



2001 PRC Community Health Assessment

Clinton County, Ohio

Community Report *Prepared for Clinton Memorial Hospital*

*... Never doubt that a small group of thoughtful,
committed citizens can change the world; indeed,
it's the only thing that ever has.*

— Margaret Mead



Table of Contents

SUMMARY OF ASSESSMENT FINDINGS 1

SUMMARY OF FINDINGS	2
Key Points by Issue	2
<i>Health Status</i>	2
<i>Modifiable Health Risks</i>	2
<i>Prevention</i>	3
<i>Access</i>	4
AREAS OF OPPORTUNITY FOR COMMUNITY HEALTH IMPROVEMENT	5
Assessment Findings	7
<i>Cancer</i>	7
<i>Heart Disease & Stroke</i>	8
<i>Physical Activity & Fitness</i>	9
<i>Unintentional Injuries</i>	11

INTRODUCTION 12

PROJECT OVERVIEW	13
Project Goals	13
Community Defined for This Assessment.....	14
METHODOLOGY	15
Community Health Survey	15
<i>Sample Design</i>	15
<i>Sampling Error</i>	16
<i>Sample Characteristics</i>	16
Existing Data.....	19
<i>Public Health, Vital Statistics and Other Data</i>	19
<i>Statewide Risk Factor Data</i>	19
<i>Nationwide Risk Factor Data</i>	19
<i>Healthy People 2010 Goals</i>	20
<i>Comparisons With the 1996 PRC Community Health Assessment</i>	20

PHYSICAL HEALTH STATUS	22
Self-Reported Physical Health.....	22
<i>Overall Health Status</i>	22
<i>Days of Poor Physical Health</i>	24
<i>Days Felt Healthy and Full of Energy</i>	25
Activity Limitations.....	26
<i>Work-Related Injuries</i>	28
<i>Average Workdays Missed</i>	29
Overweight Prevalence.....	30
<i>Unhealthy Weight</i>	32
<i>Weight Control</i>	33
MENTAL HEALTH STATUS	34
Self-Reported Mental Health Status.....	34
<i>Days of Poor Mental Health</i>	34
Depression	35
<i>Prolonged Depression</i>	35
Stress.....	37
<i>Stress Levels</i>	37
<i>Sleep & Rest</i>	37
Utilization of Mental Health Services	39
MORTALITY	40
Age-Adjusted Death Rates for Selected Causes	40
MORBIDITY	42
Incidence of Selected Reported Disease	42
<i>STDs</i>	43
Prevalence of Chronic Illness	44
<i>Osteoporosis</i>	45
<i>Diabetes Prevalence</i>	46
<i>Childhood Asthma</i>	46
NATALITY	47
Crude Birth Rate.....	47
Births to Teenage Mothers.....	48
Low-Weight Births	49
Prenatal Care.....	50
<i>Lack of Timely Prenatal Care</i>	50
Infant Deaths	51
<i>Infant Mortality</i>	51

CRIME	52
Index Crime Rates	52
Victimization.....	53
<i>Domestic Violence</i>	53

MODIFIABLE HEALTH RISKS	55
--------------------------------	-----------

NUTRITION	56
Dietary Habits: Fruits & Vegetables	56
Use of Food Labels	58
Dietary Fat Content.....	59

PHYSICAL ACTIVITY	60
Leisure-Time Physical Activity	60
<i>Moderate Physical Activity</i>	61
<i>Vigorous Physical Activity</i>	62
<i>Strengthening Activity</i>	63

TOBACCO USE	65
Cigarette Smoking.....	65
<i>Cigarette Smoking Prevalence</i>	65
<i>Number of Cigarettes Smoked per Day</i>	67
<i>Exposure to Second-Hand Smoke</i>	68
<i>Smoking Cessation Attempts</i>	69
Smokeless Tobacco	70

SUBSTANCE ABUSE	71
Alcohol Abuse	71
<i>Current Drinkers</i>	71
<i>Chronic Drinkers</i>	72
<i>Binge Drinkers</i>	73
<i>Drinking & Driving</i>	74
Other Drug Abuse.....	75
<i>Use of Illegal Drugs and Misuse of Prescription Medications</i>	75
Alcohol & Drug Treatment.....	76

HYPERTENSION	77
Blood Pressure Testing	77
High Blood Pressure Prevalence.....	78
<i>Controlling High Blood Pressure</i>	79

CHOLESTEROL	80
--------------------	-----------

Blood Cholesterol Testing.....	80
High Blood Cholesterol Prevalence	82
<i>Controlling High Blood Cholesterol</i>	83

PREVENTION	84
-------------------	-----------

PRIMARY MEDICAL CARE	85
-----------------------------	-----------

Routine Physician Care.....	85
Dental Care	88
Vision Care.....	90

IMMUNIZATION	91
---------------------	-----------

Vaccinations for Seniors.....	91
<i>Influenza</i>	91
<i>Pneumonia</i>	92

CANCER SCREENINGS	93
--------------------------	-----------

Colorectal Cancer	93
<i>Digital Rectal Examination</i>	93
<i>Sigmoidoscopy/Colonoscopy</i>	94
<i>Blood Stool Test</i>	94
Female Breast Cancer	96
<i>Mammography & Breast Examination</i>	96
<i>Breast Self-Examination</i>	98
Cervical Cancer.....	99
<i>Pap Smear Testing</i>	99
Prostate Cancer	100
<i>Prostate-Specific Antigen & Digital Rectal Examination</i>	100
Testicular Cancer	101
<i>Clinical Testicular Examination</i>	101
<i>Testicular Self-Examination</i>	101

INJURY CONTROL	103
-----------------------	------------

Motor Vehicle Safety	103
<i>Seat Belt Usage</i>	103
<i>Child Safety Seat & Seat Belt Usage</i>	104
Children’s Bicycling Safety.....	105
<i>Bicycle Helmet Usage</i>	105
Water Safety.....	106
<i>Ability to Swim or Tread Water</i>	106
<i>Children’s Swimming/Water Safety Instruction</i>	107
Fire Safety.....	108
Radon	109
Firearms.....	110

<i>Presence of Firearms in the Home</i>	110
<i>Firearm Storage</i>	112

ACCESS	113
---------------	------------

PRIMARY CARE SERVICES	114
------------------------------	------------

Regular Use of Physician’s Offices/Clinics.....	114
Emergency Room Utilization	116
Utilization of Urgent Care Centers	118

HEALTH INSURANCE COVERAGE	119
----------------------------------	------------

Insurance Coverage by Type.....	119
Lack of Health Insurance Coverage.....	120

BARRIERS TO PRIMARY CARE	121
---------------------------------	------------

Lack of Physician Availability	121
Appointment Availability.....	123
Cost of Health Services	125
<i>Prescription Medicine</i>	126
Lack of Transportation to Health Care Services	128
Inconvenient Office Hours.....	129
Delays in Receiving Health Care	131
Satisfaction With Local Health Care	132

EDUCATION & OUTREACH	133
---------------------------------	------------

HEALTH EDUCATION SERVICES	134
----------------------------------	------------

Sources of Health Care Information	134
Health Promotional Activities.....	135

APPENDICES	136
-------------------	------------

SUMMARY TABLES OF QUANTITATIVE FINDINGS	137
--	------------

Quantitative Findings by Health Topic.....	137
Summary of Quantitative Findings by Issue	143

1996 vs. 2001 FINDINGS	146
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SUMMARY OF ASSESSMENT FINDINGS

Summary of Findings

Key Points by Issue

Health Status

When compared with national norms, there are numerous positive indicators of health status in Clinton County, including more overweight adults who are employing diet and exercise in order to lose weight; fewer deaths attributed to cirrhosis, heart disease, accidents, homicide, and suicide; lower incidence rates for chlamydia, gonorrhea, and tuberculosis; lower prevalence of asthma; lower infant death rates and percentage of low birthweight babies; and lower crime rates in the area.



However, in comparison to national benchmarks, health status in Clinton County is below average in some regards:

Obesity. The prevalence of obesity is higher among adults in Clinton County than among adults nationwide. Community residents are also more likely to be considered at an unhealthy weight than adults across the United States.

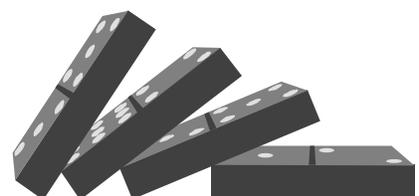
Mortality. Community members illustrate higher age-adjusted death rates than those recorded across the nation for the following causes of death: cancer; chronic obstructive pulmonary disease (COPD); pneumonia/influenza; and stroke.

Morbidity. Local adults also report higher incidence rates per 100,000 population for AIDS, and the local prevalence for cancer (not including skin cancer) is higher.

Nativity. Clinton County also compares unfavorably with the U.S. for its teenage births and lack of first trimester prenatal care among expectant mothers.

Modifiable Health Risks

In comparison to national averages, positive findings relating to modifiable health risk behavior in Clinton



County include lower current drinking levels and lower drinking and driving percentages. However:

Physical Activity: In comparison to the nation as a whole, residents of Clinton County exhibit much lower rates of vigorous exercise.

Tobacco: Current smokers in Clinton County are more likely than those nationwide to report smoking more than one pack daily. Further, local community members are more likely to use some type of smokeless tobacco (including cigars and pipes) than adults across the U.S.

Substance Abuse. In addition, local adults are less likely to seek help for an alcohol or drug problem than the average American.

Hypertension and High Blood Cholesterol. Local hypertension prevalence is higher among community members than adults nationwide. In regard to cholesterol levels, Clinton County adults are more likely than adults across the United States to report being diagnosed with high blood cholesterol levels.

Prevention

Regarding preventive care measures, Clinton County exhibits higher levels of breast self-examinations. On the other hand:

Preventive Cancer Screenings. Community members are less likely than the average American to report recent blood stool examinations and testicular exams.

Helmet Usage. Community children aged 5 through 16 are less likely than children nationwide to indicate consistent helmet usage when riding a bicycle.

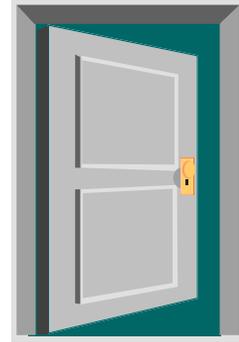
Water Safety. Local adults are less likely than those nationwide to report such swimming abilities as treading water for 5 minutes at a time.

Firearms. More than one-half of community members keep a firearm in their homes, much higher than the national average.



Access

Access is a key issue for communities across the country. Barriers such as cost, transportation, insurance acceptance, physician and appointment availability, and inconvenient office hours are prohibitive factors for many residents. While the levels for access limitations in Clinton County as a whole are comparable and often better than the U.S. for most of these items, the important analysis is how these barriers impact various subsegments of the population, particularly low-income residents.



Regular Physicians. Local residents are less likely than Americans nationwide to indicate that they have a physician or clinic to which they generally refer when in need of medical care. [This prevalence has also decreased *significantly* since the 1996 survey was conducted.]

Emergency Room Utilization. Clinton County community members are more likely than the average American to have used an emergency room for medical care in the past year.

Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Assessment and the guidelines set forth in *Healthy People 2010*. From these data, significant opportunities for health improvement exist in Clinton County with regard to the following:

- **Cancer**
- **Heart Disease & Stroke**
- **Physical Activity & Fitness**
- **Tobacco**
- **Unintentional Injuries**

Selecting Health Priorities

There are various mechanisms through which individual organizations may wish to identify priority areas, such as through community direction and feedback, through analyses of primary and secondary data, or through a combination of the two. Regardless of which mechanism is applied, a variety of criteria must be considered when identifying priority areas, and these are outlined below. Keep in mind that no single criterion determines a specific area of need. Rather, the interplay among the different criteria should be considered in identifying priority areas.

Furthermore, it is important to recognize two important facts: 1) that many local efforts are currently active in addressing aspects of several of the outlined issues; and 2) that no individual or organization acting alone can remedy all of the implications of a given issue or problem.

In identifying priorities for community action and designing strategies for implementation, a variety of criteria should be applied to the consideration process, including:

- **Impact.** The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- **Magnitude.** The number of persons affected, also taking into account variance from benchmark data and Year 2010 targets.

- **Seriousness.** The degree to which the problem leads to death, disability or impairs one's quality of life.
- **Feasibility.** The ability of organizations to reasonably impact the issue, given available resources.
- **Consequences of Inaction.** The risk of exacerbating the problem by not addressing at the earliest opportunity.

The following section outlines potential health priorities derived from the quantitative research. These areas of concern are presented in no particular order, and are subject to the discretion of area providers, Clinton Memorial Hospital, and/or other local organizations and community leaders as to actionability and priority.

Assessment Findings

Cancer

The following table outlines the key data findings related to cancer in Clinton County. Also presented are U.S. levels and *Healthy People 2010* goals and the results of statistical testing for significance.

Cancer	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Cancer (Other Than Skin)	8	4.5		WORSE	
% "High" Fat Diet	14.4	10.4		WORSE	
% Blood Stool Test in Past 2 Yrs (50+)	36.7	47.1	50	WORSE	Does NOT Meet Goal
% Testicular Exam Ever (M)	52.9	62.4		WORSE	
Age-Adjusted Cancer Deaths/100,000	231.4	202.4	158.7	WORSE	Does NOT Meet Goal
% Father/Brother Diagnosed Prostate Cancer (M)	10.4	8.4		similar	
% Mother/Sister Diagnosed Breast Cancer (W)	13.5	11.5		similar	
% Don't Know Breast Self-Exam (W)	3.5	4.2		similar	
% Perform Testicular Self-Exam Monthly (M)	14.2	12.5		similar	
% Sigmoid/Colonoscopy Ever (50+)	43	48.7	50	similar	Does NOT Meet Goal
% Digital Rectal Exam in Past Yr (50+)	50.6	57.1		similar	
% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	62.8	69.9		similar	
% Eat 5+ Servings of Fruit or Vegetables/Day	27.6	30		similar	
% Don't Know Testicular Self-Exam (M)	58.5	63.5		similar	
% Skin Cancer	5.1	4.9		similar	
% Current Smoker	23.5	22.8	12	similar	Does NOT Meet Goal
% Mammogram in Past 2 Yrs (W40+)	76	78.2	70	similar	indeterminable
% Pap Smear in Past 3 Yrs (W)	82.4	84	90	similar	Does NOT Meet Goal
% Perform Breast Self-Exam Monthly (W)	50.5	42.9		BETTER	

Heart Disease & Stroke

The following table outlines the key data findings related to heart disease and stroke in Clinton County. Secondary data findings which specifically relate to the priority are also included, along with U.S. levels and *Healthy People 2010* goals.

Heart Disease & Stroke	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Obese	28.6	19.1	15	WORSE	Does NOT Meet Goal
% "High" Fat Diet	14.4	10.4		WORSE	
% Told Have High Cholesterol	29.3	21.4	17	WORSE	Does NOT Meet Goal
% Vigorous Physical Activity	31.8	47.2	30	WORSE	indeterminable
% Told Have High Blood Pressure	28.5	23.4	16	WORSE	Does NOT Meet Goal
% Unhealthy Weight (BMI <18.5 or 25+)	66.4	58.5	40	WORSE	Does NOT Meet Goal
Age-Adjusted Stroke Deaths/100,000	64.6	59.5	48.0	WORSE	Does NOT Meet Goal
% 1+ Cardiovascular Risk Factor	89.6	84.7		WORSE	
% Stroke	2.4	1.4		similar	
% No Leisure-Time Physical Activity	17.5	20.2		similar	
% Overweight	35.7	37.8		similar	
% Cholesterol Checked in Past 5 Yrs	78.8	82.2	80	similar	indeterminable
% Current Smoker	23.5	22.8	12	similar	Does NOT Meet Goal
% Taking Action to Control High BP	82.7	80.7	95	similar	Does NOT Meet Goal
% Blood Pressure Checked in Past 2 Yrs	94.9	96	95	similar	indeterminable
% Light/Moderate Physical Activity	16.8	16.9	30	similar	Does NOT Meet Goal
% Taking Action to Control High Cholesterol	70.1	70		similar	
% Strengthening/Toning Exercises	33		30	similar	Meets Goal
% Chronic Heart Disease	5.7	5.7		similar	
% Overweight Trying to Lose	50.1	31.2		BETTER	
Age-Adjusted Heart Disease Deaths/100,000	257.1	272.4	207.5	BETTER	Does NOT Meet Goal

Physical Activity & Fitness

The following table outlines the key data findings related to physical activity and fitness in Clinton County. Secondary data findings which specifically relate to the priority are also included, as well as U.S. figures and *Healthy People 2010* goals.

Physical Activity & Fitness	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Obese	28.6	19.1	15	WORSE	Does NOT Meet Goal
% Vigorous Physical Activity	31.8	47.2	30	WORSE	indeterminable
% Unhealthy Weight (BMI <18.5 or 25+)	66.4	58.5	40	WORSE	Does NOT Meet Goal
% No Leisure-Time Physical Activity	17.5	20.2		similar	
% Overweight	35.7	37.8		similar	
% Light/Moderate Physical Activity	16.8	16.9	30	similar	Does NOT Meet Goal
% Chronic Heart Disease	5.7	5.7		similar	
% Strengthening/Toning Exercises	33		30	similar	Meets Goal
% Overweight Trying to Lose	50.1	31.2		BETTER	
Age-Adjusted Heart Disease Deaths/100,000	257.1	272.4	207.5	BETTER	Does NOT Meet Goal

Tobacco

The following table outlines the key data findings related to tobacco in Clinton County. Also presented are U.S. levels and *Healthy People 2000* goals, along with the results of statistical testing for significance.

Tobacco	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Use Smokeless Tobacco	7.4	3.7		WORSE	
% Smoke >1 Pack/Day	25.7	13.8		WORSE	
Age-Adjusted COPD Deaths/100,000	45.4	42	18.0	WORSE	Does NOT Meet Goal
% Chronic Lung Disease	7.4	6.4		similar	
% Have Quit 1+ Days in Past Yr	59.3	52.2	75	similar	Does NOT Meet Goal
% Someone Smokes at Home	24.1	23.1	10	similar	Does NOT Meet Goal
% Current Smoker	23.5	22.8	12	similar	Does NOT Meet Goal
% Chronic Heart Disease	5.7	5.7		similar	
Age-Adjusted Heart Disease Deaths/100,000	257.1	272.4	207.5	BETTER	Does NOT Meet Goal

Unintentional Injuries

The following table outlines the key data findings related to unintentional injuries in Clinton County. Secondary data findings which specifically relate to the priority are also included, along with U.S. levels and *Healthy People 2010* goals.

Unintentional Injuries	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Firearm in Home	53	36.1		WORSE	
% Child "Always" Wears Bicycle Helmet (5-16)	31.1	46.5		WORSE	
% Can Swim/Tread Water	75.7	80.3		WORSE	
% Firearm in Locked Place	66.7	62.4		similar	
% Child Has Had Swimming/Water Safety Class	67.4	71.5		similar	
% Discussed Fire Escape Plan With Child (1-17)	72.4	75.5		similar	
% "Always" Wear Seat Belt	72.6	75	92	similar	Does NOT Meet Goal
% Child (<5) "Always" Uses Auto Child Restraint	96.3	98.9	100	similar	indeterminable
Age-Adjusted All Accident Deaths/100,000	32.2	35	20.8	BETTER	Does NOT Meet Goal

INTRODUCTION

Project Overview

Project Goals

A Community Health Assessment is a systemic, data-driven approach to determining the health status, behaviors and needs of residents in a defined geographical region. Subsequently, this information may be used to formulate strategies to improve community health and wellness.

A Community Health Assessment provides the information needed to consider when developing effective interventions so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Assessment will serve as a tool toward reaching three basic goals:

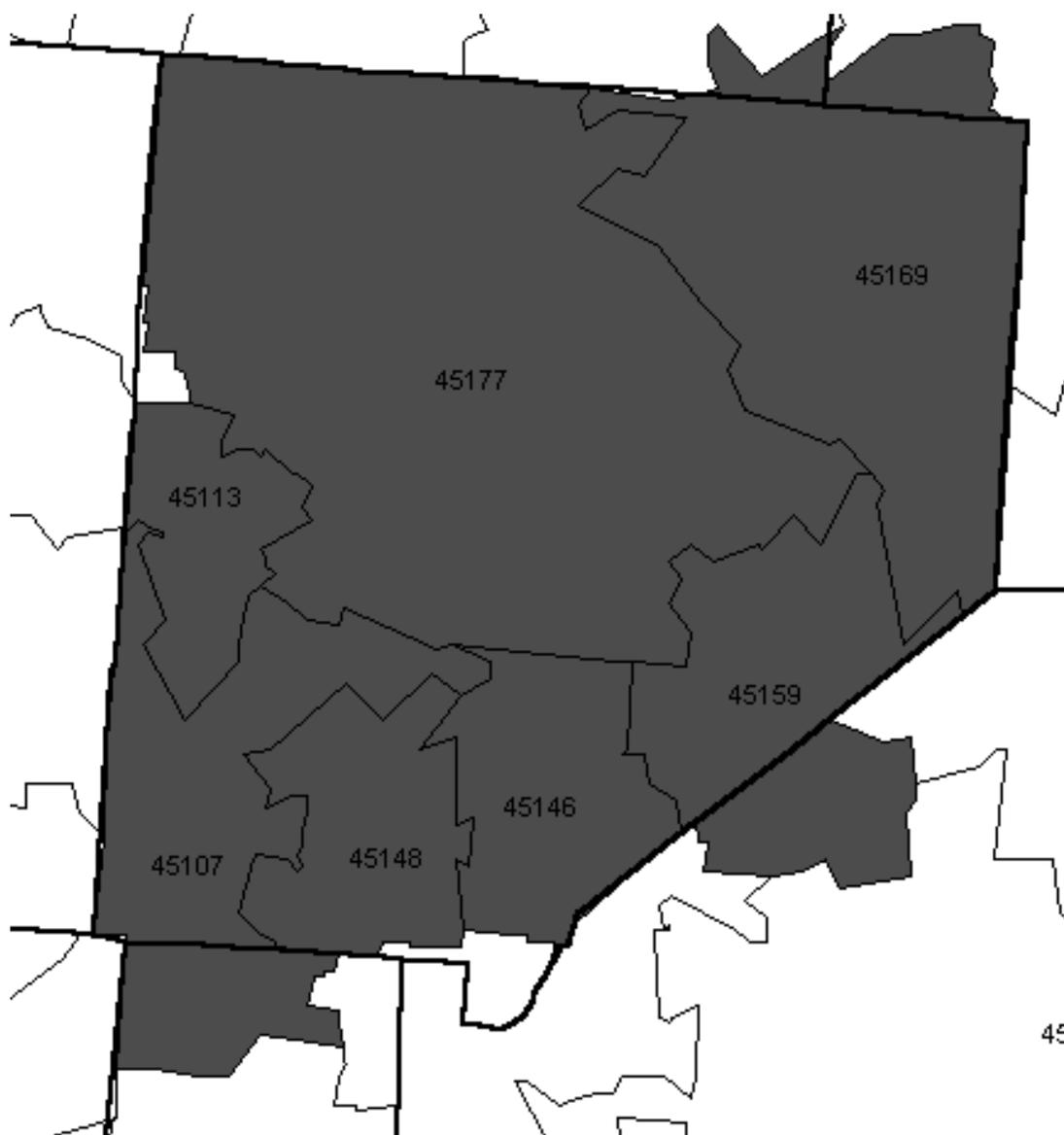
- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.



Community Defined for This Assessment

The “community” defined for this assessment includes each of the Ohio ZIP Codes comprising Clinton County, including: 45107, 45113, 45146, 45148, 45159, 45169, and 45177. Also included in the survey sample are Post Office Box ZIP Codes 45114, 45138, 45164, and 45166.

The following map describes this geographical definition; these areas are those represented in the survey findings.



Methodology

Two components that are essential in rendering a complete picture of the health of a community are the community health survey (primary quantitative data) and existing data (secondary quantitative data).

- The ***PRC Community Health Survey*** developed for Clinton County gives us a remarkably complete and accurate view of the health status of area residents through a randomized telephone survey of the health and behaviors of community members.
- **Existing data** — especially public health data and statewide and nationwide risk assessments — complement the survey process and, in some cases, provide a benchmark against which the results of the survey may be compared.

Community Health Survey

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the ***2001 PRC Community Health Survey***. 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

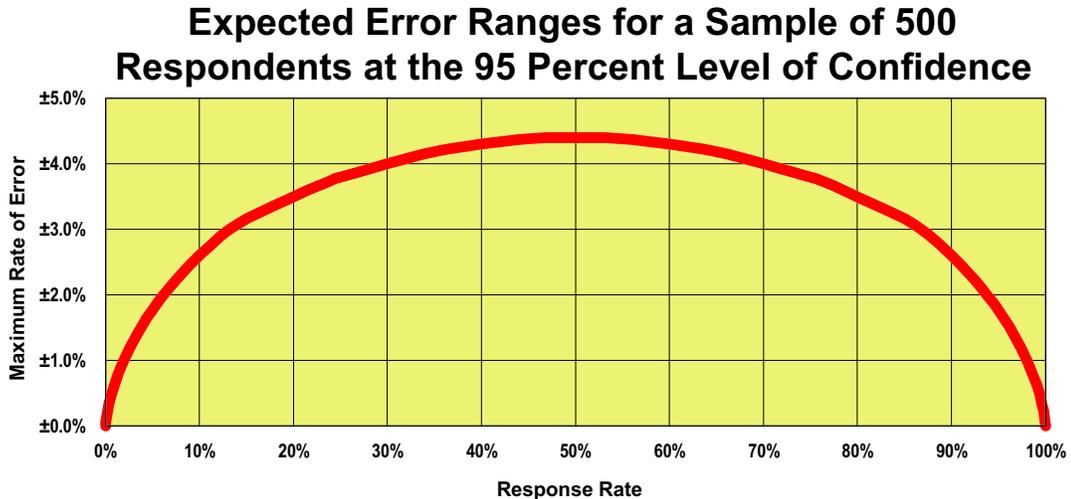
The sample design utilized for this effort consists of a random sample of 500 individuals aged 18 and older in the defined community. Once these data were collected, the sample was weighted in proportion to the actual population distribution at the ZIP Code level. Population estimates were based on the latest census projections of adults aged 18 and over provided in the *1999/2000 CACI Census Update*.



All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 500 respondents is $\pm 4.4\%$ 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.

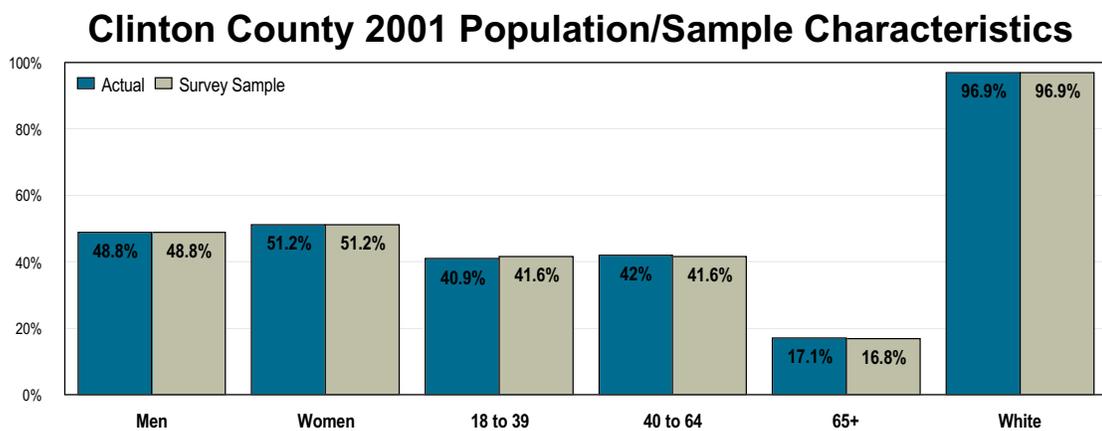
In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 316 residents aged 18 and older in Clinton County (based on current population estimates). Thus, in a case where 3.4% of the total population responds to a survey question, this is representative of more than 1,070 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 community sample throughout the data collection process. PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this

representativeness even further. This is accomplished by adjusting the results of a random sample to match the demographic characteristics of the population surveyed, so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, income and ZIP Code) and a statistical application package applies weighting variables which produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents aged 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]



Sources: 1. CACI 1999 Census Update.
 2. 2001 PRC Community Health Survey, Professional Research Consultants

Further note that the poverty descriptions and segmentation used in this report are based on 1998 administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2001 guidelines place the poverty threshold for a family of four at \$17,650 annual household income or lower). In sample segmentation: “<200% Poverty” refers to community members living in a household with defined poverty status combined with those living just above the poverty level, earning up to twice the poverty threshold; and “>200% Poverty” refers to households with incomes more than twice the poverty threshold defined for their household size.

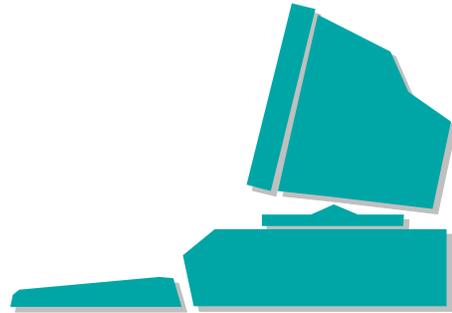
The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in Clinton County with a high degree of confidence.

Existing Data

Public Health, Vital Statistics and Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Assessment. Data were obtained from the following sources (specific citations are included in the graphs throughout this report):

- *CACI 1999/2000 Census Update*
- *National Center for Health Statistics*
- *U.S. Department of Health and Human Services*
- *Ohio Department of Health*
- *Clinton County Health Department*
- *FBI, Uniform Crime Reports Crime in the U.S.*



Statewide Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the *1999 BRFSS (Behavioral Risk Factor Surveillance System) Summary Prevalence Report* published by the Centers for Disease Control and Prevention and the U.S. Department of Health & Human Services. It should be noted, however, that individual state health departments are responsible for the administration and oversight of the BRFSS project; PRC can vouch for neither their methodological correctness nor the validity of state findings.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2000 PRC National Health Survey*. The methodological approach for the national study is identical to that employed in this assessment. Therefore, PRC assures that these data may be generalized to the U.S. population with a high degree of confidence.

Healthy People 2010 Goals



Healthy People 2010: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health and Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

With [specific] health objectives in 28 focus areas, Healthy People 2010 will be a tremendously valuable asset to health planners, medical practitioners, educators, elected officials, and all of us who work to improve health. Healthy People 2010 reflects the very best in public health planning—it is comprehensive, it was created by a broad coalition of experts from many sectors, it has been designed to measure progress over time, and, most important, it clearly lays out a series of objectives to bring better health to all people in this country. — Donna E. Shalala, Secretary of Health & Human Services

Like the preceding Healthy People 2010 initiative—which was driven by an ambitious, yet achievable, 10-year strategy for improving the Nation’s health by the end of the 20th century—Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability, and premature death.

Comparisons With the 1996 PRC Community Health Assessment

Also note that throughout this report, findings from the *1996 PRC Community Health Assessment*, conducted for Clinton Memorial Hospital by Professional Research Consultants, are presented where possible and applicable. Statistically significant changes in survey findings are noted in italics throughout the text, and a more complete listing of comparisons between the studies can be found at the end of the assessment.

HEALTH STATUS

Physical Health Status

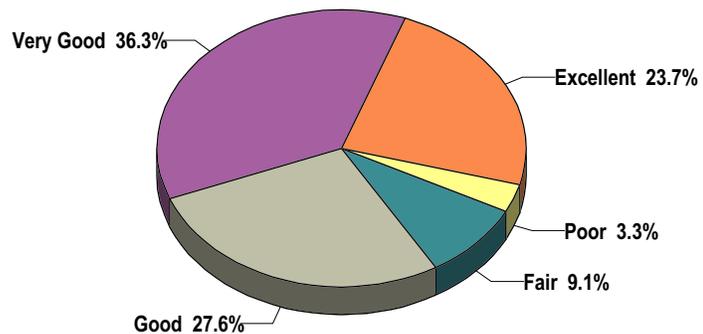
This section describes various assessments of the general physical health of community residents, including such elements as perceived health status, activity limitations, and weight management.

Self-Reported Physical Health

Overall Health Status

In Clinton County, 60.0% of adults view their individual physical health as “excellent” or “very good.” On the other hand, 12.4% say that their general physical health is overall “fair” or “poor.” This is further outlined in the adjacent chart.

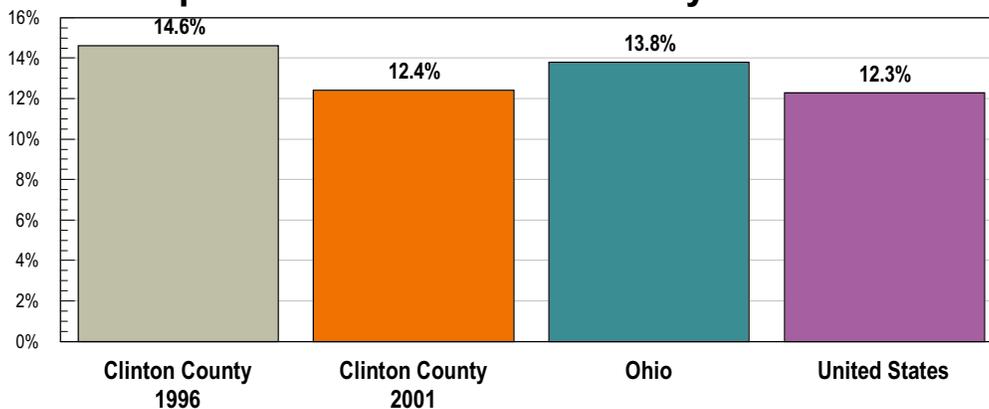
Self-Reported Health Status
(Clinton County 2001)



Source: 2001 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

The percentage of area residents reporting “fair” or “poor” physical health is statistically similar to the percentage giving this indication nationwide, as well as that recorded locally in 1996. Across Ohio, 13.8% of adults note “fair” or “poor” physical health, as shown.

Experience "Fair" or "Poor" Physical Health

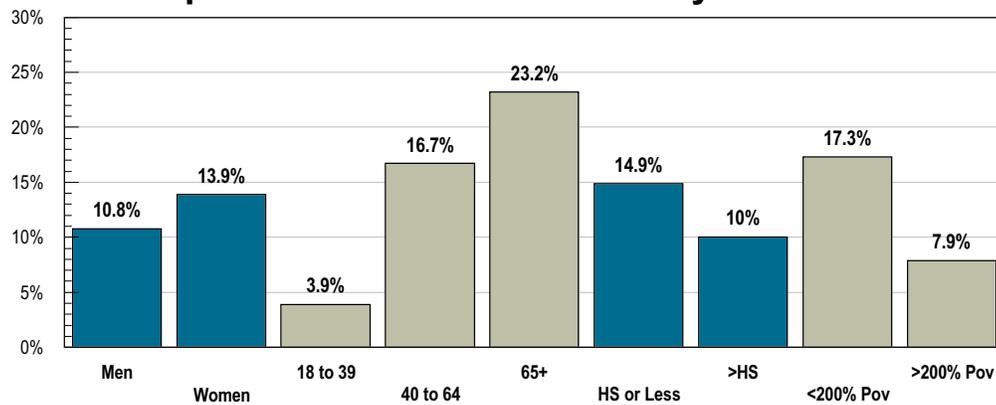


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data
3. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

The following chart further examines self-reported health status by various demographic characteristics. As might be expected, indications of “fair” or “poor” health increase 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 correlation with education, with 14.9% of community residents with no education beyond high school reporting their physical health as “fair” or “poor,” compared to 10.0% of those with postsecondary education. Adults in the lower income bracket are more likely (17.3%) to report that they experience “fair” or “poor” physical health than those with higher household incomes (7.9%).

“Fair” or “poor” health is also reported more among local women than men, as shown in the following chart.

Experience "Fair" or "Poor" Physical Health

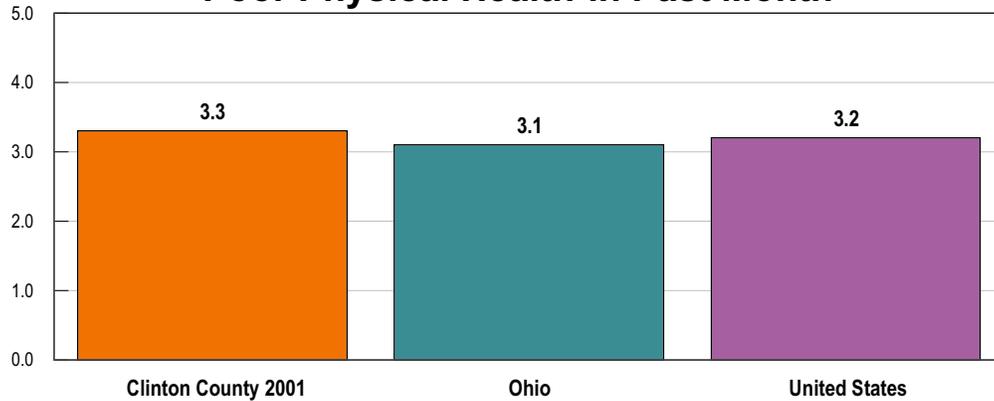


Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

Days of Poor Physical Health

In the *PRC Community Health Survey*, area residents reported an average of 3.3 days in the last month on which their physical health was *not* good. This figure compares to an average 3.2 days reported nationwide and 3.1 days across Ohio.

Average Number of Days of Poor Physical Health in Past Month



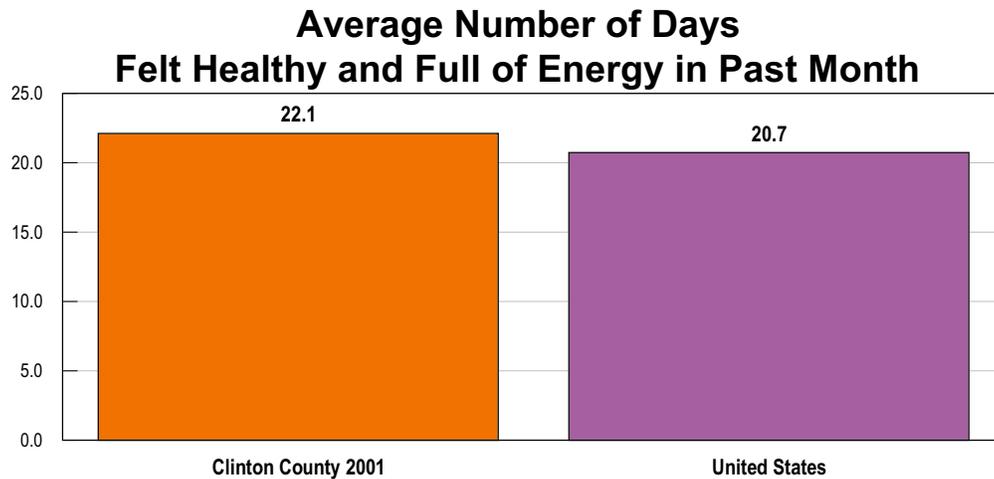
Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System; 1999 Data
3. 2000 PRC National Health Survey, Professional Research Consultants

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

[By special analysis, it can be seen that one-fourth (25.5%) of local adults experience more than one day per month of poor physical health. This compares to a similar 23.3% among adults nationwide.]

Days Felt Healthy and Full of Energy

Furthermore, adults in Clinton County reported an average of 22.1 days in the last month on which they felt very healthy and full of energy. This compares to a similar 20.7 days reported nationwide.



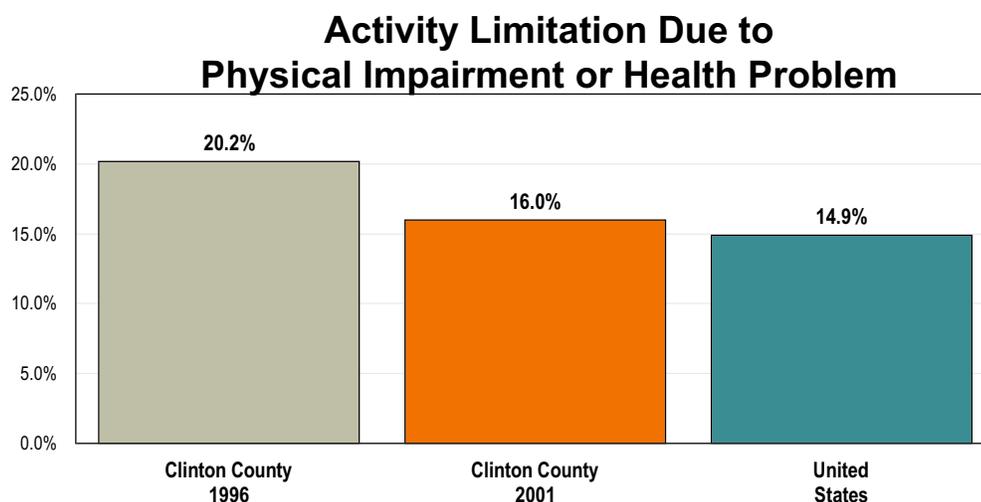
Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

[Note that, by special analysis, it can be seen that 9.9% of Clinton County adults do not experience any days on a monthly basis on which they feel healthy or full of energy. This is statistically similar to the 11.5% reported nationwide.]

