2025
COMMUNITY HEALTH NEEDS ASSESSMENT

Clinton County, Ohio

Sponsored by

Clinton County Board of Developmental Disabilities
Clinton County Commissioners
Clinton County Foundation
Clinton County Health District
Clinton Memorial Hospital
HealthFirst for Clinton County
Kettering Health
Mental Health Recovery Board (serving Warren and Clinton Counties)

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PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 1996, 2001, 2015, and 2020 is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Clinton County, Ohio. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information 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 Needs 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 that historically have 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.

This assessment was conducted on behalf of the sponsors by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the sponsors and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort is defined as each of the residential ZIP Codes comprising Clinton County, Ohio. This community definition is illustrated in the following map.
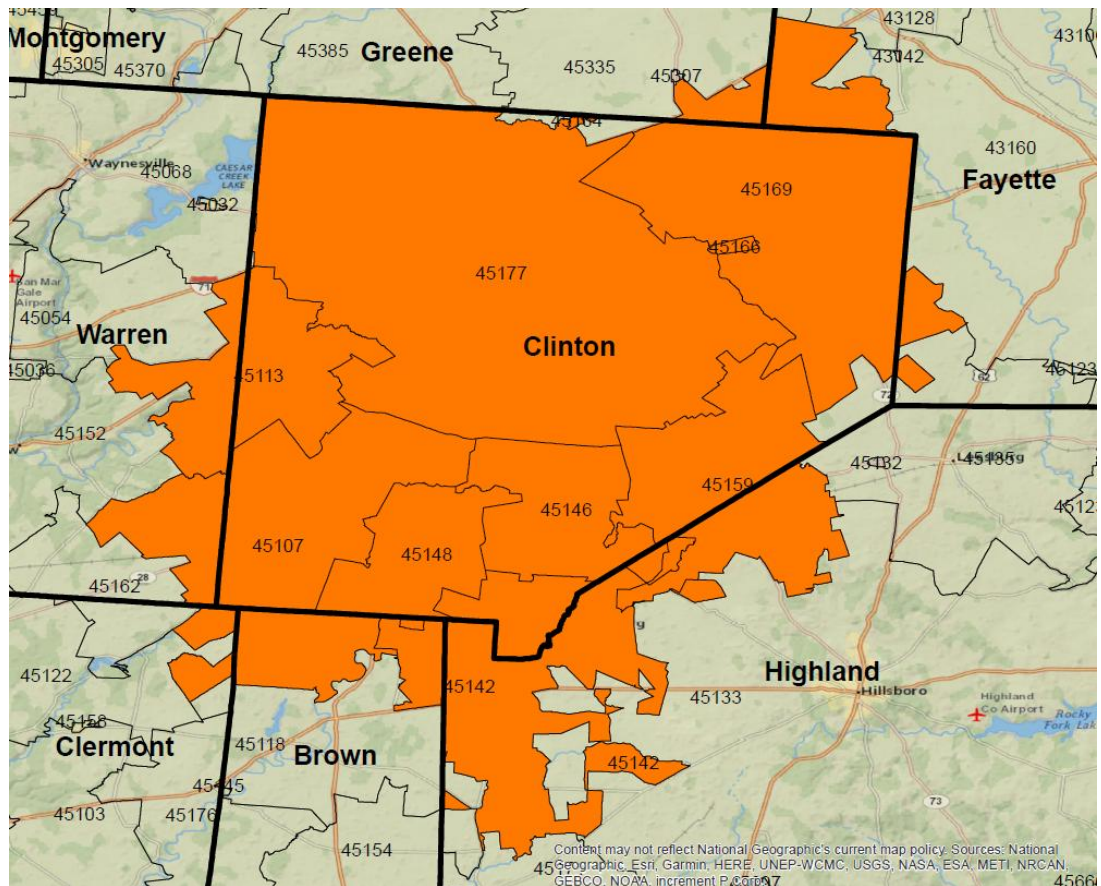
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (landline and cell phone) or through online questionnaires, as well as a community outreach component promoted by the study sponsors through social media posting and other communications.

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 403 surveys throughout the area.

COMMUNITY OUTREACH SURVEYS (Sponsors) ► PRC also created a link to an online version of the survey, and the study sponsors promoted this link locally in order to drive additional participation and bolster overall samples. This yielded an additional 55 surveys to the overall sample.

In all, 458 surveys were completed through these mechanisms. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Clinton County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 458 respondents is ±4.6% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 458 Respondents at the 95 Percent Level of Confidence
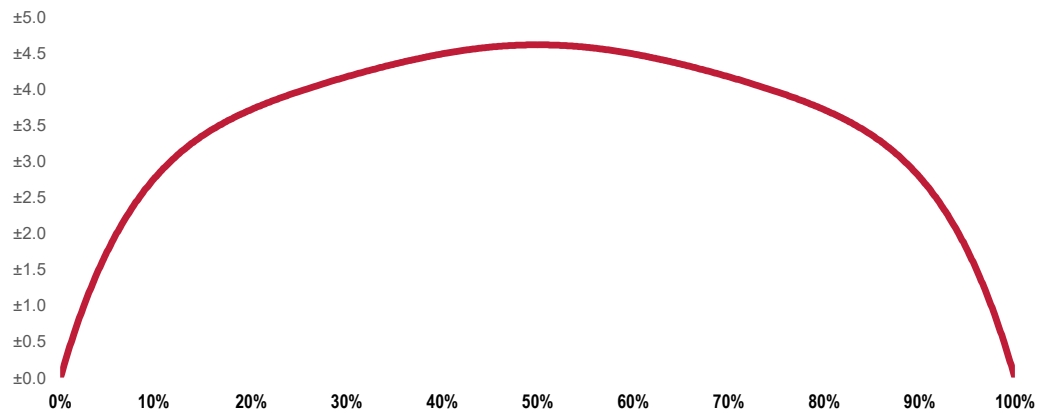
Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: • If 10% of the sample of 458 respondents answered a certain question with a "yes," it can be asserted that between 7.2% and 12.8% (10% ± 2.8%) of the total population would offer this response.
• If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.4% and 54.6% (50% ± 4.6%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. 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 geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that 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 might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Clinton County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 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.]

Population & Survey Sample Characteristics
(Clinton County, 2025)
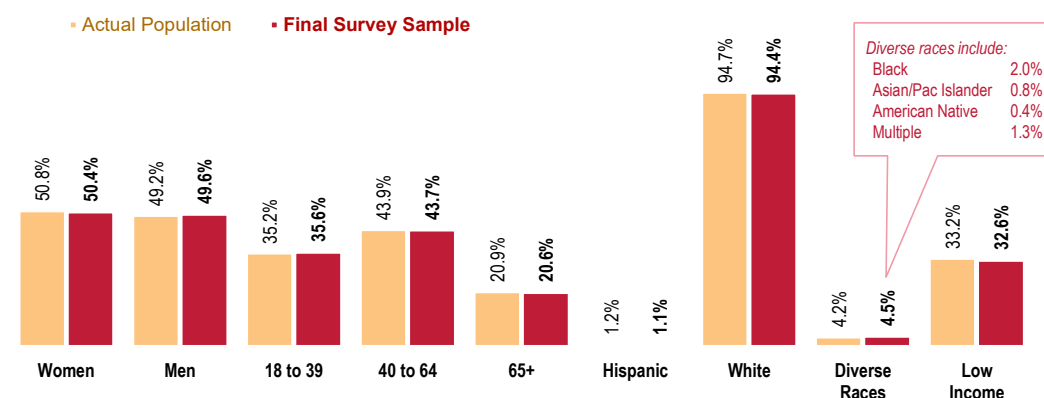
Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2025 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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 the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by the sponsoring organizations; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 89 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	9
Public Health Representatives	21
Other Health Providers	5
Social Services Providers	11
Other Community Leaders	43

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined in the following list.

- Blanchester Schools
- Board of Developmental Disabilities
- Clinton County Board of Health
- Clinton County Community Action Program HeadStart
- Clinton County Health Department
- City of Wilmington
- Clinton County Foundation
- Clinton County Homeless Coalition
- Clinton County Youth Council
- Community Action
- Community Action Program
- Community Health Alliance
- Early Learning Center
- East Clinton Schools
- Family Children First Council
- First National Bank, Blanchester
- Great Oaks Career Campuses
- Greater Cincinnati Behavioral Health Services
- Harvest of Gold

- Health Alliance of Clinton County
- HealthFirst for Clinton County
- HealthSource of Ohio
- Help Me Grow
- Mental Health Recovery Board
- New Community Action Chair
- Orange Frazer Press
- Private Dental Office
- Regional Planning Commission
- Southwest Ohio Council on Aging
- Sugartree Ministries
- Talbert House
- United Way of Clinton County
- Wilmington Area Ministerial Association First Christian
- Wilmington Area Ministerial Association Wilmington Friends
- Wilmington City Council
- Wilmington College
- Wilmington United Methodist
- Wilmington-County Chamber

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)

- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics

- National Cancer Institute, State Cancer Profiles

- US Census Bureau, American Community Survey

- US Census Bureau, County Business Patterns

- US Census Bureau, Decennial Census

- US Department of Agriculture, Economic Research Service

- US Department of Health & Human Services

- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)

- US Department of Justice, Federal Bureau of Investigation

- US Department of Labor, Bureau of Labor Statistics

Benchmark Comparisons

Trending

Similar surveys were administered in Clinton County in 1996, 2001, 2015, and 2020 by PRC. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Ohio Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the unhoused, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access 　○ Cost of Prescriptions 　○ Cost of Physician Visits 　○ Appointment Availability 　○ Difficulty Finding a Physician 　○ Lack of Transportation ▪ Skipping/Stretching Prescriptions ▪ Difficulty Accessing Children's Health Care ▪ Lack of Financial Resilience ▪ Primary Care Physician Ratio ▪ Specific Source of Ongoing Medical Care ▪ Routine Medical Care (Children) ▪ Emergency Room Utilization ▪ Ratings of Local Health Care
CANCER	▪ Leading Cause of Death ▪ Cancer Deaths 　○ Including Lung Cancer, Prostate Cancer, and Female Breast Cancer Deaths ▪ Cancer Incidence 　○ Including Lung Cancer ▪ Cancer Prevalence ▪ Cervical Cancer Screening
DIABETES	▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes ▪ Kidney Disease Deaths
DISABLING CONDITIONS	▪ Multiple Chronic Conditions ▪ Activity Limitations ▪ Caregiving
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ Heart Disease Prevalence ▪ Stroke Deaths ▪ Stroke Prevalence ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence

AREAS OF OPPORTUNITY (continued)	
HOUSING	▪ Housing Insecurity ▪ Housing Conditions ▪ Unhoused Persons ▪ Key Informants: *Social Determinants of Health (especially Housing)* ranked as a top concern.
INFANT HEALTH & FAMILY PLANNING	▪ Infant Deaths ▪ Teen Births
INJURY & VIOLENCE	▪ Unintentional Injury Deaths ▪ Motor Vehicle Crash Deaths
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Symptoms of Chronic Depression ▪ Stress ▪ Suicide Deaths ▪ Considered/attempted Self Harm in the Past Year ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: *Mental Health* ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Food Insecurity ▪ Low Food Access ▪ Overweight & Obesity [Adults] ▪ Key Informants: *Nutrition, Physical Activity & Weight* ranked as a top concern.
RESPIRATORY DISEASE	▪ Lung Disease Deaths ▪ Pneumonia/Influenza Deaths ▪ Asthma Prevalence [Adults] ▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Unintentional Drug-Induced Deaths ▪ Key Informants: *Substance Use* ranked as a top concern.
TOBACCO USE	▪ Cigarette Smoking in the Home ▪ Use of Vaping Products

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Social Determinants of Health (Especially Housing)
2. Mental Health
3. Nutrition, Physical Activity & Weight
4. Substance Use
5. Diabetes
6. Heart Disease & Stroke
7. Cancer
8. Tobacco Use
9. Disabling Conditions
10. Infant Health & Family Planning
11. Access to Health Care Services
12. Injury & Violence
13. Respiratory Diseases

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

⬛ In the following tables, Clinton County results are shown in the larger, gray column.

🟪 The columns to the right of Clinton County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Clinton County compares favorably (☀), unfavorably (🦑), or comparably (⌂) to these external data.

> Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
>
> *Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 1996 (or earliest available data).

OTHER (SECONDARY) DATA INDICATORS:
Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

SOCIAL DETERMINANTS	Clinton County	CLINTON CO vs. BENCHMARKS			TREND
		vs. OH	vs. US	vs. HP2030	
Linguistically Isolated Population (Percent)	0.8	☀ 1.4	☀ 3.9		
Population in Poverty (Percent)	14.8	☁ 13.2	🌧 12.4	🌧 8.0	
Children in Poverty (Percent)	20.8	☁ 18.0	🌧 16.3	🌧 8.0	
No High School Diploma (Age 25+, Percent)	8.4	☁ 8.4	☀ 10.6		
Unemployment Rate (Age 16+, Percent)	5.0	☁ 5.5	☁ 4.6		☀ 10.4
% Unable to Pay Cash for a $400 Emergency Expense	33.2		☁ 34.0		🌧 17.0
% Worry/Stress Over Rent/Mortgage in Past Year	36.1		☀ 45.8		🌧 18.6
% Unhealthy/Unsafe Housing Conditions	13.3		☁ 16.4		🌧 7.8
Population With Low Food Access (Percent)	29.3	☁ 25.1	🌧 22.2		
% Food Insecure	29.3		☀ 43.3		🌧 16.3
% 4+ Adverse Childhood Experiences (High ACEs Score)	21.8		☁ 25.5		
% Ever Unhoused	16.5				🌧 10.6

☀ better ☁ similar 🌧 worse

OVERALL HEALTH	Clinton County	CLINTON CO vs. BENCHMARKS			TREND
		vs. OH	vs. US	vs. HP2030	
% "Fair/Poor" Overall Health	23.5	☁ 20.1	🌧 15.7		🌧 14.6

☀ better ☁ similar 🌧 worse

ACCESS TO HEALTH CARE	Clinton County	CLINTON CO vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	8.8	☁ 7.7	☁ 8.1	☁ 7.6	☁ 9.1
% Difficulty Accessing Health Care in Past Year (Composite)	45.2		☀ 52.5		☁ 42.6
% Cost Prevented Physician Visit in Past Year	17.5	🌧 9.5	☁ 21.6		🌧 6.6
% Cost Prevented Getting Prescription in Past Year	19.3		☁ 20.2		🌧 9.7
% Difficulty Getting Appointment in Past Year	23.0		☀ 33.4		🌧 6.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.9		☀ 22.9		☁ 16.1
% Difficulty Finding Physician in Past Year	23.3		☁ 22.0		🌧 4.7
% Transportation Hindered Dr Visit in Past Year	12.4		☀ 18.3		🌧 3.1
% Language/Culture Prevented Care in Past Year	1.0		☀ 5.0		☁ 0.3
% Stretched Prescription to Save Cost in Past Year	17.4		☁ 19.4		🌧 12.2
% Difficulty Getting Child's Health Care in Past Year	13.5		☁ 11.1		🌧 5.8
Primary Care Doctors per 100,000	59.5	🌧 119.7	🌧 118.8		
% Have a Specific Source of Ongoing Care	69.9		☁ 69.9	🌧 84.0	🌧 90.0
% Routine Checkup in Past Year	74.1	🌧 79.7	☀ 65.3		☀ 66.6
% [Child 0-17] Routine Checkup in Past Year	79.0		☁ 77.5		🌧 93.0
% Two or More ER Visits in Past Year	14.6		☁ 15.6		🌧 8.5

ACCESS TO HEALTH CARE (continued)	Clinton County	vs. OH	vs. US	vs. HP2030	TREND
% Rate Local Health Care "Fair/Poor"	18.6		☔ 11.5		☔ 7.6

☀ better   ☁ similar   ☔ worse

CANCER	Clinton County	vs. OH	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000	235.9	☁ 211.1	☔ 182.5	☔ 122.7	☁ 218.9
Lung Cancer Deaths per 100,000	69.1	☔ 52.0	☔ 39.8	☔ 25.1	
Female Breast Cancer Deaths per 100,000	34.7	☔ 27.1	☔ 25.1	☔ 15.3	
Prostate Cancer Deaths per 100,000	28.8	☔ 21.3	☔ 20.1	☔ 16.9	
Colorectal Cancer Deaths per 100,000	16.7	☁ 18.0	☁ 16.3	☔ 8.9	
Cancer Incidence per 100,000	491.8	☁ 470.0	☁ 444.4		
Lung Cancer Incidence per 100,000	84.3	☔ 64.3	☔ 53.1		
Female Breast Cancer Incidence per 100,000	120.0	☁ 132.3	☁ 129.8		
Prostate Cancer Incidence per 100,000	113.8	☁ 118.1	☁ 113.2		
Colorectal Cancer Incidence per 100,000	42.0	☁ 38.9	☁ 36.4		
% Cancer	11.1	☁ 11.8	☔ 7.4		☁ 9.4
% [Women 50-74] Breast Cancer Screening	63.0		☁ 64.0	☔ 80.5	☁ 65.0
% [Women 21-65] Cervical Cancer Screening	56.2		☔ 75.4	☔ 84.3	☔ 76.6

CANCER (continued)	Clinton County	CLINTON CO vs. BENCHMARKS			TREND
		vs. OH	vs. US	vs. HP2030	
% [Age 45-75] Colorectal Cancer Screening	71.7		☁ 71.5	☁ 74.4	☁ 74.4

☀ better   ☁ similar   ☂ worse

DIABETES	Clinton County	CLINTON CO vs. BENCHMARKS			TREND
		vs. OH	vs. US	vs. HP2030	
Diabetes Deaths per 100,000	44.5	☂ 36.8	☂ 30.5		☂ 35.0
% Diabetes/High Blood Sugar	14.0	☁ 13.2	☁ 12.8		☂ 7.1
% Borderline/Pre-Diabetes	17.4		☁ 15.0		☂ 7.0
Kidney Disease Deaths per 100,000	23.0	☁ 20.5	☂ 16.9		☁ 24.7

☀ better   ☁ similar   ☂ worse

DISABLING CONDITIONS	Clinton County	CLINTON CO vs. BENCHMARKS			TREND
		vs. OH	vs. US	vs. HP2030	
% 3+ Chronic Conditions	43.1		☁ 38.0		☂ 32.2
% Activity Limitations	32.3		☁ 27.5		☂ 20.2
% High-Impact Chronic Pain	23.3		☁ 19.6	☂ 6.4	☁ 22.1
Alzheimer's Disease Deaths per 100,000	33.4	☀ 42.0	☁ 35.8		☁ 30.2
% Caregiver to a Friend/Family Member	29.8		☂ 22.8		☁ 31.8

☀ better   ☁ similar   ☂ worse

GAMBLING	Clinton County	vs. OH	vs. US	vs. HP2030	TREND
% Gambled in the Past Year	24.2				

☀ better   ☁ similar   🌧 worse

HEART DISEASE & STROKE	Clinton County	vs. OH	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000	274.8	☁ 255.5	🌧 209.5	🌧 127.4	☁ 247.5
% Heart Disease	10.8	🌧 7.4	☁ 10.3		🌧 6.9
Stroke Deaths per 100,000	73.9	🌧 61.3	🌧 49.3	🌧 33.4	☁ 67.6
% Stroke	4.3	☁ 3.8	☁ 5.4		🌧 1.8
% High Blood Pressure	41.2	☁ 37.1	☁ 40.4	☁ 42.6	🌧 24.1
% High Cholesterol	42.3		🌧 32.4		🌧 20.7
% 1+ Cardiovascular Risk Factor	86.6		☁ 87.8		☁ 89.6

☀ better   ☁ similar   🌧 worse

INFANT HEALTH & FAMILY PLANNING	Clinton County	vs. OH	vs. US	vs. HP2030	TREND
Teen Births per 1,000 Females 15-19	21.5	🌧 17.4	🌧 15.5		
Low Birthweight (Percent of Births)	8.1	☁ 8.6	☁ 8.4		

INFANT HEALTH & FAMILY PLANNING (continued)	Clinton County	vs. OH	vs. US	vs. HP2030	TREND
Infant Deaths per 1,000 Births	7.9	7.0	5.6	5.0	

	better	similar	worse

INJURY & VIOLENCE	Clinton County	vs. OH	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000	96.9	82.9	67.8	43.2	81.2
Motor Vehicle Crash Deaths per 100,000	17.5	11.7	13.3	10.1	
% Victim of Violent Crime in Past 5 Years	3.5		7.0		1.7
% Victim of Intimate Partner Violence	20.6		20.3		16.1
% Unlocked Firearms in/around the Home	16.1				21.9

	better	similar	worse

MENTAL HEALTH	Clinton County	vs. OH	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	26.6		24.4		18.1
% Diagnosed Depression	33.5	25.0	30.8		
% Symptoms of Chronic Depression	43.2		46.7		19.3
% Typical Day Is "Extremely/Very" Stressful	17.6		21.1		11.0

MENTAL HEALTH (continued)	Clinton County	CLINTON CO vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2030	TREND
Suicide Deaths per 100,000	17.2	☁ 15.0	🌧 14.5	🌧 12.8	🌧 13.4
Mental Health Providers per 100,000	364.1	🌧 474.3	☁ 329.9		
% Receiving Mental Health Treatment	25.6		☁ 21.9		☁ 20.4
% Unable to Get Mental Health Services in Past Year	13.3		☁ 13.2		🌧 3.9
% Considered/Attempted Self-Harm in the Past Year	11.2				🌧 5.2

☀ better		☁ similar	🌧 worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Clinton County	CLINTON CO vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	22.4		☀ 30.0		☁ 23.9
% No Leisure-Time Physical Activity	21.3	☀ 26.4	☀ 30.2	☁ 21.8	☁ 18.6
% Meet Physical Activity Guidelines	27.2	☁ 30.6	☁ 30.3	☁ 29.7	☁ 23.4
% [Child 2-17] Physically Active 1+ Hours per Day	44.6		☀ 27.4		☁ 52.7
% Overweight (BMI 25+)	67.9	☁ 69.6	☁ 63.3		🌧 58.8
% Obese (BMI 30+)	37.9	☁ 36.4	☁ 33.9	☁ 36.0	🌧 22.7
% [Child 5-17] Overweight (85th Percentile)	31.2		☁ 31.8		☁ 19.7
% [Child 5-17] Obese (95th Percentile)	15.0		☁ 19.5	☁ 15.5	☁ 13.1

☀ better		☁ similar	🌧 worse

ORAL HEALTH	Clinton County	CLINTON CO vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2030	TREND
% Have Dental Insurance	79.5		☀ 72.7	☀ 75.0	☁ 74.3
% Dental Visit in Past Year	60.3	☁ 64.4	☁ 56.5	☀ 45.0	☁ 64.4
% [Child 2-17] Dental Visit in Past Year	82.1		☁ 77.8	☀ 45.0	☁ 70.4

☀ better　☁ similar　🌧 worse

RESPIRATORY DISEASE	Clinton County	CLINTON CO vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000	58.0	☁ 56.0	🌧 43.5		☀ 70.0
Pneumonia/Influenza Deaths per 100,000	18.3	🌧 15.2	🌧 13.4		☀ 28.7
% Asthma	13.3	☁ 11.0	☀ 17.9		🌧 5.6
% [Child 0-17] Asthma	5.6		☀ 16.7		☁ 8.5
% COPD (Lung Disease)	12.8	🌧 7.9	☁ 11.0		🌧 3.5

☀ better　☁ similar　🌧 worse

SEXUAL HEALTH	Clinton County	CLINTON CO vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000	118.5	☀ 246.1	☀ 386.6		
Chlamydia Incidence per 100,000	233.7	☀ 461.7	☀ 492.2		

SEXUAL HEALTH (continued)	Clinton County	CLINTON CO vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2030	TREND
Gonorrhea Incidence per 100,000	73.9	☀ 168.0	☀ 179.0		

☀ better   ☁ similar   🌧 worse

SUBSTANCE USE	Clinton County	CLINTON CO vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000	11.4	☀ 13.6	☀ 14.6		🌧 8.6
% Excessive Drinking	14.3	☁ 16.9	☀ 34.3		☁ 11.0
Unintentional Drug-Induced Deaths per 100,000	48.4	☁ 42.4	🌧 29.7		🌧 36.6
% Used an Illicit Drug in Past Month	3.3		☀ 8.4		☁ 3.8
% Used a Prescription Opioid in Past Year	14.5		☁ 15.1		☁ 17.7
% Ever Sought Help for Alcohol or Drug Problem	8.3		☁ 6.8		☀ 1.7
% Personally Impacted by Substance Use	41.3		☁ 45.4		☁ 42.9

☀ better   ☁ similar   🌧 worse

TOBACCO USE	Clinton County	CLINTON CO vs. BENCHMARKS			
		vs. OH	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	22.5	⛈️ 15.0	☁️ 23.9	⛈️ 6.1	☁️ 22.2
% Someone Smokes at Home	24.5		⛈️ 17.7		☁️ 24.1
% Use Vaping Products	19.0	⛈️ 8.3	☁️ 18.5		⛈️ 5.8

☀️	☁️	⛈️
better	similar	worse

COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Clinton County, the focus of this Community Health Needs Assessment, encompasses 408.73 square miles and houses a total population of 42,014 residents, according to latest census estimates.

Total Population
(Estimated Population, 2019-2023)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Clinton County	**42,014**	**408.73**	**103**
Ohio	11,780,046	40,858.81	288
United States	332,387,540	3,533,298.58	94

Sources: ● US Census Bureau American Community Survey, 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of Clinton County decreased by 28 persons, or -0.1%.

BENCHMARK ► Clinton County experienced a decrease in population in contrast to the national increase.

Change in Total Population
(Percentage Change Between 2010 and 2020)

A decrease of 28 persons

-0.1% **Clinton County**

2.3% **OH**

7.1% **US**
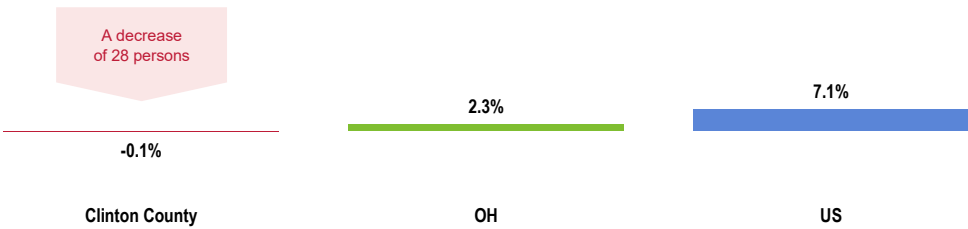
Sources: ● US Census Bureau Decennial Census (2010-2020).
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

This map shows the areas of greatest increase and decrease in population between 2010 and 2020.

Map Legend

Report Location, County

Population Change, Percent by Tract, US
Census Bureau 2010 - 2020

- Over 10.0% Increase (+)
- 2.0 - 10.0% Increase (+)
- Less Than 2.0% Change (+/-)
- 2.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data

SparkMap
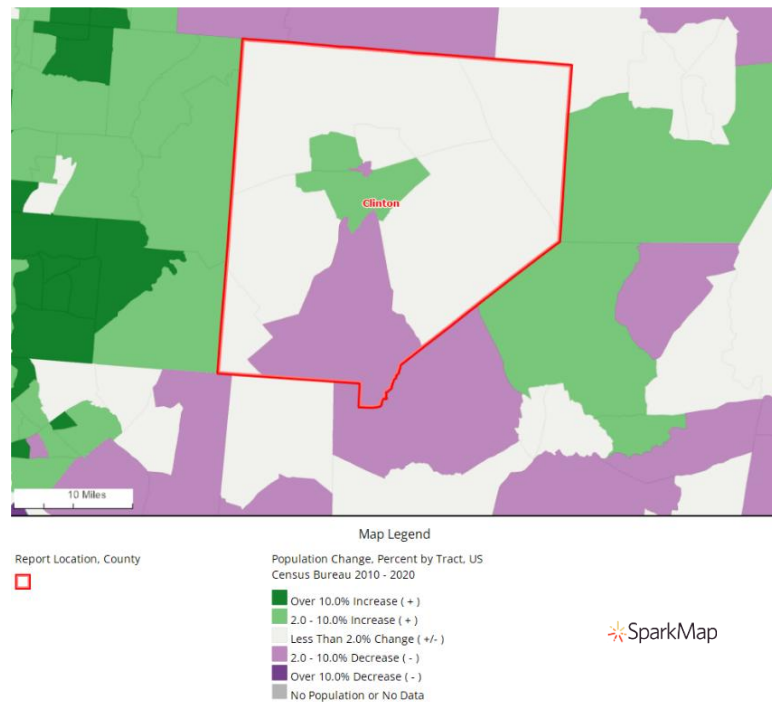
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are those that are not urban.

Clinton County is slightly more urban, with 52.3% of the population living in areas designated as urban.

BENCHMARK ► Clinton County has a greater share of the population living in rural areas than found statewide or nationally.

Urban and Rural Population
(2020)

■ % Urban   ■ % Rural

	Clinton County	OH	US
% Urban	52.3%	70.7%	75.2%
% Rural	47.7%	29.3%	24.8%
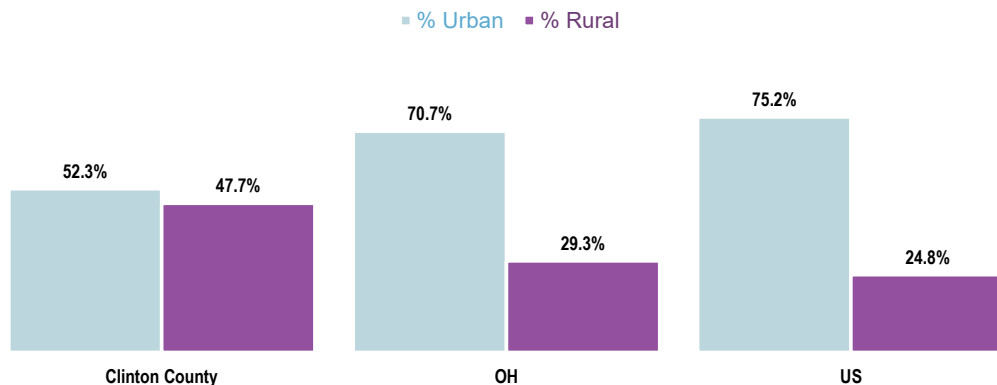
Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In Clinton County, 22.9% of the population are children age 0-17; another 59.0% are under age 65, while 18.1% are age 65 and older.

Total Population by Age Groups
(2019-2023)
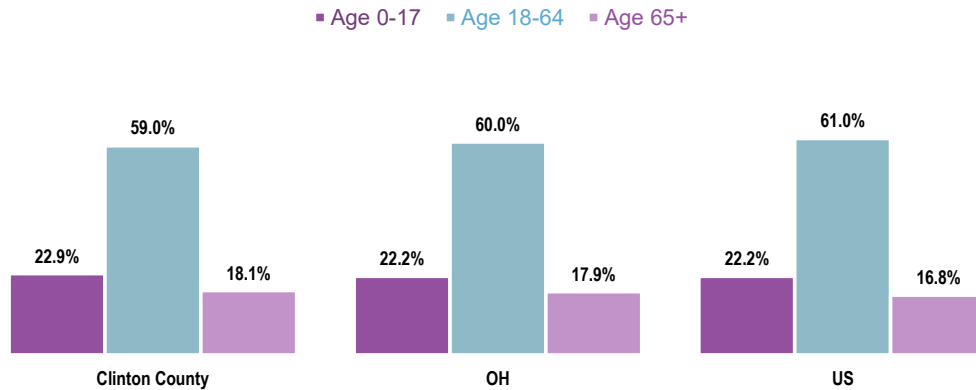
■ Age 0-17   ■ Age 18-64   ■ Age 65+

Clinton County
- 22.9%
- 59.0%
- 18.1%

OH
- 22.2%
- 60.0%
- 17.9%

US
- 22.2%
- 61.0%
- 16.8%

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Median Age

Clinton County is slightly "older" than the state and the nation in that the median age is higher.

Median Age
(2019-2023)
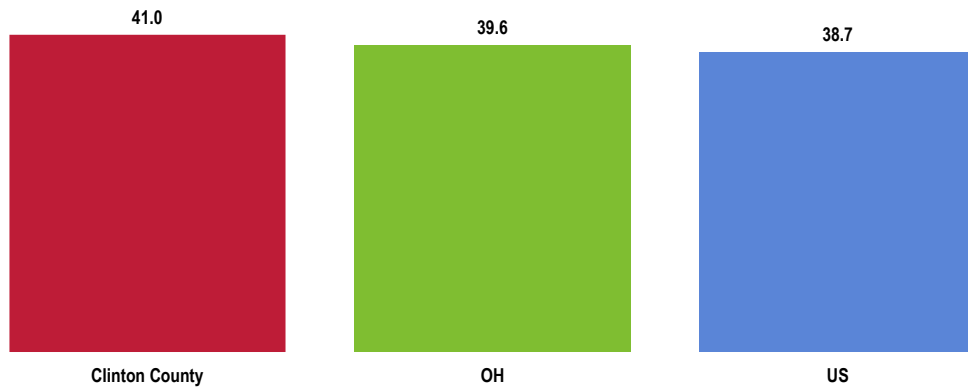
Clinton County 41.0
OH 39.6
US 38.7

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age by census tract throughout Clinton County.

Map Legend

Report Location, County

Median Age by Tract, ACS 2019-23
- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

SparkMap
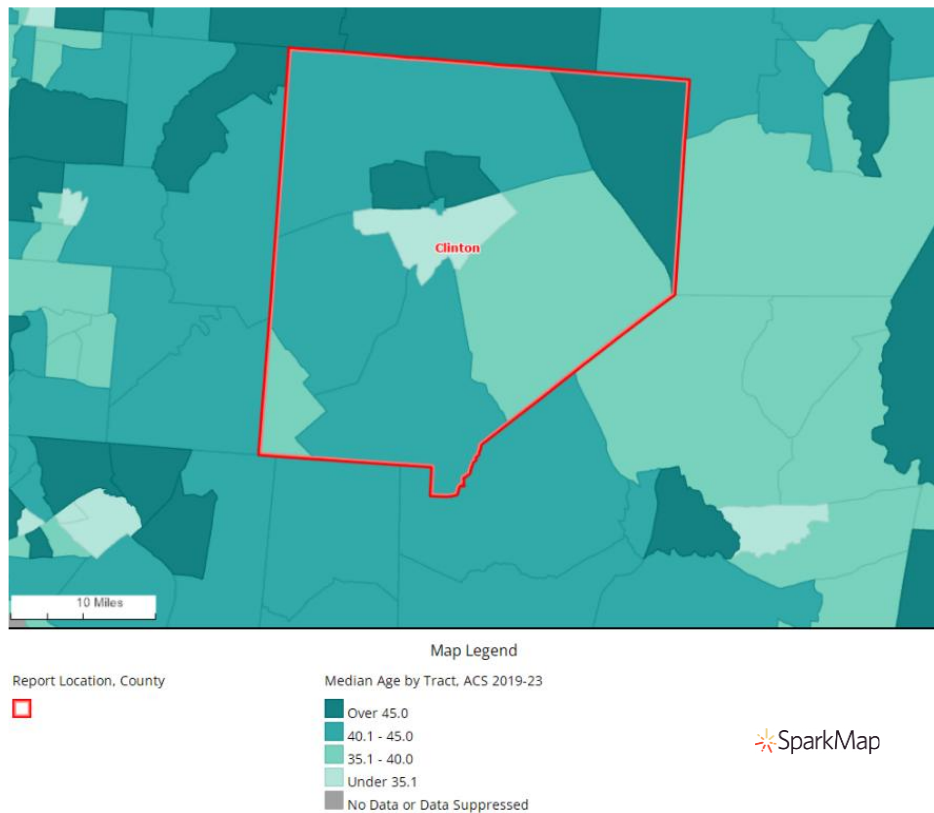
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 92.6% of residents of Clinton County are White and 1.9% are Black.

BENCHMARK ► Clinton County is less racially diverse than the state and the nation.

