

# COMMUNITY HEALTH NEEDS ASSESSMENT 2021

**Fayette  
County**



# Table of Contents

<b>Acknowledgements</b>	<b>03</b>
<b>Executive Summary</b>	<b>04</b>
<b>Purpose and Overview</b>	<b>05</b>
Introduction	05
State Health Improvement Plan (SHIP)	06
Factors of Health	06
SHIP Framework	07
Fayette County Healthcare Coalition	08
Planning Process, Methods & Sources	09
<b>Data Resources</b>	<b>10</b>
Community Input	10
Questionnaire	10
Stakeholder Interviews	10
Focus Groups	10
CHIP Planning & Priorities	11-14
<b>Community Profile – Fayette County</b>	<b>15</b>
<b>2021 Data Review</b>	<b>16</b>
County Health Rankings	17
Demographic Characteristics	18
Population Size and Growth	18
Age, Sex, Ethnicity, Immigration, Veterans Disability Status	19
Household and Location	20
a. <b>Leading Causes of Death</b>	<b>20</b>
Premature Death	21
Leading Causes of Death	21
b. <b>Population Health</b>	<b>22</b>
Obesity and Related Issues	22
Respiratory Issues	22
Cancer	23
Sexually Transmitted Diseases	23
Maternal Health	24

Birth	24
Child Health	24
Oral Health –Children	25
Health Behaviors	25
Injury – Drug Overdoses and Traffic Fatality	26
<b>c. Access to Health Care</b>	<b>27</b>
Hospital Utilization	27
Preventive Services	28
Healthcare Service Access	28
Healthcare Provider Access: Primary, Oral and Mental Health Care	28
Insurance Coverage	29
<b>d. Public Health and Prevention</b>	<b>29</b>
Communicable Disease Control	30
Health Promotion and Prevention	31
Public Health Funding	32
Public Health Workforce and Accreditation	33
<b>e. Social and Economic Environment</b>	<b>33</b>
Education	33
Employment	34
Industry and Occupations	34
Income and Poverty	34
Crime	34
<b>f. Physical Environment</b>	<b>35</b>
Air Quality	35
Water Quality	35
Food Access and Insecurity	35
Housing	36
<b>Community Input</b>	<b>37</b>
Stakeholder Interview Summary	37
Focus Group Summary	37
Public Survey Summary	38-54
<b>Summary of Key Findings</b>	<b>55</b>
<b>Conclusions and Next Steps</b>	<b>55</b>
<b>Appendices</b>	

## **Acknowledgements**

The Fayette County Community Health Needs Assessment (CHNA) is the result of a collaboration between local agencies, volunteers and consultants, all dedicated to improving the health and quality of life of its community members. The support and engagement of the Fayette County community, by participating in interviews and providing input during the survey and public comment process, was invaluable for this assessment. For this, we offer a whole-hearted thanks.

Adena Health System, a member agency of the Fayette County Health Coalition, also contracted with The Ohio State University for collecting, reviewing and validating all of the secondary data for this assessment.

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## EXECUTIVE SUMMARY

### What is the Fayette County Community Health Needs Assessment?

A community health assessment (sometimes called a CHA), also known as community health needs assessment (sometimes called a CHNA) is a comprehensive and systematic data collection and analysis process. It is designed to inform communities of top health needs and priorities in an effort to drive effective planning, which results in positive change. Evidence-based practice indicates multi-sector collaborations should support shared ownership of all phases of community health improvement, including assessment, planning, investment, implementation, and evaluation to realize healthy communities.



### How was the CHA developed?

For this assessment, the FCHC utilized the Center for Disease Control (CDC) and National Association of City and County Health Officials' (NACCHO) Mobilizing Action through Planning and Partnership (M.A.P.P) processes. M.A.P.P. is a six-phase process that guides the assessment of the community's health needs and development of a community health improvement plan (CHIP). The assessment portion of this process includes a four-part strategy, focused on collecting qualitative and quantitative data from both primary and secondary sources. These data are used to identify community themes and strengths, community health status and forces of change in the community, as well as assess the local public health system. Five-hundred-thirty-nine (539) public surveys, 15 local stakeholder interviews were conducted, and demographic, socio-economic, health outcomes and factors data were also obtained to create the assessment. Three focus groups were held with: Fayette County senior citizens, Miami Trace Parent Teacher Organization and the Fayette County Rotary.

## *INTRODUCTION*

The term “health” embodies a multi-faceted concept, particularly from a community perspective. An individual’s health is measured by the presence and/or severity of illness; whether or not they engage in behaviors that are a risk to their health, and if so, the length of time the behavior has occurred. It can also be measured by asking individuals to report their personal perception of their overall health. The health of an entire community is measured by collecting and compiling individual data. Commonly used measurements of population health status are morbidity (incidence and prevalence of disease) and mortality (death rates). Socioeconomic data is usually included as it relates to the environment in which individuals live. A particular population’s level of health is usually determined by comparing it to other populations, or by looking at health related trends over time.

Everyone in a community has a stake in health. Poor health is costly to people trying to maintain employment, and employers pay for it via high rates of absenteeism and higher health insurance costs. Whole communities can suffer economic loss when groups of citizens are ill. As a result, everyone benefits from addressing social, environmental, economic, and behavioral determinants of health.

Health status is closely related to a number of socioeconomic characteristics. Individuals of various socioeconomic status show different levels of health and incidence of disease, while race and culture matter in complex ways. Social and economic variables that have been shown to impact health include income, education, and employment, as well as literacy, language, and culture.

Health literacy is a concept that links a person’s level of literacy with their ability to understand and act upon health information and, ultimately, to take control of their health. Individuals with poor health literacy are at risk for poor health outcomes when important health care information is communicated using medical jargon and unclear language that exceed their literacy skills. These individuals can have issues reading and comprehending materials such as prescription bottles, educational brochures, and nutrition labels, thus they are more likely to have higher rates of complications than people who are more literate.

A comprehensive community health needs assessment can provide a better understanding of a population’s health needs. Provisions of the Patient Protection and Affordable Care Act (ACA) requires all 501(c) (3) health systems operating one or more hospitals, as well as federally qualified health centers (FQHC’s) to complete one every three years. All public health districts are required to complete health needs assessments every five years. The purpose is to provide the health continuum in a community with a foundation for their community health planning and to provide information to policymakers, provider groups, and community advocates for improvement efforts, including the best ways to direct health-related grants and appropriations.

Obtaining information and views from community members is one of the most important aspects of the community health needs assessment. This involves surveying a percentage of the community to determine which health problems are most prevalent and to solicit their ideas

concerning strategies to address these problems. It also explores the factors that impact the design of programs and services to effectively address the identified health problems on a broader scope.

### **STATE HEALTH IMPROVEMENT PLAN (SHIP) 2020-2022**

The State Health Improvement Plan (SHIP) is a tool developed by the Health Policy Institute of Ohio with the Ohio Department of Health to strengthen state and local efforts to improve health, well-being and economic vitality in Ohio. With the long-term goal of ensuring all Ohioans achieve their full health potential, the SHIP takes a comprehensive approach to achieving equity and addressing the many factors that shape our health, including housing, poverty, education and trauma. The SHIP is Ohio’s roadmap to address the many challenges identified in the 2019 State Health Assessment (SHA).

With a vision that Ohio becomes “a model of health, wellbeing and economic vitality,” the SHIP is designed to be implemented by a wide range of public and private partners. Partners contributing to achieving the vision include: state agencies/organizations; hospitals; local health departments; Alcohol, Drug & Mental Health (ADAMH) boards; agencies on aging; boards of developmental disabilities; community behavioral health providers; employers and workforce development organizations; housing organizations; Medicaid managed care plans; schools; philanthropic; and other local agencies/organizations. The menu of objectives and strategies in the SHIP offers flexible options for rural, Appalachian, suburban and urban communities. It also strives to improve outcomes for Ohioans of all ages.

**Factors of Health:** There are many modifiable factors that influence overall health (see figure xx). These factors are sometimes referred to as the “social determinants of health,” or the “social drivers of health.” The SHIP addresses many of these drivers, including housing, poverty, education, health behaviors and healthcare access. Underlying drivers of inequity are: poverty, racism, discrimination, trauma, violence, and toxic stress.

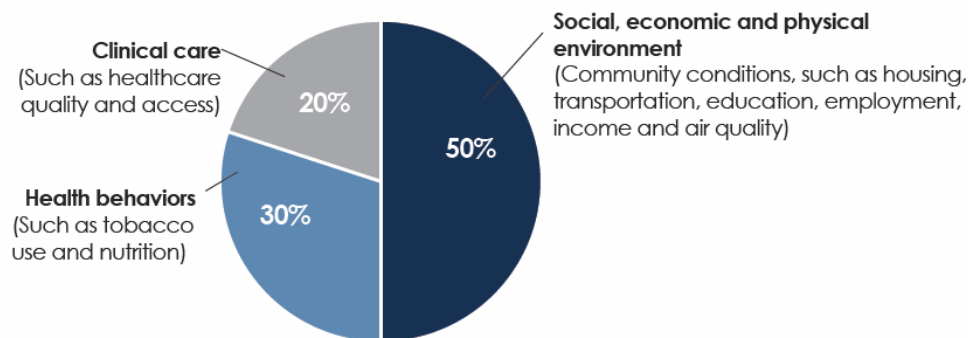
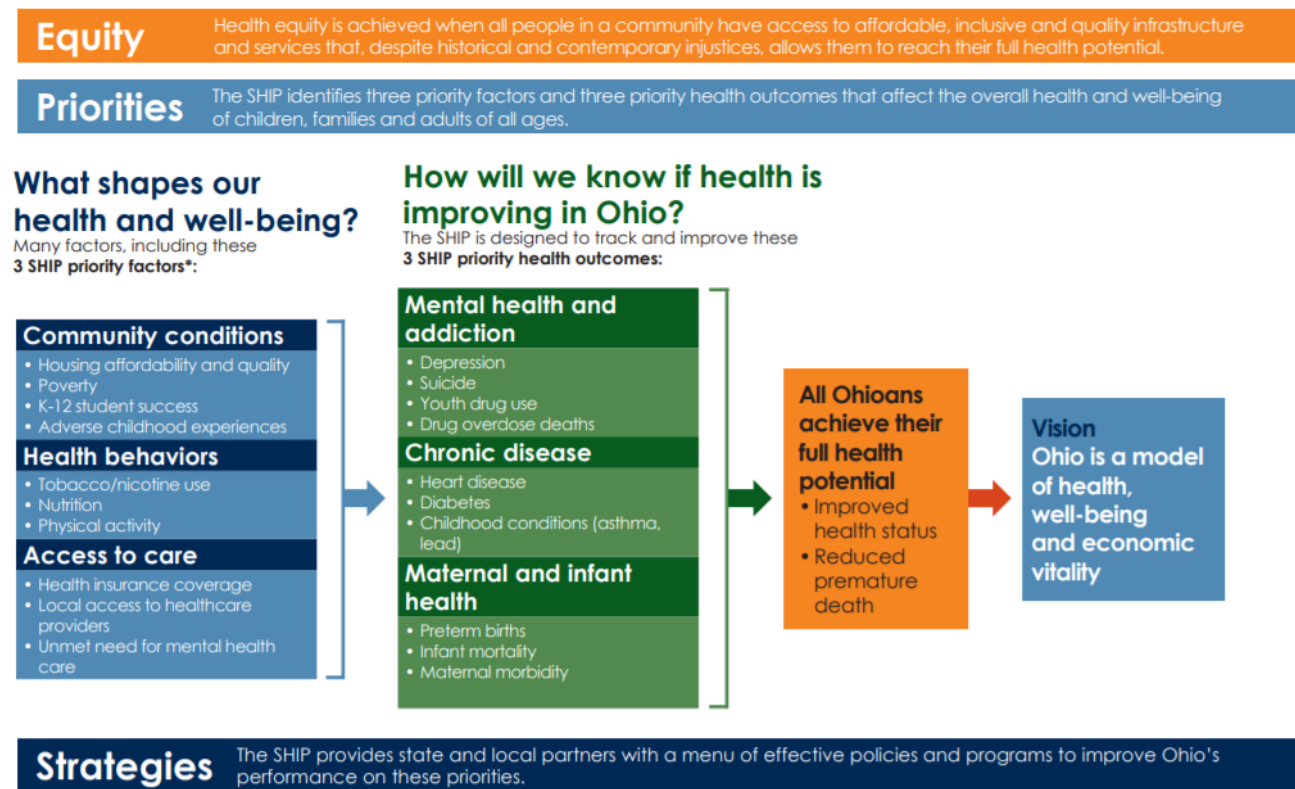


Figure 1: Factors that influence health

Source: Booske, Bridget C. et. al. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Public Health Institute, 2010.