Activity Limitations

A total of 16.0% of community residents report being limited in some way in some activity because of a physical impairment or health problem. In applying the percentage of respondents with activity limitations to the total adult population of the area surveyed, this translates to over 5,000 persons in Clinton County with some type of activity limitation.

The level of activity limitations in Clinton County is comparable to the prevalence of activity limitations found throughout the United States (14.9%), and has not changed significantly from the 20.2% reported locally in 1996.

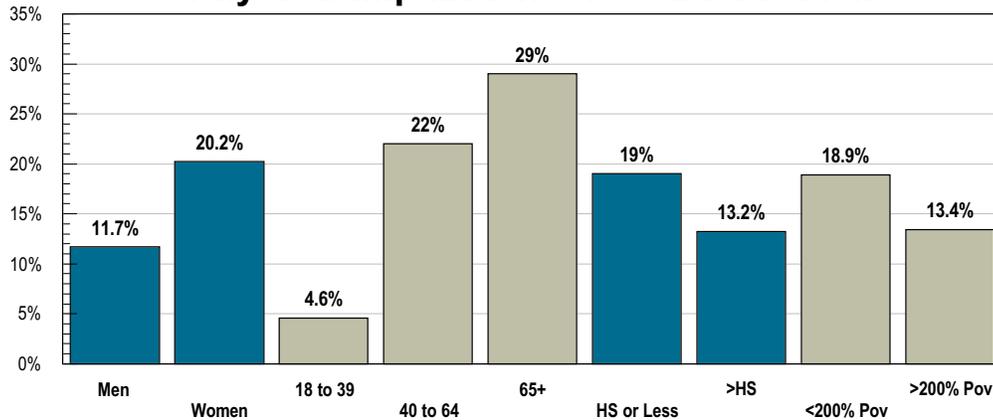


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System; 1999 Data
3. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Reflects the total sample of respondents.
2. Ohio data not available.

The following chart segments physical impairment in Clinton County by demographic characteristics. Note that there is a strong correlation with age in that limitations are noted among 29.0% of persons aged 65 and older, but among just 4.6% of those aged 18 to 39. In addition, there appears to be a relationship with income and education: adults in the lower income and educational brackets are more likely to express a higher indication of being limited in some activities than those living at higher income and educational levels, as shown in the following graph.

Note also that local women are almost twice as likely as men to report suffering from some type of activity limitation.

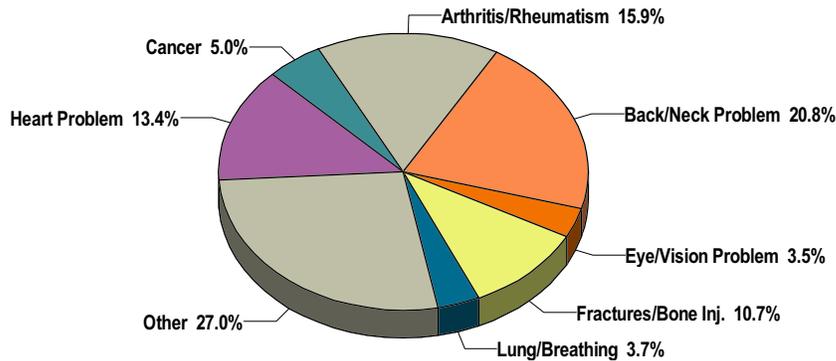
Activity Limitation Due to Physical Impairment or Health Problem



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Reflects the total sample of respondents.

Residents with activity limitations were asked to indicate the type of impairment which limits their activities. As shown, **back or neck problems** were most often mentioned, receiving 20.8% of responses, followed by **arthritis or rheumatism** (mentioned by 15.9%), **heart problems** (13.4%), **fractures or bone injuries** (10.7%), **cancer** (5.0%), **lung or breathing** problems (3.7%), and **eye or vision** problems (3.5%).

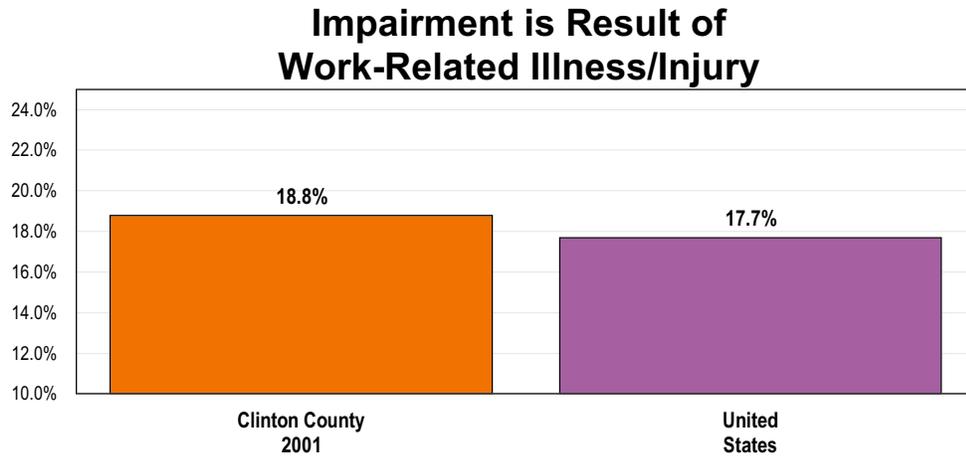
Type of Impairment Which Limits Activities (Clinton County 2001)



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Note: Reflects those respondents who experience activity limitations.

Work-Related Injuries

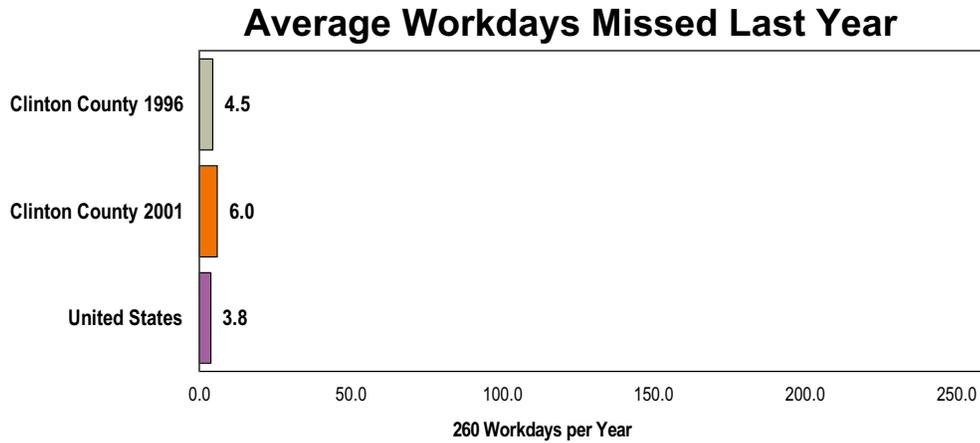
Residents with activity limitations were further asked to indicate whether their impairment is a result of a work-related injury or accident. As can be seen in the following chart, 18.8% of these adults responded affirmatively (compared to 17.7% nationally). *Note that this inquiry was not addressed in the 1996 PRC Community Health Survey conducted in Clinton County.*



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Note: Reflects those respondents who experience activity limitations.

Average Workdays Missed

In a related inquiry, local residents who are currently employed for wages were asked to indicate, on average, how many workdays they missed in the last year due to personal illness. As can be seen in the following chart, employed adults averaged 6.0 workdays missed in the past year, compared to 3.8 days among employees across the United States and 4.5 days reported among local employees in 1996.



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of employed respondents.

By special analysis, it can be seen that the number of employed residents who missed more than one workday last year (40.0%) is similar to the average reported nationwide (43.1%).

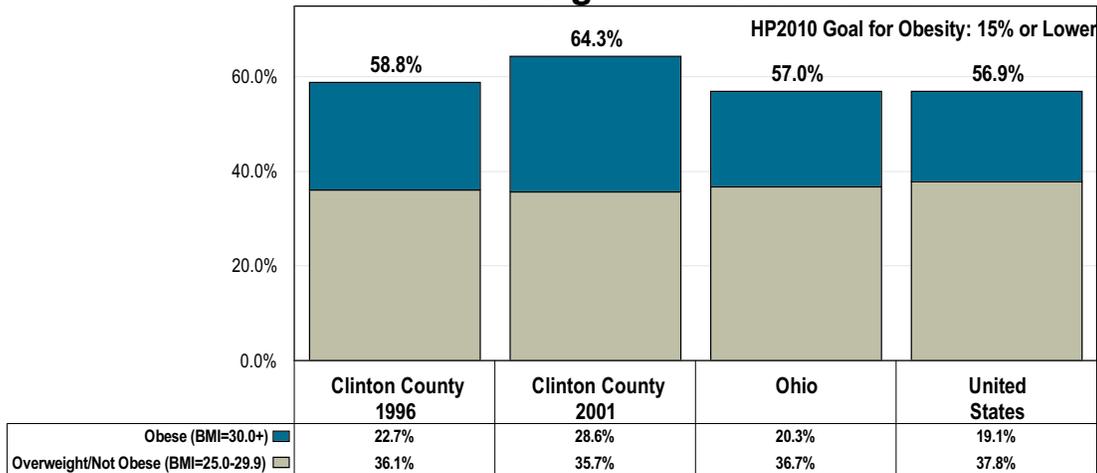
Overweight Prevalence

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. 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.

One of the more precise measurements of being overweight is body mass index (BMI), a ratio of weight to height (kg/m^2). It was originally established that a person 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). In 1998, this definition was modified to include all those with a BMI greater than or equal to 25.0, regardless of gender; the definition for obesity is a BMI greater than or equal to 30.0. The rationale for the change in definition is that studies now show that the lower threshold is where actual increased risk for overweight co-morbidities (such as high blood pressure, high cholesterol, heart disease, etc.) occurs.

Under the revised definition for overweight prevalence, a full 64.3% of local adults are overweight, statistically similar to the 36.1% reported locally in 1996 as well as the 37.8% found nationwide in the 2000 PRC National Health Survey. The obesity level in Clinton County (28.6%) is statistically less favorable than that found nationwide (19.1%) and has increased *significantly* in Clinton County since 1996 (up from 22.7%).

Overweight: Revised Definition

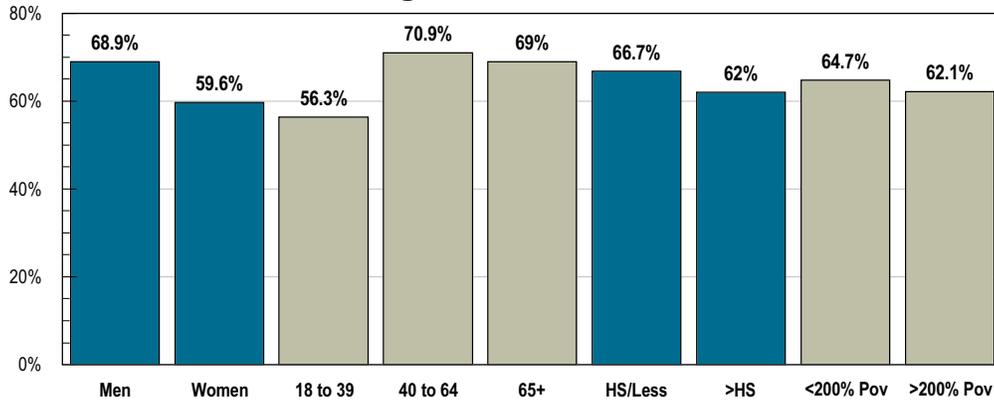


- Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

- Notes: 1. The revised definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
 2. Asked of all respondents.

As shown in the following chart, men and middle-aged adults in Clinton County show the greatest level of overweight prevalence, with approximately 7 in 10 overweight. Women and adults under 40 exhibit the lowest overweight prevalence levels.

Overweight: Revised Definition

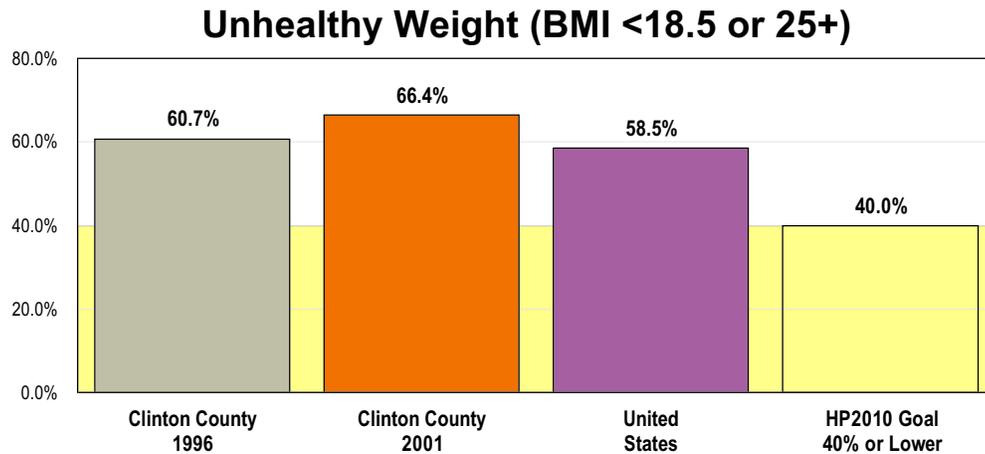


Source: 2001 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. The revised definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender.
 2. Asked of all respondents in Clinton County, 2001.

Unhealthy Weight

Healthy People 2010 has established a target for unhealthy weight, which is defined as having a BMI less than or equal to 18.5 or greater than or equal to 25.0. By the year 2010, *Healthy People 2010* hopes that 40% or fewer adults nationwide will be at an unhealthy weight. Currently, 66.4% of adults in Clinton County are at an unhealthy weight, less favorable than the 58.5% across the United States but remaining statistically unchanged from the 60.7% recorded in 1996. Note that none of these percentages satisfies the *Healthy People 2010* goal of 40% or lower.



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

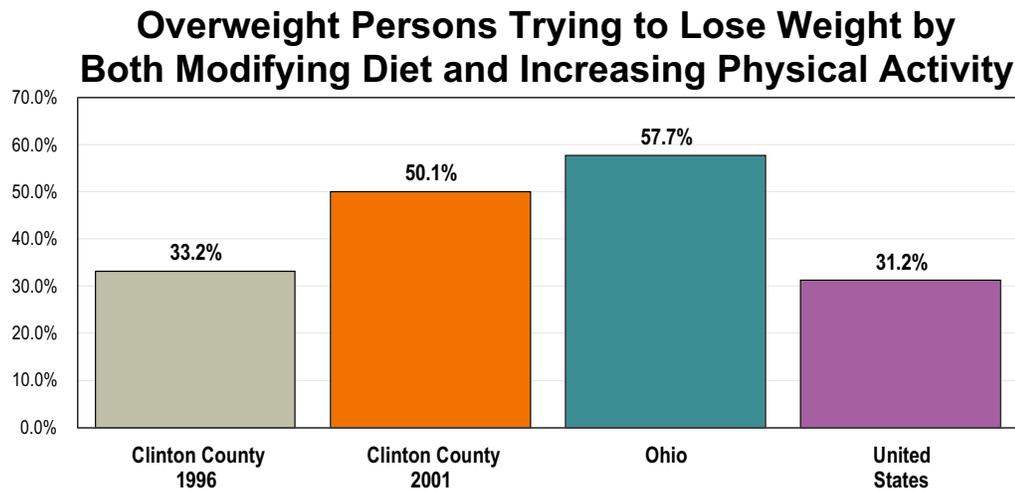
Notes: 1. The definition as outlined in Healthy People 2010 is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), lower than 18.5 or higher than 25.0.

2. Asked of all respondents.

Weight Control

Among those who are overweight (under the revised definition), 50.1% are trying to lose weight by both: 1) altering their eating habits (e.g., reducing the number of calories and/or amount of fat in their diets); and 2) increasing their physical activity. This indication is much higher than the 31.2% of overweight individuals nationwide who are taking both measures to lose weight, and has increased *significantly* since 1996 (up from 33.2%).

Across Ohio, 57.7% of overweight adults are currently dieting and exercising in order to shed extra pounds.



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Behavioral Risk Factor Surveillance System; 1999 Data

Note: Asked of all overweight respondents, as defined under the revised definition.

Mental Health Status

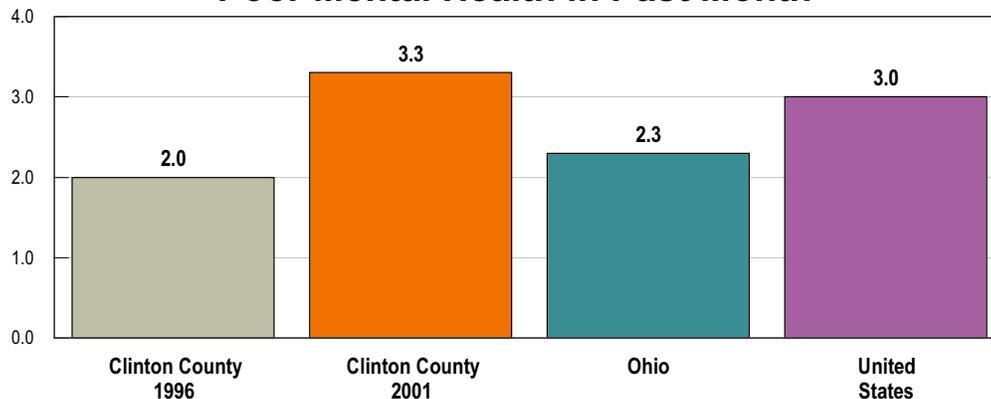
The following section outlines general assessments of mental health among local residents, including prevalence of depression among area residents, stress levels and lack of sleep, along with the number of people seeking professional help for problems with depression, stress and emotions.

Self-Reported Mental Health Status

Days of Poor Mental Health

In the *PRC Community Health Survey*, adults in Clinton County reported an average of 3.3 days in the last month on which their mental health was *not* good. This compares to an average 3.0 days reported nationwide, 2.3 days across Ohio, and 2.0 days reported in the previous study for Clinton County.

Average Number of Days of Poor Mental Health in Past Month



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Behavioral Risk Factor Surveillance System, 1999 State Data
Note: Asked of all respondents.

By special analysis it can be seen that the number of local adults who experience more than one day per month of poor mental health (28.8%) is statistically less favorable than the 21.4% of adults in Clinton County in 1996 who experienced more than one day monthly of poor mental health.

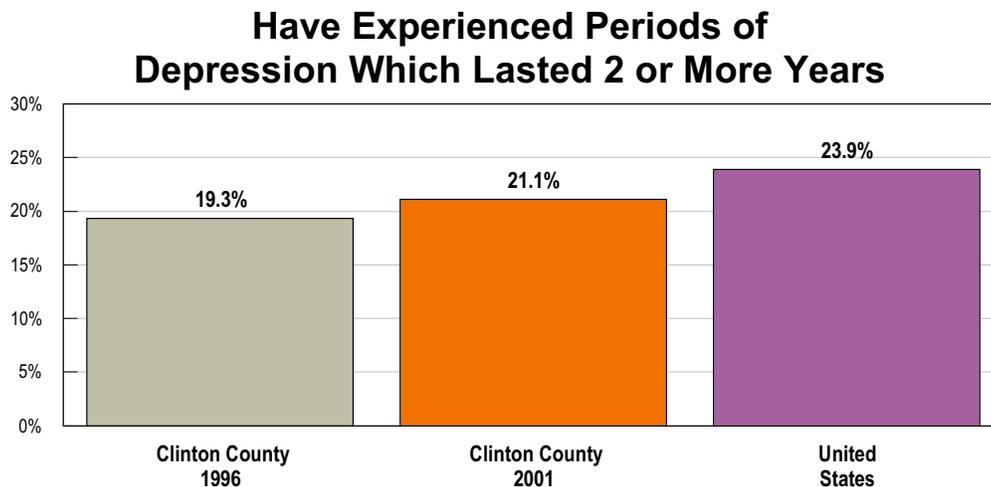
Depression

Depression is a serious illness affecting the U.S. population, whether occasionally or, in many cases, for prolonged periods of time.

Prolonged Depression

In Clinton County, 21.1% of adults report that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes. This figure is similar to the 23.9% of adults throughout the nation who indicate they have experienced a period of depression lasting at least two years, and has not changed significantly from the 19.3% reported among local adults in 1996.

Based on the adult population, this prevalence represents over 6,660 community members in Clinton County who have faced or are facing prolonged bouts with depression.

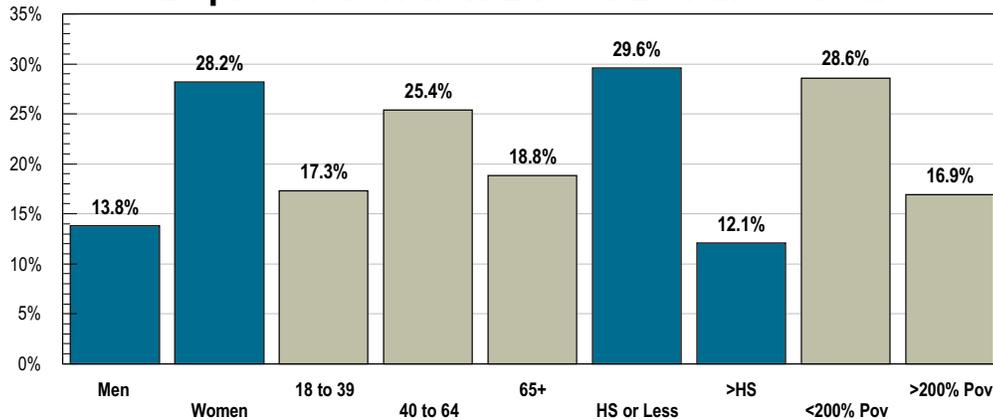


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

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

Women, middle-aged adults, and those at lower income and educational levels more often report experiencing prolonged depression, as shown in the following chart.

Have Experienced Periods of Depression Which Lasted 2 or More Years



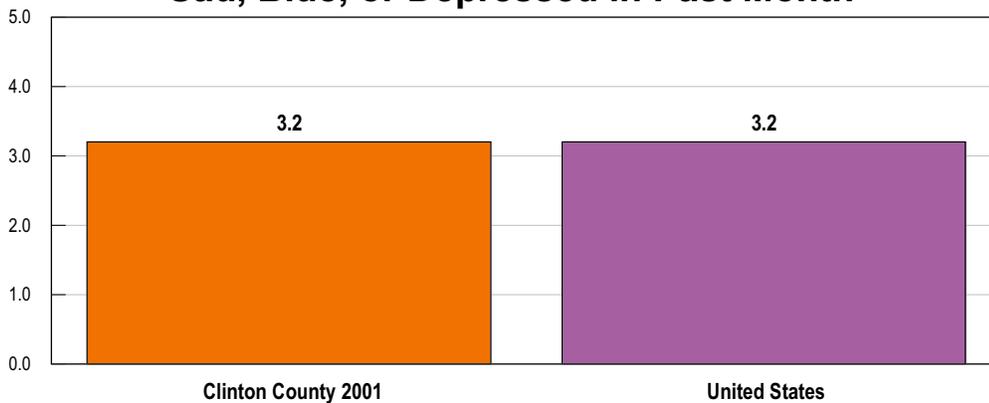
Source: 2001 PRC Community Health Survey, Professional Research Consultants

- Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
2. Asked of all respondents.

Average Days of Feeling Sad, Blue, or Depressed

When survey respondents were asked to indicate, on average, the number of days in the past month on which they felt sad, blue, or depressed, local adults averaged 3.2 days, identical to that reported nationwide.

Average Number of Days Felt Sad, Blue, or Depressed in Past Month



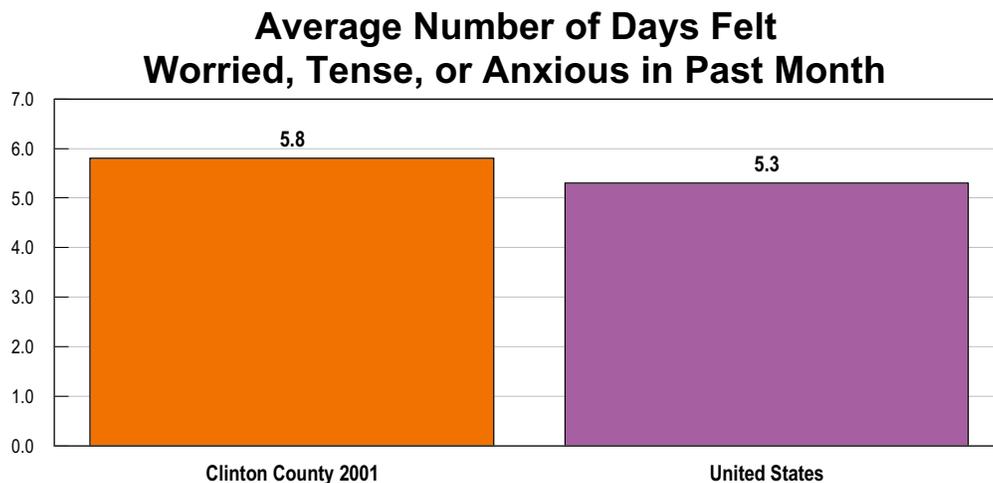
- Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

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

Stress

Stress Levels

Excessive stress can be a detriment to one's mental health, and can have significant physical ramifications as well. In the past month, adults in Clinton County report an average of 5.8 days on which they felt worried, tense or anxious. This compares to an average of 5.3 days nationwide, as shown in the following chart.

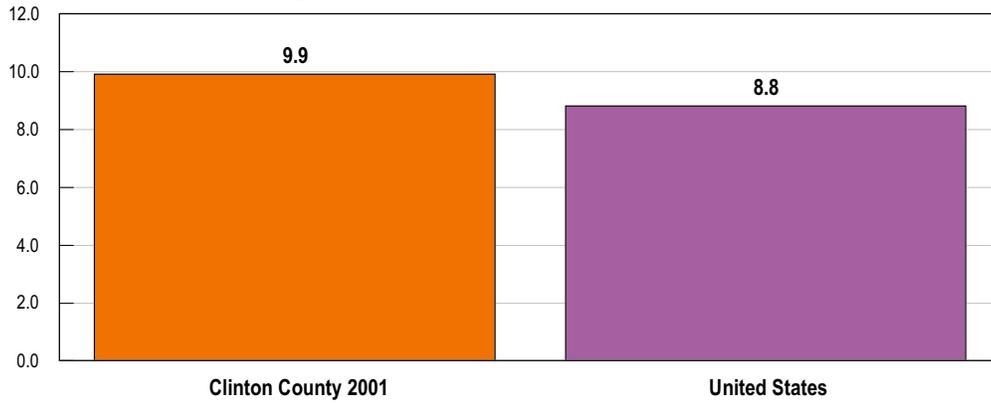


Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Sleep & Rest

Furthermore, adults in Clinton County report an average of 9.9 days in the past month on which they did not get enough rest or sleep. This compares to 8.8 days across the nation. *[Note that this inquiry was not addressed in the 1996 PRC Community Health Survey conducted in Clinton County.]*

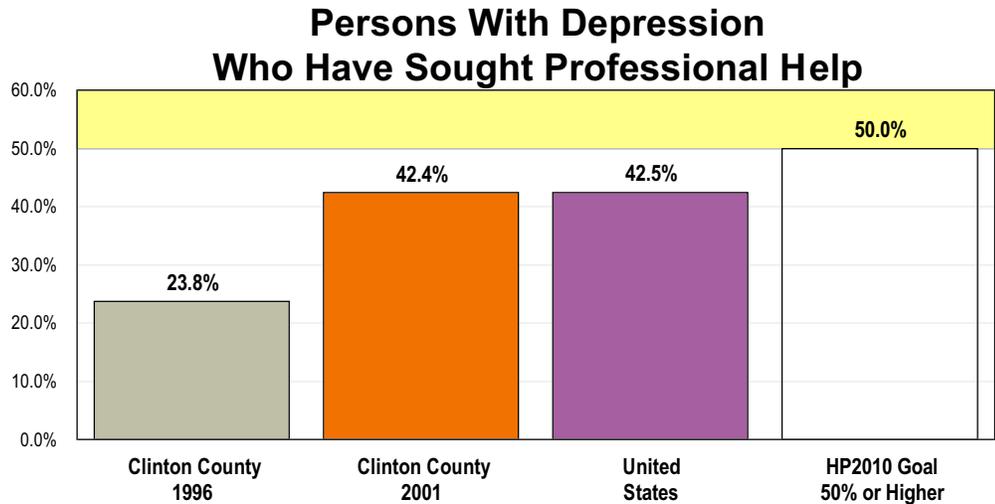
Average Number of Days Without Enough Rest or Sleep in Past Month



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

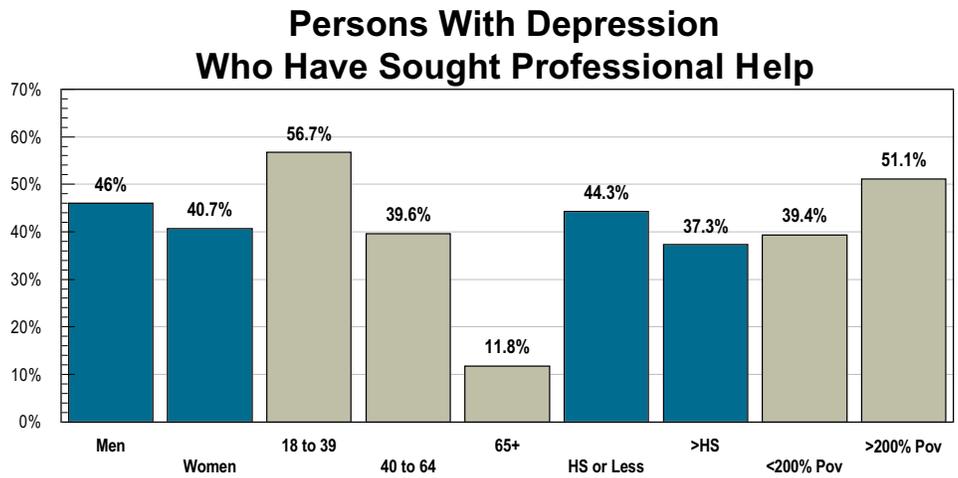
Utilization of Mental Health Services

Throughout Clinton County, 42.4% of adults who have experienced prolonged depression have accessed or attempted to access mental health services or programs at some point in their lives. This is similar to the U.S. level (42.5%), but fails to satisfy the *Healthy People 2010* goal of 50% or higher. Note the *statistically significant increase* locally since 1996 (up from just 23.8% among persons with depression who have sought professional help).



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Notes: 1. Asked of respondents who have experienced 2 or more years of depression.
 2. State data not available.

Note in the following chart that attempts to access mental health services are highest among men, adults under 65, those with higher incomes, and, perhaps surprisingly, those adults without postsecondary education.



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of respondents who have experienced two or more years of depression.

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 Rates for Selected Causes

Note: In order to compare mortality in Clinton County with other localities (in this case, Ohio and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size such as deaths per 100,000 population as is used here.

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution (the 2000 U.S. Standard Million population, as is used in this report). Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against normative or benchmark data.

The following chart illustrates the annual average age-adjusted death rates measured between 1996 and 1998 in Clinton County for selected causes of death. Age-adjusted state and national death rates are also provided, along with any applicable goals set forth in *Healthy People 2010* (with the exceptions of “all causes,” pneumonia/influenza, diabetes, and nephritis, for which *Healthy People 2010* has not established targets).

Clinton County rates fail to satisfy *Healthy People 2010* goals for most of the selected causes. Most notable of these are heart disease, cancer, cerebrovascular disease (stroke), COPD (chronic obstructive pulmonary disease), unintentional injuries, and suicide.

In comparison to United States age-adjusted death rates, the county demonstrates higher rates of death resulting from cancer, cerebrovascular disease, COPD, pneumonia/influenza, diabetes, and nephritis.

In comparing Clinton County between 1993-95 and 1996-98 reporting periods, decreases in death rates are noted for heart disease, cerebrovascular disease (stroke) and suicide. Increases are noted for cancers, COPD (chronic obstructive pulmonary disease) and nephritis/nephrosis/nephrotic conditions (kidney disease).

Age-Adjusted Death Rates for Selected Causes

Deaths per 100,000 Population; 2000 Age-Adjusted

	Clinton Co. 1993-95	Clinton Co. 1996-98	Ohio 1996-98	United States 1998*	HP2010
ALL CAUSES	948.5	893.4	927.6	875.8	
Heart Disease	297.2	257.1	301.5	272.4	207.5
Cancer	221.4	231.4	220.0	202.4	158.7
Cerebrovascular Disease	86.1	64.6	67.7	59.5	48.0
COPD	39.1	45.4	46.7	42.0	18.0
Pneumonia/Influenza	52.5	53.3	32.1	34.6	
Diabetes	33.8	31.0	32.1	24.2	
Unintentional Injuries	35.0	32.2	28.6	35.0	20.8
Suicide	12.0	7.7	10.4	11.3	6.0
Homicide	2.6	0.0	4.8	6.5	3.2
Nephritis	9.1	12.8	13.7	9.8	

Sources: 1. National Vital Statistics Report Vol. 49 No. 3; 1998

2. U.S. Department of Health and Human Services; Health in the United States, 2000.

3. Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation, U.S. Public Health Services.

Notes: 1. Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Million; HP2010 goals have been adjusted accordingly.

2. *U.S. rates for cancer, COPD, pneumonia/influenza, diabetes, and unintentional injuries are for the year 1996.

3. Clinton County and Ohio rates are three-year annual averages.

Morbidity

“Morbidity” is defined as the rate of disease or the proportion of diseased persons in a given locality. The following section outlines data relating to the incidence or prevalence of various conditions in the local community. Note that an “*incidence rate*” refers to the number of new cases of a particular condition (relative to population size) reported in a given timeframe (usually delimited by calendar years); this is not to be confused with “*prevalence level*,” which describes the proportion of the population living with a particular condition at a given moment in time (regardless of when the condition was contracted, diagnosed or reported).

Incidence of Selected Reported Disease

The following chart outlines the reported incidence of selected infectious diseases in Clinton County. As shown, local rates compare favorably to national incidence rates for tuberculosis, gonorrhea, and chlamydia. However, local rates fail to satisfy *Healthy People 2010* goals for AIDS, tuberculosis, and gonorrhea, as shown. Since 1995, the local AIDS incidence rate has increased (up from 8.5 per 100,000 population), as has the chlamydia rate (from 123.8). The gonorrhea incidence rate is down slightly.

Reported Incidence of Selected Notifiable Diseases

Case Rates per 100,000 Population

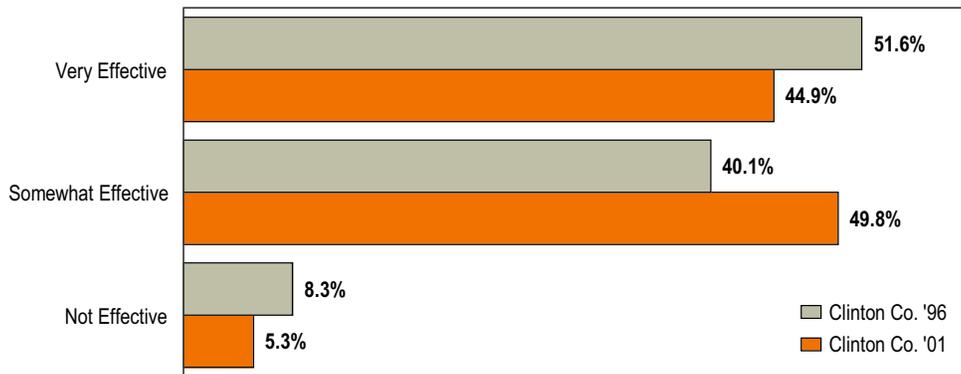
	Clinton Co. 1995	Clinton Co. 1999	Ohio 1999	United States 1999	HP2010
AIDS	8.5	22.5	86.7	16.9	1.0
Tuberculosis	0.0	2.5	2.8	8.6	1.0
Hepatitis A	0.0	n/a	n/a	3.8	4.5
Hepatitis B	0.0	n/a	n/a	6.8	3.8
Syphilis	0.0	n/a	3.2	14.2	0.2
Gonorrhea	37.7	28.2	167.2	132.8	19.0
Chlamydia	123.8	169.4	273.2	236.5	

Sources: 1. Ohio Department of Health; 1999 Data
 2. Clinton County Health Department; 1999 Data
 3. Health in the United States 2000
 4. Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation, U.S. Public Health Services.
 Note: Rates are per 100,000 population.

STDs

Effectiveness of Condom Use. In 1996, more than one-half (51.6%) of adults under 65 indicated that they felt condoms would be “very effective” in preventing the contraction of sexually transmitted diseases (STDs). This year’s survey findings result in a *statistically significant decrease* in the belief that condoms are “very effective” in preventing the transmission of STDs (mentioned by 44.9%), as shown below.

Effectiveness of Condom Use in Preventing STDs

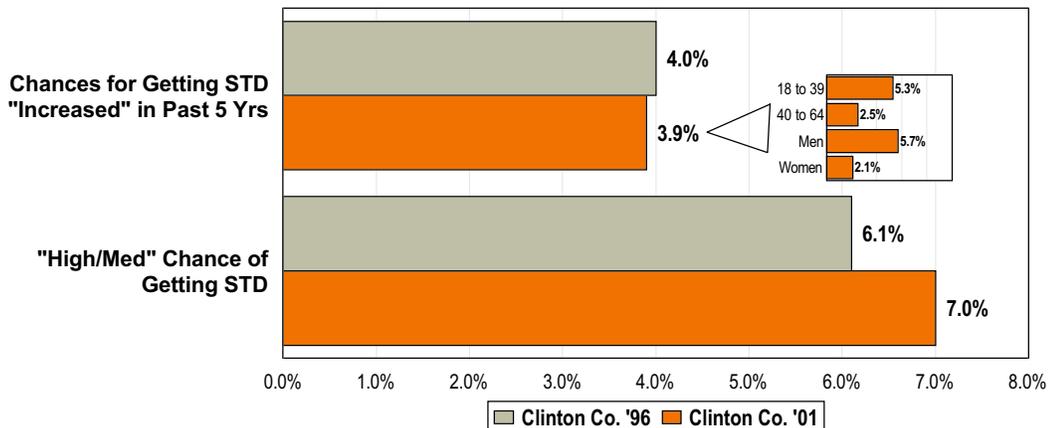


Source: 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 Note: Asked of respondents aged 18 through 64.

Chances for Contracting an STD. Just 3.9% of local adults under 65 indicate that their chances for getting a sexually transmitted disease have “increased” over the past 5 years. This indication is similar to the 4.0% reported in 1996 and increases to 5.3% among adults under 40 and to 5.7% among Clinton County males under 65.

A total of 7.0% of local adults under 65 report that they have a “high” or “medium” chance of getting an STD; this compares to 6.1% reported locally in 1996, as shown below.

Perceptions of STDs

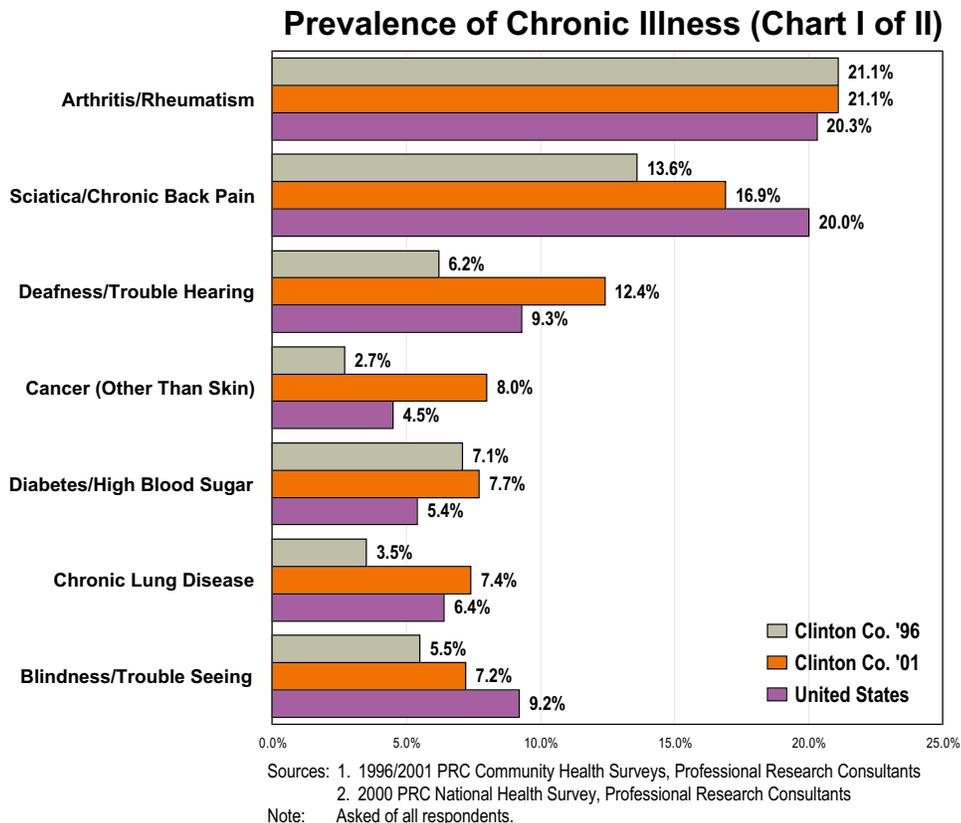


Source: 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 Note: Asked of respondents aged 18 through 64.

