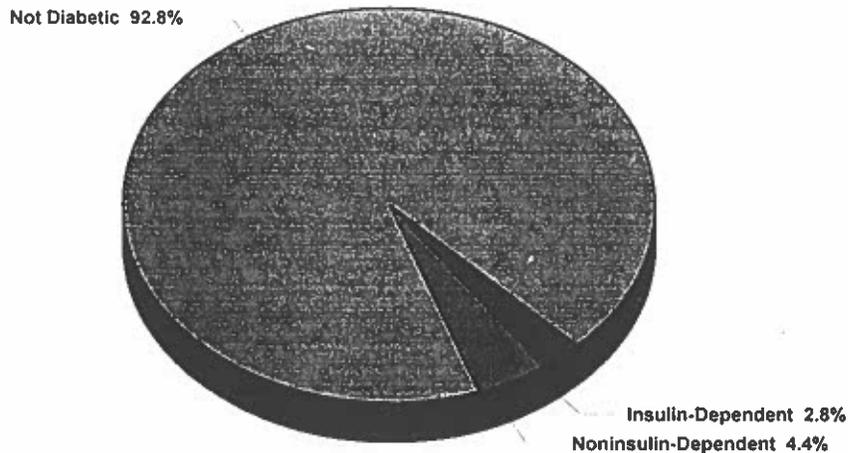
- Arthritis Support Group / Fibromyalgic & Lupus
- Clinton Memorial Hospital

Diabetes

Diabetics are at risk for a host of related ailments, including a number of eye diseases, disease of small blood vessels, as well as premature arteriosclerosis, kidney disease and neuritis (any disorder of the peripheral nervous system which interferes with sensation, the nerve control of muscle, or both). Many of these are preventable or controllable if detected early and properly treated.

As shown in the previous graph, 7.1% of the community members surveyed indicate having diabetes, including 2.8% who indicate that they currently use insulin injections to control their condition.

Diabetes Prevalence

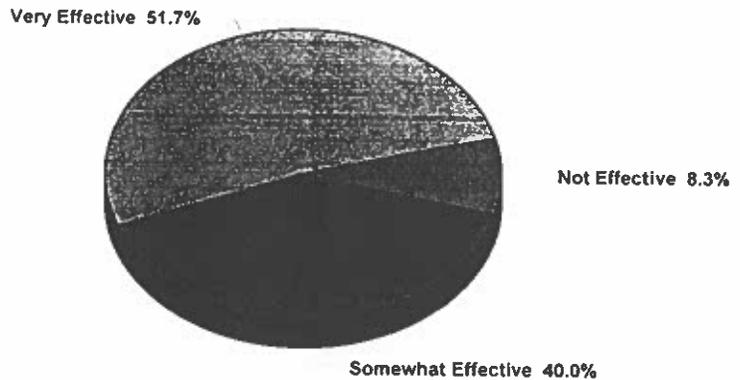


Source: 1996 PRC Community Health Survey
Note: Reflects the total sample of respondents.

STD Awareness

Today, over one-half (51.7%) of county adults believe that a condom is "very effective" in preventing the transmission of a sexually transmitted disease (STD), while 40.0% feel a condom would be "somewhat effective" in preventing an STD and 8.3% of respondents do not feel a condom is effective in preventing the transmission of an STD, as shown.

Perceived Effectiveness of a Condom in Preventing an STD



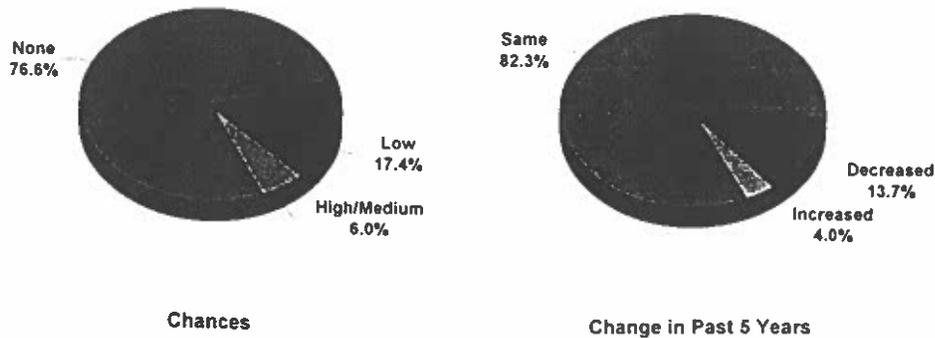
A full 3 in 4 Clinton County

Source: 1996 PRC Community Health Survey
 Note: Asked among respondents aged 18-64.

adults say they have no chance of contracting an STD. However, 17.4% perceive themselves to be at low risk, while 6.0% perceive themselves to be at high or medium risk.

Over the past 5 years, most county adults (82.3%) believe their chances for obtaining an STD has stayed the same, while 4.0% believe their chances have increased, and 13.7% believe they have decreased.

Perceived Chances of Getting an STD

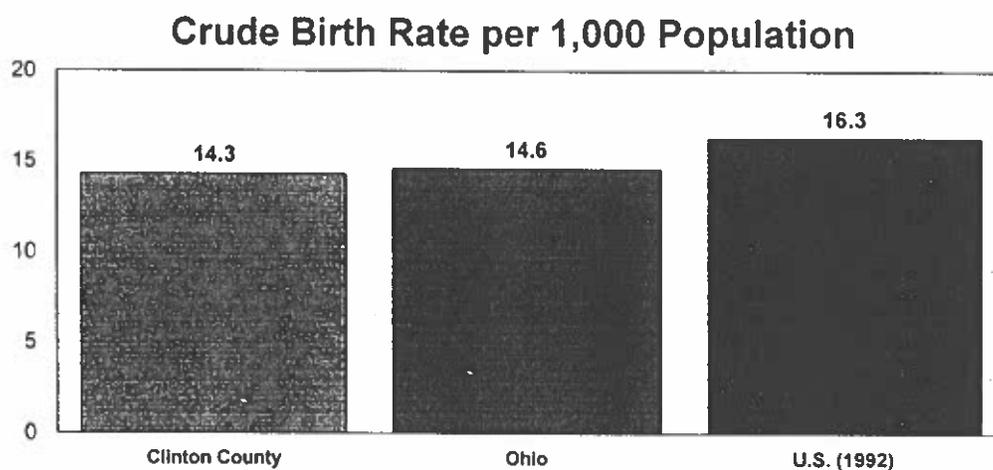


Source: 1996 PRC Community Health Survey
 Note: Asked of respondents aged 18 to 64

Natality

Live Births

For a visual illustration, the following chart represents the 1993 live birth rates per 1,000 population for Clinton County, Ohio and the nation overall. Note that the county birth rate is comparable to that statewide, and falls below the rate found throughout the United States.

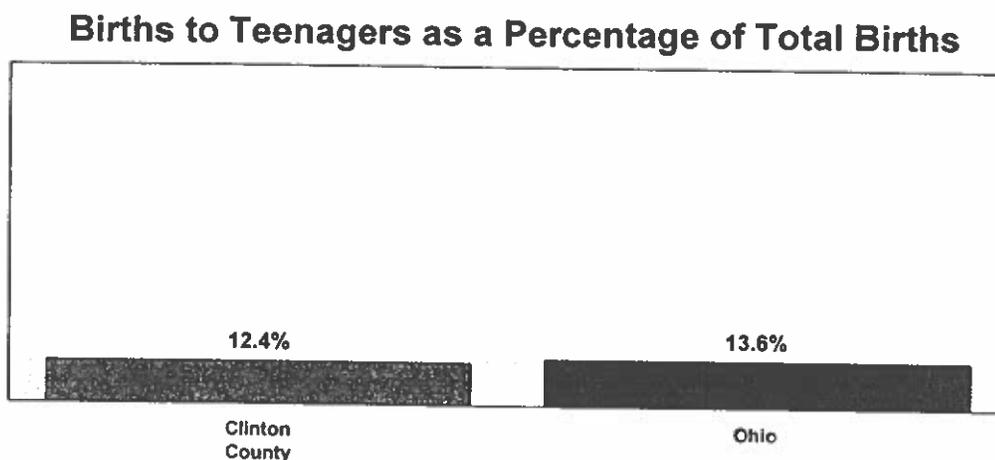


Sources: 1. Ohio Department of Health, 1993 Data
2. National Center for Health Statistics, 1992 Data

Births to Teenage Mothers

Teenage mothers are often at higher risk of problems associated with improper or inadequate prenatal care, especially in minority and lower socio-economic populations.

In Clinton County, the percent of teens giving birth in 1993 was 12.4% of all live births; statewide, this rate was higher (13.6% of all live births). Note in the following chart that "teenage" in this case refers to girls under the age of 20.



Source: Ohio Department of Health, 1993 Data

Note: In this case, "teenagers" refers to mothers under the age of 20.

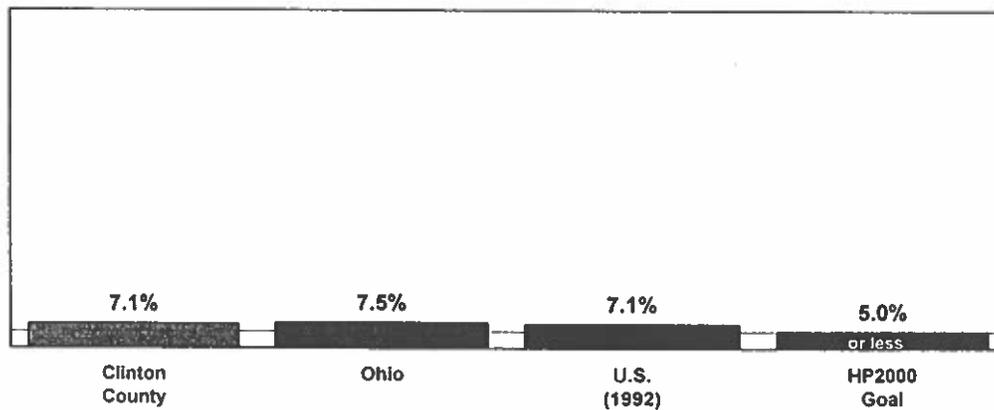
Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds 8 ounces) at birth, are much more prone to illness and infant death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

In 1993, 7.1% of babies born in Clinton County weighed less than 2,500 grams. This is a comparatively smaller percentage of low birthweight babies than recorded statewide (7.5%). Nationwide, another 7.1% of live births were low birth-weight (1992 data).

Note the *Healthy People 2000* goal of reducing to 5% or less the number of women delivering low-weight babies, as shown in the following chart.

Low-Weight Births as a Percentage of Live Births



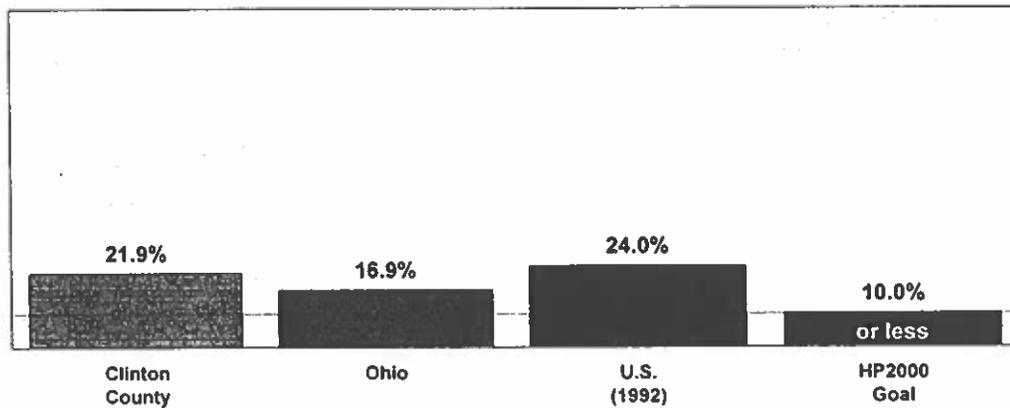
Sources: 1. Ohio Department of Health, 1993 Data
2. National Center for Health Statistics, 1992 Data
3. Healthy People 2000

Note: Low birthweight is defined as 2,500 grams or less.

Prenatal Care

Early and continuous prenatal care is the best assurance of infant health. However, in Clinton County in 1993, 21.9% of women giving birth did not receive prenatal care during the first trimester of pregnancy. Inadequate prenatal care was much lower throughout the state (16.9% of women did not receive prenatal care in the first trimester). Nationwide, this prevalence was 24% in 1992; note that Clinton County percentage is more than twice the *Healthy People 2000* goal to reduce to 10% or less the proportion of women who do not receive adequate prenatal care in the first trimester of pregnancy.

Prenatal Care Not Received in the First Trimester



Sources: 1. Ohio Department of Health, 1993 Data
2. Healthy People 2000
3. National Center for Health Statistics, 1992 Data

[Note that Clinton Memorial Hospital opened its prenatal clinic in September of 1993.]

Infant Deaths

The adjacent chart outlines the rates of neonatal, infant and fetal deaths in Clinton County and the state in 1993. As shown, no infant deaths were recorded in the county in 1993 (and therefore no neonatal, fetal, or perinatal deaths).

Perinatal and Infant Mortality Rates

	Clinton County	Ohio
Neonatal Deaths	0.0	9.1
Infant Deaths	0.0	6.0
Fetal Deaths	0.0	7.6
Perinatal Deaths	0.0	13.4

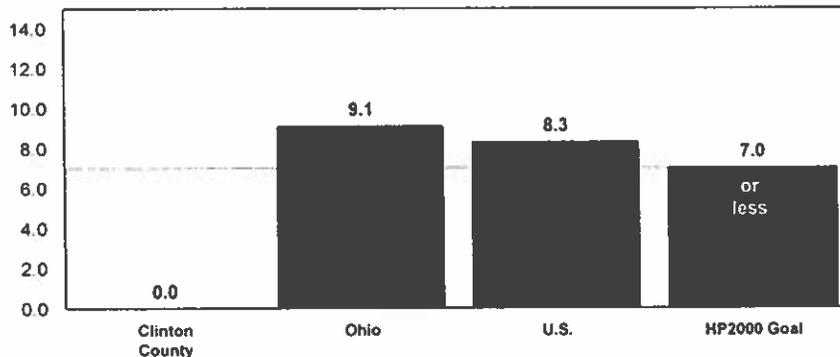
Source: Ohio Hospital Association, 1993 Data

- Notes:
1. All rates are per 1,000 live births, except fetal and perinatal which are per 1,000 live births plus fetal deaths.
 2. Neonatal death is the death of a liveborn infant occurring within the first 27 days of life.
 3. Infant death is the death of a liveborn infant under one year of age.
 4. Fetal death is a birth which fails to show any sign of life after delivery regardless of the gestational age. Same as "stillbirth."
 5. Perinatal death is the death of a fetus of 28 or more weeks gestation or the death of a liveborn infant under seven days of life.

The following chart visually displays the infant mortality rates per 1,000 live births in

Clinton County, Ohio and the U.S. for the year 1993 (1992 for the U.S.). As may be

Infant Mortality Rate per 1,000 Live Births



Sources 1 Ohio Hospital Association, 1993 Data
2 Healthy People 2000

- Notes 3 National Center for Health Statistics, 1992 Data
1 Infant mortality is defined as the death of a child less than 1 year old
2 United States data is provisional 1993 data

expected, the infant mortality rate in Clinton County meets the year 2000 goal of less than 7.0 infant deaths per 1,000 live births; on the other hand, the state's rate of 9.1 exceeds the year 2000 goal, as shown.

Local Health Resources

- Catholic Social Services of Southwestern Ohio
- Clinton County Extension Office
- Clinton County Women's Center
- Clinton Memorial Hospital
- Wilmington City Schools

MODIFIABLE HEALTH RISKS

Focus Group Findings

Modifiable Behavioral Health Risks

There are a great many lifestyle choices that may be detrimental to one's health status. These behavioral health risks are responsible for a large portion of our health care expenditures and are almost entirely preventable. Note that teenagers and adolescents are perceived to be particularly at risk for engaging in unhealthy behaviors, including alcohol and drugs, smoking, teenage pregnancy, and gangs.

- *"Alcohol and drugs, they're all societal problems. I don't think it's any different in this community than anywhere else, but I think drugs are a problem that maybe the community as a whole doesn't recognize just how serious the drug problem is in this community. But the court system and the people here at the hospital, I think they recognize how serious it is and how it touches on other things, in terms of crime... that sort of thing." CL*
- *"Possibly an area of risk behavior, and it's something that's coming, is there's a drug problem amongst teenagers, at least a growing drug problem amongst teenagers, individuals in their early 20s, obviously nowhere near what it is in Hamilton County, but I think it's definitely on the increase. Even the nasty stuff, crack cocaine..." AH*
- *"A lot of our kids think at the college that you can't have a good time unless you're drinking. And they equate having a good time with drinking. And you can offer all the non-alcohol punch you want and it sits on the table. And then the kids who would drink the non-alcohol punch don't want to be seen drinking it." CL*
- *"We have a lot of mischief and we have quite a drug problem here in Clinton County. We're between the three metros and we have 71 running through us and so they're saying, what do they call that, the 'corridor' for the drug-trafficking." SS*
- *"I hear drugs are a big problem in the schools." P*

- *"Something that's related to that I think is **smoking** among kids and **chewing tobacco** are still a big problem. I don't think they even care that it's going to have long term effects." AH*
- *"Tobacco, smokeless tobacco used by the teenagers is a big problem." P*
- *"Another thing that amazes me is that for the first five years that I was here, the teenagers that I was seeing were more or less into the health kick thing, exercising regularly, eating right, avoiding drugs, avoiding tobacco, and now I'm seeing again teenagers that have started smoking at age 12... they think it's cool, they hang out with friends who think it's cool, so I think the attitude among teenagers that smoking is stupid has sort of died out." P*
- *"Whenever I see a teenager in the emergency room, I ask them about smoking and they always say yes, 9 out of 10 times, it's amazing." P*
- *"There has been an outtake here as well as nationwide as far as kids who are using drugs at a younger age. Cigarettes are a big problem... Typically the kids that are smoking cigarettes in junior high are the kids that are going to smoke marijuana later. And I've noticed a lot more kids smoking here than there were before." SS*
- *"I find it very difficult to find a restaurant here that you can go to and sit down with your family and have a meal without being exposed to smoke, even if you ask for a non-smoking table. There's so many smokers." P*
- *"I see an influx of teenage **gangs**, whatever that's called, that gangster stuff." CL*
- *"**Teenage pregnancy** has some really far-reaching implications, but when I just look at the sexual behavior of young people in Clinton County, kinds of things that we're seeing in 15 and 16 year old girls in terms of long, far-reaching health impact is really quite frightening. We're seeing 12 year olds now for pregnancy testing and STD testing." CL*
- *"Teenage pregnancy/unwed mothers, maybe not necessarily in the actual health of the mother and the newborn infant, but from my personal perspective, from my background, I consider illegitimacy ultimately a health problem because I feel it evolves into other issues, at least a potential for greater health issues." AH*

- *"I think when you look around, there is a **dietary problem**, not necessarily all that different from other areas, but I think maybe it's reflective of the population and the educational status, perhaps... younger, more educated people are more aware of smoking and alcohol and diet and exercise." P*

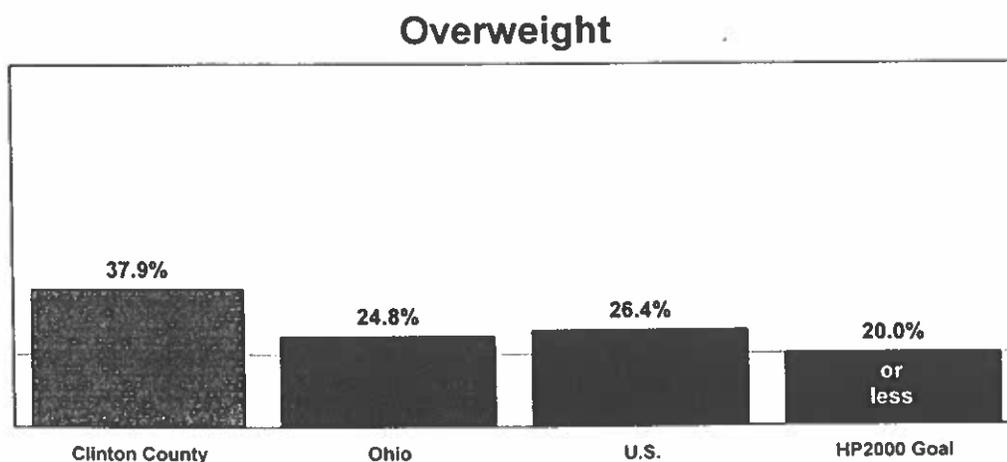
Overweight

Being overweight afflicts a considerable portion of the U.S. population and carries significant health risks. Individuals who are overweight are at increased risk for high blood pressure, high blood cholesterol, coronary heart disease, stroke, diabetes, atherosclerosis, gall bladder disease, some types of cancer, and osteoarthritis.

One of the more precise measurements of being overweight is body mass index (BMI), a ratio of weight to height (kg/m^2). One is considered to be overweight if his or her body mass index exceeds the 85th percentile for young American adults (27.8 for men and 27.3 for women). To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Overweight Prevalence

More than 1 in 3 (37.9%) adults in Clinton County are overweight, based on reported heights and weights, almost twice the target for overweight prevalence of 20% or less by the year 2000. This percentage is also much higher than that found statewide in the 1993 *Ohio Behavioral Risk Factor Surveillance System*. Note also that 26.4% of Americans are overweight.

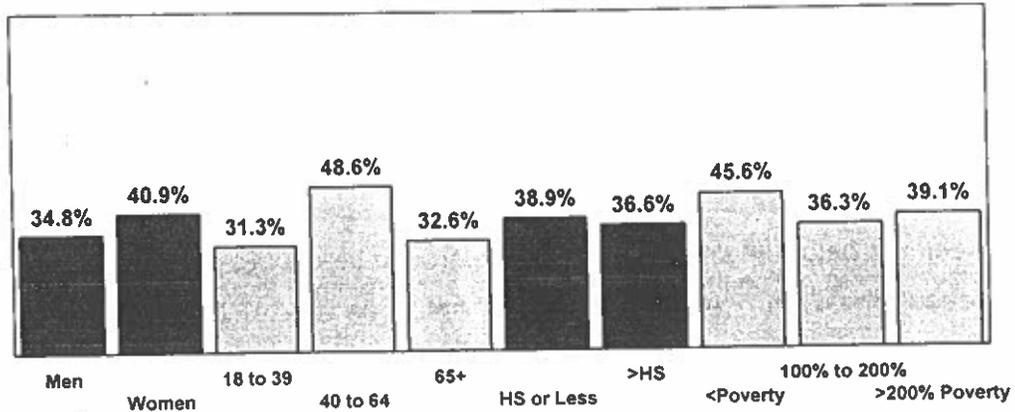


- Sources: 1. 1996 PRC Community Health Survey
2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
3. 1995 PRC National Health Survey
4. Healthy People 2000

- Notes: 1. Overweight is defined as having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), equal to or greater than 27.8 for men or 27.3 for women.
2. Asked of all respondents

As shown in the following chart, persons aged 40 to 64 show the greatest level of overweight prevalence (48.6%); high levels are also found among women and those individuals living below the poverty level.

Overweight



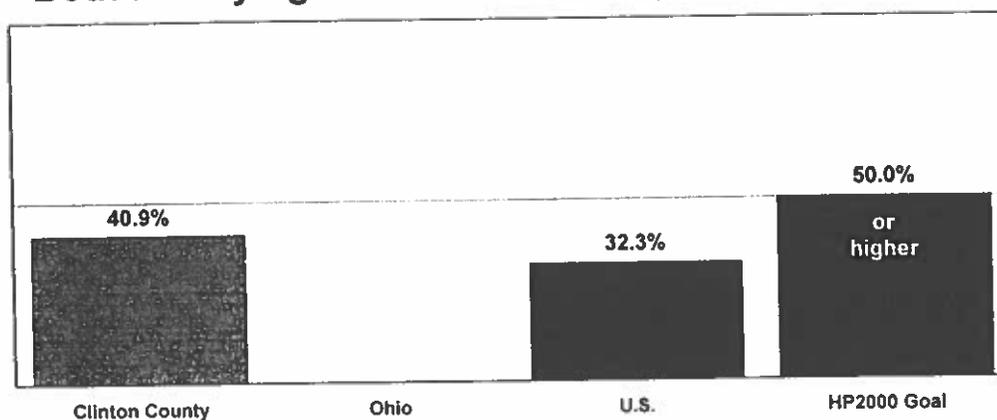
Source: 1996 PRC Community Health Survey

- Notes:
1. Overweight is defined as having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), equal to or greater than 27.8 for men or 27.3 for women.
 2. Asked of all respondents.

Weight Control

Among those overweight people trying to lose weight, 40.9% are altering their eating habits by reducing the number of calories and/or amount of fat in their diets and increasing their physical activity. Nationally, almost one-third (32.3%) of overweight individuals are taking both measures to lose weight. By the year 2000, *Healthy People* hopes that at least one-half of overweight individuals will be adopting both methods in order to shed extra pounds.

Overweight Persons Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity



Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
3. Healthy People 2000

Notes: 1. Asked of all respondents.
2. Statewide data not available.

Nutrition

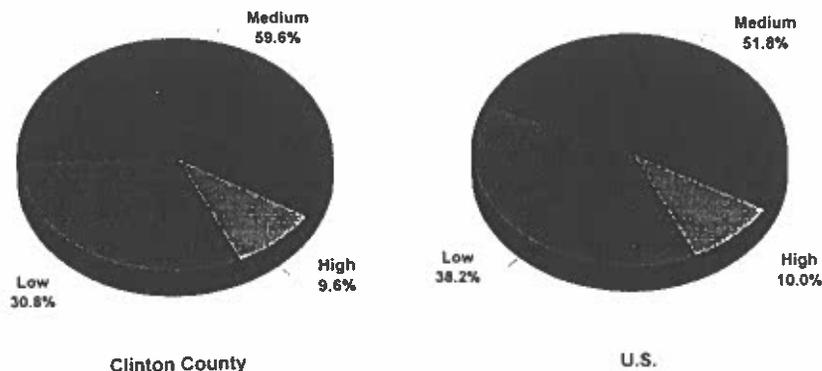
Diet is a key component to good health. In fact, dietary habits have been linked to five of the ten leading causes of death in the United States, including coronary heart disease, some types of cancer (colorectal, breast and prostate), stroke, noninsulin-dependent diabetes mellitus and atherosclerosis. A well-balanced, low-fat diet can also help limit the risks associated with excessive weight, high blood pressure and high blood cholesterol.

Whereas nutrient deficiencies may have once been a primary concern, the greatest problems today involve the excesses and imbalances of some foods in the American diet. Ideally, one's diet should: be low in fat, saturated fat and cholesterol; include plenty of vegetables, fruits and grain products; contain moderate amounts of sugars, salt and sodium; and include alcohol use in moderation if at all.

Dietary Fat Content

A total of 9.6% of residents in Clinton County (representing approximately 2,717 people) report eating a diet "high" in fat content, while 59.6% of people feel their diets are "medium" in fat and the remaining 30.8% of residents eat diets "low" in fat. Nationwide, just over one-half of Americans perceive their diets to be "medium" in fat content.

Self-Reported Fat Content in Diet

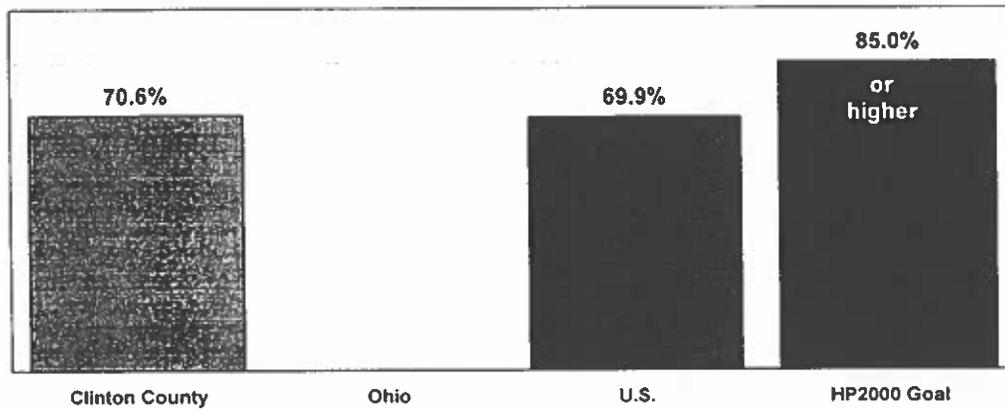


Sources 1 1996 PRC Community Health Survey
2 1995 PRC National Health Survey

Food Labels

Healthy People 2000 hopes that at least 85% of people shopping for groceries will read food labels in order to make nutritious selections. In Clinton County, approximately 7 in 10 (70.6%) residents indicate they read food labels to make nutritious selections, and 69.9% of people nationwide reported the same, as shown below.