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Total Population by Race Alone
(2019-2023)
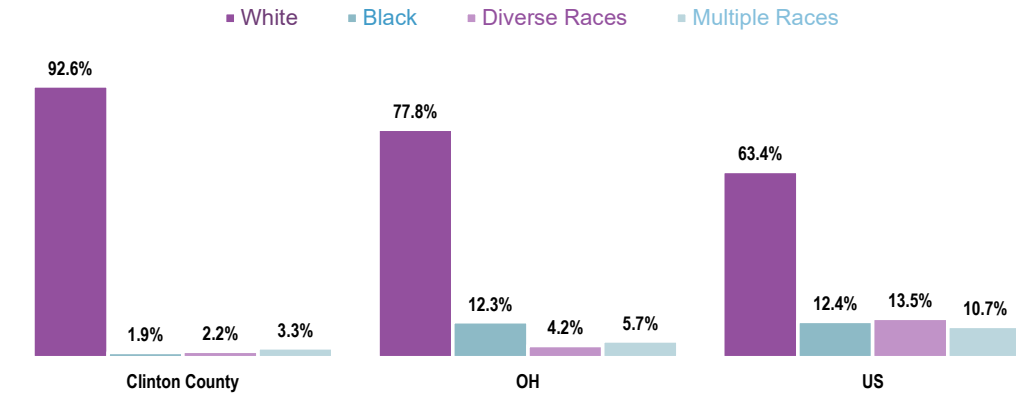
■ White   ■ Black   ■ Diverse Races   ■ Multiple Races

	Clinton County	OH	US
White	92.6%	77.8%	63.4%
Black	1.9%	12.3%	12.4%
Diverse Races	2.2%	4.2%	13.5%
Multiple Races	3.3%	5.7%	10.7%

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Notes:
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Ethnicity

A total of 2.1% of Clinton County residents are Hispanic or Latino.

BENCHMARK ► Well below the national percentage.

Hispanic Population
(2019-2023)
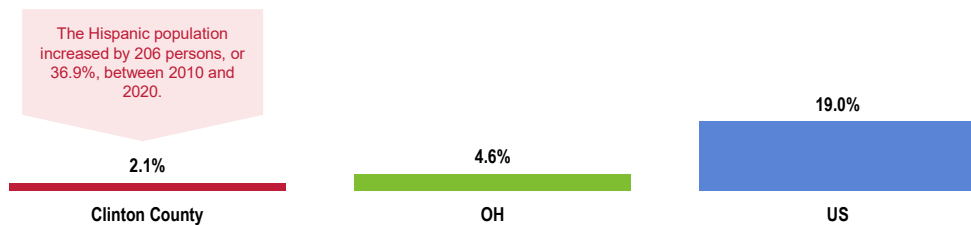
The Hispanic population increased by 206 persons, or 36.9%, between 2010 and 2020.

Clinton County	OH	US
2.1%	4.6%	19.0%

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 0.8% of the Clinton County population age 5 and older live in a home in which <u>no</u> person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Below both Ohio and US proportions.

Linguistically Isolated Population
(2019-2023)
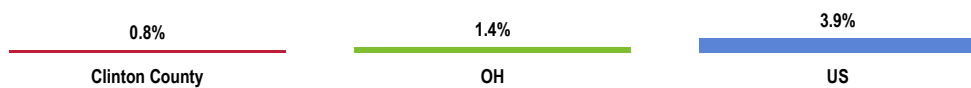
0.8%	**1.4%**	**3.9%**
Clinton County	**OH**	**US**

Sources: ● US Census Bureau American Community Survey, 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speaks a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout Clinton County.

Report Location, County

Map Legend

Population in Linguistically Isolated
Households, Percent by Tract, ACS 2019-23

■ Over 3.0%
■ 1.1 - 3.0%
■ 0.1 - 1.1%
No Population in Linguistically Isolated Households
■ No Data or Data Suppressed
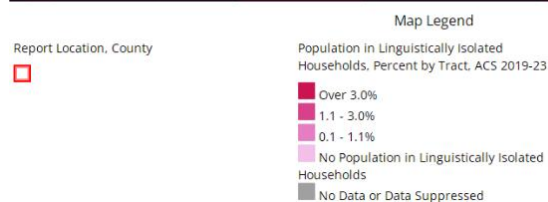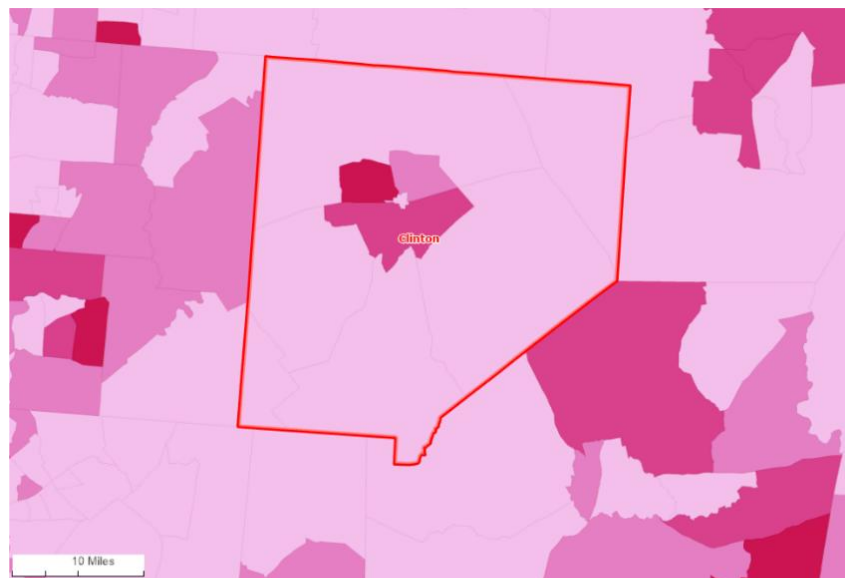
SparkMap

SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (https://health.gov/healthypeople)

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

The latest census estimate shows 14.8% of the Clinton County total population living below the federal poverty level.

BENCHMARK ► A higher prevalence of poverty than the nation. Fails to satisfy the Healthy People 2030 objective.

Among just children (ages 0 to 17), this percentage in Clinton County is 20.8% (representing an estimated 1,962 children).

BENCHMARK ► A higher prevalence of children in poverty than the nation. Fails to satisfy the Healthy People 2030 objective.

Percent of Population in Poverty
(2019-2023)
Healthy People 2030 = 8.0% or Lower

■ Total Population   ■ Children
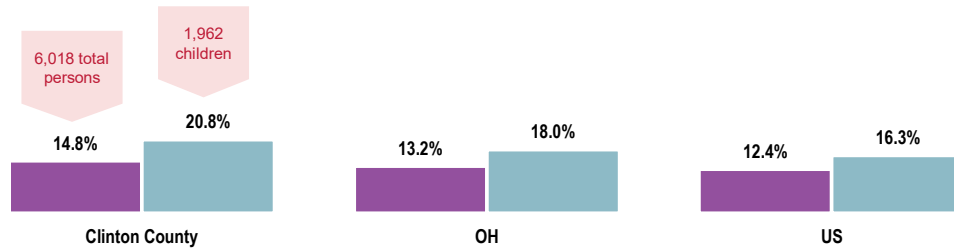
6,018 total persons

1,962 children

Clinton County
14.8%   20.8%

OH
13.2%   18.0%

US
12.4%   16.3%

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

The following maps highlight concentrations of persons living below the federal poverty level.

Total Population Living Below the Poverty Level
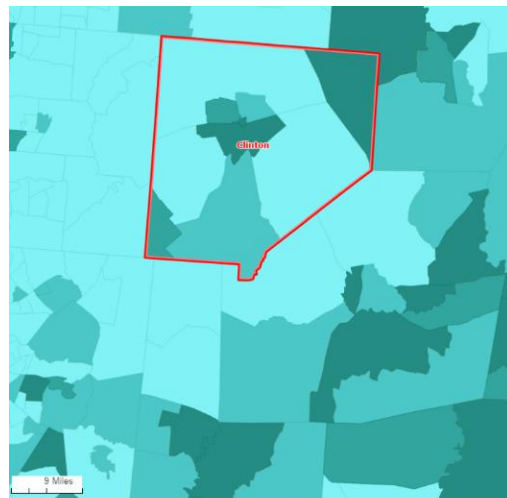
Map Legend

Report Location, County

Population Below the Poverty Level, Percent by Tract, ACS 2019-23
- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

SparkMap

Children Living Below the Poverty Level
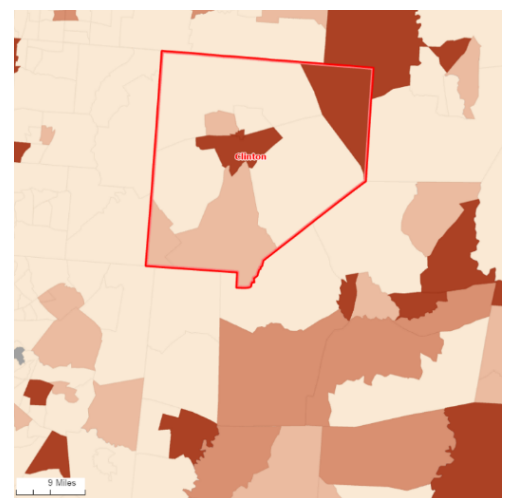
Map Legend

Report Location, County

Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2019-23
- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

SparkMap

Education

Among the Clinton County population age 25 and older, an estimated 8.4% (approximately 2,373 people) do not have a high school education.

BENCHMARK ► A lower percentage than found nationally.

Population With No High School Diploma
(Adults Age 25 and Older; 2019-2023)
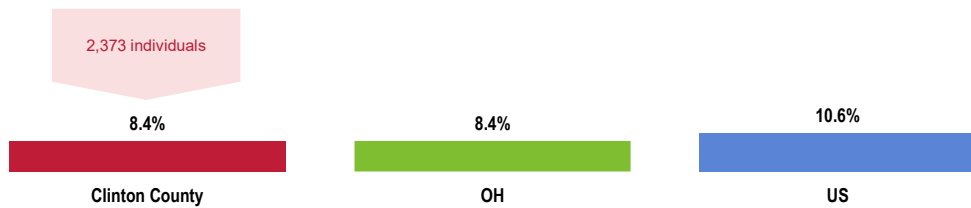
2,373 individuals

8.4%	8.4%	10.6%
Clinton County	**OH**	**US**

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Map Legend

Report Location, County

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2019-23
- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

SparkMap
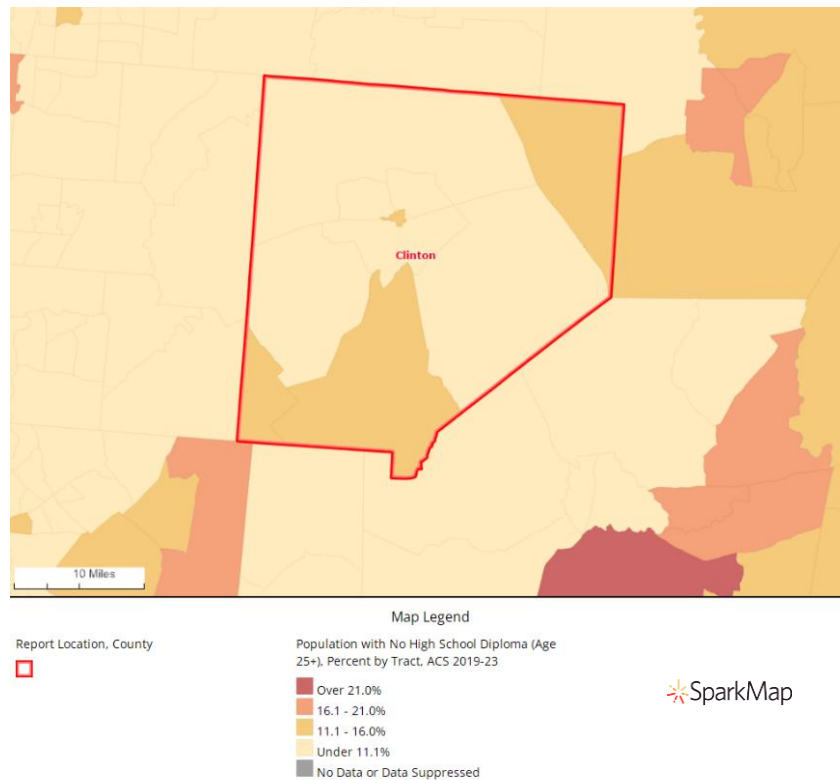
Employment

According to data derived from the US Department of Labor, the unemployment rate in Clinton County as of December 2024 was 4.0%.

TREND ► Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment has returned to pre-pandemic levels and is much lower than found a decade ago.
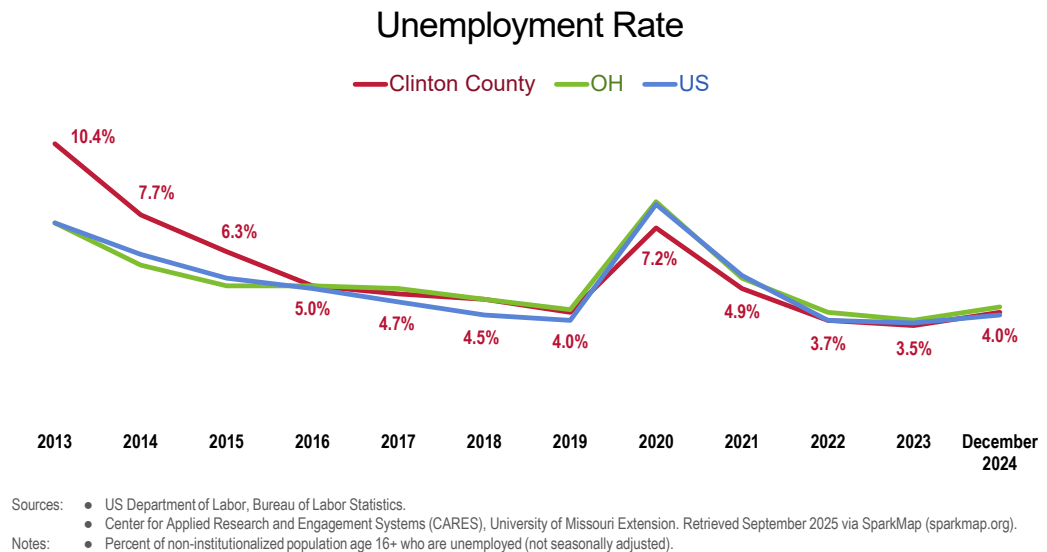
Unemployment Rate

Clinton County ─── OH ─── US

- 10.4% (2013)
- 7.7% (2014)
- 6.3% (2015)
- 5.0% (2016)
- 4.7% (2017)
- 4.5% (2018)
- 4.0% (2019)
- 7.2% (2020)
- 4.9% (2021)
- 3.7% (2022)
- 3.5% (2023)
- 4.0% (December 2024)

| 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | December 2024 |

Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Notes:
- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Financial Resilience

A total of 33.2% of Clinton County residents would not be able to afford an unexpected $400 expense without going into debt.

TREND ► Significantly higher than the 2020 baseline.

DISPARITY ► Reported more often among adults under the age of 65 and lower income residents (especially those below the poverty level).

Do Not Have Cash on Hand to Cover a $400 Emergency Expense

Clinton County

33.2% Clinton County
34.0% US
17.0% 2020 — 33.2% 2025
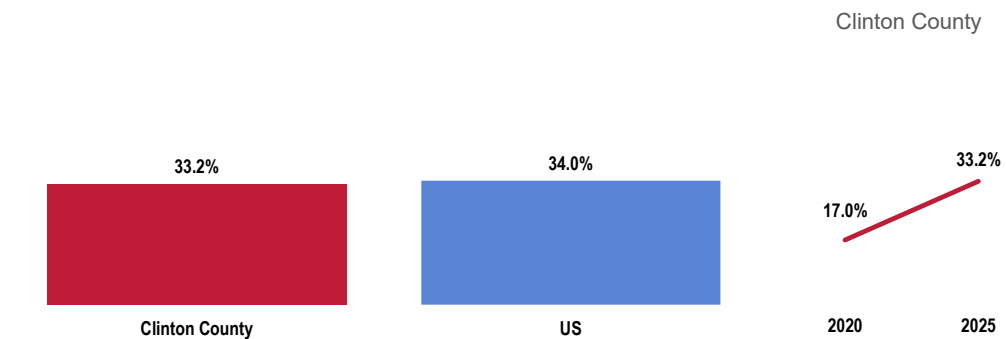
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Clinton County, 2025)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
34.1%	32.1%	43.1%	36.5%	8.7%	68.5%	38.2%	21.9%	33.2%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
Notes: ● Asked of all respondents.
● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

INCOME & RACE/ETHNICITY

INCOME ▶ Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2024 guidelines place the poverty threshold for a family of four at $30,700 annual household income or lower). In sample segmentation: "very low income" refers to community members living in a household with defined poverty status; "low income" refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ▶ While the survey data are representative of the full racial and ethnic makeup of the population, samples were not of sufficient size for independent analysis by race and/or ethnicity.

Housing

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Clinton County, 2025)
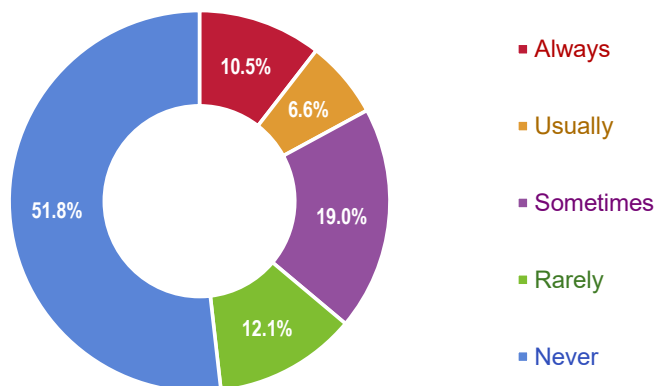
- Always — 10.5%
- Usually — 6.6%
- Sometimes — 19.0%
- Rarely — 12.1%
- Never — 51.8%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

However, a considerable share (36.1%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ► Lower than the national percentage.

TREND ► Substantially higher than the 2020 baseline.

DISPARITY ► More often reported among adults under the age of 65, lower income residents, and those who rent their homes.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

Clinton County

- Clinton County: 36.1%
- US: 45.8%
- 2020: 18.6%
- 2025: 36.1%
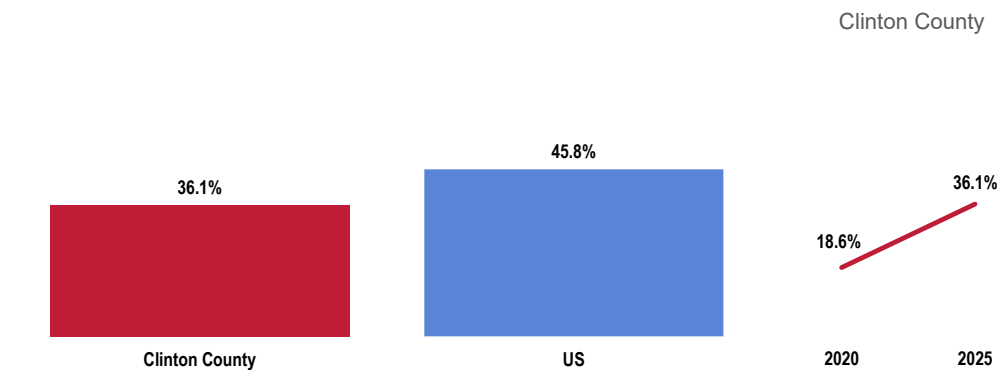
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(Clinton County, 2025)

Among homeowners 22.8%
Among renters 61.9%

- Women: 36.7%
- Men: 35.2%
- 18 to 39: 51.9%
- 40 to 64: 33.4%
- 65+: 15.1%
- Very Low Income: 62.8%
- Low Income: 56.8%
- Mid/High Income: 30.5%
- Clinton County: 36.1%
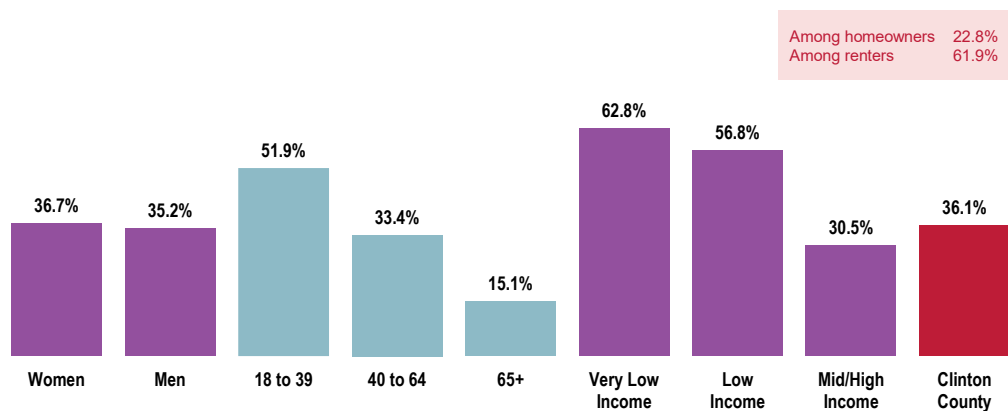
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

Unhealthy or Unsafe Housing

A total of 13.3% of Clinton County residents report living in unhealthy or unsafe housing conditions during the past year.

TREND ► An increase from the 2020 baseline.

DISPARITY ► Reported more often among adults under the age of 65 and those who rent their homes.

Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

Unhealthy or Unsafe Housing Conditions in the Past Year

Clinton County

13.3%	16.4%	7.8% → 13.3%
Clinton County	US	2020 2025
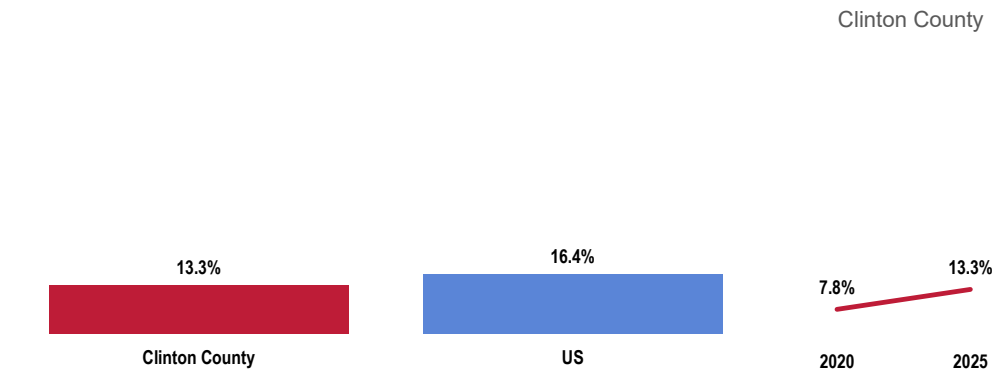
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Clinton County, 2025)

Among homeowners   8.0%
Among renters   21.5%

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
12.2%	14.3%	22.1%	10.8%	4.0%	17.6%	10.9%	12.6%	13.3%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
Notes: ● Asked of all respondents.
● Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhoused Population

Overall, 16.5% of survey respondents have <u>ever</u> been unhoused.

TREND ► Higher than the 2020 reporting period.

DISPARITY ► Reported more often among adults under the age of 65, those in the lowest income category, and those who rent their homes.

Have Ever Been Unhoused
(Clinton County, 2025)

By current living situation:

Among homeowners   7.8%
Among renters   26.1%

18.9%	13.9%	19.1%	20.2%	3.9%	31.0%	17.4%	11.6%	16.5%	10.6%	16.5%
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County	2020	2025
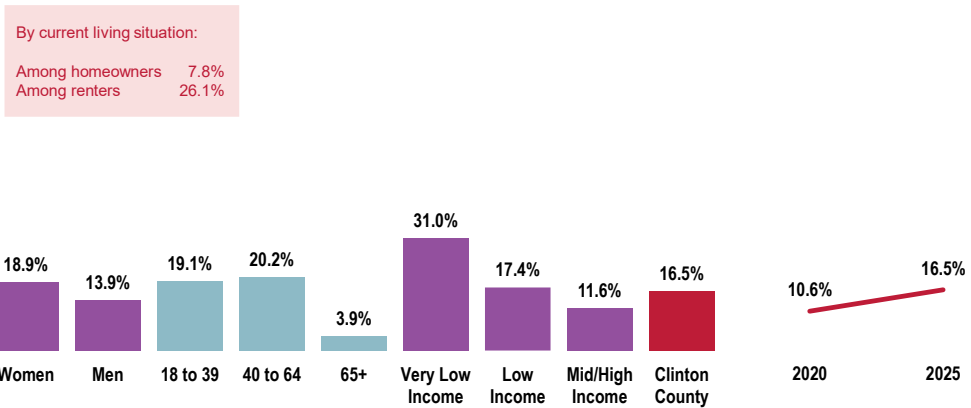
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: ● Asked of all respondents.

Food Access

Geographically Low Food Access

US Department of Agriculture data show that 29.3% of the Clinton County population (representing approximately 12,315 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ▶ Higher than the national percentage.

Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition*, *Physical Activity & Weight* section of this report.

Population With Low Food Access
(2019)

12,315 individuals have low food access

29.3%	25.1%	22.2%
Clinton County	**OH**	**US**
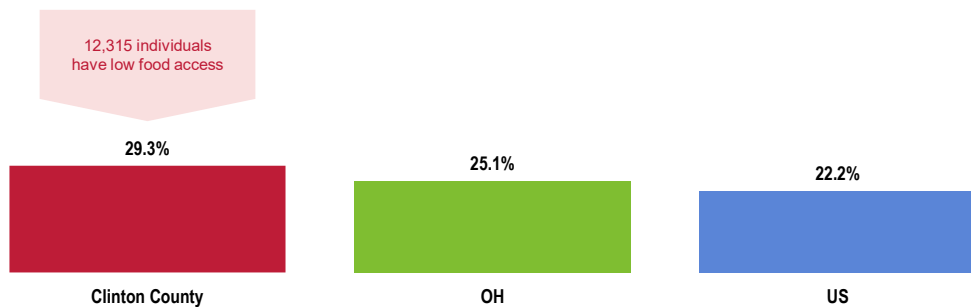
Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Notes:
- Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.
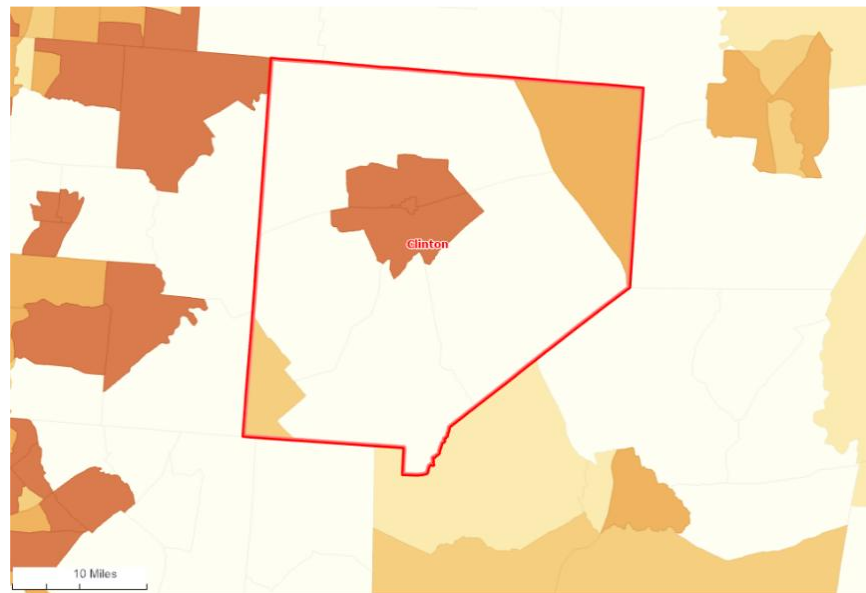
Map Legend

Report Location, County

Population with Limited Food Access, Percent by Tract, USDA - FARA 2019

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access

SparkMap

Food Insecurity

Overall, 29.3% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ► Lower than the national percentage.

TREND ► Higher than the 2020 baseline.

DISPARITY ► More often reported among women, adults under the age of 65, and lower income residents.

Food Insecurity

Clinton County

- Clinton County: 29.3%
- US: 43.3%
- 2020: 16.3%
- 2025: 29.3%
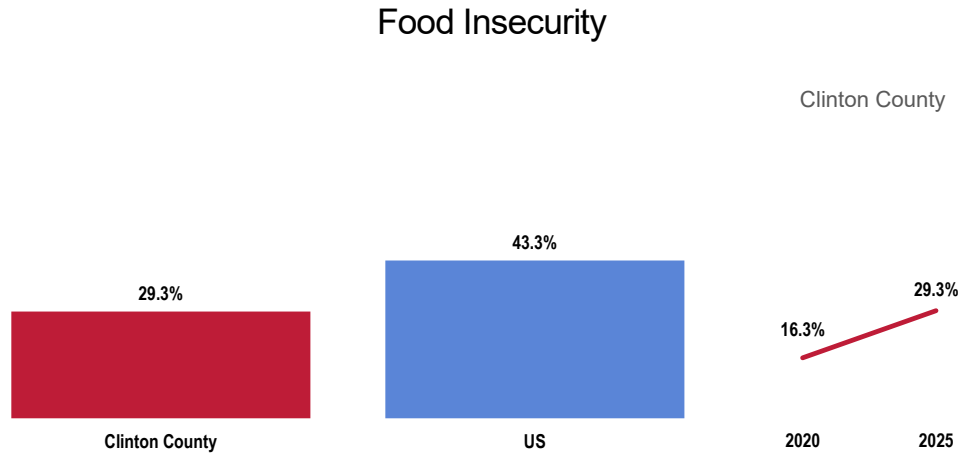
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 98]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity
(Clinton County, 2025)

- Women: 34.6%
- Men: 23.7%
- 18 to 39: 31.6%
- 40 to 64: 36.1%
- 65+: 10.9%
- Very Low Income: 62.8%
- Low Income: 43.6%
- Mid/High Income: 16.6%
- Clinton County: 29.3%
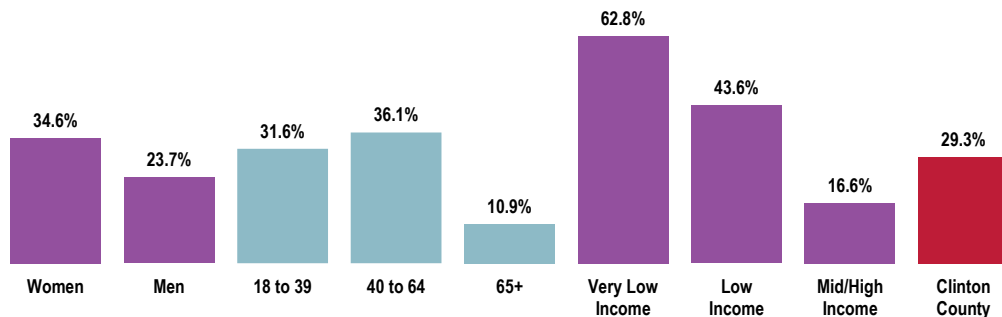
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 98]

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Adverse Childhood Experiences (ACEs)

ABOUT ACEs

Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance use disorders and can impact prevention efforts. ACEs include:

- Physical abuse or neglect
- Emotional abuse or neglect
- Sexual abuse
- Intimate partner violence
- Household substance misuse
- Household mental illness
- Parental separation/divorce
- Incarcerated household member

A series of 11 survey questions was used to identify adults' experiences of adverse childhood experiences prior to the age of 18 years. These 11 questions align with eight ACEs categories, as outlined in the following table.

Adverse Childhood Experiences (ACEs)

CATEGORY	QUESTION
HOUSEHOLD MENTAL ILLNESS	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
HOUSEHOLD SUBSTANCE USE	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
INCARCERATED HOUSEHOLD MEMBER	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
PARENTAL SEPARATION OR DIVORCE	Before you were 18 years of age, were your parents separated or divorced?
INTIMATE PARTNER VIOLENCE	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
PHYSICAL ABUSE	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
EMOTIONAL ABUSE	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
SEXUAL ABUSE	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 305-315]
Notes: ● Reflects the total sample of respondents.

By category, ACEs were most prevalent in Clinton County for emotional abuse (affirmed by 41.4% of respondents), followed by household substance use (34.0%), parental separation or divorce (30.3%) and physical abuse (27.0%).

Adverse Childhood Experiences (ACEs)
(Clinton County, 2025)

Emotional Abuse	41.4%
Household Substance Use	34.0%
Parental Separation or Divorce	30.3%
Physical Abuse	27.0%
Intimate Partner Violence	23.2%
Household Mental Illness	21.8%
Sexual Abuse	17.9%
Incarcerated Household Member	15.1%
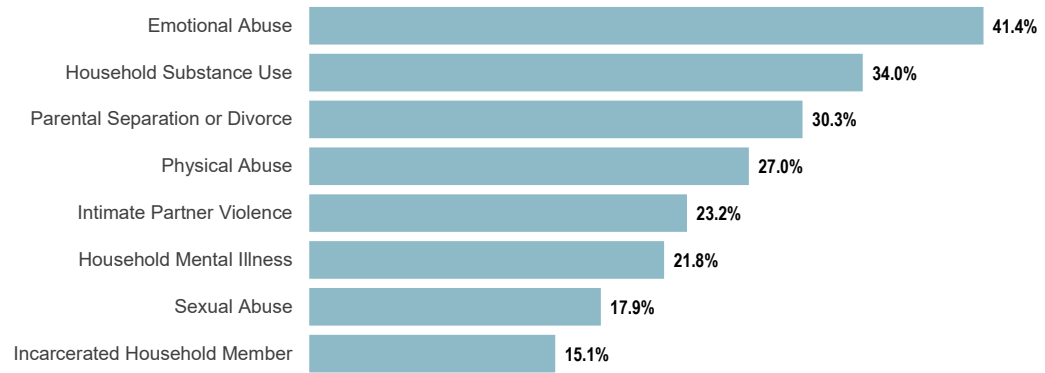
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 316-323]
Notes: ● Reflects the total sample of respondents.
● ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

High ACE Scores

The impact of ACEs on future health and well-being are cumulative. PRC looks at these compounding issues by scoring the ACE series — survey respondents receive one "point" for each of the eight ACEs categories containing an affirmative response; a score of four or higher is determined to be a "high" ACE score.

In all, 21.8% of Clinton County residents reported four or more of the adverse childhood experiences tested (a high ACE score).

DISPARITY ► Reported more often among women and adults under the age of 65.

Prevalence of High ACE Scores (Four or More ACEs)
(Clinton County, 2025)

Women	Men	18 to 39	40 to 64	65+	Very Low/ Low Income	Mid/High Income	Clinton County	US
29.1%	14.3%	32.2%	20.2%	8.6%	26.5%	20.9%	21.8%	25.5%
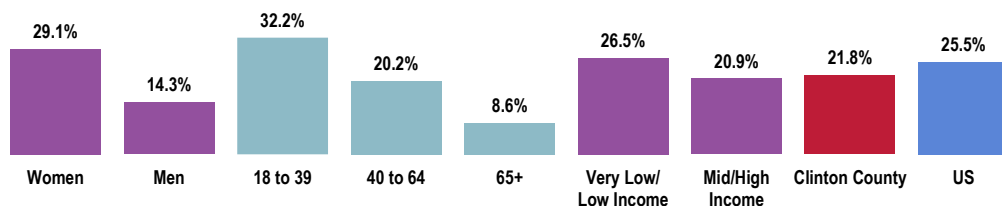
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 324]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Adults who report four or more ACEs is categorized as having a high ACE score.

Relationship of ACEs with Other Health Issues

As a person's ACE score increases, so does their risk for disease, social issues, and emotional problems.

Note the following strong correlations of various health and social indicators in Clinton County, comparing those reporting no or low (1-3) ACEs and those with high (4+) ACE risk.

Relationship of ACEs With Other Health Issues
(By ACE Risk Classification; Clinton County, 2025)

Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: • Asked of all respondents.
• Adults with at least one ACE are categorized as having a low score (1 to 3 ACEs) or a high score (4+ ACEs).
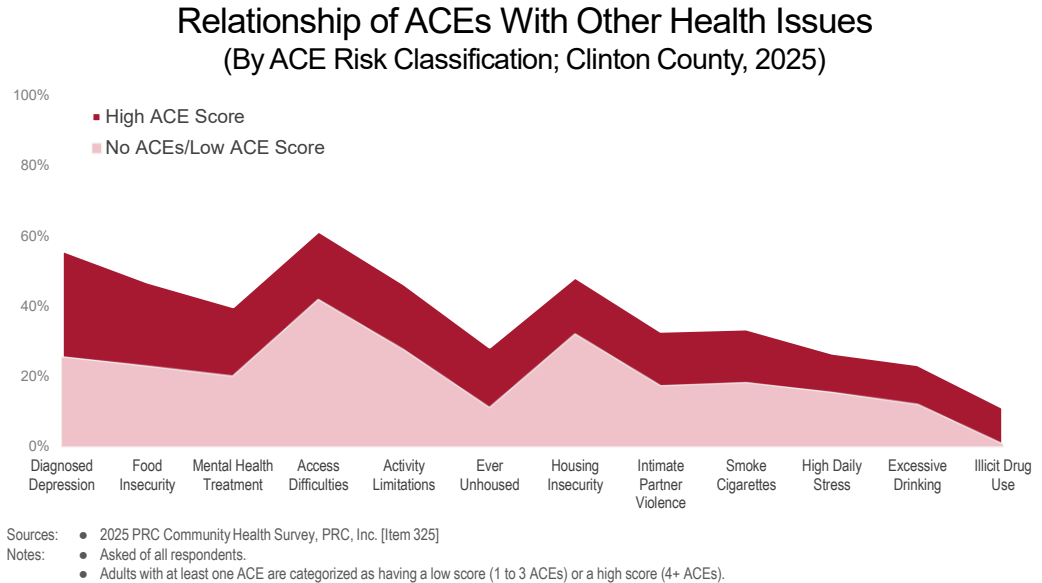
Key Informant Input: Social Determinants of Health

The greatest share of key informants taking part in an online survey characterized *Social Determinants of Health* as a "major problem" in the community.