Prevalence of Chronic Illness

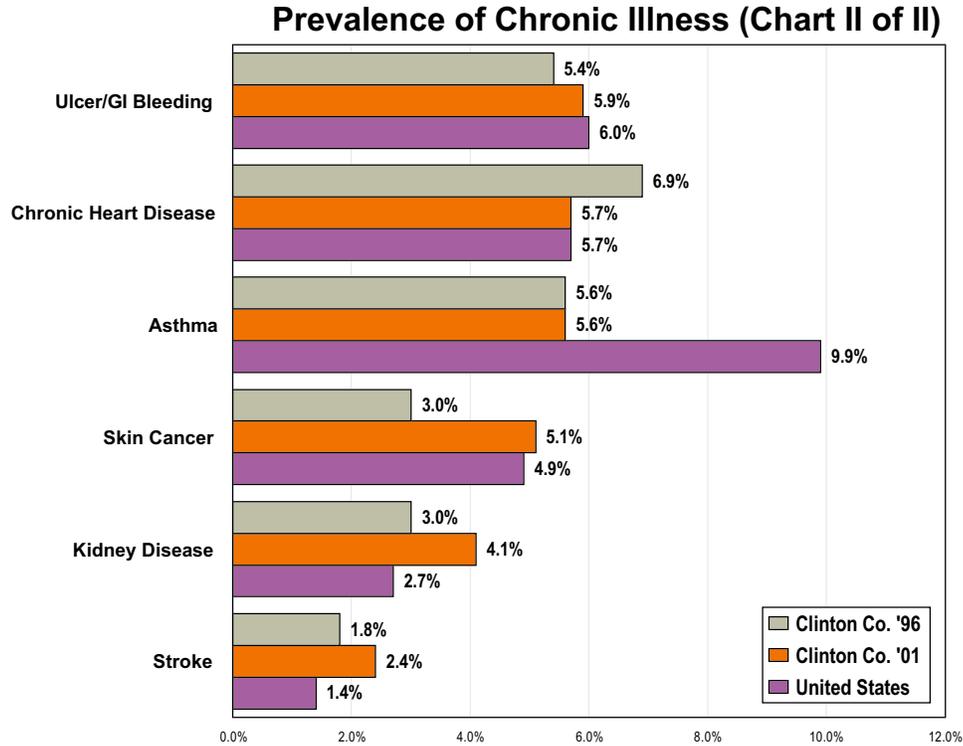
As part of the *2001 PRC Community Health Survey*, area residents were asked to report the prevalence of any of 13 various chronic conditions. [Because of the extent of data illustrated when two sets of Clinton County data, that of 1996 and that of 2001, the chart has been separated into two charts.] As shown below, just over one-fifth (21.1%) of adults in Clinton County suffer from **arthritis or rheumatism** (this includes 53.5% of those aged 65 and older), remaining unchanged since 1996. Another 16.9% of the adult population also currently suffer from sciatica or chronic back pain; this percentage is statistically similar to the 13.6% reported locally in 1996.

In comparison to U.S. findings, the prevalence level in Clinton County is less favorable for cancer (other than skin cancer). Since 1996, Clinton County witnessed *statistically significant increases* in the number of adults suffering from deafness or trouble hearing, cancer, and chronic lung disease.



Keep in mind that each percentage point above represents approximately 316 local residents aged 18 and older.

As shown in this second chart on local chronic illness, the local prevalence of ulcers, chronic heart disease, asthma, skin cancer, kidney disease, and stroke remains statistically unchanged since the 1996 survey was conducted. On the other hand, note that this year's Clinton County prevalence for asthma is more favorable than that reported nationwide.



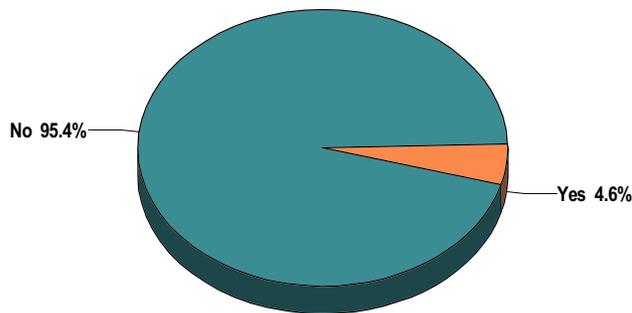
Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

Osteoporosis

A total of 4.6% of residents (or 1,454 people) currently suffer from osteoporosis. *[Note that this inquiry was not addressed locally in 1996.]* When viewed by demographics during special analysis, it can be seen

that the local prevalence of osteoporosis is 8 times higher among local women than men. It increases by age, and is more prevalent among adults in the lower income and educational breakouts.

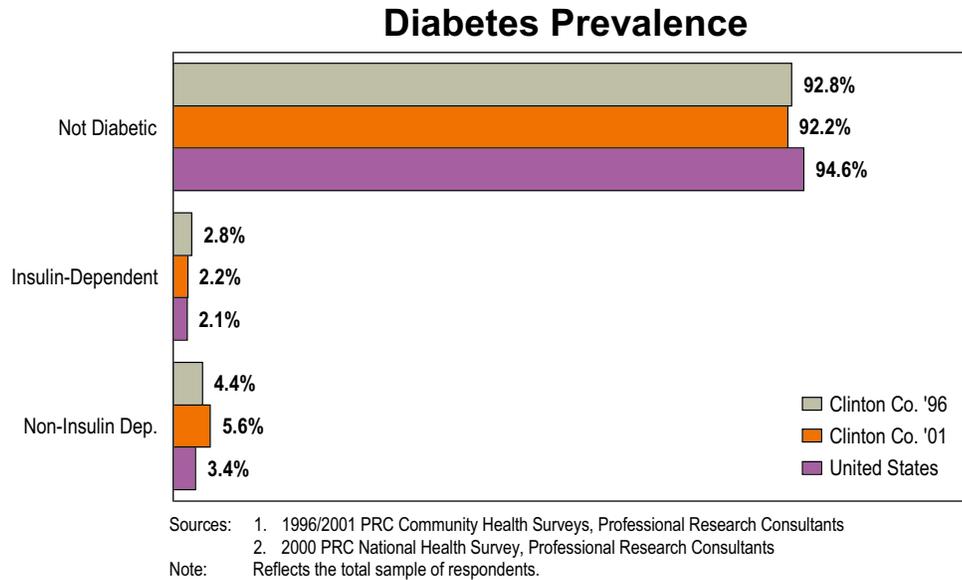
Prevalence of Osteoporosis Among Residents



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

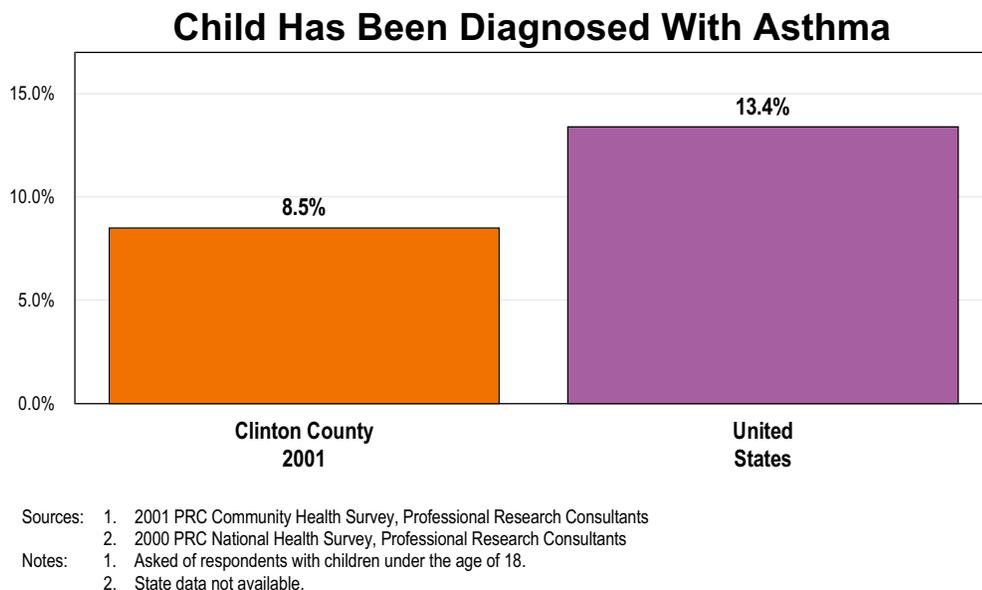
Diabetes Prevalence

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. A total of 7.8% of local adults surveyed indicate having diabetes, including 2.2% who currently use insulin injections to control their condition.



Childhood Asthma

A total of 8.54% of local parents of children under 18 report that their child has been diagnosed with asthma, statistically similar to the 13.4% of children across the U.S.

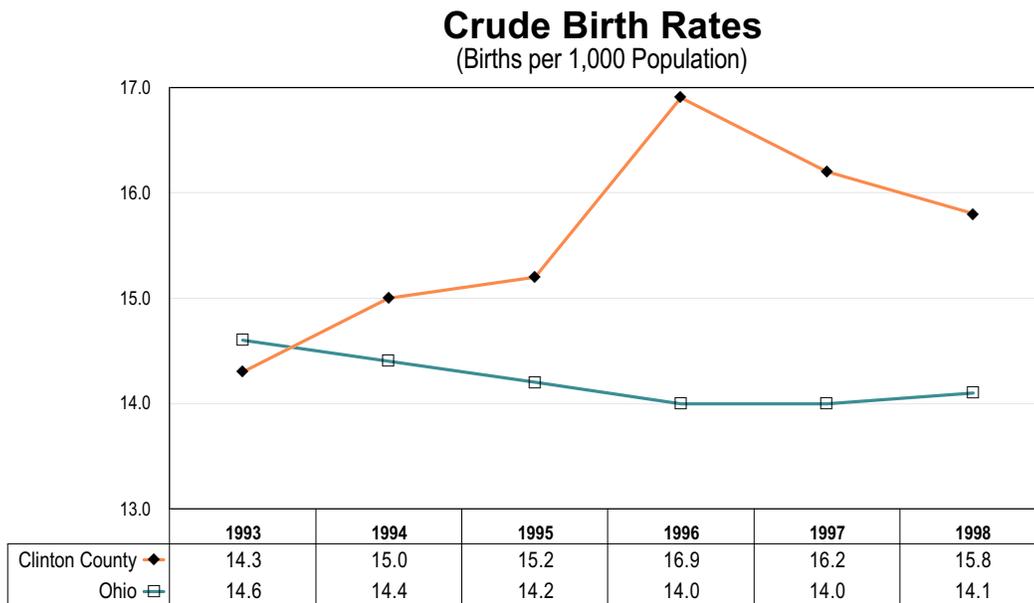


Natality

The following section details findings in Clinton County relating to births and maternal and infant health issues.

Crude Birth Rate

In 1998 (the year of most recent birth rate data available), Clinton County experienced 15.8 births per 1,000 population. Birth rates in Clinton County rose between 1993 and 1996, but have since begun to decline, as can be seen in the following chart.

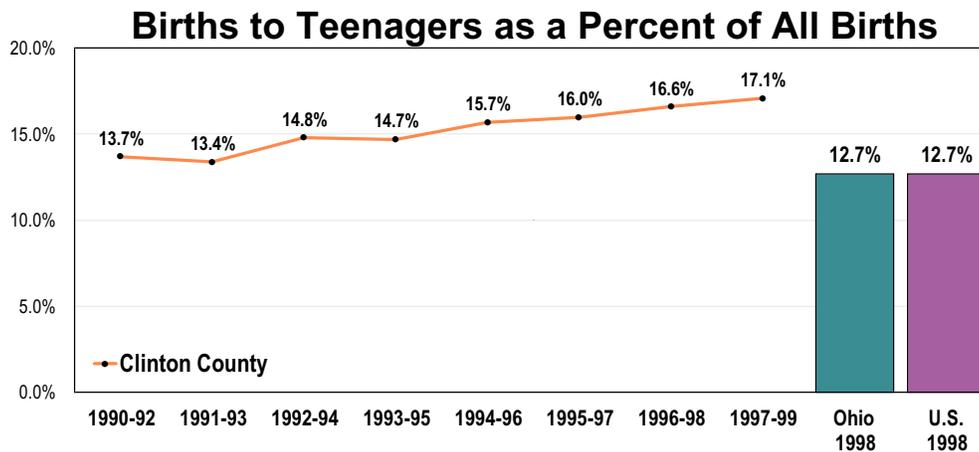


Sources: 1. Health in the U.S. 2000
 2. Ohio Department of Health; 1998 Data
 Note: Rates represent live births per 1,000 population.

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. They have a higher-than-average chance of suffering pregnancy complications, are less likely to ever complete a high school education, and earn about half the lifetime income of women who first give birth in their 20's.

In Clinton County, an annual average of 17.1% of 1997-1999 births were to mothers aged 10 to 19 years, following an increasing trend over the past decade; the Clinton County proportion is also less favorable than the 12.7% reported across Ohio and the U.S.



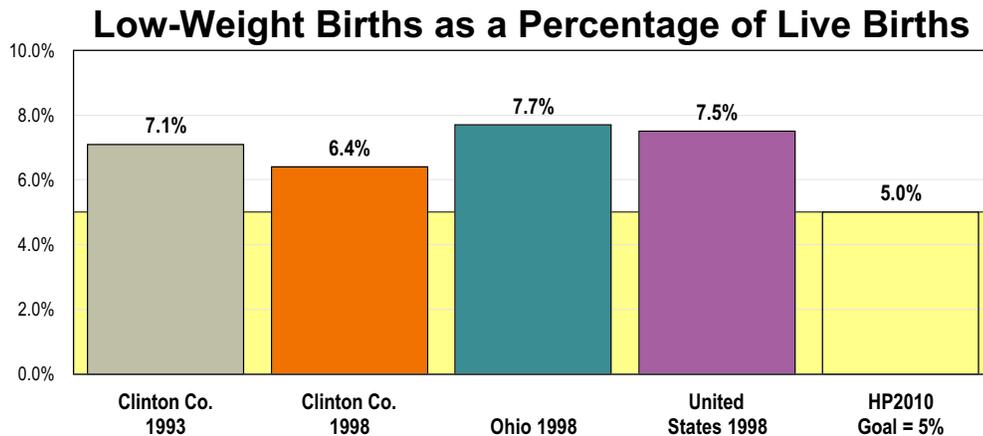
Sources: 1. Health in the U.S. 2000
2. Ohio Department of Health; 1998

Note: Numbers represent the annual percentages of live births to mothers aged 10 to 19.

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 1998, 6.4% of babies born in Clinton County were classified as being of low birthweight (compared to 7.1% in 1993). The 1998 Clinton County proportion is more favorable than the percentage of low birthweight babies recorded statewide or nationwide, but fails to satisfy the *Healthy People 2010* goal of 5% or lower.



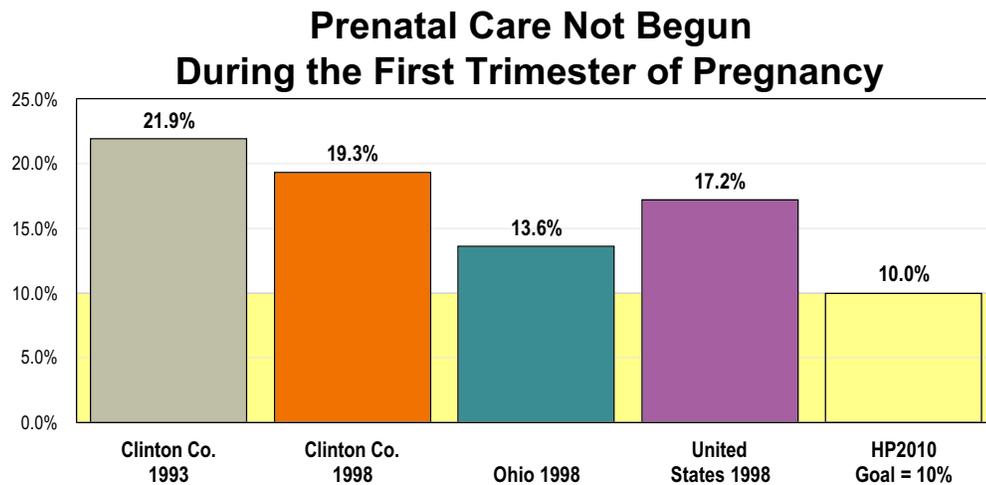
Sources: 1. Health in the U.S. 2000
2. Ohio Department of Health; 1998 Data
3. *Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation*
United States Public Health Services.

Note: Numbers represent annual average percentages of low-weight births.

Prenatal Care

Lack of Timely Prenatal Care

Early and continuous prenatal care is the best assurance of infant health. However, in Clinton County in 1998, 19.3% of women giving birth did not receive prenatal care during the first trimester of pregnancy. The proportion receiving timely prenatal care in Clinton County has improved between 1993 and 1998, but remains less favorable than the state or U.S. and fails to satisfy the *Healthy People 2010* target of 10% or less.



Sources: 1. Health in the U.S. 2000
2. Ohio Department of Health; 1998 Data
3. *Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation*
United States Public Health Services.

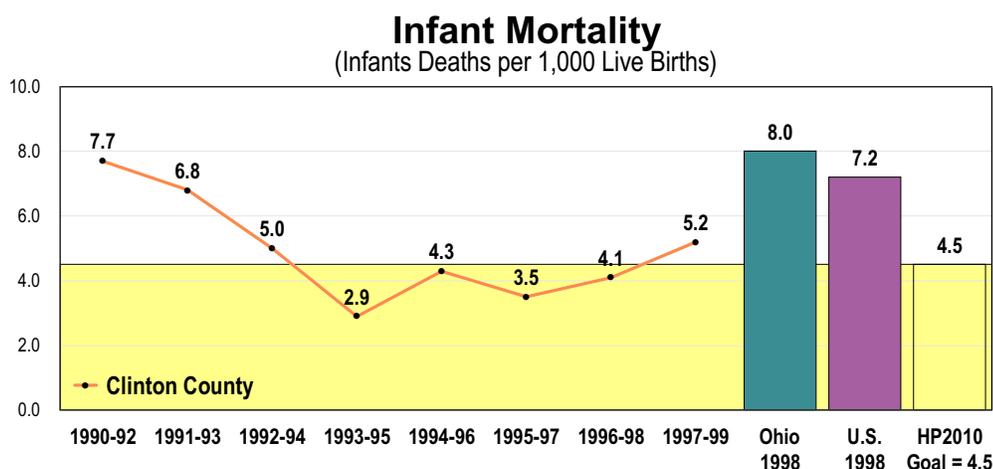
Note: Includes pregnancies which first received care in the 2nd or 3rd trimester or not at all.

Infant Deaths

Infant Mortality

Infant mortality rates (deaths of children less than one year old per 1,000 live births) for Clinton County, Ohio, and the U.S. are illustrated in the following chart. Between 1996 and 1998, there was an annual average of 5.2 infant deaths per 1,000 live births in Clinton County; this rate has increased in recent years and currently fails to satisfy the *Healthy People 2010* target of 4.5 or fewer deaths per 1,000 live births.

The current county rate is, however, better than found statewide or nationwide, as shown below.



Sources: 1. Health in the United States 2000
2. Ohio Department of Health; 1998 Data
3. *Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation*
United States Public Health Services.
Note: Rates represent the number of infant (under one year of life) deaths per 1,000 live births.

Crime

Index Crime Rates

The following chart outlines rates for reported FBI Index Crimes in Clinton County, along with Ohio and the United States in 1999. Clinton County rates compare favorably to Ohio and U.S. rates for each of the index crimes listed below. However, note the following changes within the county:

- Regarding *violent crimes* (murder, rape, robbery and aggravated assault/battery), Clinton County has seen an increase since 1995, particularly for aggravated assault. On the other hand, robberies are down since 1995.
- In regard to *property crimes* (burglary and motor vehicle theft), burglaries have decreased since 1995, while motor vehicle thefts have risen slightly.

Reported FBI Index Crimes

1999 Rates per 100,000 Population

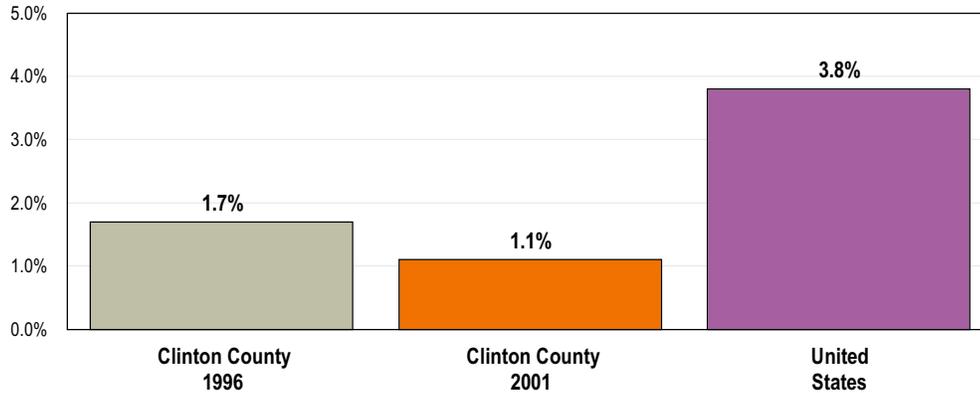
	Clinton Co. 1995	Clinton Co. 2001	Ohio	United States
VIOLENT CRIMES	87.5	134.4	316.4	524.7
Homicide	0.0	0.0	3.5	5.7
Forcible Rape	18.0	22.4	36.7	32.7
Robbery	41.2	12.4	128.0	150.2
Aggravated Assault	28.3	99.6	148.2	336.1
PROPERTY CRIMES	301.4	209.2	1,121.3	1,190.7
Burglary	260.2	156.9	773.1	770.0
Motor Vehicle Theft	41.2	52.3	348.2	420.7
LARCENY-THEFT	1,718.6	1,447.1	2,558.8	2,551.4
TOTAL CRIME INDEX	2,107.7	1,790.9	3,996.4	3,412.2

Sources: 1. State of Ohio, Uniform Crime Reports; 1999
 2. FBI, Uniform Crime Reports Crime in the U.S.; 1999
 3. "Crime in the United States 1999," United States Department of Justice.
 Note: Rates are per 100,000 population.

Victimization

Just 1.1% of adults in Clinton County report having been the victim of a violent crime within the past 5 years (this translates to approximately 350 adults in the community). This is statistically more favorable than the national average of 3.8% and remains statistically unchanged since the 1996 survey was conducted in Carroll County.

Victim of a Violent Crime in the Past 5 Years



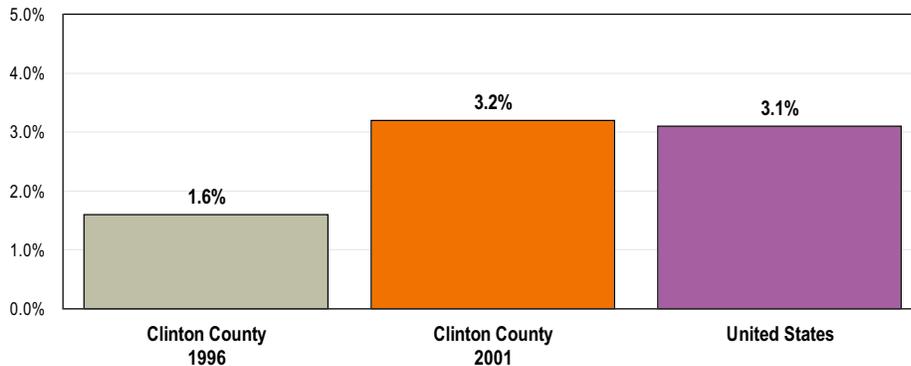
Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

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

Domestic Violence

When asked to indicate whether they have been victims of domestic violence (which can include any type of physical, mental, sexual, or child abuse) in the past five years. As shown below, 3.2% of local adults responded affirmatively, comparable to the U.S. norm of 3.1% and remaining statistically unchanged since 1996.

Victim of Domestic Violence in the Past 5 Years

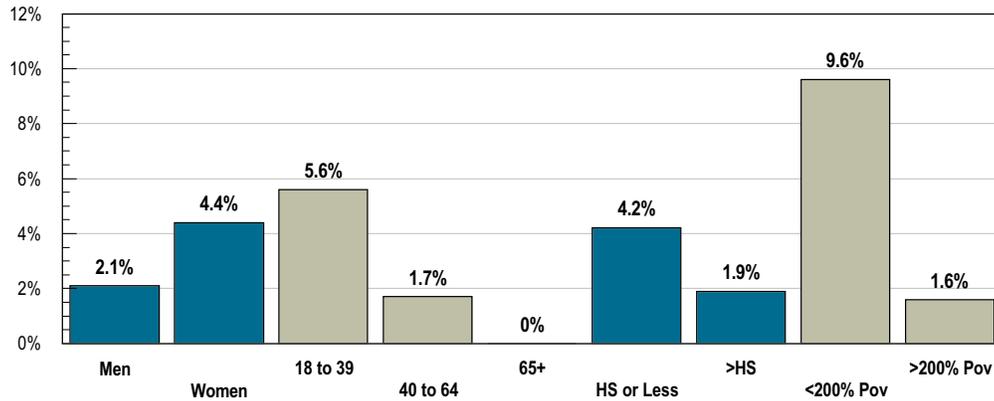


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

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

Viewed by demographic characteristics, local adults most likely to have been victims of domestic violence in the past five years include women, adults under 40, those without education beyond high school, and those in the lower income bracket (increasing to 9.6% for this population segment), as shown below.

Victim of Domestic Violence in the Past 5 Years



Source: 2001 PRC Community Health Survey, Professional Research Consultants

- Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

MODIFIABLE HEALTH RISKS

Nutrition

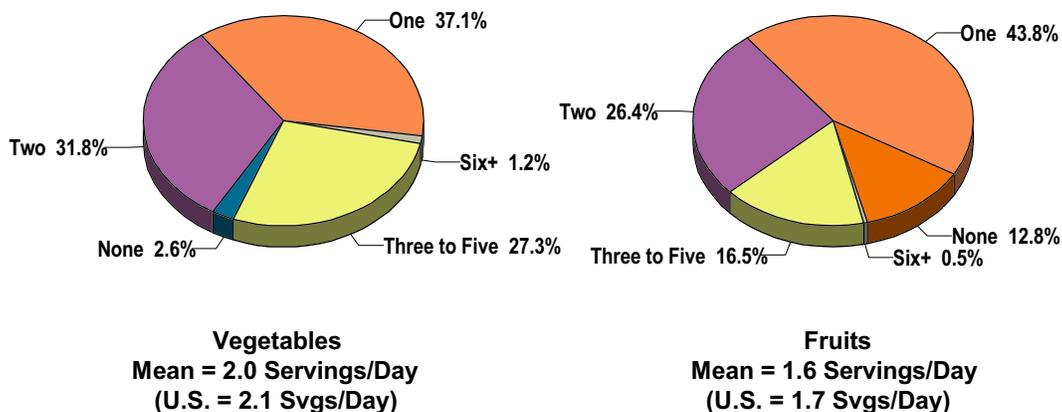
Diet is a key component of good health. In fact, dietary habits have been linked to five of the 10 leading causes of death in the United States, including coronary heart disease, some types of cancer (colorectal, breast and prostate), stroke, noninsulin-dependent diabetes mellitus and atherosclerosis. 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 Habits: Fruits & Vegetables

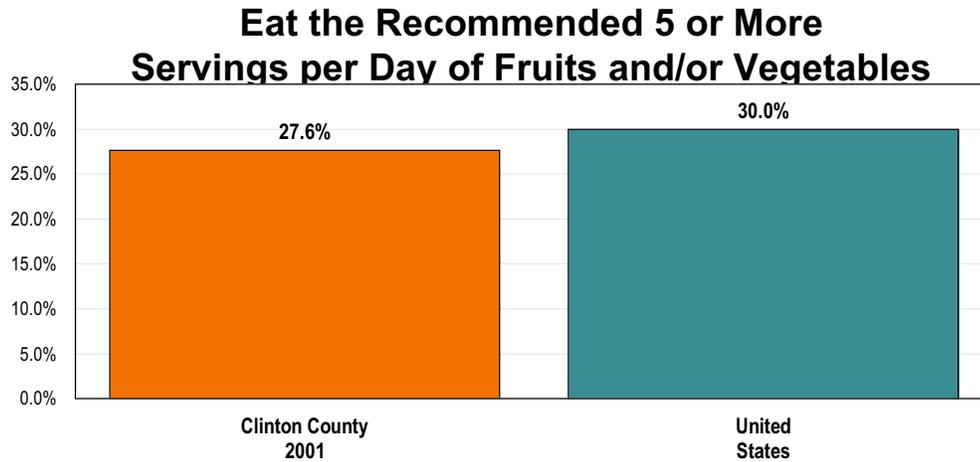
Residents of Clinton County report eating an average of 2.0 servings of vegetables per day and an average of 1.6 servings of fruits per day. The following chart shows a specific breakout of the servings of fruits and vegetables eaten daily by community members.

Self-Reported Daily Servings of Fruits and Vegetables



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

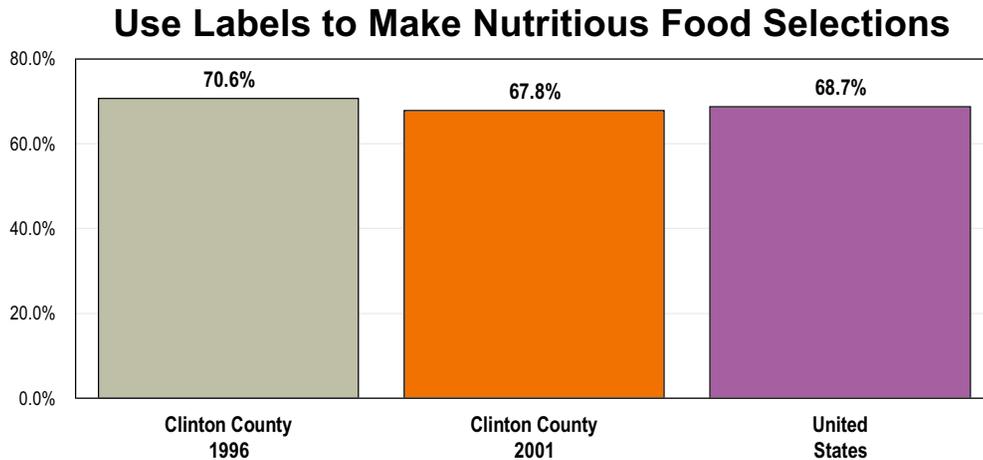
Furthermore, only 27.6% of residents eat the recommended five or more servings per day of fruits and/or vegetables. This is comparable to the national prevalence level.



Source: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1998 State Data
Note: Asked of all respondents.

Use of Food Labels

In Clinton County, 67.8% of residents indicate they read food labels to make nutritious selections, similar to the 68.7% of Americans who report the same, as well as the 70.6% reported in 1996 for Clinton County, as shown below.



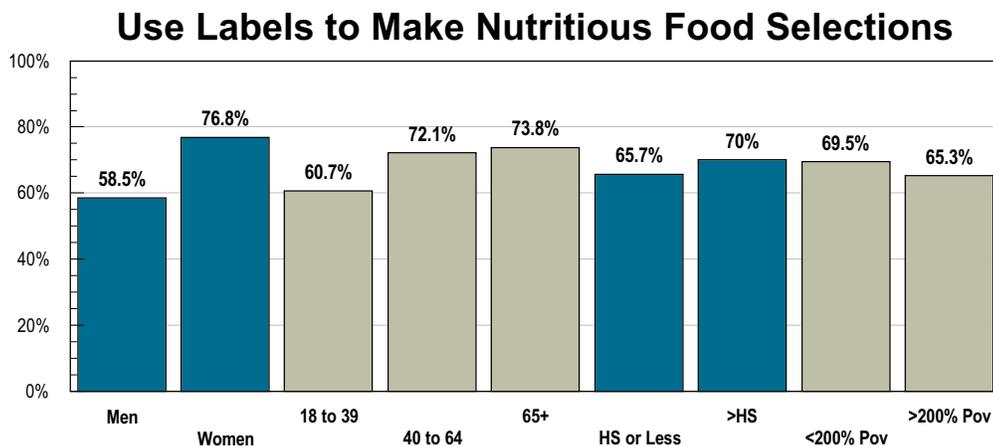
Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.

2. State data not available.

When illustrated demographically, those most likely to use food labels to make nutritious food selections include women and adults aged 40 and older, as can be seen in the following chart.



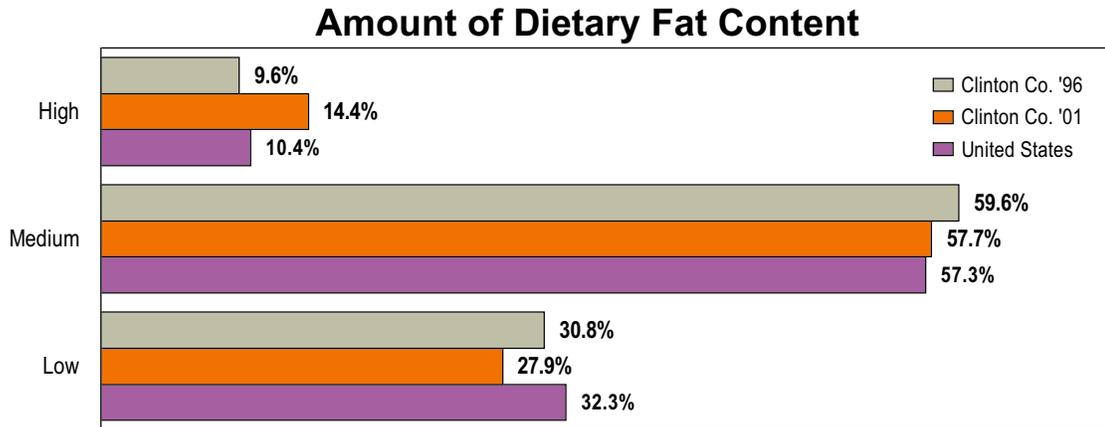
Source: 2001 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Clinton County 2001.

2. Asked of all respondents.

Dietary Fat Content

Survey respondents were next asked to report the amount of fat consumed in their daily diets. As shown below, local adults are more likely than those nationwide to report eating diets “high” in fat content (14.4%); this percentage has increased *significantly* since the 1996 survey was conducted in Clinton County. Most (57.7%) residents eat a “medium” amount of fat on a daily basis and the remaining 27.9% eat “low-fat” diets.



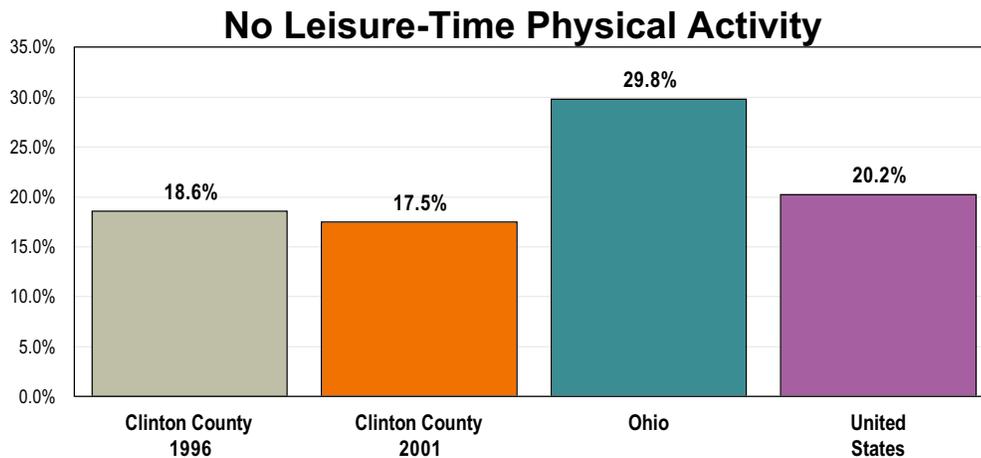
Sources: 1. 1996/2001 PRC Community Health Surveys Professional Research Consultants
2. 2000 PRC National Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Physical Activity

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.

Leisure-Time Physical Activity

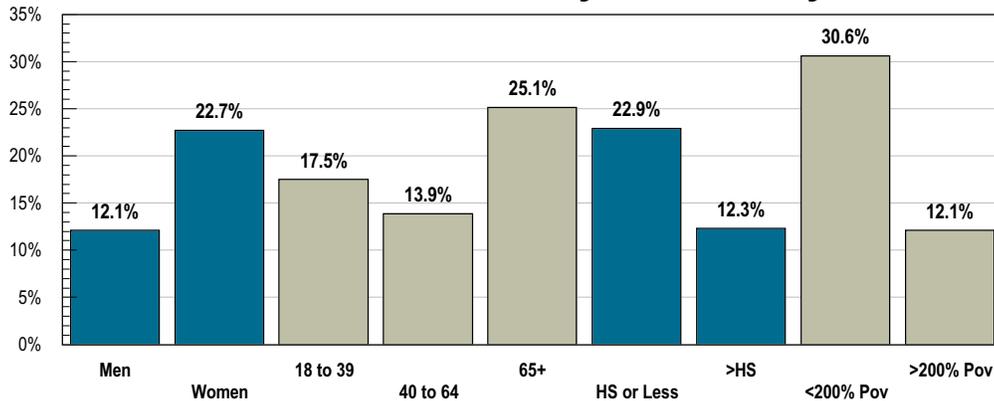
A total of 17.5% of residents in Clinton County have *not* participated in any type of physical activity outside work during the past month. This percentage is similar to the 20.2% recorded nationwide as well as the 18.6% reported in Clinton County in 1996. Note that 29.8% of adults statewide report not participating in any kind of leisure-time physical activity.



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1998 State Data
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 women, adults aged 65 and older and people in the lower income and educational brackets.

No Leisure-Time Physical Activity



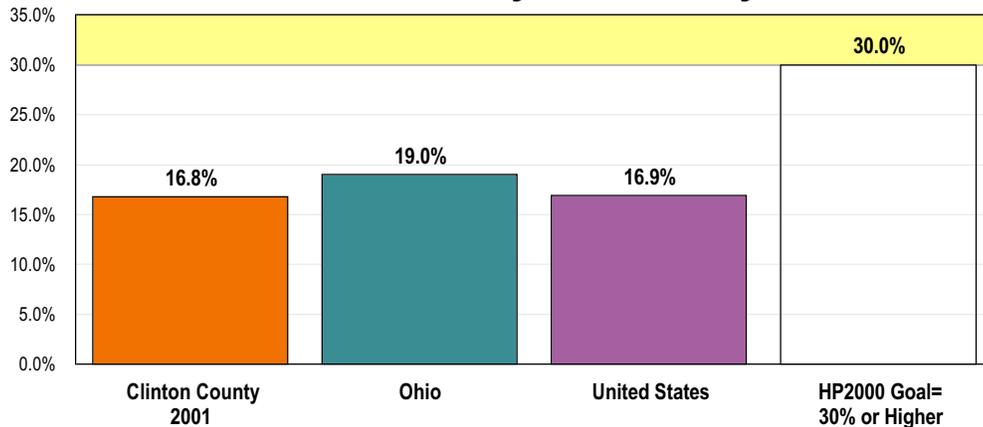
Source: 2001 PRC Community Health Survey, Professional Research Consultants

- Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
2. Asked of all respondents.

Moderate Physical Activity

Moderate physical activity (exercising 30 or more minutes per time at least five times per week) is reported by just 16.8% of community members in Clinton County in the past month. Across Ohio this percentage is 19.0% (the inquiry was not addressed locally in 1996), while the national average is 16.9%. Note the *Healthy People 2010* goal for exercising 30 minutes a day, “preferably daily,” is 30% or higher.