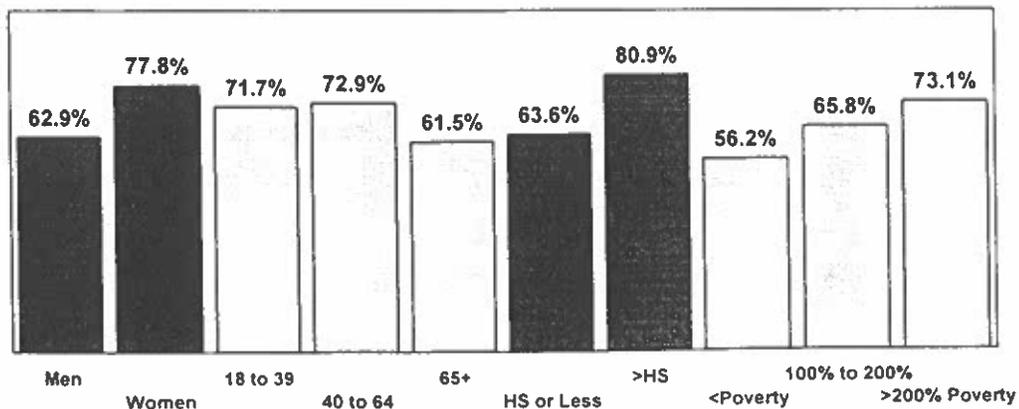
Use Food Labels to Make Food Selections



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 3. Healthy People 2000
 Notes: 1. Asked of all respondents.
 2. Statewide data not available.

When illustrated demographically, those people most likely to read food labels for nutritious selections include women, individuals under 65, and those with higher education and income levels.

Use Food Labels to Make Food Selections



Source: 1996 PRC Community Health Survey
 Note: Asked of all respondents

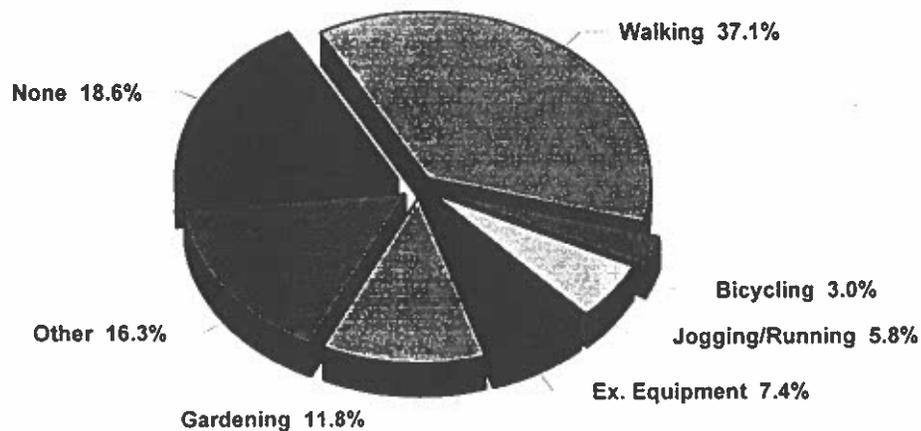
Exercise

Regular physical activity contributes to a longer and healthier life. The health benefits of exercise are irrefutable; it has been asserted that employing regular physical activity toward cardiorespiratory fitness can prevent or limit one's risk for such afflictions as coronary heart disease, hypertension, noninsulin-dependent diabetes mellitus, osteoporosis, obesity, depression, colon cancer, stroke and back injury.

Exercise

A total of 81.4% of adults in Clinton County have participated in some type of exercise, recreational or physical activity during the past month, independent of their job duties. Most of these individuals identified **walking** as their most common type of leisure-time activity, as shown below.

Primary Type of Leisure-Time Physical Activity

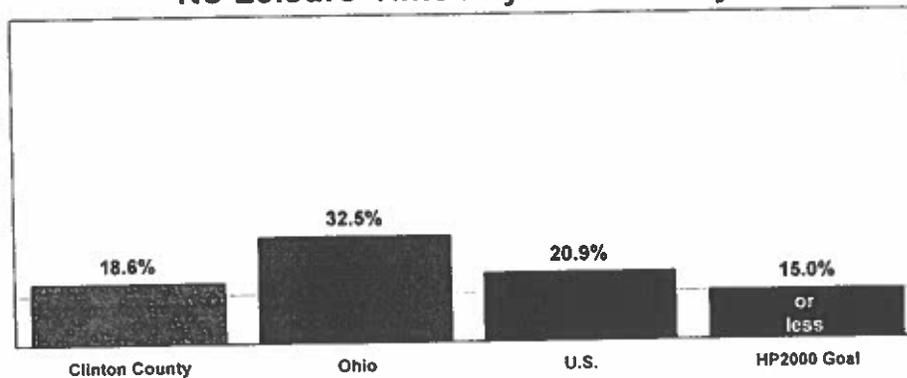


Source: 1996 PRC Community Health Survey
Note: Reflects the total sample of respondents

No Leisure-Time Physical Activity

However, 18.6% of Clinton County residents have *not* participated in any type of physical activity outside work during the past month. On the other hand, this percentage is notably lower than the 32.5% recorded statewide, and just exceeds the 15%-or-lower goal set by *Healthy People 2000*. Nationwide, one-fifth of Americans do not participate in leisure-time physical activity.

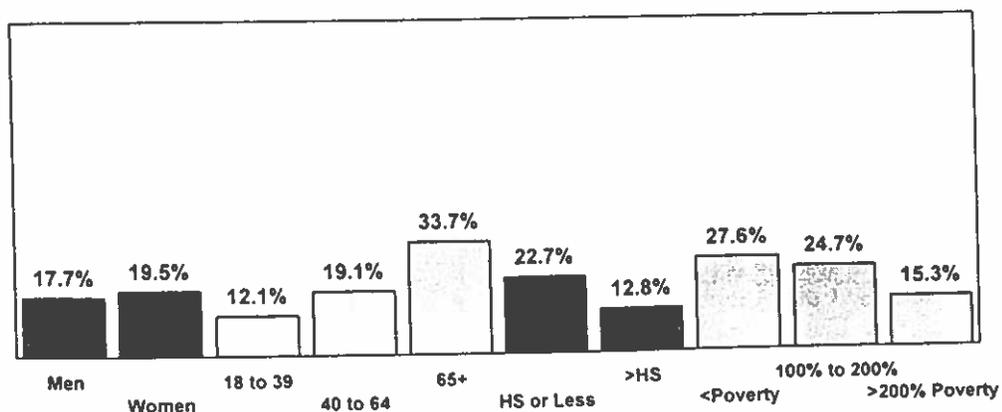
No Leisure-Time Physical Activity



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 3. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1992
 4. Healthy People 2000
 Note: Asked of all respondents.

The following chart segments levels of inactivity by various demographic characteristics. As shown, the lack of leisure-time activity is highest among persons aged 65 and older, as well as those living below the national poverty level, and people with no postsecondary education, as shown.

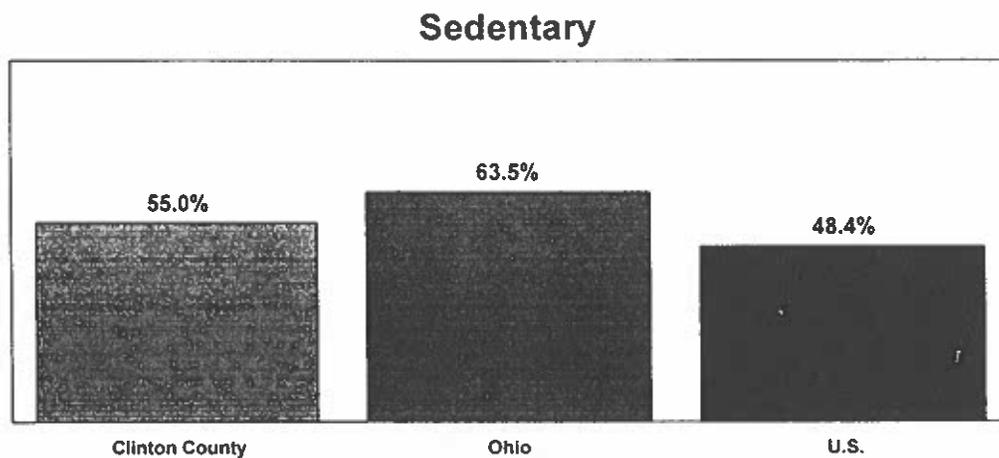
No Leisure-Time Physical Activity



Source: 1996 PRC Community Health Survey
 Note: Asked of all respondents.

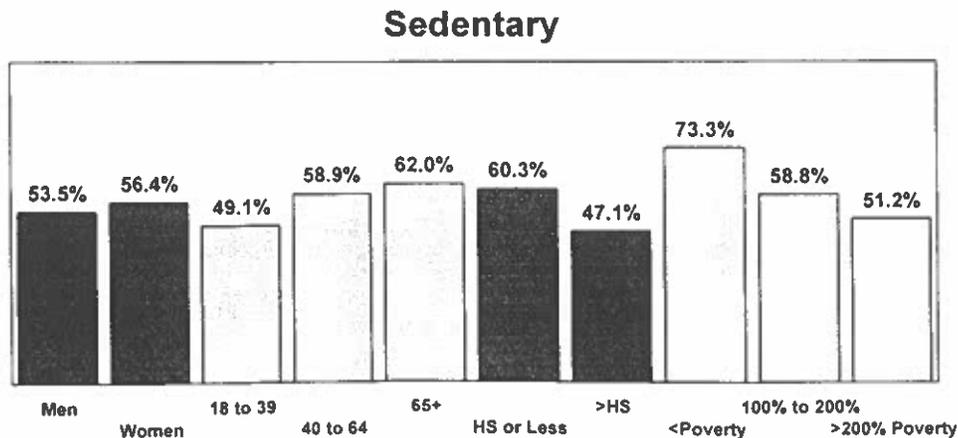
Sedentary Lifestyles

Healthy People 2000 recommends exercising at least three times per week for at least 20 minutes per occasion. Those who do not meet or exceed this guideline are considered to be "sedentary." In Clinton County, 55.0% of adults fall into this "sedentary" category, meaning that they do not get enough exercise. This figure is 8.5% lower than that recorded statewide in a similar survey in 1992. Throughout the nation, 48.4% of Americans are sedentary.



- Sources: 1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1992
 3. 1995 PRC National Health Survey
- Notes: 1. Sedentary is defined as exercising less than three times a week for 20 minutes at a time
 2. Asked of all respondents.

Sedentary lifestyles are most noted among Clinton County adults living in poverty, as well as among those with no education beyond high school and people aged 65+.



- Source: 1996 PRC Community Health Survey
- Notes: 1. Sedentary is defined as exercising less than three times a week for 20 minutes at a time
 2. Asked of all respondents.

Local Health Resources

- AIDS Volunteers of Cincinnati
- Clinton County Community Action Senior Services
- Clinton County Community Family YMCA
- Clinton County Extension Office
- Clinton County Head Start
- Clinton County WIC Supplemental Food & Nutrition Program
- Clinton Memorial Hospital
- Team Prevention
- Veteran Service Commission
- Wilmington City Schools
- Wilmington Friends Meeting

Tobacco Use

Tobacco use remains the single-most avoidable cause of death in our society. The predominant form of tobacco use is cigarette smoking, which has been associated with coronary heart disease, cancer (lung, larynx, pharynx, oral cavity, esophagus, pancreas and bladder), stroke, emphysema and other health problems such as respiratory infections and stomach ulcers.

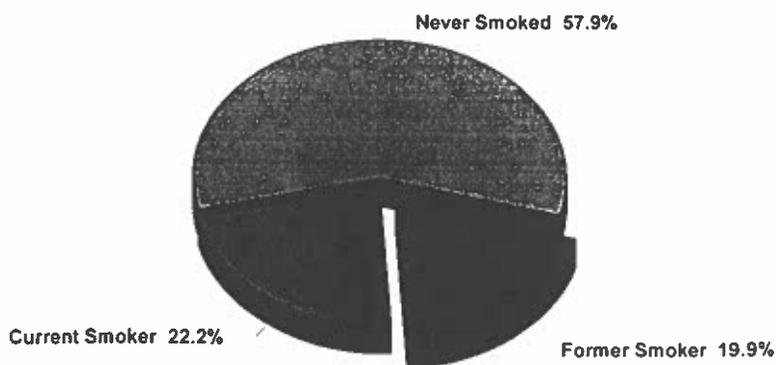
Cigarette smoking is responsible for more than one in six deaths in the United States. It accounts for 21% of coronary heart disease deaths, 87% of lung cancer deaths, and 30% of all cancer deaths. Cigarette smoking is also a substantial contributor to chronic morbidity and disability in the U.S.

Furthermore, the dangers of smoking are not limited to the smoker alone. Cigarette smoking during pregnancy contributes to low birthweight, preterm delivery and infant death. Passive or second-hand smoke can cause disease (including lung cancer) in nonsmokers and severe respiratory and other problems in young children and infants.

Cigarette Smoking Prevalence

Approximately 4 in 10 adults in Clinton County are classified as "current" or "former" cigarette smokers — each has smoked at least 100 cigarettes in his or her lifetime. This group is comprised of 19.9% of the population which no longer smokes regularly, and 22.2% of the population which currently smokes.

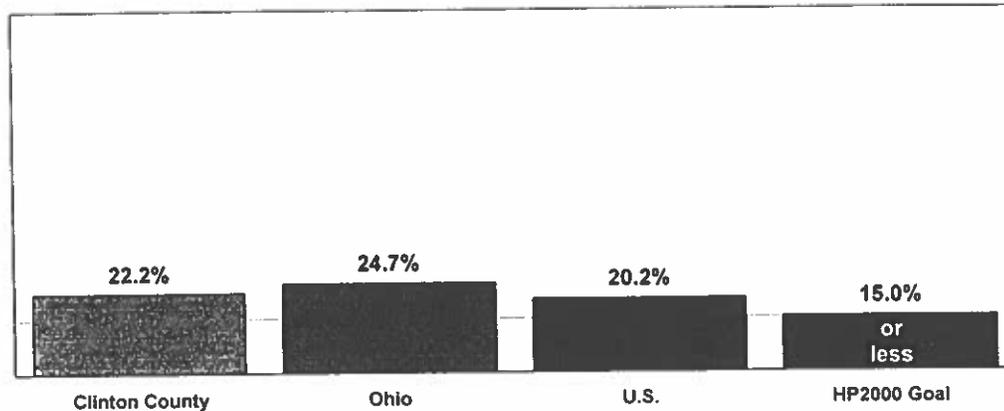
Smoking Prevalence



Source: 1996 PRC Community Health Survey
Note: Asked of all respondents.

The 22.2% smoking prevalence recorded in Clinton County is lower than the 24.7% prevalence recorded statewide, but exceeds the 20.2% nationwide. Note that adults in Clinton County do not meet the year 2000 goal to reduce smoking prevalence to 15% or less of adults aged 18 and over.

Current Smokers

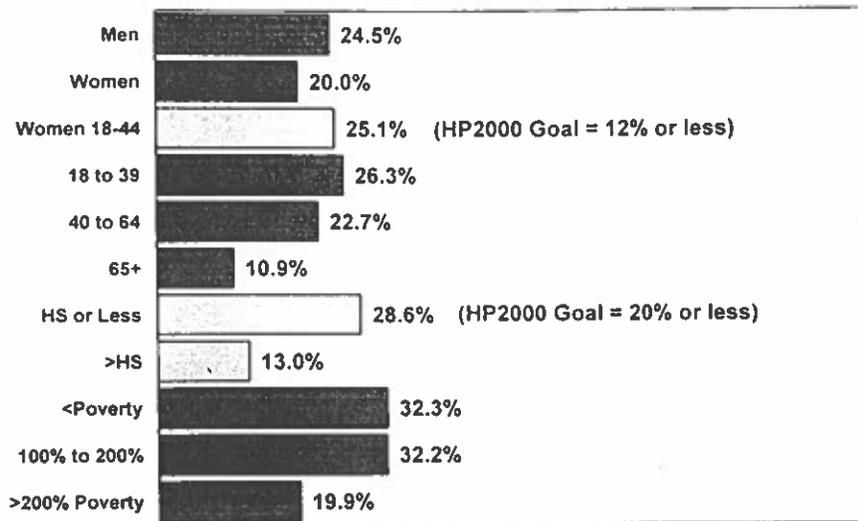


Sources: 1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
 3. 1995 PRC National Health Survey
 4. Healthy People 2000
 Note: Asked of all respondents.

The following chart outlines smoking prevalence, segmented by various demographic characteristics. As shown, 20.0% of women — and 24.5% of men — currently smoke. By analysis, it can be seen that, among women, a higher prevalence (25.1%) of cigarette smoking is noted for those in their child-bearing years (ages 18 to 44). This is particularly alarming, given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy. The *Healthy People 2000* goal for the subset of women aged 18 to 44 is a prevalence of less than 12% smoking by the year 2000.

In examining cigarette smoking by education levels, a negative correlation is evident; smoking prevalence levels were lowest among the groups of county residents with the highest education classifications. Note that *Healthy People 2000* sets a goal of less than 20% smoking by the year 2000 for individuals with a high school education or less.

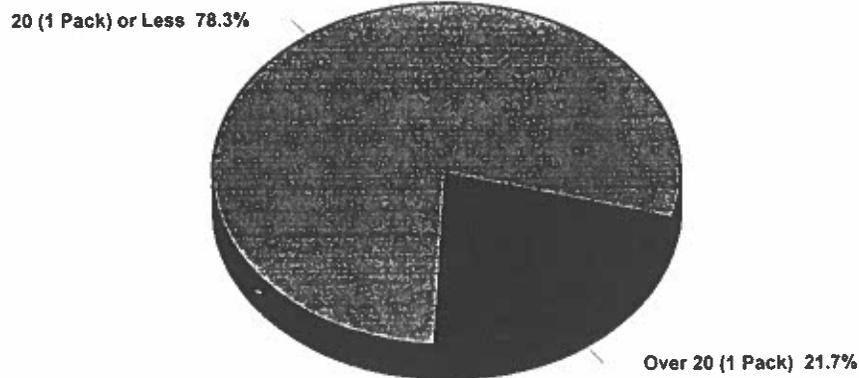
Current Smokers



Sources: 1. 1996 PRC Community Health Survey
2. Healthy People 2000
Note: Asked of all respondents

Among those who currently smoke, 21.7% smoke more than one pack (20 cigarettes) a day, while 78.3% smoke one pack (20 cigarettes) or less.

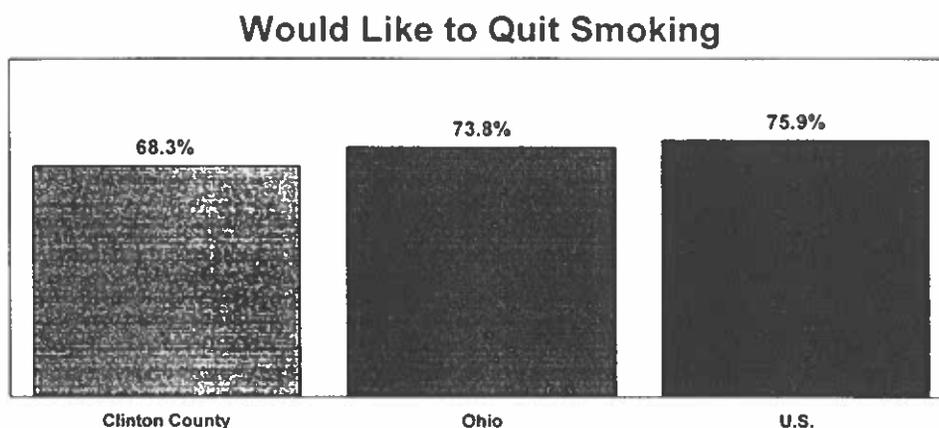
Average Number of Cigarettes Smoked Per Day



Source: 1996 PRC Community Health Survey
Note: Asked of current smokers

Cigarette Smoking Cessation

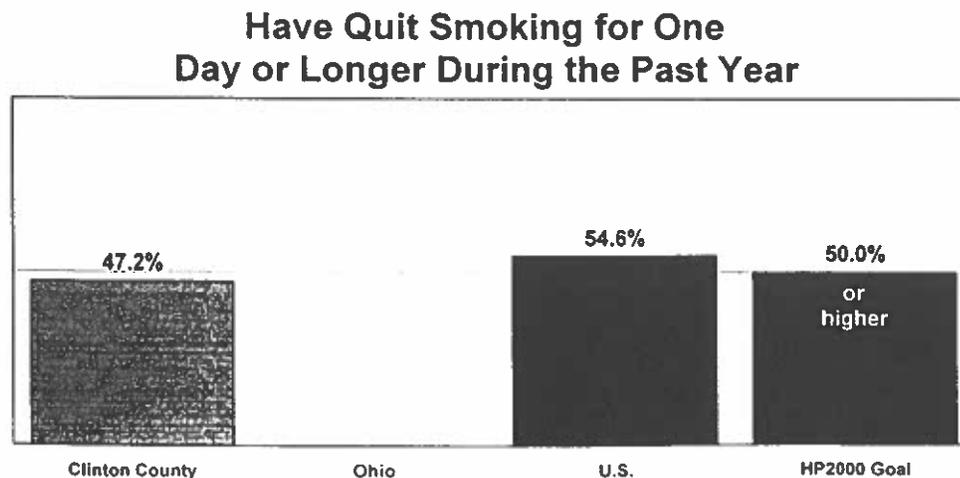
Most current smokers in Clinton County (68.3%) would like to quit smoking. Throughout the state, a full 73.8% would like to quit as well, compared to 75.9% nationwide.



Sources: 1. 1996 PRC Community Health Survey
2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
3. 1995 PRC National Health Survey

Note: Asked of current smokers.

On the other hand, less than one-half (47.2%) of current smokers in Clinton County have actually quit smoking for one day or more during the past year. This is below the 54.6% recorded nationwide and falls below the *Healthy People 2000* goal; the *Healthy People 2000* goal for cessation attempts is to have 50% of smokers quit smoking for at least one day during the year.



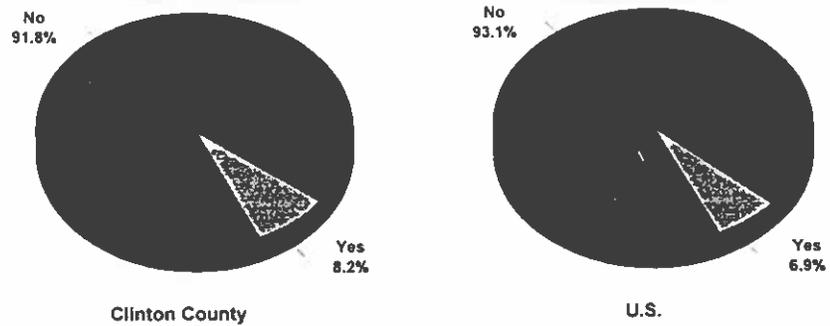
Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
3. Healthy People 2000

Notes: 1. Asked of current smokers
2. Statewide data not available

Use of Cigars, Pipes and Smokeless Tobacco

A total of 8.2% of adults in Clinton County currently use cigars, pipes and/or smokeless tobacco such as chewing tobacco or snuff. Nationwide, a lower percentage of Americans indicate currently using cigars, pipes or smokeless tobacco.

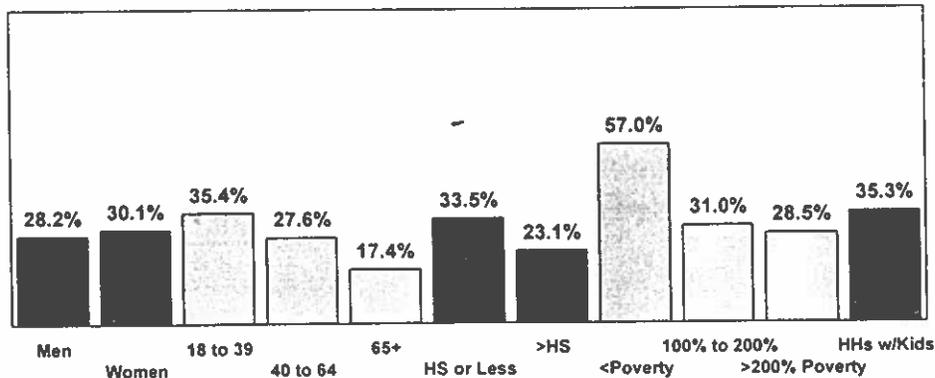
Currently Use Cigars, Pipes or Smokeless Tobacco



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 Notes: 1. Asked of all respondents.
 2. Statewide data not available.

Currently, 29.2% of Clinton County adults indicate that they or a member of their household smokes at home. When segmented demographically, this prevalence increases to 57.0% among those living in poverty, and decreases to 17.4% among individuals aged 65+. Note that 35.3% of households with children have someone who smokes in the house.

Member of Household Smokes at Home



Source: 1996 PRC Community Health Survey
 Note: Asked of all respondents.

Local Health Resources

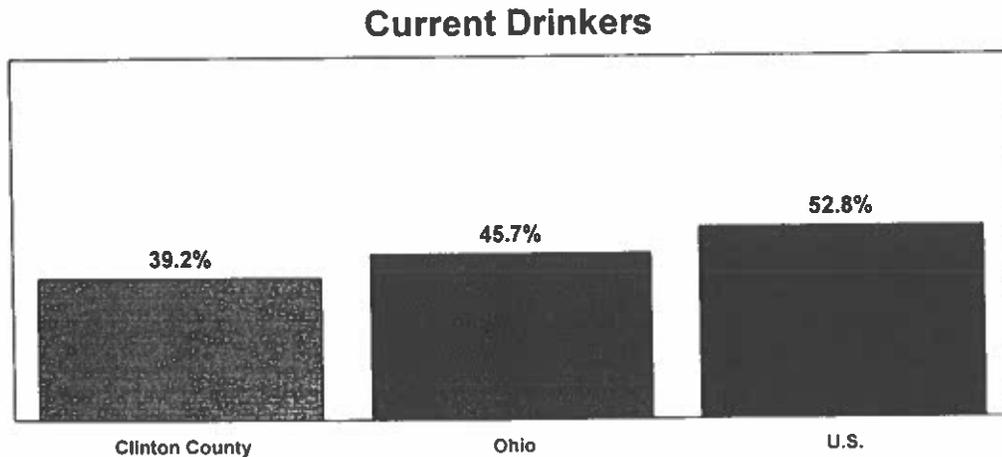
- Clinton Memorial Hospital
- Seventh Day Adventist Church

Alcohol Use

The misuse of alcohol is associated with several health risks. It is implicated in nearly one-half of all deaths from motor vehicle accidents and intentional injuries (including homicides and suicides), and drinking during pregnancy is the leading preventable cause of birth defects. Alcohol abuse has also been linked to heart disease and stroke, and is the primary contributor to cirrhosis of the liver. The alcohol-related behaviors that place one at risk include: chronic drinking, binge drinking, and drinking and driving. Each of these is addressed in the following section of this report.

Current Drinkers

"Current" drinkers are those who have had one or more drinks within the past month (for the purpose of this study, a "drink" is defined as one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor). A total of 39.2% of Clinton County adults fall into this category, much lower than the statewide level. Current drinking levels are even higher nationwide (52.8%).

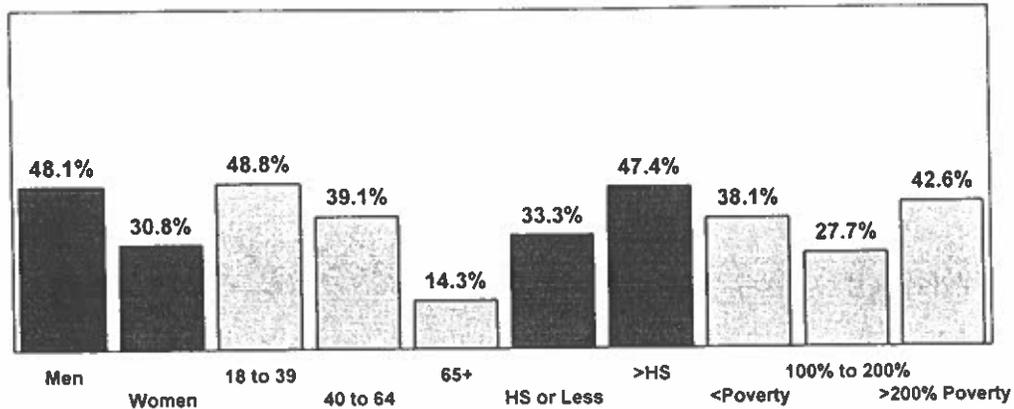


Sources: 1. 1996 PRC Community Health Survey
2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
3. 1995 PRC National Health Survey

Notes: 1. Current drinkers are defined as those who have had any alcoholic beverages during the past month.
2. Reflects the total sample of respondents.

Note in the following table that 17.3% more men than women drink. Likewise, those with postsecondary education much more often indicate having had a drink within the past month when compared to those with a high school education or less. Also, there appears to be a negative correlation of drinking with age.

Current Drinkers



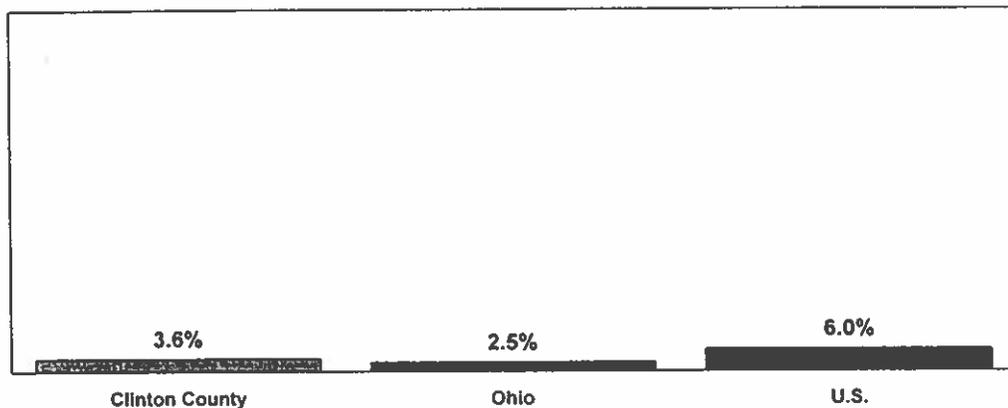
Source: 1996 PRC Community Health Survey

- Notes:
1. Current drinkers are defined as those who have had any alcoholic beverages during the past month.
 2. Reflects the total sample of respondents.