Perceptions of Social Determinants of Health as a Problem in the Community
(Among Key Informants; Clinton County, 2025)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

57.8%	30.1%	12.1%

Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.
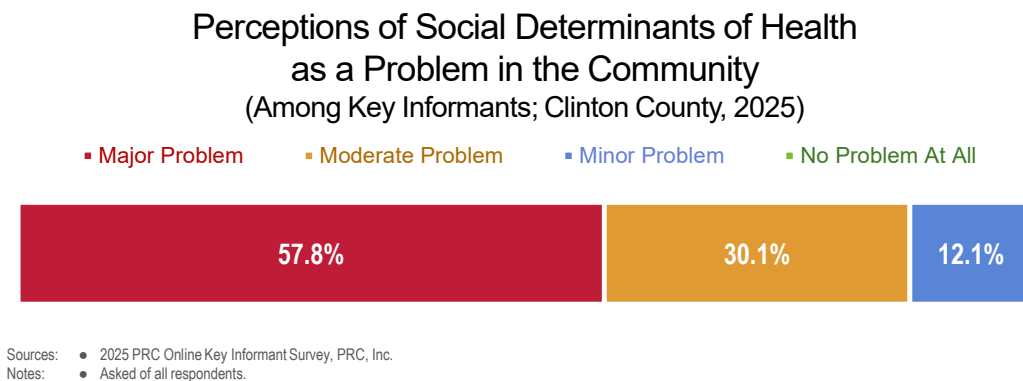
Among those rating this issue as a "major problem," reasons related to the following:

Housing

Housing crisis - the hostile environment created around supporting the unsheltered community.
— Social Services Provider

Lack of affordable housing, generational poverty and substance abuse, overall cost of living increases, lack of community health center, discrimination to those facing mental and other health issues. — Community Leader

We haven't created any new subsidized housing in thirty years. Affordable housing is almost non-existent.
— Community Leader

Affordable housing is lacking for those over income for HUD or other supplement income, leading to unstable housing. — Social Services Provider

Because I work with vulnerable populations, I have seen that one cannot focus on improving health when living in substandard housing (or no housing). It is impossible to receive any benefits when you don't have an address. It's pretty hard to focus on "good" health when you are not sure where / when your next meal is arriving. Discrimination reaches beyond race. It includes unkempt appearance, tattoos, piercings, long hair, language, lack of education - all factors in limiting one's aspirations for optimal or even decent health. — Community Leader

There is a significant lack of affordable housing in our community. Rent for apartments continues to climb, as does the purchase price of a home. We find ourselves many times not being able to find affordable housing for people who have lived in our community for many years. The goal should be to have housing in a variety of sizes and styles for everyone who wants to live here, not just ensuring that we have larger homes to attract people from other places. We need more senior living as well as smaller starter homes for young couples and families.
— Community Leader

Cost of housing is astronomical; income is not keeping up with inflation. — Social Services Provider

We do not have enough affordable housing or programs for homeless to obtain housing. There are not a lot of jobs locally that are competitive in pay. — Social Services Provider

Housing is a major problem in Clinton County. Income and education as well. Clinton County has the Homeless Coalition and the Homeless Shelter/food pantry that works to address housing, but there aren't buildings to allow more housing, and land is being used for other purposes. Housing quality is collapsing, and people don't have the income to afford housing regardless. — Health Care Provider

Very minimal low-income housing available. Even someone making $20 an hour cannot afford a home in our community. — Social Services Provider

Housing is completely unaffordable for middle income people. Housing in Clinton County is more expensive than in urban areas like Dayton and Cincinnati. There is a huge homeless population in Clinton County "couch surfing" or living wherever they can. The Homeless Coalition has talked a lot about the problem but there have been no new facilities built or renovated to help homeless people address the barriers to obtaining affordable housing. There are no affordable housing units for working class people who do not qualify for metropolitan housing. Metropolitan housing and senior living units have wait lists of one to two years. There is a huge sector of the community who treat all homeless people as "vagrants." These same community members do nothing to solve the issue, but they like to complain at every public meeting they can complain at. — Health Care Provider

Expensive and limited housing, limited childcare, highest paying jobs are taken by people outside the county with no vested interest in the well-being of the county. — Community Leader

In our society in general, I continue to see the rich get richer. Housing costs increase dramatically while individual salaries do not. Over the course of the last 40 years, the gap between workers and CEO wages has increased dramatically. The middle class has basically disappeared. Most people live paycheck to paycheck. This greatly increases the stress on those people and leads to development of more health issues. — Community Leader

Affordable housing and more income-based housing for single mothers. — Community Leader

Lack of affordable housing and lower incomes makes it difficult for individuals and families to include healthy food purchases and prioritize personal health needs (preventative medical, dental, vision checkups and follow-ups) in their budgets. Lack of education (post-secondary such as vocational training or associates/bachelors/etc. degrees) restricts wage earnings for more technical and higher income jobs. — Community Leader
Lack of affordable housing, homelessness. — Public Health Representative

Impact on Quality of Life

I think that social determinants of health are a major problem in our community because the way people grow up, what they are surrounded by on a day to day basis, the environment that they are learning in every day such as school, homeschool, who is and is not involved in their lives, also the work life that they have, who they involve themselves with that way. — Public Health Representative

Social determinants of health are a major problem in Clinton County because they impact health outcomes (reduced life expectancy, heart disease, diabetes, and obesity prevalence, smoking/drug behaviors, quality of life, etc.), create health inequities (access to opportunities/resources- education, housing, food access, etc.), and costly to society (high healthcare costs, loss of productivity/impact economy, decrease well-being, etc.). Clinton County as a whole has low access to high paying jobs, affordable/quality housing, quality childcare, and access to environmental infrastructure (public sewer, public water, public transit, etc.). — Public Health Representative

Unhoused Population

The largest social determinant that is easily seen is our homeless population. The Hope House, Sugartree Ministries, and the CCHS all do brilliant work at providing safe spaces for those in need, but the creation of new and more affordable houses for those in need, and for low-income families, would benefit our county greatly. Organizations like Habitat for Humanity do a brilliant job at focusing on housing access.
— Social Services Provider

Lack of care for the unhoused. — Public Health Representative

Homelessness. The community approach to homelessness is to eliminate the issue through police actions rather than determining potential solutions. — Community Leader

The homeless community is a testament to all of the above. — Public Health Representative

The unhoused [homeless] community has very limited access to shelter during the day. There is nothing for them to do and nowhere to go. — Physician

Our homeless population seems to increase each year. More families are "doubling up" because of the lack of affordable housing that is safe and clean. — Community Leader

Individuals experiencing homelessness have been a topic at the top of community conversations in recent years. With a smaller population and a lack of affordable housing, it makes it more difficult for individuals with less means to be able to secure stable housing. In addition, this issue is compounded with those individuals who have physical or behavioral health issues that they are trying to manage. — Health Care Provider

Wilmington has a growing homeless population. — Community Leader Homelessness. — Community Leader

Income/Poverty

Less money, more stress, leads to more sickness and unhealthy habits and mindset. — Community Leader

Poverty is bad in this county; affordable housing is very limited; the farms spray lots of pesticide.
— Community Leader

Many of the families I have worked with live in generational poverty. They may lack transportation, finances or access to facilities that take Medicaid, substandard housing is all the can afford, hygiene can be an issue, lack of family support, no one to watch siblings so they can go to the doctor. They don't go to the dentist so it is not a priority for their kids. They struggle with providing nutritious food. Grandparents raising grandchildren and struggling with it. Low-income and poverty impact all of the above-mentioned issues. Addressing the families impacted in a respectful and kind way is key. Empowering them with real attainable and sustainable resources is critical. — Social Services Provider

Social determinants of health issues are tied to individual and family resource base. Those who are poor and uninsured are disproportionately affected by healthcare needs. — Community Leader
Wages are not enough to cover the cost of living. Housing takes an inordinate share of the budget for too many in the county. — Community Leader

People who struggle financially have a hard time getting health care. Some people are limited by insurance in what health care they are able to receive, especially people who struggle financially. — Community Leader

Lots of people with low incomes. — Community Leader

Follow-Up/Support

Lack of community support for public schools, lack of affordable housing, lack of affordable exercise opportunities, especially in winter. — Physician

Clinton County does not appear to place much priority on supporting social determinants of health.
— Community Leader

Educational Attainment

Looking at the statistical trends and current conditions the County has had declining or stagnant educational attainment rates, median household income, housing access challenges, etc. — Community Leader

Residents are not well educated about how to live a healthy lifestyle. They often live on fixed incomes and are on Medicaid. — Community Leader

Access for Medicare/Medicaid Patients

We have 25% of county residents are on Medicaid. Affordable housing is in short supply.
— Public Health Representative

Access to Care/Services

Limited access to health care services. Travel is needed to receive quality care for many services. Decrease knowledge regarding health literacy. Increase of physically demanding jobs and/or hazardous work. Limited advocacy or even knowing the need to advocate for one's health. Low wages or benefits. Transportation barriers due to lower wages. Some mistrust in healthcare systems. Underfunded schools and social programs. Limited broadband access. — Public Health Representative

Incidence/Prevalence

SDOH are a continuing issue. — Public Health Representative

Feedback from support organizations, law enforcement, neighbors, personal observation. — Community Leader

Built Environment

The physical space our community exists in has been built in an extremely car-centric manner even within our municipal areas and not for people. Research shows significant decreases in life satisfaction when >50% of individual transportation is via an automobile. Cars are going to be the primary mode of transportation in a rural area, but it does not change the fact that it is often done in isolation. Moreover, the benefits of walking/biking are entirely missed. Perhaps most importantly, it relegates those that cannot drive - either due to financial reasons, health, or age - to second-class citizens. When we see someone walking in our community, do we think "oh that sucks" or just see it as a person going about their day? I would argue it is mostly the former. Lastly, it is our built environment that is one of the primary reasons kids do not walk or bike to school, not a realistic assessment of crime because the danger is from a multi-ton pickup truck going 45 mph and no vision. — Community Leader

Affordable Care/Services

Individuals are unable to afford the cost of healthcare or if they do have healthcare some physicians may not accept. Affordable housing is another issue that hinders people locally, they may be employed but not making enough money to afford the cost of living due to high costs of food, shelter, utilities and medical expenses. These issues as well as mental health and substance abuse has led to a homeless issue, not only in our county but surrounding counties. We have seen an increase in children with IEP's and wonder if this isn't part of something in their environment and a possible study may benefit our community. — Social Services Provider

Cultural/Personal Beliefs

As with the issue of nutrition, the cultural norm here is to overconsume high calorie, low nutrition foods and to avoid vigorous exercise. Low income means that a priority is to meet daily demands rather than investing in preventative practices. When housing insecurity or high costs exist, just getting through each day holds people back from being able to improve their lives. Education is not focused on learning healthy ways of living or making the responsibility to do so desirable. — Community Leader

Elder Abuse

Elder abuse/financial scams of those over the approximate age of 75. — Physician

HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is excellent, very good, good, fair, or poor?"

Most Clinton County residents rate their overall health favorably (responding "excellent," "very good," or "good").

Self-Reported Health Status
(Clinton County, 2025)
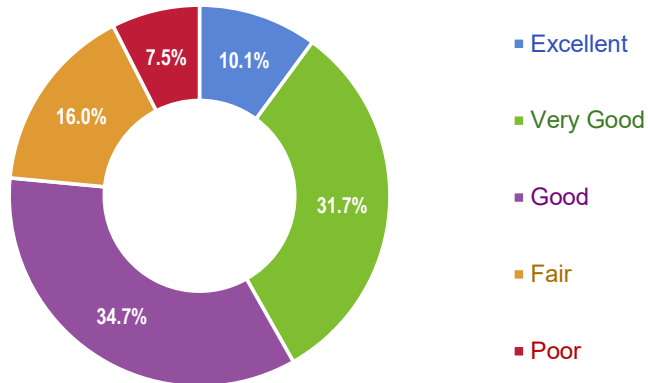
- Excellent — 10.1%
- Very Good — 31.7%
- Good — 34.7%
- Fair — 16.0%
- Poor — 7.5%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

However, 23.5% of Clinton County adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Higher than the national prevalence.

TREND ► An increase from previous findings.

DISPARITY ► More often reported among adults age 40 and older and those in the lowest income category.

Experience "Fair" or "Poor" Overall Health

Clinton County

Clinton County	OH	US	1996	2001	2015	2020	2025
23.5%	20.1%	15.7%	14.6%	12.4%	17.1%	18.5%	23.5%
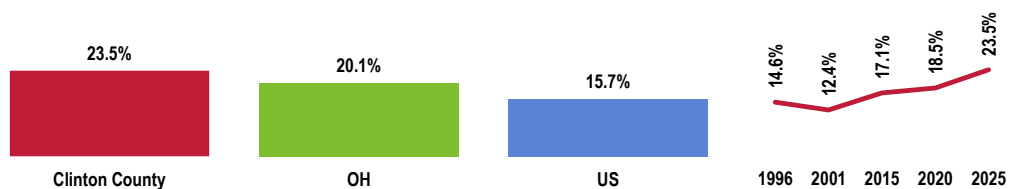
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Overall Health
(Clinton County, 2025)
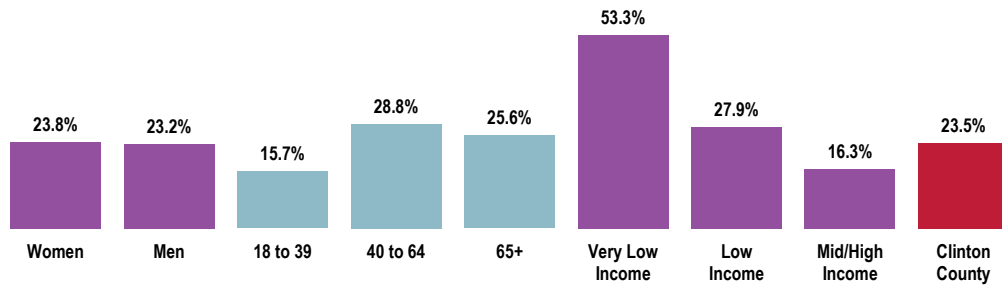
23.8%	23.2%	15.7%	28.8%	25.6%	53.3%	27.9%	16.3%	23.5%
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

Most Clinton County adults rate their overall mental health favorably ("excellent," "very good," or "good").

"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is excellent, very good, good, fair, or poor?"

Self-Reported Mental Health Status
(Clinton County, 2025)

- Excellent — 18.0%
- Very Good — 27.0%
- Good — 28.4%
- Fair — 20.2%
- Poor — 6.4%
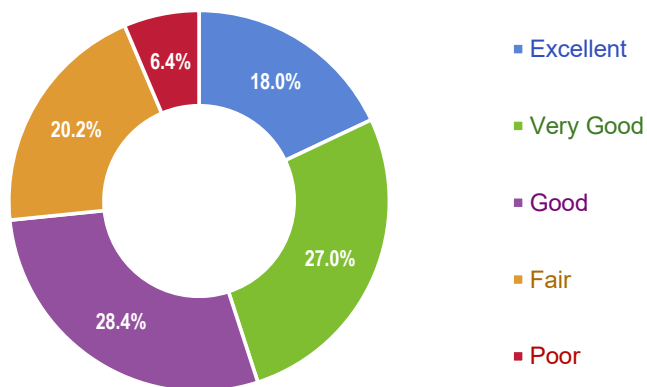
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.

However, 26.6% believe that their overall mental health is "fair" or "poor."

TREND ► Higher than previous results.

Experience "Fair" or "Poor" Mental Health

Clinton County

26.6%   24.4%   18.1%   18.4%   26.6%
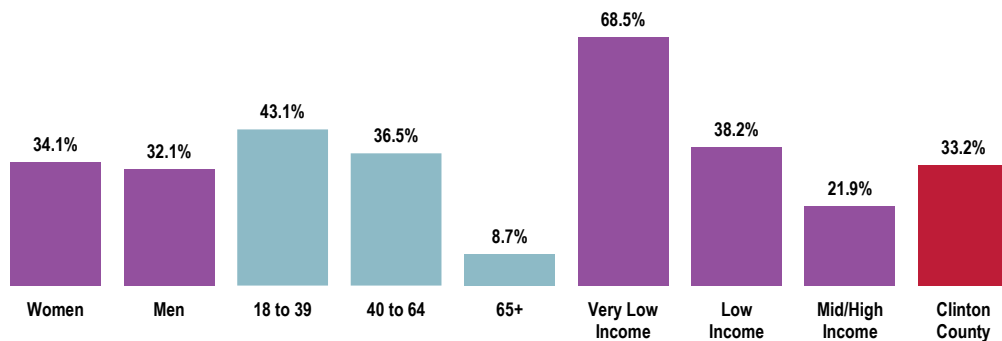
Clinton County   US   2015   2020   2025
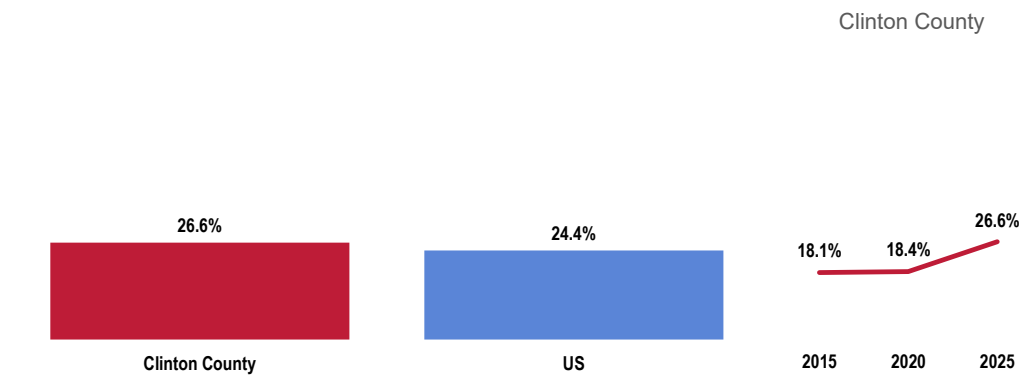
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Depression

Diagnosed Depression

A total of 33.5% of Clinton County adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than the statewide prevalence.

Have Been Diagnosed With a Depressive Disorder

33.5%   25.0%   30.8%

Clinton County   OH   US
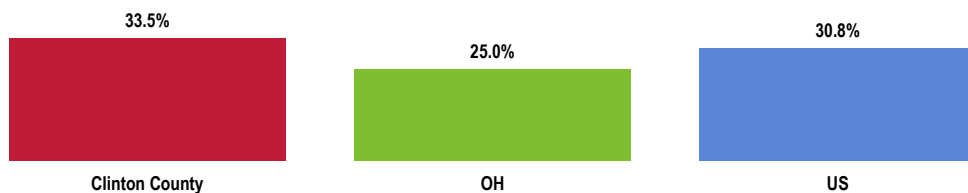
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 80]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 43.2% of Clinton County adults 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 (symptoms of chronic depression).

TREND ► More than twice as high as the 1996 baseline finding.

DISPARITY ► More often reported by women, adults under the age of 65, and those in the lowest income category.

Have Experienced Symptoms of Chronic Depression

Clinton County

- Clinton County: 43.2%
- US: 46.7%

Trend line (Clinton County):
- 1996: 19.3%
- 2001: 21.1%
- 2015: 39.7%
- 2020: 39.4%
- 2025: 43.2%
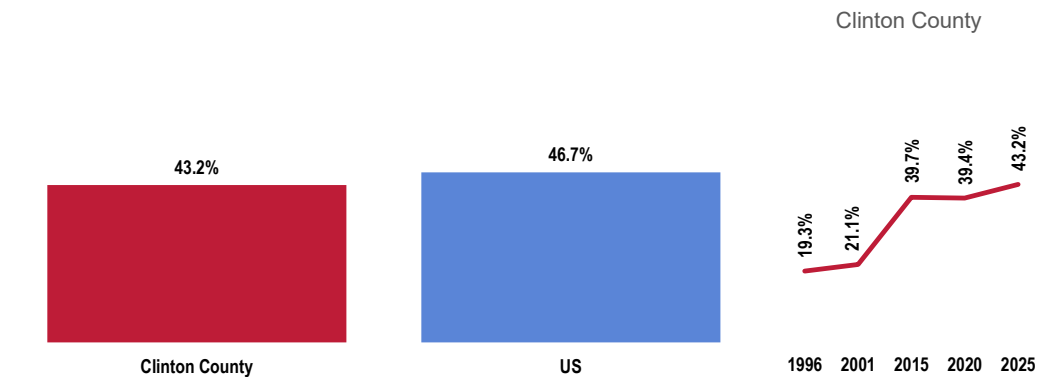
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 78]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression
(Clinton County, 2025)

- Women: 51.4%
- Men: 34.7%
- 18 to 39: 57.5%
- 40 to 64: 42.7%
- 65+: 20.3%
- Very Low Income: 59.1%
- Low Income: 34.7%
- Mid/High Income: 41.4%
- Clinton County: 43.2%
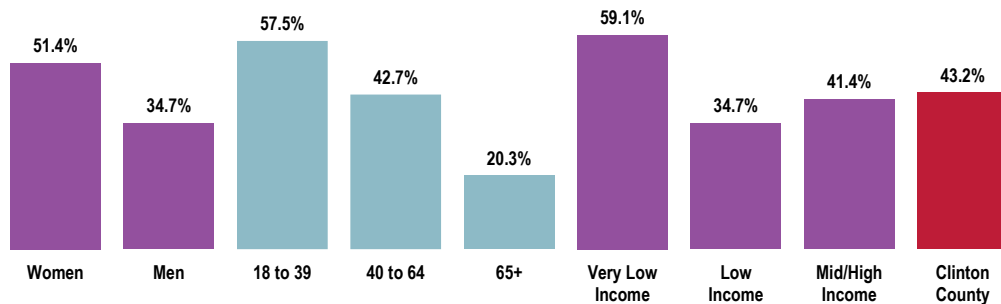
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 78]
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Stress

A majority of surveyed adults characterize most days as no more than "moderately" stressful.

Perceived Level of Stress On a Typical Day
(Clinton County, 2025)
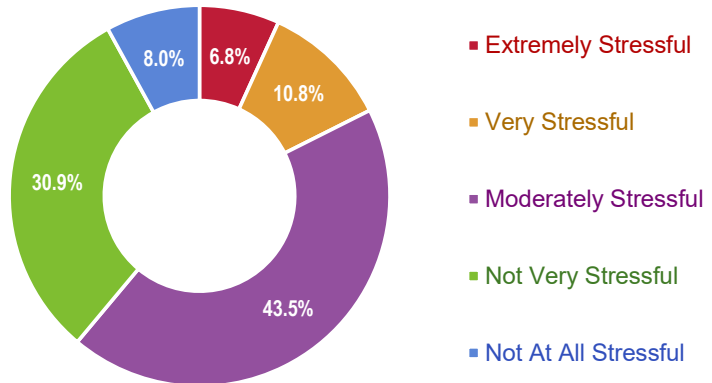
- ■ Extremely Stressful
- ■ Very Stressful
- ■ Moderately Stressful
- ■ Not Very Stressful
- ■ Not At All Stressful

6.8%
10.8%
43.5%
30.9%
8.0%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

In contrast, 17.6% of Clinton County adults feel that most days for them are "very" or "extremely" stressful.

TREND ▶ An increase from the 2015 baseline.

DISPARITY ▶ Reported more often among adults under the age of 65 and those in the lowest income category.

Perceive Most Days As "Extremely" or "Very" Stressful

Clinton County

17.6%
Clinton County

21.1%
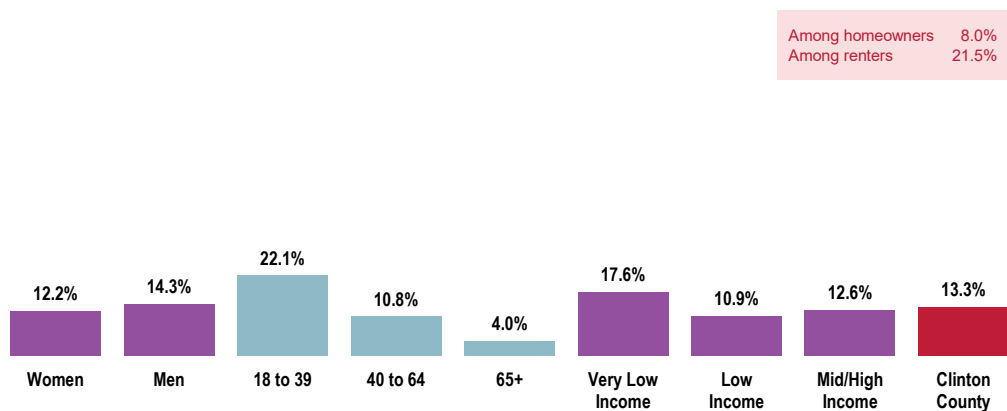US

11.0%   17.2%   17.6%
2015   2020   2025
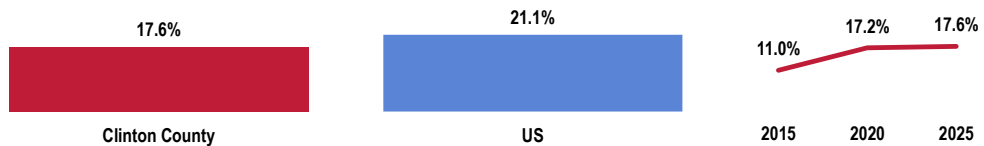
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 79]
         ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Most Days as "Extremely" or "Very" Stressful
(Clinton County, 2025)

19.6%	15.8%	26.7%	17.1%	3.9%	30.0%	14.1%	17.6%	17.6%
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

Suicide & Self-Harm

Suicide

In Clinton County, there were 17.2 suicides per 100,000 population (2019-2023 annual average rate).

BENCHMARK ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

TREND ► An increase from the 2014-2018 reporting period.

Suicide Mortality
(2019-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

Clinton County	OH	US
17.2	15.0	14.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Suicide Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

	2014-2018	2019-2023
Clinton County	13.4	17.2
OH	14.5	15.0
US	14.1	14.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Self Harm

Overall, 11.2% of survey respondents acknowledge that they considered or attempted some type of self-harm in the past year.

TREND ► More than twice the 2020 finding.

DISPARITY ► Reported more often among adults under the age of 65 and those on either end of the income spectrum (but especially those in the lowest income category).

Considered or Attempted Self-Harm in the Past Year
(Clinton County, 2025)
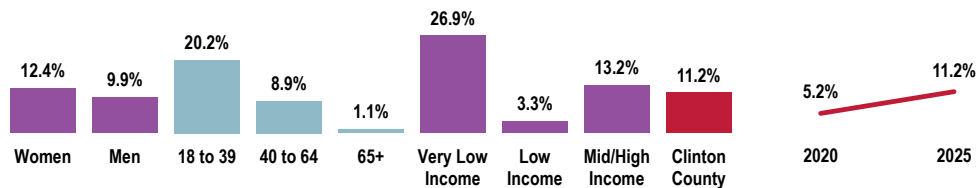
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County	2020	2025
12.4%	9.9%	20.2%	8.9%	1.1%	26.9%	3.3%	13.2%	11.2%	5.2%	11.2%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

Mental Health Treatment

Mental Health Providers

In Clinton County in 2025, there were 153 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care), translating to a rate of 364.1 per 100,000 population.

BENCHMARK ► Lower than the statewide rate.

Note that this indicator only reflects providers practicing in Clinton County and residents in Clinton County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.
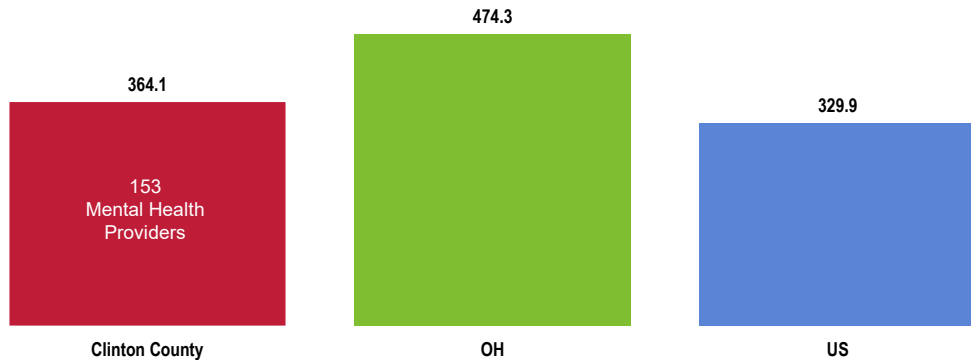
Number of Mental Health Providers per 100,000 Population (2025)

474.3 — OH
364.1 — Clinton County (153 Mental Health Providers)
329.9 — US

Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Currently Receiving Treatment

A total of 25.6% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

Currently Receiving Mental Health Treatment

Clinton County

25.6% — Clinton County
21.9% — US
20.4% — 2020
25.6% — 2025
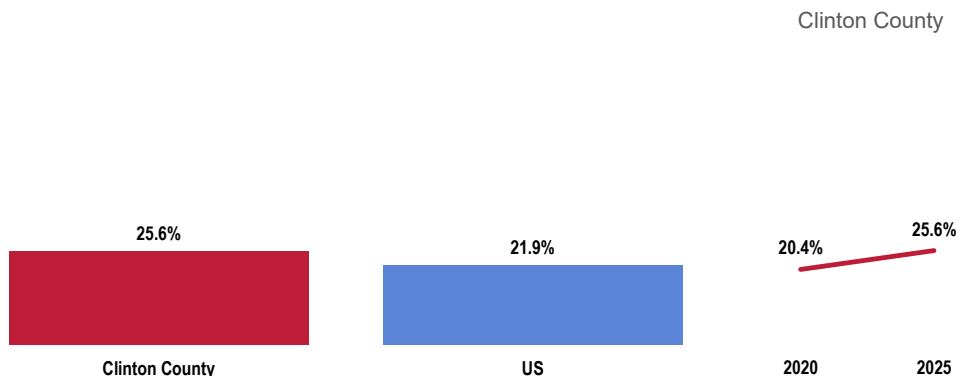
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

Difficulty Accessing Mental Health Services

A total of 13.3% of Clinton County adults report a time in the past year when they needed mental health services but were not able to get them.

TREND ► A significant increase from the 2020 baseline.

DISPARITY ► Reported more often among adults under the age of 65.

Unable to Get Mental Health Services When Needed in the Past Year

Clinton County

Clinton County	US	2020	2025
13.3%	13.2%	3.9%	13.3%
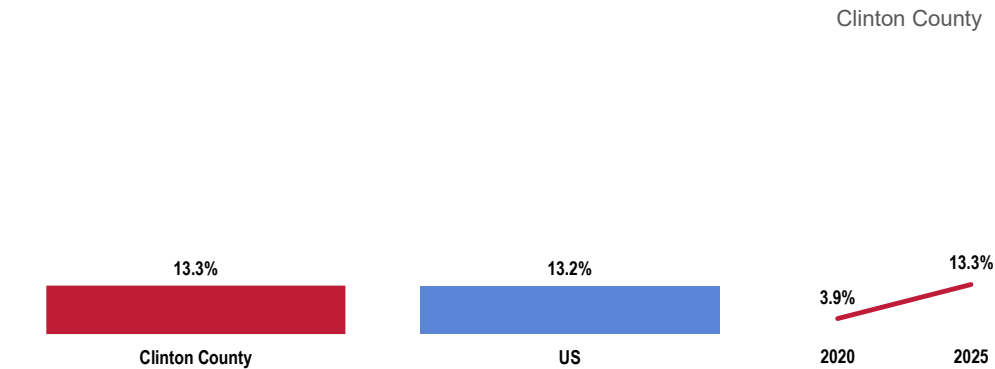
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 82]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year
(Clinton County, 2025)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
13.9%	12.8%	21.5%	11.9%	1.8%	14.2%	9.8%	16.7%	13.3%
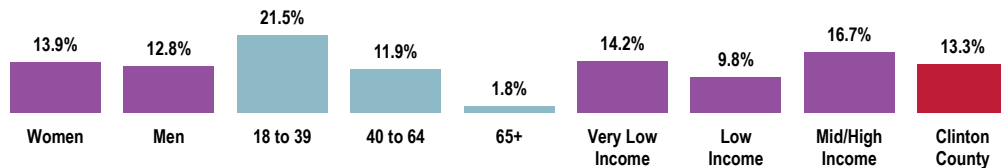
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: ● Asked of all respondents.

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized _Mental Health_ as a "major problem" in the community.

Perceptions of
Mental & Emotional Health as a Problem in the Community
(Among Key Informants; Clinton County, 2025)

▪ Major Problem　　▪ Moderate Problem　　▪ Minor Problem　　▪ No Problem At All

55.2%	35.6%	9.2%

Sources:　● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes:　● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Extremely limited mental health services, those that are available are easy to use. — Physician

There are only a few places in Clinton County for people to go to seek mental health treatment. There are no residential mental health treatment centers in Clinton County. There is also growing stigma in Wilmington related to mental health and homelessness. — Community Leader

Access, sliding scale services for vulnerable populations, stigma associated with mental health.
— Community Leader

It seems difficult for those with mental health issues to access care in a timely manner.
— Social Services Provider

There are no facilities addressing mental health issues. — Community Leader

We need more counseling support for our students and families along with education about mental health and ways to improve one's mental health. — Community Leader I think there is a lack of resources for those dealing with mental health issues who also don't have the financial resources to pay for them out of pocket. To my limited knowledge, there is no mental health facility within Clinton County so people who need something beyond individual counseling must seek it in Cincinnati or Dayton. — Community Leader

The inability to access needed services timely, including limited public transportation to appointments and limited mental health providers in the county. — Social Services Provider

No psychiatric care. — Community Leader

Easy and prompt access to mental health help and the stigma attached to seeking help.
— Public Health Representative

There is no place in our county, that I am aware of, for individuals with mental health issues to be treated. Our county doesn't have any type of supportive housing where individuals with mental health can live, have someone to monitor their behaviors and make sure medications are being taken. Counseling services are limited, or current ones do not provide adequate services to be able to address the issues. — Social Services Provider

We have a severe lack of available options inside the geographical boundaries of Clinton County for Mental Health treatment that is available to all, especially those who are uninsured or underinsured. We need more options that do not require sending someone to Butler, Warren, or Hamilton Counties for treatment and care.
— Community Leader

Lack of psychiatric services. — Physician

Lack of resources and guidance. Even if a mental issue is diagnosed, then what? We can't house them anywhere appropriately and our police force is bogged down with caring for these mental health issues.
— Community Leader

Lack of resources and overall community support from powers that be. — Community Leader

Low access to mental health supports. — Public Health Representative

Lack of mental health facilities. — Public Health Representative

Denial/Stigma

One of the biggest challenges is the stigma associated with mental health care, though there has been growing awareness and education about this issue over the years. Other challenges are the ability to access care and care that is affordable. — Community Leader

The patient not wanting to seek additional help or medications. — Social Services Provider

The stigma of admitting you have mental health issues. Available and consistent mental health care providers. Transportation to and from appointments. More school and community (Sabina new Vienna Blanchester Clarksville) based therapy sites for services. Support after diagnosis and understanding medication.
— Social Services Provider

Stigma and discrimination which leads to isolation and often prevents folks from seeking treatment. Shortage of mental health professionals, although it is on the rise, thankfully. Lack of support systems often due to alienation. — Social Services Provider

Metal health has a bad stigma attached to it and people are afraid to get help or to admit they need help.
— Public Health Representative

I think the biggest issues with mental health in this community is that there is such a stigma of "it's just all in your head" or "you don't know what you're talking about" and that is how people go undiagnosed and get help or treatment because they are told they are wrong for feeling the way that they feel. This causes an increase in suicide and self-harm. I think we need to be more aware of those signs in people and be prepared to offer help and give out as many resources as we can. It could save someone's life. — Public Health Representative

Accepting mental health is a disease that should and can be treated. Providing funding to address the mental health issues in the community. Mental health is not political. — Community Leader

Lack of Providers

Very few providers. Long waiting times for appointments for care. Limited scope of care from existing providers. High turnover of care providers. — Physician

There are very few qualified counselors in the area. There has been a big turnover at the agencies within the county and limited oversight on the services being given to residents. Mental illness is still stigmatized in our community and people in the general community would prefer not to deal with it and ignore the huge need for treatment and prevention. — Health Care Provider

Lack of providers and an extended wait time to be seen. — Physician

There are a lack of local psychiatrists and general doctors often just prescribe medications with little support beyond that. — Community Leader

Alcohol/Drug Use

Mental Health is a major concern in CC. Most people struggling with addiction and homelessness battle mental illnesses. Our community has a lack of access and face many obstacles with cost and insurance barriers. We also have a lack of training in our EMS for Mental Health crisis response. — Social Services Provider

Self-medicating drug abusers masking mental health issues always have a soft place to land in Sugartree Ministries. — Community Leader

Diagnosis/Treatment

Getting confidential and consistent help. Understanding when a person needs help. — Community Leader

Getting good care, follow up, there are very limited agencies here. — Public Health Representative

Incidence/Prevalence

I see many people walking in the downtown area that appear to have mental issues. — Community Leader
Mental health. — Community Leader

Loneliness/Isolation

Loneliness, poverty. — Community Leader Male loneliness, stood out in the last needs assessment and has likely only continued to worsen. — Community Leader

Suicide

The preliminary vital statistics data from 2024 indicates that 2024 has had the highest number of deaths by suicide on record in Clinton County. While the community conversations have not indicated that this is an issue, the data demonstrates that a focus on preventing deaths by suicide needs to occur. With a crude death rate of 23.8 per 100,000 for deaths by suicide in 2024 for Clinton County, compared to 13.5 per 100,000 for the State of Ohio. — Health Care Provider

Impact on Quality of Life

> Mental health. Mental health is often a silent co-contributor to other areas of an individual's wellbeing.
> — Public Health Representative

Prevention/Screenings

> There is very little community support for prevention efforts to educate people before they are experiencing SUD or MH issues. — Health Care Provider

Awareness/Education

> Knowing where to go to get help, no insurance and discomfort talking about it due to stigma.
> — Community Leader

Unhoused Population

> Homelessness, drug addiction and depression within our rural community. — Public Health Representative

Housing

> Housing, case management, stigma. — Social Services Provider

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for 40% of all deaths in Clinton County in 2023.