Moderate Physical Activity

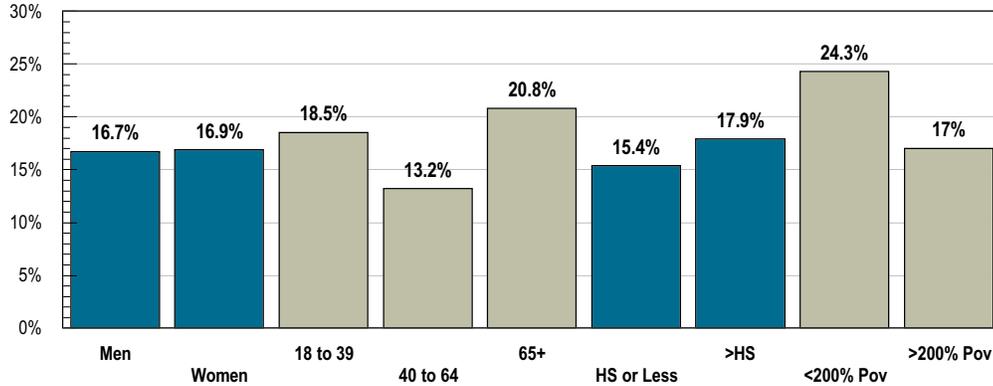


- Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1996 State Data
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
4. 2000 PRC National Health Survey.

- Notes: 1. Asked of all respondents.
2. In this case, “moderate physical activity” refers to exercising at least 5 times a week for 30 minutes at a time.
3. The *Healthy People 2010* goal is to increase to at least 30% the proportion of people who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

Adults most likely to participate in moderate physical activity include adults aged 65 and older and those in the lower income breakout.

Moderate Physical Activity



Source: 2001 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Clinton County 2001.

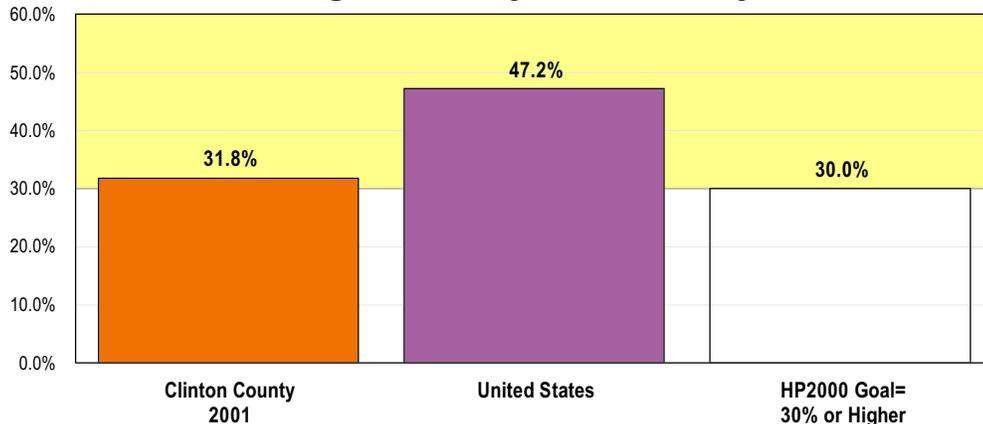
2. Asked of all respondents.

3. In this case, "moderate" refers to exercising at least 5 times a week for 30 minutes each time.

Vigorous Physical Activity

Another measure of proper health and physical fitness is the “vigorous physical activity” definition which applies to those who exercise vigorously at least three times per week for at least 20 minutes per occasion. In Clinton County, 31.8% of adults qualify for this category. This figure satisfies the 2010 goal of 30% or higher but is less favorable than the 47.2% reported nationwide.

Vigorous Physical Activity



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants

2. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

3. 2000 PRC National Health Survey

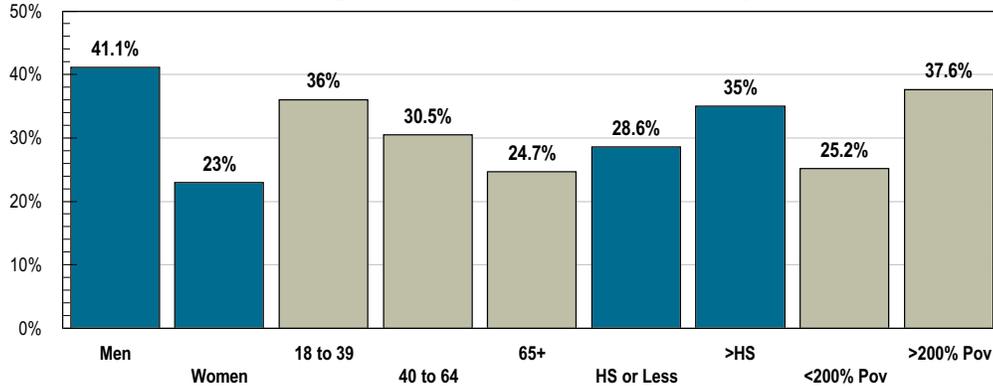
Notes: 1. Asked of all respondents.

2. In this case, "vigorous physical activity" refers to exercising at least 3 times a week for 20 minutes at a time.

3. The *Healthy People 2010* goal is to increase to at least 30% the proportion of people who engage regularly, preferably 3 times or more weekly, in vigorous physical activity for at least 20 minutes per exercise session.

Local adults most likely to participate in vigorous physical activity at least three times weekly include men, adults under 40, and those in the higher income and educational brackets.

Vigorous Physical Activity

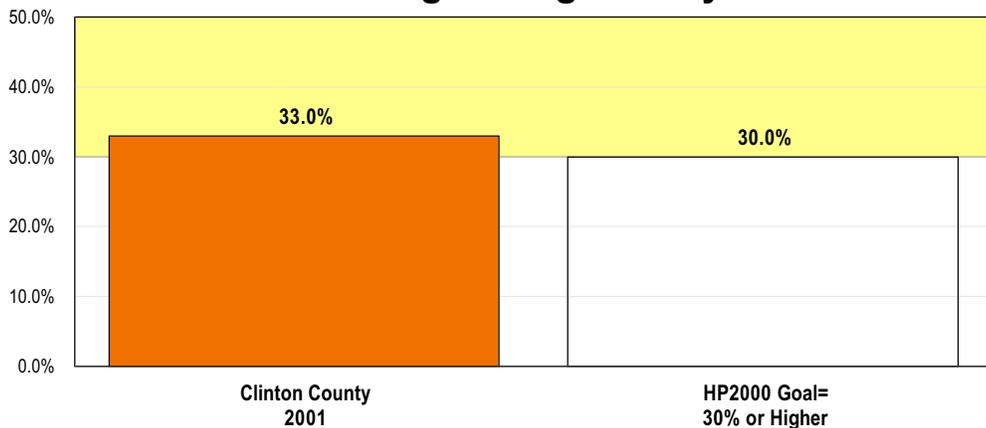


Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.
 3. In this case, "vigorous" refers to exercising at least 3 times a week for 20 minutes each time.

Strengthening Activity

Healthy People 2010 also hopes that, by the year 2010, at least 30% of adults will participate in some type of strengthening activity (one which enhances and maintains strength and endurance) at least twice weekly. In Clinton County, 33.0% of local strength-train at least twice weekly, meeting the *Healthy People 2010* goal.

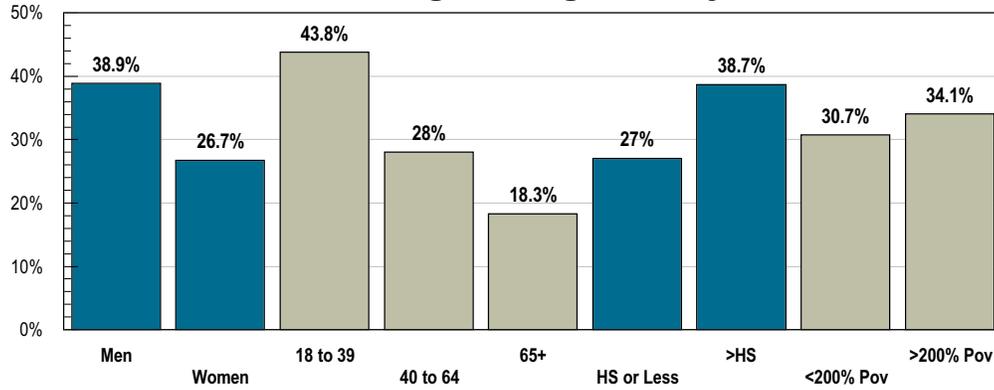
Strengthening Activity



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
 2. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Notes: 1. Asked of all respondents.
 2. In this case, "strengthening activity" refers to performing any activity which enhances and maintains strength and endurance at least twice a week.
 3. The *Healthy People 2010* goal is to increase to at least 30% the proportion of people who engage in activity which enhances and maintains strength and endurance at least two times weekly.
 4. State and national data not available.

Local adults most likely to participate in some type of strengthening activity at least twice weekly include males, adults under 40, and those in the higher income and educational classifications, as shown below.

Strengthening Activity



Source: 2001 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Clinton County 2001.

2. Asked of all respondents.

3. In this case, "strengthening" refers to performing exercise which enhances and maintains strength and endurance at least twice weekly.

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 (of the lung, larynx, pharynx, oral cavity, esophagus, pancreas and bladder), stroke, emphysema and other health problems such as respiratory infections and stomach ulcers.

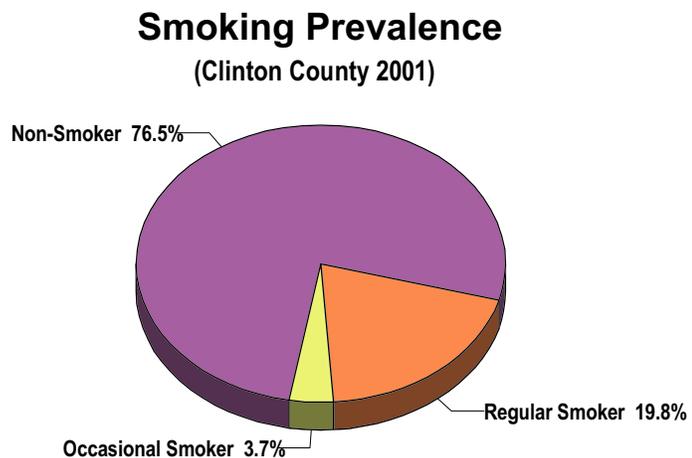
Cigarette smoking is responsible for more than one in six deaths in the United States. It accounts for 21% of coronary heart disease deaths, 87% of lung cancer deaths, and 30% of all cancer deaths. Cigarette smoking is also a substantial contributor to chronic morbidity and disability in the U.S.

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

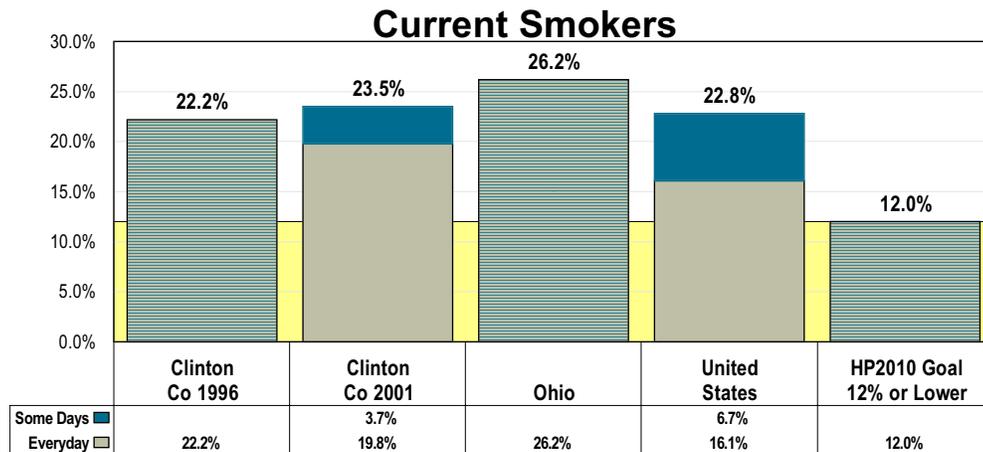
Cigarette Smoking Prevalence

A total of 23.5% of adults in Clinton County are classified as “regular” or “occasional” cigarette smokers. This group is comprised of 3.7% of the population which smokes occasionally (those who smoke cigarettes on some days) and 19.8% of the population which smokes regularly (on a daily basis).



Source: 2001 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

The 23.5% prevalence of current smokers (regular plus occasional smokers) recorded in Clinton County is comparable to the 22.8% prevalence recorded nationwide, but fails to satisfy the Year 2010 goal to reduce smoking prevalence to 12% or less of adults aged 18 and over. In 1996, 22.2% of Clinton County adults were current smokers (the survey did not distinguish between, but includes both, regular and occasional smokers).



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants

2. Behavioral Risk Factor Surveillance System, 1999 State Data

3. 2000 PRC National Health Survey, Professional Research Consultants

4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Includes regular and occasional smokers (everyday and some days).

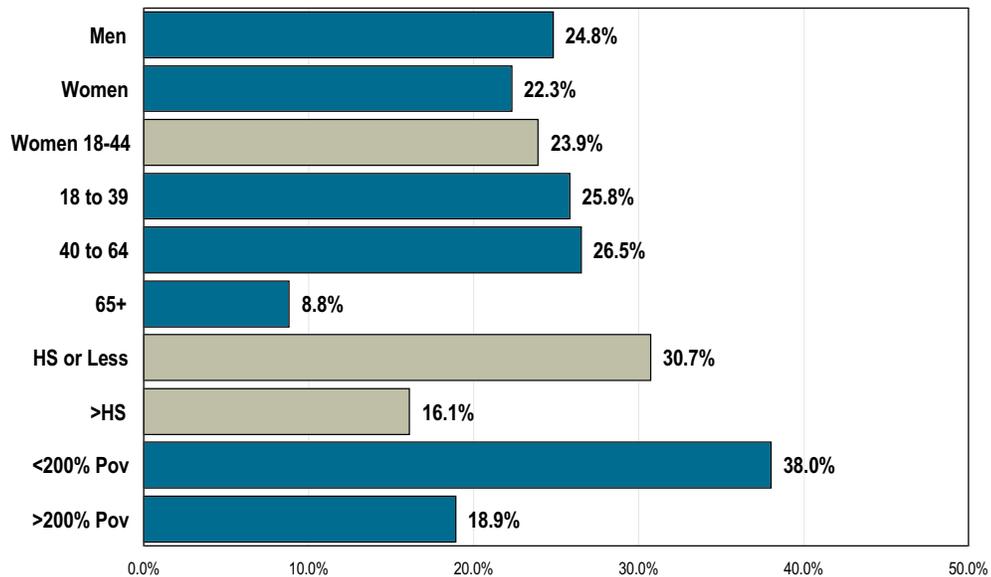
2. 1996 Clinton County data and State data does not distinguish between, but includes both, regular and occasional smokers.

3. Asked of all respondents.

The following chart outlines smoking prevalence in Clinton County, segmented by various demographic characteristics. As shown, 22.3% of women and 24.8% of men currently smoke, either regularly or occasionally. By analysis, it can be seen that a 23.9% prevalence of cigarette smoking is noted among women in their child-bearing years (ages 18 to 44). This is notable, 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.

In examining cigarette smoking by education and income levels, a negative correlation is evident; smoking prevalence levels are lowest among the groups of community residents with the highest education and income classifications.

Current Smokers

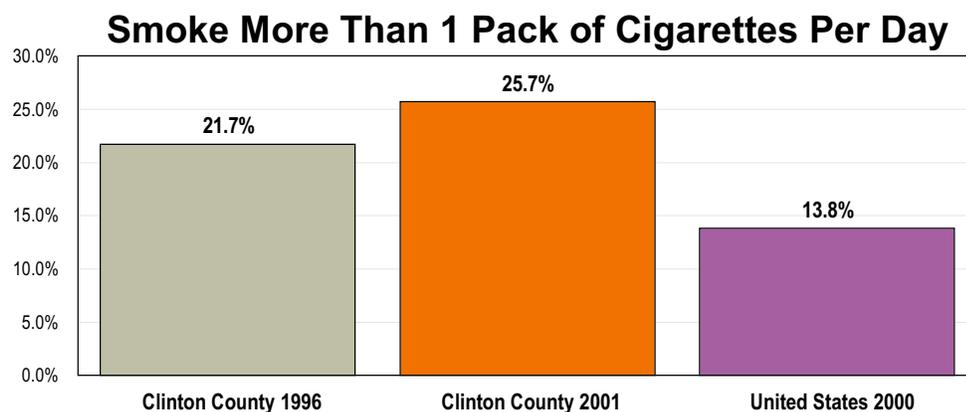


Source: 2001 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Includes those who smoke every day.
 2. Demographic breakouts are among findings in Clinton County 2001.
 3. Asked of all respondents.

Number of Cigarettes Smoked per Day

Among smokers in Clinton County (those who smoke everyday or on occasion), 25.7% report smoking more than one pack (20 cigarettes) a day on the days that they smoked, less favorable than the 13.8% reported nationwide. Note that the 21.7% reported locally in 1996 is statistically similar to this year's figure of 25.7% in Clinton County.



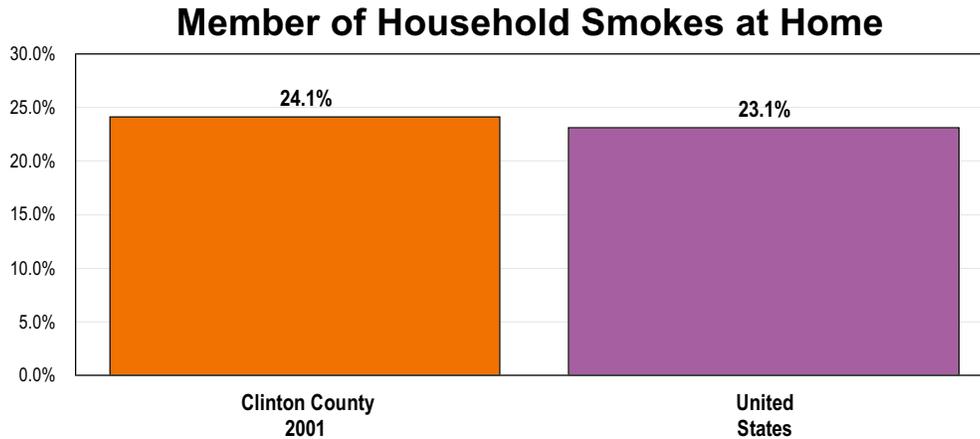
Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

- Notes:
1. Asked of all smokers.
 2. One pack of cigarettes is equal to 20 cigarettes.

Exposure to Second-Hand Smoke

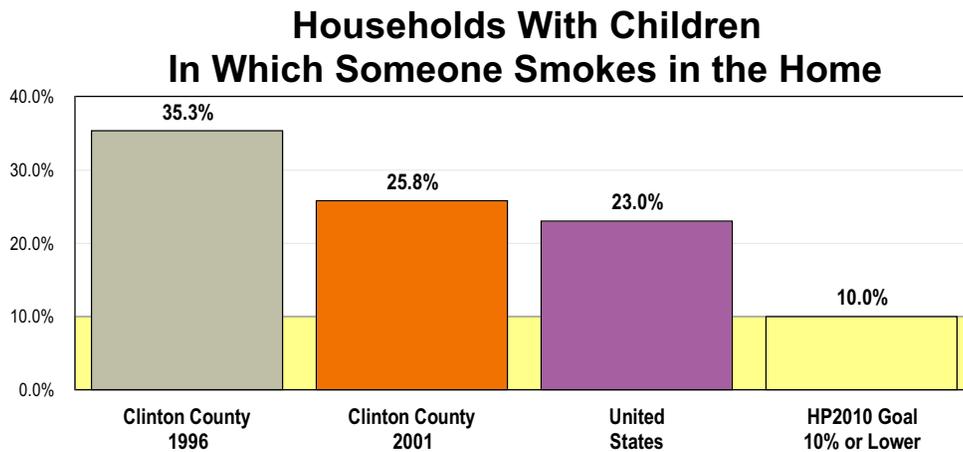
Currently, 24.1% of adults in Clinton County indicate that they or a member of their household smokes at home on an average of more than three times per week. Across the country, a comparable 23.1% of Americans live in a household with someone who smokes.



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.
 2. State data not available.
 3. Among survey respondents, "smokes at home" refers to a someone smoking at least 3 times a week in the past 30 days.

Furthermore, 25.8% of households with children in Clinton County have someone who smokes in the house, statistically similar to the 23.0% nationwide but failing to meet the *Healthy People 2010* goal of 10% or less. Note that decrease from 35.3% among residents in Carroll County in 1996 is not a statistically significant one.

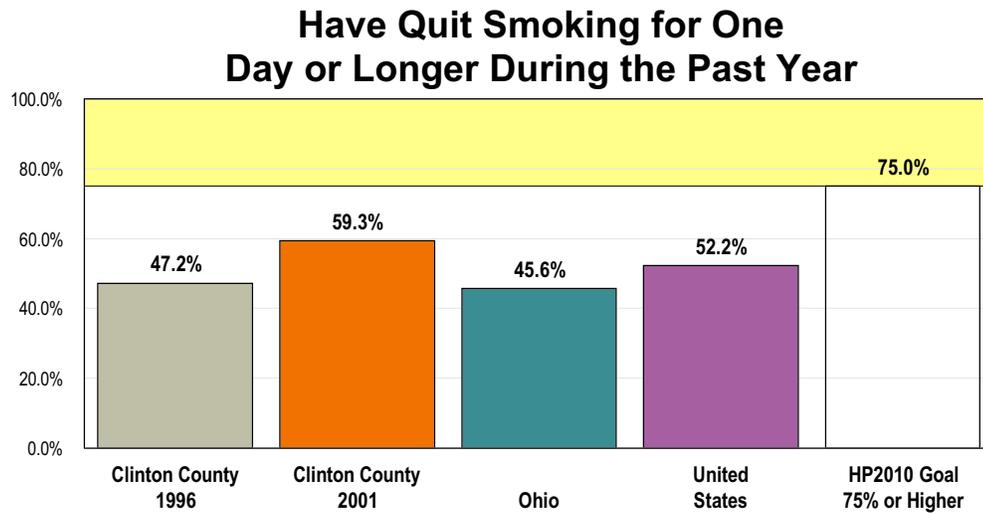


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Percentage of households with children under the age of 18.

Smoking Cessation Attempts

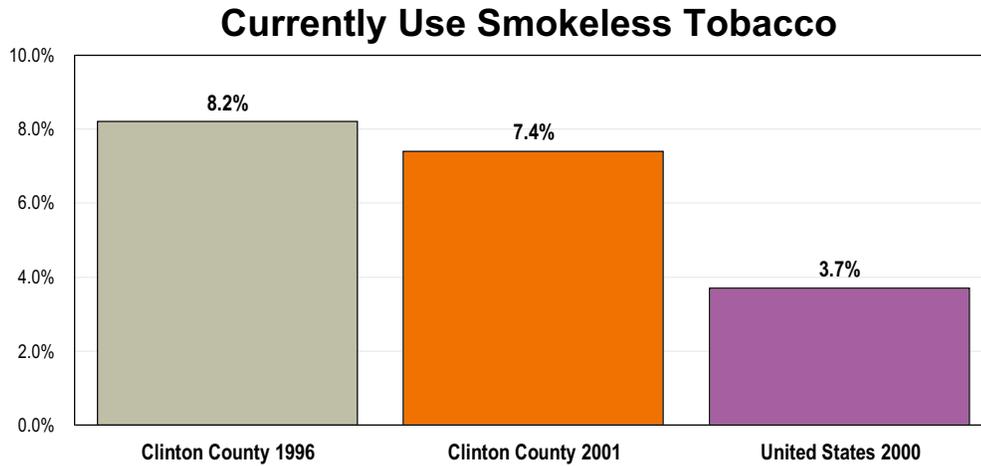
A majority of regular smokers in Clinton County (59.3%) have actually quit smoking for one day or more during the past year, statistically similar to the 47.2% reported among local smokers in 1996. This is similar to the 52.2% recorded nationwide. These attempts were unsuccessful at long-term cessation, and fail to satisfy the *Healthy People 2010* goal; the *Healthy People 2010* goal for cessation attempts is to have 75% of smokers quit smoking for at least one day during the year.



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 4. Behavioral Risk Factor Surveillance System; 1999 Data
 Note: Asked of regular (everyday) smokers.

Smokeless Tobacco

A total of 7.4% of adults in Clinton County currently use smokeless tobacco products such as chewing tobacco or snuff. This is less favorable than the percentage of Americans currently using smokeless tobacco but statistically unchanged from the 8.2% reported locally in 1996.



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Substance Abuse

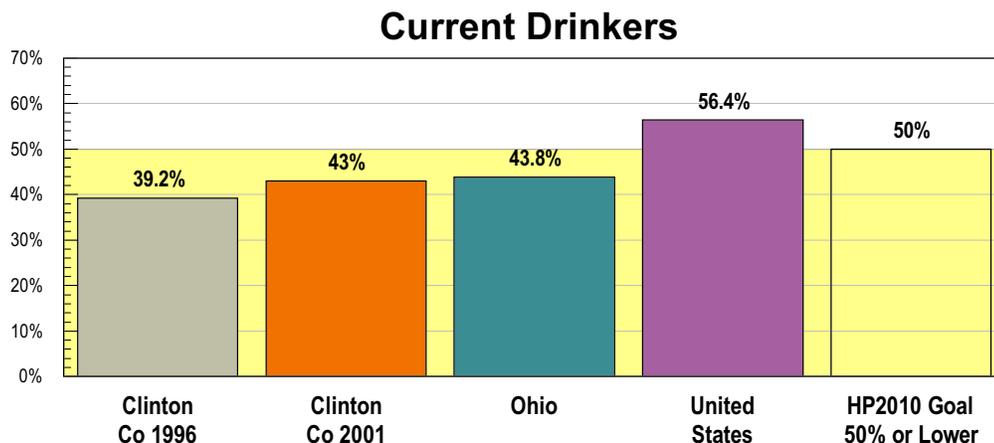
The misuse of alcohol and other drugs is associated with several health risks (including HIV transmission) and has tremendous societal and economic costs, as well. Alcohol/drug use is implicated in nearly one-half of all deaths from motor vehicle accidents and intentional injuries (including homicides 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.

Alcohol Abuse

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 43.0% of adults in Clinton County fall into this category, more favorable than the nationwide level and meeting the *Healthy People 2010* goal of 50% or lower. In 1996, a similar 39.2% drinking level was recorded.

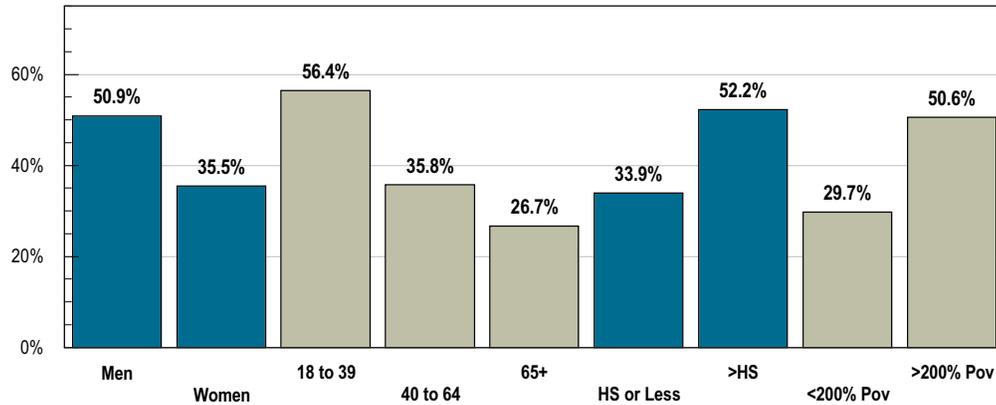


- Sources:
1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

- 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 men are more likely than women to drink. Furthermore, there appears to be a strong positive correlation of drinking with education and income, but a negative correlation with age.

Current Drinkers



Source: 2001 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Clinton County 2001.

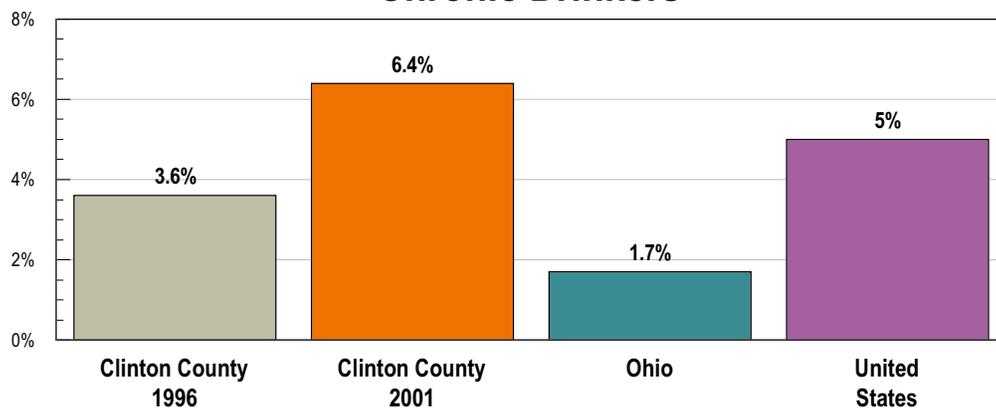
2. Reflects the total sample of respondents.

3. Current drinkers are defined as those who have had any alcoholic beverages during the past month.

Chronic Drinkers

“Chronic” drinkers are those who average two or more drinks per day (60 drinks within the past month). A total of 6.4% (translating to more than 2,020 adults) in Clinton County fall into this category. This is comparable to the 5.0% level of chronic drinking nationwide but almost four times the percentage found across Ohio. The local figure marks a *statistically significant increase* in chronic drinking since 1996 among community residents.

Chronic Drinkers



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants

2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data

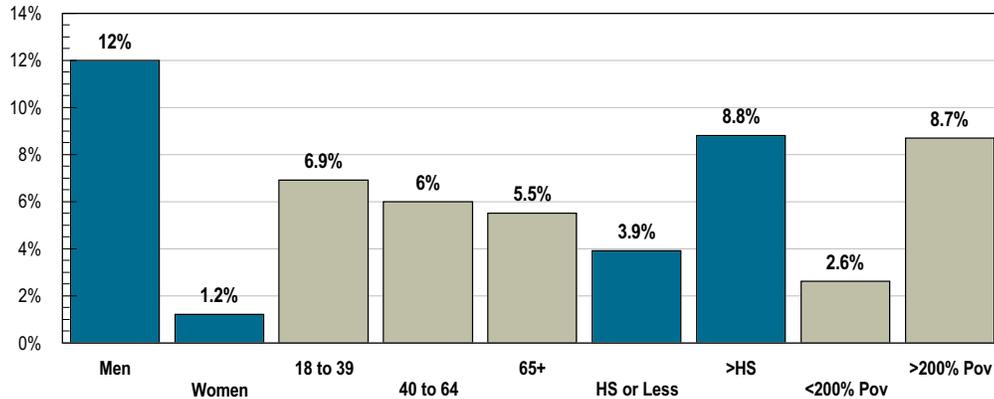
3. 2000 PRC National Health Survey, Professional Research Consultants

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 highest among area men (with a 12.0% prevalence). Adults in the higher income and educational brackets are also more likely to be chronic drinkers, as shown below.

Chronic Drinkers

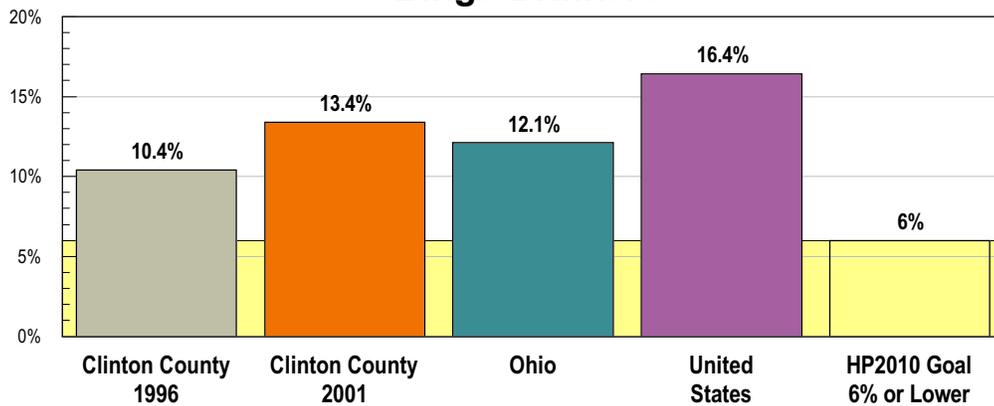


Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Reflects the total sample of respondents.
 3. Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.

Binge Drinkers

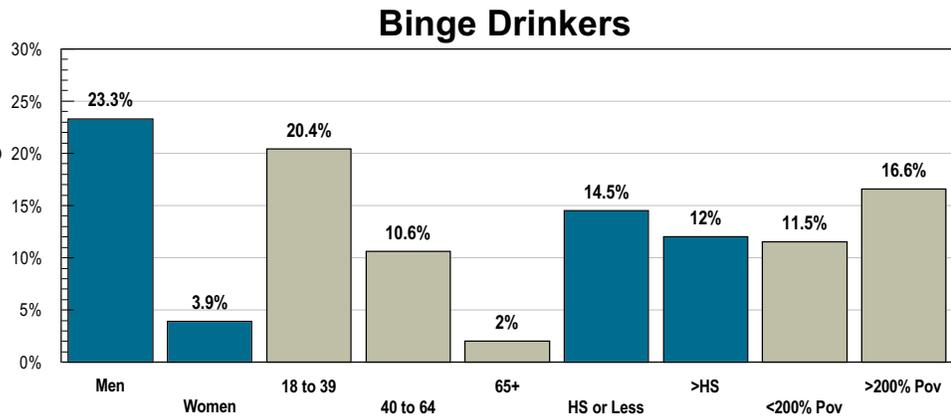
“Binge” drinking involves the consumption of five or more alcoholic beverages on any one occasion. A total of 13.4% of adults in Clinton County report that they have “binged” at least once during the past month (translating to approximately 4,234 adults), comparable to the nationwide prevalence of 16.4% and remaining statistically unchanged since 1996. The local prevalence fails to satisfy the *Healthy People 2010* goal of 6% or lower.

Binge Drinkers



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Notes: 1. Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.
 2. Reflects the total sample of respondents.

Binge drinking in Clinton County includes 23.3% of men and 20.4% of persons aged 18 to 39. In contrast, “bingeing” is particularly low among women and persons aged 65 and older.



Source: 2001 PRC Community Health Survey, Professional Research Consultants

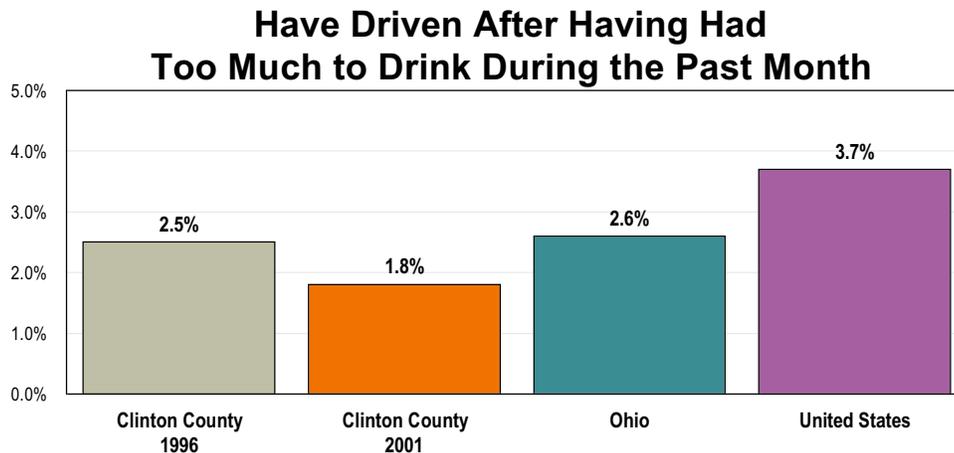
Notes: 1. Demographic breakouts are among findings in Clinton County 2001.

2. Reflects the total sample of respondents.

3. Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.

Drinking & Driving

A total of 1.8% of residents in Clinton County admit to driving during the past month after they had perhaps too much to drink, more favorable than the national average but similar to the 2.5% reported locally in 1996.



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants

2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data

3. 2000 PRC National Health Survey, Professional Research Consultants

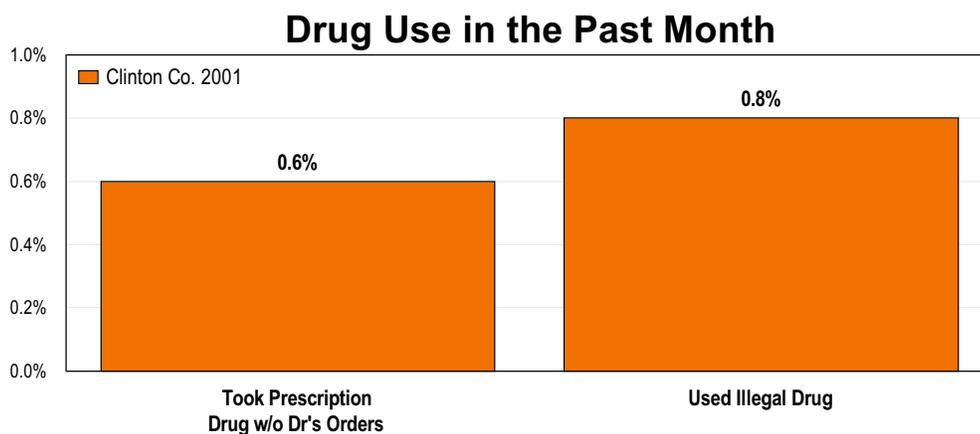
Note: Asked of all respondents.

The total drinking and driving prevalence translates to a considerable number of adults (approximately 569) 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 approximately 19 drunk drivers *per day* on the streets of Clinton County.

Other Drug Abuse

Use of Illegal Drugs and Misuse of Prescription Medications

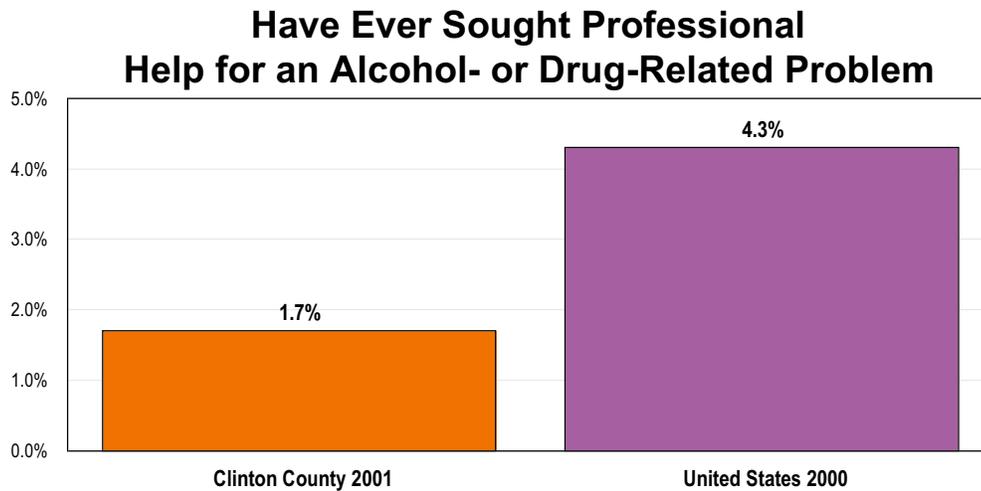
In Clinton County, less than 1% of adults acknowledge having taken an illegal drug in the past month (0.8%) or admit taking a prescription drug without their physician's orders in the past month (0.6%).



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Alcohol & Drug Treatment

In all, just 1.7% of adult residents in Clinton County report that they have sought help for an alcohol- or drug-related problem at some point in their lives, as shown in the following chart. This is lower than the 4.3% reported across the United States. When viewed using special analysis, no local adults who have taken a medication without a physician's prescription report that they have sought professional help for a drug- or alcohol-related problem. Also, no illegal drug users have sought such treatment. In contrast, 6.0% of binge drinkers in Clinton County have sought professional help for an alcohol- or drug-related problem, as have 6.1% of chronic drinkers, 21.2% of adults who have driven while drunk.



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents .

Hypertension

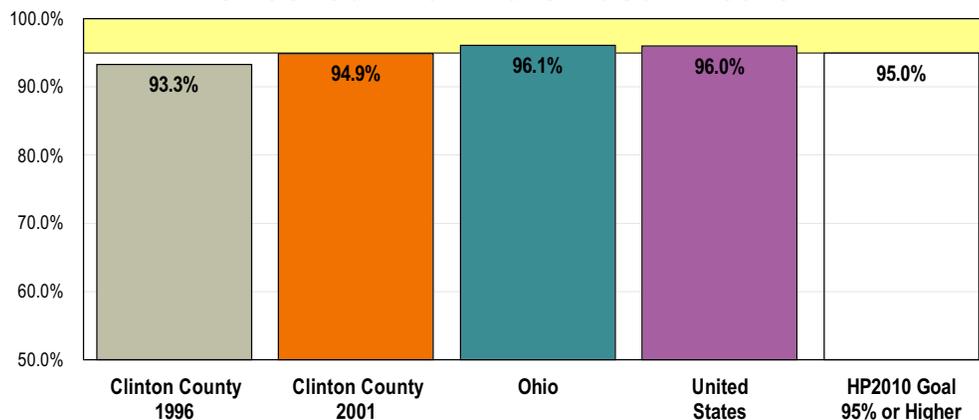
Hypertension, or high blood pressure, is a condition wherein one's systolic blood pressure is equal to or greater than 140 mm Hg and/or his or her diastolic blood pressure is equal to or greater than 90 mm Hg. Hypertension prevalence increases with age, and women and African-Americans are generally at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

Blood Pressure Testing

A total of 94.9% of adults in Clinton County have had their blood pressure tested within the past two years. This percentage is similar to that recorded nationwide, and similar to the *Healthy People 2010* goal of 95% or higher. In 1996, this figure was a similar 93.3% locally.