The Ohio Department of Health and other state agencies use the SHIP to guide policy and funding decisions that support SHIP objectives. The purpose of the SHIP is to get a wide range of public and private partners across the state rowing in the same direction to improve well-being. Local health departments and behavioral health providers, for example, can contribute to school district efforts to reduce chronic absenteeism by reducing asthma triggers and providing mental health early intervention services. Health systems can direct community benefit investments to support the goal of increasing affordable housing units. Working together, all partners can increase the effectiveness of their investments

## SHIP Framework



\* These factors are sometimes referred to as the social determinants of health or the social drivers of health

Figure 2: SHIP Framework



## **FAYETTE COUNTY HEALTHCARE COALITION**

The Fayette County Healthcare Coalition is a collaborative, community-based group whose efforts are aimed at improving the quality of life for residents of Fayette County. The coalition, organized with a memorandum of understanding (MOU), is structured with a steering committee and subcommittees focused on specific health priorities. There is representation from the following agencies:

ADAMH BOARD	Fayette County Sherriff's Department
Fayette County Community Action	Fayette County Farmer's Market
American Red Cross	Fayette County Parks and Recreation District
Community Action-Transportation	Fayette County YMCA
Fayette County Commission	Fayette County Homeless Shelter
Dialysis Center	Ohio Hospice of Fayette County
Domestic Violence Shelter	Medical Reserve Corp
Emergency Management Agency	Miami Trace Local Schools- Superintendent
Fayette County Job and Family Services	Fayette County Commission on Aging
Fayette County Department of DD	Public Health EPI-Union County (contracted)
Fayette County Health Department	Rose Avenue Community Center
Fayette County EMS	St. Catherine's and Court House Manor LTC
Jefferson Township EMS	Washington City Schools-Superintendent
Fayette County Memorial Hospital	Scioto Paint Valley Mental Health
Fayette County Coroner	

Coalition efforts are driven by a vision of educating and empowering individuals and families in order to achieve a thriving, engaged and resilient community. Keeping in mind the values of collaboration, integrity, equity and equality, the FCHC is focused on raising awareness and ultimately improve the health and wellness of the residents of Fayette County through the ongoing cooperation and focus of its community leaders, local health care providers, and citizens. By working through socioeconomic issues of Fayette County residents, this will be achieved.

The Fayette County Healthcare Coalition utilized the data-driven Mobilizing Action for Planning and Partnership (M.A.P.P.) process developed by the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control (CDC). To prioritize key public health issues, a six-phase process is utilized that includes a four-part community health needs assessment; an in-depth analysis of current community trends, gaps, and resources with which to comprehensively evaluate the current state of health in Fayette County. Data collected will be used to develop the community health improvement plan (CHIP).

## PLANNING PROCESS

The Community Health Needs Assessment was completed through a comprehensive process of data collection and evaluation utilizing the M.A.P.P. process. The data for this report reflects only Fayette County. Both qualitative and quantitative data were collected from primary and secondary sources. Data was collected in four categories (Figure 3): Community Themes and Strengths; Local Public Health System; Community Health Status; and Forces of Community Change. To finalize specific health-related priorities, information was compiled and evaluated by the Fayette County Health Coalition, hospital, and public health work teams. The published assessment completed as part of these efforts, is intended to inform decision makers and funders about the challenges Fayette County faces to improve community health, and the priority areas where support is most needed. The information is also intended to be a useful planning tool for community organizations.

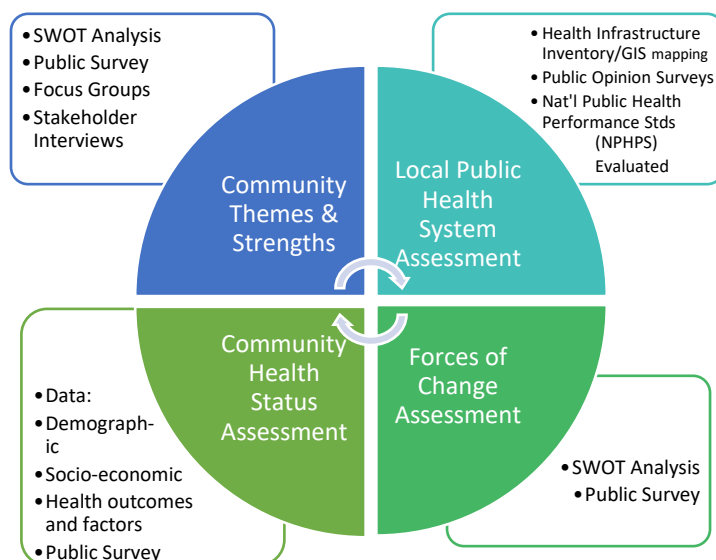


Figure 3: MAPP Four-Part Comprehensive Assessment Process

**Methods** Quantitative and qualitative methods were used to collect information for this assessment. Quantitative data collected includes demographic data for the county's population, vital statistics such as birth and death rates, and disease prevalence for the county as a whole. In addition, an inventory of all community health related infrastructure was taken and mapped utilizing GIS technology. Qualitative data for this report was collected to provide greater insight into the issues experienced by the population. Data includes opinions expressed from a widely distributed community health survey - which received 539 responses - as well as community stakeholder interviews and community focus groups.

**Sources** Primary and secondary data sources were used as part of the needs assessment, coming from internal and external sources. Internal data came from within the health system/hospital (patient population data) and external from outside the health system/hospital (county and state). The primary data gathered includes new information that may be used to investigate and help solve a problem. An example of this would be the percentage of survey participants who ranked obesity as a top-10 health problem. Secondary data are the statistics and other data already published or reported to government agencies. An example of this would be rates of childhood obesity.

### **SECONDARY DATA: PUBLICLY-AVAILABLE STATISTICS**

Existing data were collected from all applicable local, state, and federal agency sources, including public health agencies (e.g., Ohio Department of Health, Ohio Department of Job and Family Services, U.S. Department of Labor, U.S. Census Bureau). These data include demographics, economic and health status indicators, and service capacity/availability. Local data on health infrastructure, including an inventory of all healthcare providers, nutrition, fitness and social support was also taken as part of the public health system review and mapped utilizing GIS technology to create a visual on health resource gaps in the community. This was also compared with local health system population health data to identify disparities in available resources.

While data at the national and state level are generally available for community health-related indicators, local data - from counties and cities - are less accessible and sometimes less reliable. Some data from publicly-available sources typically lags by at least two years because it takes time for reported data to be received, reviewed, approved, analyzed, and prepared for presentation.

### **PRIMARY DATA: COMMUNITY INPUT**

Primary methods used in the assessment process for collecting input from the community were a community survey, key stakeholder interviews and community focus groups.

**Community Questionnaire** A questionnaire was developed for the general public, which queried respondents about the most important health needs, common barriers, and habits they used to maintain their own personal health (See **Appendix**). The survey was distributed in hard copy by member agencies and community partners to a variety of locations in Fayette County where the groups of interest would best be reached. These included local food banks, social service providers, community health clinics, public Healthcare Coalition, and Adena Health System physician offices. In addition, the survey was made available broadly through an electronic Survey Monkey®, as well as paper format. Notices about the online version with its link were posted on member agency's websites, social media pages, published via social media emailed to members of local business, government, civic groups, schools, and universities. The hard-copy survey data was entered into the electronic Survey Monkey® by Healthcare Coalition and Adena Health System staff.

**Stakeholder Interviews** An interview script was developed for the community leaders in the public private sector, which asked participants their opinions on the community's strengths, major challenges and what is needed to improve the health of the community (See **Appendix**). Fifteen (15) stakeholders were interviewed by representatives of the FCHC's work team. Responses were reviewed for themes and consensus results.

**Focus Groups** An interview script was developed to guide facilitation of focus groups held in Fayette County that included: Fayette Co. Senior Citizens, Fayette Co. Rotary, and Miami Trace PTO.

## *CHIP PLANNING*

### *PROCESS*

The Community Health Improvement Plan (CHIP) is to be developed in cooperation with the Fayette County Healthcare Coalition (FCHC). Based on State of Ohio County Health Rankings, the Fayette County General Health District will collaborate with the FCHC to update priorities from its 2017 CHIP, assess progress, and strategize future desired outcomes.

In 2022, the Coalition will utilize the 2021 CHA to identify community need around a number of health issues in Fayette County. This will include: improving systems; creating collaborations; and seeking resources to increase community capacity to improve health.

With the FCHC, the Fayette County General Health District will integrate a framework to distinguish CHIP priorities. The Mobilizing for Action through Planning and Partnerships (MAPP) framework is a community-driven strategic planning tool for improving community health. The six MAPP phases are: organizing, visioning, assessments, strategic issues, goals/strategies, and action cycle.

### *PRIORITIES*

More than 182 community stakeholders participated in an electronic survey, via Survey Monkey®, to prioritize the top health needs from the assessment. The Fayette County General Health District is instrumental in this process and county priorities are aligned with the State Health Improvement Plan (SHIP). Fayette County's CHIP priorities, ranked #1 by stakeholders surveyed include: mental health, substance abuse, access to care, chronic disease, and public health emergencies (COVID-19).

The FCHC will select priorities; and subcommittees will be formed to focus on efforts toward progress within each of the areas. Each subcommittee will include a member from the Fayette County General Health District who will guide, monitor, and assist in the development of the strategies necessary to measure performance of the priorities. The specific goals and objectives developed around each priority, as well as the progress made to date in each will be included. Following are Fayette County's 2017 CHIP priorities that were among the top 5 health concerns in the 2021 public health survey.

## Priority #1: Mental Health

Mental Health ranked highest in 2021 Fayette County's Health Priority rankings. Reducing the stigma of mental illness is key to opening public normalization of mental health care and treatment.

**Goal:** Reduce the stigma surrounding mental health

**Key Measure(s):** An increase in the number of people seeking counselling/treatment; Reduction in Fayette County's suicide rate.

Objectives	Measure	Action Steps	Timeframe	Results/Progress to Date
<p><b>Objective 1:</b> Fayette County will creating a pocket directory to increase awareness of the mental health resources available in and around the county by Oct. 2017.</p>	<ol style="list-style-type: none"> <li>1) Distribution of developed educational materials. (Health Dept. and Scioto Paint Valley MH data)</li> <li>2) Increase in number of people seeking counseling/treatment (Health Dept. and Scioto Paint Valley MH data)</li> <li>3) Increased use of 2-1-1 line (Health Dept. and SPVMH data)</li> <li>4) Increased use of Crisis Text Line (SPVMH and ADAMH Board data)</li> </ol>	<ol style="list-style-type: none"> <li>1) Compile a list of all mental health resources available to residents of Fayette County</li> <li>2) Create a pocket directory of mental health resources for Fayette County residents.</li> <li>3) Promote and Update 211</li> <li>4) Promote the use of Crisis Text Line</li> <li>5) Develop timeline for reporting back and data analysis</li> </ol>	<p>Status tbd</p> <p>Status tbd</p> <p>Status tbd</p>	<ul style="list-style-type: none"> <li>• Pocket Guide was created in coordination w/the Substance Abuse &amp; Misuse Task Force.</li> <li>• The Crisis Text Line is being utilized.</li> <li>• As of most recent reporting (2019), staff had attended multiple 2-1-1 funding meetings w/surrounding counties. Current progress is tbd.</li> </ul>
<p><b>Objective 2:</b> Fayette County will work to decrease the stigma that asking for help with mental illness is a bad thing by providing education and working with medical providers to have open dialogue with their patients by Dec. 2018.</p>	<ol style="list-style-type: none"> <li>1) Increase in the number of people seeking counseling/treatment (Health Dept. and Scioto Paint Valley MH data)</li> <li>2) Record of meetings with healthcare providers to discuss mental health as a topic within annual wellness screenings and subsequent visits (FC Health Dept.)</li> <li>3) Registrations for Mental Health First Aid Course for community (FC Health Dept.)</li> </ol>	<ol style="list-style-type: none"> <li>1) Meet with Fayette County healthcare providers and provide them with resources for discussing mental health with their patients. (Fayette Co Health Dept.)</li> <li>2) Establish a Mental Health First Aid Course for members of the community. (Fayette Co Health Dept.)</li> <li>3) Develop Mental Health Trauma-informed care seminar (TBD)</li> <li>4) Promote Mental Health Screenings at Wellness Checks (TBD)</li> </ol>	<p>Oct. 2018</p> <p>Dec. 2018</p> <p>Status tbd</p> <p>Apr. 2019</p> <p>Complete</p> <p>Status tbd</p>	<ul style="list-style-type: none"> <li>• Mental Health First Aid held at Southern State.</li> <li>• Mental Health First Aid held at Southern State.</li> <li>• Team discussed holding Mental Health First Aid at FCPH for front desk workers @ physicians' offices.</li> <li>• Mental Health Response Training: Paint Valley ADAMH, Chillicothe,</li> <li>• Urgent care is screening patients to determine risk for mental health issues.</li> <li>• Senior Life Solutions offered by Fayette County Memorial Hospital.</li> </ul>

## Priority #2: Substance Abuse

**Goal:** Decrease the number of individuals who abuse drugs and alcohol

**Key Measure(s):** Decrease number of DUI arrests; Decrease number of drug-related arrests; Increase the number of individuals with SUDS undergoing treatment.