Leading Causes of Death
(Clinton County, 2023)
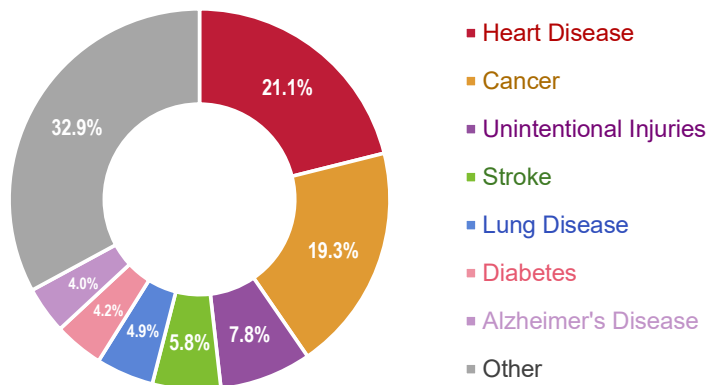
Legend:
- Heart Disease — 21.1%
- Cancer — 19.3%
- Unintentional Injuries — 7.8%
- Stroke — 5.8%
- Lung Disease — 4.9%
- Diabetes — 4.2%
- Alzheimer's Disease — 4.0%
- Other — 32.9%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.

Notes:
- Lung disease includes deaths classified as chronic lower respiratory disease.

Death Rates for Selected Causes

Here, deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population.

The following chart outlines 2021-2023 annual average death rates per 100,000 population for selected causes of death in Clinton County.

Leading causes of death are discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Death Rates for Selected Causes
(2021-2023 Deaths per 100,000 Population)

	Clinton County	OH	US	Healthy People 2030
Diseases of the Heart	274.8	255.5	209.5	127.4*
Malignant Neoplasms (Cancers)	235.9	211.1	182.5	122.7
Unintentional Injuries	96.9	82.9	67.8	43.2
Cerebrovascular Disease (Stroke)	73.9	61.3	49.3	33.4
Chronic Lower Respiratory Disease (CLRD)	58.0	56.0	43.5	—
Drug-Induced	48.4	42.4	29.7	—
Diabetes Mellitus	44.5	36.8	30.5	—
Alzheimer's Disease	33.4	42.0	35.8	—
Kidney Diseases	23.0	20.5	16.9	—
Pneumonia/Influenza	18.3	15.2	13.4	—
Motor Vehicle Deaths	17.5	11.7	13.3	10.1
Intentional Self-Harm (Suicide) [2019-2023]	17.2	15.0	14.5	12.8
Alcohol-Induced [2019-2023]	11.4	13.6	14.6	—

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Note:
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Heart Disease & Stroke Deaths

Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

Between 2021 and 2023, there was an annual average heart disease mortality rate of 274.8 deaths per 100,000 population in Clinton County.

BENCHMARK ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Heart Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

	274.8	255.5	209.5
	Clinton County	OH	US

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Heart Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)
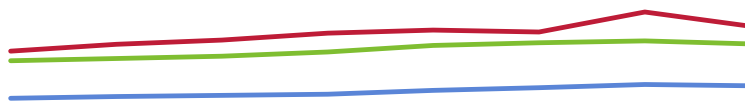
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Clinton County	247.5	255.1	259.6	267.4	270.8	268.5	290.7	274.8
OH	236.9	239.3	242.1	246.6	253.6	256.8	258.8	255.5
US	195.5	197.5	198.6	200.0	204.2	207.3	210.7	209.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Stroke Deaths

Between 2021 and 2023, there was an annual average stroke mortality rate of 73.9 deaths per 100,000 population in Clinton County.

BENCHMARK ▶ Higher than the state and US rates. Fails to satisfy the Healthy People 2030 objective.

Stroke Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

Clinton County: 73.9 | OH: 61.3 | US: 49.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Stroke Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower
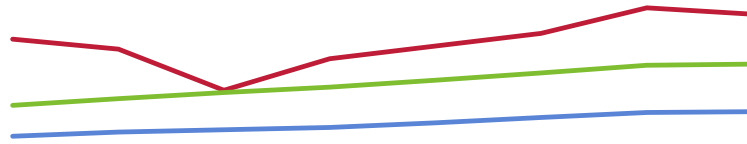
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Clinton County	67.6	65.1	54.7	62.7	65.9	69.1	75.5	73.9
OH	50.9	52.6	54.1	55.5	57.2	59.1	61.0	61.3
US	43.1	44.2	44.7	45.3	46.5	47.8	49.1	49.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 10.8% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Higher than the statewide rate.

TREND ► A significant increase over time.

Prevalence of Heart Disease

Clinton County
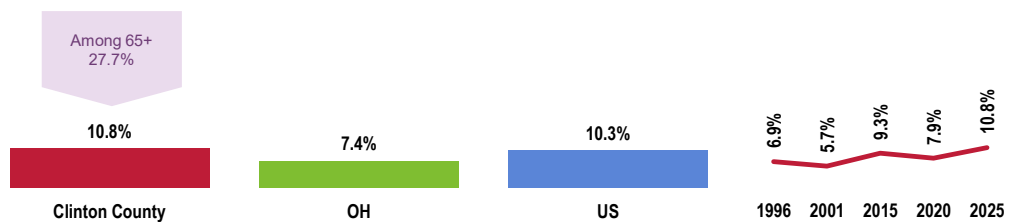
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

A total of 4.3% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

    TREND ►   Significantly higher than the 1996 baseline.

Prevalence of Stroke

Clinton County

Clinton County	OH	US	1996	2001	2015	2020	2025
4.3%	3.8%	5.4%	1.8%	2.4%	4.2%	6.6%	4.3%
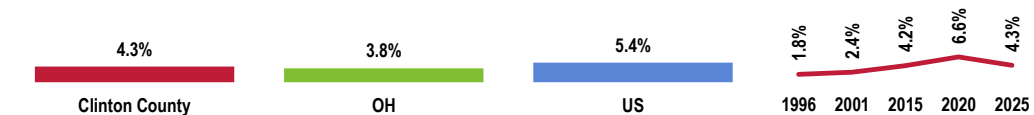
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 41.2% of Clinton County adults have been told by a health professional at some point that their blood pressure was high.

    TREND ►   Significantly higher than the 1996 baseline.

A total of 42.3% of adults have been told by a health professional that their cholesterol level was high.

    BENCHMARK ►   Higher than the national prevalence.

    TREND ►   Increasing, and twice the level recorded in the 1996 baseline survey.

Prevalence of
High Blood Pressure

Healthy People 2030 = 42.6% or Lower
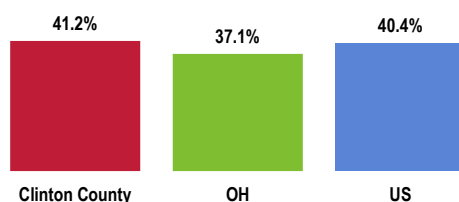
41.2%	37.1%	**40.4%**
Clinton County	**OH**	**US**

Prevalence of
High Blood Cholesterol

42.3%	**32.4%**
Clinton County	**US**
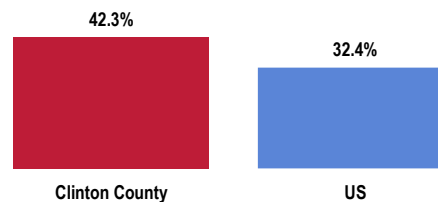
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 29-30]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.

Prevalence of
High Blood Pressure
(Clinton County)

Healthy People 2030 = 42.6% or Lower

24.1%	28.5%	38.6%	44.7%	41.2%
1996	**2001**	**2015**	**2020**	**2025**
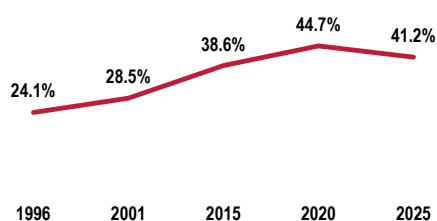
Prevalence of
High Blood Cholesterol
(Clinton County)

20.7%	29.3%	30.1%	32.3%	42.3%
1996	**2001**	**2015**	**2020**	**2025**
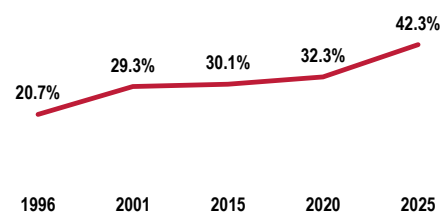
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 29-30]
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure

- High Blood Cholesterol

- Cigarette Smoking

- Physical Inactivity

- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

A total of 86.6% of Clinton County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

DISPARITY ► Reported more often among adults age 40+ and those in the lowest income category.

Exhibit One or More Cardiovascular Risks or Behaviors

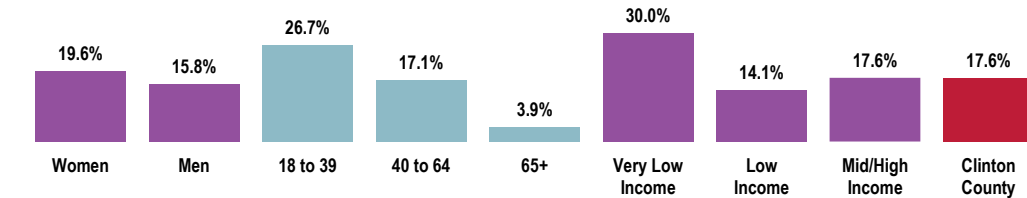|		Clinton County
86.6%	87.8%	89.6% 87.8% 94.0% 86.6%
Clinton County	US	1996 2015 2020 2025
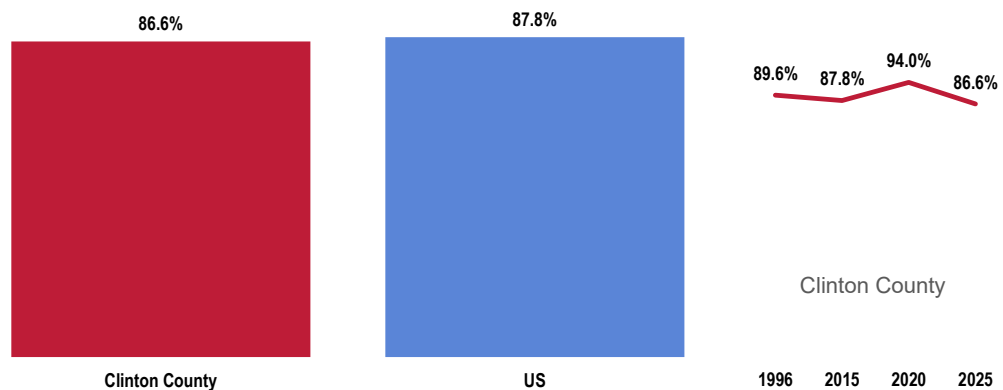
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Exhibit One or More Cardiovascular Risks or Behaviors
(Clinton County, 2025)

88.8%	84.5%	73.3%	94.5%	92.4%	100.0%	86.7%	84.4%	86.6%
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
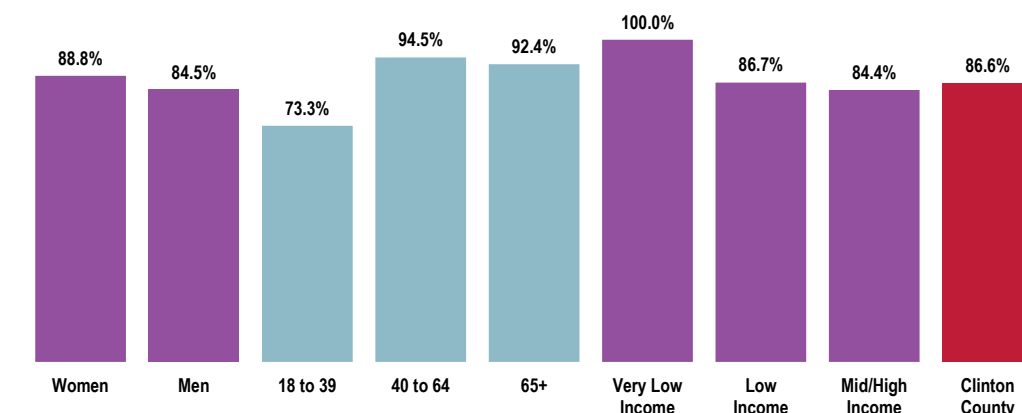
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 100]
Notes: ● Reflects all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease & Stroke as a Problem in the Community
(Among Key Informants; Clinton County, 2025)
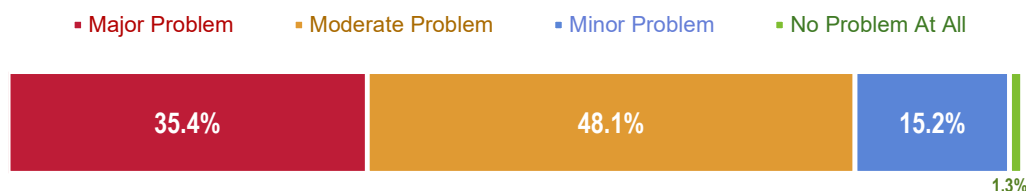
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	
35.4%	48.1%	15.2%	1.3%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

Heart disease and stroke are leading causes of disability and death in the US. Clinton County is no different.
— Community Leader

A lot of my parishioners have heart disease. — Community Leader

Increasing diagnoses. — Public Health Representative

I have worked in the Clinton County community for over 20 years. It's been my experience that these issues are widespread throughout the county. It is my belief that poor diet is the biggest factor. — Community Leader

Since this is a small community, I am aware of people throughout the community who are in need of cardiology or neurology care due to heart disease and stroke or those who have died because of these.
— Community Leader

Aging Population

It seems that the population reaching the age of 60 or 70 are having minor or major heart surgeries or are on heart medication. — Community Leader

Age of our population, weight challenges along with low exercise and poor nutritional habits.
— Public Health Representative

Although we may be living longer, not all are aging well. — Public Health Representative

Aging of community. — Public Health Representative

Obesity

Data from my company's medical claims and the number of obese people in the county. — Community Leader

Obesity is rampant. — Community Leader

Obesity and poor eating habits are so prevalent. — Public Health Representative

Heart disease is a major problem everywhere, this could be due to the rise in BMI across the US and the sodium content of many processed foods. — Public Health Representative

Lifestyle

Unhealthy food choices and inactivity which contribute to obesity and diabetes. An increase of tobacco use in contrast with other parts of the state/country. — Public Health Representative

High incidence due to poor diet, obesity and smoking. — Physician

Residents do not practice healthy lifestyles. Many smoke or eat overly processed foods and do not exercise.
— Community Leader

Nutrition

I think we have a high risk of heart disease and strokes in our community because of people's diets, there are no healthy restaurants in this community that people can eat "quickly" for meals. It's also cheaper to buy the nonhealthy items at Walmart and Kroger then it is to buy healthy foods at these locations and people do not want to spend any more money than they already have to, to survive. — Public Health Representative

Lack of Providers

There are no specialists or good hospitals in this area, you have to drive at least 30 minutes to get good care.
— Public Health Representative

Not enough cardiologists. — Community Leader

Tobacco Use

Lots of people using tobacco and nicotine products. — Community Leader

There is a high level of smoking and obesity in the county. — Public Health Representative

Knowledge around CPR

I think another major health issue in the county is there are not enough people who know how to do CPR to help save someone's life. This is so important to our community as we have a wide range of individuals from birth to 90's who live here. Knowing this technique I feel is so important to anyone because you never know when someone may have a sudden heart attack, or something serious and need life saving measures preformed on them. I think this is something that should be taught in school to all senior students, and I think every employee of any kind of business should be required to take CPR every year that they are working.
— Public Health Representative

Prevention/Screenings

There are not good outreach programs for prevention, i.e. adult community programming. There are lots of "gyms" but those require money and do not focus on cardiac health. The Aging Up facility has exercise equipment but I am unsure about actual programming. A local YMCA or community center would be a perfect venue for progress toward changing the culture of the county to a healthy orientation. — Community Leader

Comorbidities

Heart Disease and stroke are major problems in Clinton County because residents have high risk factors (high cholesterol, high blood pressure, obese, smoke, diabetes, and are not very active) and social determinants of health (lack of education, poverty, access to healthcare, and nutritious food). — Public Health Representative

Access to Affordable Healthy Food

Again, diet, access and promotion of healthy foods. Cost of healthier foods. Education. Genetics.
— Social Services Provider

CANCER

ABOUT CANCER

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Cancer Deaths

All Cancer Deaths

Between 2021 and 2023, there was an annual average cancer mortality rate of 235.9 deaths per 100,000 population in Clinton County.

BENCHMARK ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Cancer Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

Clinton County	OH	US
235.9	211.1	182.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Cancer Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower
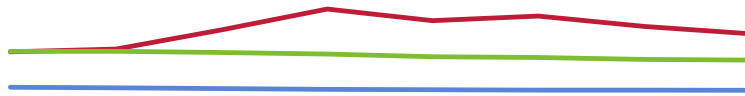
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Clinton County	218.9	221.7	239.7	259.4	248.5	252.6	243.1	235.9
OH	219.2	219.4	218.3	216.8	214.4	213.6	211.6	211.1
US	185.4	184.8	184.1	183.3	182.9	182.6	182.6	182.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in Clinton County.

Other leading sites include prostate cancer, female breast cancer, and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ▶ Higher than state and national rates. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ▶ Higher than state and national rates. Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ▶ Higher than state and national rates. Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ▶ Fails to satisfy the Healthy People 2030 objective.

Cancer Death Rates by Site
(2021-2023 Annual Average Deaths per 100,000 Population)

	Clinton County	OH	US	Healthy People 2030
ALL CANCERS	235.9	211.1	182.5	122.7
Lung Cancer	69.1	52.0	39.8	25.1
Female Breast Cancer	34.7	27.1	25.1	15.3
Prostate Cancer	28.8	21.3	20.1	16.9
Colorectal Cancer	16.7	18.0	16.3	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Cancer Incidence

> "Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Lung Cancer ▶ Higher than state and national rates.

Cancer Incidence Rates by Site
(2017-2021)

■ Clinton County ■ OH ■ US

	Clinton County	OH	US
All Sites	491.8	470.0	444.4
Female Breast Cancer	120.0	132.3	129.8
Prostate Cancer	113.8	118.1	113.2
Lung Cancer	84.3	64.3	53.1
Colorectal Cancer	42.0	38.9	36.4
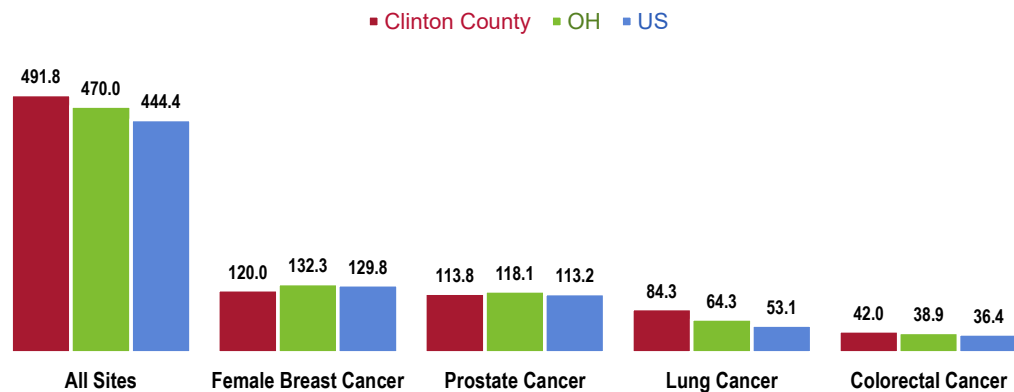
Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.

Prevalence of Cancer

A total of 11.1% of surveyed Clinton County adults report having ever been diagnosed with cancer.

BENCHMARK ► Higher than the national percentage.

DISPARITY ► Reported more often among adults age 40+ and those living above the federal poverty level.

Prevalence of Cancer

Clinton County

The most common types of cancers cited locally include:
1) Skin/melanoma   31.5%
2) Breast   11.5%
3) Lymphoma   7.1%

11.1%	11.8%	7.4%	9.4% → 11.1%
Clinton County	OH	US	2020 2025
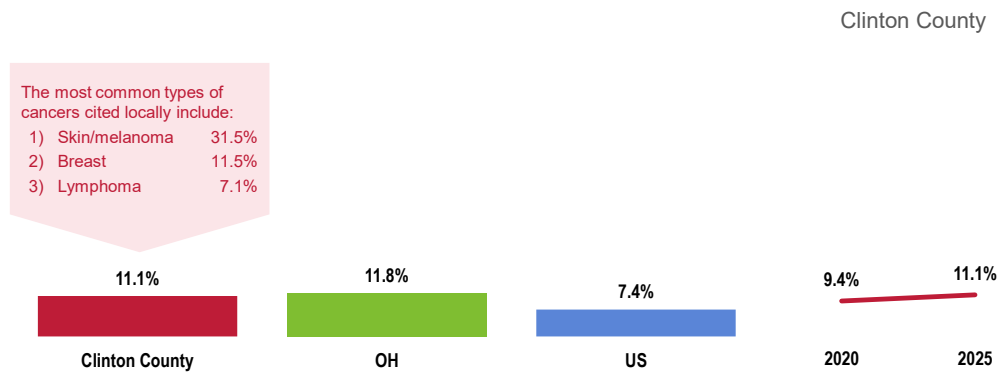
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Cancer
(Clinton County, 2025)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
11.7%	10.2%	2.1%	12.2%	24.4%	2.0%	13.4%	12.4%	11.1%
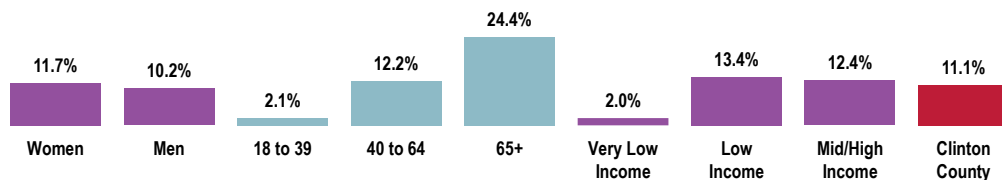
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures. Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 40 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

   – US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Among women age 40 to 74, 63.0% have had a mammogram within the past 2 years.

   BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Among Clinton County women age 21 to 65, 56.2% have had appropriate cervical cancer screening.

   BENCHMARK ► Lower than the national rate. Fails to satisfy the Healthy People 2030 objective.

   TREND ► A significant decrease from previous findings.

Among all adults age 45 to 75, 71.7% have had appropriate colorectal cancer screening.

Breast Cancer Screening
(Women 40-74)
Healthy People 2030 = 80.5% or Higher
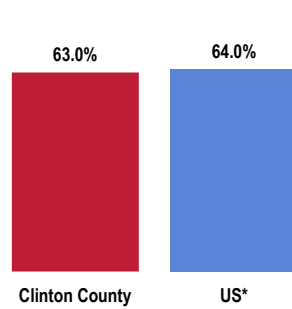
Clinton County	US*
63.0%	64.0%
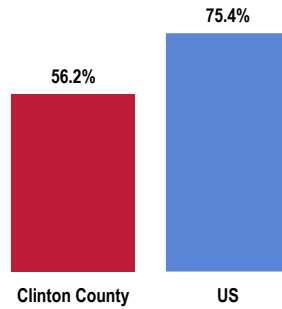
Cervical Cancer Screening
(Women 21-65)
Healthy People 2030 = 84.3% or Higher

Clinton County	US
56.2%	75.4%

Colorectal Cancer Screening
(All Adults 45-75)
Healthy People 2030 = 74.4% or Higher

Clinton County	US*
71.7%	71.5%
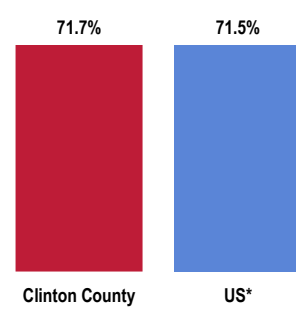
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 101-103]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Each indicator is shown among the gender and/or age group specified.
● *Note that national data for breast cancer screening reflect women age 50 to 74. National data for colorectal cancer screening reflect adults age 50 to 75.

Breast Cancer Screening
(Women 40-74)
Healthy People 2030 = 80.5% or Higher
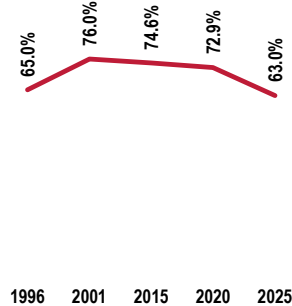
1996	2001	2015	2020	2025
65.0%	76.0%	74.6%	72.9%	63.0%

Cervical Cancer Screening
(Women 21-65)
Healthy People 2030 = 84.3% or Higher

1996	2001	2015	2020	2025
76.6%	82.4%	82.3%	83.0%	56.2%

Colorectal Cancer Screening
(All Adults 45-75)
Healthy People 2030 = 74.4% or Higher

2015	2020	2025
74.4%	80.7%	71.7%
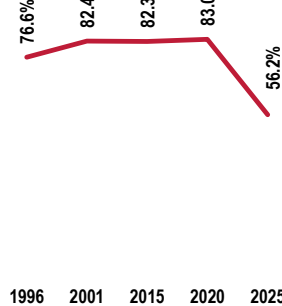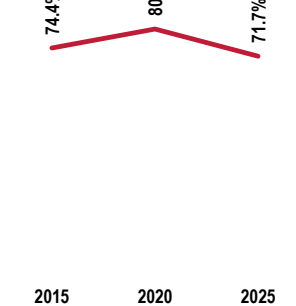
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 101-103]
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Each indicator is shown among the gender and/or age group specified.
● *Note that trend data for breast cancer screening reflect the age group (50 to 74) of the previous recommendation.
Trend data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized _Cancer_ as a "moderate problem" in the community.

Perceptions of Cancer as a Problem in the Community
(Among Key Informants; Clinton County, 2025)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

31.3%	51.3%	13.6%	3.8%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

I've heard that Clinton County has an unusually high incidence of cancer. Both my parents died of cancer, one was a lifelong resident of the county and the other lived in the county for 50 years. — Community Leader

I've known many who have had cancer. — Public Health Representative

I think it's a major problem everywhere and need to make sure people have both access to preventative care and quality cancer treatment. — Community Leader

Not just in our community, but cancer seems to touch every family. Thankfully we have the cancer center in our community. — Social Services Provider

Statistics show that Clinton County has a higher cancer incidence rate than both Ohio and the U.S. rates. — Social Services Provider

Clinton County has a high cancer rate, especially in lower income individuals. Access to care is limited and continued care is limited if one is uninsured. Cancer is an expensive disease to treat and often requires leaving employment for extensive treatment, resulting in loss of insurance coverage. Accessing disability benefits and Medicaid is a lengthy process and takes months - a year to actually receive money or health care benefits. My work as a volunteer in this area demonstrates that disease-specific assistance is decreasing. The need for assistance for patients under Medicare age is especially high. — Community Leader

It seems that cancer comes in so many forms and seems to hit a majority of your friends and family. — Community Leader

Everyone seems to know someone that has it. — Public Health Representative

Cancer rates and deaths in Clinton County exceed those in Ohio overall. — Community Leader

Seems lots of people are getting cancer. — Community Leader

I hear of many people being diagnosed with cancer and our local cancer treatment center just removed itself from being part of the James Cancer Center, OSU Hospital. — Community Leader

High cause of deaths nationwide. — Community Leader

An average of 105 cancer deaths occurred each year among Clinton County residents from 2018 through 2022. The 2018-2022 cancer mortality rate in Clinton County was 185.6 per 100,000 population, compared with the Ohio rate of 161.1 per 100,000 and the U.S. rate of 146.0 per 100,000. — Public Health Representative

Increasing cancer diagnoses. — Public Health Representative

Our county has an overwhelming number of residents with cancer. It's concerning how dense the cancer population is here and makes one question if there is an underlying environmental accelerant to the cancer growth in our community. — Public Health Representative

Environmental Contributors

Environmental risks. — Community Leader

High incidence of cancer in community due to pesticides in ground water and behaviors such as smoking. — Physician

Awareness/Education

Delayed detection - lack of awareness: People may not recognize early warning signs or know when to seek help. Stigma or fear - fear of diagnosis and treatment may lead to putting off necessary screenings. Younger people engaging in risky behaviors: like vaping, processed food consumption, and sedentary lifestyles, raising future cancer risks. — Social Services Provider

It's a larger problem than Clinton County can solve. It involves education about secondary cancers from taking primary medicines, cancer-causing additives in meats/fast foods, agricultural poisons in corn and soybeans, bad diets in general, lack of access to affordable organic foods, smoking. — Community Leader

Tobacco Use

Tobacco abuse. — Physician

Because of tobacco use and other unknown environmental factors. — Physician

Prevention/Screenings

I believe that people are not getting the proper health care that they desperately need, and in long term effect of that they are not getting screened for cancer and when they are finally able to get healthcare or benefits to go to the doctor the diagnosis for them is either terminal or stage 3-4. I think if healthcare was more affordable and testing for cancer was not so expensive, then we could maybe find cancer in patients early on and give them a better treatment plan. — Public Health Representative

Obesity

General health issues and obesity are widespread in the county, and I recall hearing that the county has a higher than average rate of various cancers. — Community Leader

Diagnosis/Treatment

Treatment. — Community Leader

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

– Healthy People 2030 (https://health.gov/healthypeople)

Respiratory Disease Deaths

Lung Disease Deaths

Between 2021 and 2023, Clinton County reported an annual average lung disease mortality rate of 58.0 deaths per 100,000 population.

BENCHMARK ▶ Higher than the US rate.

TREND ▶ Overall decreasing over the past decade.

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Lung Disease
(2021-2023 Annual Average Deaths per 100,000 Population)

Clinton County	OH	US
58.0	56.0	43.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
Notes: ● Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Lung Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Clinton County	70.0	82.6	72.2	79.3	73.8	71.5	68.3	58.0
OH	60.3	61.7	62.5	62.8	61.9	58.7	57.6	56.0
US	47.4	48.4	48.6	48.6	47.6	45.7	44.5	43.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.

Notes: ● Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Pneumonia/Influenza Deaths

Between 2021 and 2023, Clinton County reported an annual average pneumonia/influenza mortality rate of 18.3 deaths per 100,000 population.

BENCHMARK ► Higher than Ohio and US rates.

TREND ► An overall decreasing trend.

Pneumonia/Influenza Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Pneumonia/Influenza Mortality Trends
(Annual Average Deaths per 100,000 Population)
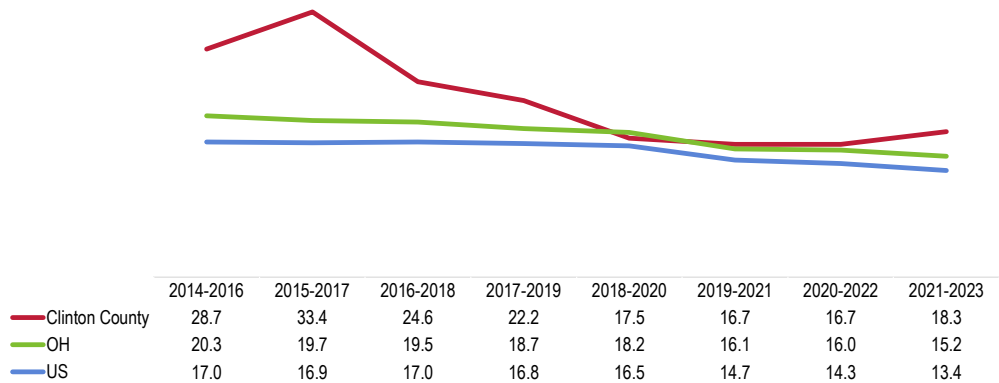
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Clinton County	28.7	33.4	24.6	22.2	17.5	16.7	16.7	18.3
OH	20.3	19.7	19.5	18.7	18.2	16.1	16.0	15.2
US	17.0	16.9	17.0	16.8	16.5	14.7	14.3	13.4

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Prevalence of Respiratory Disease

Asthma

Adults

A total of 13.3% of Clinton County adults have asthma.

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

BENCHMARK ▶ Lower than the national prevalence.

TREND ▶ A statistically significant increase since 1996.

DISPARITY ▶ Reported more often among women and adults under the age of 40.

Prevalence of Asthma

Clinton County

Clinton County	OH	US	1996	2001	2015	2020	2025
13.3%	11.0%	17.9%	5.6%	5.6%	12.5%	9.5%	13.3%
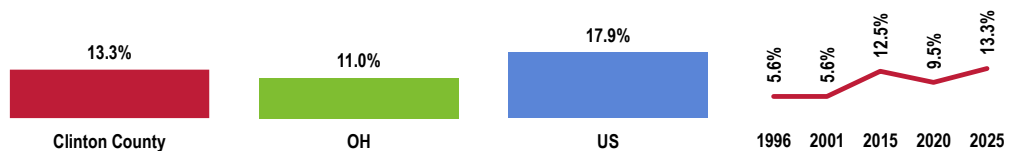
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 26]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Prevalence of Asthma
(Clinton County, 2025)

17.6%	8.8%	17.7%	12.2%	8.9%	20.7%	11.1%	10.4%	13.3%
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County

Sources: •   2025 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes: •   Asked of all respondents.
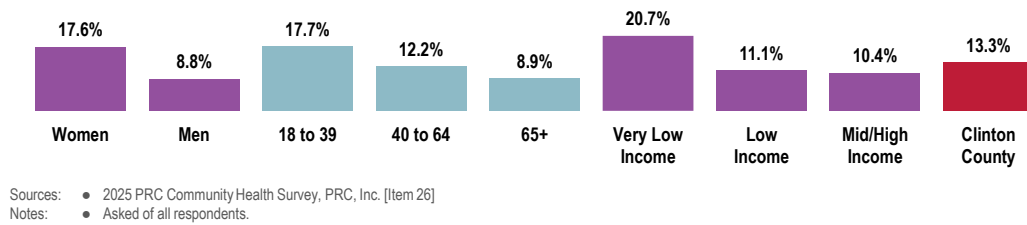
Children

Among Clinton County children under age 18, 5.6% have been diagnosed with asthma.

BENCHMARK ▶ Lower than the national percentage.

Prevalence of Asthma in Children
(Children 0-17)

Clinton County

Clinton County	US	1996	2015	2020	2025
5.6%	16.7%	8.5%	6.3%	4.4%	5.6%

Sources: •   2025 PRC Community Health Survey, PRC, Inc. [Item 92]
           •   2023 PRC National Health Survey, PRC, Inc.
Notes: •   Asked of all respondents with children age 0 to 17 in the household.