Have Had Blood Pressure Checked Within the Past 2 Years

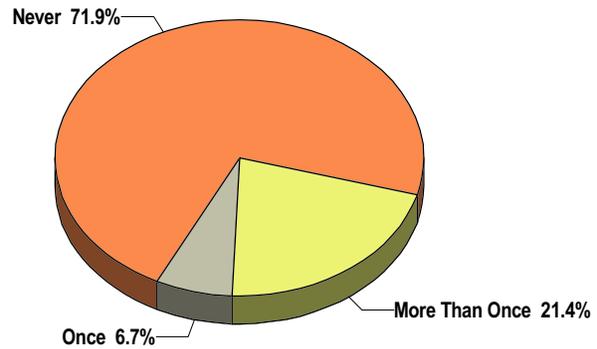


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
Note: Reflects the total sample of respondents.

High Blood Pressure Prevalence

Almost 3 in 10 community members have been told at some point that their blood pressure was high. Specifically, 21.4% of adults in Clinton County have been told more than once that their blood pressure was high, while 6.7% have been told this only once.

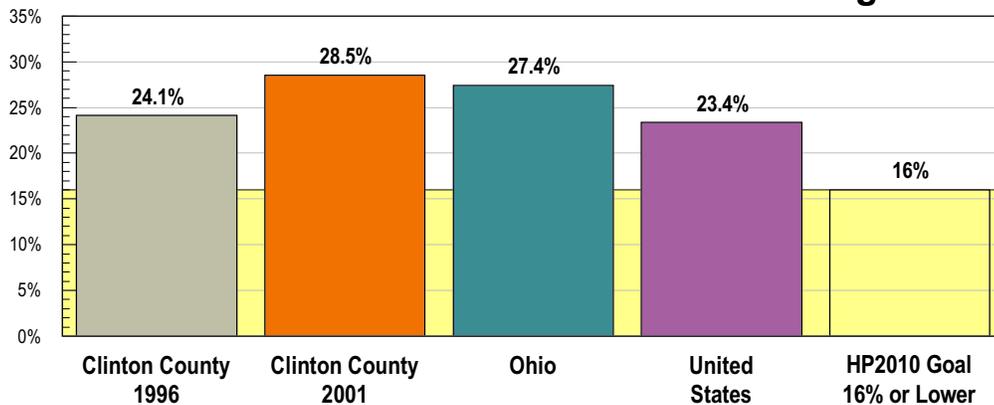
Have Been Told Blood Pressure Was High (Clinton County 2001)



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Note: Reflects the total sample of respondents.

The prevalence of adults in Clinton County who have been told they have high blood pressure is higher than the 23.4% recorded nationwide and fails to satisfy the *Healthy People 2010* goal of 16% or less. Hypertension was a similar 24.1% among Clinton County adults in 1996.

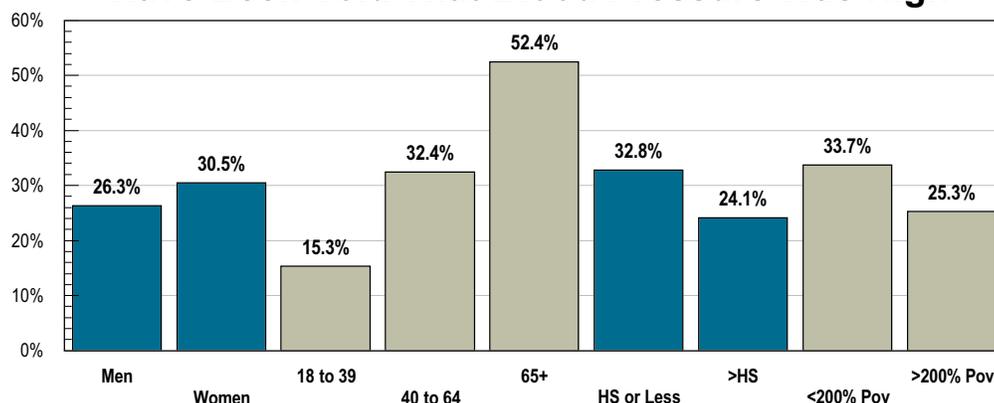
Have Been Told Blood Pressure Was High



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Note: Reflects the total sample of respondents.

Also, in looking at age cohorts, hypertension rates vary from 15.3% among adults under 40 to 52.4% among those 65 and older. Adults in the lower income bracket note a higher prevalence than those with higher incomes (33.7% vs. 25.3%); this is also the case with education: 32.8% of adults without postsecondary education are hypertensive, compared with 24.1% of adults with education beyond high school, as shown in the following chart.

Have Been Told That Blood Pressure Was High



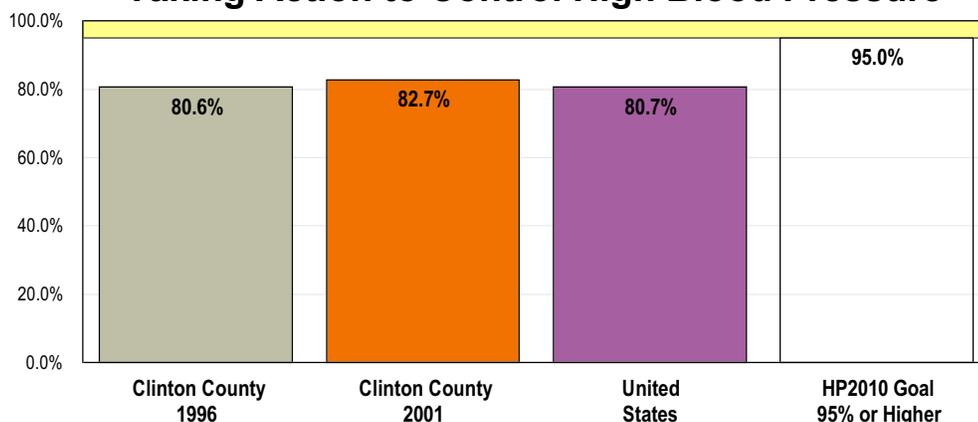
Source: 2001 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
2. Reflects the total sample of respondents.

Controlling High Blood Pressure

Medication is one means of controlling high blood pressure; other means involve behavior modification such as dietary control and regular exercise. In Clinton County, among those who have been told that their blood pressure was high, the majority (82.7%) are currently taking actions to control it. This compares to 80.7% of hypertensives across the United States who are taking action to control their condition and a *Healthy People 2010* goal of 95% or higher. In 1996, a similar 80.6% of Clinton County adults were taking actions to control their hypertension.

Taking Action to Control High Blood Pressure



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of respondents with high blood pressure.
2. State data not available.

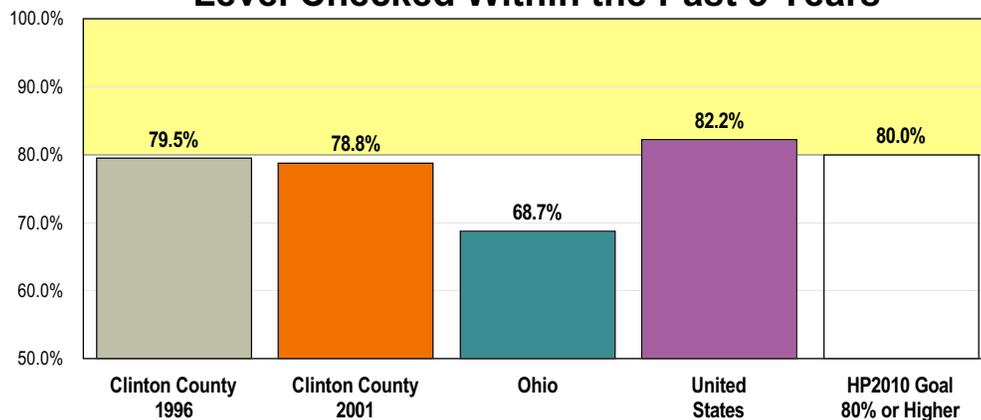
Cholesterol

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 78.8% of adults in Clinton County have had a blood cholesterol screening within the past 5 years, comparable to Americans overall. Note that testing in Clinton County is similar to the goal for the Year 2010. Across Ohio (68.7%), the percentage of recent screenings is lower, as shown below. Local findings are similar to the 1996 figure (79.5%).

Have Had Blood Cholesterol Level Checked Within the Past 5 Years

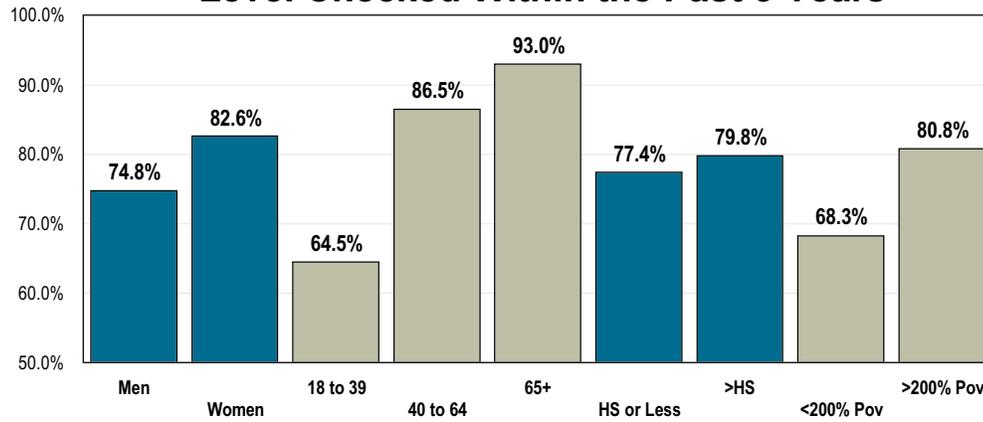


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Reflects the total sample of respondents.

As seen in the following chart, gender, age, and income level are all key variants in blood cholesterol testing.

Have Had Blood Cholesterol Level Checked Within the Past 5 Years

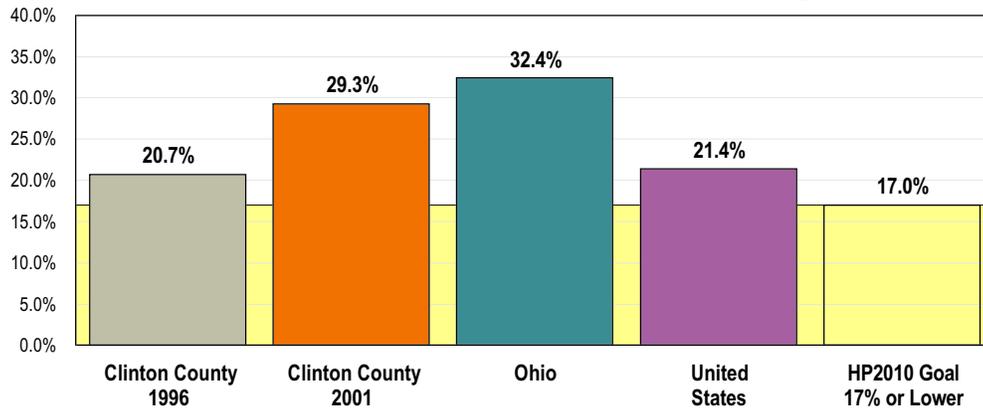


Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Reflects the total sample of respondents.

High Blood Cholesterol Prevalence

A total of 29.3% of adults in Clinton County have been told by a health professional that their cholesterol level was high; this level is less favorable than the 21.4% recorded nationwide and fails to meet the *Healthy People 2010* goal of 17% or lower. This figure marks a *statistically significant increase* since the 20.7% prevalence was reported in 1996.

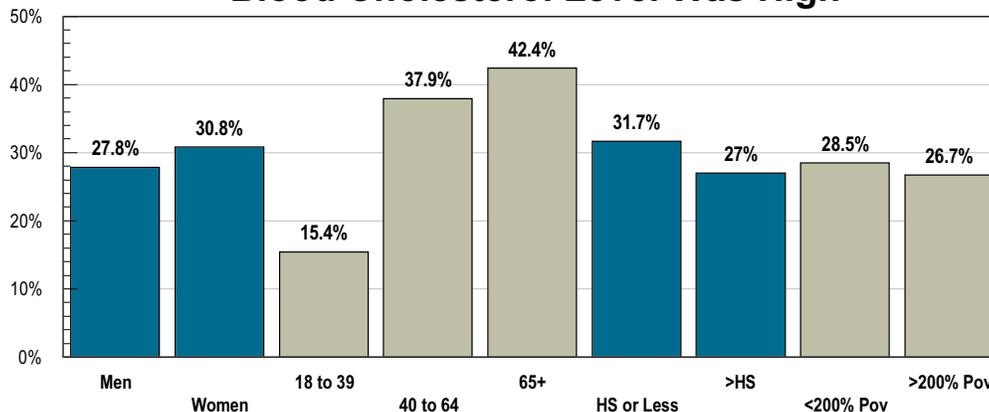
Have Been Told That Blood Cholesterol Level Was High



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Note: Reflects the total sample of respondents.

Local high blood cholesterol prevalence exhibits a positive correlation with age, varying from 15.4% among adults under 40 to 42.4% among those 65 and older. High cholesterol is also more prevalent among women and adults without postsecondary education.

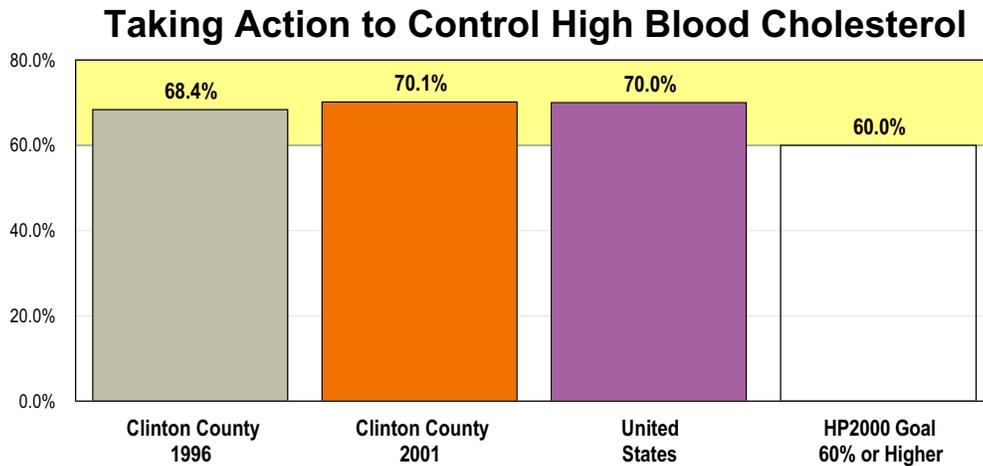
Have Been Told That Blood Cholesterol Level Was High



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Reflects the total sample of respondents.

Controlling High Blood Cholesterol

The following graph illustrates the percentage of those people with high blood cholesterol levels who are taking action to control those levels. In all, 70.1% of adults in Clinton County with high blood cholesterol levels are taking some type of action to control their condition, similar to the national figure of 70.0% and meeting the *Healthy People 2010* goal of 60% or higher. The local rate in 1996 was 68.4%, similar to the 70.1% reported this year.



- Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2000, National Center for Health Statistics/CDC/Public Health Service
- Notes: 1. Asked of respondents with high blood cholesterol.
2. State data not available.

PREVENTION

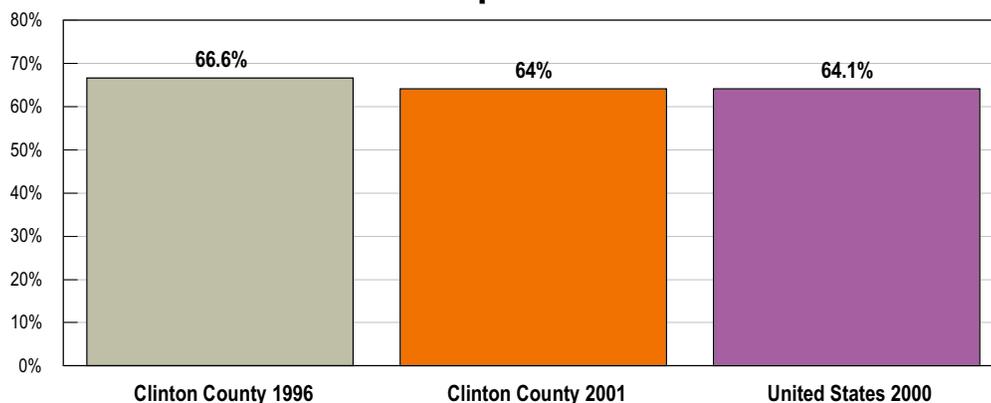
Primary Medical Care

Regular medical care is a key component of preventive medicine. The following section examines community members' use of medical, dental, vision, and emergency care services.

Routine Physician Care

A total of 64.0% of adults in Clinton County have visited a physician for a routine checkup within the past year, remaining statistically unchanged since 1996. Nationwide, a similar 64.1% of adults have done the same.

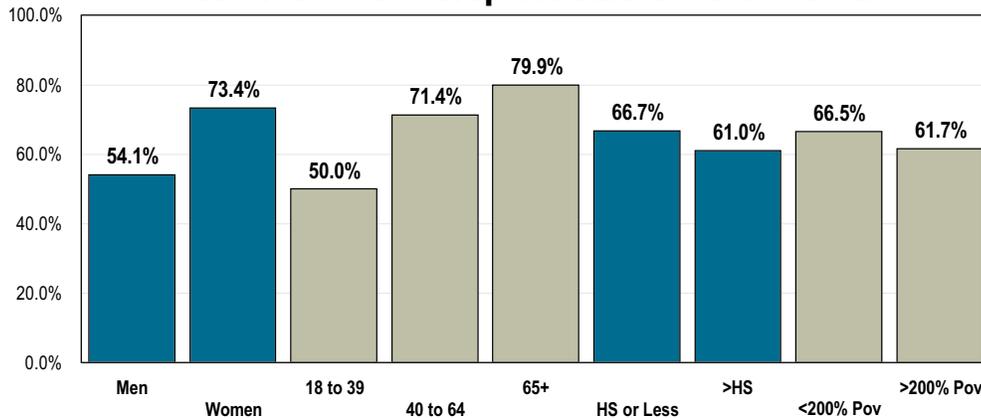
Have Visited a Physician for a Routine Checkup Within the Past Year



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Note in the following chart that women are much more likely than men to have been to a doctor in the past year. In addition, visits to physicians in Clinton County increase with age, as they should.

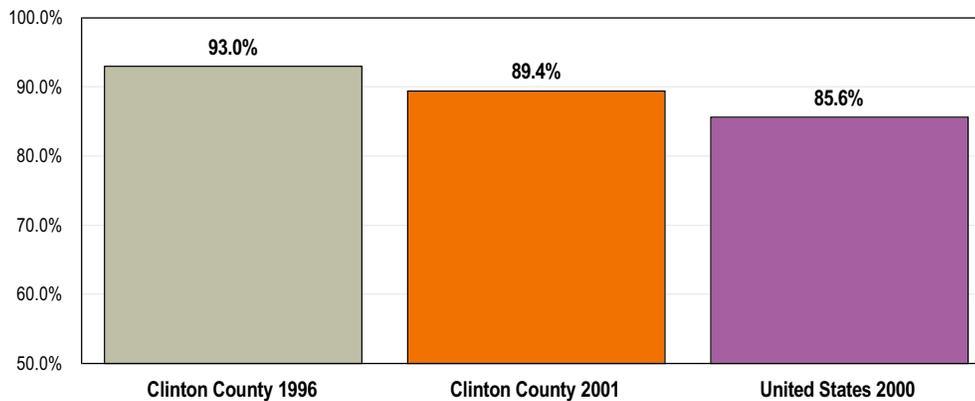
Have Visited a Physician for a Routine Checkup Within the Past Year



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

Among residents with children under the age of 18, 89.4% report that their child has visited a physician for a checkup in the past year. This percentage is similar to that found nationwide, as well as the 93.0% reported among local parents in 1996.

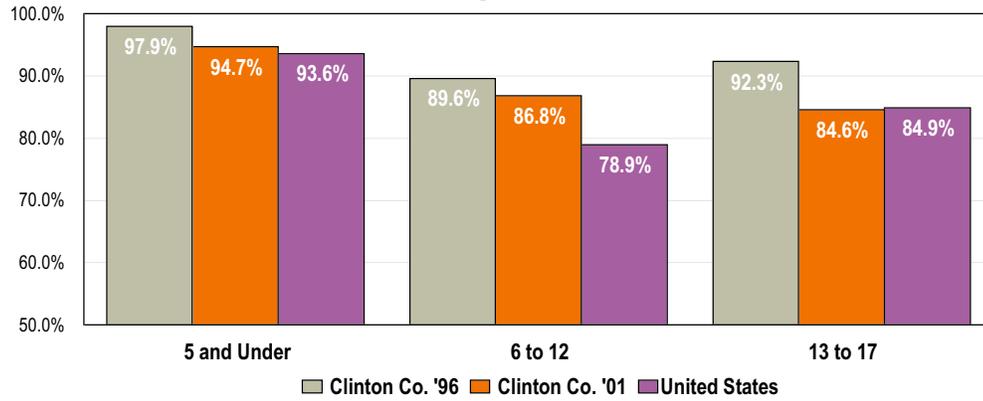
Child Has Visited a Physician for a Routine Checkup Within the Past Year



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of respondents with children under the age of 18.
 2. State data not available.

When segmented by the child's age, those five and under are most likely to have been to a doctor for a routine checkup in the past year, as shown in the following chart.

Child Has Visited a Physician for a Routine Checkup Within the Past Year

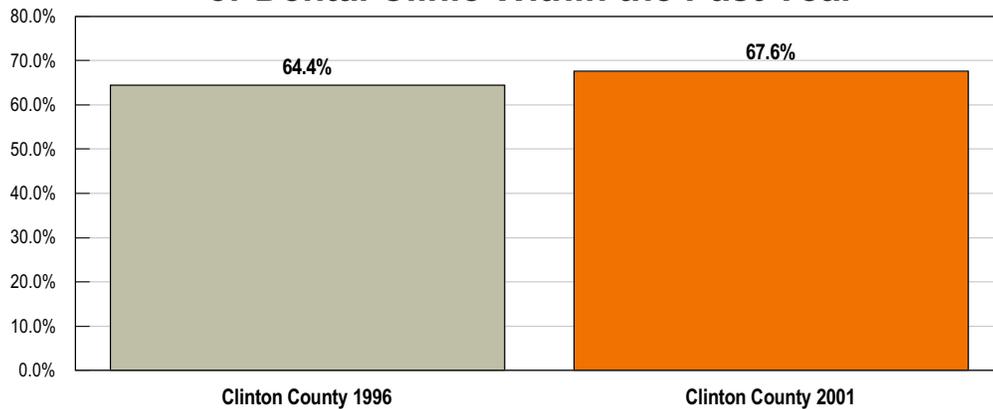


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Note: Asked of respondents with children under the age of 18.

Dental Care

Adults. Furthermore, 67.6% of adults in Clinton County acknowledge having been to some type of dentist, dental clinic, or dental specialist within the past year. In 1996, the survey inquiry covered only visits to dentists and did not include dental clinics or other types of dental care.

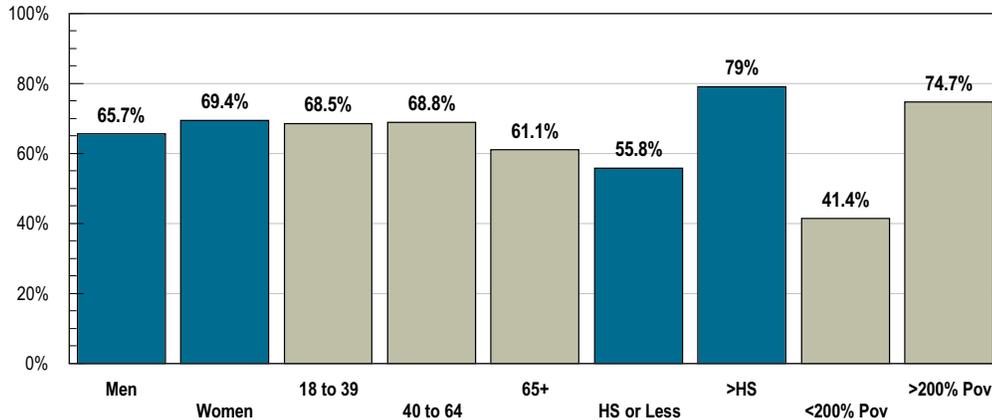
Have Visited Some Type of Dentist or Dental Clinic Within the Past Year



Source: 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. When making comparisons it is important to note that the 1996 survey inquired about recent visits to a dentist for regular check-ups, while this year's survey asked about recent dental care in general, whether at a dentist or dental clinic.

Note below that residents in Clinton County with the highest income and educational level show the highest incidence of some type of recent dental care when viewed by the demographics illustrated below.

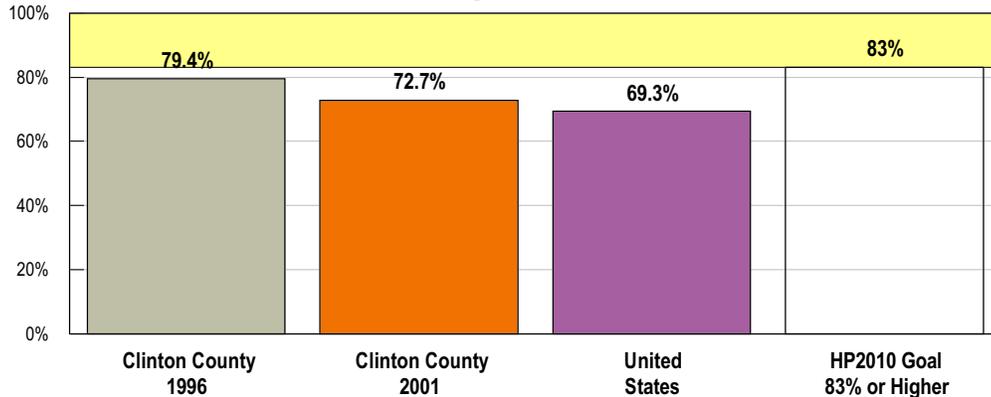
Have Visited Some Type of Dentist or Dental Clinic Within the Past Year



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

Children. Among the adults in Clinton County with children under 18 years old, 72.7% report that their child has visited a dentist for routine care in the past year, similar to the 69.3% nationwide but failing to meet the Year 2010 goal of 83% or higher. This year's figure remains statistically unchanged from the 79.4% reported among parents in 1996.

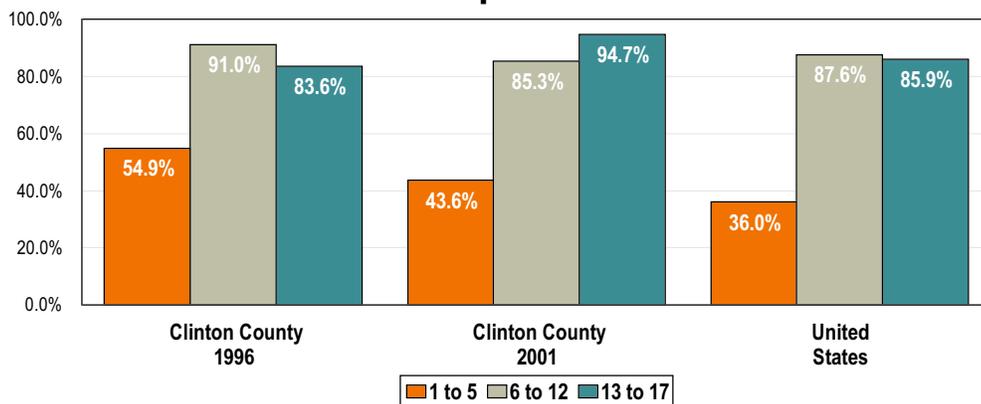
Child Has Visited a Dentist for a Routine Checkup Within the Past Year



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Notes: 1. Asked of respondents with children aged 1 through 17.
 2. State data not available.

This time, when segmented by the child's age, area children *over* the age of 5 more often have received dental care in the past year.

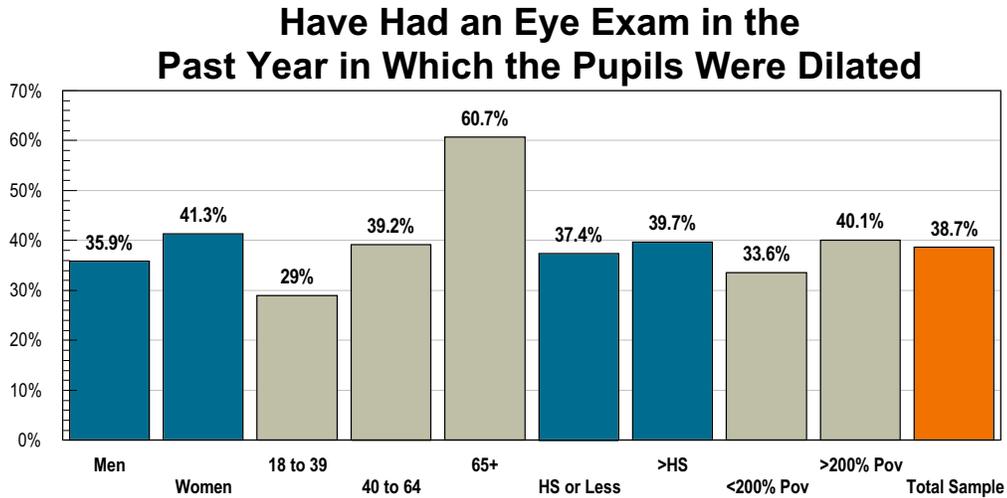
Child Has Visited a Dentist for a Routine Checkup Within the Past Year



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Note: Asked of respondents with children aged 1 through 17.

Vision Care

Just under 4 in 10 local adults acknowledge having had an eye exam in the past year in which their pupils were dilated. When viewed by demographics, this percentage is highest among adults aged 65 and older, women, and those in the higher income bracket, as shown below.



Source: 2001 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

Immunization

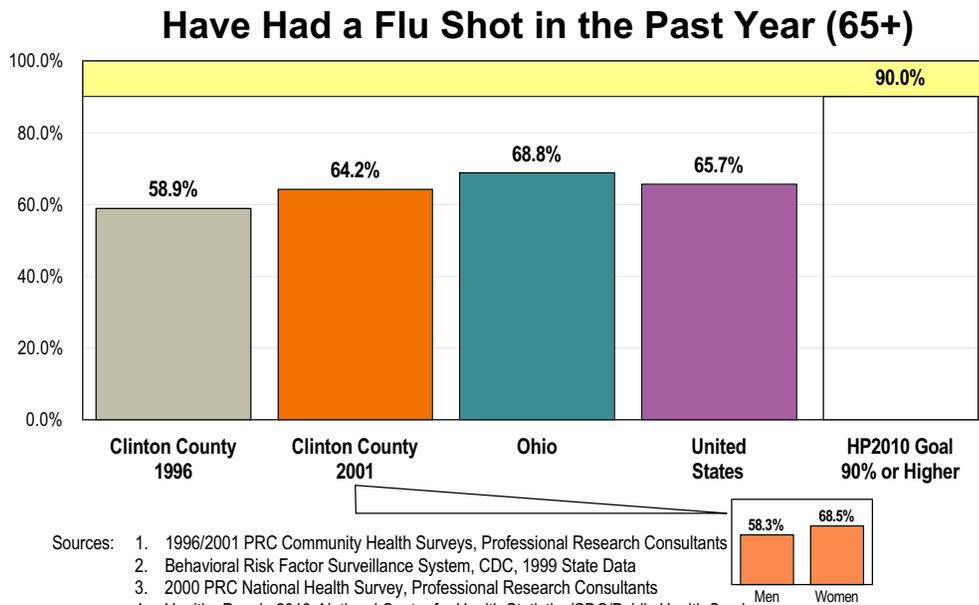
Immunization is the best line of defense against many infectious diseases. For example, vaccination can significantly limit pneumonia and influenza outbreaks, which hit older Americans particularly hard. Immunization may even lead to the complete eradication of such diseases as tetanus and diphtheria.

Vaccinations for Seniors

Influenza

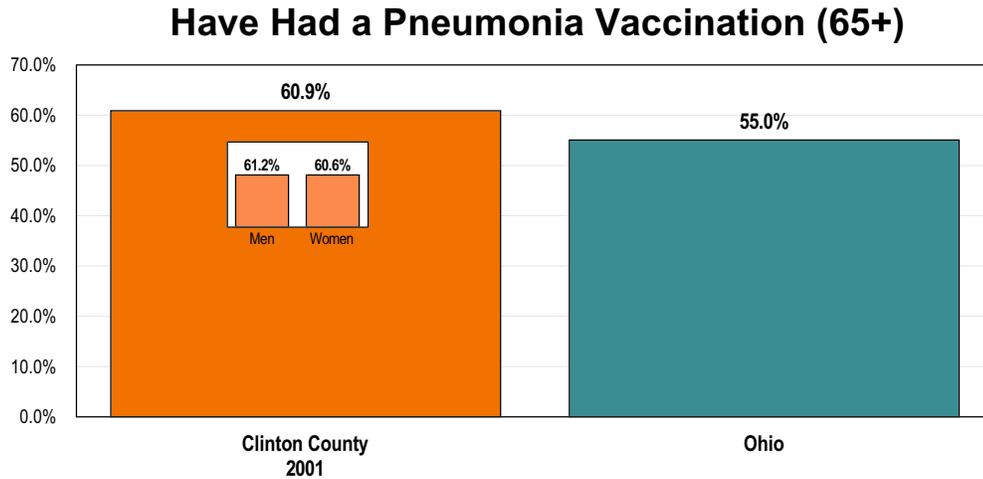
Almost two in three (64.2%) local seniors (aged 65 and older) had an influenza shot within the past year, statistically similar to the national average. Statewide prevalence of flu immunization among those aged 65 and older is 68.8% in Ohio. The prevalence of local influenza vaccinations fails to satisfy the *Healthy People 2010* goal of 90% or higher among adults aged 65 and older. Immunizations were statistically similar among local adults in 1996, as shown below.

Viewed by gender, local women are 10% more likely than men to have had a flu shot in the past year.



Pneumonia

Another 60.9% of Clinton County seniors (aged 65 and older) have had a pneumonia vaccination, ranging from 61.2% among men to 60.5% among women. Statewide prevalence of pneumonia vaccinations among those aged 65 and older is 55.0% in Ohio.



- Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1997 State Data
- Notes: 1. Asked of respondents aged 65 and older.
2. National data not available.

Cancer Screenings

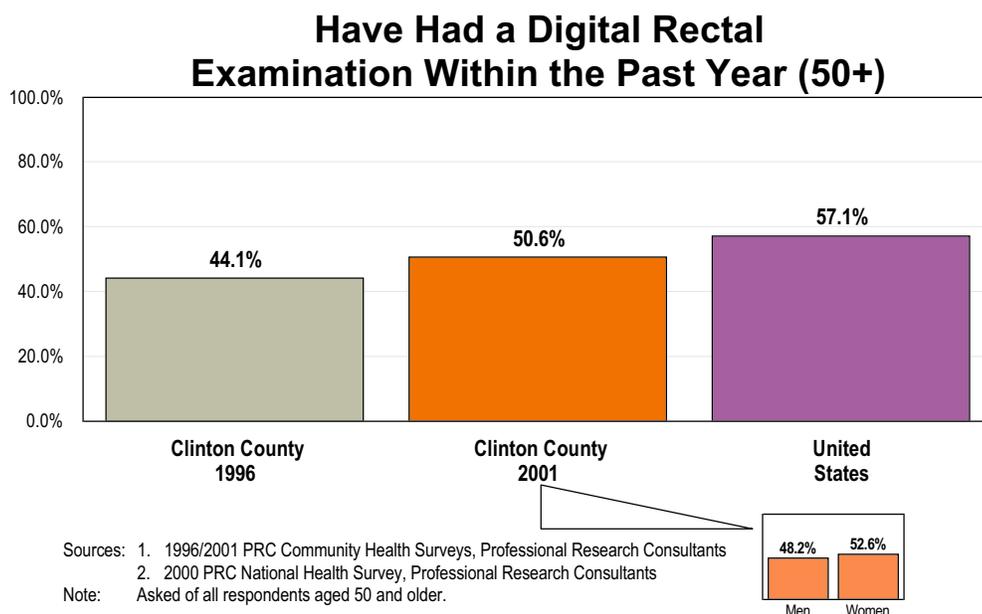
Cancer, the second leading cause of death in America, refers to a family of more than 100 different diseases characterized by the uncontrolled growth and spread of abnormal cells throughout the body. Together, these diseases account for 1 of every 5 deaths in the United States. Many forms of cancer are 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

Digital Rectal Examination

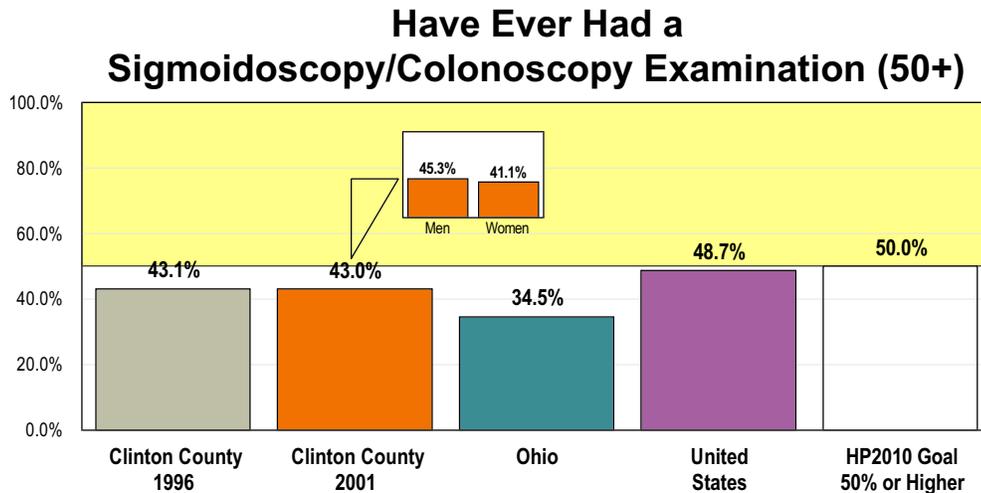
A **digital rectal exam** is a screening procedure in which a physician or other health professional inserts a finger into the rectum to check for colorectal cancer and other health problems. It is recommended that, by the Year 2010, at least 40% of men and women over the age of 50 have a digital rectal exam annually.

In Clinton County, 50.6% of men and women aged 50 and older have had such an examination within the past year, comparable to the 57.1% found nationwide and remaining statistically unchanged since the 1996 survey was conducted. Note in the following chart that local women exhibit slightly higher testing rates than men.



Sigmoidoscopy/Colonoscopy

Another method of screening for colorectal cancer is the **sigmoidoscopy/colonoscopy examination**, in which a tube is inserted in the rectum. More than 4 in 10 (43.0%) of area residents over the age of 50 has ever had this type of exam, ranging from 45.3% among males to 41.1% among females. Note below that the Clinton County rate is comparable to the U.S. rate, but fails to satisfy the *Healthy People 2010* goal of 50%. In this case, the 1996 figure is similar to that reported this year.



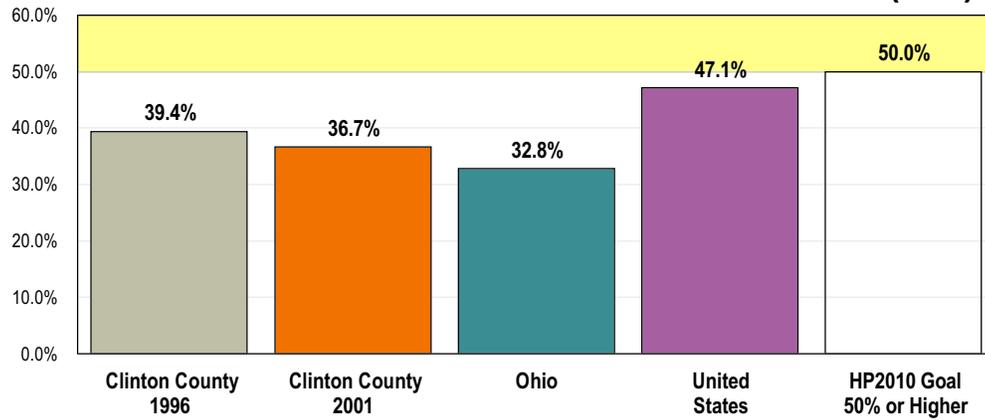
Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, 1999 State Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Asked of all respondents aged 50 or over.