Chronic Drinkers

"Chronic" drinkers are those who average two or more drinks per day (60 drinks within the past month). A total of 3.6% (translating to 1,019 people) of Clinton County adults fall into this category. This compares unfavorably to a lower 2.5% level of chronic drinking statewide. Throughout the nation, 6.0% of adults are chronic drinkers, as shown.

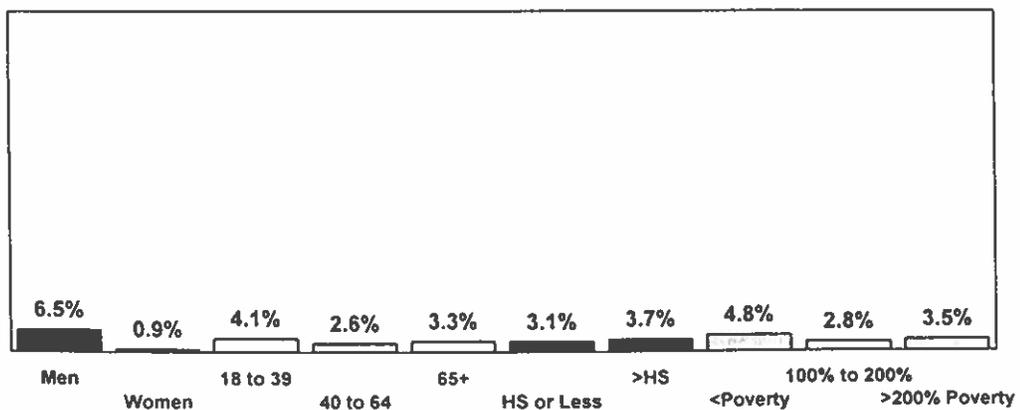
Chronic Drinkers



- Sources: 1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
 3. 1995 PRC National Health Survey
- Notes: 1. Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.
 2. Reflects the total sample of respondents.

Note in the following table that chronic drinking is most prevalent among men, individuals aged 18 through 39, and adults living in poverty.

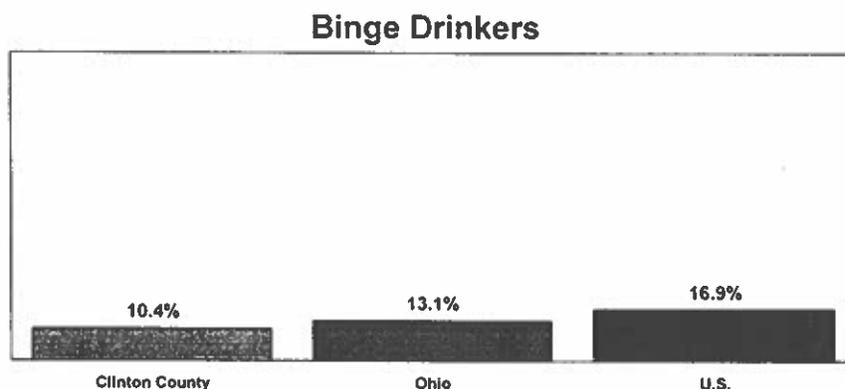
Chronic Drinkers



- Source: 1996 PRC Community Health Survey
- Notes: 1. Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.
 2. Reflects the total sample of respondents.

Binge Drinkers

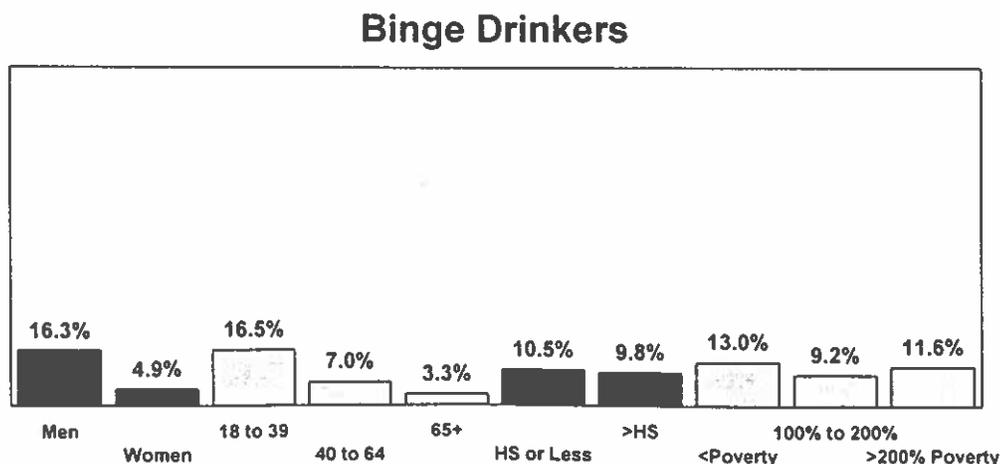
"Binge" drinking involves the consumption of five or more alcoholic beverages on any one occasion. A total of 10.4% of Clinton County adults report that they have "binged" at least once during the past month (translating to approximately 2,943 adults). Throughout the state of Ohio, 13.1% of residents report binge drinking in the past month, compared to a higher prevalence nationwide (16.9%).



Sources: 1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
 3. 1995 PRC National Health Survey

Notes: 1. Binge drinkers are defined as those who have had 5 or more drinks of alcoholic beverages on any one occasion at least once during the past month.
 2. Reflects the total sample of respondents.

Binge drinking in Clinton County includes 16.3% of men and 16.5% of persons aged 18 to 39 in the area. In contrast, "bingeing" is particularly low among women and persons aged 65 and older.



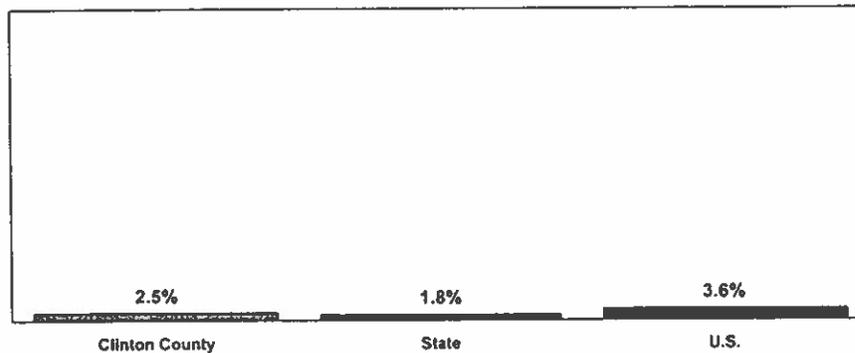
Source: 1996 PRC Community Health Survey

Notes: 1. Binge drinkers are defined as those who have had 5 or more drinks of alcoholic beverages on any one occasion at least once during the past month.
 2. Reflects the total sample of respondents.

Drinking and Driving

A total of 2.5% of Clinton County residents admit to driving during the past month after they had perhaps too much to drink, higher than the state average yet lower than the national prevalence of 3.6%.

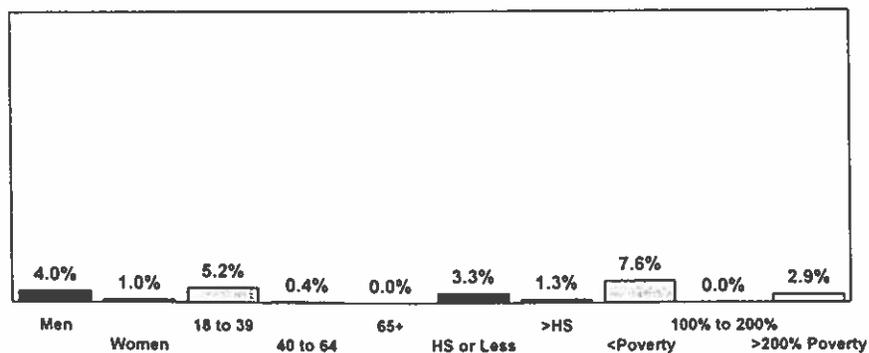
Have Driven After Having Had Too Much to Drink During the Past Month



Sources: 1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
 3. 1995 PRC National Health Survey
 Note: Asked of all respondents.

When examined by demographics, males, adults aged 18 to 39, and those living below the poverty level appear to be most likely to drive after drinking, as shown.

Have Driven After Having Had Too Much to Drink During the Past Month



Source: 1996 PRC Community Health Survey
 Note: Asked of all respondents.

The total drinking and driving prevalence translates to a considerable number (about 708) adults each month who acknowledge having driven after drinking too much. Even if each of these individuals drank and drove only once during the month, this averages to 24 drunk drivers *per day* on the streets in Clinton County.

Local Health Resources

- AIDS Volunteers of Cincinnati
- Clinton County Juvenile Court
- Greene Hall
- Presbyterian Church
- Recovery Services of Warren/Clinton Counties
- The Center of Warren/Clinton Counties
- Veteran Service Commission
- Wilmington City Schools

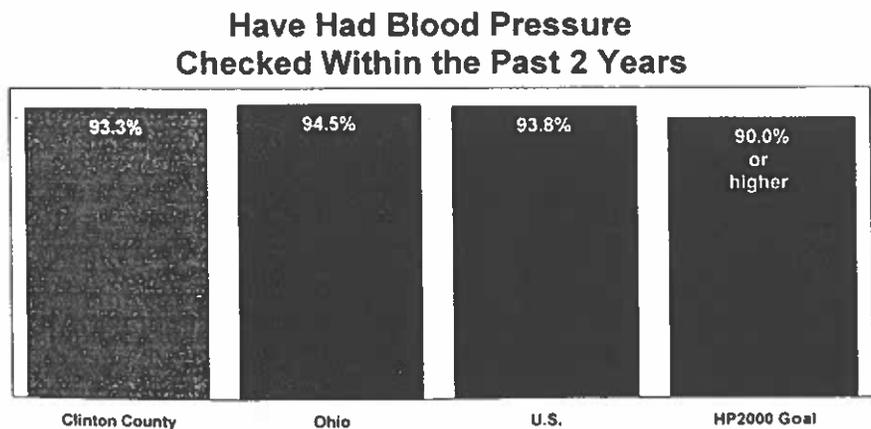
Hypertension

Hypertension, or high blood pressure, is a condition wherein one's systolic blood pressure is equal to or greater than 140 mm Hg and/or his or her diastolic blood pressure is equal to or greater than 90 mm Hg. Hypertension prevalence increases with age, and women and African-Americans are generally at higher risk.

The implications of hypertension are great, placing an individual at increased risk for a variety of health problems, including coronary heart disease, stroke, congestive heart failure, kidney failure, and peripheral vascular disease. However, high blood pressure can often be controlled through medication and/or behavior modification. The health risks associated with high blood pressure can be greatly reduced through weight reduction, increased physical activity, reduced sodium intake, and reduced alcohol consumption. It is also recommended that hypertensive patients eliminate tobacco use and reduce intake of saturated fat and cholesterol since these compound the risk for coronary heart disease and/or stroke.

Blood Pressure Testing

A total of 93.3% of adults in Clinton County have had their blood pressure tested within the past two years. This percentage is just slightly lower than that recorded statewide and meets the *Healthy People 2000* goal of 90% or higher. Nationwide, 93.8% of adults have had their blood pressure checked in the past 2 years, as illustrated in the adjacent graph.

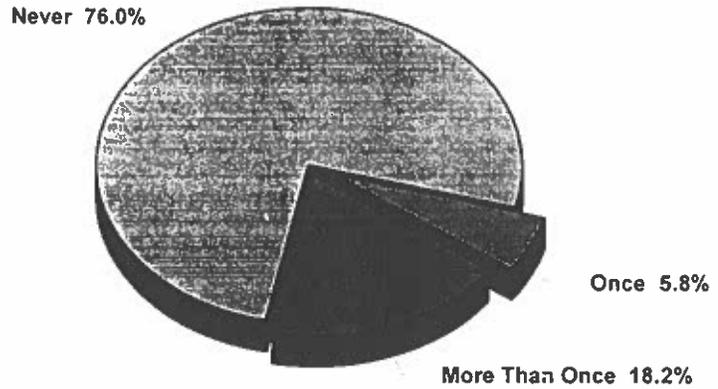


Sources: 1 1996 PRC Community Health Survey
2 Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
3 1995 PRC National Health Survey
4 Healthy People 2000
Note: Reflects the total sample of respondents

High Blood Pressure Prevalence

Approximately one-fourth of community members have been told at some point that their blood pressure was high. Specifically, 18.2% of Clinton County adults have been told more than once that their blood pressure was high, while 5.8% have been told this only once.

Have Been Told Blood Pressure Was High

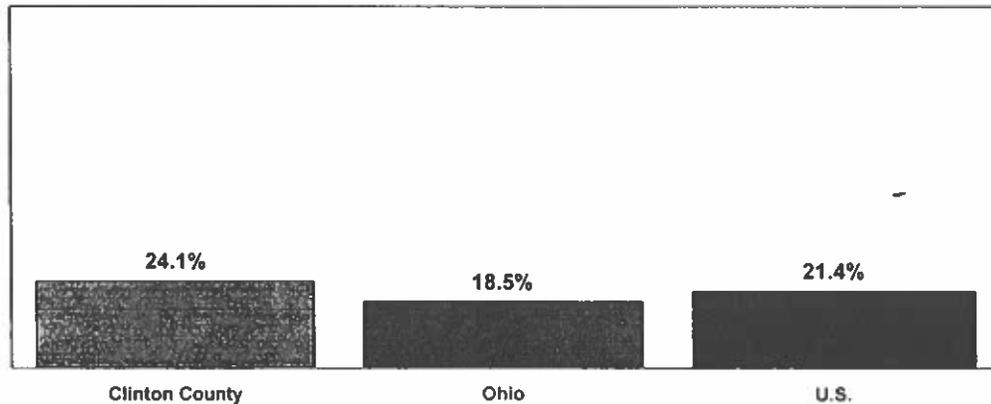


The prevalence of Clinton

Source: 1996 PRC Community Health Survey
 Note: Reflects the total sample of respondents.

County adults who have been told they have high blood pressure is higher than the 18.5% recorded statewide. Nationwide, 21.4% of Americans are hypertensive.

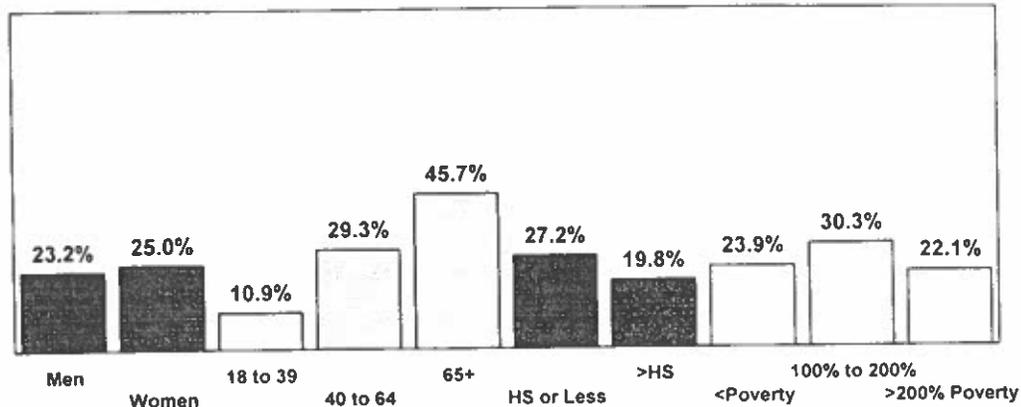
Have Been Told Blood Pressure Was High



Sources: 1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
 3. 1995 PRC National Health Survey
 Note: Reflects the total sample of respondents.

Also, in looking at age cohorts, hypertension rates vary from 10.9% among adults under 40 to 45.7% among those 65 and older. Women experience a higher prevalence than men (25.0% vs. 23.2%), and those with no postsecondary education note a much higher prevalence than those with postsecondary education (27.2% vs. 19.8%).

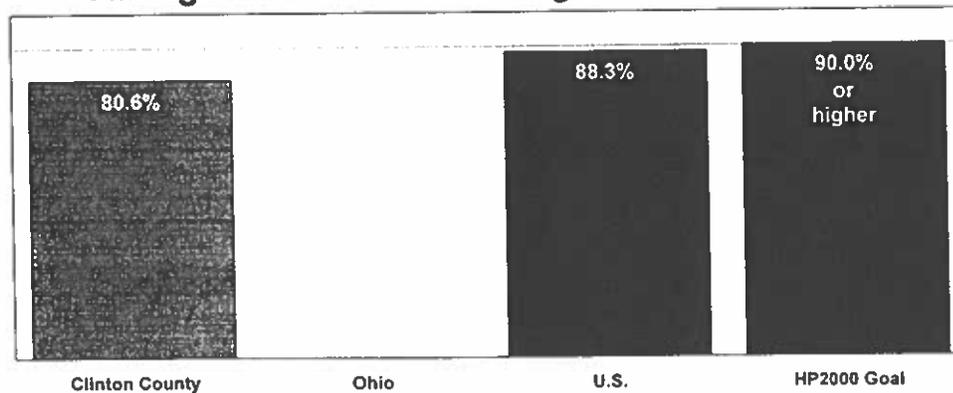
Have Been Told That Blood Pressure Was High



Source: 1996 PRC Community Health Survey
 Note: Reflects the total sample of respondents.

Among those who have been told that their blood pressure was high, the majority (80.6%) are currently taking actions to control it (compared to 88.3% nationwide). Medication is one means of controlling high blood pressure; other means involve behavior modification such as dietary control and regular exercise. *Healthy People 2000* sets a goal that, by the year 2000, 90% or more of those with high blood pressure take action to control it, and that 50% or more actually have their blood pressure under control.

Taking Action to Control High Blood Pressure



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 3. Healthy People 2000
 Notes: 1. Asked of respondents with high blood pressure.
 2. Statewide data not available.

Local Health Resources

- Clinton County Health Department
- Clinton Memorial Hospital

Cholesterol Screening

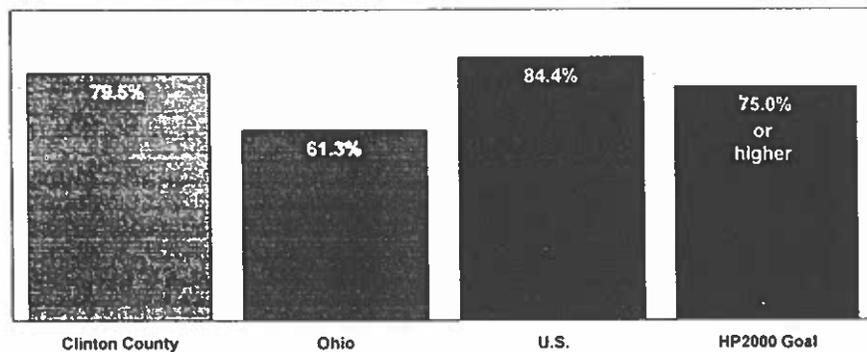
High blood cholesterol is one of the major risk factors for coronary heart disease (along with cigarette smoking, high blood pressure and physical inactivity). High cholesterol is defined as having a serum total cholesterol level of 240 mg/dL or greater.

Blood Cholesterol Testing

A total of 79.5% of Clinton County adults have had a cholesterol screening within the past 5 years, notably higher than residents of the entire state. Note that testing in the county exceeds the goal set for the year 2000. Throughout the U.S., 84.4% of adults

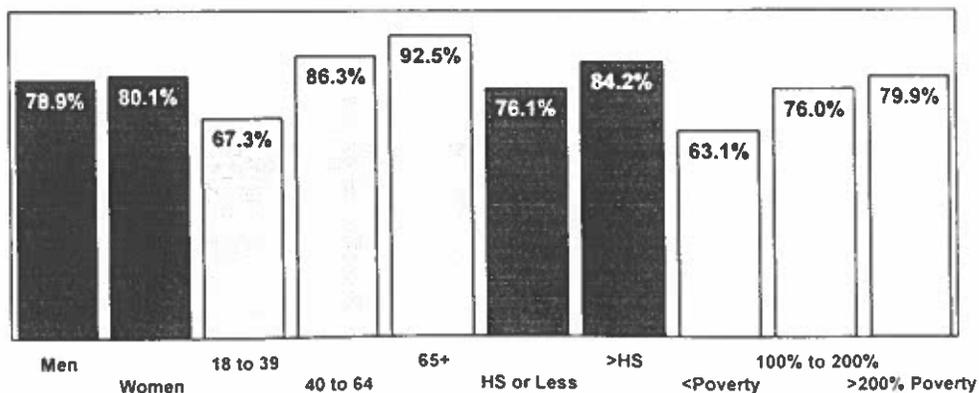
have had their blood cholesterol checked in the past five years, as shown. Further note the demographic breakout illustrated below.

Have Had Blood Cholesterol Level Checked Within the Past 5 Years



Sources: 1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
 3. 1995 PRC National Health Survey
 4. Healthy People 2000
 Note: Reflects the total sample of respondents.

Have Had Blood Cholesterol Level Checked Within the Past 5 Years

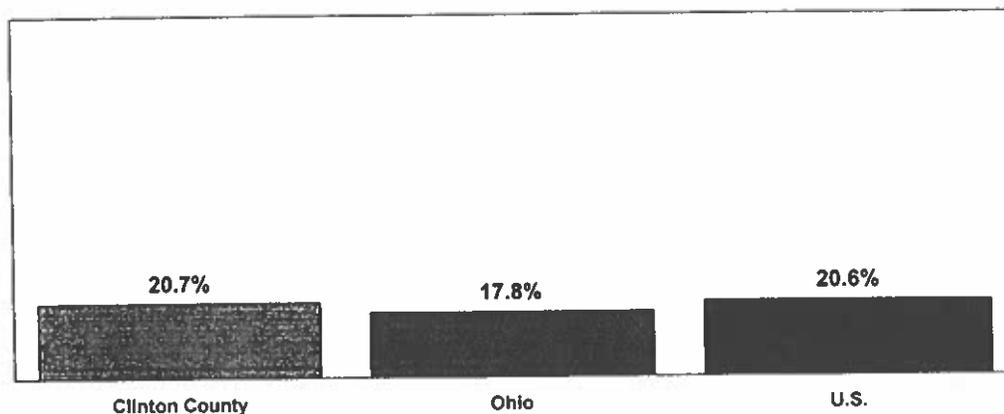


Source: 1996 PRC Community Health Survey
 Note: Reflects the total sample of respondents

High Blood Cholesterol Prevalence

A total of 20.7% of adults in Clinton County have been told by a health professional that their cholesterol level was high; this level is higher than the 17.8% recorded statewide. Throughout the U.S., one-fifth of adults have been diagnosed with high blood cholesterol.

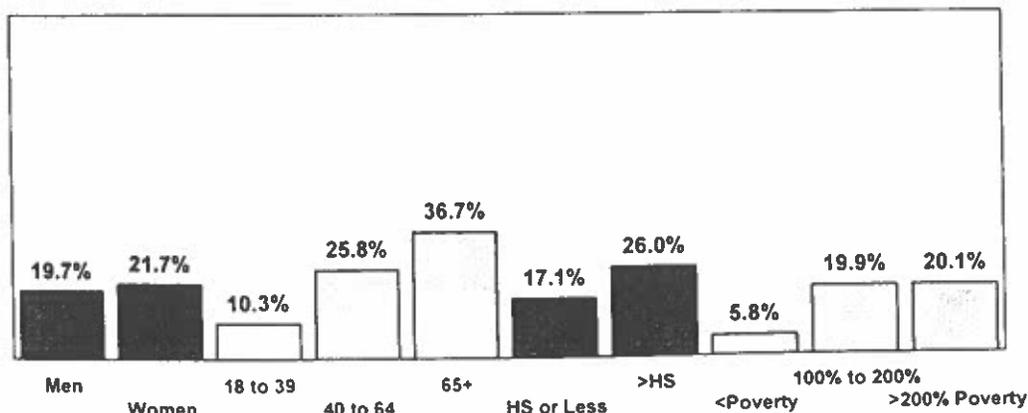
Have Been Told That Blood Cholesterol Level Was High



Sources: 1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
 3. 1995 PRC National Health Survey
 Note: Reflects the total sample of respondents.

Also note in the following chart that high blood cholesterol prevalence exhibits a strong, positive correlation with age, varying from 10.3% among adults under 40 to 36.7% among those over 65.

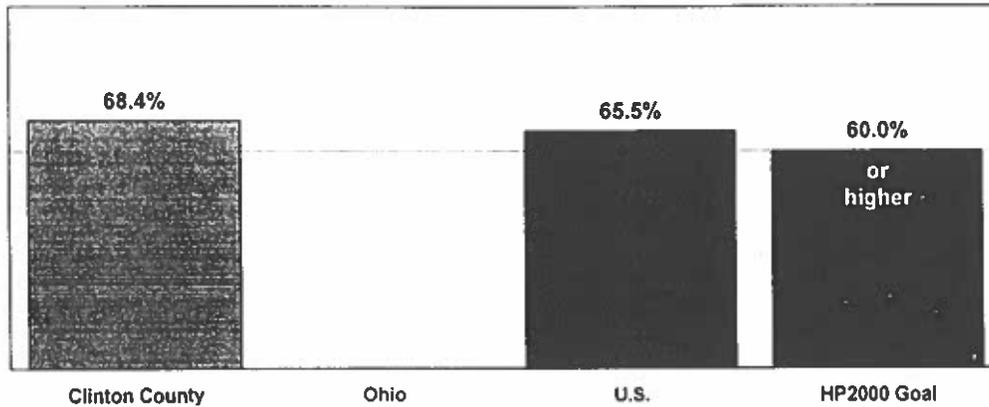
Have Been Told That Blood Cholesterol Level Was High



Source: 1996 PRC Community Health Survey
 Note: Reflects the total sample of respondents

In a related inquiry, 68.4% of respondents with high blood cholesterol levels indicated that they are currently taking action to control these levels, compared to 65.5% across the U.S. and a *Healthy People 2000* goal of 60% or higher.

Taking Action to Control High Blood Cholesterol



Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
3. Healthy People 2000
Notes: 1. Asked of respondents with high blood cholesterol.
2. Statewide data not available.

Local Health Resources

- Clinton County Health Department
- Clinton Memorial Hospital

Crime

In 1995, theft accounted for 81.5% of the crimes committed in Clinton County, followed by burglary, motor vehicle theft and robbery.

The following chart outlines the reporting of major crimes in Clinton County in 1995 and in Ohio in 1994. Note that Clinton County experienced considerably low crime rates for each of those outlined below when compared to statewide occurrences per 100,000 population.

Crime Rate per 100,000 Population

	Clinton County	Ohio
Murder	0.0	6.0
Rape	18.0	47.1
Robbery	41.2	187.5
Aggravated Assault/Battery	28.3	245.1
Burglary	260.2	866.3
Theft	1,718.6	2,682.3
Motor Vehicle Theft	41.2	427.1
Total Crime Index	2,107.7	4,461.4

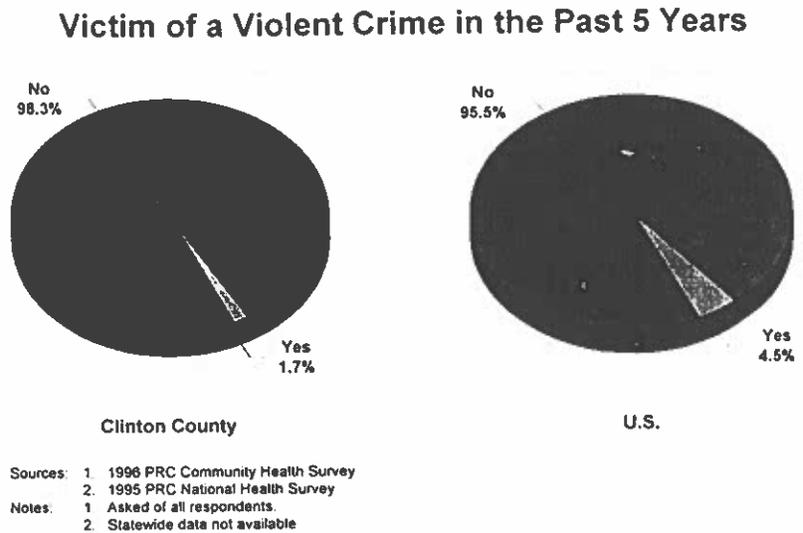
Sources: 1. Crime in the United States, 1994

2. Wilmington Sheriff's Office and Police Department, 1995 Data

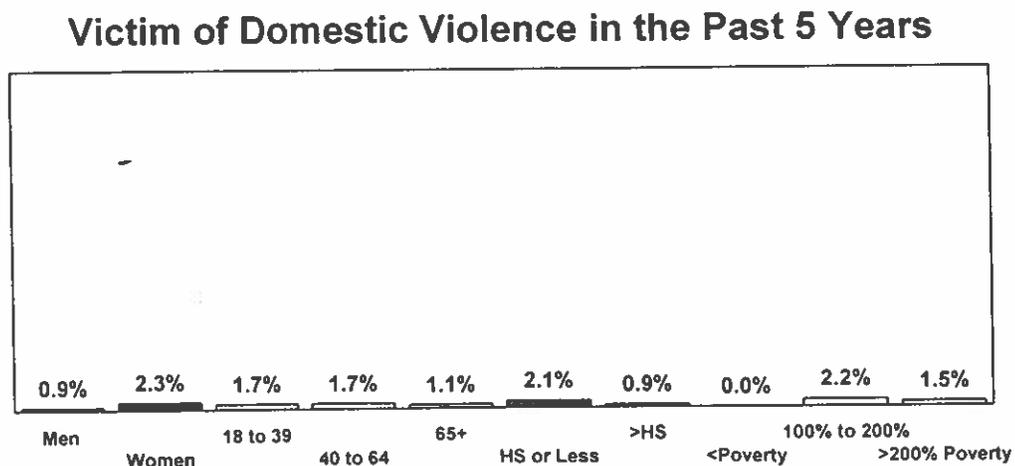
Note: "Crime Index" is the sum of 7 index offenses used to measure the extent, fluctuation and distribution of crime in a given geographical area. Crime classifications used in the Crime Index are: murder, rape, robbery, aggravated assault, burglary, larceny-theft, and motor vehicle theft. While arson is also an index offense, it is not part of the Crime Index.