Objectives	Measure	Action Steps	Timeframe	Results/Progress to Date
<p><b>Objective 1:</b> Fayette County will work towards the development of a mentorship program for people who have completed treatment and moving to the next stage of recovery by Dec. 2018.</p>	<p>1) Decrease the number of arrests for DUIs (Sheriff data)</p> <p>2) Decrease in the number of arrests for drug related offenses (Sheriff data)</p> <p>3) Increase the number of individuals with SUD in treatment (Local data)</p>	<p>1) Develop additional peer recovery supports, treatment options, care coordinator, or mentorship programs in conjunction with existing substance abuse community organization. (Fayette Faith in Recovery)</p>	<p>2018</p> <p>April 2019</p> <p>Status tbd</p>	<ul style="list-style-type: none"> <li>Pathways to Recovery started at Community Action, operating 7a-11p/7 days a week.</li> <li>Drug Take Back events twice a year, including Health Fair @FCMH</li> <li>Creation of a Prescriber Packet was underway in mid-2019 to educate prescribers on CDC opiate guidelines.</li> </ul>
<p><b>Objective 2:</b> Fayette County will work to increase drug education programs to kids in local school systems.</p>	<p>1) Decrease in juvenile offenses related to drug and alcohol use (Sheriff data)</p> <p>2) Decrease in school substance use reports (District data)</p>	<p>1) Officer-led DARE program at both schools in the district (Sheriff Office)</p> <p>2) Breaking Free Youth Coalition in Washington Court House to decrease youth substance abuse (Faith in Recovery)</p> <p>3) Lead out Loud Youth Coalition in MT to decrease youth substance abuse (Faith in Recovery)</p> <p>4) Decrease youth substance use by 5% through Fayette Co. Prevention Coalition's 7 strategies for community-level change.</p>	<p>Status tbd</p> <p>Status tbd</p> <p>Status tbd</p> <p>Status tbd</p>	<ul style="list-style-type: none"> <li>Local Generation Rx trainings in process. Program aimed at preventing the misuse of prescription medications.</li> <li>LifeSkills &amp; Generation Rx training scheduled to be conducted at Head Start.</li> <li>Both local school districts have a youth coalition.</li> <li>Scioto Paint Valley Mental Health presenting <i>Too Good</i> at Miami Trace to empower children w/social-emotional learning &amp; substance abuse prevention skills needed to lead happy &amp; healthy lives." <a href="http://www.toogoodprograms.org">www.toogoodprograms.org</a></li> </ul>

**Priority #3: Chronic Illness Prevention, Education & Management**

**Goal:** Improve opportunities for chronic illness risk management and support chronic disease prevention, education and management programming.

**Key Measure(s):** An increase in individuals participating in health-related classes and an increase in the number of classes offered; show a decrease in the number of pre-diabetic individuals who become diabetic.

Objectives	Measure	Action Steps	Timeframe	Results/Progress to Date
<p><b>Objective 1:</b> Fayette County will work to increase the number of diabetic and pre-diabetic people participating in educational programs designed to improve diabetes management and minimize complications from the disease by 5% by Oct. 2018</p>	<p>1) Participation data from hosting entities (various education program hosts)</p> <p>2) Reduction of pre-diabetic people who become diabetic (Health Dept.)</p> <p>3) Reduced numbers of people with diabetes (Health Dept./Adena data)</p>	<p>1) Promote diabetes education classes (Adena Fayette)</p> <p>2) Promote Healthy U program (Health Dept.)</p> <p>3) Promote YMCA Diabetes Education program (Fayette Co. YMCA)</p> <p>4) Promote Fayette Co. Commission on Aging diabetes education (Health Dept.)</p>	<p>Sept/Oct. 2018</p> <p>Sept. 2018</p> <p>Oct. 2018</p> <p>Nov. 2018</p> <p>Dec 2018</p> <p>April 2019</p>	<ul style="list-style-type: none"> <li>Healthy U held 2 hours/week for 6 weeks at Seton Hall</li> <li>Carb Counting classes held 2 locations</li> <li>Women’s Night Out for blood sugar testing</li> <li>Silver Sneakers presentation on diabetes @YMCA</li> <li>Healthy Holiday dinner w/diabetes focus; 100 attended</li> <li>Community Health Fair blood sugar check @ FCMH</li> </ul>
<p><b>Objective 2:</b> Fayette County will work to decrease the number of obese children and adults by 2%, by Dec. 2018</p>	<p>1) Participation in Fayette Fat Fighters; Rolling Rimples; Walk with a Doc. (Health Dept., Adena Health System)</p> <p>2) # of people trained to lead Rolling Rimples &amp; Fayette Fat Fighter programs. (Health Dept.)</p> <p>3) # of children educated on healthy lifestyles. (Health Dept)</p> <p>4) Data showing reduction in pediatric/adult obesity. (Health Dept.)</p> <p>5) Increased Aging Walking participation in county (Health Dept/ FC Comm on Aging)</p> <p>6) Increase number of businesses offering wellness programs. (Health Dept.)</p>	<p>1) Promote Fayette Fat Fighters &amp; Rolling Rimples. (Fayette Co Health Dept./Adena Fayette Hospital)</p> <p>2) Train community members to lead Rolling Rimples &amp; Fayette Fat Fighters. (FC Health Dept)</p> <p>3) Develop school pgm to guide children toward healthy choices (School nurses)</p> <p>4) Promote Walk with a Doc; increase physical activity/engagement. (Adena Fayette)</p> <p>5) Promote Fayette Co Commission on Aging’s Walking program</p> <p>6) Create “Indoor Recess” program @businesses (Fayette Co. Health Dept.)</p>	<p>Jan/Aug</p> <p>Monthly</p> <p>Weekly</p>	<ul style="list-style-type: none"> <li>Rolling Rimples rolled out to local businesses. Sessions begin in Jan. and August. 15 businesses/30 teams/129 people (Steps challenge in June &amp; July)</li> <li>Fayette Co. Healthy Kids meet 1x monthly at Belle-Aire</li> <li>Fat Fighters held every Monday at FCMH, free to community weigh-in 5:30p</li> <li>Youth Build taught at Southern State by J. Bihl</li> </ul>

## COMMUNITY PROFILE

### FAYETTE COUNTY, OHIO

Fayette County is located in rural, south central Ohio (Figure 2). The county covers 406 square miles, of which only about six percent is used for residential, commercial or industrial purposes (Ohio Office of Research, 2020). About 5% of the land is forested and 88.25% of land in the county is used for farming crops and livestock pasture.

More than half of Fayette County land, 204,254 acres is used for farming. The county is home to 491 farms, with the average size of each farm being 416 acres. Total cash receipts attributed to farming brings \$127.2 million to the county's economy, with an average income per farm being just over \$259,000. In addition, the local healthcare system, senior living and care facilities and the local school systems provide the most employment opportunities in the county.

The population of Fayette County is 28,620 (U.S. Census Bureau 2019). Approximately 14,091 people live in the county seat, Washington Court House. It is part of the 10<sup>th</sup> Congressional District and contains the population patterns and distinct economic conditions inherent of a rural farming region in the U.S. Midwest. In addition to a vast farming economy, the county is home to several manufacturers and regional distribution centers including: YUSA, a direct Honda Motor Company supplier; Walmart, a major county employer with a large, regional distribution facility located in Washington Court House. Challenges include, education attainment - 14% of the adult population does not have a high school diploma; and the area is low in diversity.

Nearly 13% of Fayette County families live below the federal poverty level; with more than 53% of Fayette County households earning less than \$50,000 per year. Educational attainment is considerably lower than the state and national averages with approximately 16% having a four-year college degree or higher.

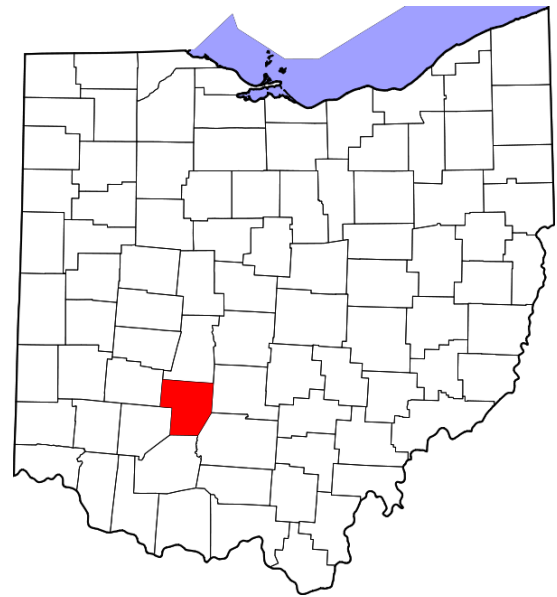


Figure 4: Fayette County, Ohio

#### Community Snapshot

Population: 28,620 (population declining)

Percent with four-year college degree or higher: 16%

Median household income: \$46,478

Families living below poverty level: 14%

Median gross rent: \$715

2019 Unemployment Rate: 3.9%

Largest industrial sector: Goods producing, 9,880 jobs (top three sectors natural resources, construction, manufacturing)



## 2021 DATA REVIEW

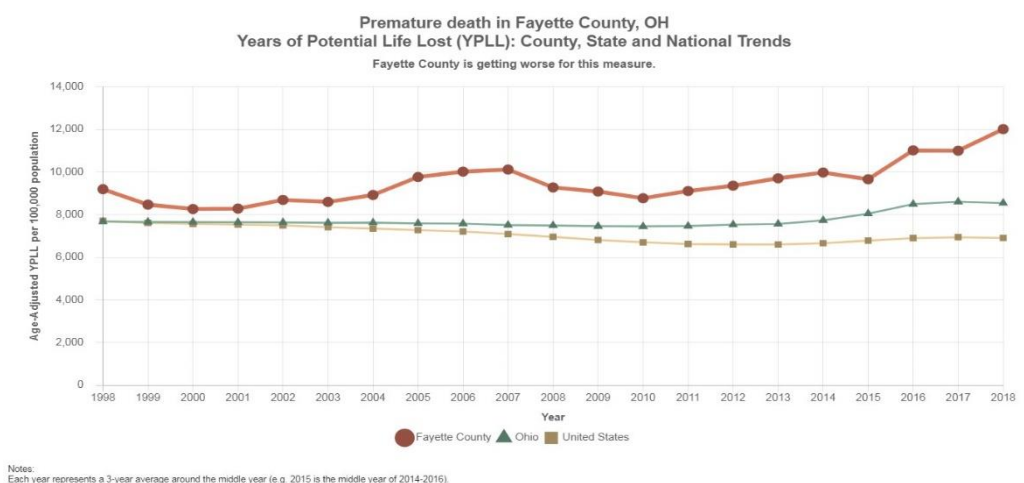
The Fayette County Healthcare Coalition collected a variety of data during 2021 to complete the Community Health Assessment (CHA). This data included both qualitative and quantitative data from both primary and secondary sources.

Qualitative data includes: a survey, key stakeholder interviews, focus group responses, and public data offered via Fayette County General Health District social media sites. The information gathering process was conducted in person and by using Internet technology.

Methods of data collection included:

- 530 public surveys were collected;
  - Surveys were available online (Internet and social media sites); with paper copies available at local health care and social service delivery sites (then entered into electronic format by employees of the Fayette Co. General Health District and Adena Health System);
- Stakeholder interviews with 15 people selected by the Steering Committee based on their involvement and association with Fayette County Health Coalition, and their related perspective; and
- Three focus groups were also held with Fayette County senior citizens; members of the Miami Trace Parent Teacher Organization; and the Fayette County Rotary.

Quantitative data included demographic, socio-economic, health status, health behavior, health outcomes and factors data from multiples sources. These sources included the Ohio Department of Health, the U.S. Census Bureau, the Ohio Development Services Agency, Fayette County General Health District, local law enforcement, Adena Health System, Ohio Department of Job and Family Services, and more. Additionally, new data, including a health inventory, life expectancy mapping, and GIS mappings were included in the assessment, showing premature death in Fayette County is on the rise, and is much higher than state and national trends.

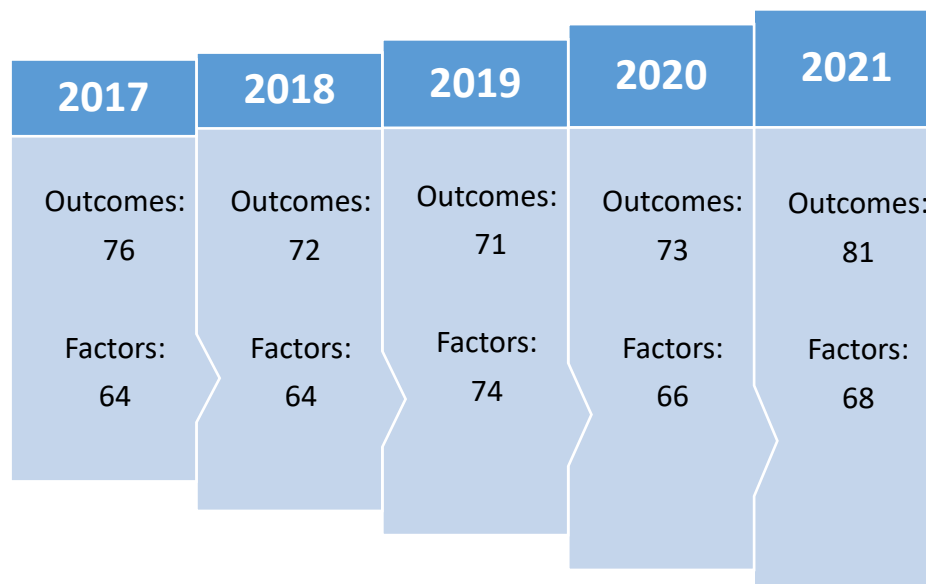


**Figure 5:** Fayette County - Premature Death

**Source:** Robert Wood Johnson Foundation County Health Rankings and Roadmap: Building a culture of health, county by county; 2021 rankings

## COUNTY HEALTH RANKINGS

The economic and educational challenges experienced in Fayette County has been correlated to declining health. Many people living in south central and southern Ohio counties, including Fayette County, are among Ohio’s unhealthiest. A 2021 report published by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, *County Health Rankings: Mobilizing Action toward Community Health* outlines the health outcomes and factors impacting health of Fayette County residents.