Blood Stool Test

In addition, 36.7% of the residents in Clinton County aged 50 and older have had a blood stool test (testing the bowel movement for blood) in the past two years, either from a physician or using a home kit. This prevalence is less favorable than the national testing prevalence, and fails to satisfy the recommendation established for the Year 2010, as shown in the following chart. In 1996, a similar 39.4% of adults aged 50 and older had a blood stool test within the past two years.

Have Had a Blood Stool Test in Past 2 Years (50+)

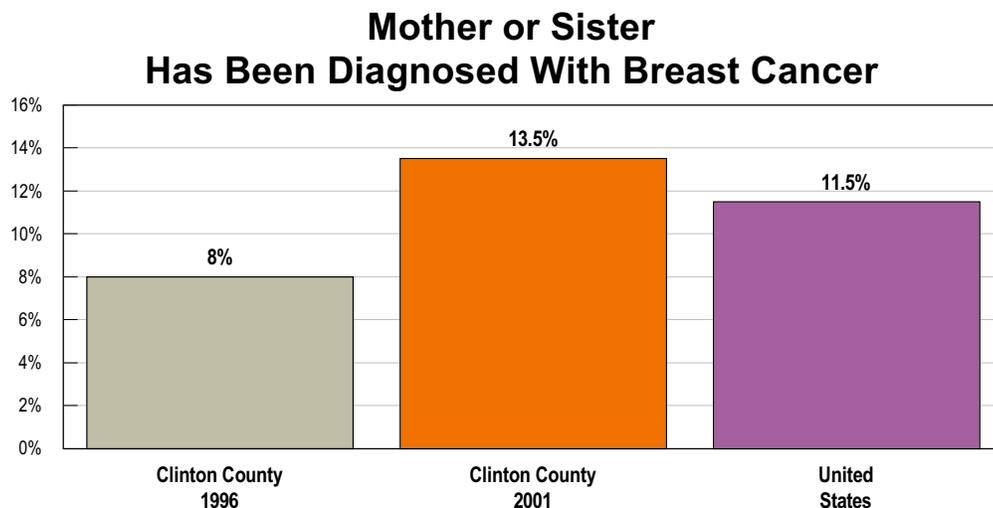


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factor Surveillance System, 1999 State Data
 4. *Healthy People 2010* National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of respondents aged 50 and older
 2. State data not available.

Female Breast Cancer

A total of 13.5% of women in Clinton County have a mother or sister who has been diagnosed with breast cancer (marking a *statistically significant increase* since 1996), placing these women at greater risk for developing the disease at some point in their lives. As shown in the following chart, a similar 11.5% of women throughout the nation have a mother or sister with breast cancer.



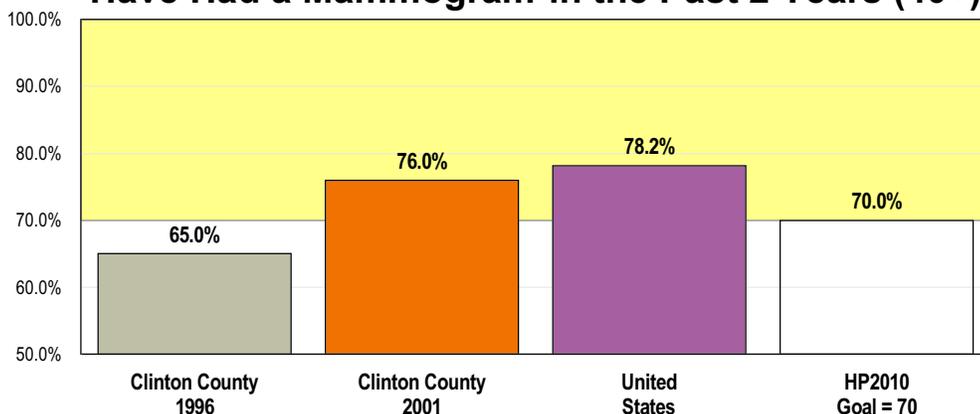
Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all female respondents.
2. State data not available.

Mammography & Breast Examination

One of the most effective screening tools for breast cancer is the **mammogram**, an x-ray of the breast. The American Cancer Society recommends that women have a baseline mammogram at age 40, followed by a mammogram every one to two years until age 50, and annually thereafter. 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, 76.0% of women aged 40 and older have had a mammogram within the past 2 years, comparable to the figure found nationwide and marking a *statistically significant increase* since 1996. *Healthy People 2010* has set the goal that 70% of women aged 40 and over have a mammogram within the previous two years.

Have Had a Mammogram in the Past 2 Years (40+)

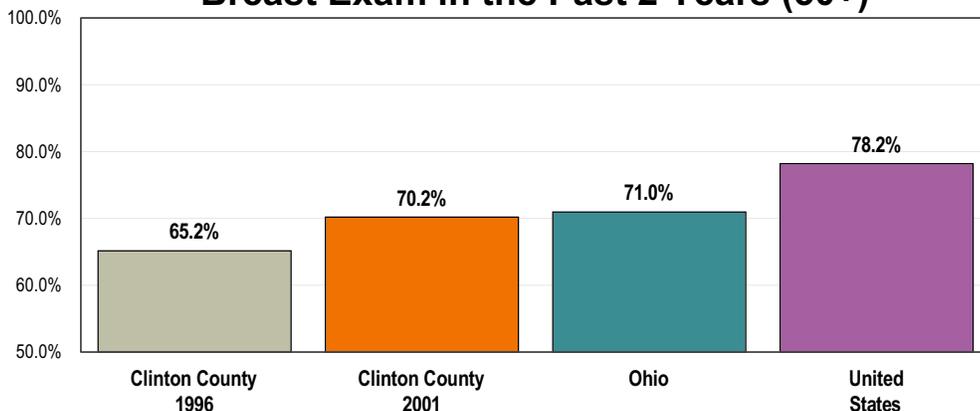


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Reflects women aged 40 and over.
 2. State data not available.

In Clinton County, 70.2% of women aged 50 and older have had both a mammogram and a clinical breast exam within the past 2 years, less favorable than the figure found nationwide but similar to that reported across Ohio, and better than found in Clinton County in 1996.

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

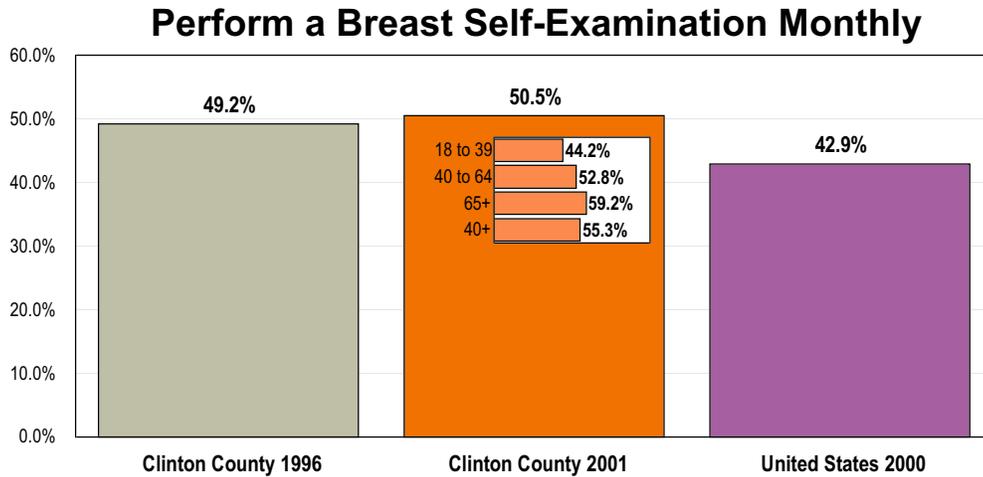


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Reflects women aged 50 and over.

Breast Self-Examination

As a further means of early detection, it is recommended that women examine their own breasts each month to check for potentially cancerous lumps. Overall, 50.5% of women in Clinton County perform a breast self-examination at least monthly, more favorable than the national prevalence of 42.9% and similar to the 49.2% reported locally in 1996. This includes 55.3% of all women aged 40 and older, as shown in the following chart.



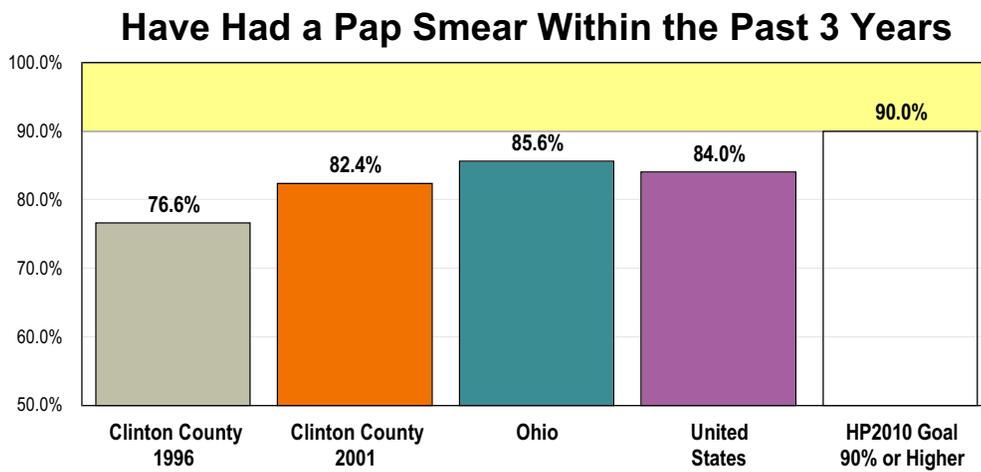
- Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
- Notes: 1. Asked of all female respondents.
 2. State data not available.

Cervical Cancer

Pap Smear Testing

The most effective means of detecting cervical cancer in women is through a **Pap smear** test. Women over the age of 18 (as well as those under the age of 18 who are sexually active) 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.

More than 8 in 10 area women aged 18 and older in Clinton County (82.4%) have had a Pap smear within the past 3 years, statistically similar to that reported in 1996. The overall prevalence is comparable to the 84.0% recorded nationwide, but falls short of the 90% goal for the Year 2010.

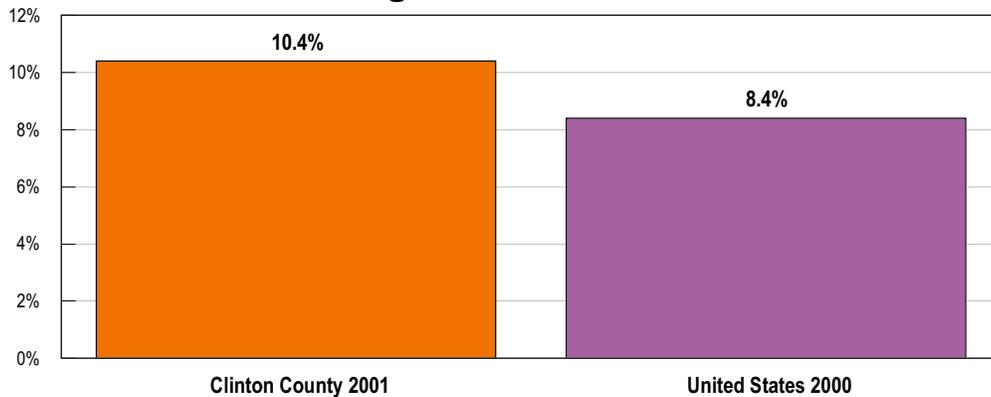


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
Note: Asked of all female respondents.

Prostate Cancer

A total of 10.4% of men in Clinton County have a father or brother who has been diagnosed with prostate cancer, similar to the 8.4% prevalence among men throughout the nation.

Father or Brother Has Been Diagnosed With Prostate Cancer

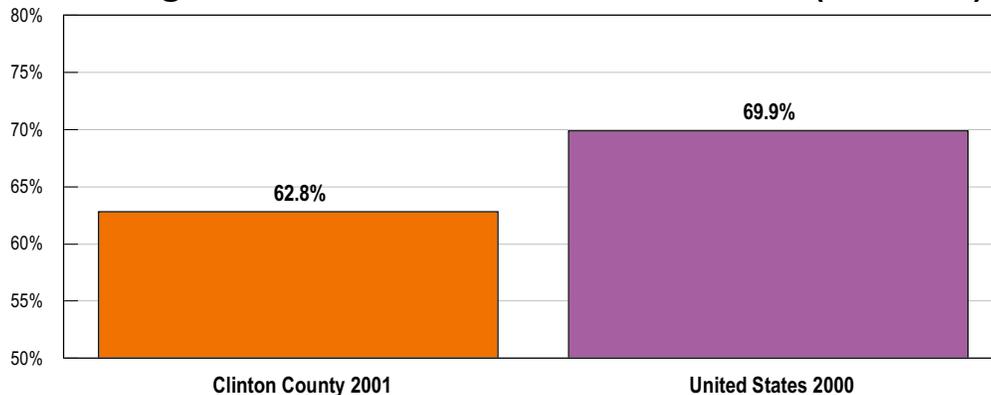


Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all male respondents.
2. State data not available.

Prostate-Specific Antigen & Digital Rectal Examination

In Clinton County, 62.8% of men aged 40 and older have had either a digital rectal exam or a PSA (prostate-specific antigen) test in the past two years, similar to the 69.9% found nationwide.

Had Either a Prostate-Specific Antigen (PSA) Test or Digital Rectal Exam in Past Two Years (Men 40+)



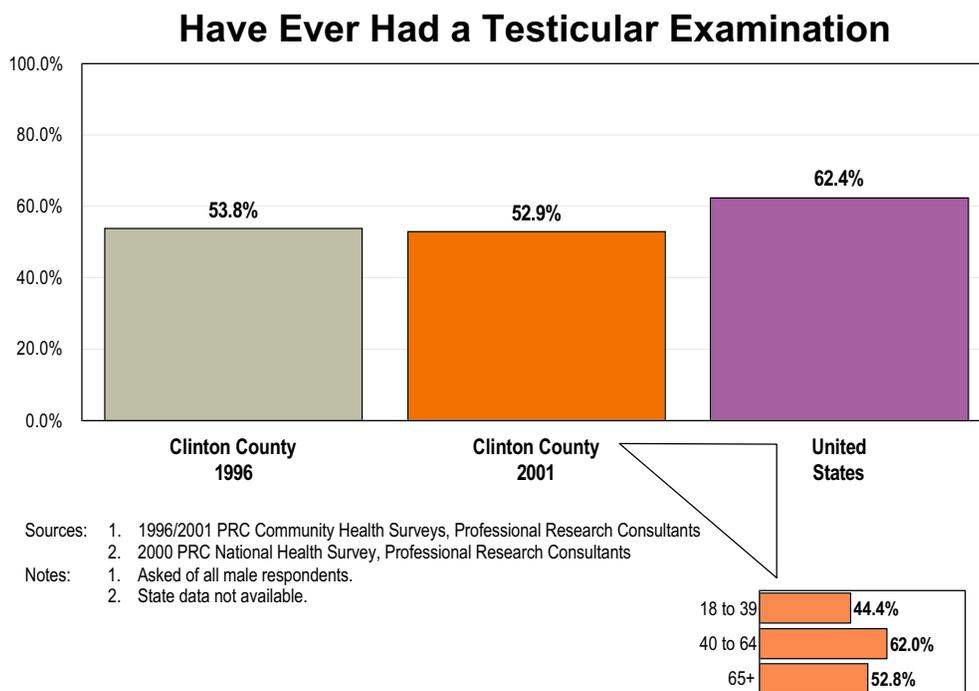
Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Reflects male respondents aged 40 and older.
2. State and national data not available.

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.

Clinical Testicular Examination

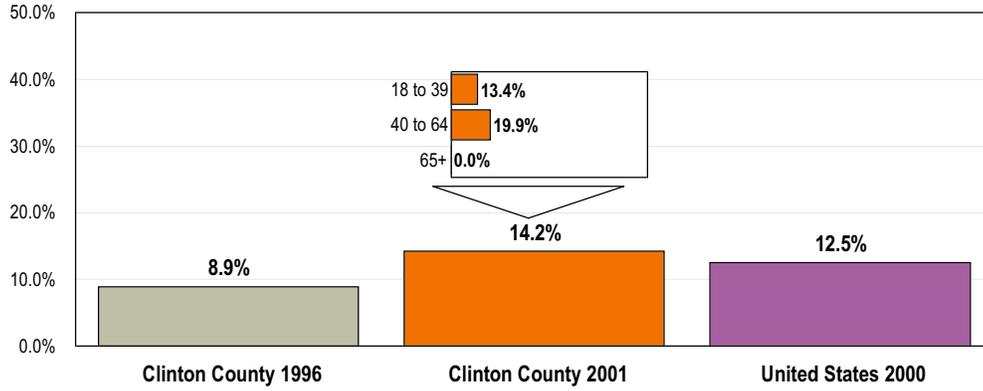
More than one-half of local men (52.9%) in Clinton County have had a testicular examination by a physician at some point in their lives, less favorable than the 62.4% nationwide. The testing prevalence is similar to that reported in 1996, as shown below. Among local males, testing increases to 62.0% among middle-aged men.



Testicular Self-Examination

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. In Clinton County, 14.2% of men perform a testicular self-examination monthly to check for potentially cancerous lumps, statistically similar to the 8.9% reported in 1996. This percentage among younger men (those most at risk for the disease) increases to 13.4%. Across the country, a similar 12.5% of men aged 18 and over perform a testicular self-exam monthly.

Perform a Testicular Self-Examination Monthly



- Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
- Notes: 1. Asked of all male respondents.
 2. State data not available.

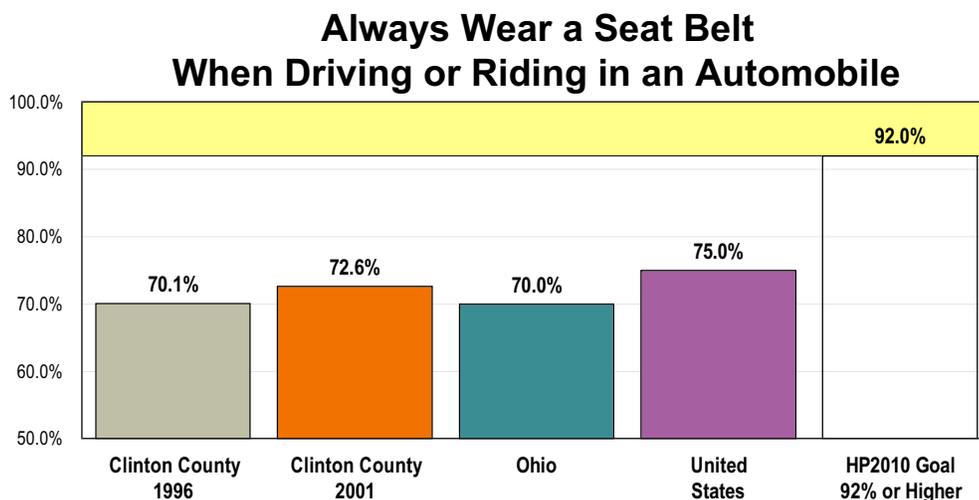
Injury Control

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 4 years old and younger, 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.

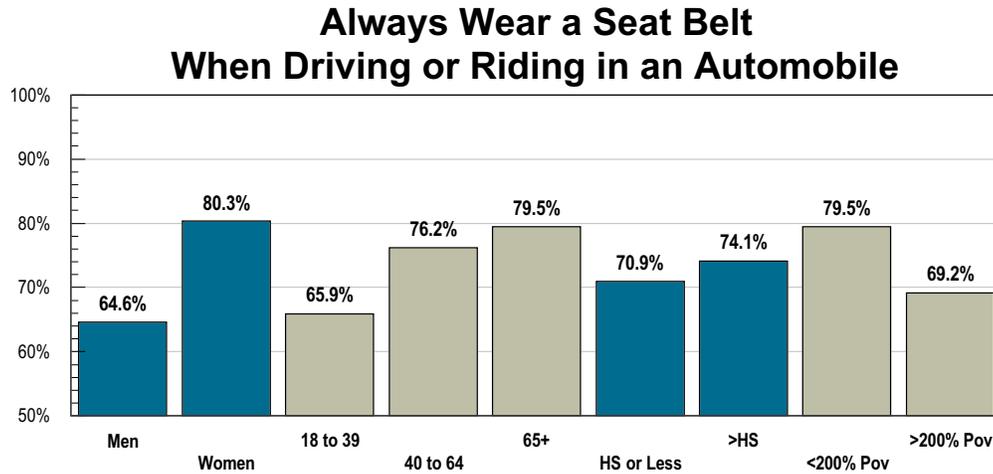
Seat Belt Usage

Currently, 72.6% of area adults report “always” wearing a seat belt when driving or riding in an automobile (remaining statistically unchanged since 1996). This is comparable to the nationwide finding (75.0%), but fails to satisfy the *Healthy People 2010* goal of 92%.



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, 1999 State Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
Note: Asked of all respondents.

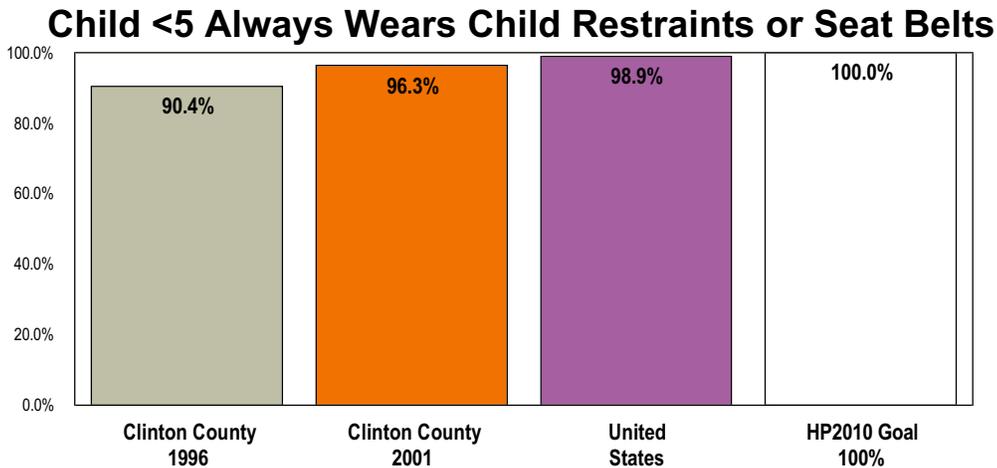
As can be seen in the following chart, consistent seat belt usage appears to vary dramatically by each demographic breakout illustrated.



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

Child Safety Seat & Seat Belt Usage

Furthermore, in Clinton County, 96.3% of the parents surveyed with children aged 5 and under indicates that their child “always” uses a child restraint when riding in an automobile (statistically similar to that reported in 1996). Note that *Healthy People 2010* sets a goal that 100% of children under the age of 5 “always” ride in a safety seat.

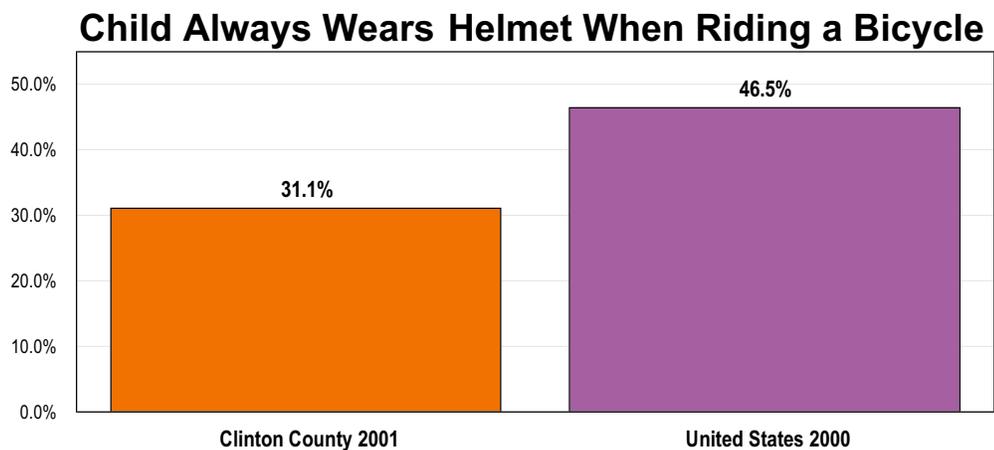


Source: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Note: Asked of respondents with children under the age of 5.

Children's Bicycling Safety

Bicycle Helmet Usage

Among parents of children aged 5 to 17 who ride bicycles, 31.1% report that their child “always” wears a bicycle helmet. This is less favorable than the 46.5% reported nationwide.



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

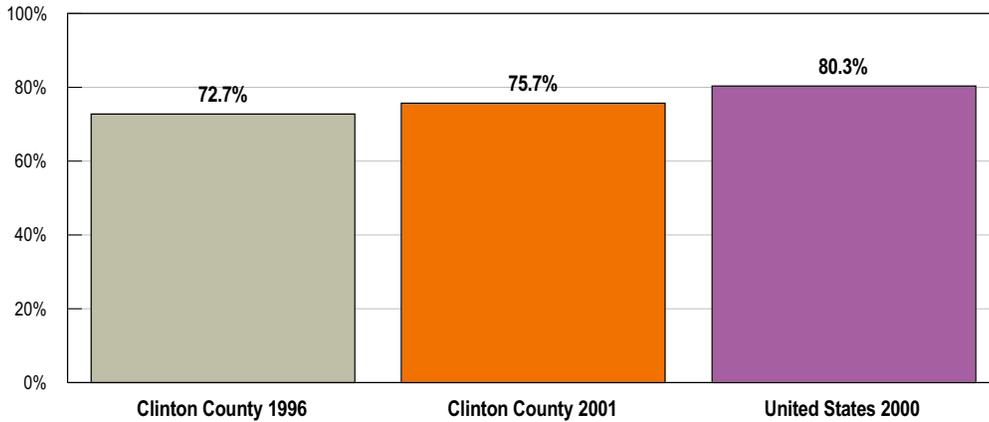
Notes: 1. Asked of respondents with children under 18.
2. Excludes respondents who state that their child never rides a bicycle or sits in a bicycle passenger seat.

Water Safety

Ability to Swim or Tread Water

A total of 75.7% of community members indicate that they can swim or tread water for at least five minutes in water that is over their head, less favorable than the 80.3% of adults nationwide but similar to the 72.7% reported locally in 1996.

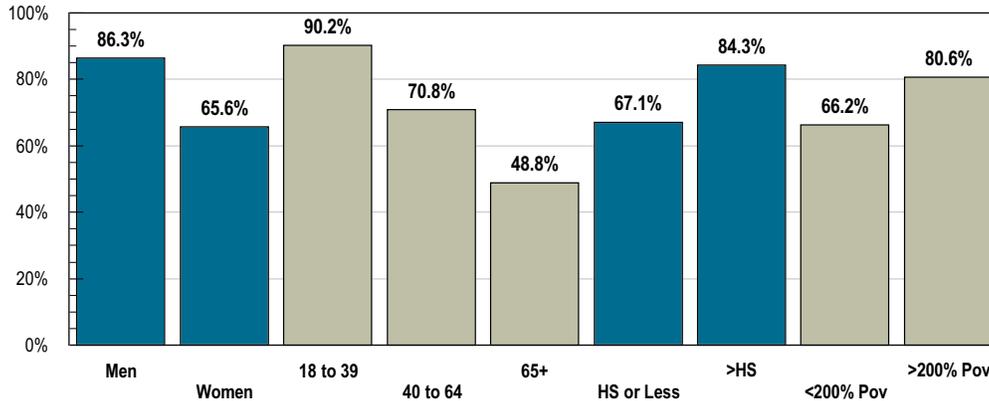
Can Swim or Tread Water for 5 Minutes in Water Over the Head



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

When segmented by demographics, those most likely to report having such water skills include the following: men; young adults; those with postsecondary education; and those living at twice or more the national poverty level, as shown below.

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

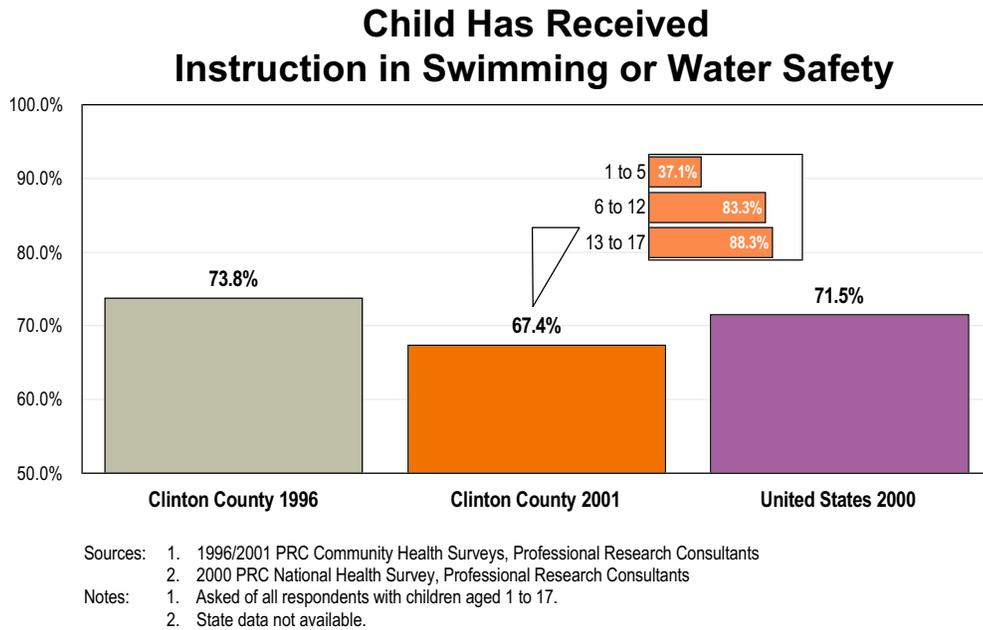


Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

Children's Swimming/Water Safety Instruction

Additionally, 67.4% of parents with children under the age of 18 report that their child has received swimming or water safety instruction. This is comparable to the 71.5% reported across the United States, as well as the 73.8% recorded locally in 1996.

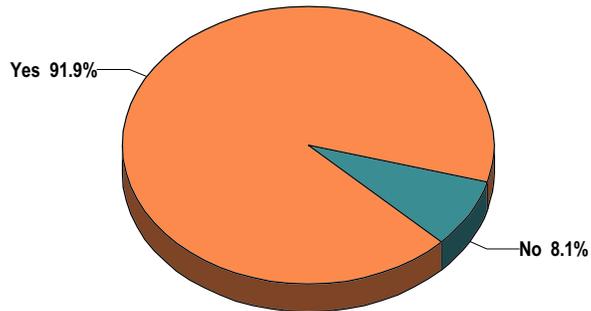
When illustrated by age, approximately 9 in 10 school-aged children have had swimming or water safety instruction, as shown. This compares to just over one-third of children aged one through five.



Fire Safety

The majority (91.9%) of local adults have at least one working smoke detector on each floor of their home, as shown in the adjacent chart. In contrast, 8.1% of local adults do not report having at least one working smoke detector on each floor of their homes, representing more than 2,500 local adults.

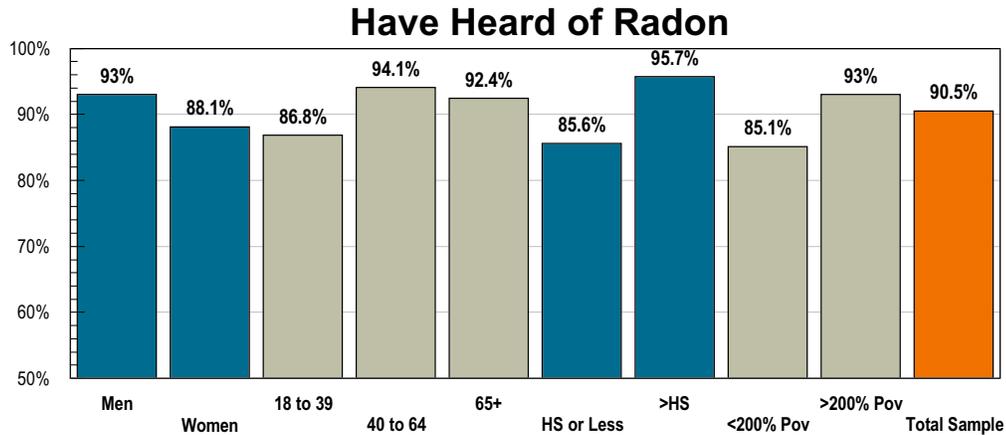
Have at Least One Working Smoke Detector on Each Floor of Home



Source: 2001 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Radon

Almost all (90.5%) local adults have heard of radon, an invisible gas that is found in the air in some homes. Viewed demographically, adults *least* likely to have heard of radon include women, adults under 40, and those in the lower income and educational brackets.

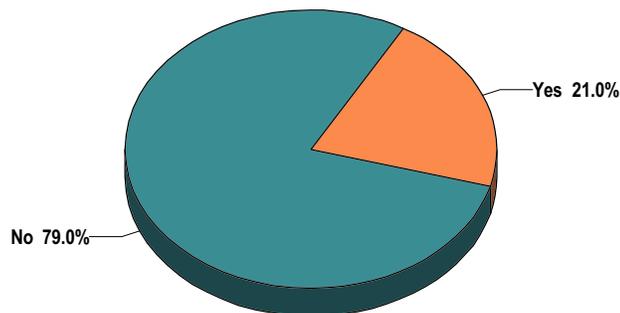


Sources: 2001 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.
 3. Radon is a gas that is found in the air in some homes.

In a follow-up inquiry, local adults who have heard of radon were asked to indicate whether or not their house has been tested for radon. As shown below, 21.0% of these adults responded affirmatively.

House Has Been Tested for Radon



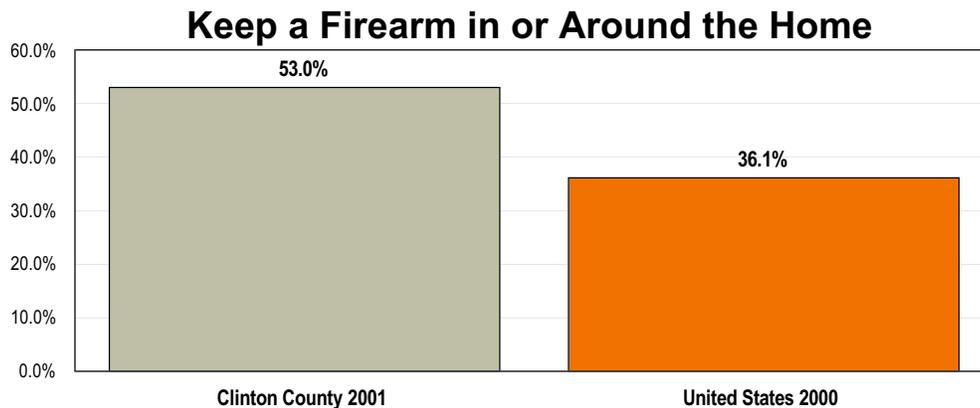
Source: 2001 PRC Community Health Survey, Professional Research Consultants

Note: Asked of those respondents who have heard of radon.

Firearms

Presence of Firearms in the Home

More than one-half (53.0%) of local adults report keeping a firearm (including pistols, shotguns, rifles and other types of guns) in or around their homes (including those kept in garages, outdoor storage areas, trucks or cars). This is less favorable than the 36.1% of American homes with firearms.

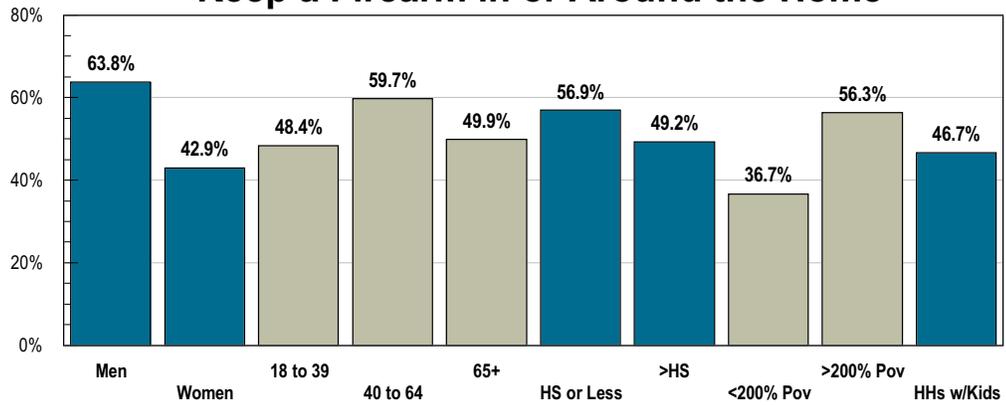


Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

[In 1996, 31.7% of Clinton County respondents reported owning a handgun; this year's inquiry includes all firearms, such as pistols, shotguns, rifles and other types of guns, but does not include starter pistols, BB guns or guns that cannot fire.]

Viewed demographically, firearm ownership is highest among men, middle-aged adults, people in the higher income bracket and those without postsecondary education. Also note that 46.7% of households with children under the age of 18 currently have a firearm in or around the home.

Keep a Firearm in or Around the Home



Sources: 2001 PRC Community Health Survey, Professional Research Consultants

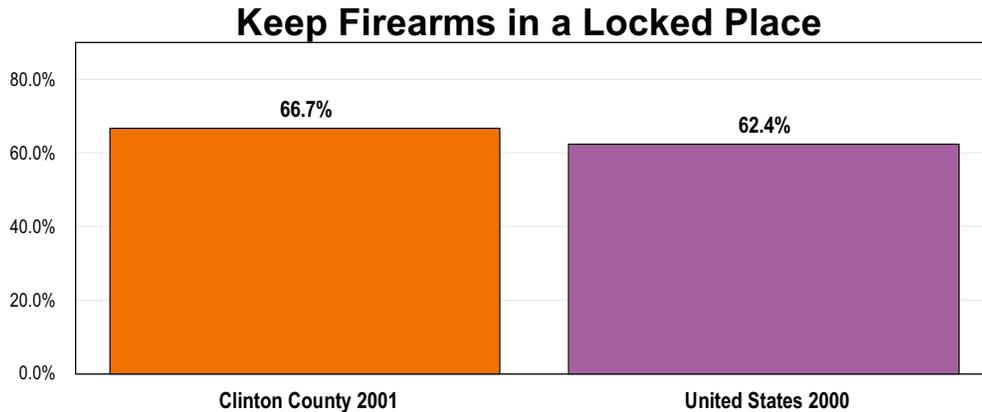
Notes: 1. Demographic breakouts are among findings in Clinton County 2001.

2. Asked of all respondents.

3. Includes pistols, shotguns, rifles and other types of guns, but does not include starter pistols, BB guns or guns that cannot fire.

Firearm Storage

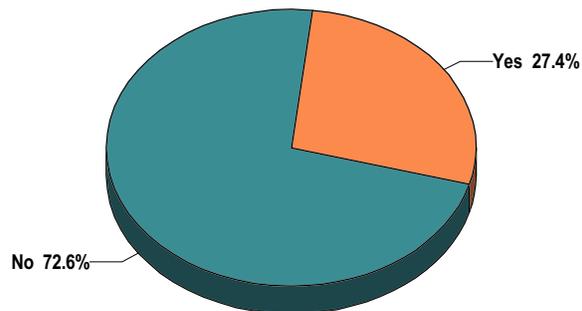
Among residents in Clinton County with firearms, two-thirds (66.7%) report that they keep these in locked places, such as a locked drawer, cabinet or closet. This is comparable to the 62.4% found across the United States.



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of respondents keeping firearms in or around the home.
2. State data not available.
3. Examples of locked places include locked drawers, cabinets or closets.

In a follow-up inquiry, local owners of firearms were asked to indicate whether they keep at least one firearm loaded and unlocked. As shown below, 27.4% of these adults answered affirmatively.

At Least One Firearm is Kept Loaded and Unlocked



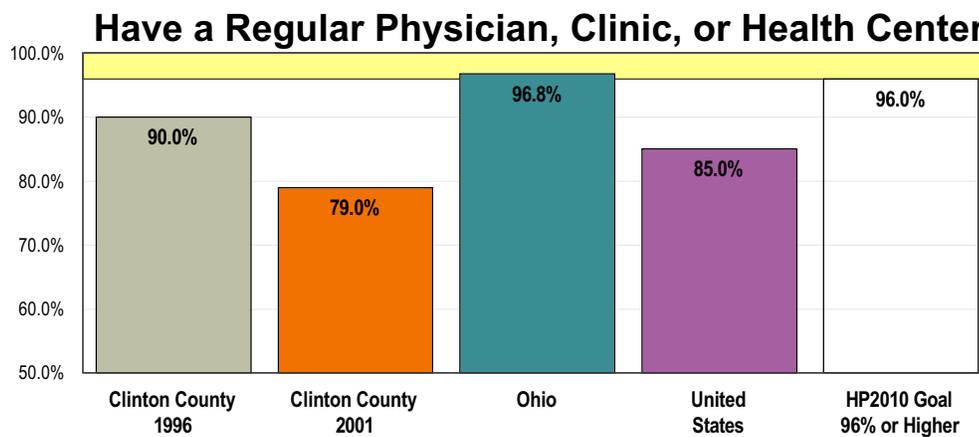
Source: 2001 PRC Community Health Survey, Professional Research Consultants
Note: Asked of respondents keeping firearms in or around the home.