Victimization

A total of 1.7% of adults in Clinton County report having been the victim of a violent crime within the past 5 years. This translates to approximately 481 adults in the area. In comparison, 4.5% of American adults have been victimized in the past five years, as shown.



A comparable number (1.6%) of Clinton County residents indicate that they have been the victim of domestic abuse in the past 5 years. Note below that this increases to over 2% among women, individuals living at 100-200% of the poverty level, and those with no postsecondary education.



Source: 1996 PRC Community Health Survey
Note: Asked of all respondents

Local Health Resources

- Catholic Social Services of Southwestern Ohio
- Clinton County Children's Services
- Clinton County Department of Human Services
- Clinton County Health Department
- Clinton Memorial Hospital
- Common Pleas Court
- Recovery Services of Warren/Clinton Counties
- Wilmington City Schools
- Wilmington Counseling Associates
- Team Prevention
- YWCA House of Peace

PREVENTION

Focus Group Findings

Prevention

Participants believed that the community will have to emphasize prevention if residents are going to live healthier lives and health care costs are to be controlled. That shift in emphasis, away from curative and toward preventive care, involves accepting more personal responsibility, an expansion of accessible primary and preventive care services (particularly for the uninsured/working poor), and increased coverage of preventive care.

The Need for Early Intervention

Physicians emphasized throughout their discussion that people need to be educated on ways to improve their health, as well as ways to possibly prevent disease. This preventative education needs to start with the youth in order to have the most impact in changing behaviors. (Note that preventative education will be discussed further in the health education section.)

- *"The worst thing about being in this environment is the community needs a lot more education... on overall how to take care of themselves, about disease process and how to, I guess prevent certain things from happening. The reason that I say that is that we see a lot of sick people in the emergency department and part of that has to do with delay in getting treatment, whether it be physical, whether it be seeking help when they should have, thinking, 'oh, it'll get better,' and then they get really sick. And then they come in, you know, almost dying and then require a lot more medical therapy to get them better... not just preventive, but also educational, a self-help kind of thing." P*
- *"The discouraging thing to me is that it needs to start when you're young, in the schools, churches, especially at home. The people that have bad habits are teaching their children to have bad habits. Somehow that needs to be broken." P*
- *"I think a lot of people need to be educated on exercise, smoking, cholesterol, that kind of stuff, when to come to the hospital, when to wait. They need to have a better understanding of the triage mechanism and how to help themselves." P*

Further, one health professional asserted that preventive health education programs work, citing a WIC program with which she was familiar.

- *"I could see a big change in kids who went through the WIC [women, infants, and children] program. Their parents are taught nutrition, good eating habits, and these kids when they arrive at school age were a much healthier group." AH*

Prenatal Care

The availability of prenatal care is a good indicator of a community's commitment to basic prevention and community health. Not only is Medicaid coverage for pregnant women very good, this time provides an excellent opportunity to educate new mothers. Many health panel participants indicated that prenatal care is available in Clinton County; however, there is a lack of care for the infants and mothers after delivery.

- *"Education and prenatal are pretty inseparable. The cycle has to be broken and I think prenatal is the time, educate the mother and father, hopefully, taken from there, from the process, they can educate their child and just maybe follow through with that." CL*
- *"The problem that I see is that we're providing the prenatal centers, so they're getting that care that they need while they're pregnant, but when they have the baby, the physician will see the baby while it's in the hospital and then when they go to make that two week check-up, it's 'well, I'm sorry I'm not accepting new patients, I can't see your baby.' So therefore that baby probably more likely isn't seen at all, unless they go to the emergency room." AH*

Immunizations

In general, states have laws requiring school-age children to be immunized prior to attending classes. Therefore, immunization rates for school-age children are usually quite high. However, kids seem to be falling through cracks both before and after this age. In Clinton County, participants indicated that immunizations are available through various clinics, but that they are not widely available through physicians' offices, particularly for Medicaid or uninsured patients, in part due to the lack of availability of primary care or family

physicians in the Wilmington area. Also, several participants felt that immunizations are not important to many young families because they have never seen seriously ill children.

- *"Doctors don't want to do immunizations anymore. Particularly if the clients, patients, are on Medicaid, because they don't feel, they can better spend their time and money and there are so many immunizations..." AH*
- *"You see this generation of people who have children, never saw a kid really sick, except a cold or something you couldn't do anything about, except watch and wait or give antibiotics." AH*

Supporting Parenting

One issue that continued to surface throughout the focus groups was the need to support parenting. Many felt that problems with youth today are results of the continual decline of the family over the past few decades. In addition, other problems in the community, such as lack of child care, low-paying jobs, and lack of transportation, add to stress and create a lot of family problems. Participants asserted that supporting parenting is important because parents need to have a good relationship with their children in order to influence them.

- *"So many children view their parents in a hostile way... parents need to re-establish their status as role models." E*
- *"I think with the rate of change that parents, children, in general, have to cope with, this is probably the most trying time that there's ever been in the history of mankind... so you have a lot of resources, it's still hard, it's still really hard to raise kids, keep your job, and keep your sanity." SS*
- *"[Lack of child care, jobs, transportation] creates a lot of family problems, whether you're a single parent, or you're a couple, a marriage, with kids who are approaching adolescence and you are both people who both work second and third shift... kids need a little more attention and supervision, um, I see a lot of unattached kids." SS*
- *"I also think we are seeing the end result of this breaking down many years ago, and now we're seeing the fruition of children being parents that can't cope because they maybe didn't have someone nurturing and guiding them, so they're raising the kids the*

best they can, so it's just getting farther and farther away from instilling any kind of belonging or value in the kids." SS

- *"I don't think parents know how to talk to their kids about these issues. I think that's a real problem for many parents. They would be happy to talk to their kids if they knew how to talk to their kids or what to say to their kids or knew what was out there and really knew themselves. I mean, dealing with mothers and daughters, mothers are coming along and learning as much as their daughters are in visits." CL*
- *"I think they'll listen more to their parents if they started out with a good relationship before they got to their teens. I don't know if there's a way that you can help young families learn how to develop that in their kids because by the time they're teenagers, it's too late." AH*

Motivation

Participants discussed the idea of providing wellness programs in an effort to improve the community, but they identified a challenge even beyond providing the health and educational services—motivation. Must a program be made mandatory to have participation? How do you motivate people to take a proactive approach to their health?

- *"We can talk parenting and idealistic ideas to these folks all we want, but if they don't have a place to live and they don't have food on the table and they don't know how they are going to take care of this child, it's not gonna meet it." CL*
- *"I think a lot of it is probably society in general, there are so many things to do. It's out of sight out of mind. And exercise is primarily, at least from my perspective, is a preventive nature and once you feel pretty good... it's amazing how soon they forget how bad they felt two weeks ago." AH*
- *"Airborne may be somewhat, as the major employer here, they have people work in the middle of the night and they work two jobs and they don't get any sleep and there's a lot of sleep deprivation which causes all sorts of mental illness and social distress and a few other things... so it's kind of hard to get people to worry about things like diet and exercise, when they, their economic life, social life, they're just trying to stay alive." P*

- *"It's a socio-economic thing too... people who do physical labor all day, maybe they're not exercising their whole body, but they're not going to go home and ride a bike." AH*

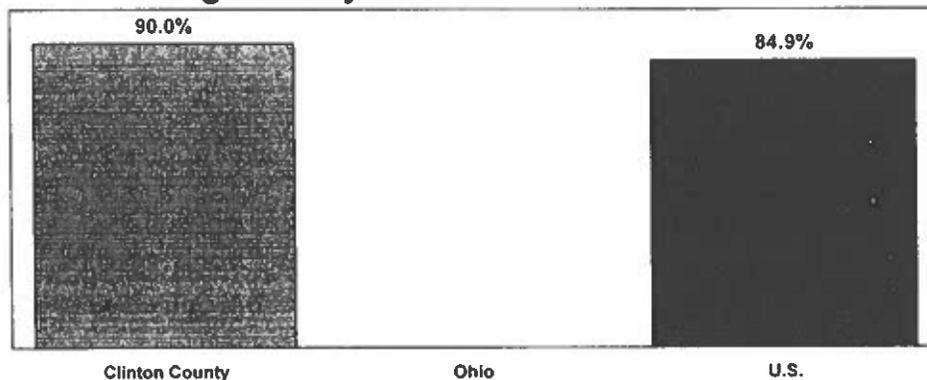
Primary Medical Care

Regular medical care is a key component of preventive medicine. The following section examines community members' main sources of primary medical care and their use of primary care physicians.

Regular Use of Physician's Offices/Clinics

The majority (90.0%) of Clinton County residents indicate that they have a physician's office or clinic that they visit when in need of regular medical care.

Have a Regular Physician or Clinic for Medical Care



Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
Notes: 1. Asked of all respondents.
2. Statewide data not available.

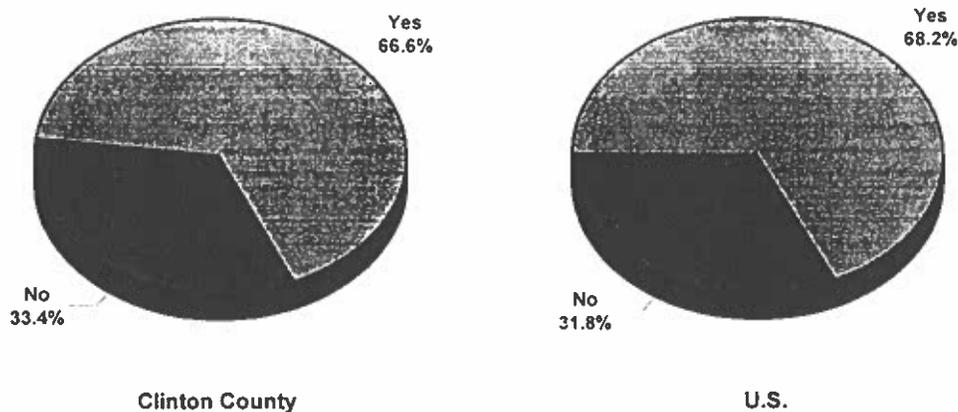
Local Health Resources (Family Practitioners)

- Clinton County houses **129** active physicians per 100,000 population, compared to a state ratio of **232** active physicians per 100,000 population.
- Edwin F. Bath, M.D.
- Tina M. Gabbard, M.D.
- Wilhelm A. Kraeling, M.D.
- Cesare A. LaRuffa, M.D.
- Robert W. Moore, M.D.
- S. Dale Ravenscraft, D.O.
- Cecil W. Hales, M.D.
- Janet F. Gick, M.D.
- Catherine LaRuffa, M.D.
- John W. Merling, M.D.
- Thomas M. Neville, M.D.
- Steven R. Weber, M.D.

Routine Physician Care

A total of 66.6% of adults in Clinton County have visited a physician for a routine checkup within the past year. Nationwide, 68.2% of adults have done the same.

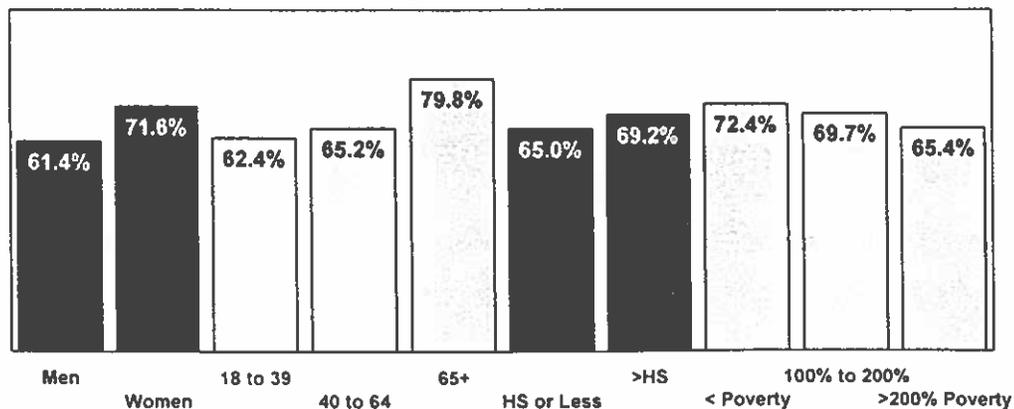
Have Visited a Physician Within the Past Year



Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
Notes: 1. Asked of all respondents.
2. Statewide data not available.

Note in the following chart that 71.6% of women have been to a doctor in the past year, compared to only 61.4% of men. In addition, visits to physicians increase with age, as they should.

Have Visited a Physician Within the Past Year

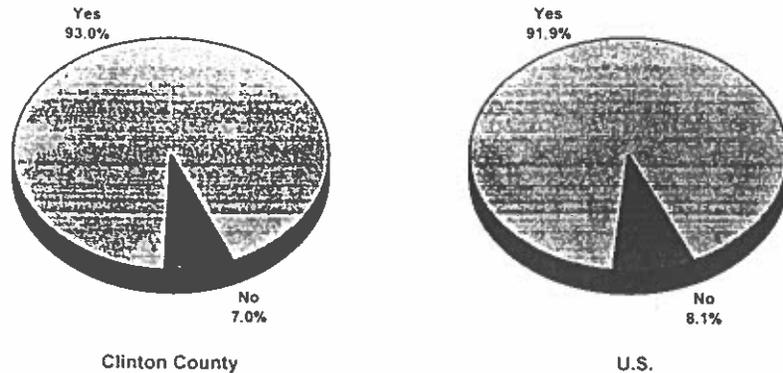


Source: 1996 PRC Community Health Survey
Note: Asked of all respondents

Among residents with children under 18, a total of 93.0% report that their child has visited a physician for regular medical care in the past year. Nationwide, this percentage is slightly lower.

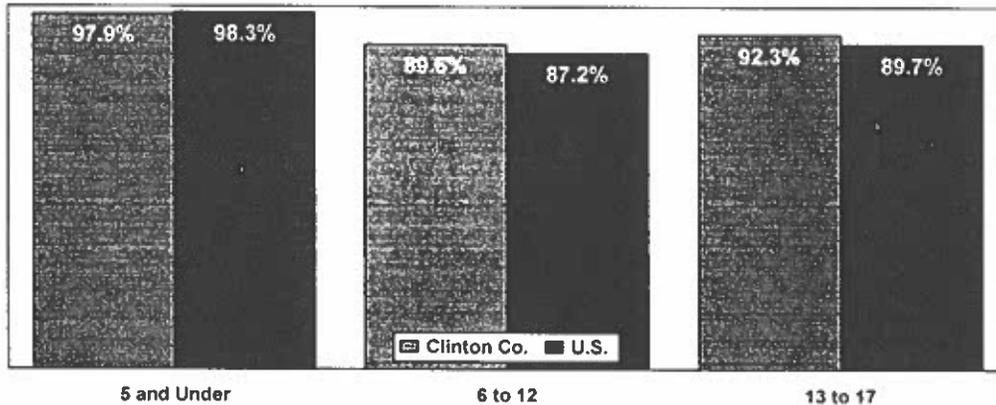
When segmented by the child's age, those five and under were most likely to have been to a physician in the past year, as shown.

Child Has Visited a Physician Within the Past Year



Sources: 1 1996 PRC Community Health Survey
 2 1995 PRC National Health Survey
 Notes: 1 Asked of respondents with children under the age of 18
 2 Statewide data not available

Child Has Visited a Physician Within the Past Year



Sources: 1 1996 PRC Community Health Survey
 2 1995 PRC National Health Survey
 Note: Asked of respondents with children under the age of 18

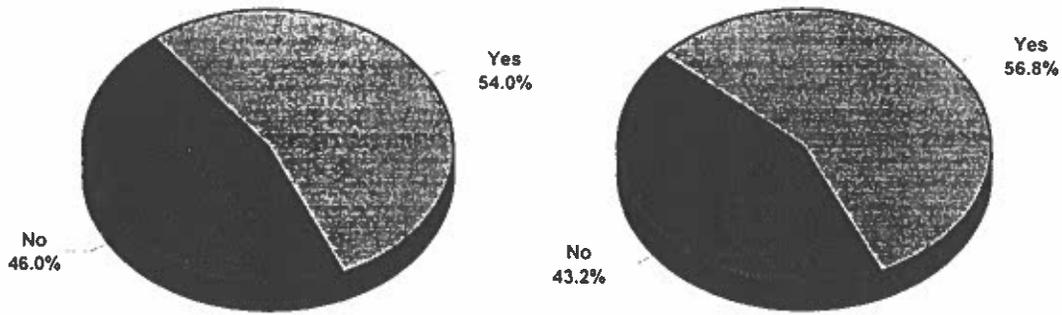
Local Health Resources (Pediatricians)

- Cecil W. Hales, M.D.
- Jeffrey D. Manser, M.D.
- Mary Ann H. Merling, M.D.
- Ruth Ann Dooley, M.D.
- Sandra W. Neville, R.N., M.S., C.P.N.P.

Routine Dental Care

A smaller number (54.0%) of Clinton County adults acknowledge having been to the dentist within the past 6 months. Nationwide, 56.8% of adults have had dental care in the past six months.

Have Visited a Dentist Within the Past 6 Months



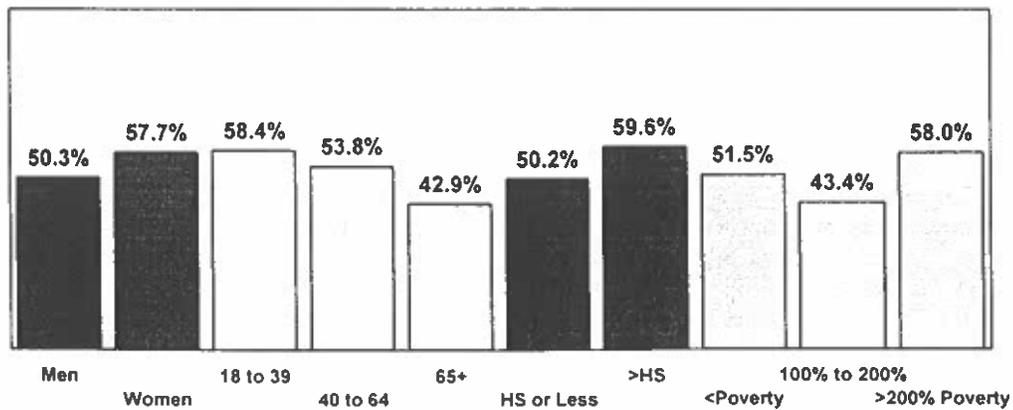
Clinton County

U.S.

- Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 Notes: 1. Asked of all respondents.
 2. Statewide data not available.

Note below that recent dental care is lowest among males, individuals aged 65 and older, those with no postsecondary education, and residents living just above the poverty level.

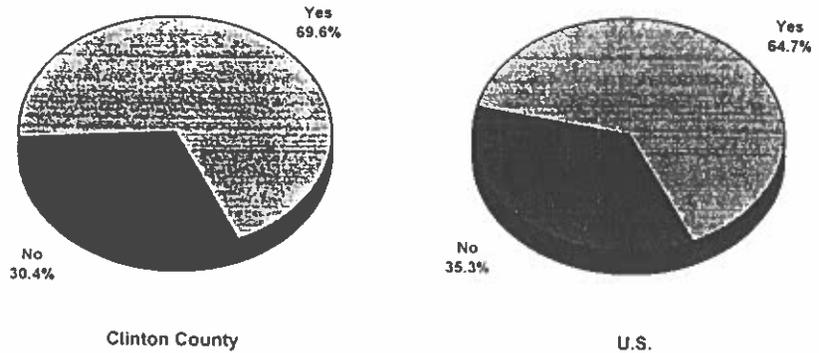
Have Visited a Dentist Within the Past 6 Months



- Source: 1996 PRC Community Health Survey
 Note: Asked of all respondents

Among Clinton County adults with children under 18, a full 69.6% report that their child has visited a dentist for routine care in the past six months, versus 64.7% nationwide. When recent dental care is segmented by the child's age, area children over the age of 5 appear

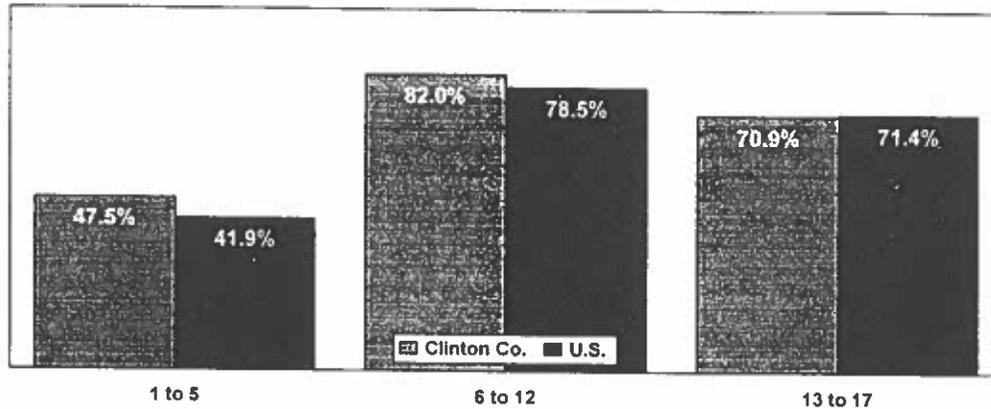
Child Has Visited a Dentist Within the Past 6 Months



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 Notes: 1. Asked of respondents with children aged 1 through 17.
 2. Statewide data not available.

to be most likely to have received dental care in the past six months.

Child Has Visited a Dentist Within the Past 6 Months



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 Note: Asked of respondents with children aged 1 through 17.

Local Health Resources (Dentists)

- In the community area, there are 46 dentists, 3 dentists of oral and maxillofacial surgery, 4 orthodontists, 3 pediatric dentists, and 3 dentists specializing in periodontics.
- Overall, Clinton County houses 35 dentists per 100,000 population, compared to 68 dentists per 100,000 residents across the state of Ohio.

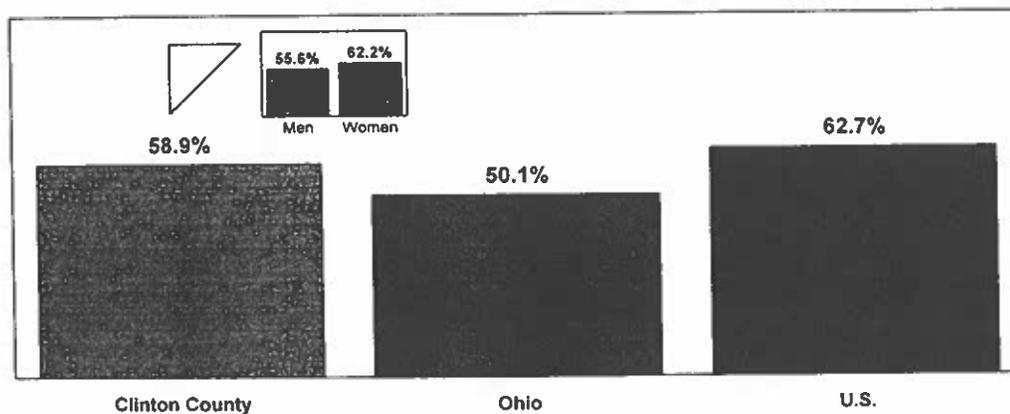
Immunization

Immunization is the best line of defense against many infectious diseases. For example, vaccination can significantly limit pneumonia and influenza outbreaks, which hit older Americans particularly hard. Immunization may even lead to the complete eradication of such diseases as tetanus.

Influenza

A total of 58.9% of adults aged 65+ in Clinton County have had an influenza shot within the past year. This includes 55.6% of males aged 65+ and 62.2% of females in this age group. Statewide prevalence of flu immunization among those aged 65+ is lower (50.1%), while the nationwide prevalence is higher (62.7% among those aged 65+).

Have Had a Flu Shot in the Past Year (65+)



Sources: 1. 1996 PRC Community Health Survey
2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
3. 1995 PRC National Health Survey
Note: Asked of respondents aged 65 and older.

Local Health Resources

- Clinton County Health Department (holds immunization clinic)
- Clinton County WIC Supplemental Food & Nutrition Program (referrals to clinic)

Cancer Screenings

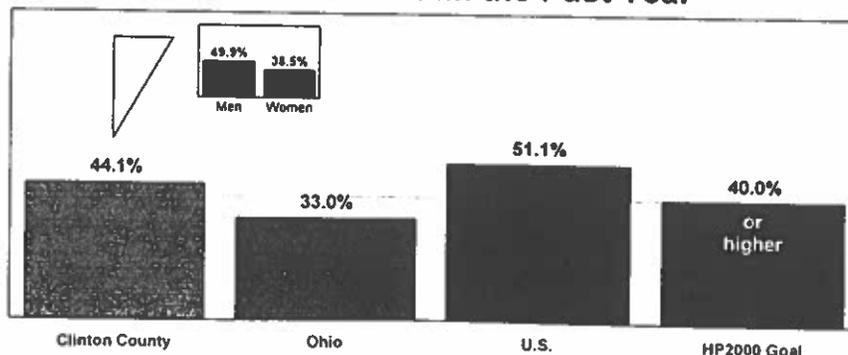
Cancer, the second leading cause of death in America, refers to a family of more than 100 different diseases characterized by the uncontrolled growth and spread of abnormal cells throughout the body. Together, these diseases account for 1 of every 5 deaths in the United States. Many forms of cancer are preventable, and some, if detected and treated early, are curable. Thus, the greatest potential for reducing cancer prevalence in years to come lies in stronger prevention strategies, improved means of early detection, and wider use of screening techniques.

Colorectal Cancer

A **digital rectal exam** is a screening procedure in which a physician or other health professional inserts a finger into the rectum to check for colorectal cancer and other health problems. It is recommended that, by the year 2000, at least 40% of men and women over the age of 50 have a digital rectal exam annually.

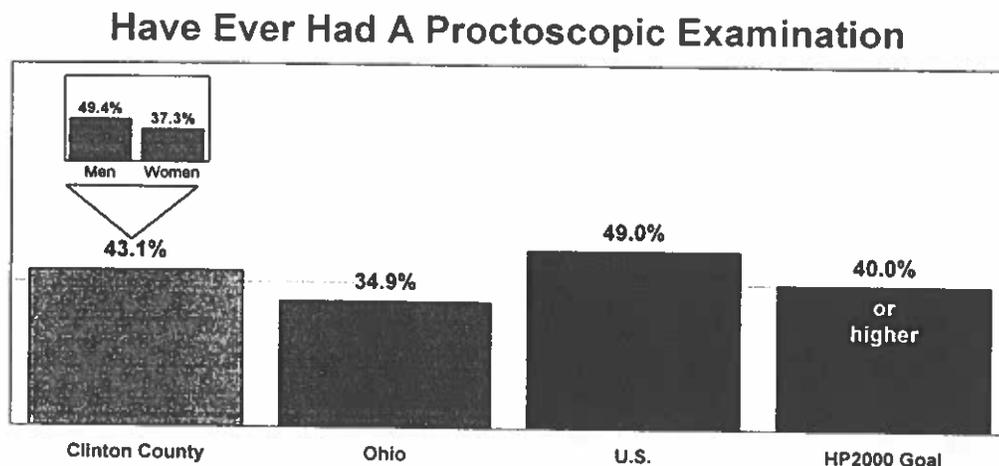
In all, 44.1% of Clinton County men and women aged 50 and older have had such an examination within the past year, significantly above the 33.0% found statewide and meeting the 40% target set for the year 2000. Throughout the U.S., just over one-half (51.1%) of adults have had the colorectal screening in the past year. Note in the following chart that men exhibit higher testing rates than women.

Have Had a Digital Rectal Examination Within the Past Year



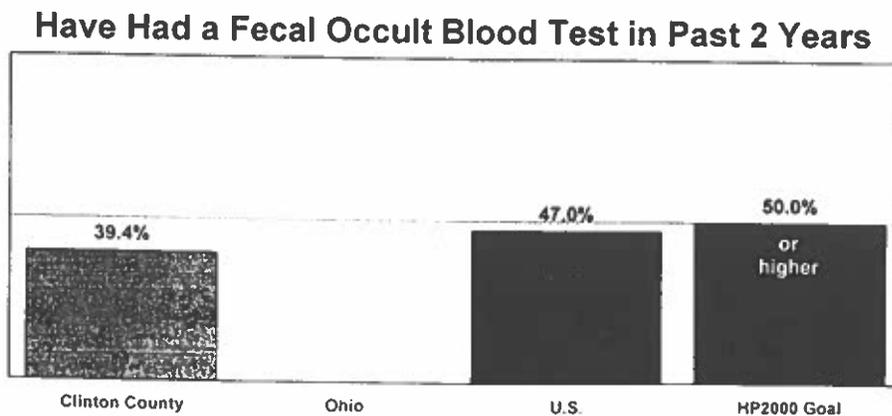
- Sources: 1 1996 PRC Community Health Survey
2 Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
3 1995 PRC National Health Survey
4 Healthy People 2000
- Notes: 1 Asked of all respondents aged 50 and older
2 Statewide data reflects adults aged 40 and older

Another method of screening for colorectal cancer is the **proctoscopic examination**, in which a tube is inserted in the rectum. Over 4 in 10 (43.1%) area residents over the age of 50 has ever had a proctoscopic exam. Note below that Clinton County rate far exceeds the Ohio rate and meets the *Healthy People 2000* goal. In this case, men again show a higher testing rate than women, as shown below.