**Figure 6:** 2017-2021 County Health Rankings, Fayette County, Ohio

In overall positive health outcomes, the state of Ohio ranks low nationally. Rankings for all 88 of Ohio’s counties are based on health outcomes and health factors. Rates of death from heart disease, lung cancer, and pulmonary-respiratory disease are all above state and national averages. Fayette County currently ranks 81<sup>st</sup> out of 88 counties for health outcomes; and 68<sup>th</sup> for health factors. In terms of health outcomes, Fayette County dropped from 73<sup>rd</sup> in 2020 health outcomes, and fell from 66<sup>th</sup> to 68<sup>th</sup> in health factors for the period.

While Fayette County has remained consistent over the last several years in terms of health outcomes and health factors, the drop in health outcomes was significant between 2020 and 2021. Access to healthcare has improved. Socio-economic conditions such as employment and educational attainment have also improved slightly. The county ranks 60<sup>th</sup> in Ohio when it comes to clinical care. Opportunities exist to improve early death related to accidents, as well as improving social support, mental health and health behaviors like drinking and smoking.

## DEMOGRAPHIC CHARACTERISTICS

A profile of Fayette County and its residents was formulated by collecting publicly-available data such as vital statistics, economic and education data. Research shows that sociologic and economic factors affect health in complicated ways. Therefore, it is understood that this information must be reviewed with public opinion data (provided in the next section) to develop a clear understanding of the state of health of a particular community. The following tables describe the population in relation to diversity.



### Population Size and Growth

The current total population of Fayette County is estimated at 28,620. This is a more than 2% decline since 2010. This is significantly less growth than what is currently seen in Ohio and the U.S.

**Table 1:** Fayette County Ohio Population Patterns

Year	Fayette County	Ohio	U.S.
2010	29,030	11,536,504	308,745,538
2019	28,620	11,655,397	327,167,434
Percent Change	-2.2%	1.3%	5.97%

*Source: U.S. Census Bureau, ACS estimates 2010-2019*

**Age, Sex, Ethnicity, Immigration, Veterans Disability Status**

Fayette County, Ohio has limited diversity among its population, with nearly 94% of residents being white/Caucasian. Approximately 17% of the population is over the age of 65. The veteran population is higher than the rest of Ohio at 8.2%. More than 20% of the population has a disability, which is considerably higher than Ohio (14%) and the rest of the U.S. (13%).

**Table 2:** Fayette County, Ohio Population, Age, Race and Gender

Population Demographics		Fayette	Ohio	U.S.
<b>Total Population</b>		<b>28,620</b>	<b>11,655,397</b>	<b>325,719,178</b>
<b>Age</b>	<b>Total Population</b>	<b>Percent</b>	<b>Percent</b>	<b>Percent</b>
	Under 5 years	6.10%	6.00%	5.9%
	5 to 9 years	6.20%	6.10%	6.0%
	10 to 14 years	7.40%	6.40%	6.5%
	15 to 19 years	5.90%	6.60%	6.5%
	20 to 24 years	5.80%	6.60%	6.5%
	25 to 34 years	11.70%	13.10%	13.9%
	35 to 44 years	12.10%	11.90%	12.8%
	45 to 54 years	13.90%	13.00%	12.4%
	55 to 59 years	7.30%	7.10%	6.5%
	60 to 64 years	6.30%	6.70%	6.4%
	65 to 74 years	10.30%	9.60%	9.6%
	75 to 84 years	5.20%	4.90%	4.9%
	85 years and over	1.90%	2.20%	1.9%
<b>Race &amp; Ethnicity</b>	<b>Total Population</b>	<b>Percent</b>	<b>Percent</b>	<b>Percent</b>
	African American/Black	2.5%	12.4%	12.7%
	Asian	1%	2.2%	5.6%
	Hispanic	2.1%	3.8%	18.3%
	American Indian/ Alaska Native	0.0%	0.2%	0.9%
	Native Hawaiian/ Pacific Islander	0.0%	0.0%	0.2%
	White	93.6%	81.3%	72.2%
	Other	0.5%	1.0%	5%
	Two or more races	2.2%	2.9%	3.4%
<b>Gender</b>	<b>Total Population</b>	<b>Percent</b>	<b>Percent</b>	<b>Percent</b>
	Female	51.2%	51.0%	51.5%
	Male	48.8%	49.0%	48.5%
<b>Veterans</b>	<b>Total Population</b>	<b>Percent</b>	<b>Percent</b>	<b>Percent</b>
		8.2%	7.3%	7.3%
<b>Disabilities</b>	<b>Total Population</b>	<b>Percent</b>	<b>Percent</b>	<b>Percent</b>
	Any age	20.3%	14%	12.7%

Source: U.S. Census Bureau; 2019 American Community Survey (2015-19), Table DP05; S0201

### Household and Location

The average household size in Fayette County is slightly larger in comparison to households across Ohio, but smaller than the U.S. average. This is also true for the percentage of households with children under the age of 18. Nearly three quarters of Fayette County’s population (74.2%) lives in a rural area. This is a significantly larger portion of the population than in other parts of Ohio, or the U.S. In Fayette County, half (50%) of children under age 18 are being raised by grandparents or other family members.

**Table 3:** Fayette County, Ohio Household Information

Families and Living Arrangements	Size and Status	Fayette County	Ohio	U.S.
<b>Households<sub>1</sub></b>	Total Households	12,433	5,232,943	139,686,209
	Average Household Size	2.4	2.4	2.63
	Families With Children (under 18 years of age)	28%	26%	28.2%
	Children Raised by Grandparents (under 18 years of age)	3%	2%	35.5%
	Female Led Households With Children (under 18 years of age)	1,759	584,072	30.6%
<b>Marital Status<sub>2</sub></b>	Never Married Males	27%	35.0%	36.9%
	Never Married Females	21%	29.0%	30.6%
	Now Married Males	51%	50%	49.3%
	Now Married Females	49%	46%	46.4%
	Divorced Males	15%	13%	9.6%
	Divorced Females	17%	15%	12.1%
<b>Location<sub>3</sub></b>	Urban	1.7%	74%	80.7%
	Rural	98.2%	26%	19.3%

*Sources:* U.S. Census Bureau, ACS 2015-2019 Tables S1101; B1001; B1002; CP05<sub>1</sub>; U.S. Census Bureau, ACS 2019 5-year estimates subject tables S201<sub>2</sub>; U.S. Census Bureau, 2010 Decennial Census<sub>3</sub>

### LEADING CAUSES OF DEATH

The leading causes of death, particularly premature death, as well as illness, and injury are indicators to the primary health challenges facing a population in a particular region. They can also indicate what health risk factors are most prevalent among a population. According to the Robert Wood Johnson Foundation’s 2021 County Health Rankings, the **life expectancy of a Fayette County resident is 73.1 years**. This is lower than the Ohio average of 77 years and the U.S. average of 78.1 years.

### Premature Death

The premature death rate in Fayette County Ohio is considerably higher (12,000) than Ohio (8,500) as well as the U.S. (5,400). Some related factors, like suicide, infant and child mortality contribute. Rates for these factors are much higher than state and national statistics.

**Table 4:** Premature Death in Fayette County, Ohio

	Fayette County	Ohio	U.S.
Premature death rate <sup>1</sup>	12,000	8,500	5,400
Drug Overdose Death	12 <sup>2</sup>	38 per 100k	70,630 <sup>3</sup>
Motor Vehicle Crash (fatal)	3 <sup>4</sup>	1,202 <sup>4</sup>	36,096 <sup>5</sup>
Child Mortality	2 <sup>6</sup>	40	60

**Sources:** County Health Rankings, 2021<sup>1</sup>; Fayette County Sheriff's Office, 2020 data <sup>2</sup>; National Center on Health Statistics, CDC WONDER<sup>3</sup>; Ohio Department of Public Safety, 2021 crash fatality data<sup>4</sup>; National Center for Statistics and Analysis. (2020, October). Preview of motor vehicle traffic fatalities in 2019 (Research Note. Report No. DOT HS 813 021). National Highway Traffic Safety Administration. Available at <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813021><sup>5</sup>; Fayette County Health Dept, 2020 data<sup>6</sup>

### Leading Causes of Death

The three leading causes of death in Fayette County are heart disease, cancer (all kinds), chronic lower respiratory diseases and unintentional injuries. The rate of death for each of these conditions is significantly higher than state and national averages.

**Table 5:** Leading Causes of Death, Fayette County, OH

Age-Adjusted Cause of Death (rate per 100,000)	Fayette County <sup>1</sup> per 100,000	Ohio <sup>2</sup>	U.S. <sup>3</sup>
<b>Heart Disease</b>	288.3	187.5	161.5
<b>Cancer</b>	219.4	171.2	146.2
<i>Trachea, Bronchus and Lung Cancer</i>	68.1	50.3	40.9
<i>Prostate Cancer</i>	10.9	19	7.8
<i>Colorectal Cancer</i>	17.2	15.7	14.3
<i>Breast Cancer</i>	29.2	22.4	11.4
<b>Unintentional Injury</b>	65.4	56.3	49.3
<b>Chronic Lower Respiratory Diseases</b>	73.5	48.9	38.2
<b>Stroke</b>	42	40.9	37
<b>Diabetes</b>	25.7	25.4	21.6
<b>Total Death Rate</b>	1,059.8	824.9	869.7

**Sources:** Ohio Public Health Data Warehouse (OPHDW); 2007-present<sup>1</sup>; Centers for Disease Control and Prevention, 2012-2017, CDC Wonder, 2012-2017, obtained from: <https://wonder.cdc.gov/><sup>2</sup>; CDC Mortality in the U.S., 2019 <https://www.cdc.gov/nchs/products/databriefs/db395.htm><sup>3</sup>

## POPULATION HEALTH

The prevalence of certain health conditions as well as disease can provide insight to leading causes of death in a population in a particular region. They can also indicate what health behaviors are most prevalent among a population.

### **Obesity and Related Issues**

Nearly 42% of Fayette County's adult residents have been identified by a medical professional as being obese. Obesity rates are higher than state (21%) and national averages (31%). The percentage of the population with other health conditions – diabetes and heart disease – is also higher than state and national averages.

**Table 6:** Obesity, Diabetes and Heart Disease in Fayette County

Illness and Disease	Fayette County	Ohio	U.S.
Obese <sup>1</sup>	41.7%	21%	31%
Diabetes <sup>1</sup>	13%	12%	8%
Heart Disease <sup>2</sup>	9.5%	7.55%	6.7% <sup>3</sup>

*Sources:* County Health Rankings, 2021<sup>1</sup>; Ohio Department of Health, data request of BRFSS, Centers for Disease Control and Prevention, BRFSS results<sup>2</sup>; U.S. CDC<sup>3</sup>

### **Respiratory Issues**

Pulmonary and respiratory issues are prevalent in Fayette County, exceeding state and national averages. Nearly 18% of the population experiences asthma, which is considerably higher than state (11.1%) and national (7.8%) averages. Chronic Obstructive Pulmonary Disease (COPD) prevalence is also considerably higher than state and national averages.

**Table 7:** Asthma and COPD in Fayette County

Illness and Disease	Fayette County	Ohio	U.S.
Asthma	17.9%	11.1%	7.8%
COPD	18.4%	9%	4.6%

*Source:* Ohio Department of Health, data request of BRFSS, Centers for Disease Control and Prevention, BRFSS results

## Cancer

Of all cases of cancer in Fayette County, breast cancer, lung and prostate cancer are most often reported. The rate of breast cancer occurrence in Fayette County is 127.9, slightly higher than state (127.4) and national (126) averages. The rates of prostate cancer (74.9), while one of the leading cancers, are less than state (103) and national (112.6) averages. The incidences of lung and cervical cancer however, are considerably higher than state and national averages.

**Table 8:** Fayette County Cancer Incidence Rates per 100,000 (2019)

Forms of Cancer	Fayette County	Ohio	U.S.
Breast Cancer	127.9	127.4	126.0
Cervical	19.3	7.6	7.4
Lung Cancer	84.1	68.5	54.6
Colon and Rectum	41.5	41.5	39.4
Prostate	74.1	103	112.6
Ovarian	10.8	11	11.6
Testicular	9.9	5.8	5.7
Oral Cavity & Pharynx	14.1	11.8	11.3
Larynx	4.5	4	3.0
Esophagus	7.1	5.2	4.2
Brain	6.6	7.1	6.4

**Source:** Fayette County Cancer Profile from ODH: [https://odh.ohio.gov/wps/wcm/connect/gov/68f37f2b-4467-4522-ba66-bc362331b0c4/Fayette+County+Cancer+Profile.pdf?MOD=AJPERES&CONVERT\\_TO=url&CACHEID=ROOTWORKSPACE.Z18\\_M1HGGIK0N0JO00QO9DDDDM3000-68f37f2b-4467-4522-ba66-bc362331b0c4-mLS1135#:~:text=Lung%20and%20bronchus%20cancer%20was,34.2%20percent%20of%20cancer%20deaths](https://odh.ohio.gov/wps/wcm/connect/gov/68f37f2b-4467-4522-ba66-bc362331b0c4/Fayette+County+Cancer+Profile.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-68f37f2b-4467-4522-ba66-bc362331b0c4-mLS1135#:~:text=Lung%20and%20bronchus%20cancer%20was,34.2%20percent%20of%20cancer%20deaths)

*bc362331b0c4/Fayette+County+Cancer+Profile.pdf?MOD=AJPERES&CONVERT\_TO=url&CACHEID=ROOTWORKSPACE.Z18\_M1HGGIK0N0JO00QO9DDDDM3000-68f37f2b-4467-4522-ba66-bc362331b0c4-mLS1135#:~:text=Lung%20and%20bronchus%20cancer%20was,34.2%20percent%20of%20cancer%20deaths.*

## Sexually Transmitted Disease

The overall rate of occurrence for sexually transmitted disease in Fayette County, Ohio is considerably lower than state and national averages. Hepatitis C rates are below state and national averages. However, Hepatitis A has been on “outbreak status” with state and national numbers at higher than normal averages. As of Dec. 27, 2021, Fayette County remained at a low rate of 13 cases of Hepatitis A.