Chronic Obstructive Pulmonary Disease (COPD)

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.
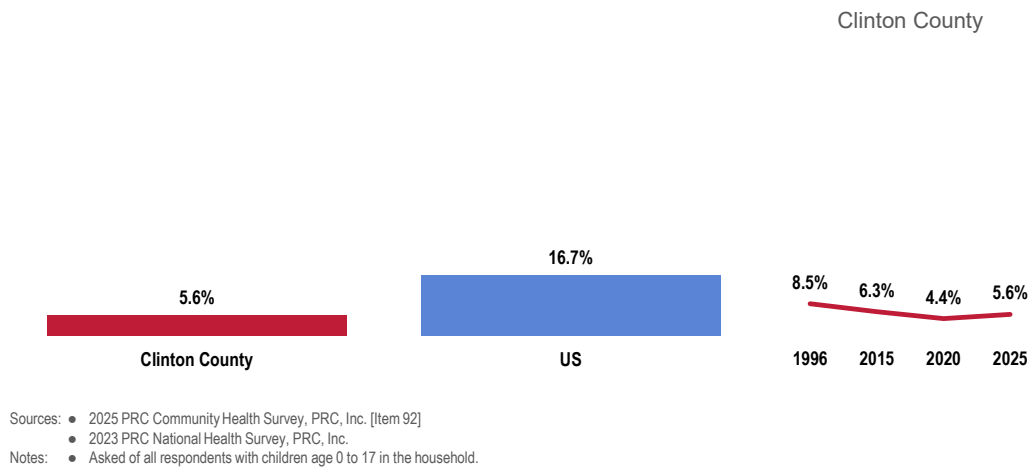
A total of 12.8% of Clinton County adults suffer from chronic obstructive pulmonary disease (COPD).

BENCHMARK ► Higher than the statewide prevalence.

TREND ► Marks a statistically significant increase since 1996.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Clinton County

Clinton County	OH	US		
12.8%	7.9%	11.0%		

1996	2001	2015	2020	2025
3.5%	7.4%	13.4%	9.1%	12.8%
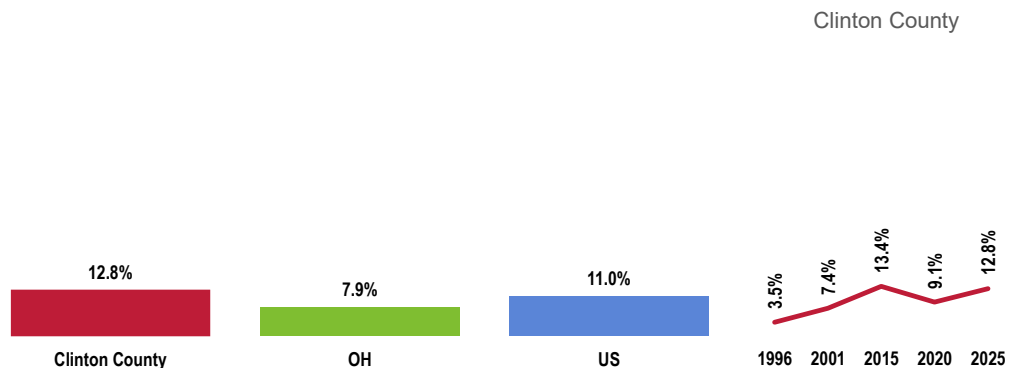
Sources:
● 2025 PRC Community Health Survey, PRC, Inc. [Item 21]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
● 2023 PRC National Health Survey, PRC, Inc.

Notes:
● Asked of all respondents.
● Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community, followed closely by "minor problem" ratings.

Perceptions of Respiratory Disease as a Problem in the Community
(Among Key Informants; Clinton County, 2025)
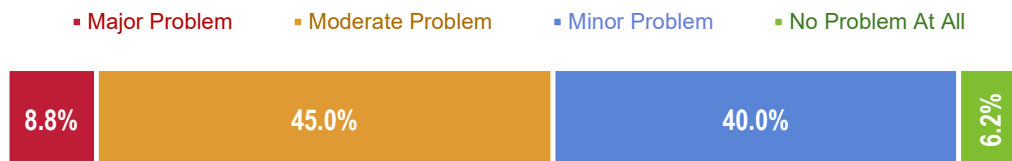
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
8.8%	45.0%	40.0%	6.2%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Tobacco Use

One word, smoking. — Community Leader

There are a lot of people who smoke. — Public Health Representative

Tobacco abuse. No smoking enforcement in restaurants and theaters is a huge positive. — Physician

Smoking, vaping rates. — Community Leader

Smoking. — Physician

COVID-19

The community's lack of accepting, specifically, COVID-19 was a communicable disease. — Community Leader

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Unintentional Injury Deaths

Between 2021 and 2023, there was an annual average unintentional injury mortality rate of 96.9 deaths per 100,000 population in Clinton County.

BENCHMARK ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

TREND ► Higher than all but one reporting period in the past decade.

Unintentional Injury Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower

	Clinton County	OH	US
Rate	96.9	82.9	67.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Unintentional Injury Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower
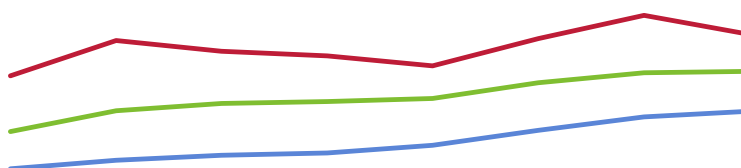
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Clinton County	81.2	94.5	90.5	88.8	85.0	95.3	104.1	96.9
OH	60.1	68.0	70.7	71.4	72.6	78.6	82.4	82.9
US	46.0	49.2	51.1	52.0	54.9	60.5	65.6	67.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Firearm Safety

A total of 16.1% Clinton County residents report that they have guns or other firearms in or around their house or vehicles that are currently unlocked.

TREND ► Lower than found in 2020.

DISPARITY ► More often reported by men, adults age 65+, and low-income residents.

Have an Unlocked Firearm Kept in or Around the Home
(Clinton County, 2025)

Among residents with children in the household, 11.9% have unlocked firearms in the home.

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County		2020	2025
11.2%	21.2%	10.0%	13.8%	31.4%	9.7%	26.1%	16.0%	16.1%		21.9%	16.1%
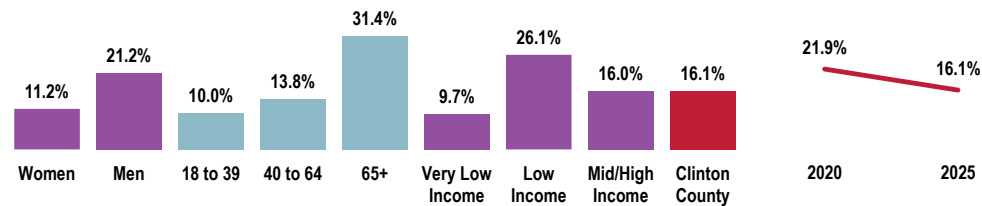
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: ● Asked of all respondents.

Community Violence

A total of 3.5% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

BENCHMARK ► Half the national rate.

DISPARITY ► Significantly higher among women versus men.

Victim of a Violent Crime in the Past Five Years

Clinton County

Clinton County	US	1996	2001	2015	2020	2025
3.5%	7.0%	1.7%	1.1%	2.3%	1.5%	3.5%
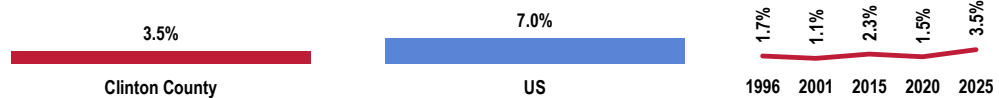
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 32]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Clinton County, 2025)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
5.4%	1.4%	3.2%	4.7%	1.4%	6.2%	4.0%	2.5%	3.5%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: ● Asked of all respondents.

Intimate Partner Violence

A total of 20.6% of Clinton County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

Clinton County

Clinton County	US	2015	2020	2025
20.6%	20.3%	16.1%	15.4%	20.6%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 33]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
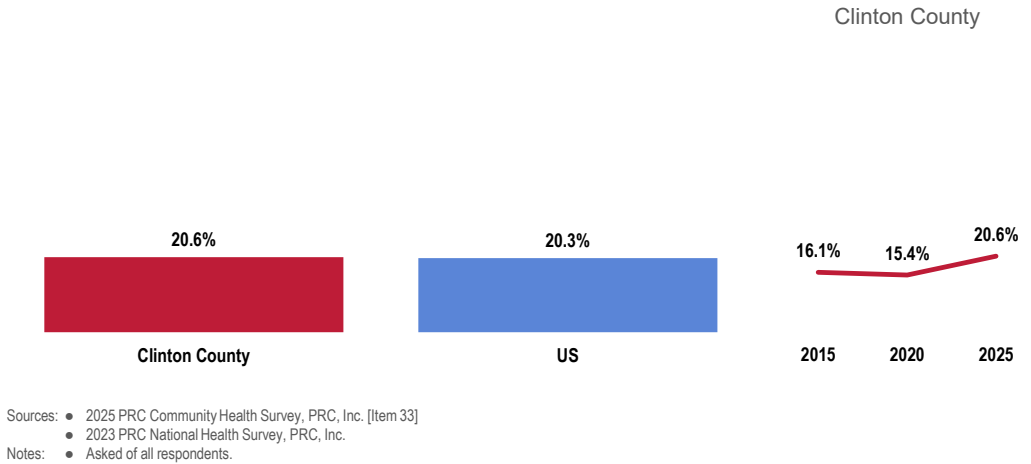
Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "minor problem" in the community, followed closely by "moderate problem" ratings.

Perceptions of Injury & Violence as a Problem in the Community
(Among Key Informants; Clinton County, 2025)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

8.8%	40.0%	45.0%	6.2%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> I hear about injuries and violence quite a bit that happens here. — Public Health Representative
>
> Violence is high. — Public Health Representative

Access to Care/Services

> Access for assistance for victims of violence is a major problem. — Community Leader
>
> Limited Level III trauma care within the county. — Physician

Aging Population

> Injuries for the elderly. Domestic violence for families and children. — Community Leader

Alcohol/Drug Use

> Drugs. — Community Leader

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Diabetes Deaths

Between 2021 and 2023, there was an annual average diabetes mortality rate of 44.5 deaths per 100,000 population in Clinton County.

BENCHMARK ► Higher than the state and national rates.

TREND ► Despite a decrease in recent years, the rate is significantly higher than in the 2014-2016 reporting period.

Diabetes Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
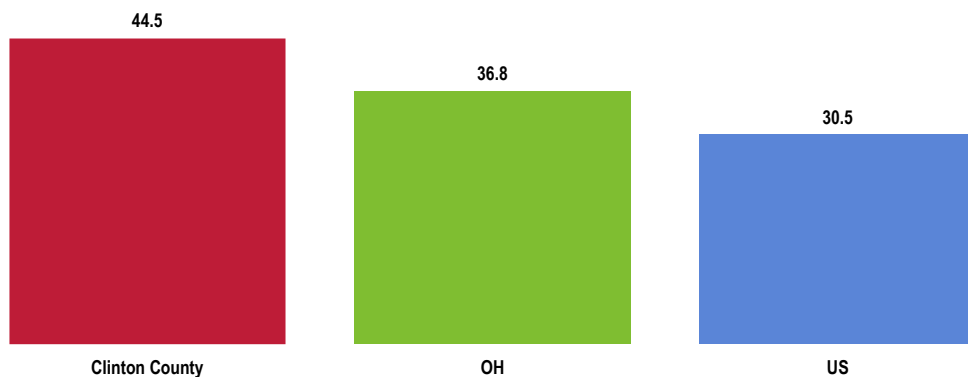
Clinton County	OH	US
44.5	36.8	30.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Diabetes Mortality Trends
(Annual Average Deaths per 100,000 Population)
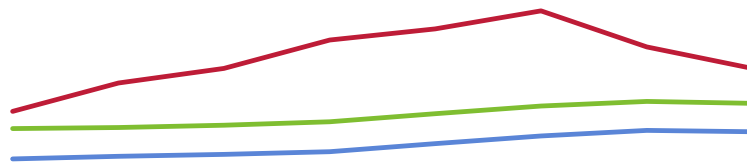
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Clinton County	35.0	41.3	44.5	50.8	53.2	57.2	49.2	44.5
OH	31.2	31.4	31.9	32.7	34.5	36.2	37.2	36.8
US	24.5	25.1	25.5	26.1	27.9	29.6	30.8	30.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Prevalence of Diabetes

A total of 14.0% of Clinton County adults report having been diagnosed with diabetes.

TREND ► Twice as high as the baseline findings.

DISPARITY ► Reported more often among adults age 40+.

Prevalence of Diabetes

Another 17.4% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Clinton County

Clinton County	OH	US
14.0%	13.2%	12.8%

1996	2001	2015	2020	2025
7.1%	7.7%	15.8%	17.0%	14.0%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 106]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Clinton County, 2025)

11.7%	16.2%	5.3%	18.1%	20.9%	16.2%	13.4%	12.2%	14.0%
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 106]
Notes: ● Asked of all respondents.
● Excludes gestational diabetes (occurring only during pregnancy).
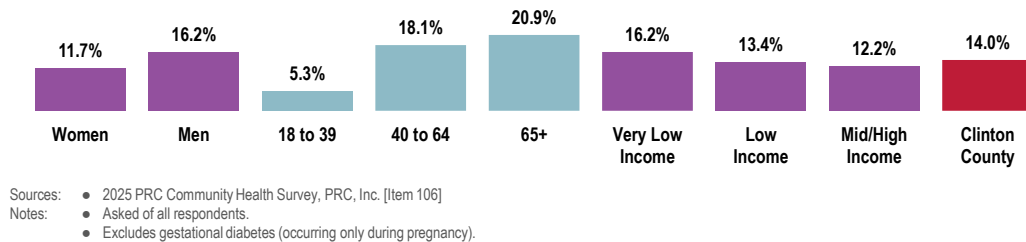
Kidney Disease Deaths

ABOUT KIDNEY DISEASE & DIABETES

Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

– Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html

Between 2021 and 2023, there was an annual average kidney disease mortality rate of 23.0 deaths per 100,000 population in Clinton County.

BENCHMARK ▶ Higher than the national rate.

Kidney Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
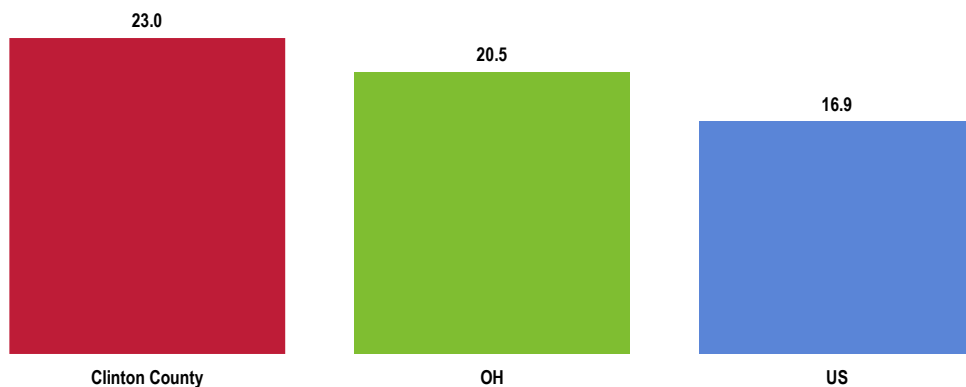
Clinton County	OH	US
23.0	20.5	16.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Kidney Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)
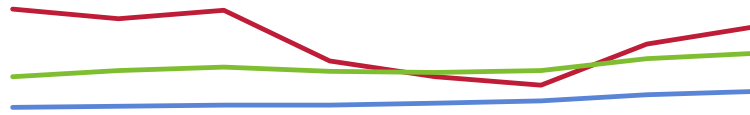
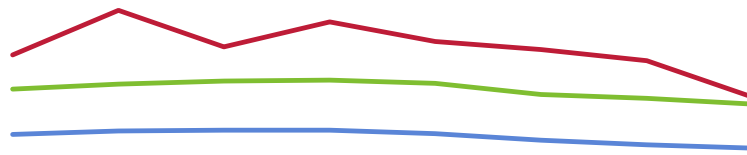|	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Clinton County	24.7	23.8	24.6	19.8	18.3	17.5	21.4	23.0
OH	18.3	18.9	19.2	18.8	18.7	18.9	20.0	20.5
US	15.4	15.5	15.6	15.6	15.8	16.0	16.6	16.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
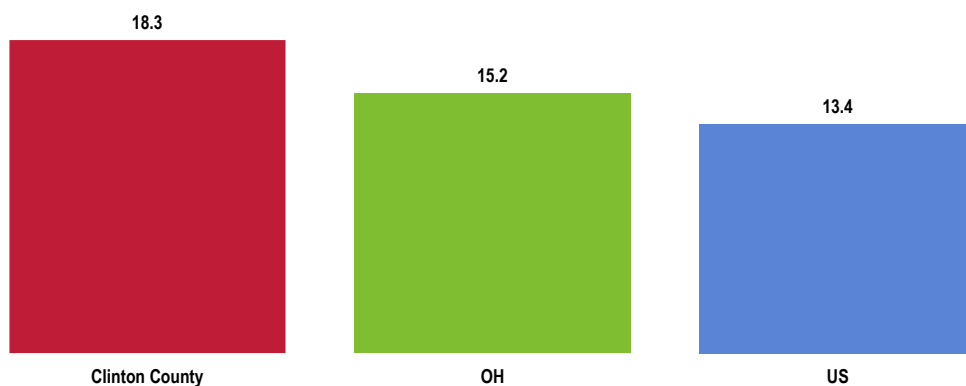● Rates are per 100,000 population.

Key Informant Input: Diabetes

Nearly half of key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes as a Problem in the Community
(Among Key Informants; Clinton County, 2025)

▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All

48.8%	41.5%	6.0%	3.7%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

Knowledge about disease development and understanding the importance of lifestyle choices to overall health and wellbeing, access to affordable healthy foods, and an indoor recreation center for physical activity year-round. — Community Leader

Accessing education and medication. The education program is there but unsure of the reasons it is not utilized. Medication, especially effective medication is expensive and out of reach for vulnerable populations. The need for a support group. The need for a local endocrinologist. — Community Leader

Lack of information/knowledge. — Community Leader

Education regarding prevention and management of the condition. — Public Health Representative

It appears that many in our community are unaware of healthy eating practices and the types of eating patterns that contribute to diabetes. — Community Leader

Lack of education in understanding that sugar is addictive, an addiction, and can be managed through making the right choices as to what to eat or not eat. — Community Leader

Access to education and professional providers. — Community Leader

Lack of diabetes education. Anyone diagnosed with diabetes should be given information on how and where to get education, most doctors give limited education in the office and provide medication.
— Public Health Representative

Education resources, food resources, exercise resources. — Public Health Representative

Affordable Medications/Supplies

Affordability of medications and healthy foods. — Physician

Lack of affordable medications and monitoring equipment. — Physician

The cost of insulin, which is lifesaving, is ridiculously high. The better the food, i.e. healthier, the more expensive. Education on diabetes, if you don't have a good doctor that recommends it, you won't know it exists.
— Social Services Provider

Being able to afford diabetic medications. Remaining compliant with medications once they have difficulty. If they have difficulty with insurance or copays, they just give up and don't take medications. They need more education.
— Public Health Representative

Insulin cost as well as food being distributed in our food panties and soup kitchen are high in sugar and carbohydrates. — Social Services Provider

Lack of Providers

The lack of endocrinologists in Clinton County is the biggest issue. You have to go out of the county. General physicians often don't have the knowledge or experience to help someone with managing the disease long term and often do nothing more than prescribe medications. — Community Leader

Lack of physicians, lack of recreation locations to enhance activity and medication cost.
— Public Health Representative

Nutrition

Difficulty knowing and sticking to a healthy diet, food desert in regard to vegan options and vegan restaurants.
— Community Leader

Not recognizing that food choices, inactivity among other habits can lead to becoming a diabetic. Secondly individuals don't realize the associated expenses, medical interventions, and self-accountability that is required to overcome diabetes and secondary conditions that follow. — Public Health Representative

Poor dietary choices and obesity. — Physician

Diet issues, access to healthy food options, limited active living infrastructure and/or programming to motivate individuals. — Community Leader

Access to and interest in a good diet. — Community Leader

Diet. — Public Health Representative

Access to Care/Services

I think the biggest challenge with diabetes is the same thing with the Cancer patients and the patient not having insurance to get a checkup with their primary doctor to get testing for diabetes. I also think that the problem with people who do have diabetes is the insulin pricing and being able to afford insulin even if their insurance does pick up some of the cost. This problem really puts people in a bad position and can cause a lot of emotional and physical damage to their bodies. — Public Health Representative

No access to endocrinology and a nutritionist. — Physician

Resources. — Community Leader

There is a great deal of people with diabetes who need a PCP to follow them and may need assistance in obtaining appropriate medication. — Physician

Incidence/Prevalence

You see more and more individuals wearing the device for diabetes. I personally know 5 individuals wearing them. You hear about more and more children being diagnosed. Again, this is not just impacting our community. There could possibly be more clinics/trainings offered for individuals and some geared toward families with children on how to prevent diabetes, I am not aware of this being available in our community. Education on this topic is important. — Social Services Provider

Diabetes. — Physician

Increasing DM diagnoses. — Public Health Representative

Diagnosis/Treatment

Overall health care beyond simply monitoring blood sugar levels. Things like eye care, foot care, exercise and BMI. — Physician

> Getting consistent treatment and medications. Also, education on how to avoid the disease.
> — Community Leader

> Early diagnosis and treatment for type II diabetes. Improved nutrition to avoid unnecessary junk food.
> — Public Health Representative

Access to Affordable Healthy Food

> Residents cannot afford to buy healthy food and thus rely on fast food. That coupled with lack of a wellness center offering exercise programs and programs to educate people on how to live healthy lifestyles, contributes to the high incidence of diabetes. — Community Leader

> The biggest challenges for people with diabetes in Clinton County include food insecurity (year-round access and affordability for fruits/vegetables/nutritious food), limited resources (access and cost to care/diabetes specialist/treatment), and lack of personal responsibility/uptake of education by individuals (awareness and education about diabetes). — Public Health Representative

Obesity

> The populace of Clinton County exhibits characteristics in terms of obesity and health habits that have led to a much higher than average incidence of obesity among our population. — Community Leader

DISABLING CONDITIONS

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:
- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Among Clinton County survey respondents, most report having at least one chronic health condition.

Number of Chronic Conditions
(Clinton County, 2025)
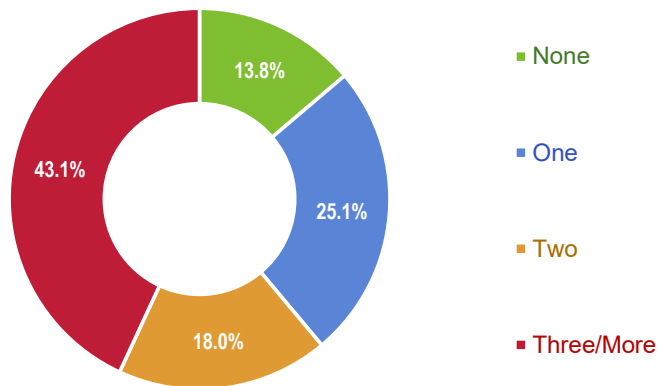
- 13.8% None
- 25.1% One
- 18.0% Two
- 43.1% Three/More

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

In fact, 43.1% of Clinton County adults report having three or more chronic conditions.

TREND ► Higher than found in 2020.

DISPARITY ► Reported more often among adults age 40+ and lower income residents.

Have Three or More Chronic Conditions

Clinton County

- 43.1% Clinton County
- 38.0% US
- 2020: 32.2%
- 2025: 43.1%
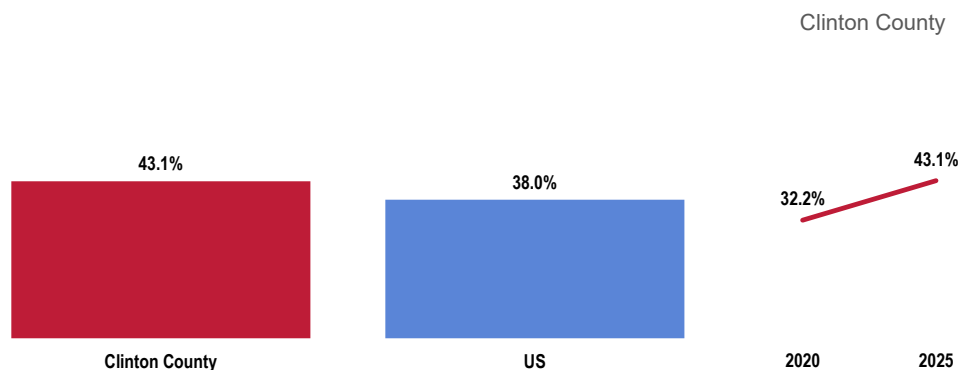
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Have Three or More Chronic Conditions
(Clinton County, 2025)
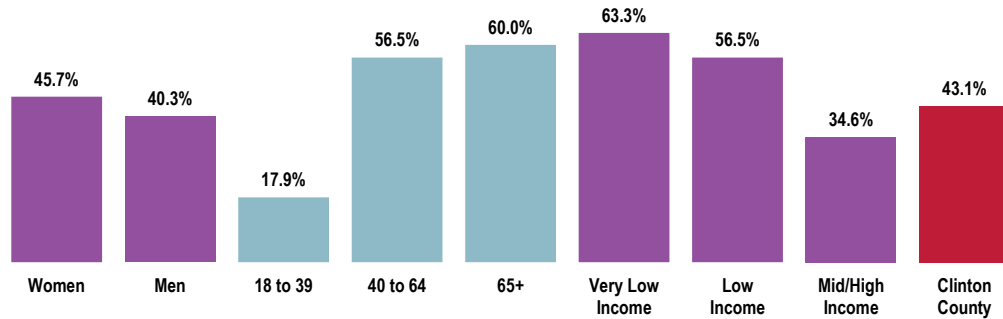
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
45.7%	40.3%	17.9%	56.5%	60.0%	63.3%	56.5%	34.6%	43.1%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

A total of 32.3% of Clinton County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

TREND ► A significant increase over time.

DISPARITY ► Reported more often by women, adults age 40 to 64, and those in the lowest income category.

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem
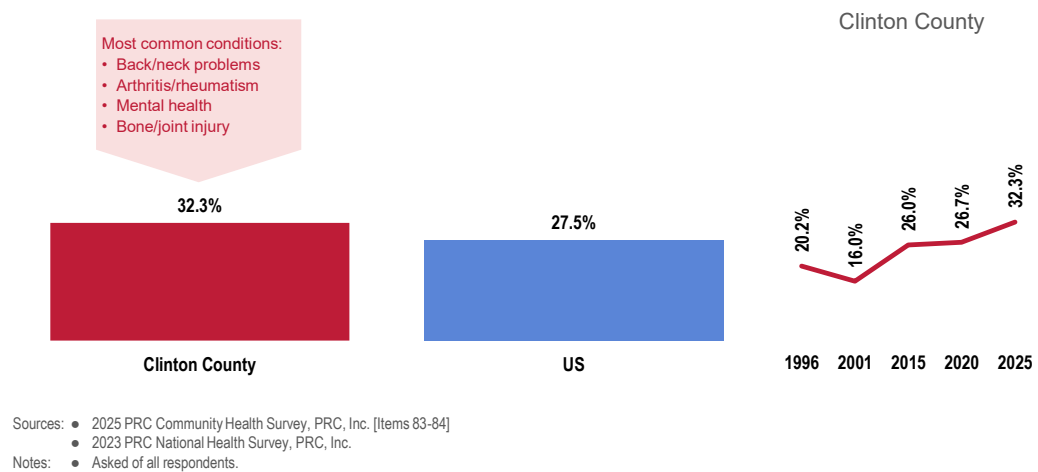
Clinton County

Most common conditions:
• Back/neck problems
• Arthritis/rheumatism
• Mental health
• Bone/joint injury

	Clinton County	US
	32.3%	27.5%

1996	2001	2015	2020	2025
20.2%	16.0%	26.0%	26.7%	32.3%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 83-84]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem
(Clinton County, 2025)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
39.4%	25.0%	23.2%	40.6%	31.0%	43.4%	30.5%	26.1%	32.3%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 83]
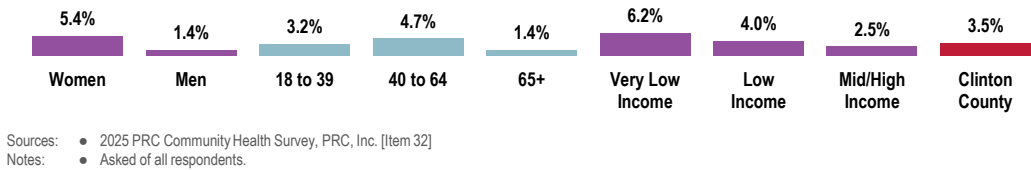Notes: ● Asked of all respondents.
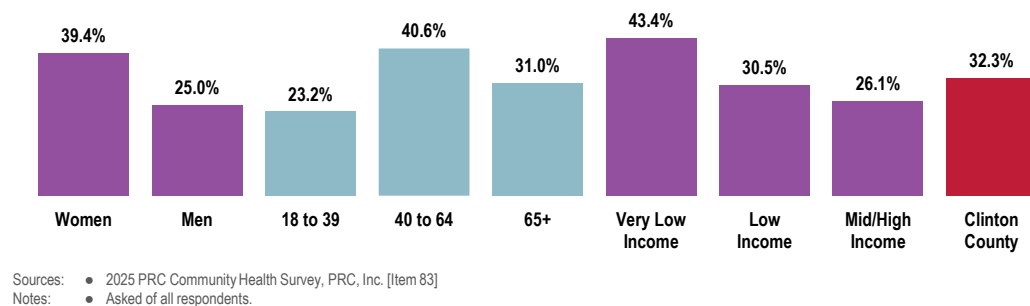
Chronic Pain

A total of 23.3% of Clinton County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► More often reported among women, adults age 40+, and those in the lowest income category.

Experience High-Impact Chronic Pain
Healthy People 2030 = 6.4% or Lower

Clinton County

23.3%	19.6%	22.1% → 23.3%
Clinton County	US	2020 — 2025

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain
(Clinton County, 2025)
Healthy People 2030 = 6.4% or Lower

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
27.5%	18.7%	13.7%	31.5%	23.3%	40.5%	24.0%	14.3%	23.3%

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 31]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (https://health.gov/healthypeople)

Alzheimer's Disease Deaths

Between 2021 and 2023, there was an annual average Alzheimer's disease mortality rate of 33.4 deaths per 100,000 population in Clinton County.

BENCHMARK ► Lower than the statewide rate.
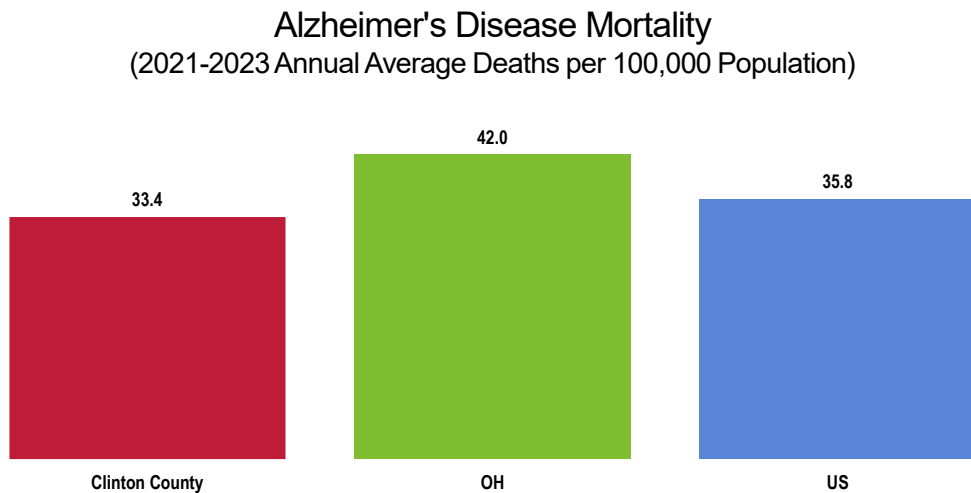
Alzheimer's Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)

Clinton County	OH	US
33.4	42.0	35.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
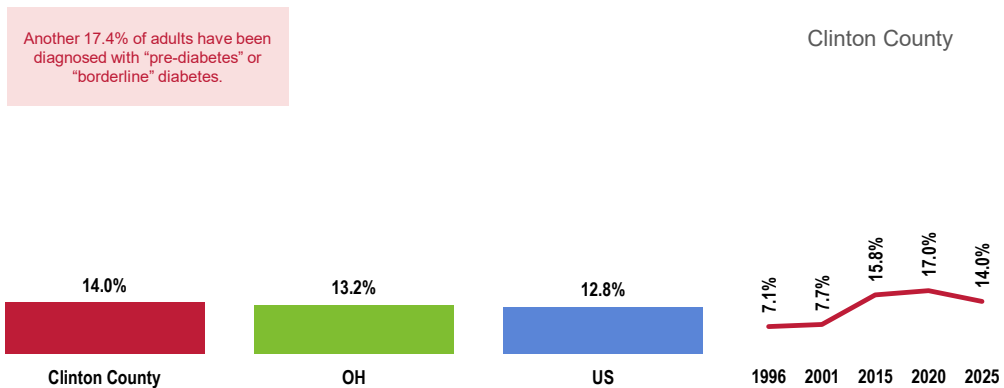- Rates are per 100,000 population.

Alzheimer's Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)
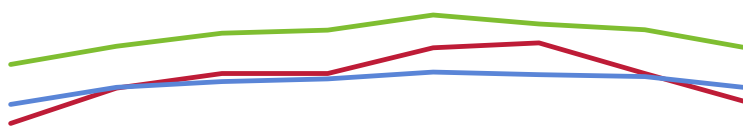
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Clinton County	30.2	35.8	38.1	38.1	42.1	42.9	38.1	33.4
OH	39.5	42.4	44.4	44.9	47.3	45.9	45.0	42.0
US	33.2	35.9	36.8	37.2	38.3	37.9	37.6	35.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Caregiving

A total of 29.8% of Clinton County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ► Higher than the national prevalence.

Act as Caregiver to a Friend or Relative
with a Health Problem, Long-Term Illness, or Disability

The top health issues affecting those receiving their care include:
• Old age/frailty
• Injuries (including broken bones)
• Dementia/cognitive impairment
• Cancer
• Mental illness

Clinton County

Clinton County	US	2020	2025
29.8%	22.8%	31.8%	29.8%
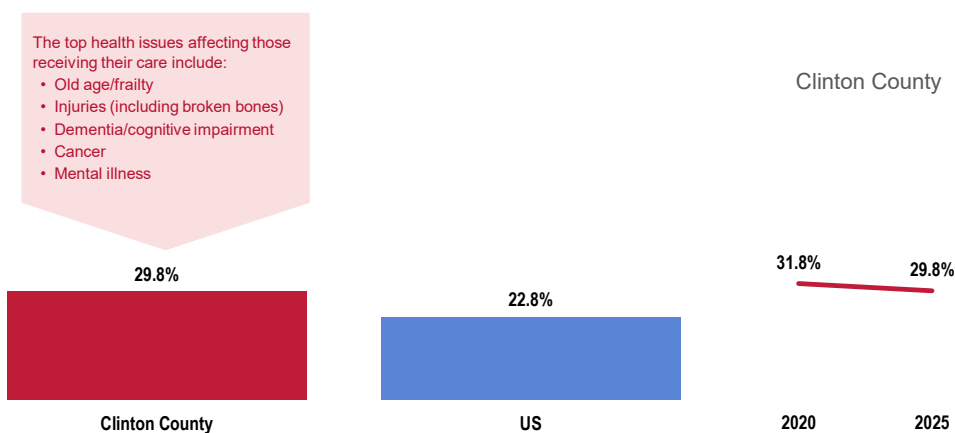
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 85-86]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Disabling Conditions

Key informants taking part in an online survey most often characterized *Disabling Conditions* as a "moderate problem" in the community.