ACCESS

Primary Care Services

Regular Use of Physician's Offices/Clinics

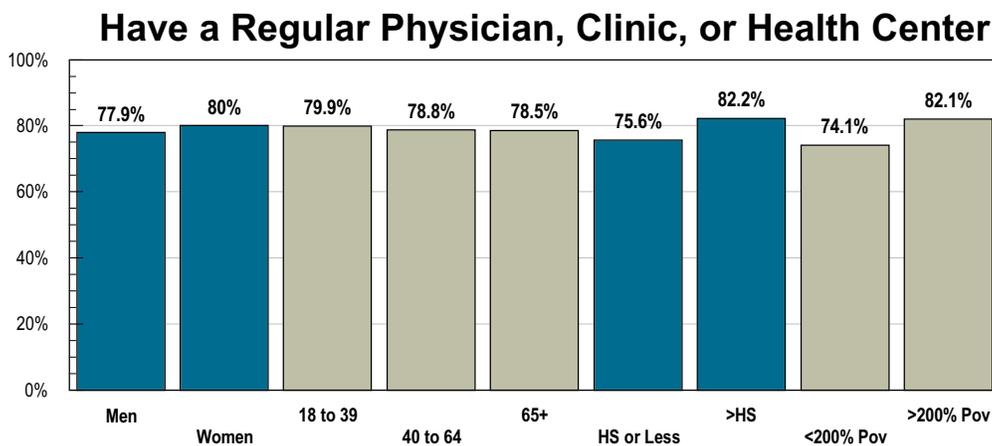
The majority (79.0%) of area residents indicate that they have a physician's office or clinic that they visit when in need of regular medical care, less favorable than the 85.0% found nationwide and failing to satisfy the *Healthy People 2010* goal of 96% or higher. Also note the *statistically significant decrease* in maintenance of regular physicians since 1996.



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factors Surveillance System, 1999 State Data
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

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

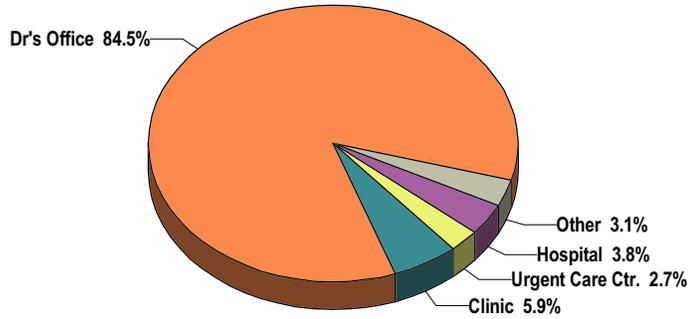
As seen below, use of a regular physician or clinic does not vary significantly by age or gender but increases somewhat in the higher education and income brackets.



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

In a follow-up inquiry, local adults who currently have a regular physician or clinic that they use for care were asked to indicate which type of facility they generally visit for this care. As shown in the following chart, the largest share of responses (84.5%) was for medical care received at a physician's office, followed by clinics (mentioned by 5.9%), hospitals (3.8%), and urgent care centers (2.7%).

Description of Site for Regular Medical Care

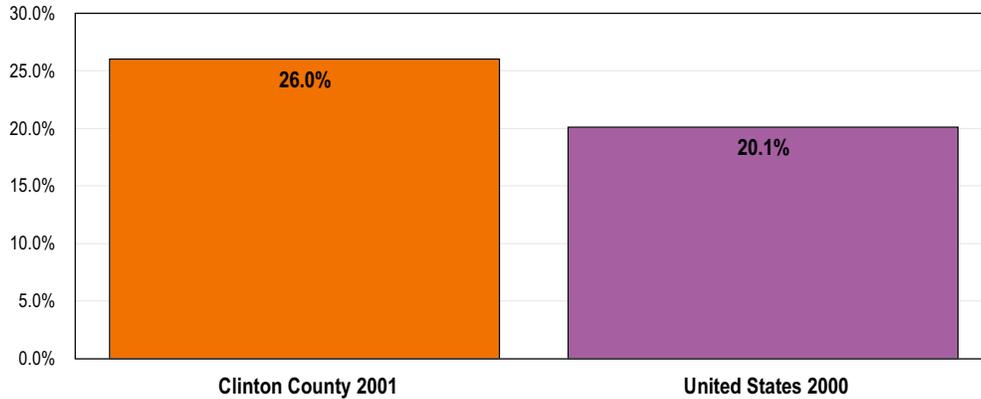


Source: 2001 PRC Community Health Survey, Professional Research Consultants
Note: Asked of those respondents with regular physicians or clinics.

Emergency Room Utilization

A total of 26.0% of adults in Clinton County have used a local emergency room in the past year. Nationwide, a similar 20.1% of adults report emergency room usage in the past year. *By special analysis, it can be seen that 8.5% of local adults have visited an emergency room for care more than once in the past year, higher than the 5.6% found nationwide.*

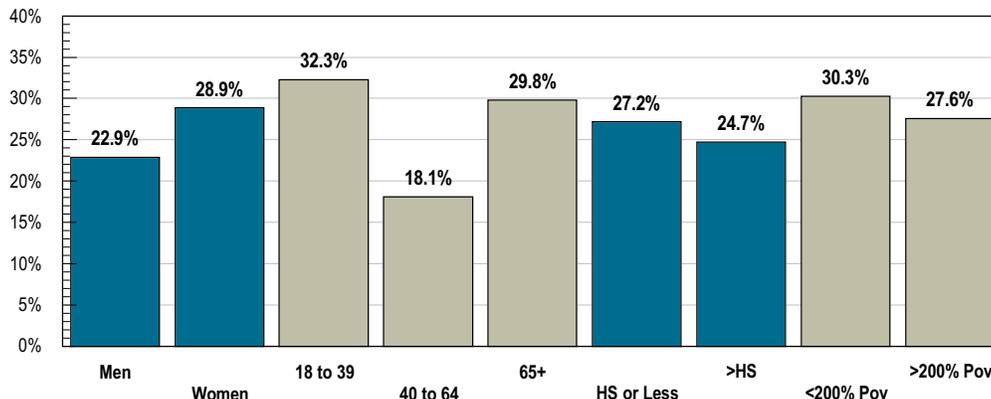
Have Used the ER for Medical Reasons in Past Year



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Local emergency room utilization increases to 30.3% among those living at or below the poverty threshold, and to 32.3% among young adults and 28.9% among women. [It may be important to note that the percentage of adults using the ER in the past year is somewhat higher among respondents without coverage than among those who are privately insured; it would appear that the ER may be used as a source of primary medical care in the face of poor local access.]

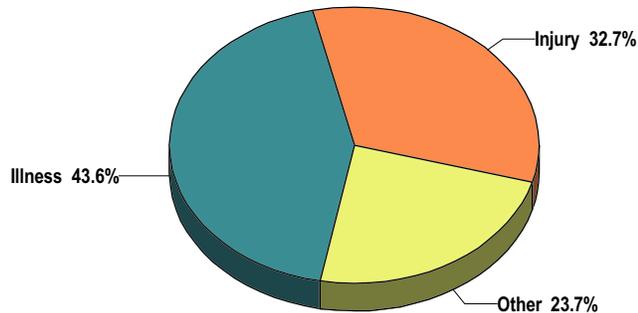
Have Used the ER for Medical Reasons in Past Year



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

Local adults who visited a local emergency room for medical care in the past year were asked to specify what their reason was for the visit. As shown, 43.6% of these adults visited an ER for care for an illness, while 32.7% were seeking medical treatment for an injury.

Reason for Recent ER Care

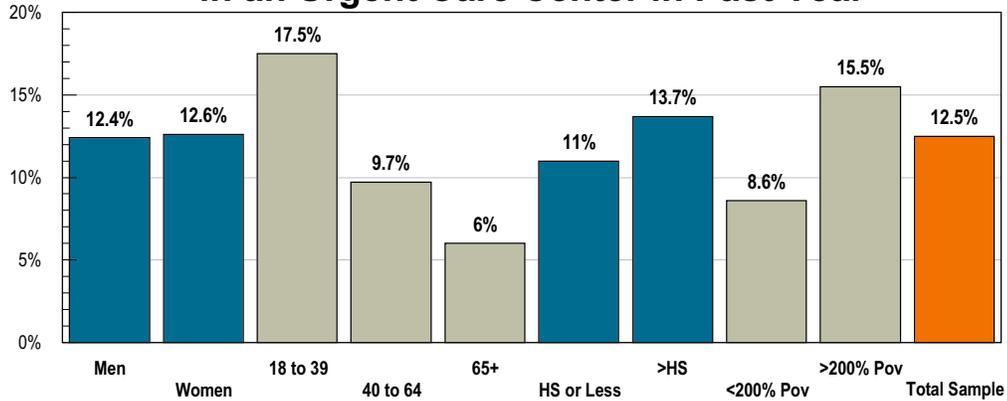


Source: 2001 PRC Community Health Survey, Professional Research Consultants
Note: Asked of those respondents who received medical care in an emergency room last year.

Utilization of Urgent Care Centers

A total of 12.5% of adults in Clinton County have received medical care in an urgent care center during the past year. Viewed demographically, this percentage increases to 17.5% among young adults and to 15.5% among adults in the higher income bracket.

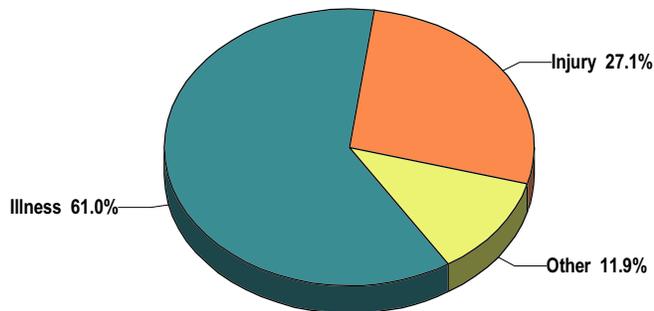
Have Received Medical Care in an Urgent Care Center in Past Year



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

Local adults who visited a local urgent care center for medical care in the past year were asked to specify what their reason was for the visit. As shown, 61.0% of these adults visited an urgent care center for care for an illness, while 27.1% were seeking medical treatment for an injury.

Reason for Recent Urgent Care



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Note: Asked of those respondents who received medical care at an urgent care center last year.

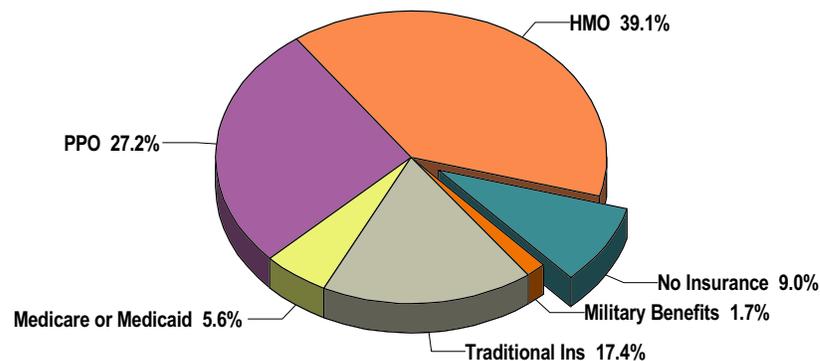
Health Insurance Coverage

Along with enhancing quality and moderating costs, improving the accessibility of health care services is one of the principal 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 by Type

A total of 91.0% of adults in Clinton County aged 18 to 64 currently have some type of health care insurance coverage. More specifically, 39.1% maintain an **HMO** (health maintenance organization) and 27.2% have a **PPO** (preferred provider organization), while 17.4% rely on some type of **traditional health insurance** coverage. Another 5.6% rely on **Medicaid** or **Medicare**, and 1.7% of local adults are covered by **military benefits**.

Health Care Insurance Coverage
(Clinton County 2001; Ages 18-64)

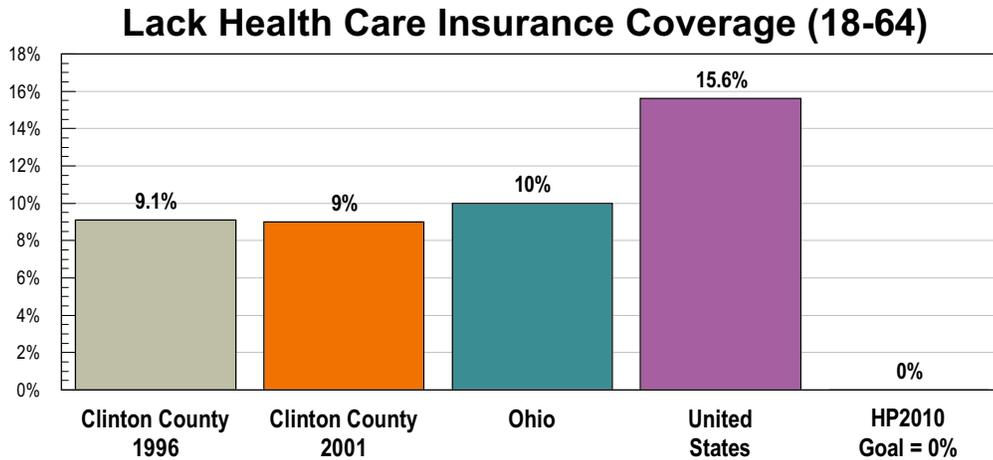


Source: 2001 PRC Community Health Survey, Professional Research Consultants
Note: Reflects respondents aged 18 to 64.

On the other hand, 9.0% of residents have no health insurance coverage, representing over 2,840 adults between the ages of 18 and 64.

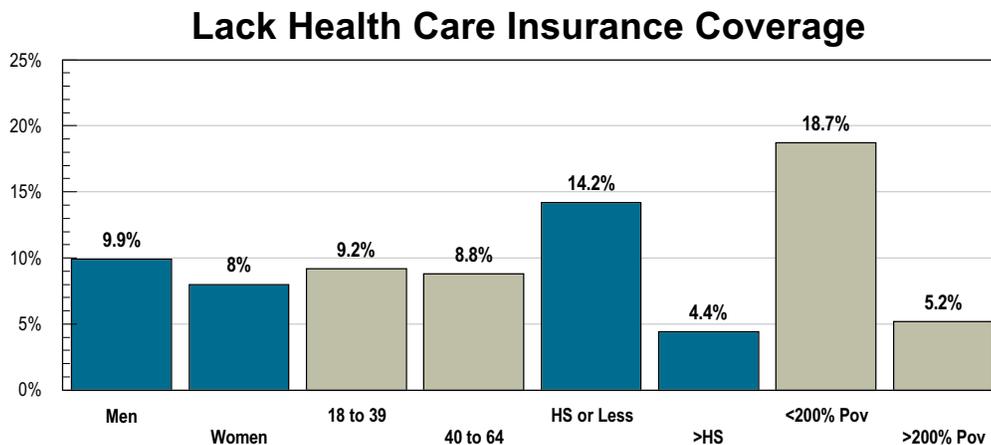
Lack of Health Insurance Coverage

As noted previously, 9.0% of adults between the ages of 18 and 64 in Clinton County have no insurance coverage to pay for health care expenses, more favorable than the national level of 15.6% but failing to meet the *Healthy People 2010* goal of 0% by the year 2010. In 1996, a similar 9.1% of local adults under 65 were without health care coverage, as shown below.



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, 1999 State Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Note: Reflects respondents aged 18 through 64.

Not surprisingly, coverage is directly related to income, and, in fact, lack of insurance decreases sharply among individuals living on over 200% of the national poverty level. Note also that lack of insurance coverage is relatively high among residents with no education beyond high school.



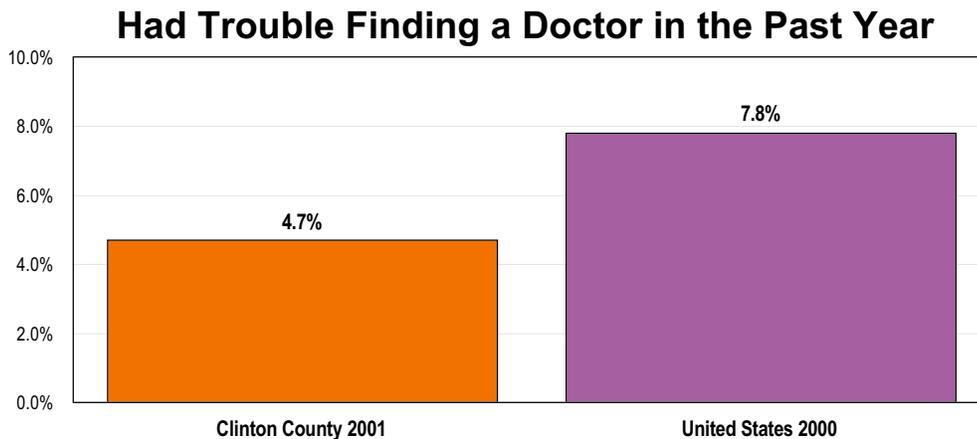
Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Reflects respondents aged 18 through 64.

Barriers to Primary Care

This section examines access to preventive care services, including community members' experience with the availability of physician services, and cost or transportation as inhibitors to receiving care.

Lack of Physician Availability

Adults. A total of 4.7% of residents in Clinton County had difficulty finding a physician during the past year, representing 1,485 local adults. Nationwide, a less favorable 7.8% of adults have had difficulty accessing a physician.

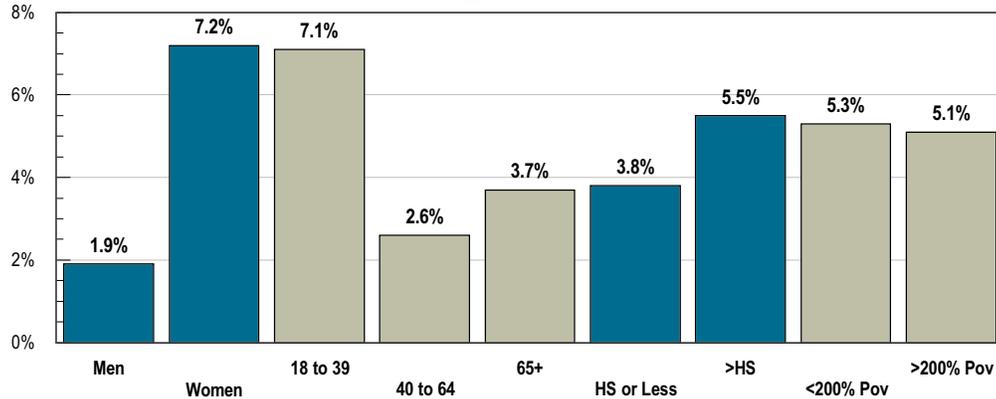


Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

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

As can be seen in the next graph, women and young adults are strikingly more likely more likely to have had trouble finding a physician last year when compared with their demographic counterparts.

Had Trouble Finding a Doctor in the Past Year

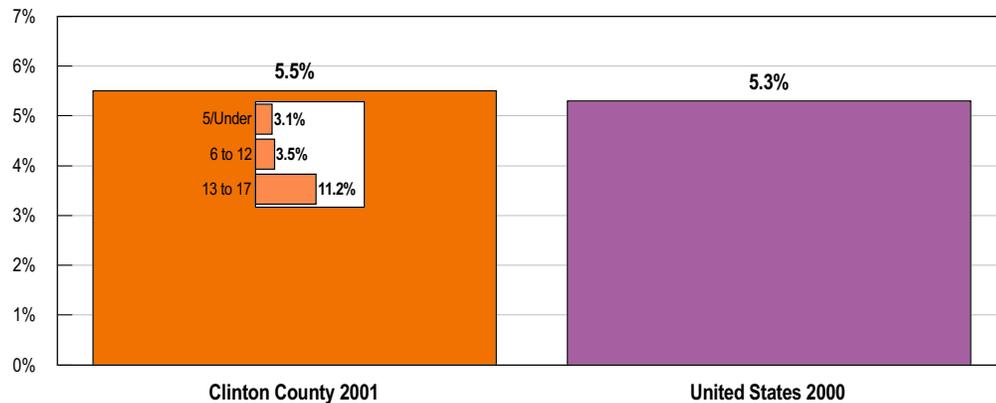


Source: 2001 PRC Community Health Survey, Professional Research Consultants

- Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
2. Asked of all respondents.

Children. Parents of children under 18 were also asked if they have had trouble finding a physician for their child in the past year. As shown in the following chart, 5.5% responded affirmatively. Across the United States, this prevalence is a statistically similar 5.3%. Note that difficulty finding physicians for children increases significantly among local teens (to 11.2%), as shown below.

Had Trouble Finding a Doctor for Child in the Past Year



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants

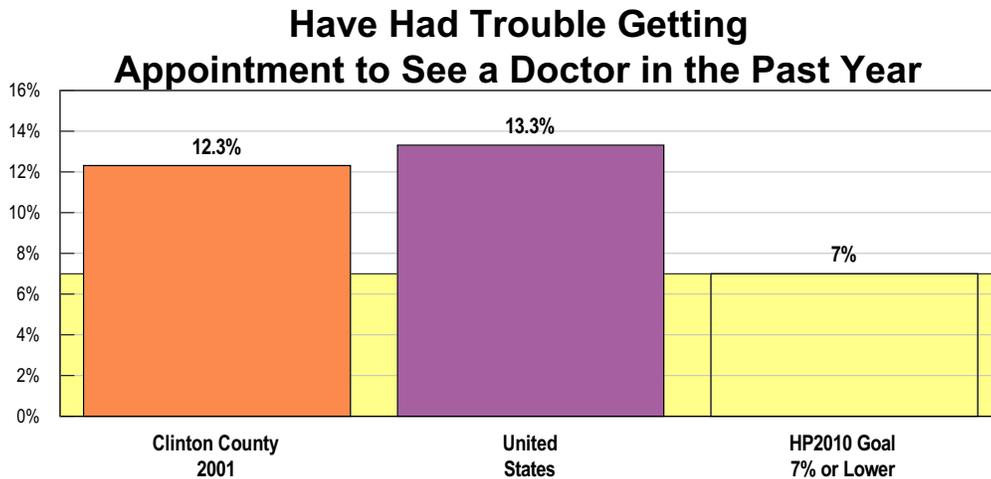
2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of respondents with children under the age of 18.

2. State data not available.

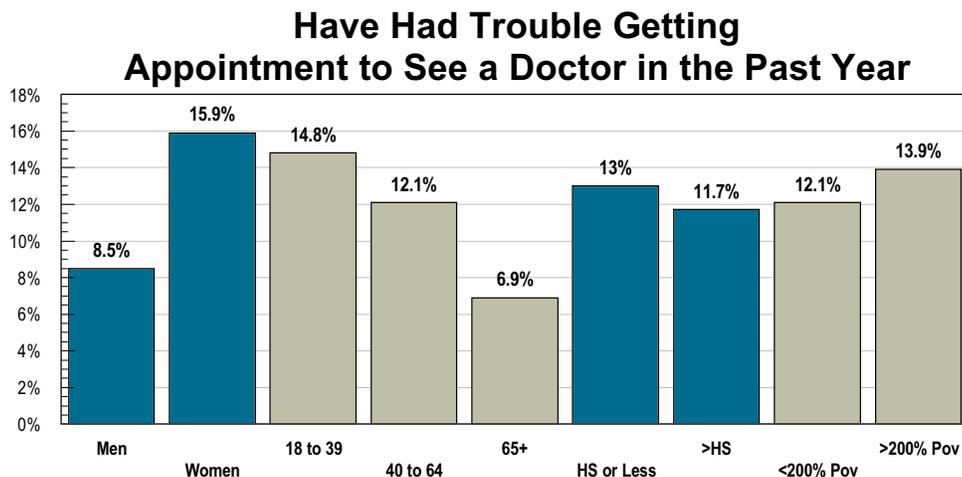
Appointment Availability

Adults. Just over one in ten local adults (12.3%) had difficulty getting an appointment to see a physician during the past year, representing approximately 3,887 community members. Nationwide, a similar 13.3% of adults have had difficulty accessing a physician. Neither percentage satisfies the *Healthy People 2010* goal of 7% or lower, as shown below.



- Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
- Notes: 1. Asked of all respondents.
 2. State data not available.

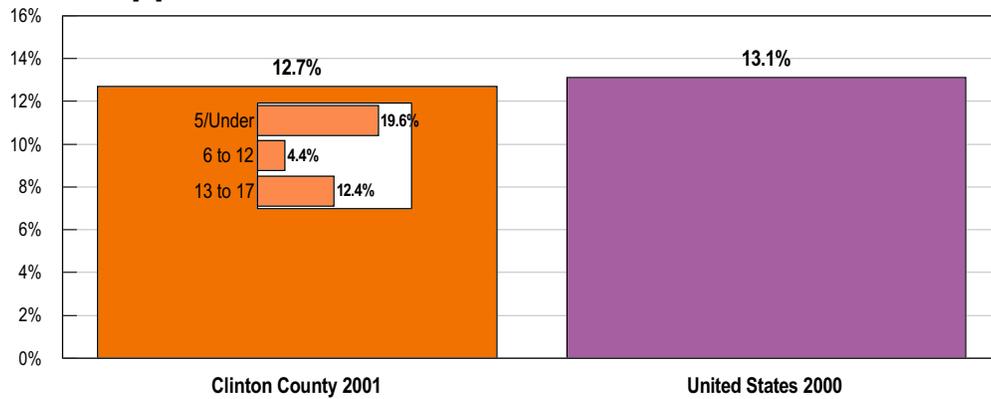
As shown in the next graph, women, adults under 40, adults living just above the poverty level, and those in the higher income bracket more often report difficulty getting an appointment to see a physician.



- Source: 2001 PRC Community Health Survey, Professional Research Consultants
- Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

Children. Parents of children under 18 were also asked if they have had trouble getting an appointment for their child to see a physician in the past year. As shown below, 12.7% reported that they did have such difficulty; note that this difficulty increases to 19.6% among local parents of children aged 5 and under. Across the United States, this prevalence is a similar 13.1%.

Had Trouble Getting Child Appointment to See a Doctor in the Past Year



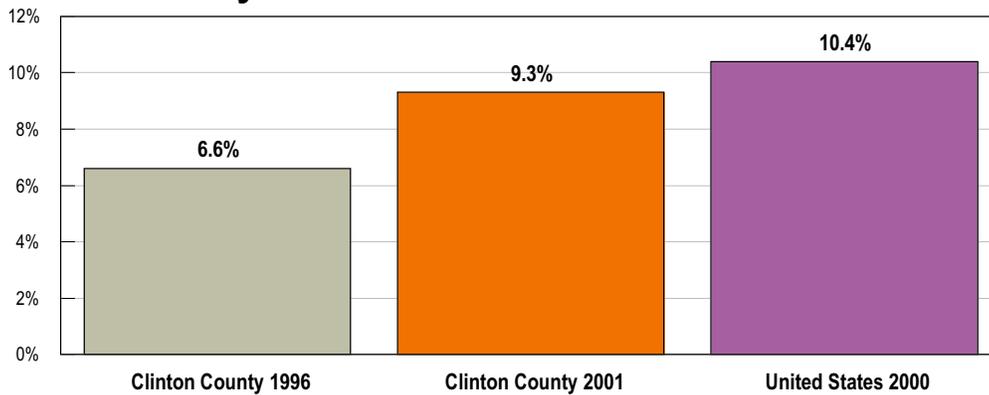
Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of respondents with children under the age of 18.
 2. State data not available.

Cost of Health Services

Adults. Cost is an important factor in the access equation. In the past year, cost has prevented 9.3% of community members from visiting a physician. This figure is similar to the figure found nationwide (10.4%) and remains statistically unchanged from the 6.6% reported locally in 1996.

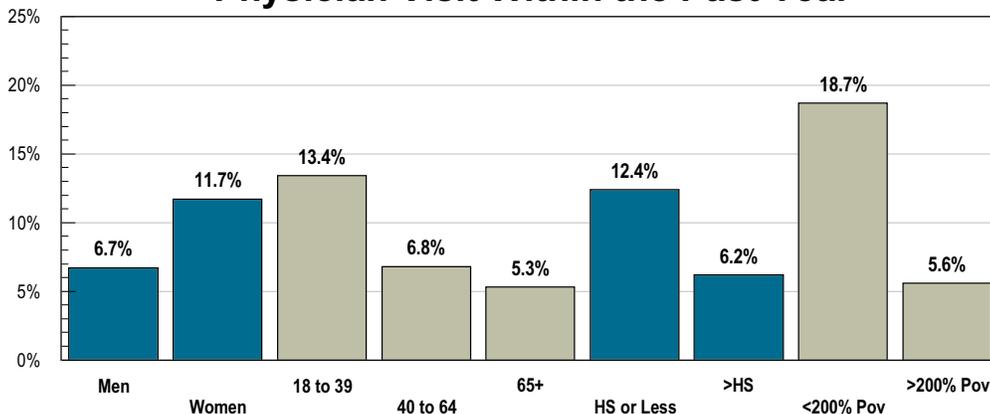
Cost Prevented a Physician Visit Within the Past Year



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Note in the following table that a full 18.7% of persons living at or below the poverty level have found cost a prohibitive factor when seeking primary medical care in the past year. Also, women more than men face prohibitive costs, as do people under the age of 40 and those without education beyond high school.

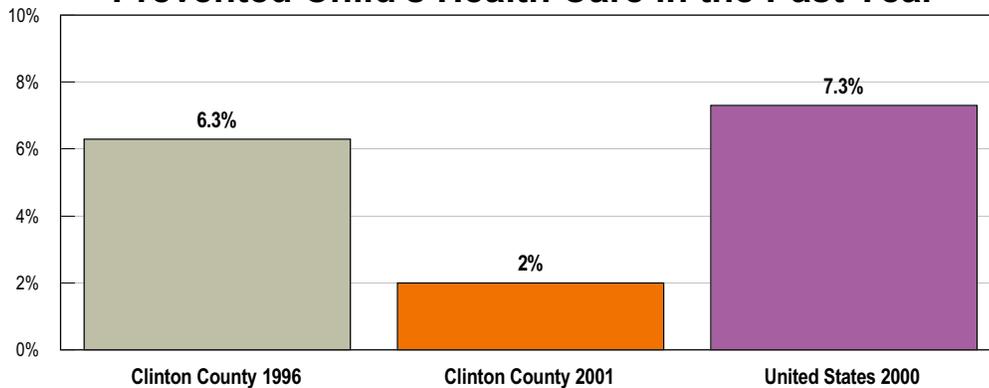
Cost Prevented a Physician Visit Within the Past Year



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

Children. Among residents in Clinton County with children under the age of 18, just 2.0% indicate that cost or a lack of insurance prevented their child from receiving health care at some point in the past. Note the *statistically significant decrease* among local parents since the 1996 survey was conducted (from 6.3%). In comparison, a higher 7.3% of parents nationwide could not afford health care for a child in the past year.

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

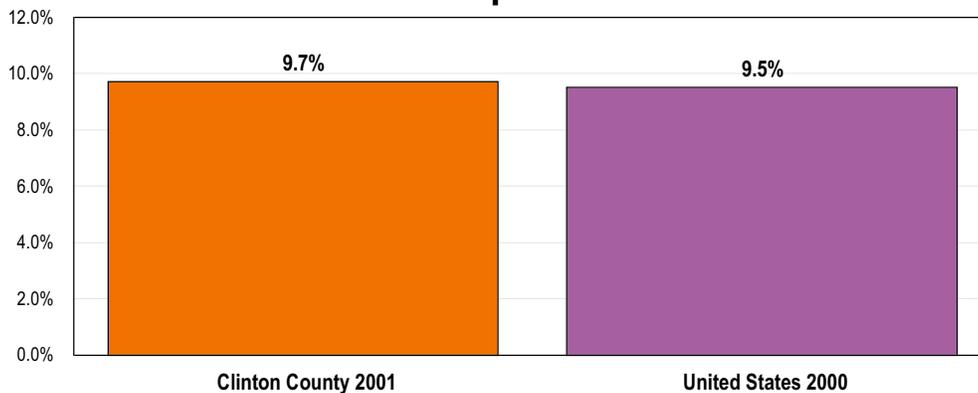


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of respondents with children under the age of 18.
 2. State data not available.

Prescription Medicine

Adults. Another important issue in regard to medical care access is prescription medicine. A total of 9.7% of community members noted that cost prevented them from obtaining a needed prescription medicine in the past year, similar to the 9.5% of American adults reporting the same. The local prevalence represents 3,065 adults countywide.

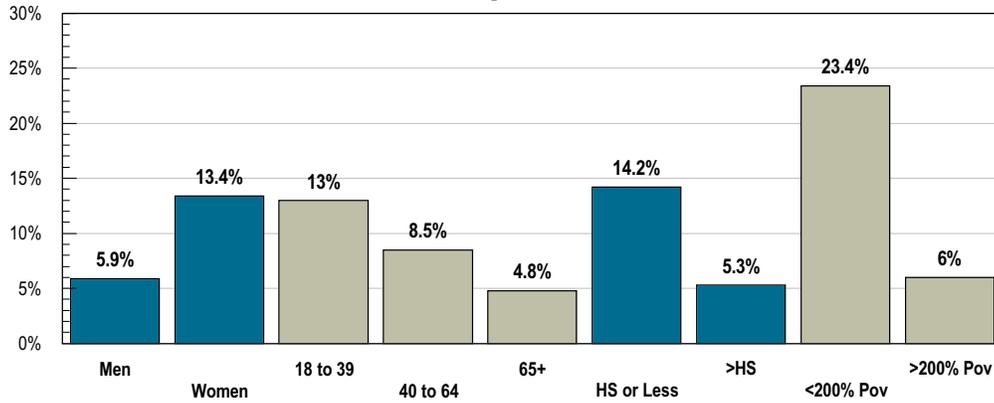
Cost Prevented Prescription Medicine in Past Year



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

When viewed demographically, people living at or near poverty were most likely to note that cost prevented them from receiving a prescription medicine in the past year, along with women, adults under 40, and those without education beyond high school.

Cost Prevented Prescription Medicine in Past Year



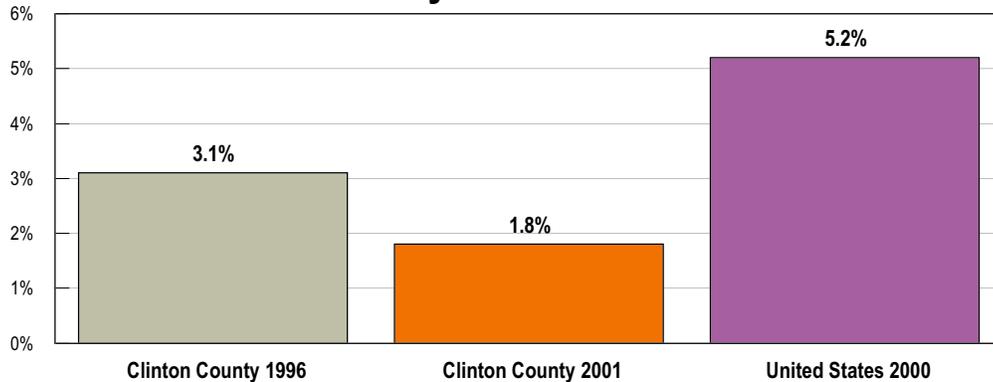
Source: 2001 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

Lack of Transportation to Health Care Services

Adults. Access to health care services requires that community members are able to reasonably obtain transportation to and from health services. For just 1.8% of community residents, there has been a time in the past year when a lack of transportation made it difficult or prevented them from seeing a physician or making a medical appointment (compared to a higher 5.2% nationwide); keep in mind that this totals about 570 adults in Clinton County. Since 1996, this figure has remained statistically unchanged.

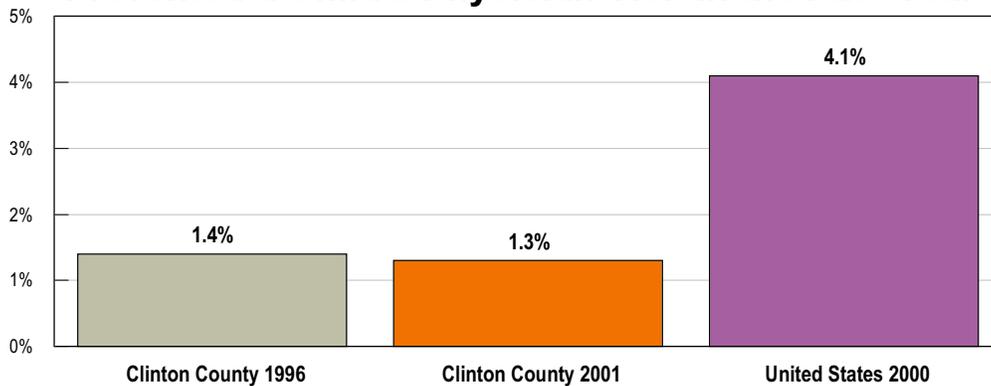
Lack of Transportation Made Difficult or Prevented a Physician Visit in the Past Year



Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Children. Note in the following chart that a lack of transportation hindered just 1.3% of local parents from obtaining health care services for their child in the past year, *significantly* lower than the 4.1% nationwide and remaining unchanged since the 1996 survey.

Lack of Transportation Made Difficult or Prevented a Child's Physician Visit in the Past Year

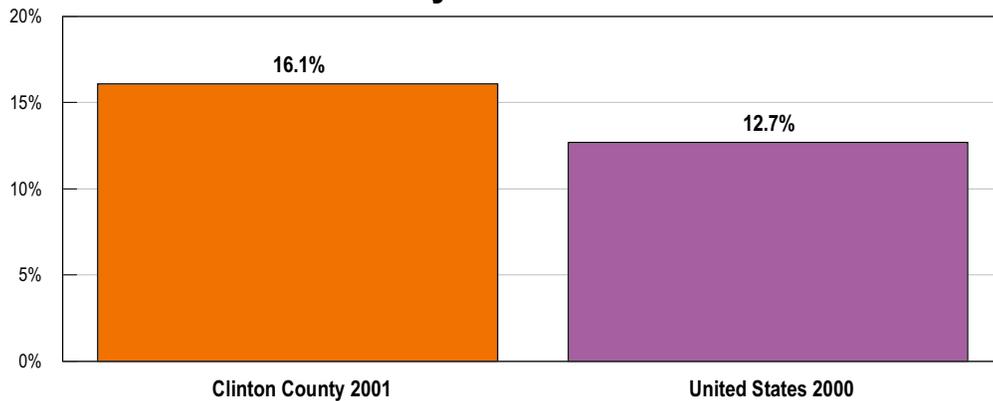


Sources: 1. 1996/2001 PRC Community Health Surveys, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Inconvenient Office Hours

Adults. Survey respondents were also asked if inconvenient office hours prevented them from seeing a physician in the past year. As shown below, 16.1% responded affirmatively, statistically similar to the 12.7% of adults nationwide who report that inconvenient office hours prevented them from seeing a doctor at some point in the past year.

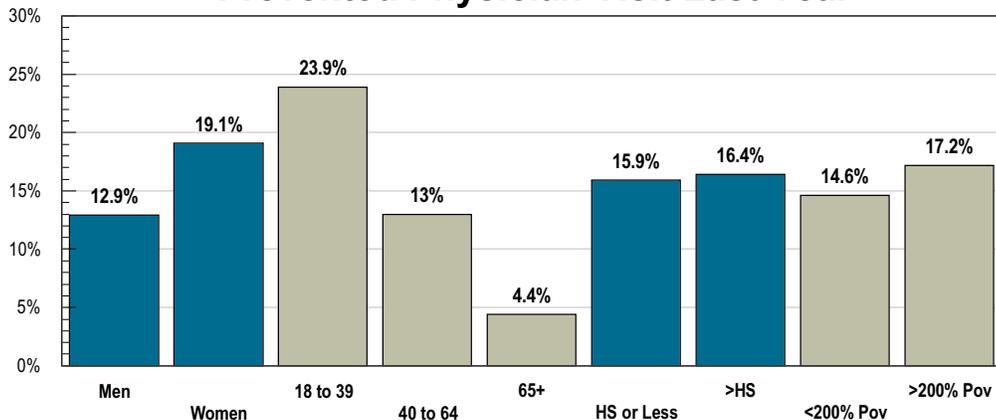
Inconvenient Office Hours Prevented Physician Visit Last Year



Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Note in the following table that inconvenient office hours were more likely to be a prohibitive factor in seeing a doctor in the past year for local women and adults under the age of 40, along with those adults who live in the higher income bracket.