**Table 9:** Fayette County Sexually Transmitted Disease Incidence Rates (2018-2019)

Sexually Transmitted Diseases <sub>1</sub>	Fayette County	Ohio	U.S.
Chlamydia per 100,000	233.8	561.9	497.3
Gonorrhea per 100,000	48.9	224	174.0
HIV infection rate per 100,000	3.3	8.3	365.5
Hepatitis C total cases	139.1	158.7	3,621
Hepatitis A total cases <sub>2</sub>	13 cases	3,761 cases	27,000

**Sources:** Centers for Disease Control and Prevention, National Centers for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2016, obtained from: <https://www.cdc.gov/nchhstp/atlas/index.htm>; Ohio Dept. of Health, Outbreak Response and Bioterrorism Investigation Team, Bureau of Infectious Diseases (2021)<sub>2</sub>



### Maternal Health

The rate of low birth weights in Fayette County are slightly higher than the state average. The rate of smoking during pregnancy is higher (11.7%) than the rest of Ohio (10.1%). The number of women receiving prenatal care within their first trimester of pregnancy is also similar to the rest of Ohio.

**Table 10:** Maternal Health in Fayette County

Maternal Health <sup>1</sup>	Fayette County	Ohio
Low Birth Weight	8.1%	7.1%
Very Low Birth Weight	1%	1.4%
Pre-term Birth (before 37 weeks)	9.8%	10.3%
First Trimester Prenatal	74.5%	76.1%
Unmarried	58%	42%
Smoking During Pregnancy (2019) <sup>2</sup>	11.7%	10.1%

**Sources:** Ohio Department of Health, Data Warehouse 2019<sup>1</sup>; Ohio Department of Health, Ohio State Health Assessment<sup>2</sup>

[https://analytics.das.ohio.gov/t/ODHPI/PUB/views/SHA\\_DRAFT\\_Domain\\_PopHealth/10\\_PopHealth?&linktarget=self&isGuestRedirectFromVizportal=y&embed=y](https://analytics.das.ohio.gov/t/ODHPI/PUB/views/SHA_DRAFT_Domain_PopHealth/10_PopHealth?&linktarget=self&isGuestRedirectFromVizportal=y&embed=y)

### Birth Rate

The total rate of birth in Fayette County is similar to the state average and slightly below national average. The rate of teen births per 100,000 is significantly higher than the state and national rates.

**Table 11:** Birth Rates in Fayette County (2019)

Birth Rates	Fayette County <sup>1</sup>	Ohio <sup>1</sup>	U.S. <sup>2</sup>
Total Births	680	258,386	4,035,432
Teen Birth Rates (Ages 15-19)	47	14,647	197,980

**Sources:** Ohio Department of Health, Vital Statistics 2019<sup>1</sup>; US Census, ACS 5-year estimate, Table B13002<sup>2</sup>

### Child Health

A total of 546 Fayette County-children were screened for lead exposure in 2019, with close to 2% of those tested showing elevated blood levels.

**Table 12:** Child Health in Fayette County

Child Health	Fayette County	Ohio	U.S.
Children lead screened	546	165,832	N/A
Percentage of those with elevated blood levels	1.8% (10/536)	4.2% (4502/106908)	N/A

**Source:** Ohio Department of Health, Data Warehouse 2019

## Oral Health

According to the Ohio State Dental Board, there are only eight licensed dentists practicing in Fayette County. That accounts for one dentist for each 2,730 people, compared to an average of one dentist per 1,567 people in Ohio. In Fayette County, 58.5% of the population has access to dental insurance coverage, compared to 67.4% of those with coverage in the state of Ohio.

**Table 13:** Oral Health for Children in Fayette County

Oral Health	Fayette County <sub>1</sub>	Ohio <sub>1</sub>	U.S. <sub>2</sub>
Percentage of children with untreated cavities	30%	17%	15%
Percentage of children with one or more dental sealants	45.8%	49%	43%
Percent of children with a history of tooth decay	60%	51%	43.1%

*Sources:* Ohio Department of Health, 2015-2016<sub>1</sub>; Centers for Disease Control, 2016<sub>2</sub>

## Health Behaviors

The prevalence of certain health behaviors can serve as early indicators for a number of health conditions and diseases, as well some causes of death. Nutrition, fitness, and other behaviors for Fayette County were researched from public health information, as well as surveyed within the population. According to data from the Centers for Disease Control, more than 36% of Fayette County residents are not engaging in enough intentional physical activity. Excessive alcohol consumption is not as high as other parts of Ohio and the U.S. but smoking prevalence continues to be higher.

**Table 14:** Health Behaviors in Fayette County

Health Behaviors	Fayette County	Ohio	U.S.
Physical Inactivity	36%	16%	19%
Fruit/Vegetable Consumption Not Consuming Fruit Daily	Not provided	37.7%	36.6%
Not Consuming Vegetables Daily	Not provided	18.7%	18.1%
Excessive Drinking	2.9%	6.5%	13%
Current Smokers	38.4%	20.8%	16.3%
COVID Vaccination	42%	57%	62%

*Sources:* CDC BRFSS Data, as compiled by County Health Rankings, 2019, [ibisworld.com/industry-statistics/number-of-businesses/fast-food-restaurants-in-ohio-united-states](https://ibisworld.com/industry-statistics/number-of-businesses/fast-food-restaurants-in-ohio-united-states)

As with many places in the U.S., it is easier to find a fast food meal than a nutrient-rich fresh meal. In fact, Fayette County is ranked the #1<sub>1</sub> county in Ohio with the highest number of fast food restaurants (32). The county is home to 1.11 fast food establishments for every 1,000 people. The county has 14 food pantries; 3 fitness facilities; and 11 grocery stores that offer fresh produce.

## ***Injury***

Closer review reveals drug overdoses and traffic fatalities being the majority of those deaths. Local data is collected through the Fayette County Coroner's Office, Fayette County Health District and the local State Highway Patrol Outpost.

### ***Drug Overdose Deaths***

The rate of drug overdoses in general is 55 per 100,000 in Fayette County, compared to 38 per 100,000 for the state of Ohio. Death by drug overdose is the leading unintentional cause of death in Fayette County. In 2019, eleven (11) drug overdose deaths were recorded in Fayette County; and 4,028 drug overdose deaths in Ohio. The average age-adjusted rate of overdose fatalities was 36.4 years old.

**Table 15:** Overdose Fatalities, Fayette County, Ohio

2019 Overdose Fatalities	Fayette Co.	Ohio
Drug related deaths total	11 (12 fatal OD in 2020) <sub>2</sub>	4,028
Fentanyl involved deaths	4	76.2%
Addiction treatment paid by Medicaid	1.04%	28%

**Source:** Ohio Public Health Information Warehouse, Ohio Department of Health<sub>2</sub>; Fayette County Sheriff's Office<sub>2</sub>

### ***Traffic Safety***

In 2019 through 2021, traffic fatalities contributed to accidental death. Most fatalities were due to drivers not wearing seat belts. This trend appears to be continuing with 50% of traffic fatalities involving unbelted drivers in 2021. Preliminary data from the Ohio State Highway Patrol indicates the trend continues to worsen.

**Table 16:** Unrestrained Traffic Fatalities, Fayette County, Ohio

Fatalities	2019	2020	2021
Rural	6	5	4
Urban	0	1	0
OVI related	2	5	2
Commercial related	2	1	0
Motorcycle related	2	0	0
<b>Total</b>	<b>6</b>	<b>6</b>	<b>4</b>

**Source:** Ohio State Highway Patrol, 2019

## ACCESS TO HEALTH CARE

The Fayette County community has one critical access hospital (Adena Fayette Medical Center) serving the broader community and is within approximately 25 mile radius of two regional medical centers – Adena Regional Medical Center (ARMC) to the east and Highland District Hospital to the southwest. A regional medical center dedicated to serving veterans (Chillicothe VA Medical Center) is also located approximately 25 miles to the east. The critical access hospital and all other facilities in the region have emergency departments. ARMC in Chillicothe also has an inpatient psychiatric unit. The community also has two community health clinics and a free clinic located at the Fayette County Health Department.



Adena Fayette Medical Center - MOB 2

### Healthcare System Utilization

There is one hospital in Fayette County, Adena Fayette Medical Center (formerly Fayette County Memorial Hospital). The 25-bed facility has a Critical Access Hospital designation, providing emergency services, inpatient and outpatient care. The following provides information utilization of services at the local hospital.

**Table 17:** Local Hospital Utilization

Services	2020 Utilization
Inpatient Hospital Utilization	122
Emergency Department Utilization	654

**Source:** IP/ED Discharges - OHA Insight, CY 2020

### Healthcare Service Access

Fayette County has a medically underserved area (MUA) designation, as well as a partial medically underserved population (MUP). This is due to the limited number of providers, those who access healthcare with Medicaid and the geography as a rural county. The area is considered a healthcare provider shortage area (HPSA) for primary care, oral health and mental health due to limited access for services.

**Table 18:** Healthcare Availability in Fayette County

Service Access	MUA/MUP	HPSA Primary Care	HPSA Oral Health	HPSA Mental Health
Fayette County	Partial	Whole Low Income Population, and Facilities	Whole Low Income Population and Facilities	Geographic Area and Facilities

**Source:** U.S Department of Health of Health and Human Services, Health Professional Shortage Area Find, 2019

**Healthcare Provider Access: Primary, Oral and Mental Health Care**

Traditionally, Fayette County has had limited capacity to provide healthcare services for its population. There are currently 1,820:1 patients for every primary care physician, while under the responsibility of the physician, there are 157 advanced practice nurses<sup>3</sup> supporting these primary care efforts. With just eight dentists in the county, there are 2,700 patients for every dentist; and Fayette County currently has one licensed psychiatrist to serve the county of nearly 28,000 people. However, there are some additional resources for mental health care, depending on the need of the patient. Fayette County has 16 licensed social workers<sup>4</sup> and 47 licensed chemical counselors<sup>5</sup> practicing.

**Table 19:** Healthcare Provider Access in Fayette County

Provider Access	Fayette County	Ohio	U.S.
<b>Patient to Provider Ratio</b>			<b>Top U.S. Performers</b>
Primary Care Physician <sup>1</sup>	1,820:1	1,300:1	1,050:1
Oral Health Care <sup>2</sup>	2,700:1	1,620:1	1,260:1
Mental Health Care <sup>1</sup>	27,842:1	470:1	310:1

**Sources:** Ohio State Medical Board<sup>1</sup>; Ohio State Dental Board<sup>2</sup>; Ohio Board of Nursing<sup>3</sup>; Counselor and Social Worker Board of Ohio<sup>4</sup>; Ohio Chemical Dependency Professionals Boards<sup>5</sup>



### Insurance Coverage

About 8% of the total Fayette County population does not have health insurance, which is higher than the state average (7.4%) but comparable to the national average. Five-percent of children in the county do not have insurance, which is on par with state and national averages, also around 5%.

**Table 20:** Health Care Insurance Coverage in Fayette County

Healthcare Access	Fayette County	Ohio	U.S.
<b>Insurance</b>			
Total population without health insurance (under age 65) <sup>1</sup>	8%	7.4%	10.5%
Children without health insurance (under the age of 19) <sup>1</sup>	5%	4.6%	5.7%
<b>Medicaid</b>			
Insured population using Medicaid <sup>1</sup>	27.6%	21%	35.8%
Children under 18 using Medicaid <sup>1</sup>	45.9%	36.8%	38.6%
Medicaid Births	<i>no birth ctr in county</i>	51.8%	47.8%

**Source:** U.S. Census Bureau's American Community Survey (ACS), 5-year estimates, Table S2704<sub>1</sub>,

## PUBLIC HEALTH AND PREVENTION

A communicable disease is an illness caused by microorganisms, such as bacteria, viruses, parasites, and fungi. The route of transmission varies by disease and may include direct contact with contaminated body fluids or excretions, contact with contaminated objects, inhalation of contaminated airborne particles, ingestion of contaminated food or water, or transmission from an animal or vector (re: arthropod) carrying the microorganism (CDC, 2019).

Communicable diseases that are of high public health concern, including the 2019 Novel Coronavirus, are reportable to the Fayette County Health District for investigation. The majority of reportable diseases can spread rapidly and cause outbreaks, resulting in widespread and potentially severe illness in the community. In Ohio, these diseases are reported to local health district according to the Ohio Administrative Code (OAC) Chapter 3701-3 (OAC, 2019).

The Fayette General Health District is responsible for the surveillance and investigation of over 100 different communicable diseases. These are reported through a variety of sources including laboratories, physicians, hospitals, infection preventionists, school nurses, or any individual with knowledge of a person suffering from a disease that is expected to be communicable. Diseases are entered in the Ohio Disease Reporting System (ODRS) by the Healthcare Coalition's Infectious Disease Case Manager. This provides immediate access for ODH to document the distribution of disease in Ohio and to assist in identifying disease outbreaks occurring across the state (ODH, 2015).