Perceptions of Disabling Conditions as a Problem in the Community
(Among Key Informants; Clinton County, 2025)
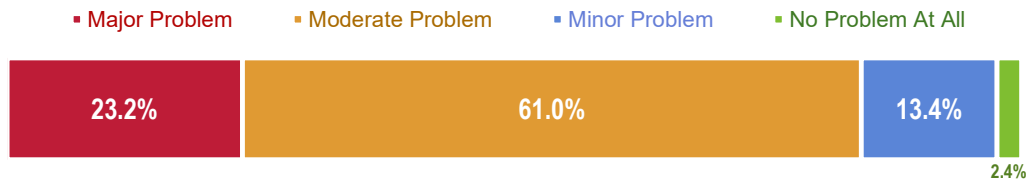
▪ Major Problem   ▪ Moderate Problem   ▪ Minor Problem   ▪ No Problem At All

23.2%	61.0%	13.4%	

2.4%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

I believe this is a major problem because there are a lot of older generation people living in this community and may not have access to healthcare, a car, or even family to help with their day-to-day activities. This puts people in a bad position because the cost of nursing homes and assisted living spaces are so expensive and if they do not have insurance they won't get accepted and get the help that they need. — Public Health Representative

Aging is the most prominent condition we all will face. Heart and circulatory diseases are common, as is cancer. — Public Health Representative

It appears that there are a sizable number of pre-senior people (age 65 or below) who have apparent walking difficulties and/or need physical aids (such as a cane or motorized riding carts at the grocery store) in addition to the senior age population as well. I cannot speak to knowledge of chronic pain but would assume that may be concurrent with mobility issues? I am not familiar with the incidence of dementia and loss of vision/hearing in our community as compared to other places. — Community Leader

I have been involved with senior housing and the senior center and there seems to be more and more individuals with dementia and sometimes at a younger age. Hearing issues are common, but the average person cannot afford the hearing devices. — Social Services Provider

Aging population. — Physician

Access to Care/Services

There are literally no resources in this county for those things. — Public Health Representative

I don't believe there are services available for those with disabling conditions such as services for those with vision or hearing loss. At present, there is no dedicated Memory Care unit in Clinton County, though that is expected to change within the coming months. However, statistically, the growing need for memory care will be overshadowed by the small unit being created. Additionally, I have neighbors with chronic pain issues who have to travel to Cincinnati to see a pain management specialist. While we are a small community, we need to have more specialists practicing in Wilmington. — Community Leader

Lack of local services. If they are there, they are difficult to locate. — Community Leader

Behavioral Health

Mental health, likely from poor prenatal care, drug use, and lack of education is a serious problem. This hinders our skilled labor workforce and puts strain on the other strong citizens in the area. Senior cognitive decline, including dementia and Alzheimer's, is a growing problem. The resources to house and care for our seniors with these problems, accompanied by economic factors, is a huge problem. There is a waiting list for senior housing and care and a near lack of help period if there are economic issues such as low income or even higher income pension. If the elderly person has a decent retirement income from pension or social security, they make too much to get into some housing. Also, there is a waiting list of up to two years for most care facilities, including Cape May, Madelyn Loftin apartments, and more. There is an abyss for help with those and real struggle for family and community. These folks drive our roads and are unfit drivers, they live alone and more. — Community Leader

Incidence/Prevalence

Dementia is ever growing and not many resources in our community. — Social Services Provider

I see so many people on scooters at stores and there are a lot of people with hearing and vision loss. — Community Leader

High rates of heart and cardiovascular disease, also injuries related to manual labor/unskilled jobs. — Physician

Impact on Quality of Life

Our agency deals exclusively with individuals with disabilities, and we see on a daily basis how disabling conditions negatively impact their daily lives in Clinton County. — Social Services Provider

Work Related

Majority of our community are blue collar workers which breaks down the body. This also impact hearing loss due to being exposed to loud noises for prolonged periods of time. — Public Health Representative

Lifestyle

Widespread obesity and physical inactivity. Sedentary lifestyle of adolescents and youth. — Physician

BIRTHS

Low-Weight Births

A total of 8.1% of 2017-2023 Clinton County births were low-weight babies.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal 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.

Low-Weight Births
(Percent of Live Births, 2017-2023)

Clinton County	OH	US
8.1%	8.6%	8.4%
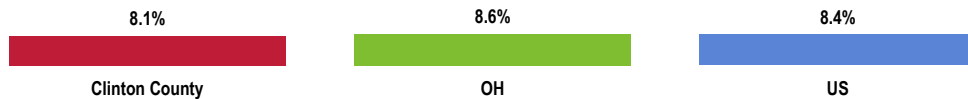
Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

Infant Mortality

Between 2016-2020, there was an annual average of 7.9 infant deaths per 1,000 live births.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

BENCHMARK ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2016-2020)
Healthy People 2030 = 5.0 or Lower
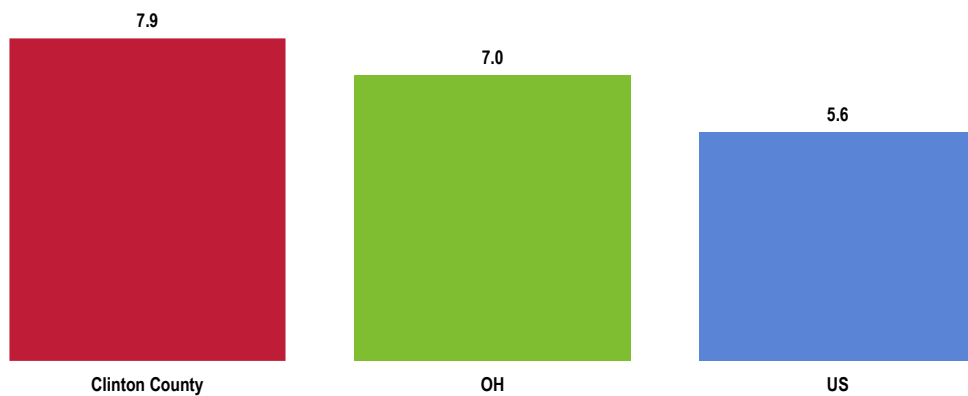
Clinton County	OH	US
7.9	7.0	5.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between 2017-2023, there were 21.5 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Clinton County.

BENCHMARK ► Higher than state and national rates.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2017-2023)

21.5	17.4	15.5
Clinton County	OH	US
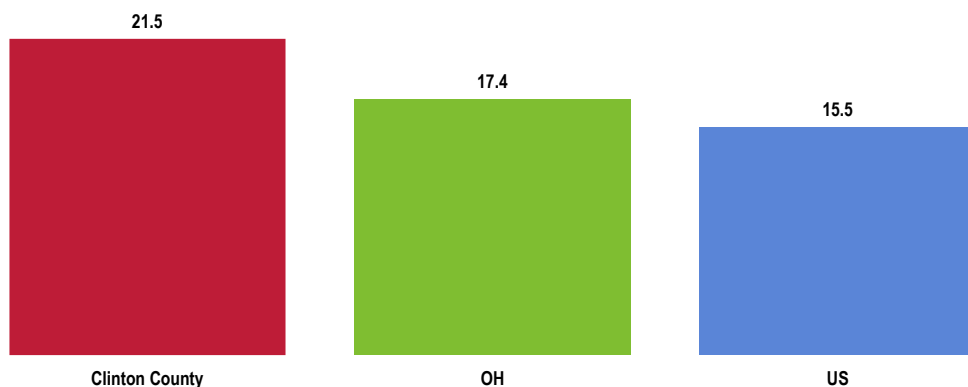
Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized _Infant Health & Family Planning_ as a "moderate problem" in the community.

Perceptions of Infant Health & Family Planning as a Problem in the Community
(Among Key Informants; Clinton County, 2025)
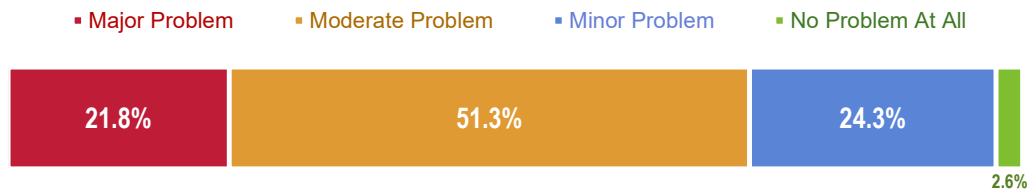
- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

21.8%	51.3%	24.3%	

2.6%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

This goes along with the availability of services for families. Healthy infant support goes a long way in supporting future needs in terms of growth, nutrition, well care, and education. — Community Leader

I don't see that we have a family planning office, and most don't know you can take your child to the health department to get immunizations. — Community Leader

Services which exist are restricted in hours and some of them, in their attitudes. The county health department does little to educate the community about the services which they offer and how to access them.
— Community Leader

I do not believe there are any facilities that address family planning or pediatric care. If there are, they are limited.
— Community Leader

There are limited services in our community. Especially, family planning and pregnancy counseling.
— Health Care Provider

Scarce resources for prenatal care and obstetric services. — Physician

Access, access, access. — Community Leader

Incidence/Prevalence

Clinton County exceeds the state average in maternal death rates. — Community Leader

Feedback from certain members of community. — Community Leader

Lack of Providers

We have a limited amount of OBs and pediatricians in our community and the hospital, CMH, is not breastfeeding friendly. — Public Health Representative

There appears to be a large turnover in the family health and pediatric area. — Community Leader

Awareness/Education

There is minimal sexual education in our schools, and a stigma about accessing family planning facilities. There is a general stigma about abortion throughout our governmental structures at both the state and federal level, despite the majority of the state and country believing in pro-choice stances, as indicated by the vote on abortion access which was passed by over ten points recently. Government continues to put restrictions despite the voice of the people. And the programs available to help single mothers, etc. are under attack by the government.
— Community Leader

Income/Poverty

Poverty is growing due to many reasons. A lot of people who are experiencing poverty are not engaged in the communities they live in and are unaware of the resources for infant health and family planning. Some, especially those with multiple children, are stretched thin and do not seek help even though they need it. Some do not care.
— Community Leader

MODIFIABLE
HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

Difficulty Accessing Fresh Produce

Most Clinton County adults report little or no difficulty buying fresh produce at a price they can afford.

Respondents were asked, "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Clinton County, 2025)

- Very Difficult: 6.3%
- Somewhat Difficult: 16.1%
- Not Too Difficult: 26.9%
- Not At All Difficult: 50.7%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

However, 22.4% of Clinton County adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Lower than the national percentage.

DISPARITY ► More often reported among adults age 40 to 64 and adults living in the lower income segments.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

Clinton County

22.4%	30.0%	23.9% 15.3% 22.4%
Clinton County	US	2015 2020 2025
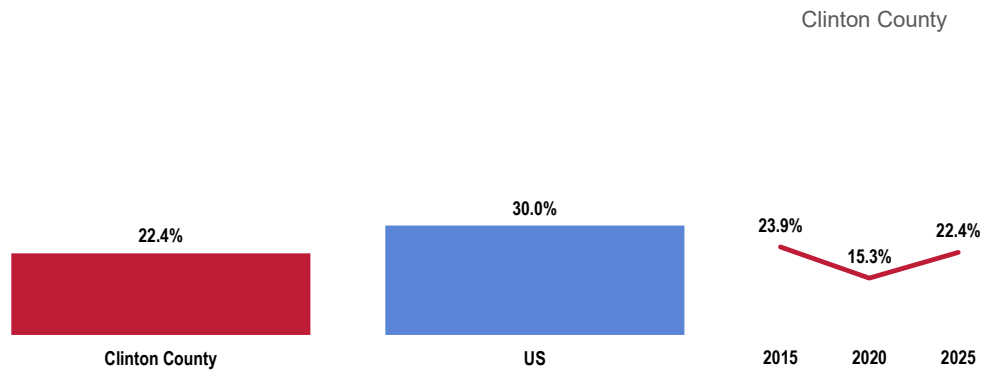
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Clinton County, 2025)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
25.2%	19.3%	21.2%	27.7%	12.6%	52.6%	36.3%	11.1%	22.4%
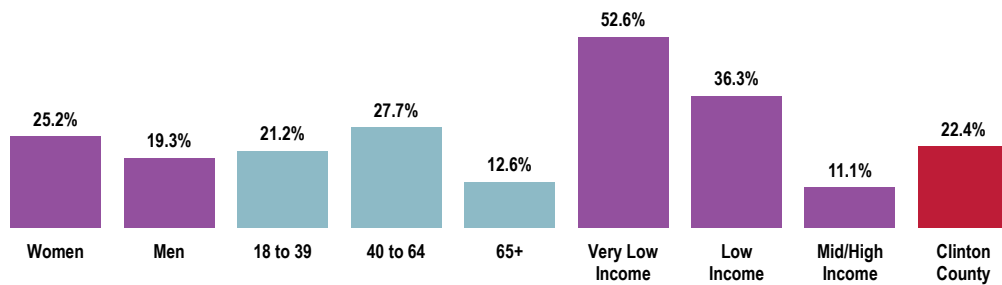
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

A total of 21.3% of Clinton County adults report no leisure-time physical activity in the past month.

BENCHMARK ► Lower than both the state and US percentages.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2030 = 21.8% or Lower

Clinton County

	Clinton County	OH	US	1996	2001	2015	2020	2025
	21.3%	26.4%	30.2%	18.6%	17.5%	20.4%	27.5%	21.3%
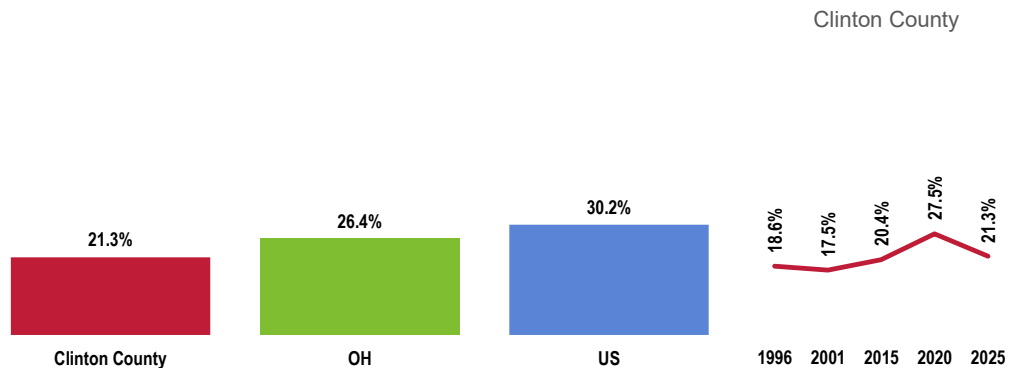
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Activity Levels

Adults

A total of 27.2% of Clinton County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

DISPARITY ► Less often reported by women and adults age 40+.

Meets Physical Activity Recommendations
Healthy People 2030 = 29.7% or Higher

Clinton County

27.2%	30.6%	30.3%	23.4%	27.2%
Clinton County	OH	US	2020	2025
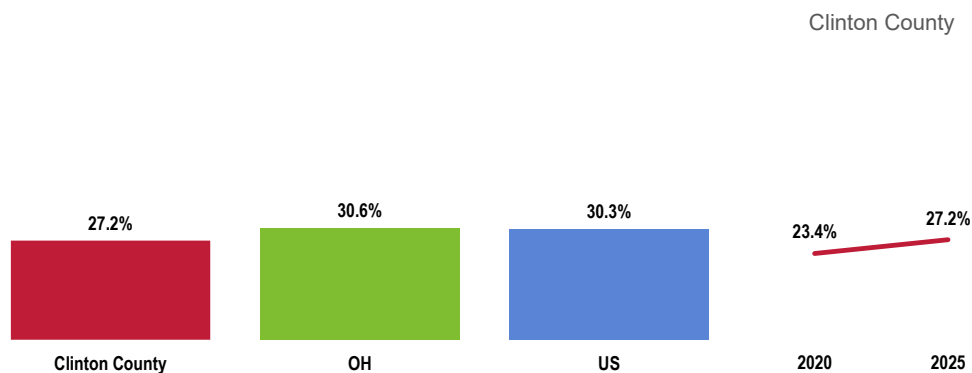
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) <u>and</u> who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations
(Clinton County, 2025)
Healthy People 2030 = 29.7% or Higher

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
21.5%	33.0%	38.7%	19.8%	24.1%	19.4%	33.0%	29.1%	27.2%
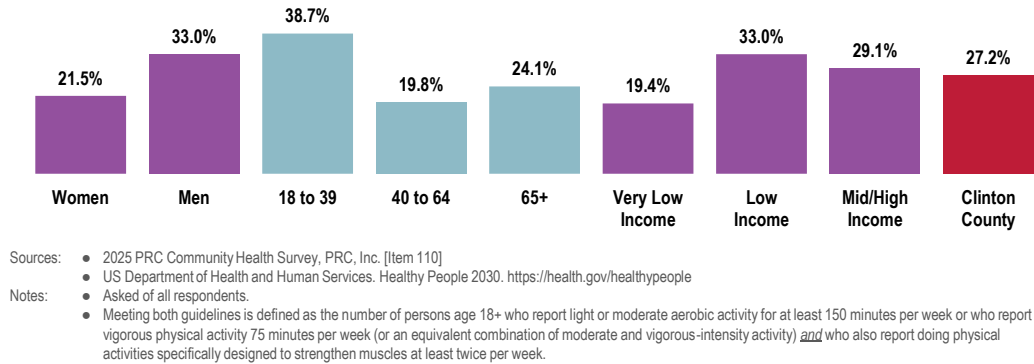
Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Clinton County children age 2 to 17, 44.6% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Higher than the national percentage.

DISPARITY ► Reported less often by parents of girls.

Child Is Physically Active for One or More Hours per Day
(Children 2-17)

Girls	35.3%
Boys	56.8%

Clinton County	US
44.6%	27.4%

Clinton County

2015	2020	2025
52.7%	74.4%	44.6%

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches^2)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥25.

Two out of three Clinton County adults (67.9%) are overweight.

TREND ▶ Significantly higher than the 1996 baseline (although below 2020 findings).

Prevalence of Total Overweight (Overweight and Obese)
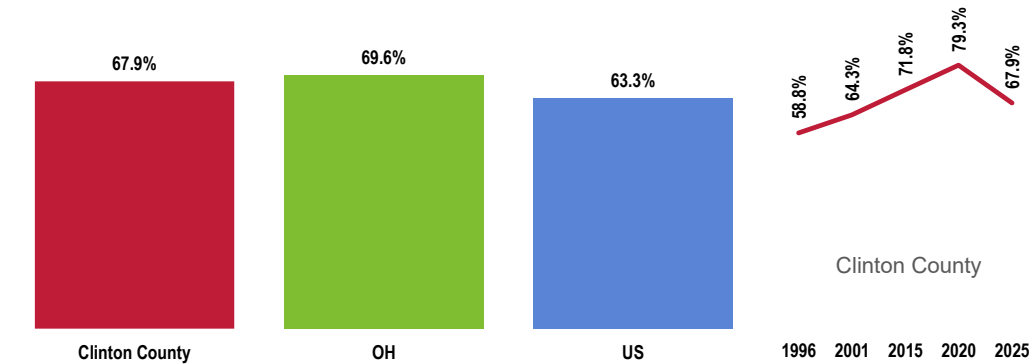
Clinton County: 67.9%
OH: 69.6%
US: 63.3%

Clinton County trend:
1996: 58.8%
2001: 64.3%
2015: 71.8%
2020: 79.3%
2025: 67.9%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Based on reported heights and weights, asked of all respondents.
● The 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,. The definition for obesity is a BMI greater than or equal to 30.0.

The overweight prevalence above includes 37.9% of Clinton County adults who are obese.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

TREND ▶ Higher than the 1996 baseline (similar to 2020 findings).

DISPARITY ▶ Most often reported among those at lower incomes.

Prevalence of Obesity
Healthy People 2030 = 36.0% or Lower
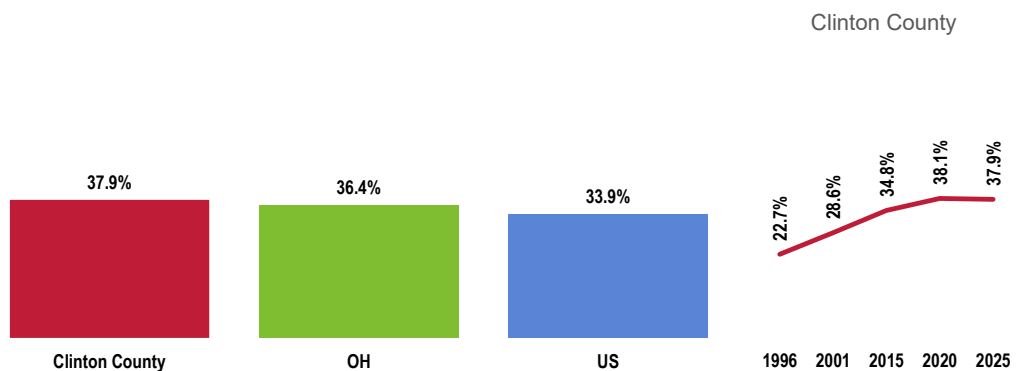
Clinton County: 37.9%
OH: 36.4%
US: 33.9%

Clinton County trend:
1996: 22.7%
2001: 28.6%
2015: 34.8%
2020: 38.1%
2025: 37.9%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Based on reported heights and weights, asked of all respondents.
● The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Prevalence of Obesity
(Clinton County, 2025)
Healthy People 2030 = 36.0% or Lower

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
37.3%	38.3%	32.3%	42.8%	37.7%	52.7%	46.8%	34.8%	37.9%
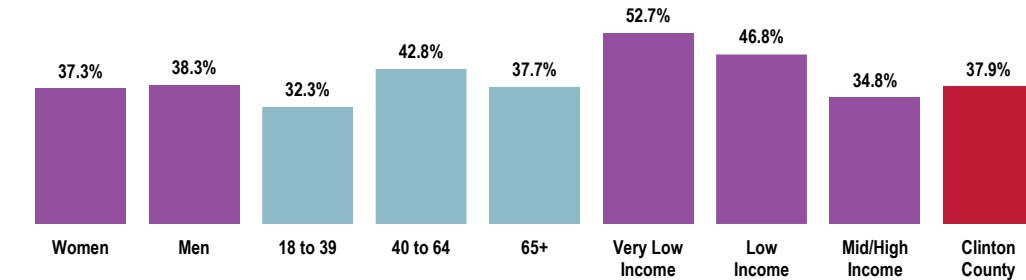
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight with Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues
(Clinton County, 2025)

■ Among Healthy Weight   ■ Among Overweight/Not Obese   ■ Among Obese

	High Blood Pressure	High Cholesterol	Activity Limitations	"Fair/Poor" Health	Chronic Pain	Diabetes
Among Healthy Weight	24.5%	29.5%	22.8%	15.7%	18.7%	8.5%
Among Overweight/Not Obese	39.8%	46.0%	32.7%	23.8%	22.0%	17.5%
Among Obese	52.6%	49.7%	36.4%	28.4%	26.5%	15.9%
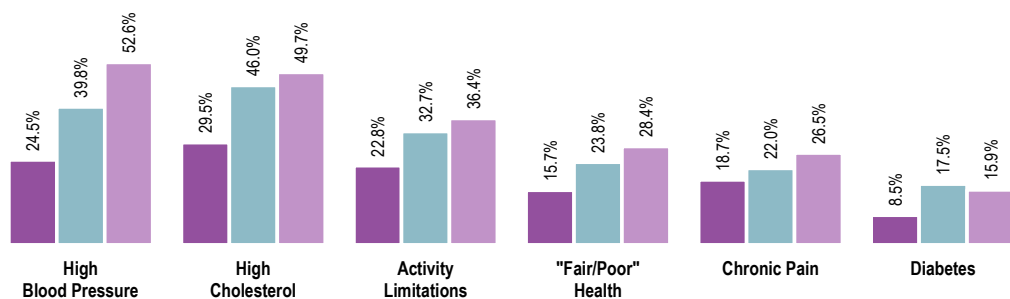
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]

Notes:
- Based on reported heights and weights, asked of all respondents.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight   <5th percentile
- Healthy Weight   ≥5th and <85th percentile
- Overweight   ≥85th and <95th percentile
- Obese   ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 31.2% of Clinton County children age 5 to 17 are overweight or obese (≥85th percentile).

Prevalence of Overweight in Children
(Children 5-17)
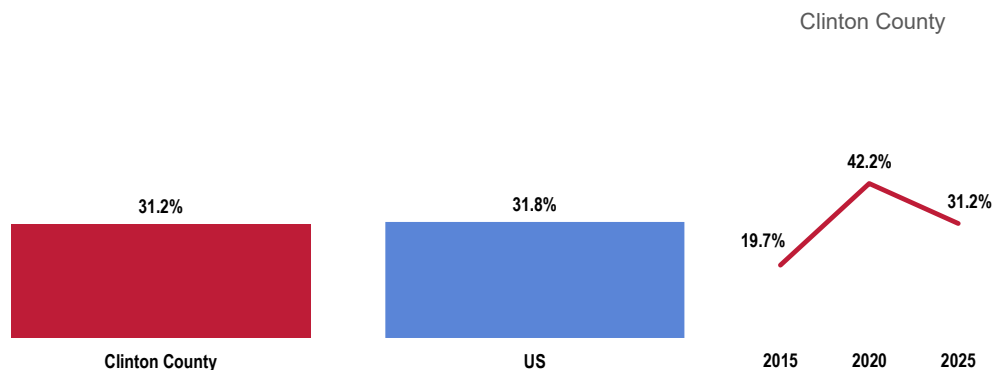
Clinton County

- Clinton County: 31.2%
- US: 31.8%
- 2015: 19.7%
- 2020: 42.2%
- 2025: 31.2%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 113]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 5-17 at home.
● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

The childhood overweight prevalence above includes 15.0% of area children age 5 to 17 who are obese (≥95th percentile).

Prevalence of Obesity in Children
(Children 5-17)
Healthy People 2030 = 15.5% or Lower

Clinton County
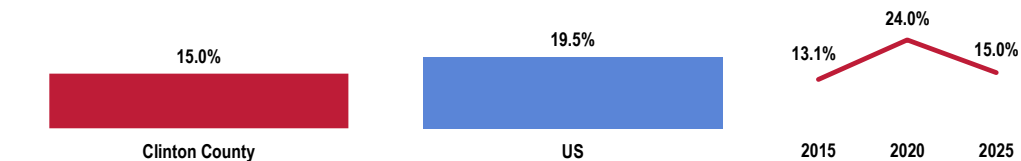
15.0%	19.5%	13.1% 24.0% 15.0%
Clinton County	US	2015 2020 2025

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 113]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents with children age 5-17 at home.
● Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input:
Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity & Weight
as a Problem in the Community
(Among Key Informants; Clinton County, 2025)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

52.4%	36.9%	10.7%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Recreational Facilities

> Although our community has access to athletics, and public gyms, I do believe that having a recreational center would highly increase physical activity. I have also noticed an increase in obesity within our county, and while it partially stems from personal choices, having more affordable and healthy food options would provide more opportunities for low-income families to eat healthily. — Social Services Provider

> Various health clubs. — Public Health Representative

No community recreation center. — Community Leader

I think the biggest challenge for nutrition, physical activity and weight for people is that there is not a lot to do within the community other than the bike trail for people to walk. The bike trail is nice; however, I feel that people don't always feel the saftest to walk it daily therefore people don't get out when it's nice out to be active. I also think that the foods that we have to choose to eat from are not the healthiest options either, or food at the grocery store is expensive. — Public Health Representative

We need a YMCA that's accessible to everyone and not just private gyms. Nutrition information is available at the Health Dept. We do have a large network of bike trails in the northern part of the county, Cowan Lake and Caesar's creek Lake, city parks, 9 county parks, a public pool in Sabina and a private pool in Wilmington. Access to some of these either transportation or finances may be difficult. — Public Health Representative

Clinton County does not have a YMCA or public pool, limiting access to those types of activities for the general public. Unhealthy food items are more easily accessed than healthy items and are often less expensive than healthy items. Gym membership fees are cost prohibitive for many. — Social Services Provider

Building momentum to a simple program that anyone can participate in that is easily accessible. The outlying villages and rural areas have decreased access, and sometime travel is a barrier (getting to the event). Many programs or incentives are centralized within Wilmington which are difficult for all to participate. A "culture of content" or "I can't overcome", or "it's not the current priority" mindset takes a great effort and time to change. — Public Health Representative

Obesity

Widespread obesity. Limited opportunities for physical activity for youth and adults. — Physician

Many, many people in our community are obese and do not have affordable access to weight loss assistance including high priced pharmaceuticals. There needs to be a YMCA or other community center that is affordable for families in the area. Also, a community pool that is affordable would be a great asset. — Health Care Provider

You see a majority of adults in Clinton County are overweight and also more overweight children are in the schools. Extra weight leads to heart problems, diabetes, and mental health problems for people who find it hard to get around or do their jobs. — Community Leader

I see an increase in the number of obese people in our community whenever I am out and about. I am 5'9" and 210 pounds and that is considered "at risk" for diabetes. I regularly see people who are much heavier than me, so I am sure they are at risk as well. — Community Leader

Increasing rates of morbid obesity. — Public Health Representative

We have an obese and unhealthy society. I see it in what our students eat each day and the lack of exercise that young people experience due to other less active options. — Community Leader

Awareness/Education

Lack of knowledge about current nutritional facts. Lack of access to affordable healthy foods. Lack of an indoor community recreation facility for year-round physical activity - gym, walking track, pool, classes and the resulting socialization which provides support and positive reinforcement. With job and/or family responsibilities plus commute time for many who work outside of the community, time is a challenge to prioritizing physical fitness and healthy, home-cooked meals. I think that excess weight issues are tied to lack of healthy eating and physical activity (also medical issues and medication side effects). — Community Leader

There does not appear to be a cohesive plan for addressing needs associated with nutrition, physical activity and weight in Clinton County. — Community Leader

There are many options for physical activity but not many for nutrition education. We are the Midwest, and the Midwest diet is often one involving fried and/or heavily processed foods. The restaurant offerings in Clinton County do not offer a lot of healthy options. — Community Leader

There is a gap in education about nutrition. It is also difficult for people who don't drive to get to stores that sell nutritious food. It seems like perception around physical activity is improving. — Community Leader

There is no wellness center which could help educate people about good nutrition and offer exercise. — Community Leader

Impact on Quality of Life

Community involvement and a value on health and its impact on long term health concerns. — Community Leader

Nutrition

Consuming large amounts of foods with little to no nutritional quality is considered normal and desirable. Being overweight and inactive is the norm. Education needs to start in early childhood that 'the pursuit of happiness' is easier when your body is fed a balanced diet, and muscles are used every day. — Community Leader

Poor eating habits which are generational, high rates of obesity, low motivation in the lower income population to change due to perceived cost of eating healthier. Lack of safe places to exercise for the underprivileged. — Physician

Too many easy fast-food options, lack of PE in schools, need more than once a week, so many overweight adults and children. Exercise facilities that provide childcare. — Social Services Provider

Society's poor food choices and lack of physical activity. — Community Leader

Difficulty sticking with a healthy diet, lack of knowledge regarding veganism and vegetarianism, and lack of restaurants with heathier options. — Community Leader

Poor diet. No restaurant with healthy menus. — Community Leader

Lifestyle

Though there are gyms, bike trails, and walking groups in the area it is hard to get people motivated to do those things. People have busy lives, and they don't take time to take care of their bodies.
— Public Health Representative

Lack of motivation by some individuals, finances to purchase better food options. Generational weight issues as well as lifestyles they have always known. We need a place for younger people to be able to have physical activity and attend nutrition programs. — Social Services Provider

Lack of healthy eating and active living infrastructure. This includes pedestrian access and connectivity, public health and recreation amenities, limited access to healthy/nutritional food options. — Community Leader

Personal motivation to lead a healthy lifestyle. — Community Leader

Lack of initiative for community members to take advantage of existing programs.
— Public Health Representative

Affordable Care/Services

Access to recreational activities without fees or low fees. Education regarding positive choices in purchasing food and how that plays a part in weight, chronic health issues, and overall health. — Public Health Representative

We need more access to nutrition physical activity and weight loss for people who cannot afford the expensive programs. — Community Leader

We have no place for our community to receive affordable access to fitness programs, swimming, and sports for all ages. We need a place that encourages healthy living through wellness classes, mental health support, and youth engagement. Places such as YMCA's help reduce chronic illness and improve emotional well-being.
— Social Services Provider

Access to Affordable Healthy Food

The biggest challenges related to nutrition, physical activity, and weight for people in Clinton County are access/affordability to healthy food and motivation to engage in physical activity to lose/maintain healthy body weight. — Public Health Representative

Lack of access to good food. Lack of interest in good food, who wants fresh green beans when you can have canned ones. And lack of understanding about good food. — Community Leader

Income/Poverty

Lack of resources, money, to buy healthy foods. Lack of education as to what is healthy and not healthy to consume. Lack of facilities that can provide physical activity for those with limited resources, especially in the wintertime if you cannot afford a gym membership. — Physician

Screen Time/Technology

Too much time on technology and not enough time in the community or out and about, creates very sedentary lifestyles. Lack of affordable healthy food as opposed to cheaper foods with lower nutritional value.
— Social Services Provider

Cultural/Personal Beliefs

Community culture does not value good nutrition, physical activity and weight control. — Community Leader

Aging Population

The community is older, heavier, and doesn't get enough exercise. — Community Leader

Built Environment

Car dependence, lack of walkability, access to public or third spaces, poor transit, e.g. no regional transit, uneven distribution of recreational spaces, lack of housing for seniors and young adults, and social/recreational programs. — Community Leader

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

Alcohol Use

Alcohol-Induced Deaths

Between 2019-2023, Clinton County reported an annual average mortality rate of 11.4 alcohol-induced deaths per 100,000 population.

BENCHMARK ► Lower than the state and US rates.

TREND ► Increasing from the 2014-2018 reporting period.

Alcohol-Induced Mortality
(2019-2023 Annual Average Deaths per 100,000 Population)
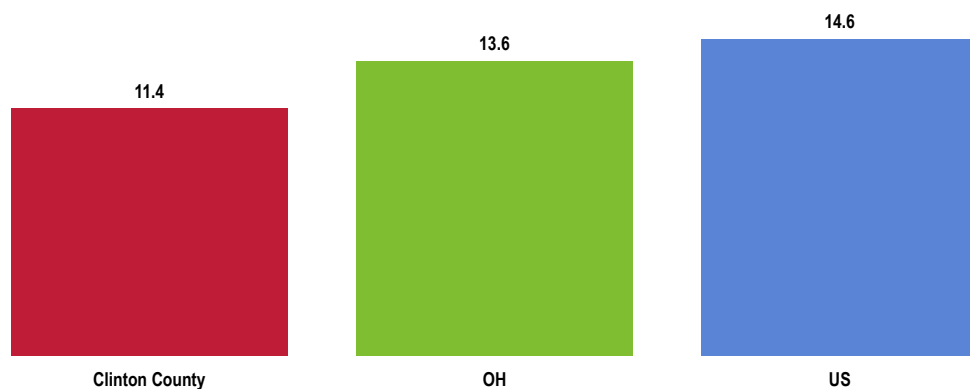
11.4	13.6	14.6
Clinton County	OH	US

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Alcohol-Induced Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2014-2018	2019-2023
Clinton County	8.6	11.4
OH	9.6	13.6
US	10.6	14.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKING ▶ men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.

- BINGE DRINKING ▶ men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 14.3% of area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ▶ Much lower than the national prevalence.

DISPARITY ▶ Reported more often among men and adults under age 65.

Engage in Excessive Drinking

Clinton County

Clinton County	OH	US	2015	2020	2025
14.3%	16.9%	34.3%	11.0%	15.3%	14.3%
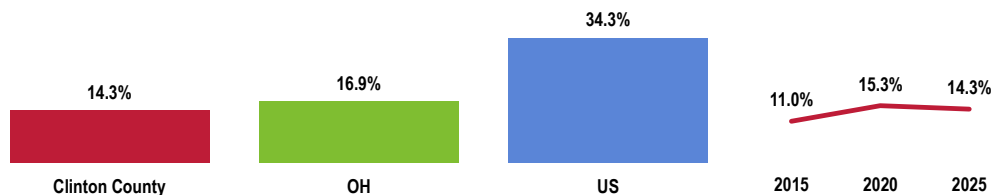
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Engage in Excessive Drinking
(Clinton County, 2025)

10.4%	18.0%	18.8%	15.8%	3.6%	13.6%	12.9%	16.0%	14.3%
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
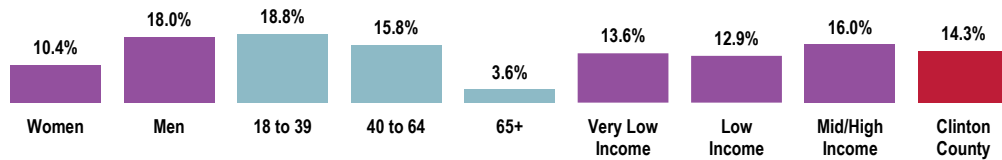
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 116]
Notes: ● Asked of all respondents.
● Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drug Use

Unintentional Drug-Induced Deaths

Between 2021 and 2023, there was an annual average mortality rate of 48.4 unintentional drug-induced deaths per 100,000 population in Clinton County.

BENCHMARK ► Higher than the national rate.

TREND ► Generally increasing over the past decade.