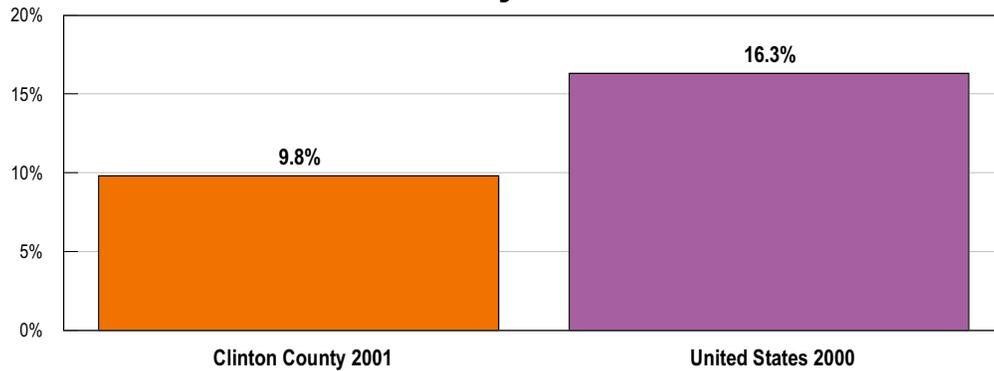
Inconvenient Office Hours Prevented Physician Visit Last Year



Source: 2001 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
 2. Asked of all respondents.

Children. Among community members with children under the age of 18, 9.8% indicate that inconvenient office hours prevented their child from seeing a doctor in the past year. This is more favorable than the national findings.

Inconvenient Office Hours Prevented Child's Physician Visit Last Year

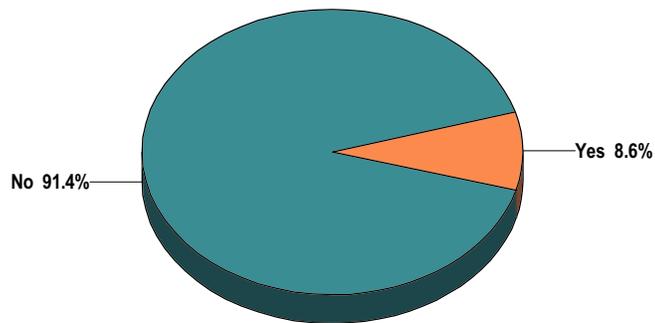


Sources: 1. 2001 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents with children under 18.
2. State data not available.

Delays in Receiving Health Care

Adults. Survey respondents were also asked if they experienced difficulties or delays in receiving health care for any reason in the past year. As shown below, 8.6% responded affirmatively, representing 2,718 adults across Clinton County.

Experienced Difficulties or Delays in Receiving Health Care for Some Reason in Past 12 Months

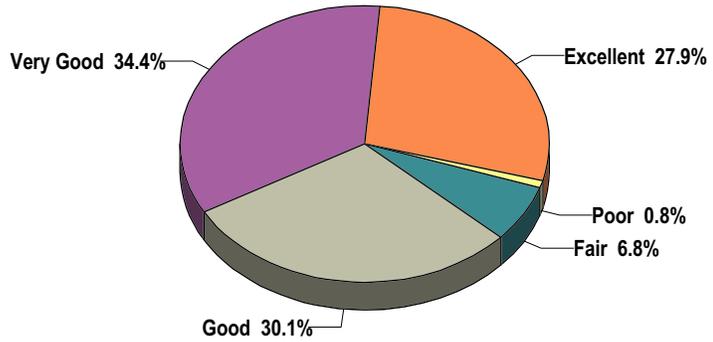


Source: 2001 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Satisfaction With Local Health Care

Overall, 62.3% of survey respondents in Clinton County rate the overall health care they receive as “excellent” or “very good.” Another 30.1% rate it as “good.” In contrast, 7.6% of respondents believe that their health care is “fair” or “poor” (compared to a higher 13.6% nationwide).

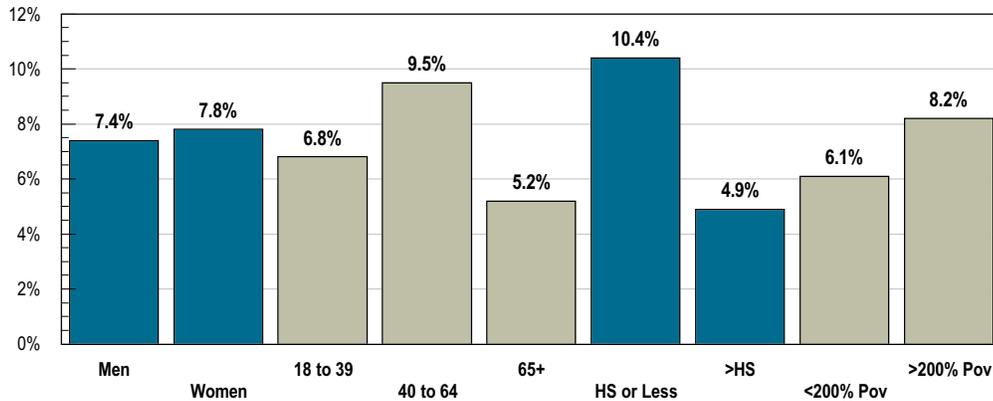
Satisfaction With Local Health Care
(Clinton County 2001)



Source: 2001 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Residents most likely to feel that local health care services are “fair” or “poor” include middle-aged adults, those in the higher income bracket, and those without education beyond high school, as shown below.

Local Health Care is Perceived to be "Fair" or "Poor"



Source: 2001 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Clinton County 2001.
2. Asked of all respondents.

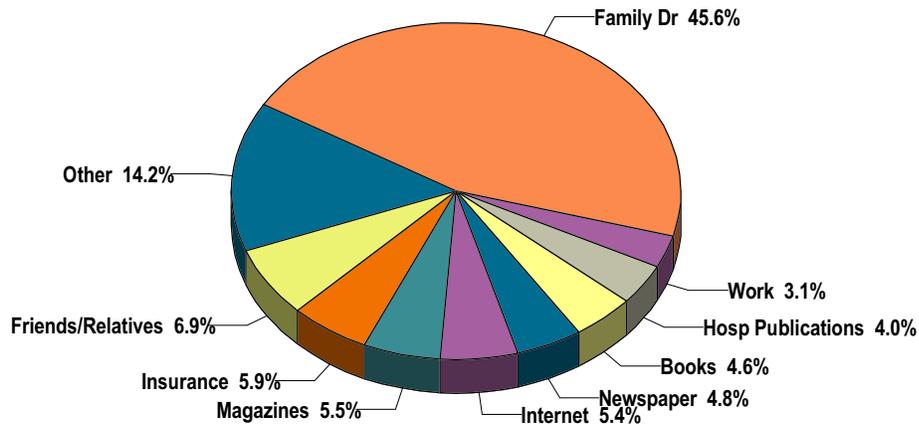
EDUCATION & OUTREACH

Health Education Services

Sources of Health Care Information

When asked where they obtain most of their health care information, the greatest share (45.6%) of residents in Clinton County cited their **physician**. Other mentioned sources of information include **friends or relatives** (mentioned by 6.9%), **insurance** (5.9%), **magazines** (5.5%), and the **Internet** (5.4%). Other sources cited include **newspapers** (4.8%), **books** (4.6%), **hospital publications** (4.0%), and **work** (3.1%), as shown below.

Primary Source of Health Care Information
(Clinton County 2001)

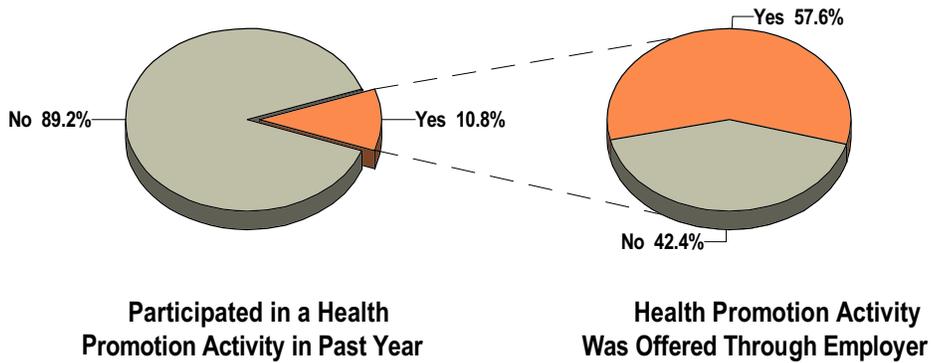


Source: 2001 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Health Promotional Activities

Finally, survey respondents were asked to reflect upon recent participation in health promotion activities. A total of 10.8% of local adults have participated in a health promotion activity at some point in the past year. Of these people, more than one-half (57.6%) indicate that the health promotion activity was offered through their employers.

Participation in Health Promotion Activities



Source: 2001 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

APPENDICES

Summary Tables of Quantitative Findings

Quantitative Findings by Health Topic

The following represents the quantitative findings (survey and secondary data statistics) of this Community Health Assessment, categorized into the topic divisions used by *Healthy People 2010* in organizing its health promotion and disease prevention objectives. Local, U.S. and *Healthy People 2010* data are provided, as well as comparative analyses of local findings with U.S. findings and *Healthy People 2010* goals. Note that “similar” and “indeterminable” indicate that a determination cannot be made because the expected error is greater than the difference in data points.

Data under each health priority area are grouped first by the statistical significance of variation with U.S. findings (WORSE, similar, BETTER), then sorted within each of these divisions by degree of variation (by relative percentage difference).

Cancer	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Cancer (Other Than Skin)	8	4.5		WORSE	
% "High" Fat Diet	14.4	10.4		WORSE	
% Blood Stool Test in Past 2 Yrs (50+)	36.7	47.1	50	WORSE	Does NOT Meet Goal
% Testicular Exam Ever (M)	52.9	62.4		WORSE	
Age-Adjusted Cancer Deaths/100,000	231.4	202.4	158.7	WORSE	Does NOT Meet Goal
% Father/Brother Diagnosed Prostate Cancer (M)	10.4	8.4		similar	
% Mother/Sister Diagnosed Breast Cancer (W)	13.5	11.5		similar	
% Don't Know Breast Self-Exam (W)	3.5	4.2		similar	
% Perform Testicular Self-Exam Monthly (M)	14.2	12.5		similar	
% Sigmoid/Colonoscopy Ever (50+)	43	48.7	50	similar	Does NOT Meet Goal
% Digital Rectal Exam in Past Yr (50+)	50.6	57.1		similar	
% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	62.8	69.9		similar	
% Eat 5+ Servings of Fruit or Vegetables/Day	27.6	30		similar	
% Don't Know Testicular Self-Exam (M)	58.5	63.5		similar	
% Skin Cancer	5.1	4.9		similar	
% Current Smoker	23.5	22.8	12	similar	Does NOT Meet Goal
% Mammogram in Past 2 Yrs (W40+)	76	78.2	70	similar	indeterminable

% Pap Smear in Past 3 Yrs (W)	82.4	84	90	similar	Does NOT Meet Goal
% Perform Breast Self-Exam Monthly (W)	50.5	42.9		BETTER	

Chronic Disabling Conditions	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Vigorous Physical Activity	31.8	47.2	30	WORSE	indeterminable
% Kidney Disease	4.1	2.7		similar	
% Diabetes/High Blood Sugar	7.7	5.4		similar	
% Child Has Asthma	8.5	13.4		similar	
% Deafness/Trouble Hearing	12.4	9.3		similar	
% Blindness/Trouble Seeing	7.2	9.2		similar	
% Sciatica/Chronic Back Pain	16.9	20		similar	
% No Days/Month Very Healthy/Full of Energy	9.9	11.5		similar	
% No Leisure-Time Physical Activity	17.5	20.2		similar	
% >1 Day/Month Poor Physical Health	25.5	28.5		similar	
% >1 Day/Month Poor Mental Health	28.8	31.9		similar	
% Activity Limitations	16	14.9		similar	
% >1 Workday/Year Missed Due to Illness	40	43.1		similar	
% Impairment a Result of Work-Related Injury	18.8	17.7		similar	
% Arthritis/Rheumatism	21.1	20.3		similar	
% Ulcer/GI Bleeding	5.9	6		similar	
% "Fair" or "Poor" Physical Health	12.4	12.3		similar	
% Light/Moderate Physical Activity	16.8	16.9	30	similar	Does NOT Meet Goal
% Strengthening/Toning Exercises	33		30	similar	Meets Goal
% Asthma	5.6	9.9		BETTER	

Clinical Preventive Services	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Gone to ER More Than Once in Past Yr	8.5	5.6		WORSE	
% Have a Regular Clinic or Physician	79	85	96	WORSE	Does NOT Meet Goal
% Inconvenient Hrs Prevented Dr Visit in Past Yr	16.1	12.7		similar	
% Cost Prevented Physician Visit in Past Yr	9.3	10.4		similar	
% Difficulty Getting Appointment in Past Yr	12.3	13.3	7	similar	Does NOT Meet Goal
% Child Has Had Checkup in Past Yr	89.4	85.6		similar	
% Difficulty Finding Dr for Child in Past Yr	5.5	5.3		similar	
% Difficulty Getting Appt for Child in Past Yr	12.7	13.1		similar	
% Flu Shot in Past Yr (65+)	64.2	65.7	90	similar	Does NOT Meet Goal
% Cost Prevented Getting Rx in Past Yr	9.7	9.5		similar	
% Have Had Routine Checkup in Past Yr	64	64.1		similar	

% Have Had Eye Exam in Past Yr	38.7			similar	
% Cost Prevented Child's Care in Past Yr	2	7.3		BETTER	
% Transportation Prevented Child's Care in Past Yr	1.3	4.1		BETTER	
% Transportation Prevented Dr Visit in Past Yr	1.8	5.2		BETTER	
% Cost Prevented Getting Child's Rx in Past Yr	1.6	4.4		BETTER	
% Lack Health Insurance (18-64)	9	15.6	0	BETTER	Does NOT Meet Goal
% Inconv Hrs Prevented Child's Dr Visit in Past Yr	9.8	16.3		BETTER	
% Difficulty Finding Physician in Past Yr	4.7	7.8		BETTER	
% Rate Local Health Care "Excellent/Very Good"	62.3	53.1		BETTER	

Family Planning	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Births to Teenagers	17.1	12.7		WORSE	

Heart Disease & Stroke	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Obese	28.6	19.1	15	WORSE	Does NOT Meet Goal
% "High" Fat Diet	14.4	10.4		WORSE	
% Told Have High Cholesterol	29.3	21.4	17	WORSE	Does NOT Meet Goal
% Vigorous Physical Activity	31.8	47.2	30	WORSE	indeterminable
% Told Have High Blood Pressure	28.5	23.4	16	WORSE	Does NOT Meet Goal
% Unhealthy Weight (BMI <18.5 or 25+)	66.4	58.5	40	WORSE	Does NOT Meet Goal
Age-Adjusted Stroke Deaths/100,000	64.6	59.5	48.0	WORSE	Does NOT Meet Goal
% 1+ Cardiovascular Risk Factor	89.6	84.7		WORSE	
% Stroke	2.4	1.4		similar	
% No Leisure-Time Physical Activity	17.5	20.2		similar	
% Overweight	35.7	37.8		similar	
% Cholesterol Checked in Past 5 Yrs	78.8	82.2	80	similar	indeterminable
% Current Smoker	23.5	22.8	12	similar	Does NOT Meet Goal
% Taking Action to Control High BP	82.7	80.7	95	similar	Does NOT Meet Goal
% Blood Pressure Checked in Past 2 Yrs	94.9	96	95	similar	indeterminable
% Light/Moderate Physical Activity	16.8	16.9	30	similar	Does NOT Meet Goal
% Taking Action to Control High Cholesterol	70.1	70		similar	
% Strengthening/Toning Exercises	33		30	similar	Meets Goal
% Chronic Heart Disease	5.7	5.7		similar	
% Overweight Trying to Lose	50.1	31.2		BETTER	
Age-Adjusted Heart Disease Deaths/100,000	257.1	272.4	207.5	BETTER	Does NOT Meet Goal

HIV Infection	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
AIDS Incidence/100,000	22.5	16.9	1	WORSE	Does NOT Meet Goal

Immunization & Infectious Diseases	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adjusted Pneumonia/Influenza Deaths/100,000	53.3	34.6		WORSE	
% Flu Shot in Past Yr (65+)	64.2	65.7	90	similar	Does NOT Meet Goal
Tuberculosis Incidence/100,000	2.5	8.6	1	BETTER	Does NOT Meet Goal

Maternal & Infant Health	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% No Prenatal Care in 1st Trimester	19.3	17.2	10	WORSE	Does NOT Meet Goal
% of Low Birthweight Births	5	7.5	5	BETTER	Meets Goal
Infant Death Rate	5.2	7.2	4.5	BETTER	Does NOT Meet Goal

Mental Health & Mental Disorders	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Prolonged Depression (2+ Yrs)	21.1	23.9		similar	
% >3 Days/Month Did Not Get Enough Rest/Sleep	60.1	56.1		similar	
% >3 Days/Month Worried, Tense or Anxious	36.6	35.8		similar	
% >3 Days/Month Sad, Blue or Depressed	22.2	22.7		similar	
% Depressed Persons Seeking Help	42.4	42.5	50	similar	indeterminable
Age-Adjusted Suicide Deaths/100,000	7.7	11.3	6.0	BETTER	Does NOT Meet Goal

Nutrition	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Cancer (Other Than Skin)	8	4.5		WORSE	
% "High" Fat Diet	14.4	10.4		WORSE	
Age-Adjusted Cancer Deaths/100,000	231.4	202.4	158.7	WORSE	Does NOT Meet Goal
% Unhealthy Weight (BMI <18.5 or 25+)	66.4	58.5	40	WORSE	Does NOT Meet Goal
% Eat 5+ Servings of Fruit or Vegetables/Day	27.6	30		similar	
% Overweight	35.7	37.8		similar	
% Use Food Labels	67.8	68.7		similar	
% Chronic Heart Disease	5.7	5.7		similar	
% Overweight Trying to Lose	50.1	31.2		BETTER	
Age-Adjusted Heart Disease Deaths/100,000	257.1	272.4	207.5	BETTER	Does NOT Meet Goal

Oral Health	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Child (1-17) Has Visited Dentist in Past Yr	72.7	69.3	83	similar	Does NOT Meet Goal
% Have Visited Dentist in Past Yr (18+)	67.6	68.9	83	similar	Does NOT Meet Goal

Physical Activity & Fitness	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Obese	28.6	19.1	15	WORSE	Does NOT Meet Goal
% Vigorous Physical Activity	31.8	47.2	30	WORSE	indeterminable
% Unhealthy Weight (BMI <18.5 or 25+)	66.4	58.5	40	WORSE	Does NOT Meet Goal
% No Leisure-Time Physical Activity	17.5	20.2		similar	
% Overweight	35.7	37.8		similar	
% Light/Moderate Physical Activity	16.8	16.9	30	similar	Does NOT Meet Goal
% Chronic Heart Disease	5.7	5.7		similar	
% Strengthening/Toning Exercises	33		30	similar	Meets Goal
% Overweight Trying to Lose	50.1	31.2		BETTER	
Age-Adjusted Heart Disease Deaths/100,000	257.1	272.4	207.5	BETTER	Does NOT Meet Goal

Sexually Transmitted Diseases	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
Gonorrhea Incidence/100,000	28.2	132.8	19	BETTER	Does NOT Meet Goal
Chlamydia Incidence/100,000	169.4	236.5		BETTER	

Substance Abuse	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Sought Help for Alcohol or Drug Problem	1.7	4.3		WORSE	
% Chronic Drinker	6.4	5		similar	
% Binge Drinker	13.4	16.4	6	similar	Does NOT Meet Goal
% Taken Rx Without Dr's Orders in Past Yr	0.6	4.5		BETTER	
% Taken Illegal Drug in Past Yr	0.8	3.2		BETTER	
% Drinking & Driving in Past Month	1.8	3.7		BETTER	
Age-Adjusted Cirrhosis/Liver Dis Deaths/100,000	5.1	9.5	3.0	BETTER	Does NOT Meet Goal
% Current Drinker	43	56.4	50	BETTER	Meets Goal

Tobacco	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Use Smokeless Tobacco	7.4	3.7		WORSE	
% Smoke >1 Pack/Day	25.7	13.8		WORSE	
Age-Adjusted COPD Deaths/100,000	45.4	42	18	WORSE	Does NOT Meet Goal
% Chronic Lung Disease	7.4	6.4		similar	

% Have Quit 1+ Days in Past Yr	59.3	52.2	75	similar	Does NOT Meet Goal
% Someone Smokes at Home	24.1	23.1	10	similar	Does NOT Meet Goal
% Current Smoker	23.5	22.8	12	similar	Does NOT Meet Goal
% Chronic Heart Disease	5.7	5.7		similar	
Age-Adjusted Heart Disease Deaths/100,000	257.1	272.4	207.5	BETTER	Does NOT Meet Goal

Unintentional Injuries	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Firearm in Home	53	36.1		WORSE	
% Child "Always" Wears Bicycle Helmet (5-16)	31.1	46.5		WORSE	
% Can Swim/Tread Water	75.7	80.3		WORSE	
% Firearm in Locked Place	66.7	62.4		similar	
% Child Has Had Swimming/Water Safety Class	67.4	71.5		similar	
% Discussed Fire Escape Plan With Child (1-17)	72.4	75.5		similar	
% "Always" Wear Seat Belt	72.6	75	92	similar	Does NOT Meet Goal
% Child (<5) "Always" Uses Auto Child Restraint	96.3	98.9	100	similar	indeterminable
Age-Adjusted All Accident Deaths/100,000	32.2	35	20.8	BETTER	Does NOT Meet Goal

Violent & Abusive Behavior	Clinton	US	HP2010	Significance vs. US	Significance vs. HP2010
% Firearm in Home	53	36.1		WORSE	
% Firearm in Locked Place	66.7	62.4		similar	
% Victim of Domestic Violence in Past 5 Yrs	3.2	3.1		similar	
Age-Adjusted Homicide Deaths/100,000	0	6.5	3.2	BETTER	Meets Goal
Murder Rate/100,000	0	5.7		BETTER	
Robbery Rate/100,000	12.4	150.2		BETTER	
% Victim of Violent Crime in Past 5 Yrs	1.1	3.8		BETTER	
Aggravated Assault/Battery Rate/100,000	99.6	336.1		BETTER	
Age-Adjusted Suicide Deaths/100,000	7.7	11.3	6.0	BETTER	Does NOT Meet Goal
Rape Rate/100,000	22.4	32.7		BETTER	

Summary of Quantitative Findings by Issue

Health Status	Clinton Co.	US	HP2010	vs. US	vs. HP2010	
Physical	% "Fair" or "Poor" Physical Health	12.4	12.3		similar	
	% >1 Day/Month Poor Physical Health	25.5	28.5		similar	
	% No Days/Month Very Healthy/Full of Energy	9.9	11.5		similar	
	% Activity Limitations	16	14.9		similar	
	% Impairment a Result of Work-Related Injury	18.8	17.7		similar	
	% >1 Workday/Year Missed Due to Illness	40	43.1		similar	
	% Overweight	35.7	37.8		similar	
	% Overweight Trying to Lose	50.1	31.2		BETTER	
	% Unhealthy Weight (BMI <18.5 or 25+)	66.4	58.5	40	WORSE	Does NOT Meet Goal
	% Obese	28.6	19.1	15	WORSE	Does NOT Meet Goal
Mental Health	% >1 Day/Month Poor Mental Health	28.8	31.9		similar	
	% Prolonged Depression (2+ Yrs)	21.1	23.9		similar	
	% Depressed Persons Seeking Help	42.4	42.5	50	similar	similar to goal
	% >3 Days/Month Sad, Blue or Depressed	22.2	22.7		similar	
	% >3 Days/Month Worried, Tense or Anxious	36.6	35.8		similar	
	% >3 Days/Month Did Not Get Enough Rest/Sleep	60.1	56.1		similar	
Mortality	Age-Adjusted Cancer Deaths/100,000	231.4	202.4	158.7	WORSE	Does NOT Meet Goal
	Age-Adjusted All Accident Deaths/100,000	32.2	35	20.8	BETTER	Does NOT Meet Goal
	Age-Adjusted Cirrhosis/Liver Dis Deaths/100,000	5.1	9.5	3.0	BETTER	Does NOT Meet Goal
	Age-Adjusted COPD Deaths/100,000	45.4	42	18.0	WORSE	Does NOT Meet Goal
	Age-Adjusted Heart Disease Deaths/100,000	257.1	272.4	207.5	BETTER	Does NOT Meet Goal
	Age-Adjusted Homicide Deaths/100,000	0	6.5	3.2	BETTER	Meets Goal
	Age-Adjusted Pneumonia/Influenza Deaths/100,000	53.3	34.6		WORSE	
	Age-Adjusted Stroke Deaths/100,000	64.6	59.5	48.0	WORSE	Does NOT Meet Goal
	Age-Adjusted Suicide Deaths/100,000	7.7	11.3	6.0	BETTER	Does NOT Meet Goal
	Morbidity	AIDS Incidence/100,000	22.5	16.9	1	WORSE
Chlamydia Incidence/100,000		169.4	236.5		BETTER	
Gonorrhea Incidence/100,000		28.2	132.8	19	BETTER	Does NOT Meet Goal
Tuberculosis Incidence/100,000		2.5	8.6	1	BETTER	Does NOT Meet Goal
% Arthritis/Rheumatism		21.1	20.3		similar	
% Sciatica/Chronic Back Pain		16.9	20		similar	
% Deafness/Trouble Hearing		12.4	9.3		similar	
% Diabetes/High Blood Sugar		7.7	5.4		similar	
% Asthma		5.6	9.9		BETTER	
% Chronic Heart Disease		5.7	5.7		similar	
% Blindness/Trouble Seeing		7.2	9.2		similar	
% Cancer (Other Than Skin)		8	4.5		WORSE	
% Chronic Lung Disease		7.4	6.4		similar	
% Ulcer/GI Bleeding		5.9	6		similar	
% Skin Cancer		5.1	4.9		similar	
% Kidney Disease		4.1	2.7		similar	
% Stroke	2.4	1.4		similar		
% Child Has Asthma	8.5	13.4		similar		

Natality	% Births to Teenagers	17.1	12.7		WORSE	
	% No Prenatal Care in 1st Trimester	19.3	17.2	10	WORSE	Does NOT Meet Goal
	% of Low Birthweight Births	5	7.5	5	BETTER	Meets Goal
Crime	Infant Death Rate	5.2	7.2	4.5	BETTER	Does NOT Meet Goal
	Murder Rate/100,000	0	5.7		BETTER	
	Rape Rate/100,000	22.4	32.7		BETTER	
	Robbery Rate/100,000	12.4	150.2		BETTER	
	Aggravated Assault/Battery Rate/100,000	99.6	336.1		BETTER	
	% Victim of Violent Crime in Past 5 Yrs	1.1	3.8		BETTER	
	% Victim of Domestic Violence in Past 5 Yrs	3.2	3.1		similar	

Health Risk		Clinton Co.	US	HP2010	vs. US	vs. HP2010
CV Risk	% 1+ Cardiovascular Risk Factor	89.6	84.7		WORSE	
Nutrition	% "High" Fat Diet	14.4	10.4		WORSE	
	% Use Food Labels	67.8	68.7		similar	
	% Eat 5+ Servings of Fruit or Vegetables/Day	27.6	30		similar	
Exercise	% No Leisure-Time Physical Activity	17.5	20.2		similar	
	% Vigorous Physical Activity	31.8	47.2	30	WORSE	similar to goal
	% Light/Moderate Physical Activity	16.8	16.9	30	similar	Does NOT Meet Goal
	% Strengthening/Toning Exercises	33		30	similar	Meets Goal
Tobacco	% Current Smoker	23.5	22.8	12	similar	Does NOT Meet Goal
	% Smoke >1 Pack/Day	25.7	13.8		WORSE	
	% Have Quit 1+ Days in Past Yr	59.3	52.2	75	similar	Does NOT Meet Goal
	% Use Smokeless Tobacco	7.4	3.7		WORSE	
	% Someone Smokes at Home	24.1	23.1	10	similar	Does NOT Meet Goal
Substance	% Current Drinker	43	56.4	50	BETTER	Meets Goal
	% Chronic Drinker	6.4	5		similar	
	% Binge Drinker	13.4	16.4	6	similar	Does NOT Meet Goal
	% Drinking & Driving in Past Month	1.8	3.7		BETTER	
	% Taken Rx Without Dr's Orders in Past Yr	0.6	4.5		BETTER	
	% Taken Illegal Drug in Past Yr	0.8	3.2		BETTER	
Hypertension	% Sought Help for Alcohol or Drug Problem	1.7	4.3		WORSE	
	% Blood Pressure Checked in Past 2 Yrs	94.9	96	95	similar	similar to goal
	% Told Have High Blood Pressure	28.5	23.4	16	WORSE	Does NOT Meet Goal
	% Taking Action to Control High BP	82.7	80.7	95	similar	Does NOT Meet Goal
Cholesterol	% Cholesterol Checked in Past 5 Yrs	78.8	82.2	80	similar	similar to goal
	% Told Have High Cholesterol	29.3	21.4	17	WORSE	Does NOT Meet Goal
	% Taking Action to Control High Cholesterol	70.1	70		similar	

Prevention		Clinton Co.	US	HP2010	vs. US	vs. HP2010
Preventive	% Have Had Routine Checkup in Past Yr	64	64.1		similar	
	% Child Has Had Checkup in Past Yr	89.4	85.6		similar	
	% Have Visited Dentist in Past Yr (18+)	67.6	68.9	83	similar	Does NOT Meet Goal
	% Child (1-17) Has Visited Dentist in Past Yr	72.7	69.3	83	similar	Does NOT Meet Goal
	% Have Had Eye Exam in Past Yr	38.7			similar	
Immunization	% Flu Shot in Past Yr (65+)	64.2	65.7	90	similar	Does NOT Meet Goal
Cancer	% Digital Rectal Exam in Past Yr (50+)	50.6	57.1		similar	
	% Sigmoid/Colonoscopy Ever (50+)	43	48.7	50	similar	Does NOT Meet Goal
	% Blood Stool Test in Past 2 Yrs (50+)	36.7	47.1	50	WORSE	Does NOT Meet Goal
	% Mother/Sister Diagnosed Breast Cancer (W)	13.5	11.5		similar	
	% Mammogram in Past 2 Yrs (W40+)	76	78.2	70	similar	similar to goal
	% Don't Know Breast Self-Exam (W)	3.5	4.2		similar	
	% Perform Breast Self-Exam Monthly (W)	50.5	42.9		BETTER	
	% Pap Smear in Past 3 Yrs (W)	82.4	84	90	similar	Does NOT Meet Goal
	% Father/Brother Diagnosed Prostate Cancer (M)	10.4	8.4		similar	
	% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	62.8	69.9		similar	
	% Testicular Exam Ever (M)	52.9	62.4		WORSE	
	% Don't Know Testicular Self-Exam (M)	58.5	63.5		similar	
	% Perform Testicular Self-Exam Monthly (M)	14.2	12.5		similar	
Injury Control	% "Always" Wear Seat Belt	72.6	75	92	similar	Does NOT Meet Goal
	% Child (<5) "Always" Uses Auto Child Restraint	96.3	98.9	100	similar	similar to goal
	% Child "Always" Wears Bicycle Helmet (5-16)	31.1	46.5		WORSE	
	% Discussed Fire Escape Plan With Child (1-17)	72.4	75.5		similar	
	% Can Swim/Tread Water	75.7	80.3		WORSE	
	% Child Has Had Swimming/Water Safety Class (1-17)	67.4	71.5		similar	
	% Firearm in Home	53	36.1		WORSE	
	% Firearm in Locked Place	66.7	62.4		similar	
Access		Clinton Co.	US	HP2010	vs. US	vs. HP2010
Insurance Cvg	% Lack Health Insurance (18-64)	9	15.6	0	BETTER	Does NOT Meet Goal
Primary Care	% Have a Regular Clinic or Physician	79	85	96	WORSE	Does NOT Meet Goal
	% Cost Prevented Physician Visit in Past Yr	9.3	10.4		similar	
	% Cost Prevented Child's Care in Past Yr	2	7.3		BETTER	
	% Transportation Prevented Dr Visit in Past Yr	1.8	5.2		BETTER	
	% Transportation Prevented Child's Care in Past Yr	1.3	4.1		BETTER	
	% Difficulty Getting Appointment in Past Yr	12.3	13.3	7	similar	Does NOT Meet Goal
	% Inconvenient Hrs Prevented Dr Visit in Past Yr	16.1	12.7		similar	
	% Cost Prevented Getting Rx in Past Yr	9.7	9.5		similar	
	% Difficulty Finding Dr for Child in Past Yr	5.5	5.3		similar	
	% Difficulty Getting Appt for Child in Past Yr	12.7	13.1		similar	
	% Inconv Hrs Prevented Child's Dr Visit in Past Yr	9.8	16.3		BETTER	
	% Cost Prevented Getting Child's Rx in Past Yr	1.6	4.4		BETTER	
	% Gone to ER More Than Once in Past Yr	8.5	5.6		WORSE	
% Difficulty Finding Physician in Past Yr	4.7	7.8		BETTER		
Health Care	% Rate Local Health Care "Excellent/Very Good"	62.3	53.1		BETTER	

1996 vs. 2001 Findings

The following are quantitative survey findings from both the 1996 and 2001 PRC Community Health Surveys, categorized into the following categories: **Health Status, Health Risk, Prevention, and Access.** Changes which have occurred over the years and are statistically significant are noted as “BETTER” or “WORSE.” In addition, *Healthy People 2010* goals are illustrated and compared with 2001 survey findings.

Health Status		2001	1996	HP2010	vs.1996	vs. HP2010
Physical	% "Fair" or "Poor" Physical Health	12.4	14.6		similar	
	% >1 Day/Month Poor Physical Health	25.5	23.3		similar	
	% Activity Limitations	16	20.2		similar	
	% >1 Workday/Year Missed Due to Illness	40	34.6		similar	
	% Overweight	35.7	36.1		similar	
	% Overweight Trying to Lose	50.1	33.2		BETTER	
	% Unhealthy Weight (BMI <18.5 or 25+)	66.4	60.7	40	similar	Does NOT Meet Goal
	% Obese	28.6	22.7	15	WORSE	Does NOT Meet Goal
Mental Health	% >1 Day/Month Poor Mental Health	28.8	21.4		WORSE	
	% Prolonged Depression (2+ Yrs)	21.1	19.3		similar	
	% Depressed Persons Seeking Help	42.4	23.8	50	BETTER	similar to goal
Morbidity	AIDS Incidence/100,000	22.5	8.5	1	WORSE	Does NOT Meet Goal
	Chlamydia Incidence/100,000	169.4	123.8		WORSE	
	Gonorrhea Incidence/100,000	28.2	37.7	19	BETTER	Does NOT Meet Goal
	Tuberculosis Incidence/100,000	2.5	0	1	WORSE	Does NOT Meet Goal
	% Arthritis/Rheumatism	21.1	21.1		similar	
	% Sciatica/Chronic Back Pain	16.9	13.6		similar	
	% Deafness/Trouble Hearing	12.4	6.2		WORSE	
	% Diabetes/High Blood Sugar	7.7	7.1		similar	
	% Asthma	5.6	5.6		similar	
	% Chronic Heart Disease	5.7	6.9		similar	
	% Blindness/Trouble Seeing	7.2	5.5		similar	
	% Cancer (Other Than Skin)	8	2.7		WORSE	
	% Chronic Lung Disease	7.4	3.5		WORSE	
	% Ulcer/GI Bleeding	5.9	5.4		similar	
	% Skin Cancer	5.1	3		similar	
	% Kidney Disease	4.1	3		similar	
	% Stroke	2.4	1.8		similar	
	% "High/Med" Chance of Getting STD (18-64)	7	6.1		similar	
	% Chance for STD Increased Past 5 Yrs (18-64)	3.9	4		similar	
	Natality	% Births to Teenagers	17.1	14.7		WORSE
% No Prenatal Care in 1st Trimester		19.3	21.9	10	BETTER	Does NOT Meet Goal
% of Low Birthweight Births		5	7.1	5	BETTER	Meets Goal
Infant Death Rate		5.2	2.9	4.5	WORSE	Does NOT Meet Goal

Crime	Murder Rate/100,000	0	0		similar	
	Rape Rate/100,000	22.4	18		WORSE	
	Robbery Rate/100,000	12.4	41.2		BETTER	
	Aggravated Assault/Battery Rate/100,000	99.6	28.3		WORSE	
	% Victim of Violent Crime in Past 5 Yrs	1.1	1.7		similar	
	% Victim of Domestic Violence in Past 5 Yrs	3.2	1.6		similar	
Health Risk						
		2001	1996	HP2010	vs.1996	vs. HP2010
Nutrition	% "High" Fat Diet	14.4	9.6		WORSE	
	% Use Food Labels	67.8	70.6		similar	
Exercise	% No Leisure-Time Physical Activity	17.5	18.6		similar	
Tobacco	% Current Smoker	23.5	22.2	12	similar	Does NOT Meet Goal
	% Smoke >1 Pack/Day	25.7	21.7		similar	
	% Have Quit 1+ Days in Past Yr	59.3	47.2	75	similar	Does NOT Meet Goal
	% Use Smokeless Tobacco	7.4	8.2		similar	
Substance	% Current Drinker	43	39.2	50	similar	Meets Goal
	% Chronic Drinker	6.4	3.6		WORSE	
	% Binge Drinker	13.4	10.4	6	similar	Does NOT Meet Goal
	% Drinking & Driving in Past Month	1.8	2.5		similar	
Hypertension	% Blood Pressure Checked in Past 2 Yrs	94.9	93.3	95	similar	similar to goal
	% Told Have High Blood Pressure	28.5	24.1	16	similar	Does NOT Meet Goal
	% Taking Action to Control High BP	82.7	80.6	95	similar	Does NOT Meet Goal
Cholesterol	% Cholesterol Checked in Past 5 Yrs	78.8	79.5	80	similar	similar to goal
	% Told Have High Cholesterol	29.3	20.7	17	WORSE	Does NOT Meet Goal
	% Taking Action to Control High Cholesterol	70.1	68.4		similar	
Prevention						
		2001	1996	HP2010	vs.1996	vs. HP2010
Preventive	% Have Had Routine Checkup in Past Yr	64	66.6		similar	
	% Child Has Had Checkup in Past Yr	89.4	93		similar	
	% Have Visited Dentist in Past Yr (18+)	67.6	64.4	83	similar	Does NOT Meet Goal
	% Child (1-17) Has Visited Dentist in Past Yr	72.7	70.4	83	similar	Does NOT Meet Goal
Immunization	% Flu Shot in Past Yr (65+)	64.2	58.9	90	similar	Does NOT Meet Goal
Cancer	% Digital Rectal Exam in Past Yr (50+)	50.6	44.1		similar	
	% Sigmoid/Colonoscopy Ever (50+)	43	43.1	50	similar	Does NOT Meet Goal
	% Blood Stool Test in Past 2 Yrs (50+)	36.7	39.4	50	similar	Does NOT Meet Goal
	% Mother/Sister Diagnosed Breast Cancer (W)	13.5	8		WORSE	
	% Mammogram in Past 2 Yrs (W40+)	76	65	70	BETTER	similar to goal
	% Don't Know Breast Self-Exam (W)	3.5	4.5		similar	
	% Perform Breast Self-Exam Monthly (W)	50.5	49.2		similar	
	% Pap Smear in Past 3 Yrs (W)	82.4	76.6	90	similar	Does NOT Meet Goal
	% Testicular Exam Ever (M)	52.9	53.8		similar	
% Don't Know Testicular Self-Exam (M)	58.5	68.8		BETTER		
	% Perform Testicular Self-Exam Monthly (M)	14.2	8.9		similar	

Injury Control	% "Always" Wear Seat Belt	72.6	70.1	92	similar	Does NOT Meet Goal
	% Child (<5) "Always" Uses Auto Child Restraint	96.3	90.4	100	similar	similar to goal
	% Discussed Fire Escape Plan With Child (1-17)	72.4	81.5		WORSE	
	% Can Swim/Tread Water	75.7	72.7		similar	
	% Child Has Had Swimming/Water Safety Class (1-17)	67.4	73.8		similar	

Access		2001	1996	HP2010	vs.1996	vs. HP2010
Insurance Cvg	% Lack Health Insurance (18-64)	9	9.1	0	similar	Does NOT Meet Goal
Primary Care	% Have a Regular Clinic or Physician	79	90	96	WORSE	Does NOT Meet Goal
	% Cost Prevented Physician Visit in Past Yr	9.3	6.6		similar	
	% Cost Prevented Child's Care in Past Yr	2	6.3		BETTER	
	% Transportation Prevented Dr Visit in Past Yr	1.8	3.1		similar	
	% Transportation Prevented Child's Care in Past Yr	1.3	1.4		similar	
	% Difficulty Getting Appointment in Past Yr	12.3	6.8	7	WORSE	Does NOT Meet Goal