In Fayette County, when communicable diseases are investigated and determined to be a threat to people and communities, the Fayette General Health District implements control measures, through health education/awareness, enforcement actions, and interventions to help reduce the spread of communicable diseases. With the arrival of COVID-19, like most communities, the risk of communicable disease became critical. Table 21 provides a summary of reports.

**Table 21:** Communicable Disease Reports January 2021-January 2022, Fayette County, Ohio

Communicable Disease Cases <sup>1</sup> in Fayette County <sup>2</sup> Jan. 2021 – Jan. 2022														
Table 1. Communicable Disease Cases <sup>1</sup> in Fayette County <sup>2</sup> from December 2020 through December 2021														
	2021												2022	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	C.I.
<b>Class A</b>														
COVID-19	551	188	68	43	47	18	50	336	728	382	527	785	1808	N/A
<b>Class B</b>														
Campylobacteriosis	---	---	---	4	1	2	2	2	2	3	---	---	---	4
Chlamydia	9	5	9	7	6	7	8	7	10	3	8	5	5	12
Carbapenemase-producing carbapenem-resistant <i>Enterobacteriaceae</i> (CP-CRE)	1	---	---	---	---	---	---	---	1	---	---	---	1	1
Cryptosporidiosis	2	---	---	---	---	---	---	---	---	1	---	---	---	1
Dengue	---	---	---	---	---	---	---	---	---	1	---	---	---	N/A
E. coli	---	---	---	---	---	---	---	---	---	---	---	---	1	1
Gonorrhea	3	2	2	1	1	3	---	2	1	3	1	---	1	3
Hepatitis A	---	---	---	---	---	---	1	---	---	---	---	1	---	1
Hepatitis B	---	---	1	---	---	---	1	1	1	1	---	---	---	6
Hepatitis B, Perinatal	1	---	---	---	1	---	---	---	---	---	---	---	---	1
Hepatitis C	3	2	3	3	2	1	2	1	1	6	1	---	5	9
Hepatitis C, Perinatal	---	---	---	---	1	---	---	---	---	---	---	---	---	N/A
Influenza associated hospitalization	---	---	---	---	---	---	---	---	---	---	---	2	---	N/A
Legionnaires' Disease	---	---	---	---	---	1	---	---	---	---	---	---	---	1
Meningitis, aseptic	---	---	---	---	---	---	---	---	1	---	---	---	---	---
Mumps	---	---	---	1	---	---	---	---	---	---	---	---	---	1
Salmonella	---	1	---	---	1	2	---	---	1	---	---	---	---	1
Shigellosis	---	---	---	---	---	2	---	---	---	---	---	---	---	N/A
Syphilis	---	---	---	---	---	---	1	---	---	---	---	2	---	N/A
Tuberculosis	---	---	---	---	---	---	---	1	---	---	---	---	---	N/A
Varicella	---	---	1	---	---	---	---	---	---	---	---	---	---	N/A
<b>Total</b>	<b>571</b>	<b>198</b>	<b>84</b>	<b>59</b>	<b>61</b>	<b>36</b>	<b>67</b>	<b>350</b>	<b>746</b>	<b>400</b>	<b>537</b>	<b>794</b>	<b>1821</b>	

<sup>1</sup>Case counts include confirmed, probable, and suspected disease classifications- only confirmed and probable COVID-19 cases are reported  
<sup>2</sup>Critical indicators (CI) or thresholds were calculated using the interquartile range method [3rd quartile + 1.5\*(3rd quartile-1st quartile) + 1]

Programs to promote health are coordinated for adults and youth in Fayette County Ohio. Table 22 provides a summary of programs promoted in 2021, as well as their engagement and reach.

**Table 22:** Fayette County Public and Community Health Promotion Programs

<b>Public and Community Health Promotion Programs</b>	
<b>Women, Infants and Children (WIC):</b> A nutrition education and supplemental food program for infants, children through age 4 and pregnant, postpartum and nursing mothers.	WIC services provided to 465 people in 2021
<b>Help Me Grow:</b> Provides expectant or new parents with the information, support, and encouragement they need through a voluntary, high-quality home visiting service. Goals of Help Me Grow, include: <ol style="list-style-type: none"> <li>1. Increase healthy pregnancies;</li> <li>2. Improve parenting confidence and competence;</li> <li>3. Increase family connectedness to community and social supports;</li> <li>4. Improve child health, development, and readiness.</li> </ol>	Services provided to 192 families in 2021.
<b>Senior Citizen Health Outreach:</b> Perform blood pressure checks and assessments through Fayette Co. Commission on Aging	Approximately 83 seniors received this service in 2020, and 86 in 2021. Lower than usual participation due to closure for COVID 19.
<b>Rolling Ripples:</b> Health Department works with employers in providing a free four-month weight loss and fitness program that involves teams of 4 or 5 people from agencies and businesses in the immediate Washington C.H. area.	63 individuals participated in the first session in 2019; 72 began the second session that was interrupted in March 2020 due to COVID-19.
<b>Fat Fighters:</b> An individual weight loss and fitness program that meets weekly, encourages participants to eat in a healthy manner, and to engage in exercise that is approved by their health care providers and suitable for them personally.	14 individuals participated in at least one or more weekly classes in 2021.
<b>Safe Sitters:</b> A one-day course to prepare youth 11-13 with the skills needed to care for children as a babysitter. The course covers safety, child care skills, first aid, and life and business skills.	28 youth participated in in session divided into two classes.
<b>Reproductive Health &amp; Wellness Outreach</b> (to homeless shelter, women's residential, etc)	Approximately 86 people were reached for this service in 2020, 89 in 2021.
<b>Adena Healthy Kids Summer Fun Challenge</b> (with Fayette County Libraries) integrates physical activity and nutrition education into the summer reading challenge.	More than 350 Fayette County children and adults participated in the challenge.



### **Public Health Funding**

To provide public health services in Fayette County, the financial support of the community is necessary. Funding sources for the health district include: grants, contracts, fees for services, and more.

### **Public Health Workforce and Accreditation**

According to the Ohio Revised Code, each local health district in Ohio must have become accredited by July 1, 2020. Failure to become accredited can result in loss of state and federal funds along with the potential of being absorbed by an accredited health district. The accreditation process is a very time demanding, labor intensive and expensive process that will require a total team effort to become accredited.

The Fayette County General Health District applied for ac-accreditation in October 2020, including the eight required work plans. The State of Ohio reviewed the plans in mid-2021, requesting additional documentation for some areas of the plan. Due to the ongoing pandemic, and continuing surges of illness and the need to respond with testing and vaccines, the County Health Department has requested an extension for its response.

## **SOCIAL AND ECONOMIC ENVIRONMENT**

The Fayette County region has many of the same socio-economic conditions prevalent in other rural communities in Ohio. Educational attainment is considerably lower than in other parts of the state and U.S., particularly for advanced education. Median individual and family income is also lower. The following provides a breakdown of education, employment, industry, occupations, income and poverty for Fayette County, and how it compares with the rest of Ohio and the U.S.

### **Education**

Nearly 14% of the adults in Fayette County have not graduated from high school. This percentage is higher than both Ohio (10.2%) and national (12.6%) averages. More than 11% of the population holds a Bachelor's degree or higher, which is significantly lower than state and national averages.

**Table 23:** Fayette County, Ohio Educational Attainment

Education Level (persons 25 years of age or older)	Fayette County	Ohio	U.S.
No High School Diploma <sub>1</sub>	13.9%	10.2%	12.6%
High School Graduate or higher <sub>2</sub>	31.46%	22.68%	27.3%
Bachelor's Degree or Higher <sub>2</sub>	11.3%	19.8%	30.9%

**Sources:** Ohio Office of Research, 2020 Fayette County Profile<sub>1</sub>; U.S. Census Bureau, ACS 5-year estimates, Table S1701<sub>2</sub>

## Employment

The unemployment rate in Fayette County (3.9%) is slightly lower than Ohio and the U.S. average. However, more half of the population is not in the workforce. This is higher than the state and national averages (36%).

**Table 24:** Fayette County Employment Data

Employment Status	Fayette County	Ohio	U.S.
Civilian Labor Force (16 years of age or older)	49.1%	63.1%	63.0%
Employed	48.6%	59.1%	58.9%
Unemployed	3.9%	4.1%	4.1%
Not in the workforce	51.9%	36.8%	36.6%

*Source: Ohio Department of Development, Office of Research, 2020 Fayette County Profile*

## Industry and Occupations

The private sector provides most of Fayette County's employment opportunities, with the goods-producing and service sectors providing more than 80% of those opportunities. Professional and business services provide the majority (35%) of the service sector jobs, while trade, transportation, and utilities occupations (25%), and education and health services (23%) also provide significant opportunities. The public sector also provides 1,439 jobs in Fayette County.



*YUSA, Washington CH, Photo courtesy: WCH Record Herald*

**Table 25:** Fayette County Economics

Industrial Sector	Occupations	Average Employment
<b>Private Sector</b>		<b>8,209</b>
<b>Goods Producing</b>	Natural Resources and Mining	122
	Construction	306
	Manufacturing	1767
<b>Service Providing</b>	Trade, Transportation and Utilities	4279
	Information	41
	Financial Services	432
	Professional and Business Services	594
	Education and Health Services	902
	Leisure and Hospitality	1,257
	Other Services	180
<b>Public Sector</b>		<b>1,671</b>
	Federal Government	49
	State Government	46
	Local Government	1,576

*Source: Ohio Department of Development, Office of Research, 2020*



Fayette Co. Industrial Park, Courtesy Fayette Co. Economic Development

### Income & Poverty

The per capita, median, and mean household incomes in Fayette County are lower than the state and U.S. averages. Poverty rates are also higher than the state and national average. More than 24% of Fayette County children are living at or below 100% of the Federal Poverty Level (FPL).

**Table 26:** Fayette County Income and Poverty Data

Income & Poverty	Fayette Co.	Ohio	U.S.
<b>Income</b>			
Per Capita Income <sub>1</sub>	\$27,886	\$33,281	\$35,672
Median Household Income <sub>1</sub>	\$57,181	\$72,439	\$68,703
<b>Poverty</b>			
Individuals Below Poverty Status (FPL 100%) <sub>1</sub>	16.2%	14%	14.6%
Children (under 18 years) Below Poverty Status (FPL 100%) <sub>1</sub>	24%	19.9%	20.3%
Children Eligible for Free/Reduced Lunch	52% <sub>2</sub>	45.3% <sub>3</sub>	52.1% <sub>3</sub>

**Sources:** U.S. Census Bureau, ACS 2015-2019, Tables S1901, 1903<sub>1</sub>; National Center for Educational Statistics 2015-2016, as compiled by 2018 County Health Rankings<sub>2</sub>; National Center for Education Statistics, 2015-2016, obtained from: [https://nces.ed.gov/programs/digest/d17/tables/dt17\\_204.10.asp?current=yes](https://nces.ed.gov/programs/digest/d17/tables/dt17_204.10.asp?current=yes)<sub>3</sub>

### Crime

The rate of both property crime and violent crime in Fayette County is significantly less than the rest of Ohio and the U.S. However, Fayette County's overall crime rate was Ohio's 4<sup>th</sup> highest in 2016.

**Table 27:** Crime in Fayette County

Crime	Fayette County	Ohio	U.S. <sub>2</sub>
Property Crime (rate per 100,000 population)	1125	299,357	2109.9 per 100k
Violent Crimes (rates per 100,000 population)	61	34,877	366.7 per 100k

**Sources:** <https://ohio.staterecords.org/arrests.php>, 2016<sub>1</sub>; Federal Bureau of Investigation<sub>2</sub>

## PHYSICAL ENVIRONMENT

Information on environmental and community factors - food, air, water, housing and crime - can provide insight into many of the underlying issues that impact the health of a community. Data on food and housing access and security, air and water quality, and safety was collected to inform on the basic needs of Fayette County residents.

### Air & Water Quality

Ambient air quality monitoring is identified as moderate in Fayette County, Ohio. Air quality could be unhealthy for sensitive groups of people with breathing problems. Water quality for communities in the county shows each “below reporting limit” when it comes to identified toxins or other contaminants. A toxics release inventory emissions inventory (TRI) is available from the Ohio EPA to provide some insight into what pollutants are disposed of and/or emitted in the community by local



industry, as well car emissions etc. Ohio EPA contact information is available at <https://epa.ohio.gov/wps/portal/gov/epa/help-center/contact-list/fayette>

### Food Access and Insecurity

The food insecurity experienced by Fayette County residents is higher than Ohio and the U.S. as a whole. Nearly 2,000 Fayette County households receive SNAP benefits. There is also less access to grocery stores with fresh foods for Fayette County residents.