Unintentional Drug-Induced Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)

48.4	42.4	29.7
Clinton County	OH	US

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Unintentional Drug-Induced Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Clinton County	36.6	49.3	42.9	47.6	42.9	50.0	51.6	48.4
OH	27.7	34.3	36.2	36.1	36.5	40.4	42.9	42.4
US	14.3	16.5	17.9	18.6	20.8	24.6	28.3	29.7

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Illicit Drug Use

A total of 3.3% of Clinton County adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Lower than the national prevalence.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month

Clinton County

| 3.3% | 8.4% | 3.8% | 5.0% | 3.3% |
| Clinton County | US | 2015 | 2020 | 2025 |
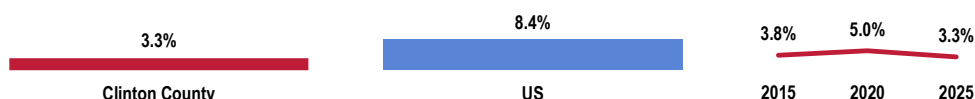
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 40]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Illicit Drug Use in the Past Month
(Clinton County, 2025)

4.7%	1.8%	5.2%	3.5%	0.0%	6.7%	5.6%	2.6%	3.3%
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
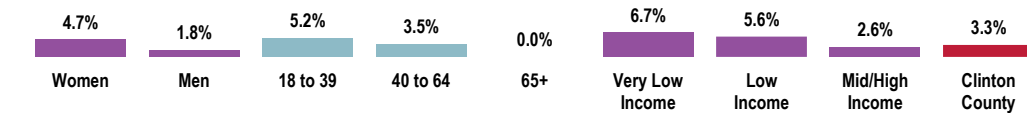
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: ● Asked of all respondents.

Use of Prescription Opioids

A total of 14.5% of Clinton County adults report using a prescription opioid drug in the past year.

DISPARITY ▶ Most commonly reported by women, adults age 40 to 64, and those in the lowest income category.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

Used a Prescription Opioid in the Past Year

Clinton County

14.5%	15.1%	17.7%	14.5%
Clinton County	US	2020	2025
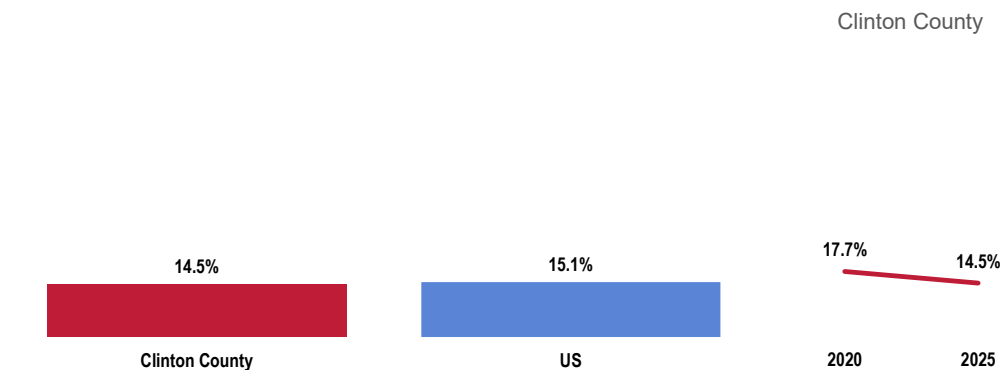
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 41]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Used a Prescription Opioid in the Past Year
(Clinton County, 2025)

19.4%	9.6%	10.7%	20.3%	8.4%	21.6%	11.3%	9.0%	14.5%
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
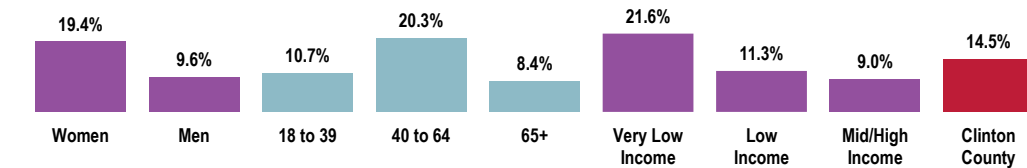
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 41]
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

A total of 8.3% of Clinton County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

TREND ► Increasing over time.

Have Ever Sought Professional
Help for an Alcohol/Drug-Related Problem

Clinton County

8.3%	6.8%	1.7%	4.9%	7.9%	8.3%
Clinton County	US	1996	2015	2020	2025
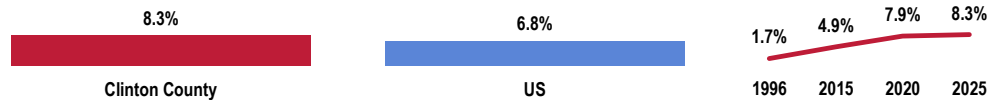
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 42]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Personal Impact From Substance Use

Surveyed adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

Most Clinton County residents' lives have <u>not</u> been negatively affected by substance use (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Use (Self or Other's)
(Clinton County, 2025)
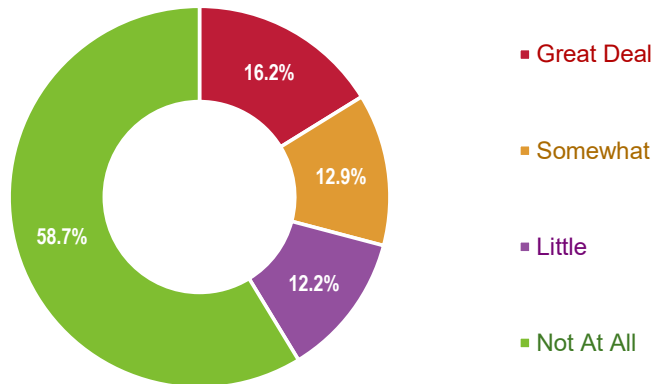
- Great Deal: 16.2%
- Somewhat: 12.9%
- Little: 12.2%
- Not At All: 58.7%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: ● Asked of all respondents.

However, 41.3% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

DISPARITY ► More often reported among women, adults under the age of 65, and those in the lowest income category.

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)

Clinton County

- Clinton County: 41.3%
- US: 45.4%
- 2020: 42.9%
- 2025: 41.3%
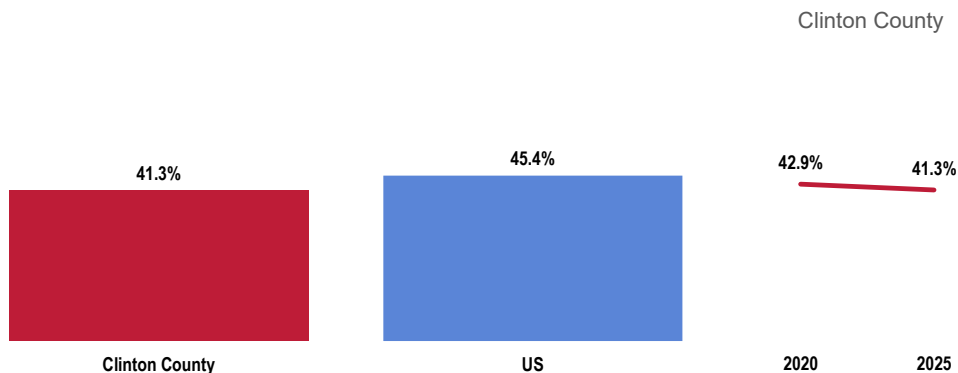
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
　　　　　● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
　　　　● Includes those responding "a great deal," "somewhat," or "a little."

Life Has Been Negatively Affected
by Substance Use (by Self or Someone Else)
(Clinton County, 2025)

Women 50.0%
Men 32.6%
18 to 39 44.6%
40 to 64 49.6%
65+ 19.2%
Very Low Income 65.2%
Low Income 41.6%
Mid/High Income 35.7%
Clinton County 41.3%
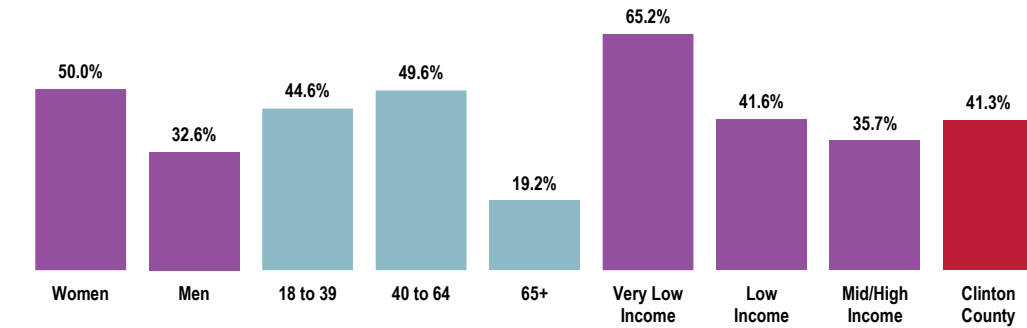
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: ● Asked of all respondents.
● Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

The greatest share of key informants taking part in an online survey characterized *Substance Use* as a "major problem" in the community.

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; Clinton County, 2025)
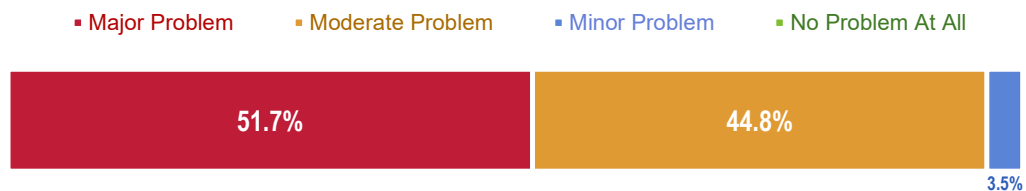
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem
51.7%	44.8%	3.5%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

There is no Inpatient/residential help for substance abuse in Clinton County. — Community Leader

There are just not enough places that do Inpatient care for substance use treatment. Also, many of the people that use these substances need mental health treatment and they never seek it. — Public Health Representative

Lack of providers and Inpatient care. Transportation for those living in outlying areas, Sabina, Blanchester and New Vienna. — Social Services Provider

Not many resources available to community members, lack of access and also stigma and judgement. Also, many times go hand in hand with undiagnosed or untreated mental health conditions like depression, anxiety, or trauma. — Social Services Provider

A facility and public opinions. — Social Services Provider

No programs exist in the county to address substance abuse, until you are arrested and then the court has a program to help addicts kick the habit. — Community Leader

We do not have enough or the correct facilities. — Community Leader

Affordable Care/Services

Payment, getting affected people to want to get better, access to confidential assistance. — Community Leader

Access to affordable care and treatment centers. — Public Health Representative

Cost and community acceptance, people are tired of complaining with no resolution of drug users and their criminal behavior. Nothing gets done and more people are using Clinton County as a sanctuary city for drugs and crime. — Community Leader

Affordable healthcare and help/support for people getting treatment started. — Community Leader

Awareness/Education

Lack of society's understanding the substance abuse is a disease. It requires intensive services and commitment from the community and the individual. — Community Leader

I'm not aware of any programs other than Talbert House. — Community Leader

Education. — Physician

Don't know where to get treatment. — Community Leader

Unhoused Population

I think the greatest barriers for treatment for substance abuse in our community is the amount of homelessness that we have. I think people becoming homeless or have been homeless for a long time allows them to turn to substance abuse to cope with that. Then in turn of that, when you have homeless people in your community it likely means they don't have access to insurance and that causes them not to have access to health care, which they are not to check into a mental facility or rehab center to help them get sober.
— Public Health Representative

Homeless. — Public Health Representative

Alcohol/Drug Use

Importing drug abusing homeless persons into community without any plan in place for getting them off drugs and back to work. — Physician

I believe this ties in with mental health issues in the county and an abundant supply of drugs, both legal and illegal. — Community Leader

Denial/Stigma

A barrier to getting help is shame from the individual and their family. Some don't know where to find help. Many of the homeless population have addiction problems. Evidently there is an ease to obtaining drugs.
— Community Leader

Stigma and money. Individuals who do not want change or cannot see their ability to change.
— Community Leader

Follow-Up/Support

There are limited community support groups like AA/NA. No community resources for Alanon or Alateen. Many people suffering from SUD also suffers from mental health issues and struggle to access the system. There should be additional resources for family members to leverage their addicted loved one into treatment services.
— Health Care Provider

Having mental health support in the long run as they often go hand in hand. — Public Health Representative

Addiction

The reality of addiction itself is the illusion of pleasure it offers individuals. The greatest barrier is achieving the desire to give up that pleasure. Treatment is now available for those who have insurance coverage through private companies or Medicaid. I know of no local facility which offers treatment at an affordable cost without such coverage. — Community Leader

Lack of discipline and desire to stop using. Poverty. Lack of education. — Community Leader

Incidence/Prevalence

Addiction is less of a problem than it was, but it is still of major concern. Just look at all the drug related arrests that are listed in the newspaper. Overdose deaths seem to be on the decline. — Physician

Lack of Non-Faith Based Services

Many of our support groups that are offered, are faith based on an Evangelical Christian setting. We need to be able to offer programs that do not always require someone to accept a certain faith tradition as part of their road of healing. — Community Leader

Transportation

> Transportation for services. Individual has to want treatment but having continued engagements with them to plant seeds and have the knowledge of what resources are available to the community. — Health Care Provider

Teen/Young Adult Usage

> Drug use among our youth is out of control. The ease that these youth have in acquiring starter drugs is worse now than ever before. — Community Leader

Diagnosis/Treatment

> This is a very challenging question. Requires intense intervention and people seeing the positives from making hard changes in their lives. — Community Leader

Law Enforcement

> More police to stop it from happening. Treatment options, the person has to be willing. That is a tough one. — Community Leader

Disease Management

> We have the resources. It's getting individuals to use them or commit to a treatment program. — Social Services Provider

Family Support

> Home. — Public Health Representative

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **alcohol** as causing the most problems in the community, followed by **heroin/other opioids** and **methamphetamine/other amphetamines**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a "Major Problem")	
ALCOHOL	35.2%
HEROIN OR OTHER OPIOIDS	27.0%
METHAMPHETAMINE OR OTHER AMPHETAMINES	16.2%
COCAINE OR CRACK	5.4%
PRESCRIPTION MEDICATIONS	5.4%
MARIJUANA	2.7%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	2.7%

TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 22.5% of Clinton County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Prevalence of Cigarette Smoking
(Clinton County, 2025)

- **Every Day** — 17.0%
- **Some Days** — 5.5%
- **Not At All** — 77.5%
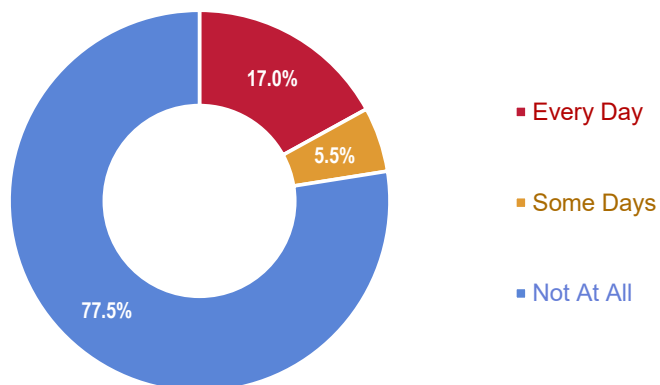
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in Clinton County.

BENCHMARK ► Higher than the statewide prevalence. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► More often reported among adults under the age of 65 and (especially) those in the lowest income category.

Currently Smoke Cigarettes
Healthy People 2030 = 6.1% or Lower

Clinton County

Clinton County	OH	US	1996	2001	2015	2020	2025
22.5%	15.0%	23.9%	22.2%	23.5%	20.6%	25.9%	22.5%
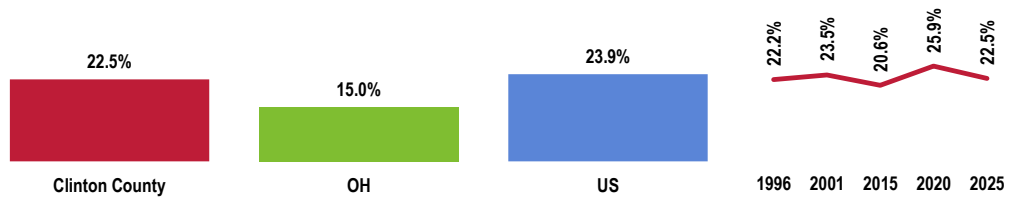
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes
(Clinton County, 2025)
Healthy People 2030 = 6.1% or Lower

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
25.5%	19.2%	22.6%	27.2%	13.0%	48.5%	20.1%	14.1%	22.5%
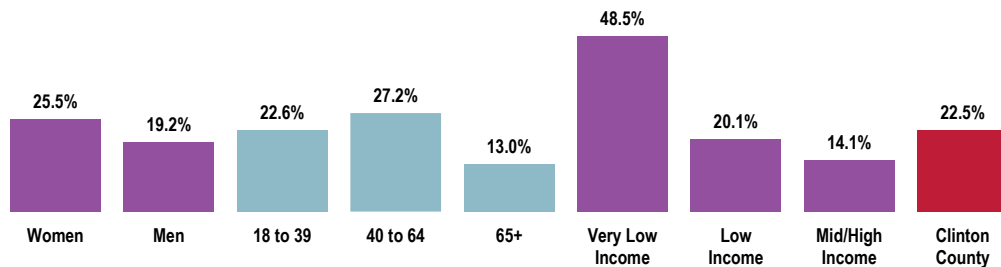
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Environmental Tobacco Smoke

Among all surveyed households in Clinton County, 24.5% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

BENCHMARK ► Higher than the US percentage.

Member of Household Smokes at Home

Clinton County

32.0% among households with children

24.5%
Clinton County

17.7%
US

24.1% 13.2% 22.3% 24.5%
1996 2015 2020 2025
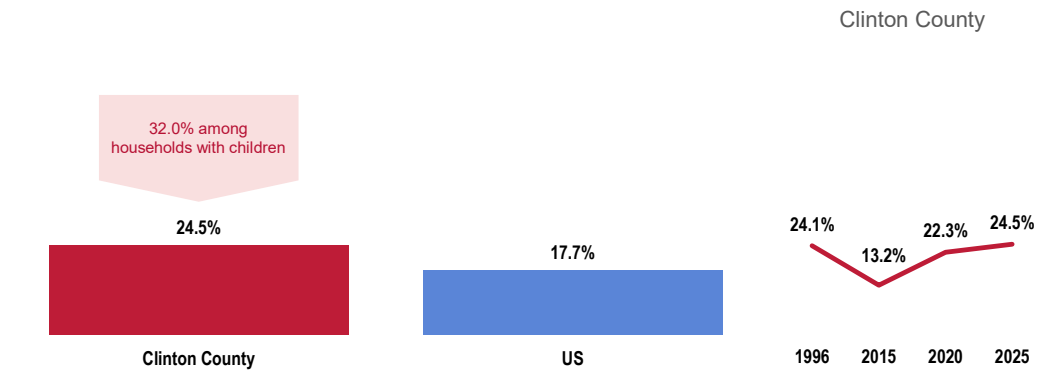
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

Most Clinton County adults do not use electronic vaping products.

Use of Vaping Products
(Clinton County, 2025)
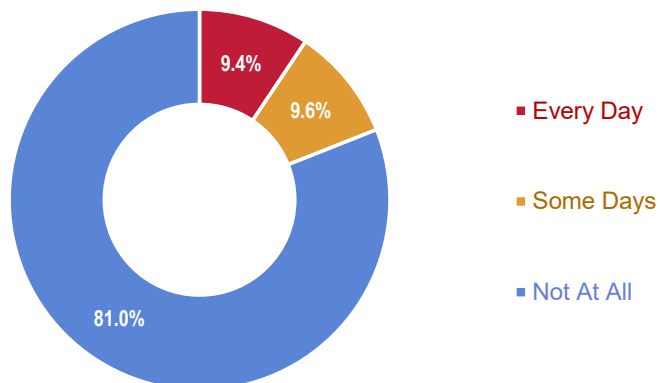
9.4%
9.6%
81.0%

■ Every Day
■ Some Days
■ Not At All

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 36]
Notes: ● Asked of all respondents.

However, 19.0% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Higher than the statewide percentage.

TREND ► A significant increase from the 2020 baseline.

DISPARITY ► Higher among women, adults under the age of 65, and those in the lowest income category.

Currently Use Vaping Products
(Every Day or on Some Days)

Clinton County

Clinton County 19.0%	OH 8.3%	US 18.5%	2020 5.8% → 2025 19.0%
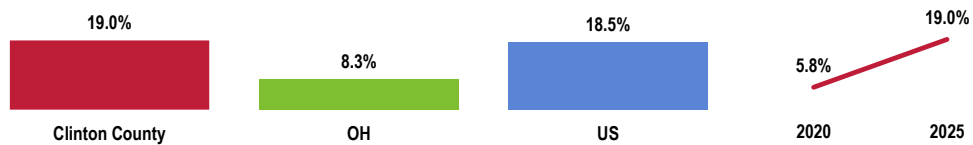
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 36]
- 2023 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Currently Use Vaping Products
(Clinton County, 2025)
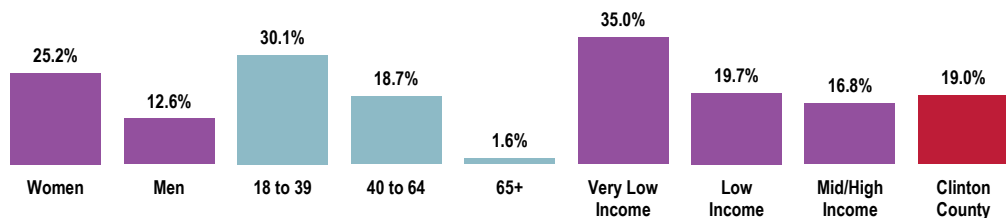
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
25.2%	12.6%	30.1%	18.7%	1.6%	35.0%	19.7%	16.8%	19.0%

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.

Perceptions of Tobacco Use as a Problem in the Community
(Among Key Informants; Clinton County, 2025)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

24.1%	60.2%	15.7%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

I see cigarette butts everywhere I go. — Public Health Representative

I just see a lot of smokers in my community. — Community Leader

My limited knowledge of old stats. — Community Leader

So many people smoke and continue to smoke. — Community Leader

You see more and more individuals utilizing cigarettes and vapes as well as more smoke shops popping up in the area. — Social Services Provider

Teen/Young Adult Usage

I think tobacco use in our community is a major problem because you were able to legally by it at the age 18. This changed a couple of years ago and was updated to 21 years of age, but I think this allowed the young adults to start early. I also think that the adult in teenagers lives who do use tobacco and have all their lives also provoke young kids and young adults into thinking that smoking tobacco or dipping or using pouches is something that they also had to do. — Public Health Representative

The youth are using vapes so much, they are addicted, and we have no idea what the health risks will be in 10 or 20 years. — Community Leader

E-Cigarettes

Vaping is the major problem, and it continues to get worse. This epidemic is going unchecked and is leading to drug abuse by our youth. — Community Leader

It is a huge problem in the schools with younger people. Vaping is at an extreme high right now.
— Social Services Provider

Co-Occurrences

It's responsible for high disease rates for things like COPD and lung cancer in the county.
— Public Health Representative

Chronic tobacco abuse is an insidious long-term threat to an individual's health leading to lung cancer and chronic obstructive pulmonary disease. The negative effects of tobacco are preventable. — Physician

Easy Access

Easily available and addictive but felt to be safe by the younger population. — Physician

Generational

Carried over from parents and grandparents, habits within a family. — Community Leader

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

HIV

In 2022, there was a prevalence of 118.5 HIV cases per 100,000 population in Clinton County.

BENCHMARK ► Well below the state and US rates.
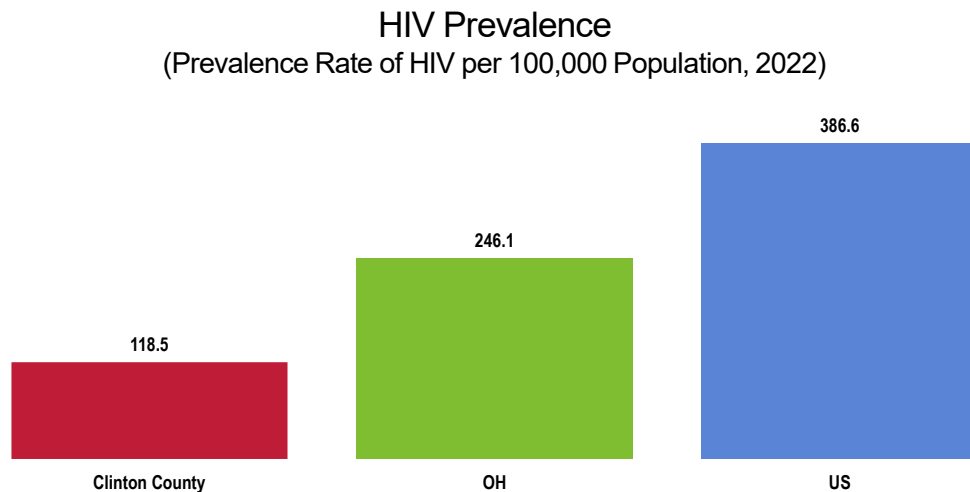
HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2022)

118.5	246.1	386.6
Clinton County	OH	US

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2023, the chlamydia incidence rate in Clinton County was 233.7 cases per 100,000 population.

> BENCHMARK ► Nearly half the rates for Ohio and the US.

Clinton County gonorrhea incidence rate in 2023 was 73.9 cases per 100,000 population.
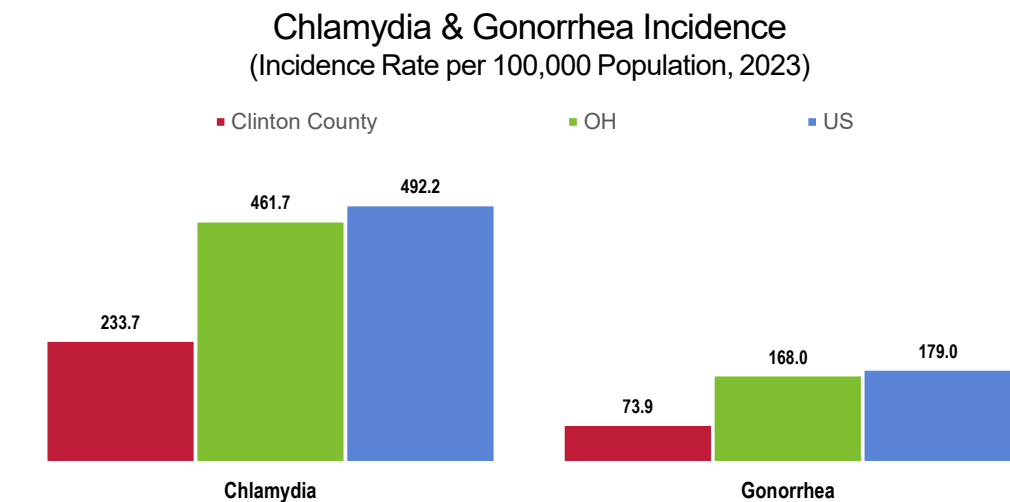
> BENCHMARK ► Nearly half the rates for Ohio and the US.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2023)

■ Clinton County ■ OH ■ US

	Chlamydia	Gonorrhea
Clinton County	233.7	73.9
OH	461.7	168.0
US	492.2	179.0

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

Half of key informants taking part in an online survey characterized *Sexual Health* as a "moderate problem" in the community.

Perceptions of Sexual Health as a Problem in the Community
(Among Key Informants; Clinton County, 2025)
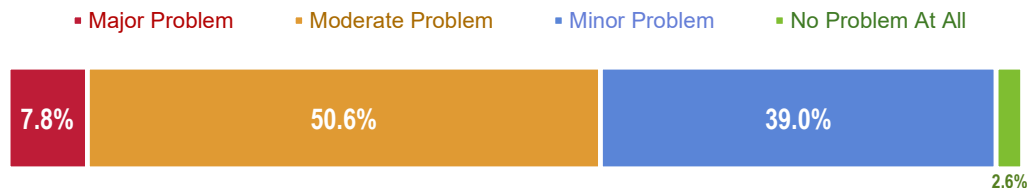
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
7.8%	50.6%	39.0%	2.6%

Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Don't know if there is a Planned Parenthood like facility to help with sexual health. — Community Leader
>
> Access, limited family planning services. — Community Leader

Prevention/Screenings

> I think sexual health is a major problem in our community because there is not a place in Clinton County that does free STD testing on a regular basis, you typically have to go through your local primary care for that testing. Clinton County Health Department does not offer it like other health departments in our surrounding counties do. — Public Health Representative

Teen/Young Adult Usage

> Teens. — Public Health Representative

GAMBLING

In the past 12 months, 24.2% of respondents bet money or possessions on one or more of the following activities: casino games (including slot machines and table games) the lottery (including scratch tickets and pull tabs) sports betting, internet gambling, bingo, or any other type of wagering.

DISPARITY ► More often reported among women and adults under age 65.

Gambled in the Past Year
(Clinton County, 2025)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
28.2%	20.0%	21.5%	31.3%	12.6%	16.4%	22.8%	27.4%	24.2%
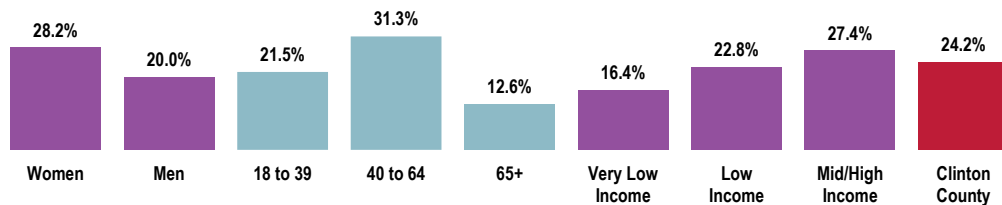
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: ● Asked of all respondents.
● Includes those who bet money or possessions on ANY of the following activities: casino games, including slot machines and table games; the lottery, including scratch tickets, pull tabs and lotto; sports betting; internet gambling; bingo; or any other type of wagering.

ACCESS TO HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 50.9% of Clinton County adults under age 65 report having health care coverage through private insurance. Another 40.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults 18-64; Clinton County, 2025)

- Private Insurance — 50.9%
- Medicaid/Medicare/Other Gov't — 36.5%
- VA/Military — 3.8%
- No Insurance/Self-Pay — 8.8%
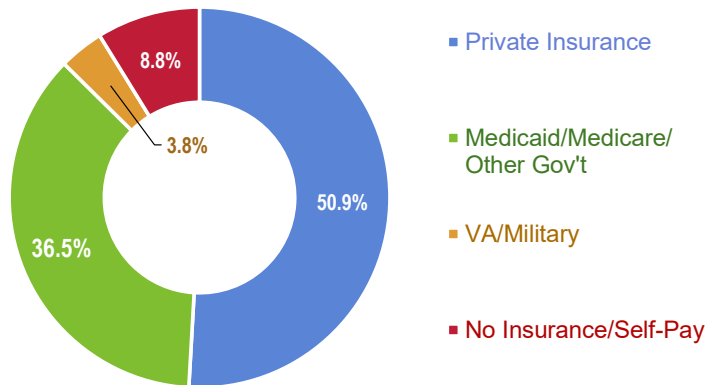
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults under the age of 65, 8.8% report having no insurance coverage for health care expenses.

Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower

Clinton County

Clinton County	OH	US
8.8%	7.7%	8.1%

1996	2001	2015	2020	2025
9.1%	9.0%	11.1%	8.1%	8.8%
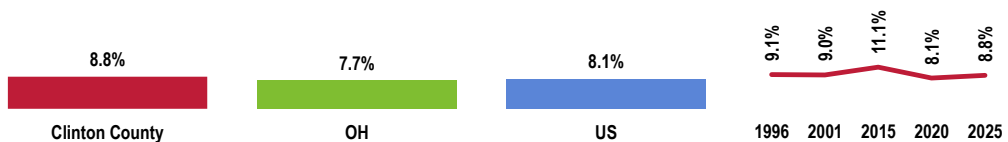
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage
(Adults 18-64; Clinton County, 2025)
Healthy People 2030 = 7.6% or Lower

Women	Men	18 to 39	40 to 64	Clinton County
7.7%	10.2%	9.4%	8.4%	8.8%
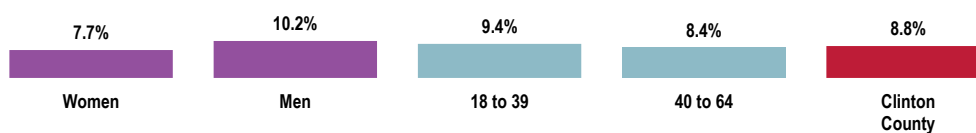
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Difficulties Accessing Services

A total of 45.2% of Clinton County adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Lower than the national prevalence.

DISPARITY ► Reported more often among adults under age 65.

This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year

Clinton County

Clinton County	US	2015	2020	2025
45.2%	52.5%	42.6%	35.3%	45.2%
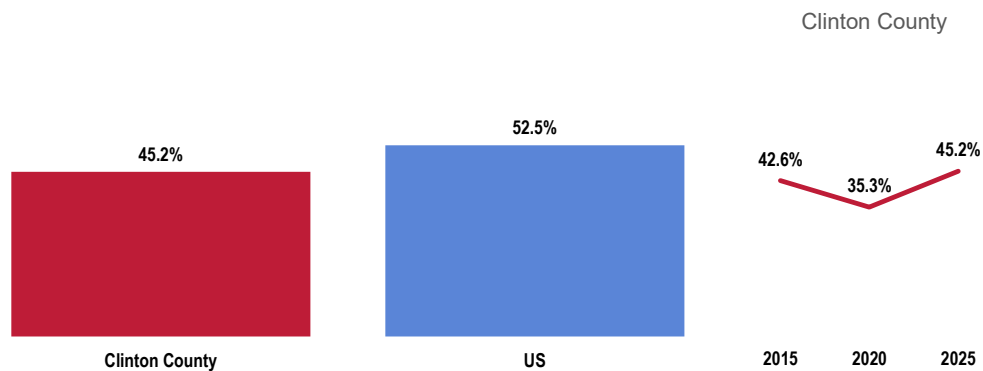
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 119]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind
in Receiving Needed Health Care in the Past Year
(Clinton County, 2025)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
44.2%	46.0%	51.8%	49.5%	25.4%	39.1%	46.9%	46.0%	45.2%
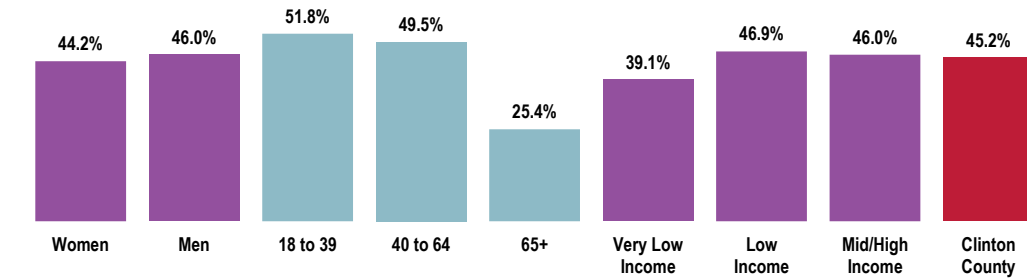
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 119]
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, finding a doctor and appointment availability impacted the greatest shares of Clinton County adults.

BENCHMARK ► Appointment availability, office hours, lack of transportation, and language/cultural are each <u>less</u> impactful in Clinton County than they are for Americans overall.

TREND ► Still, the barriers of finding a doctor, getting an appointment, cost of prescriptions, cost of doctor visits, and transportation have all <u>increased</u> over time.