Sources: 1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
 3. 1995 PRC National Health Survey
 4. Healthy People 2000
 Note: Asked of all respondents aged 50 or over.

In addition, 39.4% of Clinton County residents aged 50 and older have had their bowel movement tested for blood in the past two years, falling below the national testing prevalence as well as the recommendation established for the year 2000, as shown below.

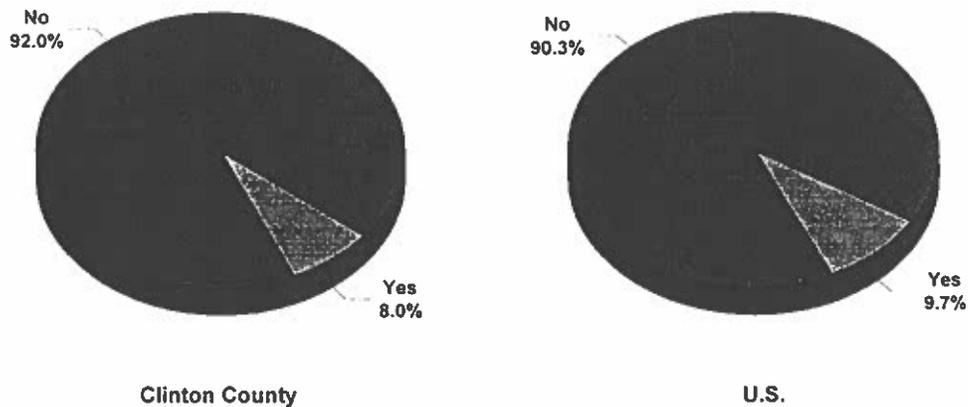


Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 3. Healthy People 2000
 Notes: 1. Asked of respondents aged 50 and older
 2. Statewide data not available

Breast Cancer

A total of 8.0% of women in Clinton County have a mother or sister who has been diagnosed with breast cancer; this places these women at greater risk for developing the disease at some point in their lives. As shown in the following chart, 9.7% of women throughout the nation has a mother or sister with breast cancer.

Mother or Sister Has Been Diagnosed With Breast Cancer

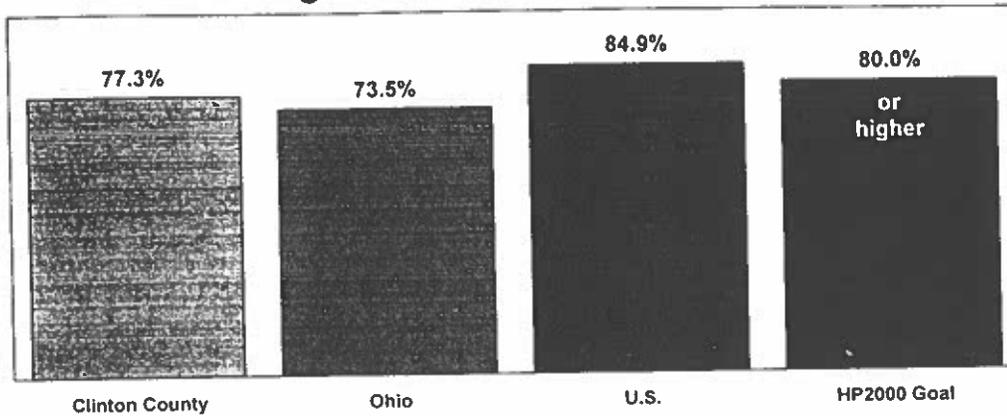


Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
Notes: 1. Asked of all female respondents.
2. Statewide data not available.

One of the most effective screening tools for breast cancer is the **mammogram**, an x-ray of the breast; women over the age of 50 should have a mammogram annually. Another method is the **clinical breast exam**; this is when a physician, nurse or other health professional feels the breast for lumps. Used in conjunction with one another, these two screening procedures are a woman's best defense against breast cancer, given that early detection and treatment bring the best chances for survival.

In Clinton County, 77.3% of women aged 40 and older have had both a mammogram and a clinical breast exam at some point in their lives. This figure is higher than the 73.5% found statewide. Note that, by the year 2000, *Healthy People 2000* hopes that 80% of women aged 40 and over will have had both of these tests at some point in their lives. Further note the nationwide testing prevalence of 84.9%.

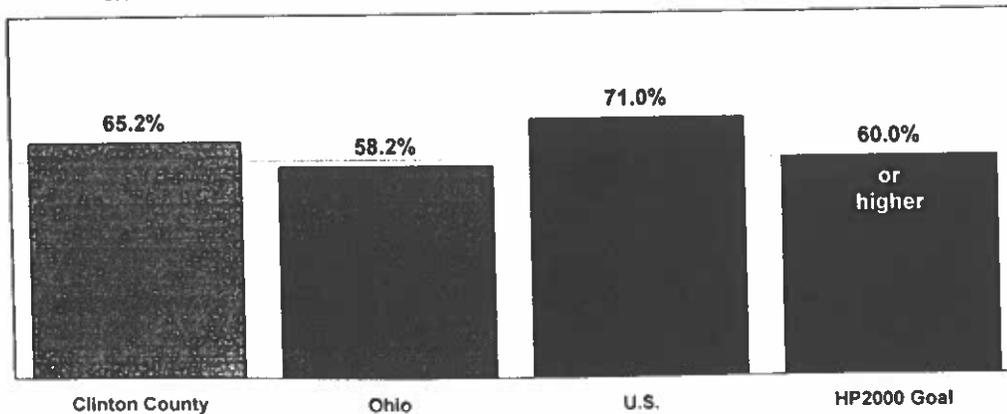
Have Ever Had a Mammogram and a Breast Exam (40+)



Sources: 1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
 3. 1995 PRC National Health Survey
 4. Healthy People 2000
 Note: Reflects women aged 40 and older

Furthermore, 65.2% of Clinton County women aged 50 and older have had both of these types of exams within the past 2 years, much higher than the figure found statewide. By the year 2000, *Healthy People 2000* sets the goal that 60% of women aged 50 and over will have had both types of breast screening exams within the previous two years. Throughout the country, 71.0% of women aged 50+ have had both screenings in the past two years.

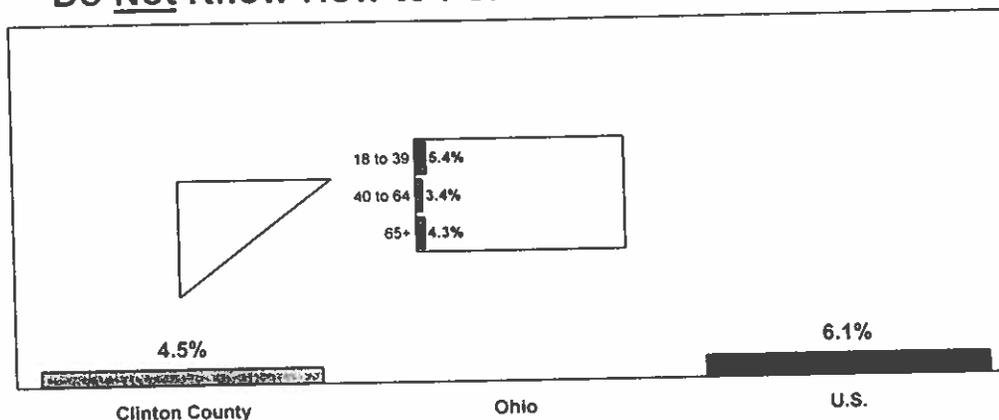
Have Had Both a Mammogram and a Breast Exam in the Past 2 Years (50+)



Sources: 1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
 3. 1995 PRC National Health Survey
 4. Healthy People 2000
 Note: Reflects women aged 50 and over

As a further means of early detection, it is recommended that women examine their own breasts each month to check for potentially cancerous lumps. In a positive finding, only 4.5% of Clinton County women do *not* know how to perform a breast self-exam; on the other hand, this increases to 5.4% of women under 40. Nationwide, 6.1% of women do *not* know how to perform this critical self-examination, as shown below.

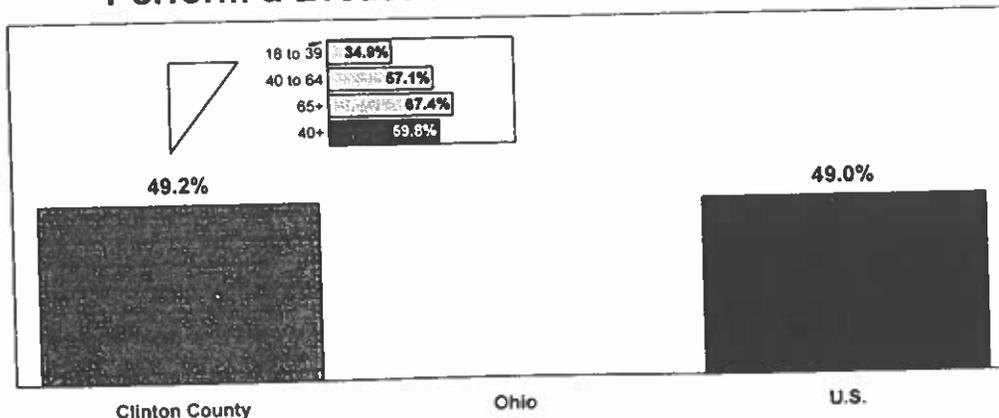
Do Not Know How to Perform a Breast Self-Exam



- Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
- Notes: 1. Asked of all female respondents.
 2. Statewide data not available.

Still, just one-half of women in Clinton County perform a breast self-examination at least monthly. This includes 59.8% of all women aged 40 and older, as shown in the following chart.

Perform a Breast Self-Examination Monthly



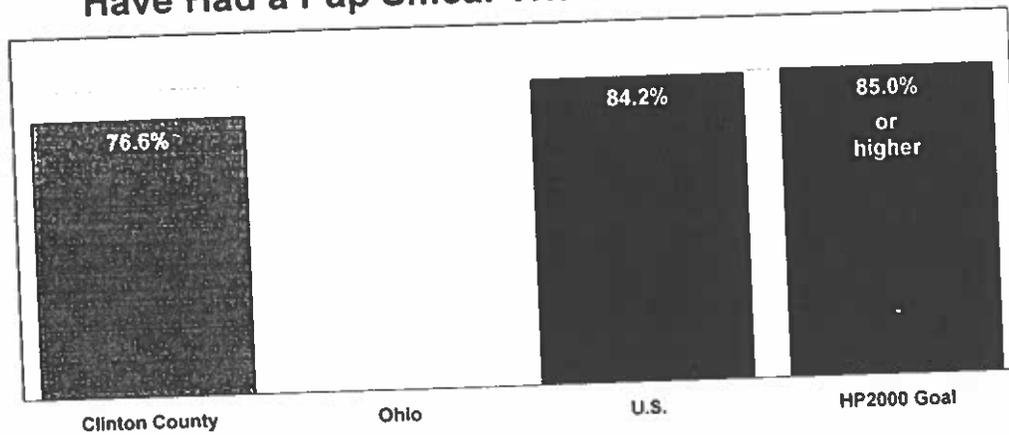
- Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
- Notes: 1. Asked of all female respondents.
 2. Statewide data not available.

Cervical Cancer

The most effective means of detecting cervical cancer in women is through a **Pap smear** test. Women over the age of 18 should undergo a Pap smear test every year. Early detection of cervical cancer through a Pap smear can dramatically increase a woman's probability of long-term survival.

Approximately 3 out of 4 (76.6%) Clinton County women have had a Pap smear within the past 3 years. This is below the 84.2% recorded nationwide, and falls short of the 85.0% goal for the year 2000.

Have Had a Pap Smear Within the Past 3 Years

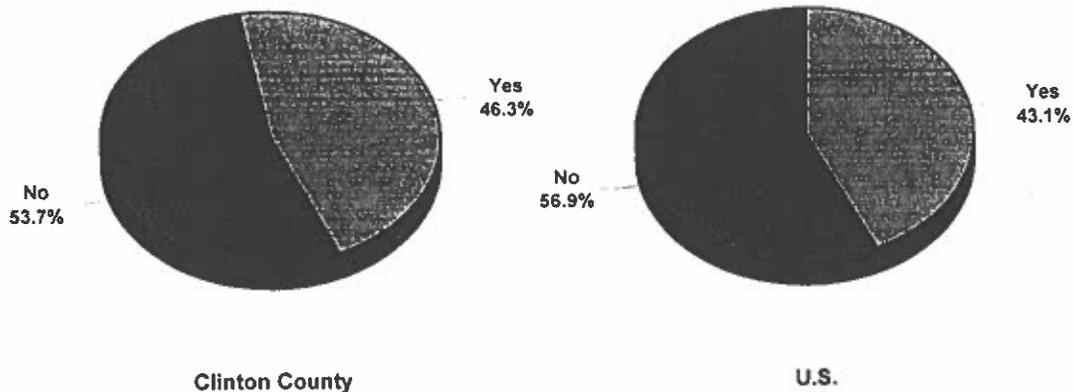


- Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
3. Healthy People 2000
- Notes: 1. Asked of all female respondents.
2. Statewide data not available.

Prostate Cancer

In Clinton County, 46.3% of men aged 40 and older have had a rectal exam within the past year to check for prostate cancer or other problems. This percentage exceeds the U.S. figure, as shown.

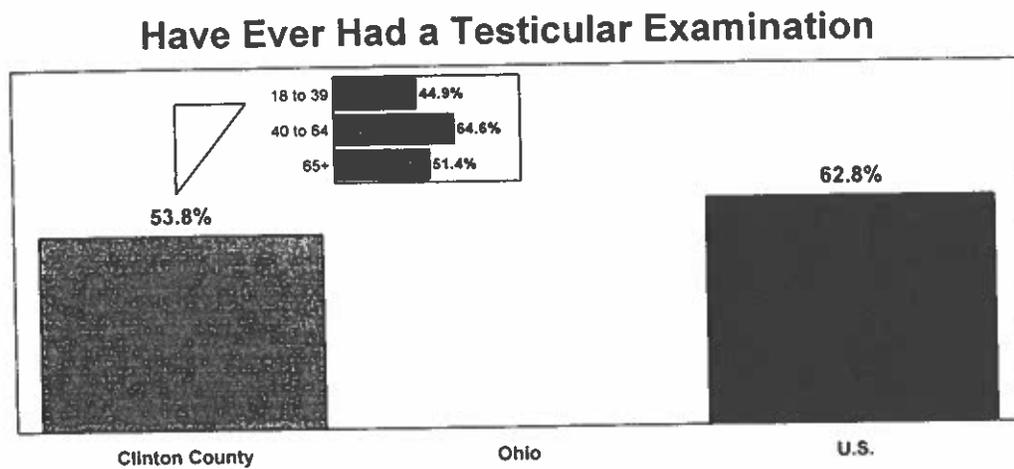
Have Had A Prostate Examination Within the Past Year



- Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
- Notes: 1. Asked of all male respondents aged 40 and older.
2. Statewide data not available.

Testicular Cancer

Testicular cancer is a disease which often strikes men in late adolescence to early adulthood. However, if detected and treated early, testicular cancer has a very high cure rate. Most men (53.8%) in Clinton County have had a testicular examination by a physician at some point in their lives, compared to 62.8% nationwide. This testing prevalence among Clinton County men is lowest among those men at highest risk (44.9% among those aged 18 to 39), as shown below.

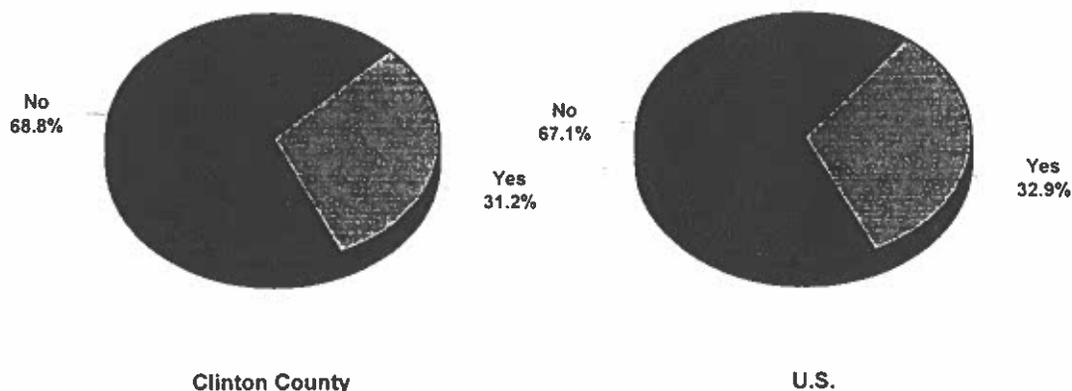


Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey

Notes: 1. Asked of all male respondents.
2. Statewide data not available.

Men should know how to examine themselves for lumps on the testicles which may be cancerous. It is recommended that men perform a testicular self-examination monthly. However, 68.8% of Clinton County men do *not* know how to perform such a self-exam. Nationwide, 67.1% of adult males do not know how to perform such an exam.

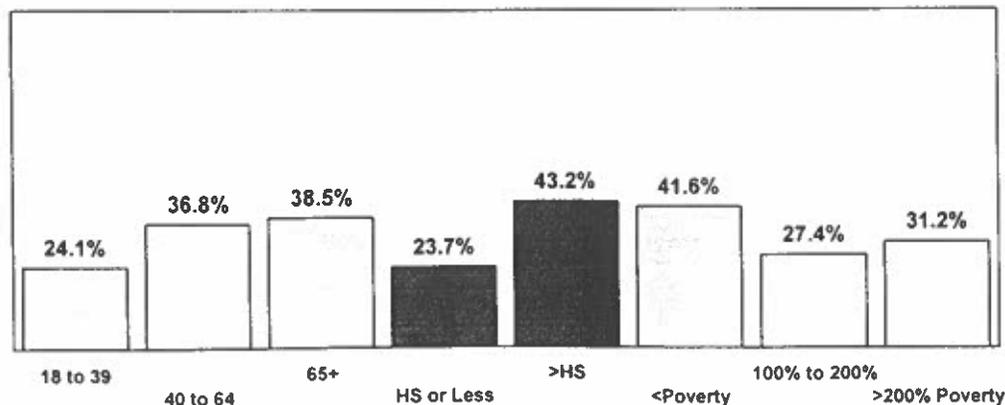
Know How to Perform a Testicular Self-Examination



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 Notes: 1. Asked of all male respondents.
 2. Statewide data not available.

Note in the following chart that men aged 18 to 39, men with no postsecondary education, and those living just above the national poverty level more often are uninformed as to how to perform a testicular self-examination.

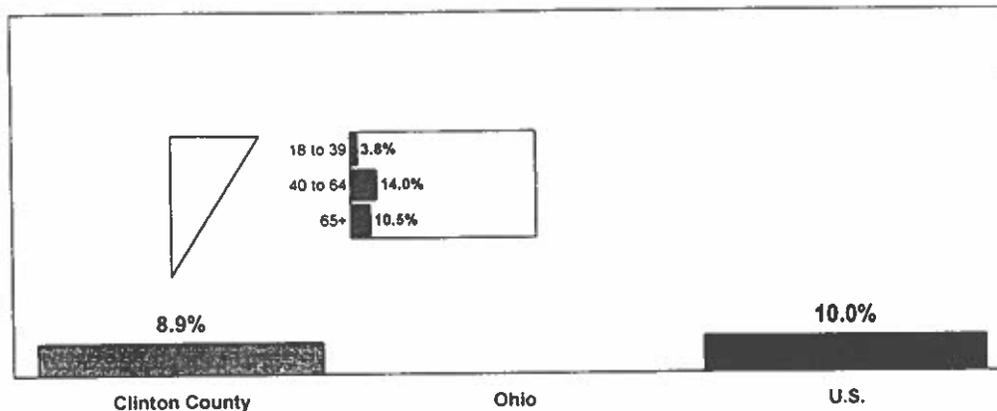
Do Not Know How to Perform a Testicular Self-Examination



Source: 1996 PRC Community Health Survey
 Note: Asked of all male respondents.

Furthermore, only 8.9% of men perform a testicular self-examination monthly to check for potentially cancerous lumps. This percentage is lower (3.8%) among younger men (<40), the group which is at considerable risk for testicular cancer.

Perform a Testicular Self-Examination Monthly



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 Notes: 1. Asked of all male respondents
 2. Statewide data not available.

Local Health Resources (for the preceding 5 cancers)

- American Cancer Society
- Catholic Social Services of Southwestern Ohio
- Clinton Memorial Hospital
- Massage Therapy (Kathy Sample)
- Wilmington Counseling Associates

Injury Control

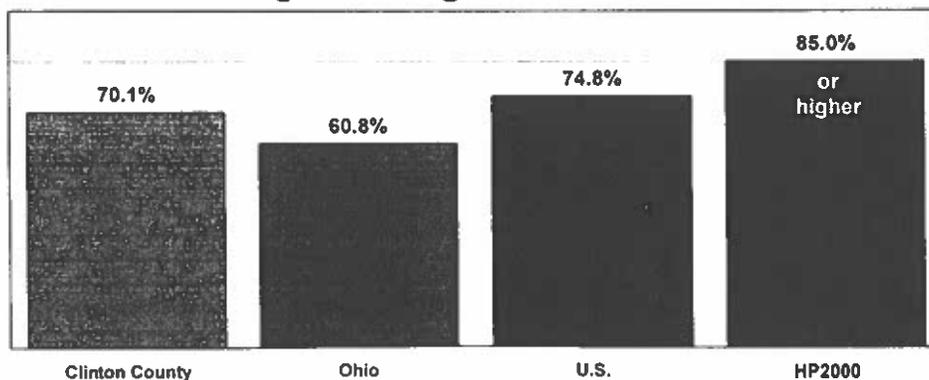
As reported previously, accidents made up the fourth leading cause of death in Clinton County in 1992. In general, PRC finds that motor vehicle accidents make up 40%-50% of all accidental deaths.

Motor Vehicle Safety

In recent years, mandatory safety belt use laws in many states and the design of occupant protection systems by auto manufacturers have greatly increased seat belt usage and consequently saved lives. For adults and for children over 4 years of age, seat belts are the greatest means of protection against bodily injury in the event of a crash. For children under 5 years of age, a child safety seat is indicated, and it is vital that this seat not only be used, but that it be installed and used correctly.

Currently, 70.1% of Clinton County adults report "always" wearing a seat belt when driving or riding in an automobile. Statewide, this figure is 60.8% (the U.S. reports 74.8%) while the *Healthy People 2000* goal is to have 85% of adults wearing seat belts at all times while driving or riding in a vehicle.

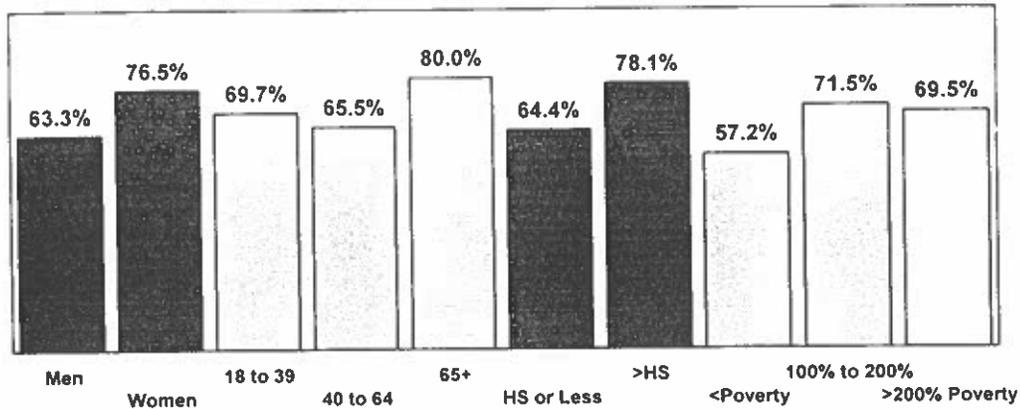
**Always Wear a Seat Belt When
Driving or Riding in an Automobile**



Sources: 1. 1996 PRC Community Health Survey
2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
3. 1995 PRC National Health Survey
4. Healthy People 2000
Note: Asked of all respondents

Further note in the following chart that seat belt usage is highest among the following demographic segments: women, individuals aged 65+, and those with the highest income and educational levels.

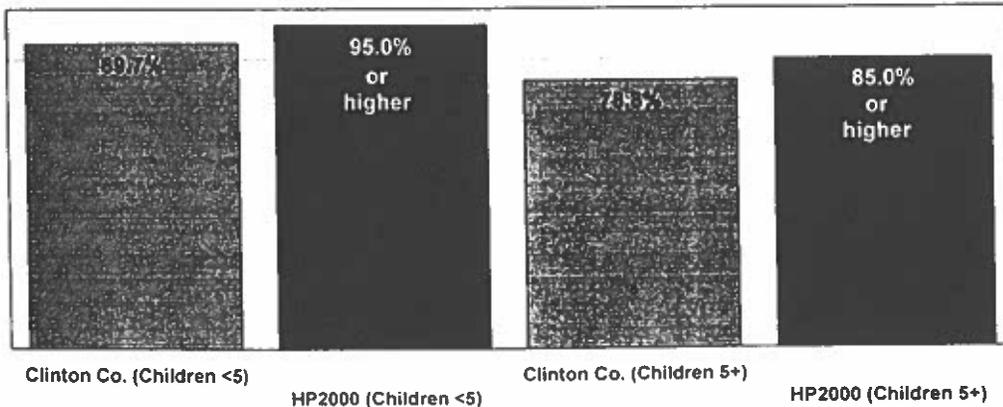
Always Wear a Seat Belt When Driving or Riding in an Automobile



Source: 1996 PRC Community Health Survey
 Note: Asked of all respondents.

Furthermore, note that 89.7% of Clinton County parents with children aged 5 and under indicate that their child "always" wears a seat belt or uses a safety seat, compared to a *Healthy People 2000* goal that 95% of children under the age of 5 "always" ride in a safety seat by the year 2000. In addition, 78.8% of parents with children aged 5 and older indicate that their child "always" wears a safety seat or belt, compared to a goal of 85% or higher, as shown.

Child Always Wear Child Restraints or Seat Belts



Source: 1. 1996 PRC Community Health Survey
 2. Healthy People 2000
 Note: Asked of respondents with children under the age of 18

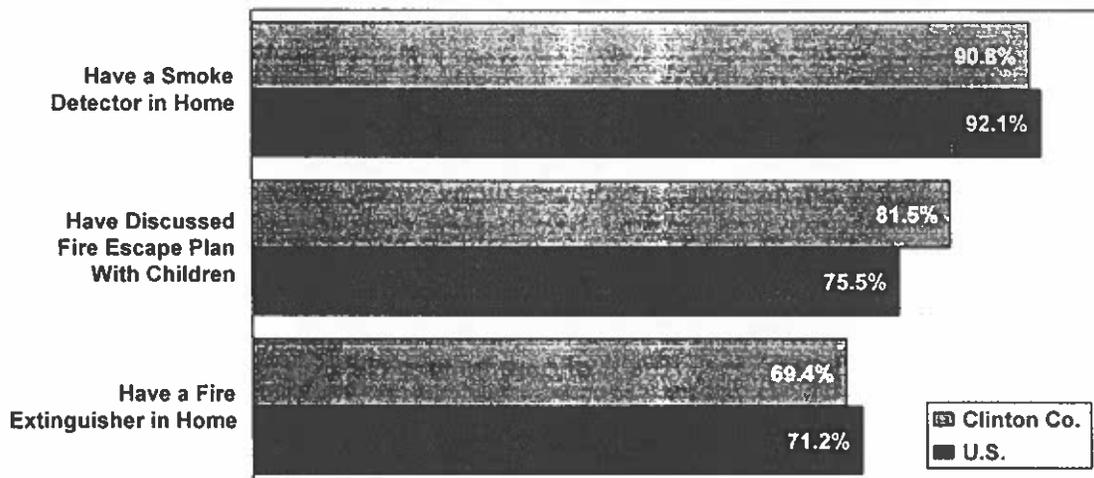
Fire Safety

A full 81.5% of adults in Clinton County have a specific plan for how to escape from his or her home in the event of a fire, and have discussed that plan with their children. This percentage is higher than that recorded nationwide, as shown below.

In addition, a total of 90.8% of Clinton County residents report having at least one operational smoke detector (e.g., with a fresh battery, if required) in their home.

On the other hand, only 69.4% of respondents report having a fire extinguisher in their home; nationwide, a slightly higher percentage of Americans take this measure.

Fire Prevention Measures



Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey

Notes: 1. Questions regarding smoke detectors and fire extinguishers were asked of all respondents
2. The question regarding fire escape plans was asked only of respondents with children ages 1 to 17.