**Table 28:** Food Access in Fayette County

Food Access	Fayette County	Ohio	U.S.
<b>Food Security</b>			
Food Insecure Population <sup>1</sup>	14.6% 4,190 people	14.5% <sup>1</sup>	12.9% <sup>1</sup>
Households receiving SNAP <sup>2</sup>	1,873	569,024	--
Number of Food Pantries	14	--	--
Grocery Store Access (establishment rate per 100,000 population) <sup>2</sup>	11	29.01	29.72
Fast Food Access (establishment rate per 100,000) <sup>2</sup>	32 establishments 1.11 per 100k	163.91	172.30

**Sources:** *Map the Meal Gap, 2019, Food Insecurity Rate, 2017, as obtained from:*

[https://public.tableau.com/profile/feeding.america.research#!/vizhome/2017StateWorkbook-](https://public.tableau.com/profile/feeding.america.research#!/vizhome/2017StateWorkbook-Public_15568266651950/CountyDetailDataPublic1)

[Public\\_15568266651950/CountyDetailDataPublic1](https://public.tableau.com/profile/feeding.america.research#!/vizhome/2017StateWorkbook-Public_15568266651950/CountyDetailDataPublic1); U.S. Census Bureau, 2013-2017 American Community Survey<sup>2</sup>

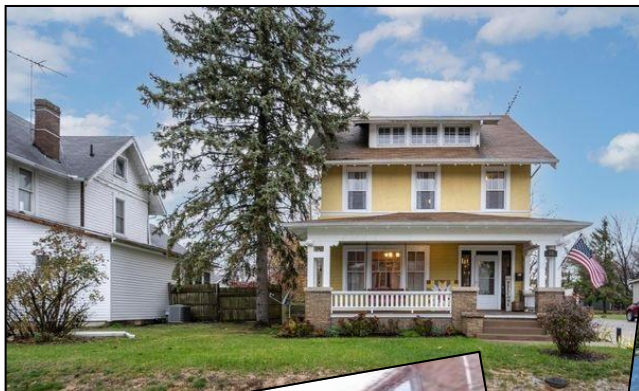
### Housing: Characteristics and Access

Fayette County’s percentage of homeowners (63.2%) is slightly lower than the rest of Ohio (66.1%), and in line with the U.S. (63.8%). Median gross rent is slightly lower than the state and well below national averages. A similar number of Fayette County, Ohio and U.S. households are burdened with the cost of housing (more than 30% of household income). More than 63% (7,642) of the housing units in Fayette County are owner occupied, and 35% are renter occupied.

**Table 29:** Housing Characteristics Fayette County

Housing Characteristics	Fayette County	Ohio	U.S.
Mortgage Average – Average Monthly Owner Cost with Mortgage <sub>1</sub>	\$1,061	\$1,247	\$1,515
Average Home Value – Owner-occupied units <sub>2</sub>	\$113,500	\$157,200	\$193,500
Homeownership <sub>2</sub>	63.2%	66.1%	63.8%
Number of Rentals <sub>2</sub>	4,131 (35.1%)	1,606,607 (34.9%)	42,992,786 (36.2%)
Average Gross Rent <sub>1</sub>	\$715	\$764	\$982
Average Home Age <sub>1</sub>	1969	1967	1970

**Sources:** Ohio Department of Development, Office of Research, Fayette County 2020<sub>1</sub>; U.S. Census Bureau, ACS 2015-19, 5-year profiles, Tables DP04, S2501, S1101<sub>2</sub>





## COMMUNITY INPUT

To inform the process, multiple methods of community input were sought for this community health assessment. It is important to note that not all rural communities understand the relevance or importance of providing input into a community health assessment process. Therefore, it can be difficult to obtain this information via some routes such as public comment.

## STAKEHOLDER INTERVIEWS SUMMARY

Ten of 15 community stakeholders participated in one-on-one interviews to share their thoughts on a variety of health-related topics affecting Fayette County. In summary, the respondents agreed that among the best things about Fayette County is the feel of being a tight-knit community, where people come together to support one another in times of need. Major challenges facing the community were listed as poverty, drug use, mental health problems/stigma, poor overall health among many in the community, COVID, and a shortage of workers to fill open jobs.

The need for more education about preventative health, the importance of nutrition in acquiring/maintaining good health and the value of regular visits to a primary care provider were common themes. Health concerns that affect the community as a whole included chronic illnesses such as diabetes, obesity, mental health and drug addiction. Transportation was mentioned by several as a barrier to people receiving the care they need, as was the lack of healthy food options and too many fast food restaurants.

## FOCUS GROUPS SUMMARY

Three focus groups were conducted as part of this portion of the 2021 community health assessment. The focus of the discussions related to health equity. Youth sports, farming and labor jobs were identified as what people in the community do to stay healthy. Barriers to staying well were identified as information is not readily available, cost of sports equipment, difficulty getting appointments with primary care providers, the lack of healthy restaurant options and the cost of healthy food at the grocery.

When identifying how respondents feel about their health care experiences, they identified difficulty seeing a provider they can maintain a relationship with who knows them and their family history. Providers are “spread so thin,” they are unable to spend time and listen to their patient; nor do providers “dig deep enough” to figure out what is at the root cause of the illness. Feel as if providers “just treat the symptoms.”

In terms of the community working together to improve health for everyone, respondents suggest: healthy meals that are accessible and ready to go; support groups for various conditions, including COVID 19 survivors and loss; later business hours for physicians and Health Department; and employers providing more flexibility to stay home when sick.

## ***PUBLIC SURVEY SUMMARY***

As part of the assessment process, the Fayette County Healthcare Coalition engaged the broader community in a public survey to gain more insight into factors that may be impacting the health of the county. Respondents were also asked for feedback about what the community needs to do in order to improve overall health. In addition, general questions related to demographics, education, income and social factors were asked; along with questions regarding environmental factors, health behaviors, and top community health needs.

The survey was made available for one month in electronic and paper form. The link to the electronic copy of the survey was shared on multiple social media and web sites.

A copy of the full survey response summary is located in the Appendix. The following highlights the most significant findings from the survey. The raw survey data will be made available to the public for in-depth analysis of specific topics of interest.

### **Public Survey Response - Snapshot**

**Total Surveys:** 535

**Gender:** 77% Female; 22% Male; 1% Other

**Race:**

- White	95.6%
- Black	1.9%
- Hispanic	0.76%
- Am. Indian or Alaska Native	0.38%
- Asian	Below 1%
- Other	1.13%

**Education:**

- 4-year degree or higher	49.8%
- Associates Degree	12%
- H.S. Diploma/GED/some college	34%
- No High School Diploma	2.8%

**Household Income (annual earnings):**

- \$100,000 or more	30.7%
- \$99,999-\$50,000	34.8%
- \$49,999-\$25,000	14.7%
- Under \$24,999 per year	10.6%
- Preferred not to answer	9%

**Children in the Home Younger than 18:**

- Yes	62.2%
- No	37.8%

**Poverty Status of Families with Children in Home:**

Families above poverty level 87.2%; Families below poverty level 12.8%.

- 49.4% of families below poverty level led by single female;
- 18.3% families below poverty level led by married couple;
- 8.3% families below poverty level led by single male.

**Insured Status:** Insured 94.7%; uninsured 5.3%

## 2021 FAYETTE COUNTY COMMUNITY HEALTH PUBLIC SURVEY HIGHLIGHTS



**Figure 7:** 2021 Fayette Co. Public Survey Highlights

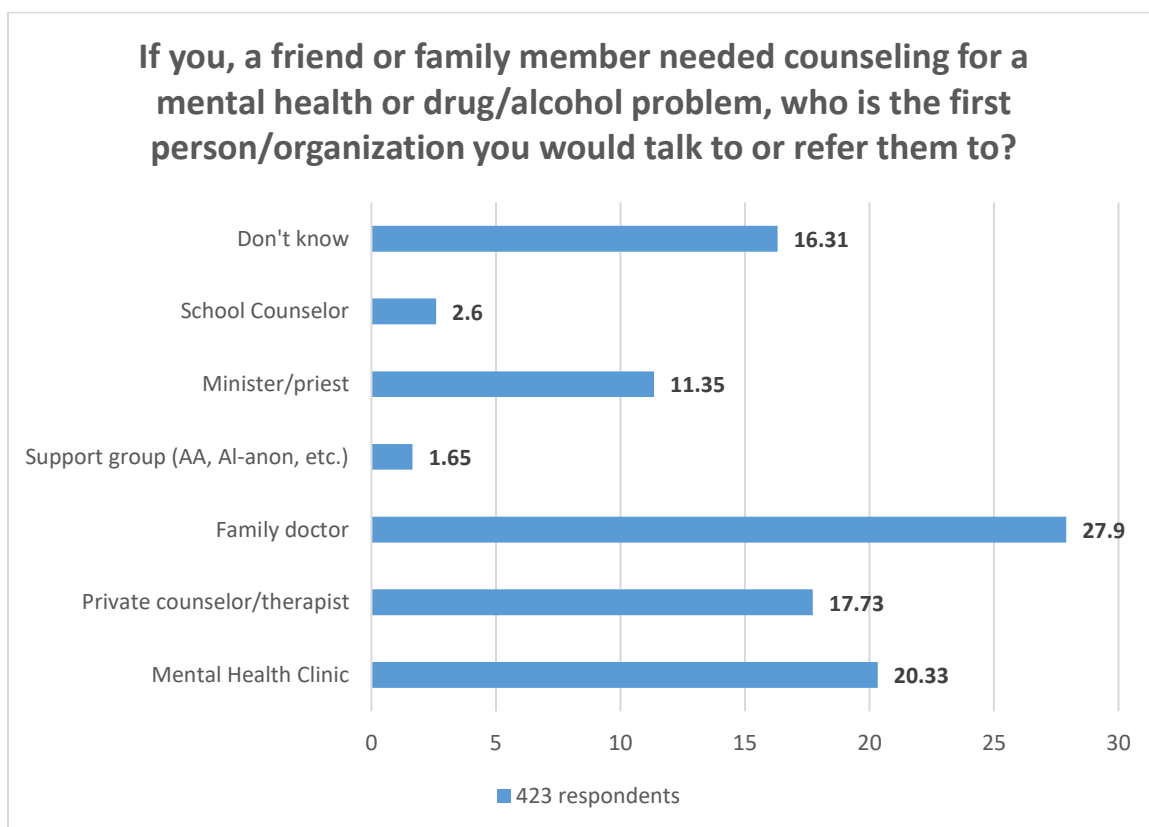


## Environmental Factors

Environmental factors have a significant impact on individual health and public health in general, and they are wide-ranging and diverse. A variety of questions related to personal and community factors were asked to identify critical indicators that may impact health.

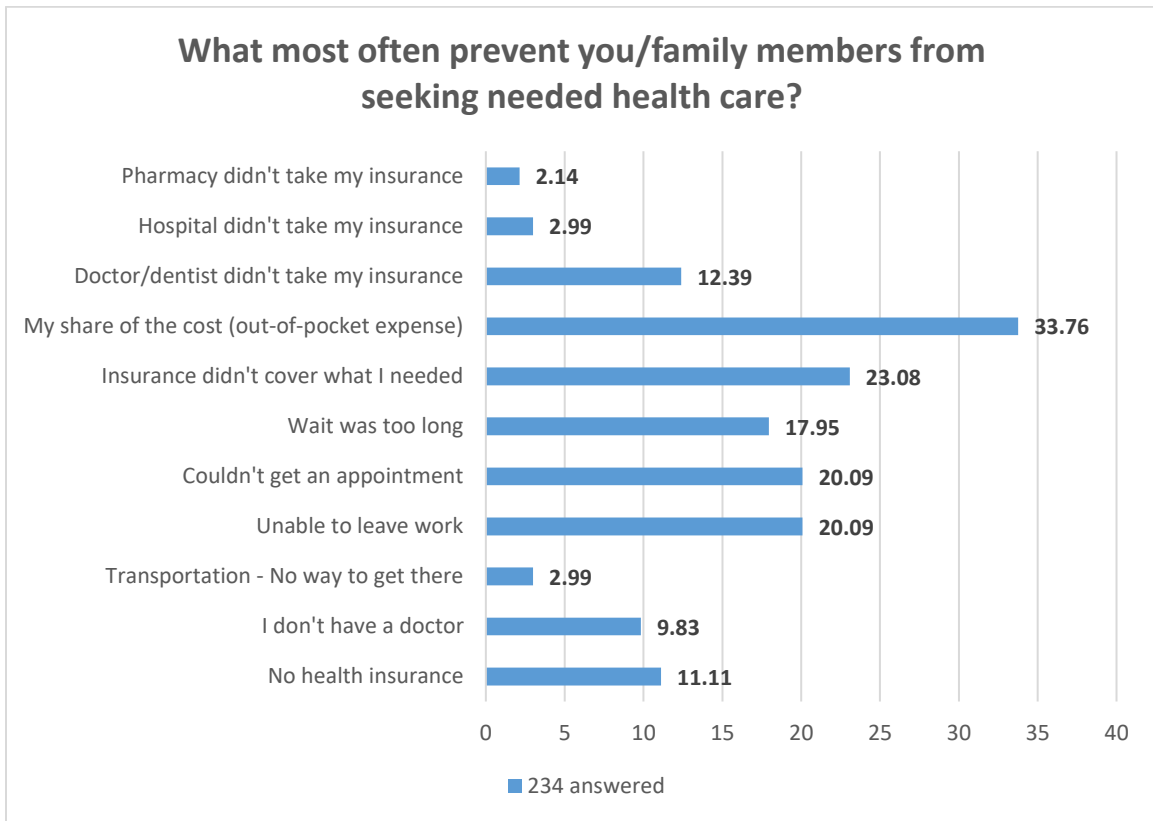
The most significant findings for environmental issues in Fayette County included drug abuse, interpersonal violence within and outside the home, and a lack of activities for children and families. Most believe drug abuse, cancer, obesity, and mental health are the primary health issues in the community.