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have
Prevented Medical Care in the Past Year

■ Clinton County   ■ US

In addition, 17.4% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

Finding a Doctor	Getting a Dr Appointment	Cost (Prescriptions)	Cost (Doctor Visit)	Inconvenient Office Hours	Lack of Transportation	Language/ Culture
Has worsened over time	*Has worsened over time*	*Has worsened over time*	*Has worsened over time*		*Has worsened over time*	
23.3% / 22.0%	23.0% / 33.4%	19.3% / 20.2%	17.5% / 21.6%	12.9% / 22.9%	12.4% / 18.3%	1.0% / 5.0%

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 6-13]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Accessing Health Care for Children

A total of 13.5% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

TREND ► A significant increase from previous findings.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)

Clinton County

Clinton County	US	2015	2020	2025
13.5%	11.1%	5.8%	3.9%	13.5%
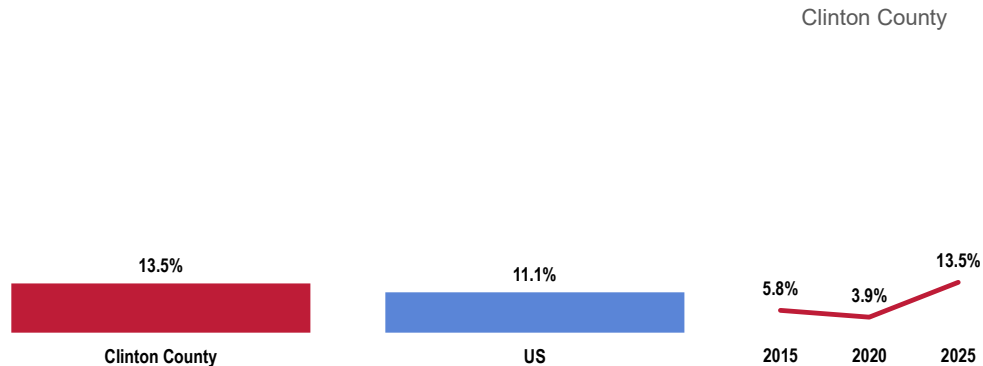
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services as a Problem in the Community
(Among Key Informants; Clinton County, 2025)
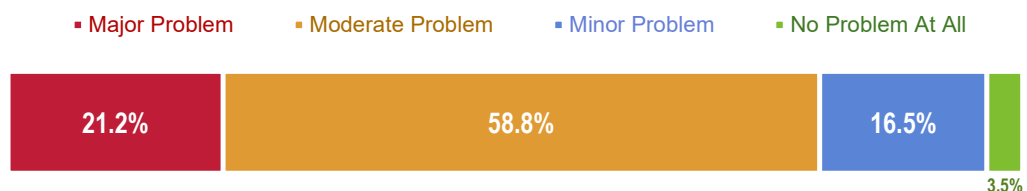
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
21.2%	58.8%	16.5%	3.5%

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Many residents need to travel out of the county to Dayton, Cincinnati or Columbus to access healthcare professionals that specialize in addressing specific health issues. There are not enough providers or options in Clinton County. — Community Leader

Access to all aspects of health care is a major problem for vulnerable populations and still an issue for insured individuals. Although there are services available, specialty services require out-of-town travel. Almost all access to healthcare requires long waiting times for appointments. — Community Leader

Appointment time wait. Surface transportation to care providers outside of the county. Coordination of care between and among providers. Care is way too fragmented. — Physician

In a rural community, there are less opportunities to seek healthcare services from physical health, behavioral health, and dental health. In addition, with the smaller population it is more difficult to entice providers to operate in the area with a smaller potential patient base to draw from. While telehealth options exist, there are many areas in Clinton County where reliable broadband access is more limited compared to suburban or urban areas. In addition, telehealth is not a viable option for many health care services. — Health Care Provider

Limited healthcare choices and providers. — Health Care Provider

Often, needed health care specialists travel in from larger cities, which reduces availability of service and also knowledge of the community. Moreover, it appears that there may be a mismatch between the care that those specialists would like to have provided and the infrastructure currently available in the county.
— Community Leader

The availability of services locally to meet the needs of our population. — Community Leader

Limited to a single rural hospital not fully equipped with modern equipment. Wait time for health appointments due to limited physicians practicing in our community. Generally referred to out of county locations for specialist services and medical treatments. Lack of transportation options to travel to/from medical service locations.
— Public Health Representative

Clinton County is a rural area. There is only one major hospital. Luckily Cincinnati Children's has established a pediatric facility. But overall, there aren't that many access to healthcare resources, especially for areas outside of the main towns in Clinton County. (Blanchester, Wilmington). — Health Care Provider

Lack of Providers

Lack of qualified medical professionals who can offer coordinated health care information over an extended time.
— Community Leader

There has been a shortage of physicians in the area for some time. Hopefully with Kettering coming into the community and the recent hospital purchase announcement this will change, and our community will be able to attract more physicians and specialists. — Social Services Provider

There are not enough primary care providers or mental health providers. There are several dental offices in town but very few, maybe none, that will take patients on public assistance. — Physician

Not enough providers, particularly pediatricians. Long wait lists to get in to see a provider. Although we do have a transit system, transportation continues to be an issue. — Social Services Provider

Fragmentation of Care

Fragmentation of care between and among healthcare providers is a major concern. Providers tend to be isolated from each other. Patients present for care without having access to previous findings, records, labs or x-rays. Providers lack easy, timely access to documentation from "other" records. This is a widespread shortcoming of the health care system, not just a local phenomenon. Most health care encounters are preserved in some kind of an electronic recording system the access to which is "preserved" in data base silos - isolated and protected to the extreme. There needs to be a more efficient way for an individual and their current provider to "share" all their pertinent information. — Physician

Insurance Issues

As healthcare facilities have consolidated and local practices been purchased by those entities, insurance options have become limited. Over and above this, the county lacks specialized care for mental health services, thus forcing those in need of mental health medicines to receive those prescriptions from physicians, who, without the necessary education for prescribing such medicines, often cause more harm than good. Clinton Memorial Hospital, (now a TriHealth hospital) has not been part of a MyChart system, linking information between multiple providers. Perhaps this will change with TriHealth. More specialists are needed i.e. dermatology, psychiatry, OB/GYN, geriatric care. — Community Leader

Affordable Care/Services

The cost. Many don't have insurance or good coverage. — Community Leader

Awareness/Education

Knowledge of what is available and financial. — Community Leader

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

In 2025, there were 25 primary care physicians in Clinton County, translating to a rate of 59.5 primary care physicians per 100,000 population.

BENCHMARK ► Lower than the state and national ratios.

Number of Primary Care Physicians per 100,000 Population
(2025)
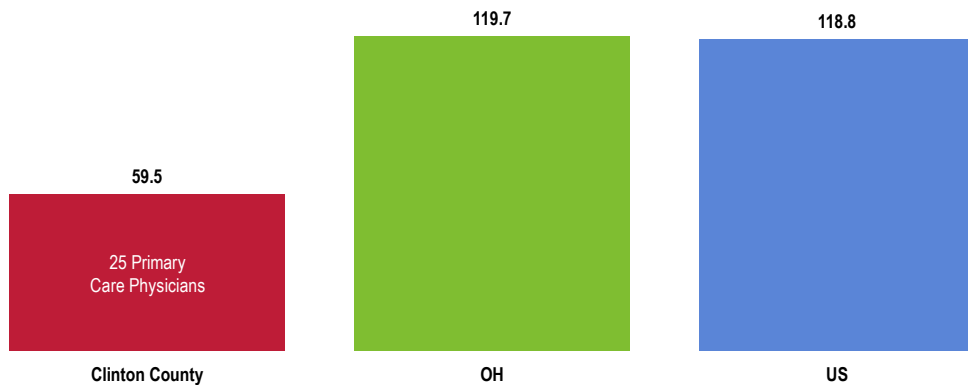
Clinton County	OH	US
59.5 (25 Primary Care Physicians)	119.7	118.8

Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Specific Source of Ongoing Care

A total of 69.9% of Clinton County adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Significantly decreasing over time.

Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care
Healthy People 2030 = 84.0% or Higher

Clinton County	US
69.9%	69.9%

Clinton County

1996	2001	2015	2020	2025
90.0%	79.0%	78.2%	77.9%	69.9%
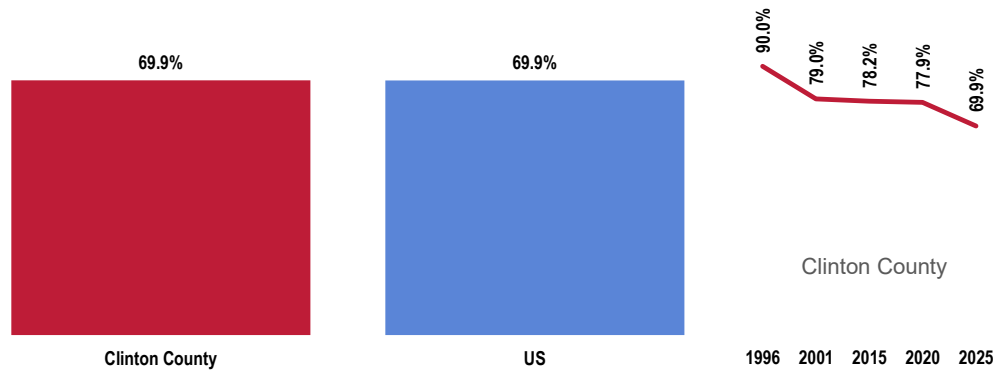
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 118]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

Adults

Nearly three in four adults (74.1%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Higher than the national percentage; lower than the statewide percentage.

TREND ► An increase from previous findings.

DISPARITY ► <u>Less</u> often reported by adults under age 65 and low-income residents.

Have Visited a Physician for a Checkup in the Past Year

Clinton County	OH	US
74.1%	79.7%	65.3%

Trend (Clinton County): 1996: 66.6% | 2001: 64.0% | 2015: 66.8% | 2020: 66.5% | 2025: 74.1%
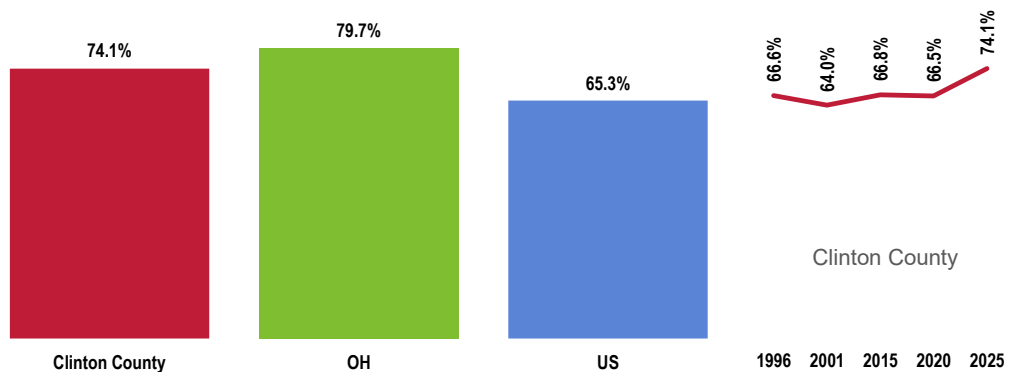
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 16]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Clinton County, 2025)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
73.8%	74.5%	64.4%	72.4%	93.2%	76.6%	65.0%	78.4%	74.1%
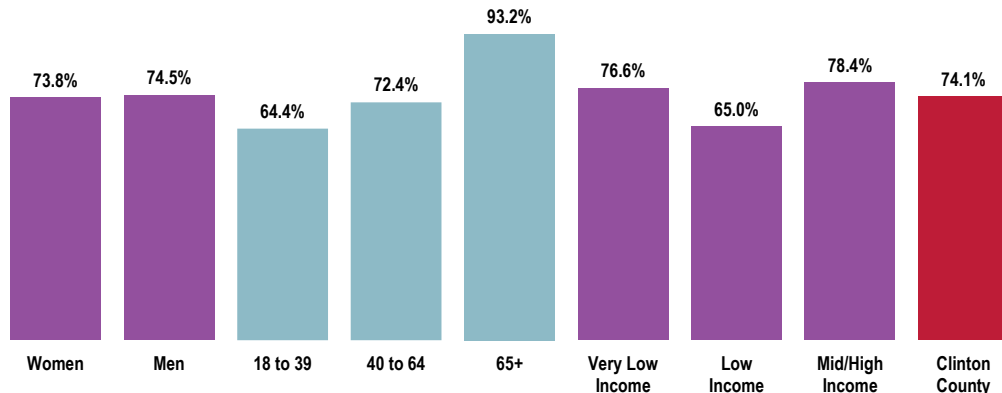
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 16]
Notes: ● Asked of all respondents.

Children

Among surveyed parents, 79.0% report that their child has had a routine checkup in the past year.

TREND ► A decline over time.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Children 0-17)

Clinton County	US
79.0%	77.5%

Clinton County

1996	2001	2015	2020	2025
93.0%	89.4%	92.8%	93.9%	79.0%
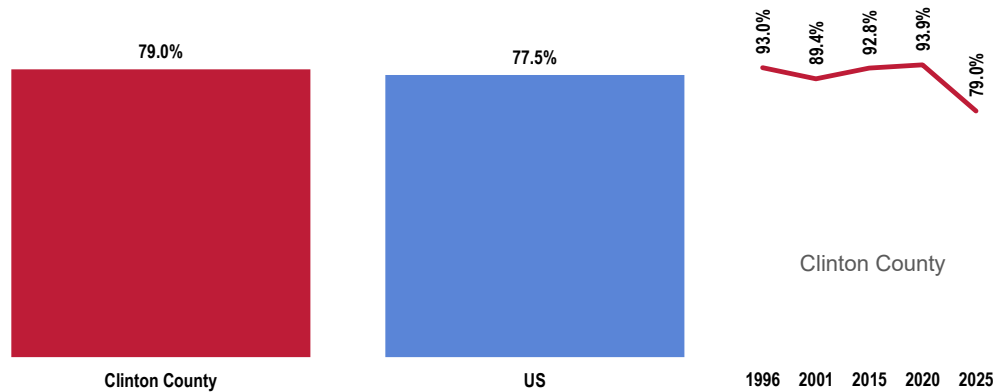
Sources:
● 2025 PRC Community Health Survey, PRC, Inc. [Item 91]
● 2023 PRC National Health Survey, PRC, Inc.
Notes:
● Asked of all respondents with children age 0 to 17 in the household.

EMERGENCY ROOM UTILIZATION

A total of 14.6% of Clinton County adults have gone to a hospital emergency room more than once in the past year about their own health.

TREND ► Marks a steady, significant increase over time.

DISPARITY ► Reported more often among adults under the age of 65 and (especially) those respondents living at the lowest income level.

Have Used a Hospital Emergency Room More Than Once in the Past Year

Clinton County

Clinton County	US	1996	2015	2020	2025
14.6%	15.6%	8.5%	9.8%	12.3%	14.6%
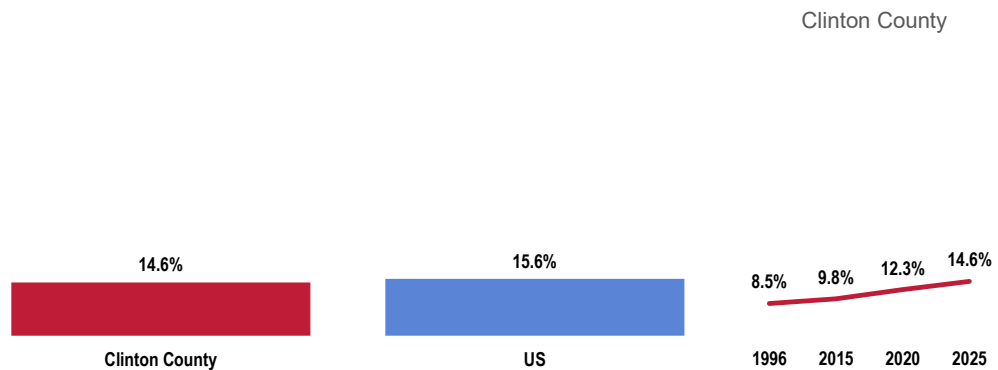
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 19]
        ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Clinton County, 2025)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
16.7%	12.4%	11.4%	19.6%	9.8%	47.2%	11.8%	10.0%	14.6%
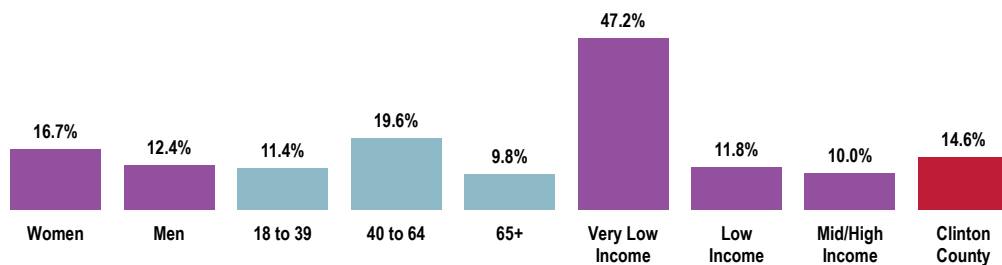
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: ● Asked of all respondents.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Dental Insurance

Most Clinton County adults (79.5%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Higher than the national percentage. Satisfies the Healthy People 2030 objective.

Have Insurance Coverage
That Pays All or Part of Dental Care Costs
Healthy People 2030 = 75.0% or Higher

	Clinton County	US	2015	2020	2025
	79.5%	72.7%	74.3%	81.6%	79.5%
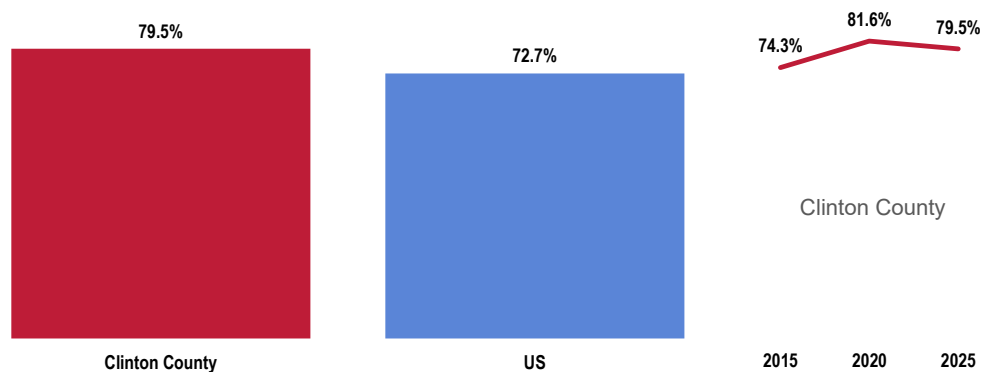
Clinton County

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 18]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Dental Care

Adults

A total of 60.3% of Clinton County adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

DISPARITY ► Reported less often among adults under age 65 and those in the lowest income category.

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2030 = 45.0% or Higher

	Clinton County	OH	US
	60.3%	64.4%	56.5%

Clinton County

1996	2001	2015	2020	2025
64.4%	67.6%	58.2%	56.4%	60.3%
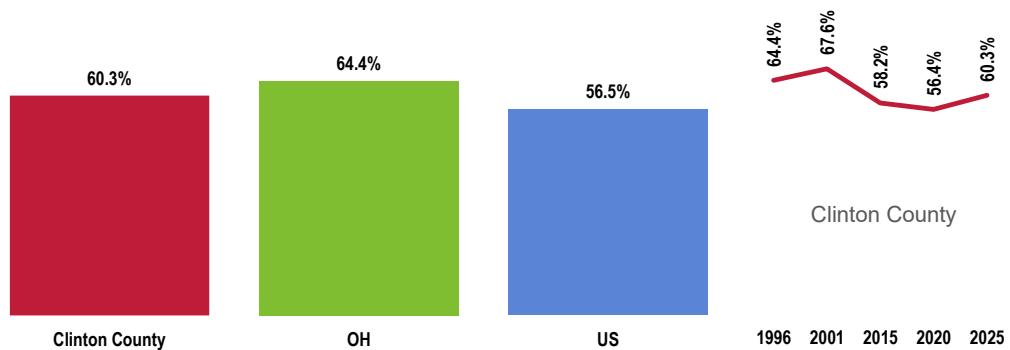
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Ohio data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year
(Clinton County, 2025)
Healthy People 2030 = 45.0% or Higher

With dental insurance	67.1%
No dental insurance	40.1%

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
63.0%	57.6%	59.0%	56.8%	69.4%	30.0%	57.9%	69.7%	60.3%
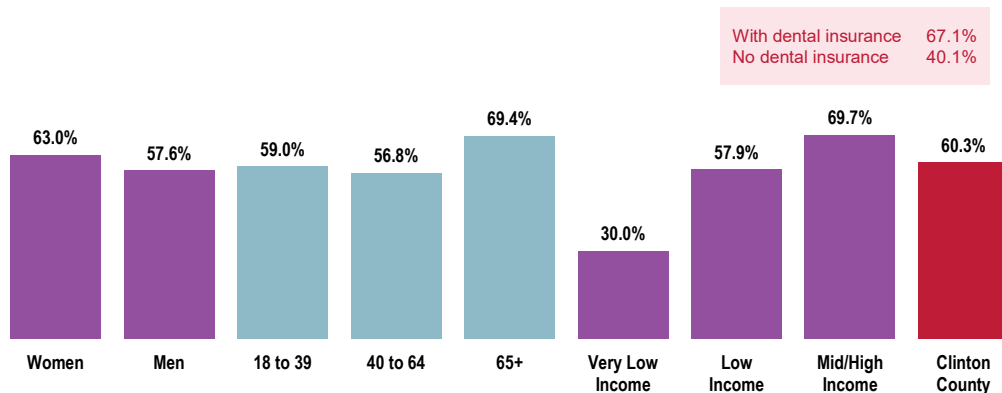
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Children

A total of 82.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Children 2-17)
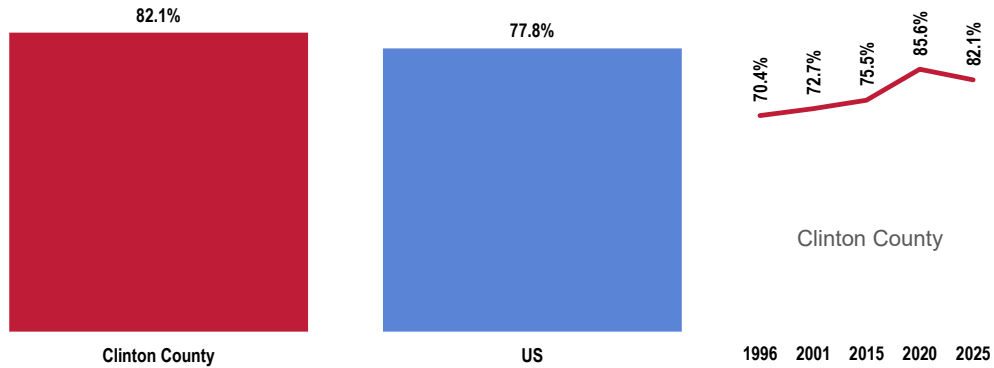Healthy People 2030 = 45.0% or Higher

82.1%
Clinton County

77.8%
US

70.4% 72.7% 75.5% 85.6% 82.1%
1996 2001 2015 2020 2025
Clinton County

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 93]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.

Perceptions of Oral Health as a Problem in the Community
(Among Key Informants; Clinton County, 2025)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

| 31.3% | 45.8% | 22.9% |

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access for Medicaid Patients

There are not enough dentists who take Medicare or Medicaid. Locally. Preventative dental care. We need more services offered in the schools to kids on Medicaid and affordable dental care for teens and low-income families/parents. — Social Services Provider

Lack of dentists that accept Medicaid. — Physician

> There are no dentists in the county accepting people with Medicaid. Out of county providers often have waitlists, and transportation options further limit access. — Social Services Provider

> Lack of dentist that take Medicaid. — Public Health Representative

> There are no dentists in Clinton County who will take new Medicaid patients. — Health Care Provider

Incidence/Prevalence

> Poor oral health noted within county schools. — Public Health Representative

> School nurses and other agencies who work with children within the community have said that this is of great need for our kids. — Public Health Representative

> Lots of adults with missing teeth. — Community Leader

> I see a lot of people with bad teeth. Dentists are expensive. — Community Leader

> So many people are missing teeth and/or don't go to the dentist. — Community Leader

Affordable Care/Services

> Dental care costs money. Anyone with limited resources is forced to spend those on immediate needs and so preventative care is omitted. Emergency services often are accessed too late to help with ongoing oral health needs. — Community Leader

> Not aware of low-cost dental care for adults. — Public Health Representative

> You see some people in the county with missing teeth who evidently can't afford dental care. There is a need of a dental clinic providing care for those who can't afford a regular dentist. You wait several months to get an appointment at a dentist's office for a check-up. — Community Leader

Access to Care/Services

> Lack of access and cost barriers. There aren't offices that offer discounted options for uninsured in CC. — Social Services Provider

> Access, there are only private providers. — Community Leader

Insurance Issues

> Access to care is limited for individuals without private insurance. — Physician

> Many people that are considered low-income struggle to find dentist in the area that take their insurance and/or appointments are scheduled months out. — Public Health Representative

Access to Care for Uninsured/Underinsured

> Many do not have dental insurance in the county. Even those who have dental insurance are unable to pay for issues outside of normal dental care, i.e. root canals, infections. — Community Leader

Income/Poverty

> I know many people that lack the financial stability to receive proper dental care. — Social Services Provider

Lack of Providers

> More dentists are retiring here, and closest local options are in different counties. — Public Health Representative

Parental Influence

> I think Oral health is a major problem in our community because there are a lot of children who go without dental assistance because their parents cannot make it to the appointments due to work/not having a car/no insurance/ or the dental office not accepting the dental insurance that they have for themselves and their children. I think a lot of the problem is local dentist office's stopped accepting Medicaid for insurance and that is what a lot of the locals here in Clinton County carry, so they go without dental care because they can't afford different insurance. — Public Health Representative
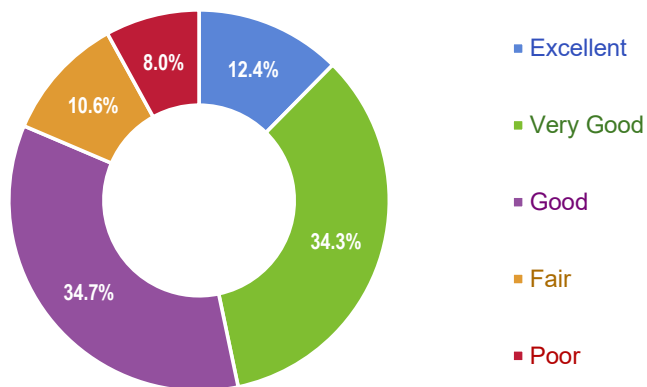
LOCAL RESOURCES

PERCEPTIONS OF
LOCAL HEALTH CARE SERVICES

Nearly half of Clinton County adults rate the overall health care services available in their community as "excellent" or "very good."

Rating of Overall Health Care Services Available in the Community
(Clinton County, 2025)

- Excellent — 12.4%
- Very Good — 34.3%
- Good — 34.7%
- Fair — 10.6%
- Poor — 8.0%

Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 18.6% of residents characterize local health care services as "fair" or "poor."

BENCHMARK ► Higher than the national prevalence.

TREND ► Significantly higher than the 1996 baseline finding, although closer to more recent findings.

DISPARITY ► More often reported among adults under the age of 65 and low-income residents.

Perceive Local Health Care Services as "Fair/Poor"

Clinton County

- Clinton County: 18.6%
- US: 11.5%
- 1996: 7.6%
- 2015: 20.7%
- 2020: 17.7%
- 2025: 18.6%
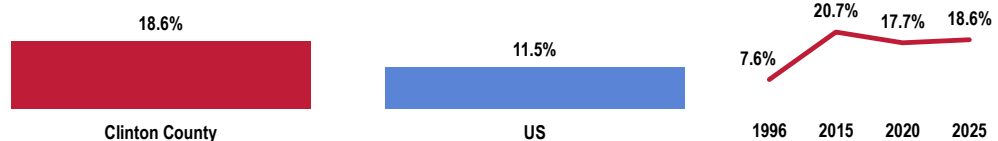
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 5]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Perceive Local Health Care Services as "Fair/Poor"
(Clinton County, 2025)

With access difficulty	30.1%
No access difficulty	9.0%

| Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Clinton County
20.0%	17.1%	19.2%	20.5%	10.8%	18.6%	29.6%	15.8%	18.6%
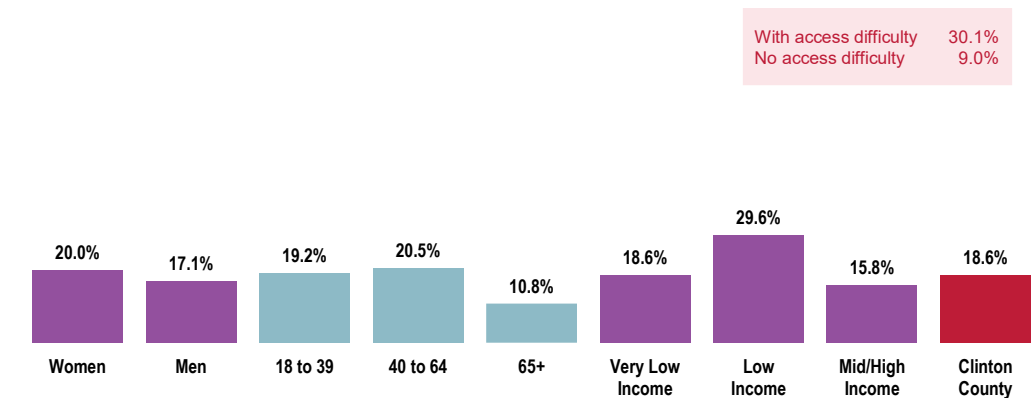
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Clinton County as of June 2025.
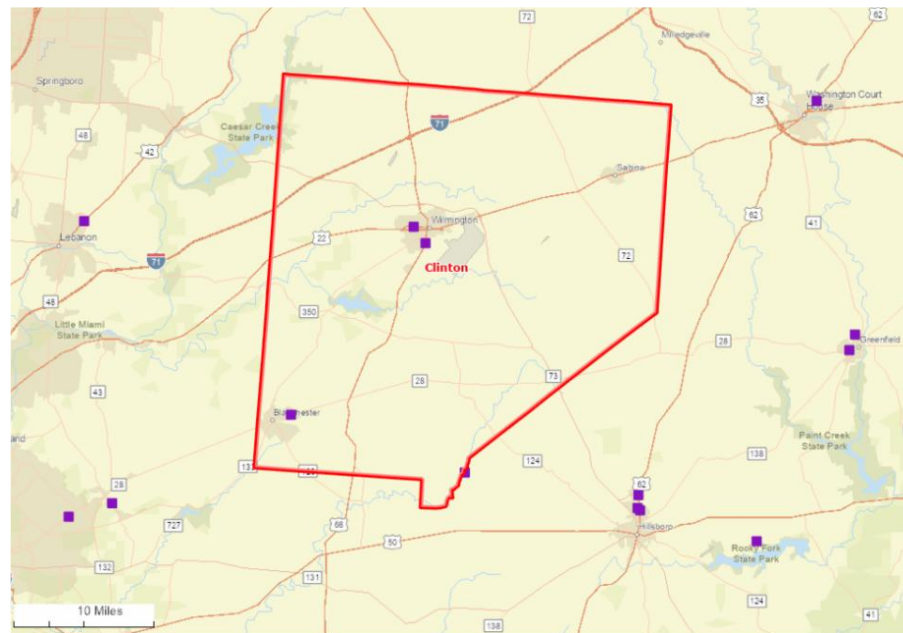
Map Legend

Report Location, County

Federally Qualified Health Centers, POS June 2025

SparkMap

Resources Available
to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

Addiction Facility
Boyd Cancer Center
Cincinnati Children's
City of Wilmington Elected Officials
Clinton County Board of Commissioners
Clinton County Family Planning
Clinton County Health Department
Clinton Memorial Hospital
Community Action
Dental Offices
Doctors' Offices
Greater Cincinnati Behavioral Health
Health Alliance
Health Department
HealthSource of Ohio
Hospitals
Kettering Health
Mental Health Center
Mental Health Services of Clinton/Warren County
New Life Clinic
Talbert House
Transit System
Urgent Care
Veterans Administration
Wilmington Transit

Cancer

American Cancer Society
Boyd Cancer Center
Cancer Center
City of Wilmington Elected Officials
Clinton County Board of Commissioners
Clinton County Health District
Clinton Memorial Hospital
Doctors' Offices
Foster Boyd
Health Alliance
Health Department
Hospice Care
Hospitals

James Cancer Center
James Mobile Mammogram
Kettering Health
TriHealth
Veterans Administration
Vital Fitness
Wilmington Health Oncology

Diabetes

American Diabetes Association
BCMH
Clinton County Health Department
Clinton County Health District
Clinton County Youth Council
Clinton Memorial Hospital
Council on Aging
Diabetes Education
Doctors' Offices
Farmers' Market
Fitness Centers/Gyms
Food Stamps
Good Rx
Health Department
Health District
HealthSource of Ohio
Heathers Hope
Kettering Health
Kettering Medical Center
Parks and Recreation
Supplemental Nutrition Assistance Program
TriHealth
United Way
Women, Infants and Children

Disabling Conditions

Beacon Orthopedics
Cape May
Clinton County Board of Developmental Disabilities
Clinton County Health Department
Clinton County Health District
Clinton County Senior Center

Clinton Memorial Hospital
Community Action
Council on Aging
Doctors' Offices
Drayer Physical Therapy
Fitness Centers/Gyms
Job and Family Services
Medical Resources
Memory Care Unit
Mental Health
Nike Center
Opportunities for Ohioans with Disabilities
Parks and Recreation
Veterans Administration
West Minister
Wilmington Transit

Heart Disease & Stroke

Aging Up Center
American Heart Association
Christ Hospital
Clinton County Health Department
Clinton County Health District
Clinton Memorial Hospital
Council on Aging
Doctors' Offices
Drayer Physical Therapy
Hospitals
Kettering Health
Kettering Medical Center
Parks and Recreation
Patient Medication Assistance Program

Infant Health & Family Planning

Child Services
Children's Hospital
Clinton County Board of Developmental Disabilities
Clinton County Family Planning
Clinton County Health Department
Clinton Memorial Hospital
Community Action
Doctors' Offices
Health Department
Hospitals
Kettering Health
Medicaid
New Life Clinic
Supplemental Nutrition Assistance Program
TriHealth
Women, Infants and Children

Injury & Violence

Aging Up Center
Alternatives to Violence
Child Protective Services
Clinton Memorial Hospital
Council on Aging
Family and Children First Council

Mental Health

Anew
Assurance Health
Autumn Behavioral Health
Brightview
Butler Behavioral Health
Cape May
Churches
Clinton Memorial Hospital
Community Action
Council on Aging
County Shelter
Doctors' Offices
Drug Treatment Facilities
Fairway Behavioral Health
Greater Cincinnati Behavioral Health
Health Department
Health District
Homeless Shelter
Hospitals
Job and Family Services
Kettering Health
Mental Health
Mental Health America
Mental Health Center
Mental Health Recovery Board
Mental Health Services of Clinton/Warren County
National Alliance on Mental Illness
National Youth Advocacy Program
Nike Center
PATH
Solutions
Substance Abuse and Mental Health Svc Administration
Sugartree Ministries
Talbert House
The Laurels of Blanchester
Veterans Clinic

Nutrition, Physical Activity & Weight

- Aging Up Center
- Anytime Fitness
- Blanchester Community Center
- Catholic Charities
- Clinton County Fair
- Clinton County Health Department
- Clinton County Health District
- Clinton County Swim and Tennis Club
- Clinton County Youth Council
- Clinton Memorial Hospital
- Community Action
- Doctors' Offices
- Farmers' Market
- First Class Athletics
- Fitness Centers/Gyms
- Health Department
- HealthFirst
- Homeless Shelter
- Kids' Sports Teams
- Ohio State University Extension Office
- Parks and Recreation
- Planet Fitness
- School System
- Senior Center
- Strength Lab
- Trails Coalition
- Vital Fitness
- Weight Watchers
- Women, Infants and Children

Oral Health

- Clinton County Health Department
- Dental Offices
- Doctors' Offices
- Health Department
- HealthSource of Ohio
- Highland County Health Department
- School System
- Wilmington Dental Arts
- Wilmington Oral Surgery

Respiratory Diseases

- Clinton County Health Department
- Clinton Memorial Hospital
- Doctors' Offices
- Health Department

Sexual Health

- Clinton County Family Planning
- Doctors' Offices
- Ediom
- New Life Clinic

Social Determinants of Health

- Angels Shelter for Women
- Building and Zoning Departments
- Charley Fischer Society - Health District
- Churches
- Clinton County Economic Development/Port Authority
- Clinton County Foundation
- Clinton County Health Department
- Clinton County Health District
- Clinton County Homeless Coalition
- Clinton County Homeless Shelter
- Clinton County Metropolitan Housing Authority
- Clinton County Regional Planning
- Clinton Memorial Hospital
- Community Action
- County Shelter
- Economic Development Initiatives
- Farmers' Market
- Food Banks/Pantries
- Habitat for Humanity
- Health Department
- Health District
- Homeless Shelter
- Hope House
- Housing and Urban Development
- Job and Family Services
- Laurel Oaks Career Campus
- Library
- Metropolitan Housing and Urban Development
- My Father's Kitchen
- New Life Clinic
- Parks and Recreation
- PATH
- Public Housing
- School System
- Sugartree Ministries
- The Exchange
- United Way
- Wilmington College
- Wilmington Public Library
- Your Father's Kitchen

Substance Use

AA/NA

Anew

Autumn Behavioral Health

Brightview

Center for Alcoholism and Drug Abuse

City Council and Mayor

Clinton County Board of Commissioners

Clinton County Board of Developmental Disabilities

Clinton Memorial Hospital

County Commissioners

Court System

Courts Recovery Docket

Doctors' Offices

Drug Court

Drug Treatment Facilities

Greater Cincinnati Behavioral Health

Halfway House

Health Department

Homeless Shelter

Hospitals

Insurance Company

Kettering Health

Law Enforcement

Mental Health America

Mental Health Center

Mental Health Recovery Board

Mental Health Services of Clinton/Warren County

Recovery Housing

School System

Sober Living

Solutions

Sugartree Ministries

Talbert House

Treatment Centers

U-Turn

Workforce Collaborative

Tobacco Use

American Cancer Society

Clinton County Health Department

Clinton Memorial Hospital

County Smoking Cessation Program

Doctors' Offices

Greater Cincinnati Behavioral Health

Health Department

Smoking Cessation Classes

Solutions

Talbert House