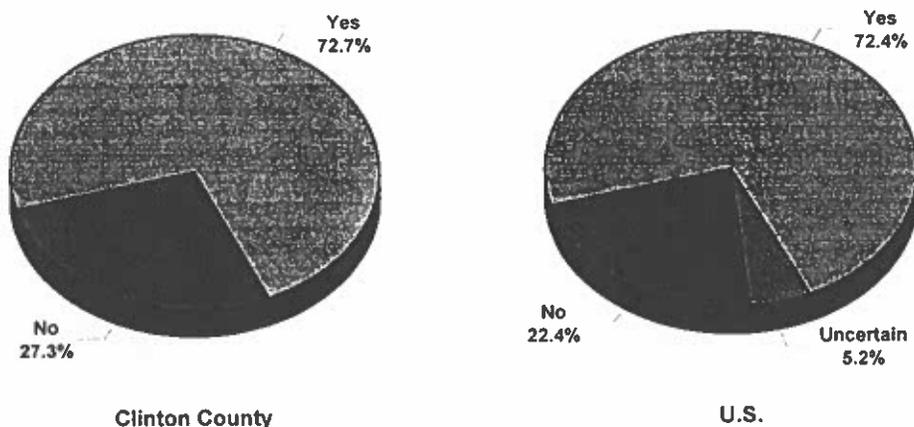
Local Health Resources (fire rescue personnel)

- Clinton Memorial Hospital
- Southern Ohio Fire / EMS School
- Local Wilmington Fire Department
- Clinton County Volunteer Fire Departments

Water Safety

A total of 72.7% of community members indicate they can swim or tread water for at least five minutes in water that is over their head, compared to 72.4% of adults nationwide.

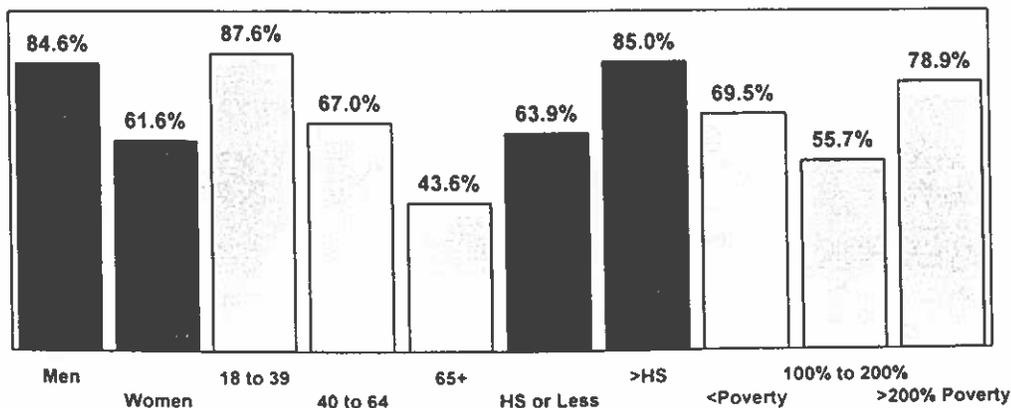
Can Swim or Tread Water for 5 Minutes in Water Over the Head



Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
Notes: 1. Asked of all respondents.
2. Statewide data not available.

When segmented by demographics, those people most likely to report having such water skills include the following: males, adults under 40, those with education beyond high school, and residents living in the highest income bracket.

Can Swim or Tread Water for 5 Minutes in Water Over the Head

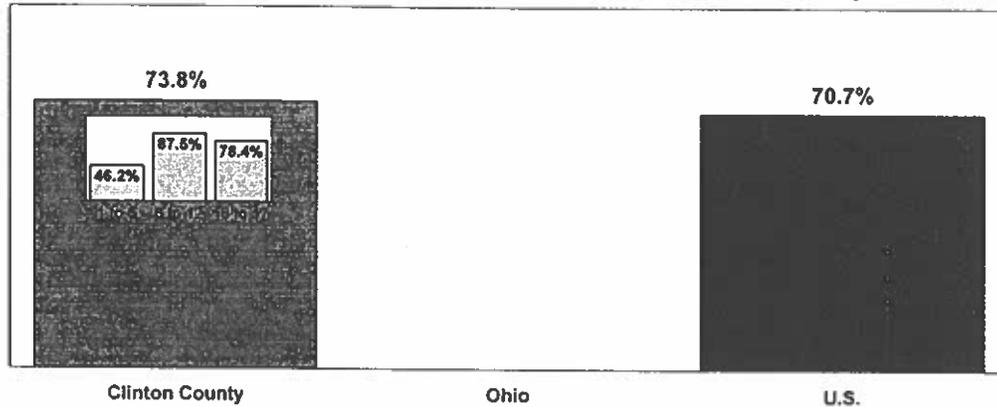


Source: 1996 PRC Community Health Survey
Note: Asked of all respondents

Finally, adults with children under 18 were further asked to indicate whether or not their child has received swimming or water safety instruction. As shown below, 73.8% of local parents responded affirmatively, compared to 70.7% across the United States.

When illustrated by age, area children above the age of 5 appear to be most likely to have received swimming or water safety instruction, as shown.

Child Has Received Instruction in Swimming or Water Safety



Sources: 1. 1996 PRC Community Health Survey
 2. 1995 PRC National Health Survey
 Notes: 1. Asked of all respondents with children aged 1 to 17.
 2. Statewide data not available.

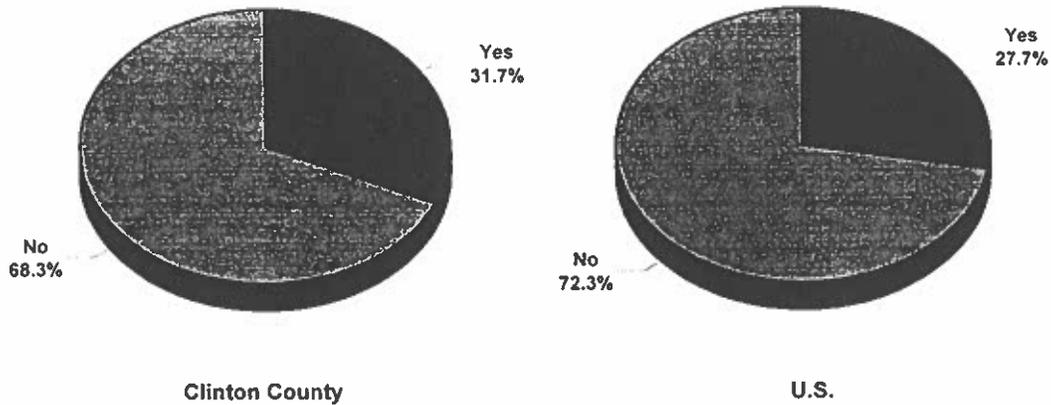
Local Health Resources

- Clinton Memorial Hospital
- Clinton County YMCA

Handgun Ownership

Less than 1 in 3 (31.7%) adults in Clinton County currently have a handgun in their home, compared to 27.7% nationwide.

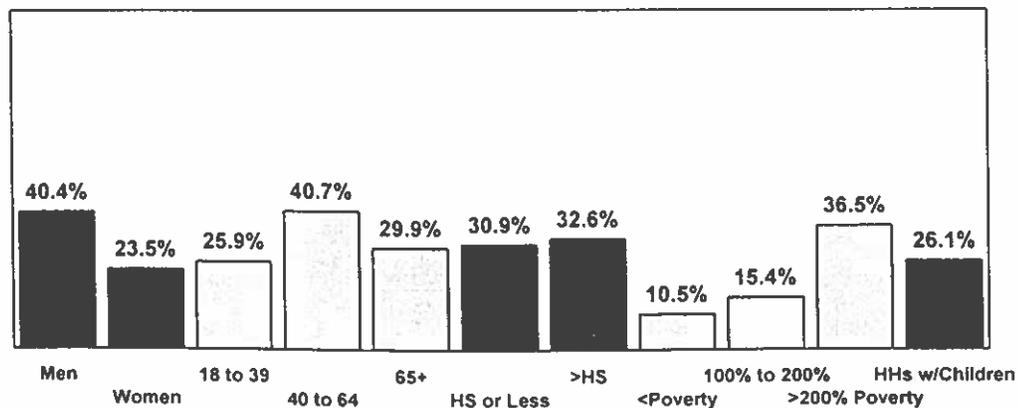
Have a Handgun in the Home



Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
Notes: 1. Asked of all respondents.
2. Statewide data not available.

Viewed demographically, as can be seen below, handgun ownership is highest among men, individuals aged 40 through 64, and people in the highest income bracket. Also note that 26.1% of households with children under the age of 18 currently have a handgun in the home.

Have a Handgun in the Home

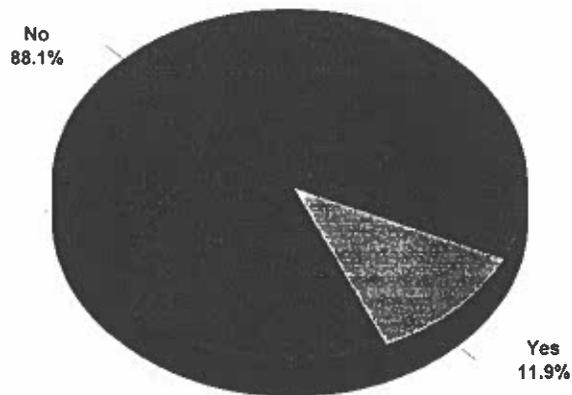


Sources: 1996 PRC Community Health Survey
Note: Asked of all respondents.

Occupational Injury

In a final inquiry on injury control, respondents were asked to indicate if they have been the victim of an occupational injury at one point in the past 5 years. As shown, a full 11.9% responded affirmatively, representing approximately 3,368 adults in the community.

Victim of Occupational Injury in the Past 5 Year



Source: 1996 PRC Community Health Survey
Notes: 1. Asked of all respondents.
2. Statewide data not available

Local Health Resources

- Clinton Memorial Hospital

ACCESS TO HEALTH CARE

Focus Group Findings

Access

A significant amount of time was spent discussing access to and availability of health care in all of the focus groups. Access to health care professionals was seen as a problem for all segments of the population, not merely the uninsured. Areas of concern include availability of primary care physicians, mental health and support services, pediatric development services, life squad services, child care providers, and transportation.

Availability of Child Care

The availability of adequate, certified child care, particularly for infants and toddlers, was identified as a top concern in all of the focus groups. With employers, such as Airborne Express, that have shifts of employees working around the clock, child care in the evening and nighttime hours was of particular concern. In addition, there is the perception that the employers creating these jobs are not willing to provide day care.

- *"We need more of it. I think it's available in people's houses, but I know ladies that are watching six or seven kids a day and I don't think that that's proper child care in my mind... what I'm saying is there's a need for certified child care." E*
- *"Child care's a problem... a lot of people don't make enough money to send their kids to child care, a good child care, and still go to work. My kids are at the YMCA, which I believe is the best program around, a lot of people can't afford to pay \$8,000 to \$9,000 a year for that kind of a program. I see a lot of people taking them to homes, paying them a dollar an hour for three kids, I don't think that we have enough good child care around." P*
- *"And you're talking there about, I don't want to say minimum wage jobs... lower scale of the job range, that you're talking about maybe \$7/hour, \$8/hour, \$6/hour, and they can't afford the prices that we're charging I'm sure. So even if we did offer more spaces, somebody has to supplement so that those beginning level jobs can afford the child care." AH*

- *"I've also noticed that child care for second and third shift positions is a major problem for single mothers. If you want to work, and they're often offered positions, but more than likely, they're offered positions during the second and third shift hours." SS*
- *"I agree, I don't think there's enough child care and I think we need to move it in specialized shifts, especially with Airborne... all the people who work at night and sleep during the day. If they have children at home, how are those children, are they really being properly cared for?" E*
- *"I don't think the industry that is creating these positions, to my understanding, so far they haven't been willing to come to the table to look at designing a 24 hour a day child care facility." SS*

In addition to regular child care services, one participant brought up the idea of child care for sick children, a service which several thought could possibly be provided by the hospital.

- *"One area that has not been addressed is what do working parents do with the child of school or pre-school age that is sick, ill, and needs to stay home and be cared for? And if that has occurred, one of the parents will be absent from work. And is there a way for hospital services to have some sort of an outpatient facility where you bring a sick kid to get monitored and appropriate care for working parents?" E*

Availability of Primary Care Physicians

Many participants said the availability of primary care physicians is a serious problem in Clinton County, indicating most local physicians' practices are closed. Physicians, on the other hand, indicated the problem may lie in which insurance plans particular physicians accept.

- *"They need more, as a newcomer to this area, for specialists in different areas, they need more. It's very difficult to get in. I know when I first came here, it was very difficult to even get in because they said 'we're not taking any more, we're not taking any more patients.' So I thought 'where am I gonna go for health care?' That was a concern to me." E*

- *"Our biggest problem in the health department is not enough primary care physicians. People are constantly calling us asking, 'where can I get this done?' They have insurance, they live in Clinton County, how are they gonna get seen by a doctor? Most of the doctors here are closed, they aren't taking any new patients, they certainly don't take any Medicaid patients, and a lot of people with insurance can't get a family doctor either and they're going out of the county for this service." AH*
- *"Family practice is not a lucrative kind of practice, and so it's a difficult area to attract physicians anyway into a family practice. And then to put them in more of an isolated setting and then to give them a relatively high number of, um, medically indigent patients to care for also, all of that impacts our ability to recruit, and also to put them in independent practices as opposed to group practices, uh, even complicates it further." CL*
- *"I think because we are in between three major cities, we've got three major cities' worth of HMOs, all of which are a little bit into this community, none of which are completely... and so, if you are insured through a plant in one of those cities, you are only going to find a few doctors that take that insurance." P*
- *"I think a lot of the perceived lack of doctors is simply finding one that takes your insurance." P*

A few participants mentioned partial solutions to the lack of availability of primary care physicians. First, one employer suggested offering evening office hours to allow working people greater access to health care, while one allied health professional mentioned the upcoming implementation of the new family residency program.

- *"I don't know how some of these doctors' visits, health care services, are scheduled to be delivered, but I would suggest to the health care industry if they could have more hours from 5:00 p.m. to 10:00 p.m., instead of only 9:00 a.m. to 3:30 p.m., that that time frame would be much more agreeable to the working people." E*
- *"I think something that is going to help that a lot is the new family practice residency program that they are going to start next year. It's completely undergoing the three year program with four residents per year, so we'll have 12 physicians and hopefully some of them will stay. It's a very expensive way to recruit people, but it works." AH*

Availability of Mental Health/Support Services

Two of the main services lacking in Clinton County area are mental health and support services. This need encompasses the full range of support services, including psychiatric services, domestic violence services, and alcohol and drug counseling, as well as housing options for these people. In addition, the feeling was expressed that the mental health needs of the community will continue to grow as the area expands. Participants noted that there have been some services in the past, but there has been no consistent, reliable care available on a continuing basis.

- *"I've always been surprised that we haven't had more psychiatric capabilities in Clinton County, not just to deal with the abused, but the abuser also. We've never had a full-time psychiatrist in this area. We've had some hours out at the counseling center." AH*
- *"I think we feel that way at the college, too, that we need a crisis center and I think we're getting another one, but uh, we need a place consistently of the middle of the night college students, and I would expand that to the whole mental health field-- consistent counseling." CL*
- *"It's a growing community, so the growth itself is causing a lot of tension in the area and certain services are not as accessible. What the growing community needs especially with psych, are kind of recovery services, and I refer to basically the entire spectrum of psychological needs, you got depression too, suicides too, psychiatric psychosis needs too, drug abuse, and everything else. The problem is it's not just limited to the people who have no money, it's also people with insurance, with money, but they don't know where to go, so they come to the emergency room and we just try to find some way to channel them." P*
- *"As a person who deals with alcohol, or alcoholics, all the time, it's very difficult to treat those individuals locally, other than, you know, keeping them in jail, or sending them to a facility in another county. I think there's a big void in terms of alcohol and drug dependency." CL*
- *"Even for support programs I know people have to travel to other counties, I mean, if they want to go to an AA meeting. They may have one here a week, but they have to*

go to Highland County for another one if they need two a week or other support programs." AH

- "As long as somebody is in crisis, has a problem that you can label, you can usually find something for them, but when they start to get better, they don't meet all those rules and requirements, they're kind of left out there on their own until they get to a new crisis." SS
- "One of the critical things is options for housing, housing options, because we need everything from 24 hour care to occasional care, and it needs to be decent, affordable, and safe. In any rural area, accessibility is an issue when you don't have public transportation. SS
- "I think there's a need for longer term support housing for people who are chemically dependent... particularly women and kids. There aren't any options out there right now." SS

Funding is a major obstacle to overcome in offering a greater range of mental health or support services, in Clinton County. Not only did several participants indicate the current services had recently experienced cutbacks, they also indicated residents are hesitant to pass tax levies for mental health purposes.

- "I know we've got a real nice mental health facility here in town, but they've had cut backs... I know from myself and people who have dealt with them, first of all they were so strapped and now they've had cutbacks again, it's hard to get good counseling. And, um, there's a definite need and I don't know how much the hospital is involved with that, personally I haven't seen too much high profile in mental health care as far as the hospital goes." E
- "Although Warren County has a population that is much larger than ours, I think 2 or 3 times larger than Clinton County, our mental health needs are equal to Warren County, so per capita, we have a much higher rate of mental illness in this county. That becomes a problem because funding for recovery services is largely achieved by levies, levied against the population, and when the population of one county is paying a given amount of money in taxes to support mental health, they don't want to see all of their tax money coming down here to Clinton County, so we try to divide the levy income fairly, you want it to be two-thirds to Warren County, one-third to Clinton County, which

sounds fine except that we have just as much mental illness as all of Warren County, so we wind up with less money." P

- "I think the whole area of mental health is a little bit difficult perhaps to identify, who needs it, how much, what kind, and when. It's also a little difficult, I feel, it's related to agriculture, or a rural environment, rural property taxes, to deal with how mental health issues are funded, paid for or funded. I sense that in the county of Clinton where we are going to have an urban and rural interface, that there're probably a number of rural property owners that are a little sensitive in a negative way about paying property taxes to fund mental health issues." E
- "I know in Ohio the last new levy that passed for alcohol and drug addiction was in 1990, not one levy has passed since then in terms of new levies." SS
- "The amount of services that is available is a problem because of the higher level of poverty here and it being a smaller county, with the tax base, you know... the tax base is not as good as some other counties and so it makes it difficult to generate that local income." SS

One social service participant informed the focus group that his service is currently working on contracting with an agency outside of the county to provide three full-time therapists in the Wilmington area, that this action had taken place, in fact, just the previous evening.

- "What our board did last night is we are contracting with [an] agency to provide it, it's a larger agency and they'll be able to reinstate three full-time therapists that otherwise would not be here." SS
- "Interestingly enough... with those reinstated, if you were to compare the amount of mental health services that are available in this county with other similar counties in the state, you would be hard pressed to find as much service being provided." SS

Availability of Pediatric Development Services

Members of the community leader and social service health panels were concerned about the lack of local pediatric development services, such as speech therapy.

- *"Pediatric services in relationship to developmental delay, speech, OT, PT, those types of things are not available for our Clinton County area, our, what I would call Clinton Memorial service area. Most of those clients have to go to Cincinnati, or go to the city to get specialized pediatric services." CL*
- *"When we look at children who have developmental delays, speech therapy is present in about 66% of the children who have any kind of delay, speech therapy is one of the common needs and there's no readily available speech therapy in the county, we're missing a big boat in terms of getting these kids ready for school... and even for families who appear to be well to do, three trips to Cincinnati a week for speech therapy adds up in a short amount of time. So, localizing those services would make it more accessible for everybody and stretch the money that we do have." CL*
- *"Pediatric OT, PT, speech for little tiny kids is limited, there are limited providers, but that's a regional problem. You almost can't access, if your children have medical handicaps, specialists here." SS*

Availability of Life Squad Services

There were conflicting opinions on the adequacy of the ambulance services in Clinton County. Although some feel that there is an adequate number of life squads in the area, others feel that the personnel for those life squads should have more training. Due to the rural nature of the county and the resulting longer transport times, more training could result in more effective and higher quality immediate care.

- *"For a county this size, we have eight life squads in Clinton County and every square inch of the county is covered by somebody. We have two life squads that have paid staff. In Wilmington there's 24 hour a day, 7 days a week, in Blanchester there's during the day, 12 hours a day they're covered by paid staff... The rest of the other 6 are all volunteer life squads." AH*
- *"As far as the access to being in a system, tertiary facilities and access to transport and stuff is there, but I think we need to have a more experienced, better equipped, better educated personnel. We only have one paramedic in this town, most people are volunteer, the EMTs... we have provided incentives for them to get more training." P*

- *"I think we need to have more paramedics, a more organized system where it's going to work more efficiently, with better triaging, better assessment, better treatment in the field, because outside of the city limits some of the transport times can be long, they go out for miles, some of these people live in a more rural setting. So transport time can be greatly increased depending on where they live." P*

Transportation

Transportation is frequently identified as a barrier to accessing health and social services for smaller, more rural populations. Many have found this to be the case in Clinton County, with the main source of public transportation being the city taxi service, which is limited in its hours.

- *"The other negative I was originally going to mention is lack of public transportation throughout the county. If you're in Wilmington you can kind of make it, but if you are in any of the outlying areas trying to get to the service, especially a county department that basically is just in the county seat, they don't have the access." SS*
- *"Also, something that I've heard, personally it doesn't affect me, but public transportation that a lot of people can't get to their appointments, because, I mean, there's a taxi service, but that's all there is. Or, if it's outside the county, you know the taxi service won't take them to where they need to go." AH*
- *"Senior services has a transportation van, but it's limited." AH*
- *"The city cab service only runs until 6:30 p.m., from 6:30 a.m. until 6:30 p.m., Friday and Saturday it only runs until 3:00 and it's not in operation on Sunday." SS*
- *"If a woman wants to get to a shelter in another county, usually [transportation] has to be provided by one of the staff. There's just nothing here." AH*

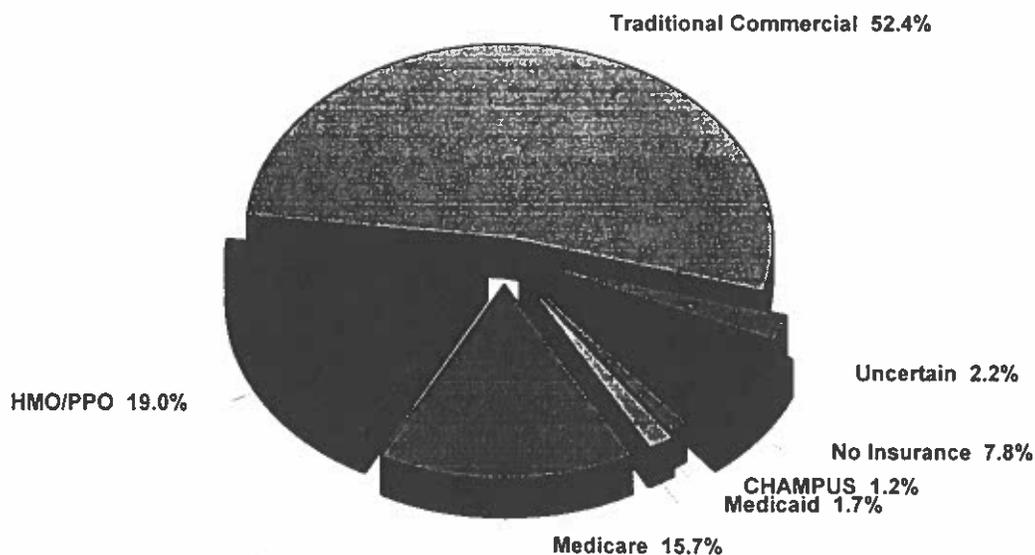
Health Insurance Coverage

Along with enhancing quality and moderating costs, improving the accessibility of health care services is one of the principle hopes for the American health care system and a key element in any preventive approach to community health. Certainly one of the various barriers to access is a lack of insurance coverage for many Americans.

Insurance Coverage

A total of 92.2% of adults in Clinton County currently have some type of health care insurance coverage. More specifically, 52.4% maintain **traditional commercial health care insurance**, while 19.0% have an **HMO (health maintenance organization) or PPO (preferred provider organization)**. Another 15.7% are on **Medicare**. On the other hand, 7.8% (representing 2,207 people) of residents have no health insurance coverage.

Health Care Insurance Coverage

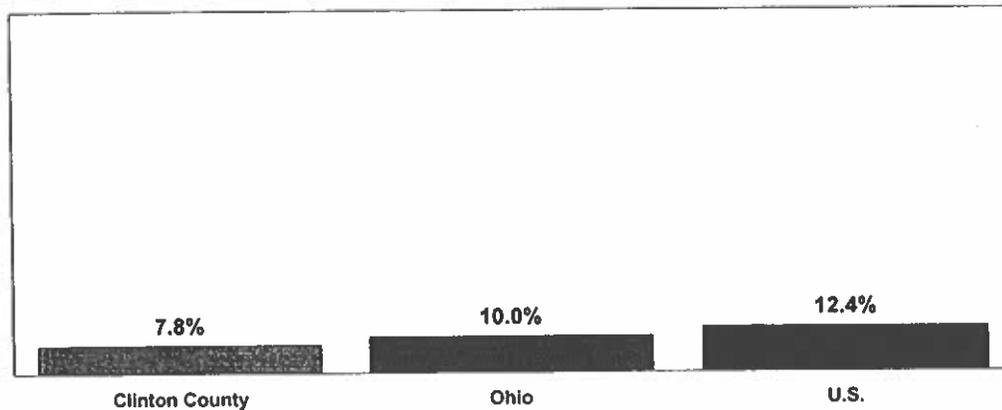


Source: 1996 PRC Community Health Survey
Note: Asked of all respondents.

Lack of Health Insurance Coverage

As noted previously, a total of 7.8% of area adults have no health care insurance; this percentage is much lower than the state level of 10.0%. Nationwide, lack of insurance affects 12.4% of American adults.

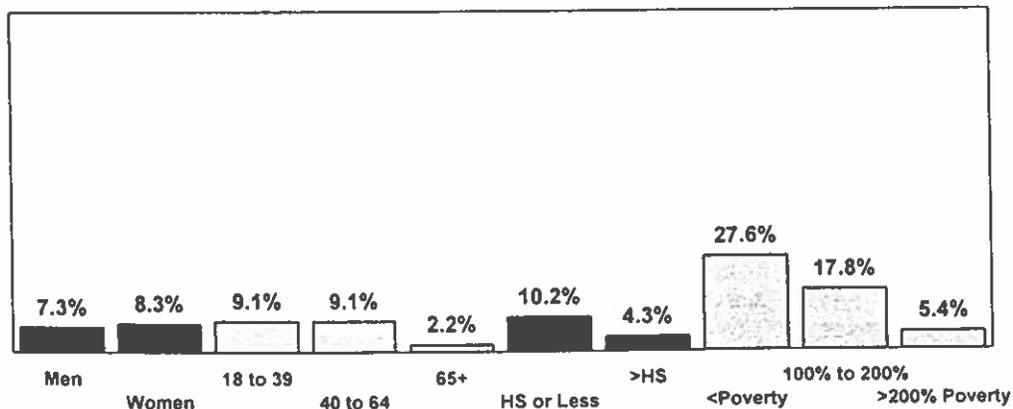
Lack Health Care Insurance Coverage



Sources: 1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
 3. 1995 PRC National Health Survey
 Note: Asked of all respondents.

Not surprisingly, coverage is directly related to income, and, in fact, lack of insurance decreases sharply among individuals living above the national poverty level. Note also that lack of insurance coverage is relatively low among adults aged 65 and over.

Lack Health Care Insurance Coverage



Source: 1996 PRC Community Health Survey
 Note: Asked of all respondents

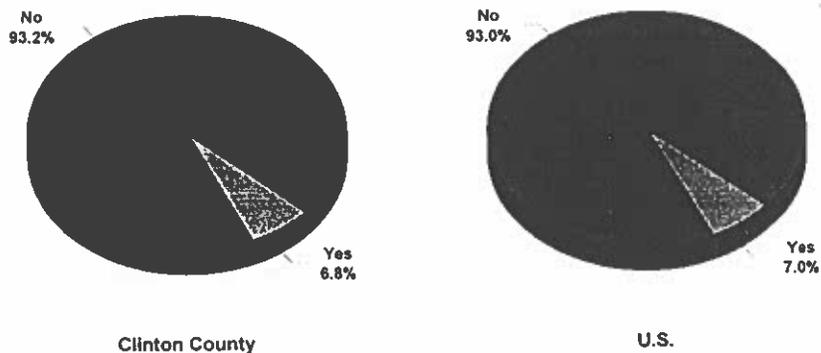
Physician Availability

Another potential barrier to health care access is difficulty getting in to see a physician.

Difficulty Seeing Physicians

A full 6.8% of Clinton County residents had difficulty getting in to see a physician during the past year, representing almost 1,925 adults throughout the community area. Nationwide, 7.0% of adults have had difficulty accessing a physician.

Have Had Trouble Getting in to See a Doctor in the Past Year

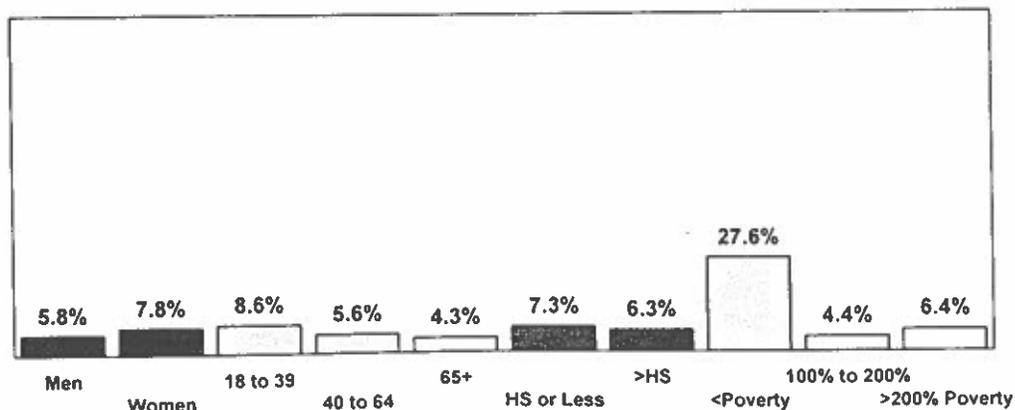


Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
Notes: 1. Asked of all respondents
2. Statewide data not available

When examining difficulty

demographically, individuals living below the national poverty level are most likely to have had difficulty getting in to see a physician (27.6%), as shown.

Have Had Trouble Getting in to See a Doctor in the Past Year



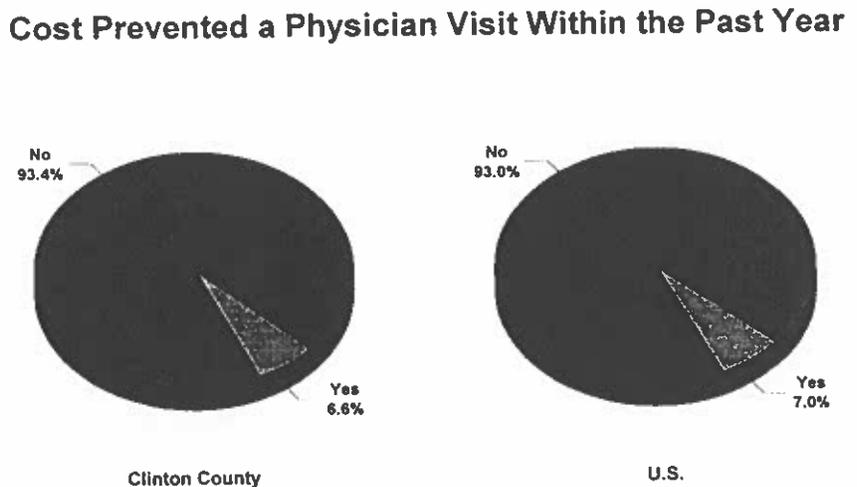
Source: 1996 PRC Community Health Survey
Note: Asked of all respondents

Cost of Health Services

Cost is an important factor in the access equation. The following section examines the incidence of cost being prohibitive in obtaining primary physician care in the area.

Cost

Cost has prevented 6.6% of community members from visiting a physician at some point during the past year. This figure is slightly lower than that found nationwide (7.0%).

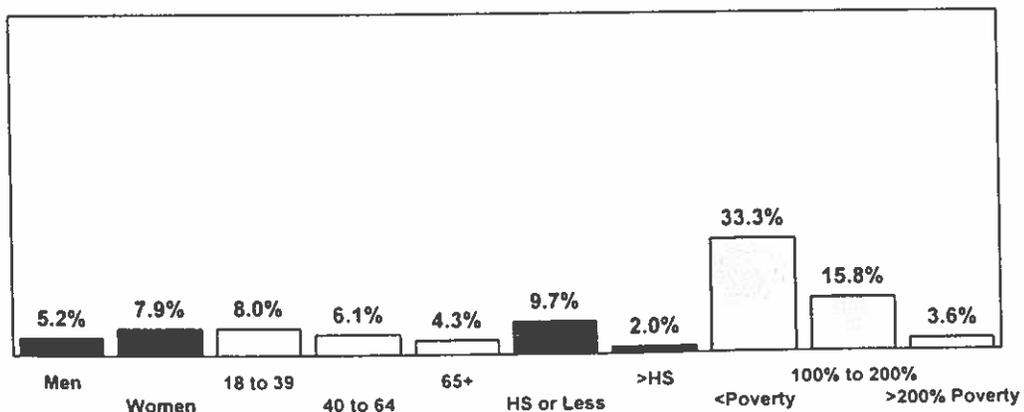


Note in the following table that 1 in 3 persons at the poverty level have

Sources: 1 1996 PRC Community Health Survey
2 1995 PRC National Health Survey
Notes: 1 Asked of all respondents.
2 Statewide data not available.

found physician cost a prohibitive factor when seeking primary medical care. Also, women much more than men face prohibitive costs, as do people aged 18 to 39 and those with no postsecondary education.

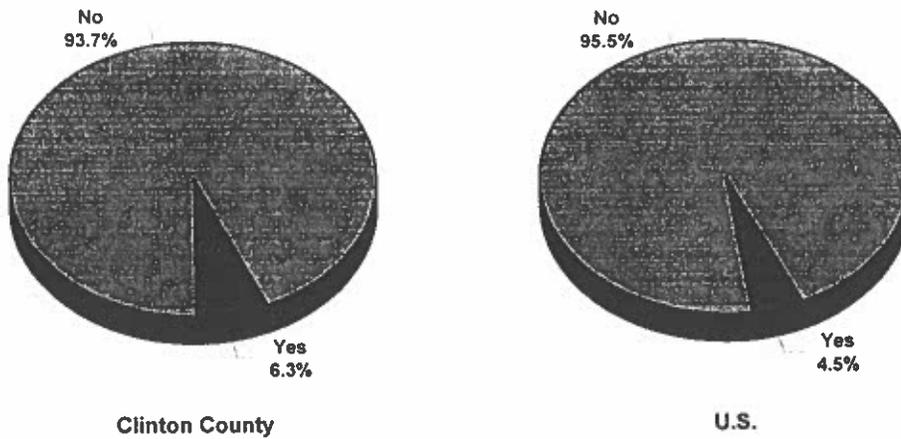
Cost Prevented a Physician Visit Within the Past Year



Source: 1996 PRC Community Health Survey
Note: Asked of all respondents

Among those Clinton County residents with children under the age of 18, 6.3% indicate that cost or a lack of insurance prevented their child's health care in the past year. In comparison, 4.5% of adults nationwide could not afford their child's health care in the past year.

Cost or Lack of Insurance Prevented Child's Health Care in the Past Year



- Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
- Notes: 1. Asked of respondents with children under the age of 18.
2. Statewide data not available

Transportation

Access to health care services requires that community members are able to reasonably obtain transportation to and from health services. This issue is addressed in the following section.

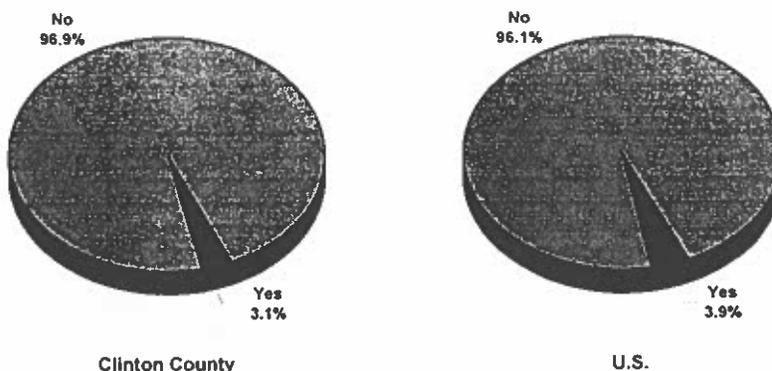
Lack of Transportation to Health Services

For 3.1% of community members, there has been a time in the past year when lack of transportation made it difficult or prevented them from seeing a physician or making an appointment (vs. 3.9% nationwide); keep in mind that this totals approximately 877 area adults in Clinton County.

Note in the following chart that a lack of transportation hindered just over one percent of area parents from obtaining health care services for their child in the past year, compared to a higher 1.7% nationwide.

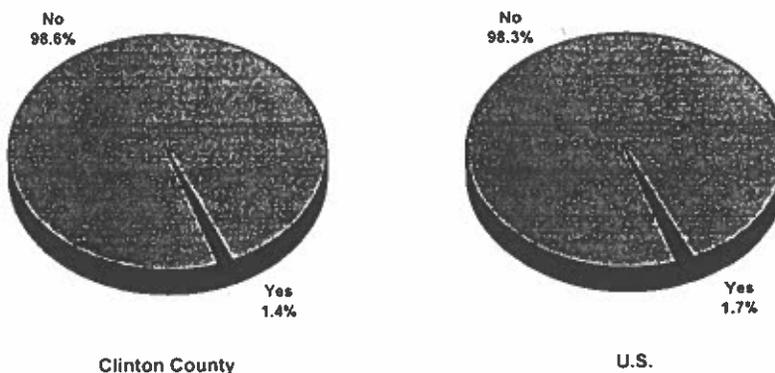
See the following page for a list of local transportation services.

Lack of Transportation Prevented Physician Visit in the Past Year



Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
Notes: 1. Asked of all respondents.
2. Statewide data not available.

Lack of Transportation Prevented Child's Health Care in the Past Year



Sources: 1. 1996 PRC Community Health Survey
2. 1995 PRC National Health Survey
Notes: 1. Asked of respondents with children under the age of 18
2. Statewide data not available.

Local Health Resources (Public Transportation to Health Facilities)

- Wilmington City Cab Service

HEALTH
EDUCATION

Focus Group Findings

Health Education

Education was identified as an effective tool for promoting prevention and wellness. According to participants, the areas of health education and information that need to be addressed include improving residents' awareness of services, increasing data availability, and utilizing schools, businesses, and physicians for health education.

Improving Awareness of Services

It was clear from each of the community health panels that Clinton County residents are not aware of the services available. In fact, several service providers indicated they are not even fully aware of the services offered themselves, even though they deal with the need for services on a daily basis.

- *"Publicly people do not understand what is going on... in my office we are getting call after call after call, people saying 'my therapist is leaving, there's some financial problem, can we come see you?'" SS*
- *"We aren't really fully aware of what all the health resources are. We don't know and we try to deal with it everyday." CL*
- *"I think sometimes it's too much, their too confused, they can't tell health department, homeless shelter, children's services, mental health, VHA, they can't tell us all from one another. Until they need us and they go to the one name they remember and they ask 'are you the right one?' Then we have to direct them from there." SS*
- *"The resources are communicated, but they're not absorbed." AH*

One suggestion to improve awareness of services was one central information telephone line or resource listing. One physician suggested an 'Ask-a-Nurse' type service in which a nurse would make referrals to physicians if needed and pass along information already given to the caller to the physician in order to provide continuity of care. Though this would

be an enormous task, several people suggested that this might be a service the hospital could provide.

- *"I'm a member of the Family and Children First Council for Clinton County, which is an organization which has been struggling for a couple years and one of the projects which always comes to the forefront is to put together a directory and it's a process that is ongoing and never up-to-date and current because everybody's services change so much. We did it in an attempt to identify overlaps in service, but it's been an impossible task even for us." CL*
- *"It would be nice to have one central number where you could phone and say 'we've got this individual who has this particular issue, what agency should we be looking to?'" CL*
- *"Is it appropriate for the hospital to serve as a hotline for new residents who come to the area who are seeking a relationship with a doctor or with a health care professional?" E*
- *"I think that's a function that the hospital might reasonably provide, it wouldn't have to be the hospital, but a central number that was keeping abreast of, you know, the change in the crisis counseling thing downtown, but a clearing number and somehow fund the position." CL*
- *"When people get sick, 9 out of 10 times they look to the hospital for resources and information. So, you know, since we're the only hospital in town, probably we need to kind of meet the challenge." P*

Utilizing Schools, the Workplace, and Physicians

Here, it is important to acknowledge that many participants felt ideally health education should take place in the home; however, they recognized that the facts show education does not consistently take place at home. In addition, several people thought that due to the strong faith community in Clinton County, churches could have an impact on health and wellness, but only for certain percentage of the population.

Therefore, schools were seen as a good starting place for educating children and teenagers on matters of health and wellness. They provide a 'captive audience' of young people who, in turn, may share the knowledge with their families. Several people indicated basic

education needs to start in elementary school, possibly as early as kindergarten, and continue through junior high into high school. In addition to traditional classroom settings, one allied health professional suggested a peer counseling program, believing kids are more likely to be influenced by other kids.

- *"I think we have a responsibility with education. I don't think the average parent out there has a clue about what's going on with sexually transmitted infections and the problems that are related to that." CL*
- *"I think there should be some type of child development skills or information given to kids from kindergarten through age 12 because that's where we see so many problems in child abuse often times." SS*
- *"I think part of the problem is the junior high. I think the grade school is very good, I think the junior high needs some help to continue some of the things they start in grade school. My kid has a health class. They don't do squat in there. They talk about the teacher's fish tank. The junior high in Wilmington is a problem and that's when they're at the age when they need the education in health, alcohol abuse... it becomes a reality in seventh and eighth grade." E*
- *"If there was more education about the options available and the types of services they can get, would that help people not be so scared to get the help they needed? Or would that help with teen pregnancy, if we just have more of a discussion about the issues or that it was more common place that you would talk about self-esteem or not drinking?" AH*
- *"When I was teaching I used to work with a peer counseling group where high school kids went to the junior high and middle school kids and talked to them and I think there was some effect, more so for the high school kids because they got some gratification and they got in with a good positive group. I think that it had a little bit of an effect on the junior high kids, but I really don't think that adults talking to the kids has any effect whatsoever. I mean, I think they see it as a lecturing." AH*

Like schools, job sites provide excellent opportunities for health educators to reach a large number of people, without relying on these workers to have the motivation to seek out education on their own.

- *"I think with the interactions with the computer that teenagers and other people are learning to avoid people, so we need to find a way to develop more skills of interacting with human beings. Probably it's gotta be at the workplace where you can sort of have a hold over a person and say you gotta come." CL*
- *"One of the things we've implemented with my employees is every two months to have some kind of educational requirement for them to come to. I've got to pay for it, but we got a sexual abuse coming up now and harassment issues and various issues to try to get them more equipped so that they can function as employees, so that they know how to interact with other people." CL*
- *"There's a need for general nutrition education and counseling. I think many of our people do not eat the proper diet or the proper foods to maintain health and resistance to disease and to provide them regular attendance at work." E*

Also, a few employers said because of the nature of their business or service (e.g. child care, the YMCA), they need to offer classes on things such as First Aid or CPR, but they have had trouble finding someone to teach these classes.

- *"We have a concern about CPR and First Aid and where it comes into play as far as who is instructing and I'm not just talking about the hospital, now I'm talking about other services too. The American Red Cross, who knows what they're doing now, they're in some days, out some days. We have a hard time getting people trained in CPR, not First Aid so much, but CPR... nobody wants to teach CPR. That's a concern of ours. Our lifeguards, day care now..." E*
- *"We've been trying to teach First Aid classes at the Y and we're having a heck of a time finding people to come and teach health classes like that. We're struggling right now and people want to come and take the classes and we require our staff to have those and we just can't often find them. So, I don't know, for like day care we have to get communicable disease classes and we go outside the county to get all those classes because we can't get any of those in this area." AH*

The physicians interviewed were very interested in helping to educate their patients on health and wellness. In fact, one physician indicated that education is the most important part of his job. Further, although insurance discussions tend to evoke negative comments

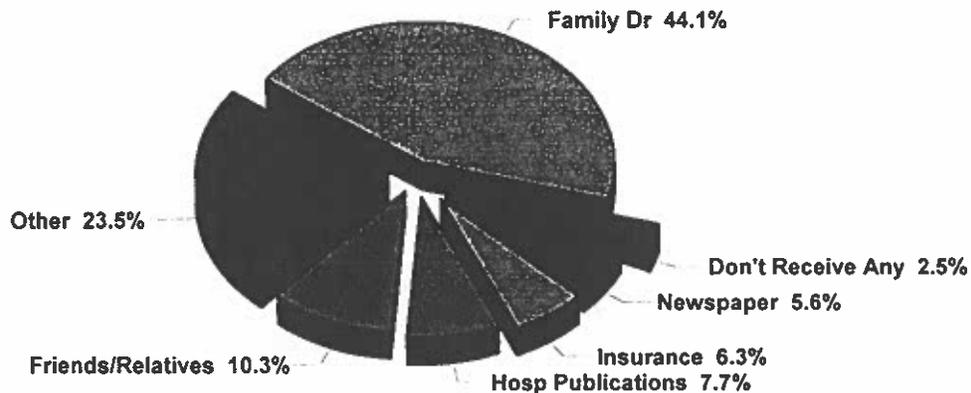
among the general population, physicians indicated that the move toward managed care lends itself to preventive care and education.

- *"One of my main jobs as a physician is education, the rest of it all is kind of 'yeah, I gotta do that too, intervention,' but if I'm going to have my biggest impact, it's gonna be education." P*
- *"From a patient's standpoint, there are a lot of changes going on right now with recommended preventive health... my point is to try to filter through all the garbage and try to come up with a plan that I can apply to my own patients. As far as educating the community, that takes a lot more resources. One of the problems with preventive health care historically is that nobody pays for it, but everybody pays when you don't have it." P*
- *"I think under the system, and we're getting more and more of a capitated system, particularly for primary care, you could be perhaps more effective in group education, whereas typically it has been individuals... but if you are being paid for 'x' number of hours for caring for that patient, whether it's individually or in a group, you can start saying 'okay, I'm going to add a diabetes education group, I'm going to add a cardiac group on Thursday nights...' You can be much more efficient, much more effective in getting your information out in that type of setting." P*
- *"I know a thing that I have found helpful with some of the organizations like the HMOs, they make a patient designate a primary care physician as their physician. That allows that physician to know who they're responsible for, it gives them a chance to say. 'Look if I'm your physician, I don't care if you're 25 years old, you need to come in so I can talk with you and find out, are you a smoker, are you practicing unsafe sex, do you have a family history that we need to know about, let me get you in the system, let me start educating you so we can keep you healthy.'" P*

Sources of Health Care Information

When asked to identify their primary sources of health care information, the largest share of responses given by community members was for a **family physician** (mentioned by 44.1%), followed by **friends or relatives** (10.3%), **hospital publications** (7.7%), **insurance** (6.3%), and **newspapers** (5.6%).

Primary Source of Health Care Information



Source: 1996 PRC Community Health Survey
Note: Asked of all respondents.

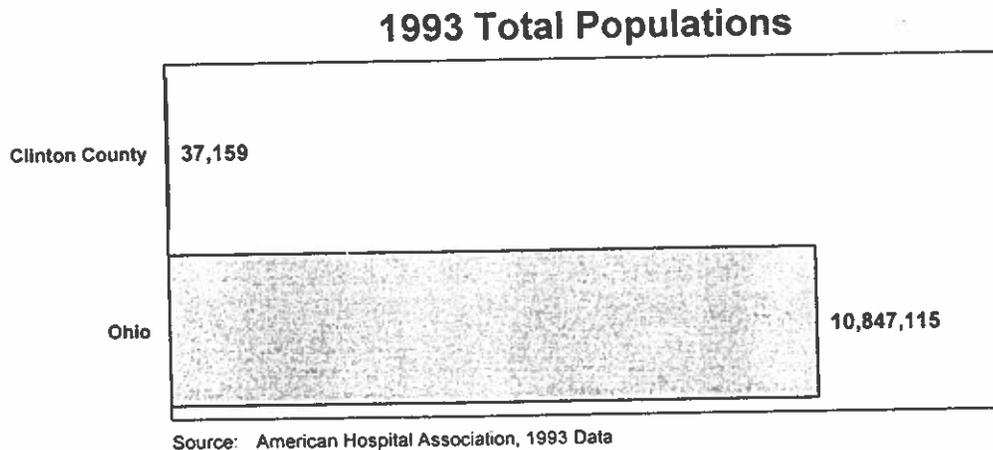
DEMOGRAPHICS

Demographic Analysis

Demography, a statistical study of the composition of a population, contributes significantly to the understanding of the health care needs of a community. Demographic characteristics not only play a part in determining health status, health risk behavior, and susceptibility to various chronic conditions, but also allow for targeted interventions designed to improve health and quality of life. In such an assessment of "health demography," it is important to consider a community's uniqueness, its homogeneity and dissimilarity, and the changing patterns of its demographic makeup.

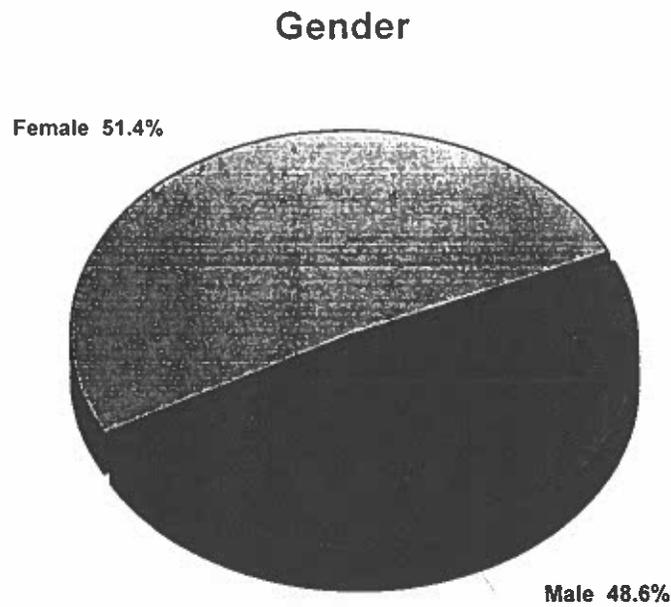
Population Size

According to the American Hospital Association, Clinton County housed 37,159 total residents (of all ages) in 1993, compared to a state population count of 10,847,115.



Gender

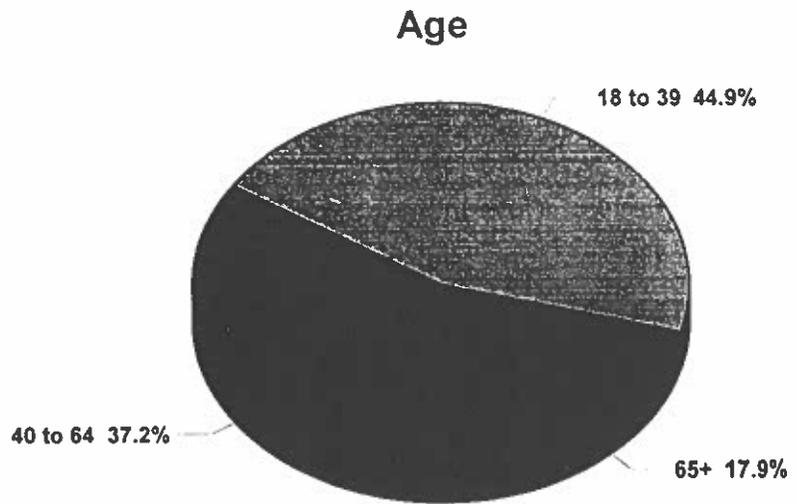
As shown below, the Clinton County sample was made up of 51.4% women and 48.6% men.



Source: 1996 PRC Community Health Survey

Age

The age of a population is a critical determinant of its health care needs. The adjacent pie displays the distribution of ages of Clinton County adults as recorded in the 1996 *Community Health Survey*. (Keep in mind that this survey is representative only of adults aged 18 and over).

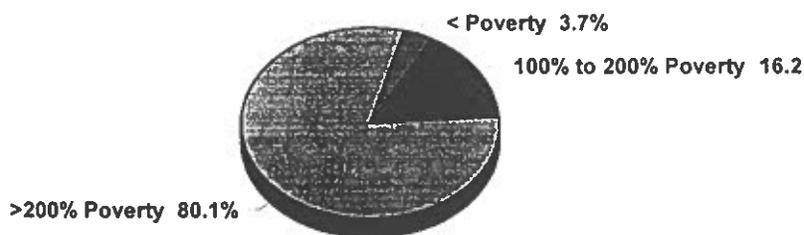


Source: 1996 PRC Community Health Survey

Income

The following pie displays the household incomes of individuals interviewed for the 1996 PRC Community Health Survey. Note that only 3.7% of the total sample reports household sizes and incomes which place them below the

Household Income



Source: 1996 PRC Community Health Survey

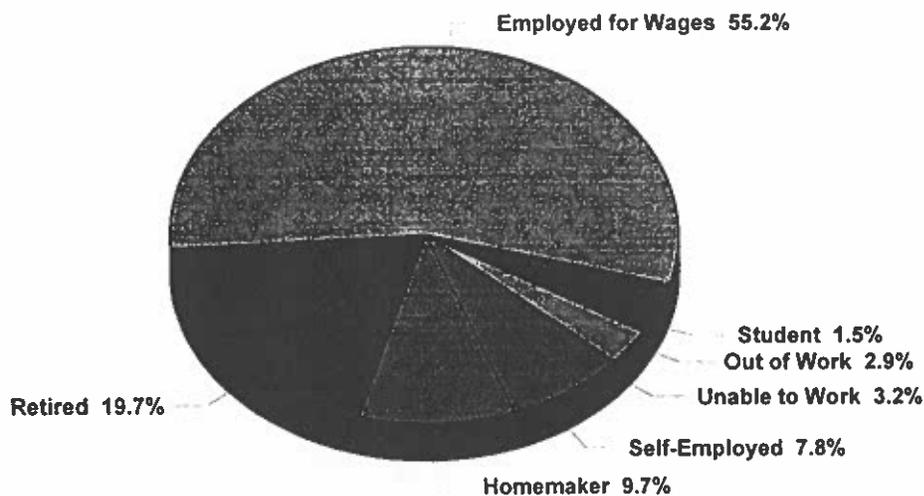
federal poverty level. On the other hand, a full 80.1% of community residents reported incomes placing them at 200% or more of the poverty level (i.e., twice or more the income of someone living at the poverty level).

It may be interesting to note here that, in a profile compiled by the Clinton County Children's Services, Clinton County was ranked 39th in the state for its total percentage of poverty-stricken residents. In a related issue, the county ranked 50th in the state of Ohio for its total percent of female households with children ages birth to 17 inclusive.

Employment

Currently, over 6 in 10 Clinton County adults are either **employed for wages** in a job or business (55.2%) or are **self-employed** (7.8%). In addition 19.7% are **retired**.

Employment

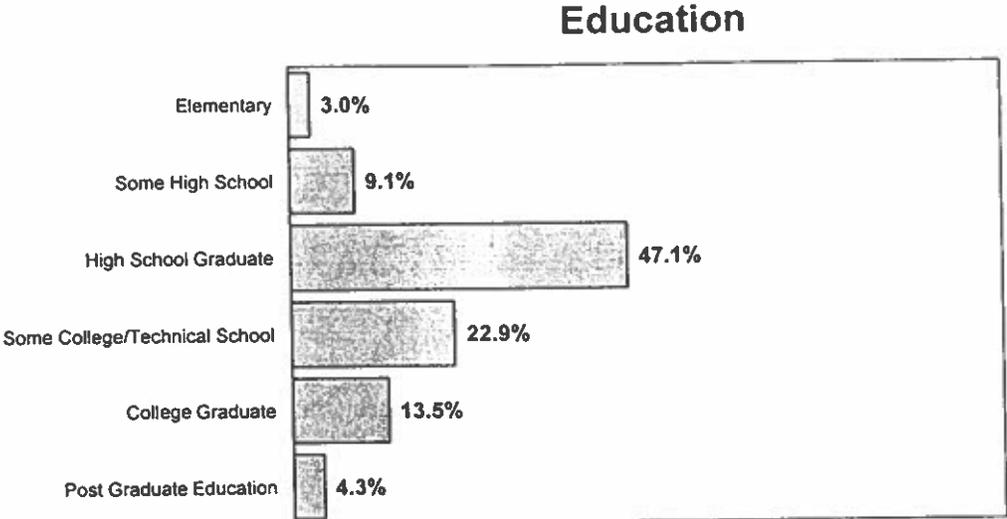


Source: 1996 PRC Community Health Survey

Again, it may be interesting to note here that, in a profile compiled by the Clinton County Children's Services, Clinton County was ranked 70th in the state of Ohio for its total percent of unemployed citizens.

Education

As shown below, education levels among survey respondents are relatively high, with 87.8% of residents achieving at least a high school education and 17.8% holding college degrees.

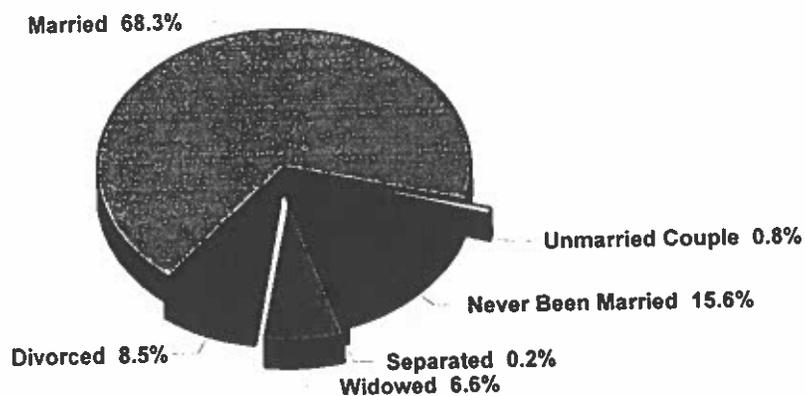


Source: 1996 PRC Community Health Survey

Marital Status

Approximately two-thirds (68.3%) of Clinton County adults are currently married. Another 15.6% have never been married, while 15.3% are widowed, separated or divorced. This is outlined in the following illustration.

Marital Status



Source: 1996 PRC Community Health Survey

SUMMARY OF FINDINGS

Summary of Findings

Summary of Health Indicators

The following chart summarizes key findings of this study, as compared to Ohio and U.S. figures, and *Healthy People 2000* targets where available.

	Clinton County	Ohio	U.S.	HP2000 Goal
HEALTH STATUS				
Self-Reported "Fair" or "Poor" Physical Health	14.6%	13.7%	12.8%	
Limited in Some Activity	20.2%		18.5%	<8.0%
Experience Depression (2+ wks)	19.3%		22.1%	
Attempted to Access Mental Health Svcs	9.4%		9.8%	>20.0%
Heart Disease Deaths/100,000	148.1	154.1	144.3	<100.0
Cancer Deaths/100,000	146.7	138.0	133.1	<130.0
Stroke Deaths/100,000	33.8	24.8	26.2	<20.0
Percentage of Live Births of Low Birthweight	7.1%	7.5%	7.1%	<5.0%
HEALTH RISK				
Told Blood Pressure Was High	24.1%	18.5%	21.4%	
Told Blood Cholesterol Was High	20.7%	17.8%	20.6%	
Overweight	37.9%	24.8%	26.4%	<20.0%
No Leisure-Time Physical Activity	18.6%	32.5%	20.9%	<15.0%
Sedentary	55.0%	63.5%	48.4%	
Current Smoker	22.2%	24.7%	20.2%	<15.0%
Current Drinker	39.2%	45.7%	52.8%	
Chronic Drinker	3.6%	2.5%	6.0%	
Binge Drinker	10.4%	13.1%	16.9%	
Drinking & Driving in Past Month	2.5%	1.8%	3.6%	
Always Use Seatbelt	70.1%	60.8%	74.8%	>85.0%
PREVENTION				
Physician Visit in Past Year	66.6%		68.2%	
Dental Visit in Past 6 Months	54.0%		56.8%	
Flu Shot in Past Year (65+)	58.9%	50.1%	62.7%	
Prenatal Care in First Trimester	78.1%	83.1%	76.0%	>90.0%
Blood Pressure Checked in Past 2 Years	93.3%	94.5%	93.8%	>90.0%
Blood Cholesterol Checked in Past 5 Years	79.5%	61.3%	84.4%	>75.0%
Digital Rectal Exam in Past Year (Women & Men 50+)	44.1%	33.0%	51.1%	>40.0%
Ever Had Proctoscopic Exam (Women and Men 50+)	43.1%	34.9%	49.0%	>40.0%
Mammogram & Breast Exam in Past 2 Years (Women 50+)	65.2%	58.2%	71.0%	>60.0%
Perform Breast Self-Exam Monthly (Women 18+)	49.2%		49.0%	
Pap Smear in Past 3 Years	76.6%		84.2%	>85.0%
Prostate Exam in Past Year (Men 40+)	46.3%		43.1%	
Ever Had Testicular Exam (Men 18+)	53.8%		62.8%	
Perform Testicular Self-Exam Monthly (Men 18+)	8.9%		10.0%	
HEALTH CARE ACCESS				
No Insurance	7.8%	10.0%	12.4%	
Trouble Getting in to See a Doctor	6.8%		7.0%	
Cost Prevented Seeing a Doctor	6.6%		7.0%	
Transportation Prevented Seeing a Doctor	3.1%		3.9%	
Active Drs per 100,000 Population	129	232		

- Sources:
1. 1996 PRC Community Health Survey
 2. Behavioral Risk Factor Surveillance System, Statewide Survey Data, 1993
 3. 1995 PRC National Health Survey
 4. Healthy People 2000

Focus Group Findings Summary

The residents of Clinton County had very positive perceptions of their community overall. They identified many factors which have had a positive influence on the community and upon which the community can build to improve its overall health. These include Clinton Memorial Hospital, the local YMCA, and the strong faith community.

However, community health panel participants did identify several areas that are in need of services and create risks to the community's health. All community health panel members stressed the lack of availability of certified child care providers, particularly for parents who work during the second and third shifts. Other mentioned problem areas include the lack of primary care physicians, mental health and support services, activities for youth (particularly those of junior high school age), and a central information source for health care services. The following two sections highlight participants' general perceptions of the community and the hospital.

Community Profile

Overall residents have a very positive perception of Clinton County. Located between the three metropolitan areas of Cincinnati, Dayton, and Columbus, Clinton County is seen as a growing rural community with a fairly low-stress lifestyle and safe environment. Participants saw educational opportunities and recreational opportunities, as well as opportunities to become involved in community organizations. Further, community health panel members felt that because the community is relatively small and is planning for the future before any significant problems develop, they will be able to have a great impact on improving their community's health in a short amount of time and will be able to build on this foundation for the future.

- *"The economic picture of this entire county is probably as sound as any area in the state, which makes it basically as sound as any area in the country. I think we all benefit from that... the proximity or the central location of Wilmington in the midst of Dayton, Cincinnati, and Columbus is suggestive of, thinking of far-thinking stuff into the future, it's very suggestive for future possible relationships." CL*
- *"I think we live in a fairly low-stress area in terms of lifestyle." CL*

- "I think another positive is that we have so many community organizations, there are so many things that people can belong to if they find that kind of initiative... and a lot of the programs are asking questions like you are asking here today, 'what can we do to make our community better?' I think that's what the service organizations and so many people here in the county are wanting, is how do we make things better, not wait until there's a problem, how are we trying to prepare for the future and industry and agriculture coming together." SS
- "I think that there seems to be a strong faith community and also a diversity of different religions, organized religions, everything from more fundamentalist, uh the Quaker influence I think is pretty unique." SS
- "I can say in Clinton County that there's nothing here that I fear for my well-being, I talk about that in a broad sense, my safety on the streets, the environment around me... even as far as the spiritual well-being of my kids and whatnot." AH
- "Education, connection with the college, if you drew a radius around Wilmington, uh, a 60 or 70 mile radius, the institutions of higher education that would be encompassed within that are numerous. The relationship with the University of Cincinnati or potential relationships with family practice, you know that too. We are just beginning to explore those kinds of things." CL
- "Even in like recreational, we're close to a lot of state parks, we have some pretty decent city parks. So, I mean, I think there's chances for kids to go and have some fun without worrying about you know, getting hit by a car or whatever, not seeing any fresh air." AH
- "We have a very active YMCA that offers lots of activities for people. Organized sports programs, and uh, there are a lot of small communities that don't have easy access to a place like that." SS
- "Because of jobs and so forth at the hospital, I think it can be viewed as somewhat of a regional center, which allows for other amenities, you know, shopping, eating out, that type of thing. And there seems to be either stability, or just slow growth, rather than you know, bursting through the seams like some other counties. So, it's a positive thing, it's not a declining rural community like a lot of rural communities have been. It seems pretty stable, growing reasonably." SS

- *"I think it's small enough, even though it's growing, that we can have an impact rather quickly. Sometimes when you're talking about a big institution or a big, a huge area full of people, it's hard to measure improvements, it's hard to adequately measure the actual needs. So, I think the smallness of the county and the population, it is easier for us to do some good. Also, to set up a system, that is set up early enough, as we grow, it will only make it better, rather than try to do catch up work down the road." P*

Perceptions of Clinton Memorial Hospital

Clinton Memorial Hospital was identified as one of the county's greatest resources in all of the community health panels. Participants emphasized the wide range of available services and the progressive, far-thinking leadership of the hospital as two of Clinton Memorial's strengths.

- *"I think the community feels a real sense of security having the convenience of the hospital right here in our midst, it's accessible for what I would term general health concerns." E*
- *"We have a relatively large hospital with an amazing number of services. It's very difficult to find a community this size that has a hospital this big." P*
- *"They seem to be very aggressive in trying to maintain a service level above the rural hospitals. I think they're maybe in the in between category, a lot of the other smaller towns around here have hospitals, but they don't do the degree that we do here, and located where we are at, uh, they have the helicopter to transport anybody if it is beyond their scope." E*
- *"You look at the 60s and now in the 90s to what we had as far as this facility that we have now, it's night and day. We are trying to make that effort to stay up with progress." CL*
- *"I don't think there are a whole lot of people in this community who truly appreciate, um, how far-thinking the hospital leadership is in terms of, um, being progressive and making this a viable health care institution because I know, even as an employee, I did not have that perspective a year ago that I do now and appreciate what the hospital leadership is doing for this facility and for this community." CL*

Further, several participants indicated they appreciate the degree of involvement Clinton Memorial has in the community, whether or not the general population realizes the hospital's role.

- *"Clinton Memorial Hospital has become more community involved and they are doing a lot out in the community to promote good health. It just seems like it's so much easier to work with them than it was years ago. For example, if you are doing drug screening when hiring, everything's handled very professionally, everyone's easy to work with, they go along with your type of program or what you ask. There's also, the people are more involved, they go out for cholesterol screening, for blood pressure, getting information out, even fliers you receive at home and reports and newsletters on stationary from the hospital... they are making the community much more health conscience, too." E*
- *"I don't think a lot of people in the community understand how much of a role the hospital plays in recruiting new physicians and making life better for new physicians... They've helped us tremendously, we get one doctor down there and he's worked to death, so you know, like you said, it gets to where there needs to be more of a group practice... I know they've been very active in helping us, it's just a matter of getting, maybe, two at a time." CL*

Although everyone did view Clinton Memorial in a very positive light, one physician did express the concern that the community's health care needs are beginning to outgrow the area's facilities. He indicated that the growing need may create a location problem because at its current site, Clinton Memorial does not have much room to expand.

- *"We need a bigger health care system in our community. The hospital is rapidly, I think, growing, I mean, it's outgrowing its resources, I mean, they need better facilities, they need bigger, uh, everything, from top to bottom. Because the community is growing, that kind of mandates it... because the health care needs are growing." P*

Needs of Special Populations

Throughout the course of the discussions, focus group participants were asked to identify any unique problems or service gaps associated with special populations in the community. Although many of the needs are covered in other areas of this report (i.e., access and availability, modifiable behavioral health risks, education), this section presents some of the more unique suggestions that emerged regarding the uninsured or working poor, youth, older adults, and minorities in the community.

Uninsured/Working Poor

One of the main problems identified for this group of people is the lack of affordable health care. Participants indicated that several of the people they come into contact with cannot afford to go to work because they will no longer qualify for health benefits through Medicaid. Also, many indicated they have to send pediatric patients out of the county to receive care.

- *"There's a lot of jobs in the area, but a lot of them are minimum wage type of employment opportunities that really don't provide what people need to raise families. If it's a single person, they might be able to scrape by, but as soon as they add those dependents, they can't make it." SS*
- *"The working poor is a problem. 'Cause you don't have Medicaid, you do have a sliding fee scale, but the public funds that provide that or balance that out are limited." SS*
- *"I think when you look at the population in general in the county, there's lots of people that need health care... but simply can't afford to get it." CL*
- *"Try to find a doctor who will take care of a pediatric patient on Medicaid, we are sending them out of county." SS*
- *"We can't place babies in our clinic into a medical practice... we've sent some out of county because we can't get doctors to care for them." CL*
- *"Not just pediatric, all ages for the Medicaid population." SS*

- *"I think we need to have some kind of an incentive to encourage these people to go out and work and not have their health benefits taken away." SS*
- *"You have a lot of people here, who because of the health benefits of being on Medicaid, they can't afford to go back to work." SS*

Youth

As was mentioned in the modifiable health risk section of this report, adolescents and teenagers are at risk for making a number of poor lifestyle decisions that may affect the rest of their lives. Contributing factors to these poor choices may be a lack of things for youth (particularly those of junior high age) to do in terms of recreation in the Wilmington area, as well as a lack of supervision for kids past day care age. It was acknowledged that the local YMCA provides many programs, but they cannot meet the demand.

- *"To me there's always been a problem and I don't know where it lies, whether it's the lack of interest in school-aged children, after grade school, after high school, I don't know whether it's lack of interest on their part or lack of opportunities the community offers, why does it have to be that you cruise the shopping centers to do this or that." E*
- *"I think there's a void in services for children who aren't problems... you know, there's a 4-H program, there's Scouts, as far as organized activities that really capture kids' attention, there's some holes there. If you're not athletic or you're not agriculturally focused... it's more of a teen problem, as they get older they just want a place to hang out, but they don't have a place to hang out so they just hang out wherever." SS*
- *"I think you could even talk about youth services in general, recreational, the Y meets the need for a certain percentage, but economic factors, people cannot afford the Y, unless they take another job and that's ridiculous." CL*
- *"A lack of public recreation, no public pool that's reasonably affordable, no youth recreation that's reasonable... outside of the traditional baseball and things, and if you're not a jock, what is there?" AH*
- *"Because there are a lot of working people and there are children old enough, the idea of latch-key children, and being home, I wonder how many programs are really available in this*

Older Adults

A number of concerns arose in the focus groups with respect to the needs of older adults. The two main concerns voiced were affording medication and isolation or loneliness, leading to problems with depression and other mental illness.

- *"I think a problem of affording medication seems to be a reality, sometimes it's a choice between getting your food or medicine, you know, and they make too much to get a medical card just straight out... and it's just a struggle, a financial struggle." SS*
- *"The elderly on a fixed income can't afford the health care they need." CL*
- *"I would add isolation and loneliness. Those are two factors for us in terms of depression." SS*
- *"A lot of them aren't able to get support systems within their family and friends a lot of our folks just have agency support." SS*
- *"There aren't as many family members around to help them, so they are kind of left with minimal resources... I know the hospital has the home health service, but... what they need sometimes is kind of a live-in person, or, as much as they can, someone to look over them during the day." P*
- *"We do have an adult day care center which has been in operation three years... They get transportation to and from, they get meals, they have somebody supervise their medication, and actually it's cheaper than day care and there are scholarships available... It's not very well utilized and it's a marvelous service." AH*

Minorities

Although panel participants were asked about the needs of minority populations, most indicated that Clinton County is a primarily white community with an extremely small minority population and, thus, few health concerns specific to this population were voiced. Though one participant felt there was some conflict in the schools, other physicians felt that problems were more related to socio-economic status than to race.

- *"I don't think it's a large segment, but I think it's a large problem to the schools... it's somewhat of a national problem, but like I say, for a small minority group, there seems to be always a clash there, always some difficulty." P*
- *"In Wilmington, it's primarily a white community. We rarely ever see a minority person in the emergency department... nothing comes to mind, maybe because it is such a small population." P*
- *"I have quite a few black patients and I never thought of it as an issue. They come to me, I assume, because they feel comfortable with me." P*
- *"All the black patients that I have here are middle class, so maybe that's why I don't see any problems... when I practiced in Dayton, the problems were more related to socio-economic status than they were to color." P*

Other Special Populations

In addition to the groups already identified, there were a few other populations mentioned by one or two participants. These include young single adults, youth that have reached the age of 18 and are no longer under the jurisdiction of protective services, and young disabled people.

- *"Typically in rural communities, you don't have much to do for adult single folks... do they feel isolated? How does that impact their health?" SS*
- *"One of the problems from our perspective is kids that reach the age of 18 and are no longer under our jurisdiction to protect them any longer, yet their families have kicked them out and they're just kind of hanging out on the street with other young adults... they just don't have anything, they're not clothed, they're not able to be labeled with any particular agency or expertise, they're not mentally ill, they're not physically handicapped, they don't really fit anywhere, and they just kind of hang out there and they become our new adult criminals that end up going off to our jails and our prisons." SS*
- *"Young disabled may be my most difficult population that I work with. People who fall through the cracks and don't quite make the requirements of senior programs because of*

age, who don't make enough money through disability or SSI in order to keep going, who have access to waiver programs that don't quite meet all of their needs... transportation's a big problem with them, especially if they're non-vocationally rehab-able." SS

Vision for a Healthier Future

After spending a significant amount of time identifying problems in the community, participants were asked to brainstorm about possible building blocks for a healthier community. They were encouraged to think locally, about what the health care community, service agencies, and other community organizations could do to improve health and health care in Clinton County. Several of their ideas are integrated into other sections of this report (particularly under the topics of prevention and health education). Additional comments, including strengths upon which Clinton County can build, are presented here.

Coordinating Services

As shown in the health education section, participants believed that by increasing communication and coordinating services among hospitals, service agencies, businesses, churches, and schools, dramatic improvements in health and health care in the community would be seen. This goal was prioritized consistently throughout the groups, as a means of providing the best quality health care with the greatest continuity of care, and as the only way to truly provide 'holistic' health care. It appears there is already a sense of openness to coordinating services within Clinton County; representatives would like to continue to build on this coordination for the future.

- *"I think a more collegial approach to the concept of health care. A more holistic and I don't mean that in a naturalistic thing. I think that we have a model right here for the wrong way to proceed. Uh, we are community representatives, so we all come from the same page, basically, and the interesting mix is the reality mix... I think one of the essential things for health care is cross-pollination, sharing of resources, not only for saving dollars, but getting in each other's face, interacting with each other and breaking down barriers. There is a phenomenal barrier that exists in our community and in a lot of communities between the doctors who are theoretically the primary providers of care, uh, but not only doctors and their patients, but frequently other medical health care staff, um, but there are barriers." CL*
- *"The thing I would like to see in the community would be for the medical community to become part of the community and not think of themselves as being the ones with the answers, telling the people how to live." CL*

- *"We have a crisis stabilization unit that will be in here July 1st in the hospital, and um, there's support from the mayor, the police chief and so forth. I put one of these together in another part of Ohio and I had to pull every stop I could, every political trick I knew just to let the city council even let us do it. So, I think there's an openness to that." SS*
- *"You can say 'it takes a whole community to raise a child,' and school's an example, you go to health class and you start talking about eating correctly, so when you go down to the lunch room and you've got your hot dogs and there's your food that you're going to intake, and in health class you were just talking about low fat and so on and so forth and you go down there and there's a high fat meal. You know 'I hear what you say, but I see what you're doing,' so it needs to be a coordinated effort, everybody needs to be involved." P*

Creating a Role for the Religious Community

In the process of identifying community entities that ought to be players in the building of a healthier Clinton County, several participants identified members of the religious community, or churches, as potential partners due to the strong faith community among area residents. Churches may play a variety of roles in this process, by holding health fairs, developing parish nurse programs, hosting preventive screenings, and even in preparing people to accept death as a natural part of life.

- *"My best guess at why we are voted one of the best communities in the country is because we are very religious. The church has a lot of grip on this community and I think it's a good grip. I have been asked and have given talks in the churches to teenagers, they've set up talks on drug abuse, sexuality, in the church... I think that that's a powerful resource to include in health care. I also think that Christians, if you can foster the philosophy among teenagers, you're less likely to see drug abuse and teenage pregnancy. It's rare that I treat a pregnant teenager who also attends church regularly." P*

Defining a Role for Business

Several Employers in the focus groups indicated that it is in business' best interest to promote health and wellness among their employees. They saw opportunities for business to partner with the medical community to provide day care for children of their employees, as well as wellness programs and other activities to improve their employees' overall health.

- *"I do think that maybe the industry ought to take some responsibility, like Airborne, and I don't know why the hospital hasn't had some type of child care." AH*
- *"We've been trying to get corporate backing to support building a new day care center or somebody adding it on or expanding or something and there's just no support. They know that there's a problem, but they're not willing to finance the dollars behind it." AH*
- *"I think that each of us in our businesses could send things home with our employees, like you do with your newsletter and the hospital does with their newsletter, and you can use it with your kids, whether it's one paragraph a day." E*

Community Focus

Finally, social service representatives emphasized the importance of having the general population assume a role in improving the community's health. There were differing opinions of the willingness of the community to become personally involved; some thought that people are willing to lend support in theory to any particular effort, but are not willing to take an active role. Others felt that each community should be defined in smaller terms, such as neighborhoods, allowing for a sense of belonging and, perhaps, greater individual responsibility among area residents.

- *"Quite a lot of the population thinks it's the same kid that we had years ago, just manhandle him a little bit, he'll be okay, everything'll be fine, no kid's different than they ever used to be. I think there's a large portion of the community that think it's just bad kids or bad parents. They don't take responsibility that it's a community issue... they just don't recognize that we have to do new things because we are talking about new problems that we haven't necessarily faced before, such as the extensive drug usage or housing problems or so forth." SS*

- *"The reaction of the community to say 'here I'll give you your dollars now you take care of the problem' is still where the basic mentality is. I don't think people are still yet willing to say 'I'm not going to watch you sit there and beat that child at Wal-Mart, that's not the way you need to do things.' They're not willing to intervene, not that I want them to be in conflict with someone, but they really don't think that that's their business. 'The fact that she's mistreating her child is really not my business,' and it most certainly is, because the way she treats her child, which we're all talking about here, has an enormous impact on every single one of us in this room, in this community." SS*
- *"I would draw a fairly broad definition of what we consider a family. A family's a community. Clinton County is not a community, Wilmington, I don't think is even a community. I'm thinking of it as kind of a smaller unit, maybe, no bigger than the area that an elementary school encompasses... I would like to focus on [them] as kind of the target of health intervention." SS*
- *"There is a willingness here for people to personally get involved, take responsibility, and I think that it's growing from there. If we tap into those kinds of things, I like your idea of don't go making the community too big or it's overwhelming." SS*

Health Priorities

In completing this Community Health Assessment, information was gathered from a variety of sources, including focus group discussions, telephone interviews and select sources at the state and county levels. The following represents areas of recommended intervention on the information gathered through this assessment of community health and the guidelines set forth in *Healthy People 2000* (U.S. Department of Health and Human Services, 1991). These are presented in no particular order, and are subject to the discretion of the hospital, other local organizations, and community leaders as to actionability and priority.

Reduce the prevalence of cardiovascular disease (including heart disease and stroke) by increasing awareness and education about related modifiable health risks such as overweight, lack of regular physical activity, high blood pressure, and smoking prevalence.

- Clinton County experienced an age-adjusted heart disease death rate of 148.1 per 100,000 population in 1992, compared to 144.3 across the U.S. and a *Healthy People 2000* goal of 125.0. Regarding stroke, Clinton County's age-adjusted death rate was 33.8 per 100,000 population, compared to 24.8 across Ohio, 26.2 throughout the nation, and a year 2000 goal of 20.0.
- A total of 24.1% of county adults have been diagnosed with high blood pressure, increasing to 45.7% of those aged 65 and older. In addition, 20.7% have been told that their blood cholesterol levels were too high, increasing again to 36.7% among adults aged 65+.
- 9.6% of area adults report consuming daily diets high in fat content; another 9.6% of county residents experience high stress on a daily basis.

- A full 37.9% of Clinton County adults are overweight, almost twice the year 2000 goal of 20% or less; further, 18.6% had no leisure-time physical activity last month, and 55.0% lead sedentary lifestyles.
- More than one-fifth (22.2%) of area adults are current smokers, compared to 20.2% across the U.S. and a *Healthy People 2000* goal of 15% or less.
- Two-thirds (66.6%) of Clinton County adults visited a physician for a check-up in the past year; this includes 71.6% of area women and 61.4% of area men.

Decrease deaths due to cancer by promoting preventive cancer screenings and increasing education about the disease.

- The 1992 age-adjusted death rate for cancer in Clinton County was 146.7 per 100,000 population, higher than the 138.0 found in Ohio, 133.1 reported across the U.S., and a year 2000 goal of 130.0
- Among Clinton County women, 38.5% of those aged 50+ had a digital/rectal exam in the past year, falling short of the year 2000 goal of 40% or higher. In addition, 37.3% of women aged 50+ have had a proctoscopic exam, again falling short of the *Healthy People 2000* goal of 40% or higher.
- Less than 4 in 10 (39.4%) Clinton County adults aged 50+ have had a fecal occult test in the past 2 years, compared to a year 2000 goal of 40% or higher.
- 77.3% of Clinton County women aged 40+ have had both a breast exam and a mammogram, compared to a *Healthy People 2000* goal of 80% or higher. Further, although 95.5% know how to perform a breast self-exam, only 49.2% do so monthly.
- Three-fourths (76.6%) of all county women have had a Pap smear in the past 3 years, falling short of the year 2000 goal of 85% or higher.

- 53.8% of all Clinton County men have had a testicular exam; this falls to 44.9% among those men at highest risk for testicular cancer (aged 18 through 39). Further, a full 68.8% of area men do not know how to perform a testicular self-exam, and only 8.9% perform one on a monthly basis.
- Among males aged 40+, 46.3% had a prostate exam in the past year, compared to 43.1% of men nationwide.
- Keep in mind that one-third (33.4%) of all Clinton County adults did not visit a physician for a medical check-up this past year.

Decrease the rate of accidental deaths in Clinton County by increasing education and awareness about specific preventive safety measures.

- The 1992 Clinton County age-adjusted death rate due to accidents was 47.7 per 100,000 population, much higher than the 24.6 throughout the state of Ohio, the 29.4 across the United States and the year 2000 goal of 29.3 per 100,000 population.
- Among Clinton County adults, 70.1% always wear their seat belt, compared to a *Healthy People 2000* goal of 85% or higher. Among children under 5, 89.7% always wear their seat belt or safety belt, compared to a goal of 95% or higher. Among those aged 5 and older, 78.8% always wear their seat belt, compared to a goal of 85% or higher.
- Also, 69.4% of area adults keep a fire extinguisher in their homes, while 30.6% do not.
- More than one-fourth (27.3%) of area adults cannot swim or tread water for 5 minutes, increasing to 38.4% of women and 56.4% of those aged 65+. Among children aged 5 and under in Clinton County, a full 53.8% have had no lessons or instruction in swimming or water safety.
- Finally, 31.7% of area adults keep a handgun in their homes, compared to 27.7% across the United States. Among households with children, 26.1% have handguns.

Increase the availability and accessibility of preventive care for community members.

- Again, one-third (33.4%) of county adults did not visit a physician for a check-up in the past year, as was the case among 7.0% of area children.
- Regarding dental care, a higher number (46.0%) of area adults did not visit a dentist in the past six months, as well as 30.4% of area children.
- Cost prevented 6.6% of area adults from seeking medical care this past year, and prevented 6.3% of them from obtaining such care for their children.
- In addition, a lack of transportation prevented 3.1% (or 877 adults) from obtaining medical care in the past year. Keep in mind that the only public transportation available in the county is the city of Wilmington's cab company.
- Finally, 7.8% (or 2,207 adults) of community members have no health care insurance coverage, increasing to 27.6% among those living below the national poverty level.

This Community Health Assessment has established a broad base for reference when developing priorities for intervention strategies designed to improve the health of community members. Intervention often relies on the assistance of community members and organizations other than hospitals (for example, physicians, social service agencies, clergy, schools and employers). Perhaps just as important as the actual interventions which the hospitals may initiate is the generation of a sense of cooperation and unity among area providers and community members. To this end, in the focus group discussions, representatives from these community providers indicated a strong willingness to be involved in the outcome and intervention programs which result from this research effort.

Listing of Local Health Resources Included in This CHA

Mental Health

- AIDS Volunteers of Cincinnati
- Alzheimer's Association Greater Cincinnati Chapter
- Big Brothers/Big Sisters
- Catholic Social Services of Southwestern Ohio
- Common Pleas Court
- Clinton County Juvenile Court
- Clinton County Women's Center
- Clinton Memorial Hospital
- Epilepsy Council
- Greene Hall
- Hopewell Behavioral Healthcare Systems
- Presbyterian Church
- Recovery Services of Warren/Clinton Counties
- Sabina Methodist Church
- The Center of Warren/Clinton Counties
- Wilmington Counseling Associates
- Wilmington Friends Meeting
- YWCA House of Peace

Chronic Illness

- Arthritis Support Group / Fibromyalgic & Lupus

OB/Maternal Health/Neonatal Care

- Catholic Social Services of Southwestern Ohio
- Clinton County Extension Office
- Clinton County Women's Center
- Clinton Memorial Hospital
- Wilmington City Schools

Nutrition/Obesity/Fitness

- AIDS Volunteers of Cincinnati
- Clinton County Community Action Senior Services
- Clinton County Community Family YMCA
- Clinton County Extension Office
- Clinton County Head Start
- Clinton County WIC Supplemental Food & Nutrition Program
- Clinton Memorial Hospital
- Team Prevention
- Veteran Service Commission
- Wilmington City Schools
- Wilmington Friends Meeting

Smoking

- Clinton Memorial Hospital
- Seventh Day Adventist Church

Substance Abuse (Including Alcohol)

- AIDS Volunteers of Cincinnati
- Clinton County Juvenile Court
- Greene Hall
- Presbyterian Church
- Recovery Services of Warren/Clinton Counties
- The Center of Warren/Clinton Counties
- Veteran Service Commission
- Wilmington City Schools

Hypertension & High Blood Cholesterol

- Clinton County Health Department
- Clinton Memorial Hospital

Domestic Violence

- Catholic Social Services of Southwestern Ohio
- Clinton County Children's Services
- Clinton County Department of Human Services
- Clinton County Health Department
- Clinton Memorial Hospital
- Common Pleas Court
- Recovery Services of Warren/Clinton Counties
- Wilmington City Schools
- Wilmington Counseling Associates
- Team Prevention
- YWCA House of Peace

Occupational Injury

- Clinton Memorial Hospital

Family Practitioners

- Edwin F. Bath, M.D.
- Tina M. Gabbard, M.D.
- Wilhelm A. Kraeling, M.D.
- Cesare A. LaRuffa, M.D.
- Robert W. Moore, M.D.
- S. Dale Ravenscraft, D.O.
- Cecil W. Hales, M.D.
- Janet F. Gick, M.D.
- Catherine LaRuffa, M.D.
- John W. Merling, M.D.
- Thomas M. Neville, M.D.
- Steven R. Weber, M.D.

Pediatricians

- Cecil W. Hales, M.D.
- Jeffrey D. Manser, M.D.
- Mary Ann H. Merling, M.D.
- Ruth Ann Dooley, M.D.

Dental Care

- In the community area, there are 46 dentists, 3 dentists of oral and maxillofacial surgery, 4 orthodontists, 3 pediatric dentists, and 3 dentists specializing in periodontics.

Immunization Clinics

- Clinton County Health Department (holds immunization clinic)
- Clinton County WIC Supplemental Food & Nutrition Program (referrals to clinic)

Colorectal/Breast/Cervical/Prostate/Testicular Cancers

- American Cancer Society
- Catholic Social Services of Southwestern Ohio
- Clinton Memorial Hospital
- Massage Therapy (Kathy Sample)
- Wilmington Counseling Associates

Fire Rescue Personnel

- Clinton Memorial Hospital
- Southern Ohio Fire / EMS School

EMT'S

- Clinton Memorial Hospital
- Southern Ohio Fire / EMS School

Public Transportation to Health Facilities

- Wilmington City Cab Service