In the 2021 Fayette County Community Health Needs Assessment, mental health is a prominent concern and/or health behavior that survey respondents identified as an area for concentration. Of those who responded, nearly **16% have thought about committing suicide, with 6% having attempted suicide in their lifetime**. There was no clear path to help or counseling identified with more than 16% admitting they do not know where to go for help in a mental health or drug/alcohol crisis.



**Figure 8:** 2021 Fayette County Public Survey Results – Mental Health Resources

Those surveyed in Fayette County, who reported “barriers to receiving health care” indicated the cost of care was the most significant reason for not receiving the care they needed.



**Figure 9:** 2021 Fayette County Public Survey Results - Barriers to Healthcare



### Health Behaviors and Experiences

Survey respondents were asked to report on their own health behaviors, along with what they experience as members of a broader community. Of those who reported they used tobacco or vaping products, more than 40% smoke some form of tobacco.

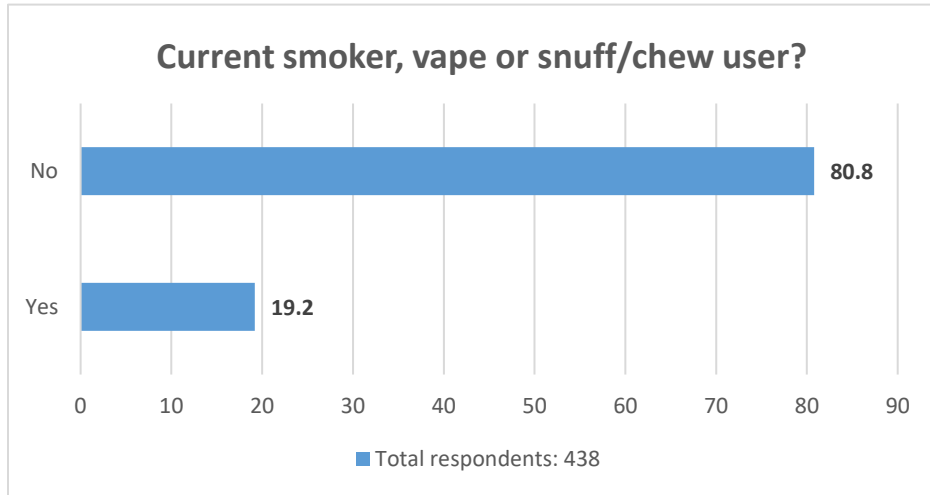


Figure 10: 2021 Fayette County Public Survey – Health Behaviors

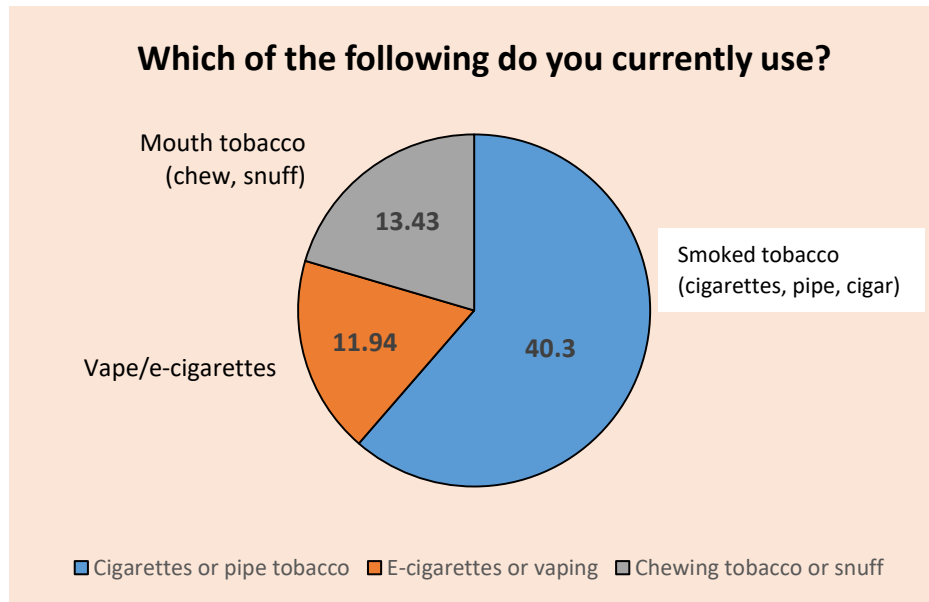


Figure 11: 2021 Fayette County Public Survey Results - Tobacco and Vaping Behaviors

Substance abuse is prevalent in the survey data for Fayette County and many other areas of south central Ohio. Of survey respondents, more than **82% report they have never used** any type of illicit drugs or opioid prescription medications. Those who admitted drug use stated:

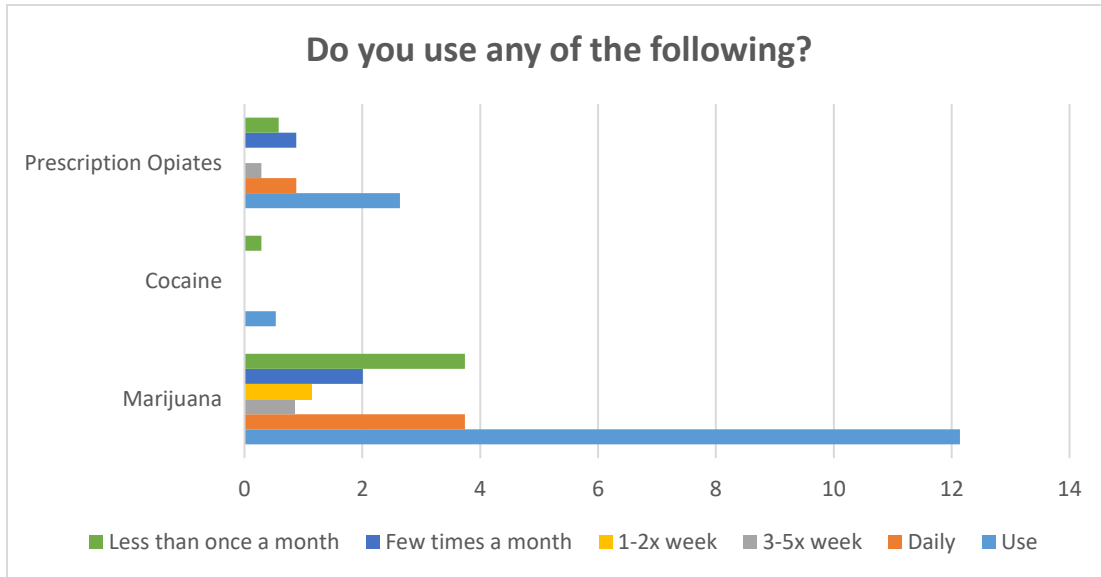


Figure 12: 2021 Fayette County Public Survey Results – Substance Use

Other **social determinants** of the overall health and wellbeing of those living in any community can come from the effects of the behavior of others, job loss or low wages, natural disaster and more. Abuse is an unfortunate underlying health behavior for many in the region.

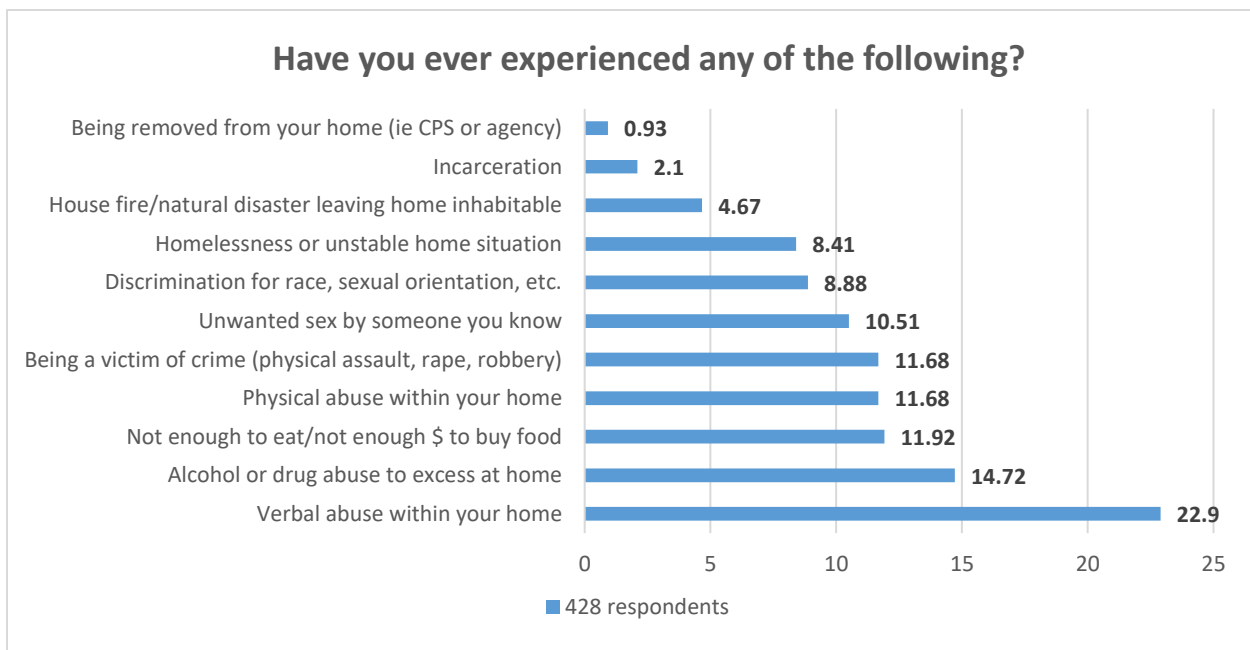


Figure 13: 2021 Fayette County Public Survey Results – Social Determinants

Health factors play a major role in the overall wellbeing of everyone. While good nutrition, not smoking, and getting adequate exercise are tools for optimal wellness, genetics and other predispositions to disease play a large role in our complete health. More than half of Fayette County survey respondents rate their overall health from very good to excellent.

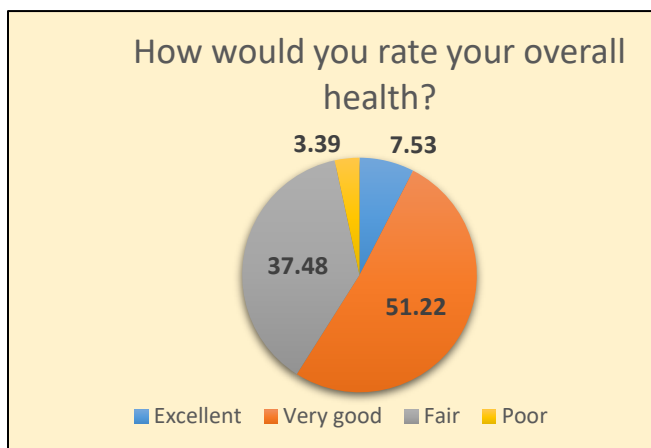


Figure 14: 2021 Fayette Co. Public Survey - Overall Health

Through the CHNA survey, Fayette County participants indicated the following as it relates to their health and conditions: Just over 7% currently have or have had cancer in the past. While regular screenings can catch cancer in its early stages, when it is most successfully treated, the majority of respondents, nearly 39% said they had not had a cancer screening in the past year. Additionally, women appear to be more diligent in keeping up with screens for cancers traditionally seen as “women” cancers (e.g. breast, cervical). In contrast, male-specific screenings (e.g. testicular, prostate) are far less prevalent in the data.

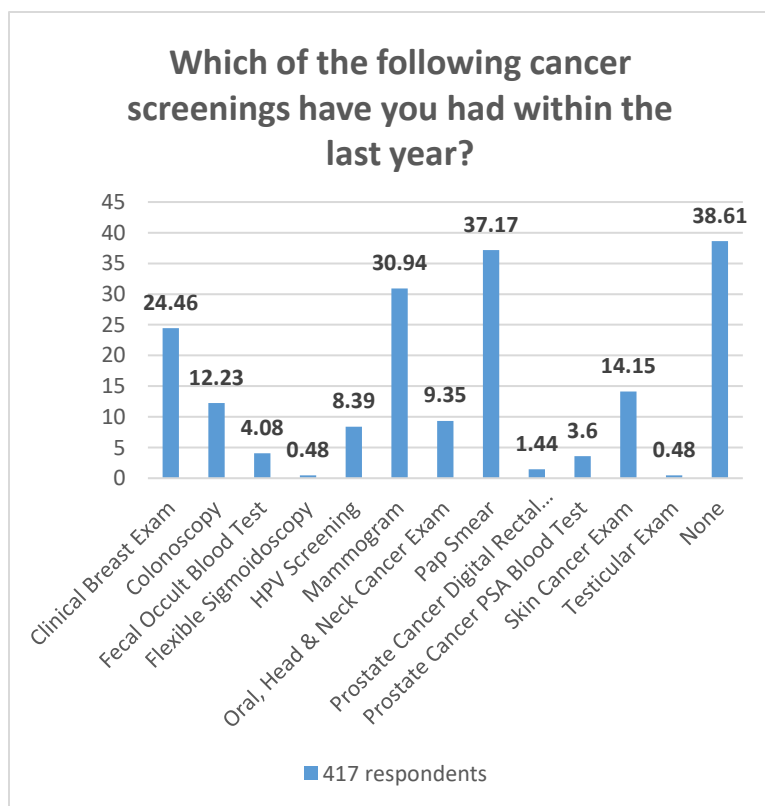
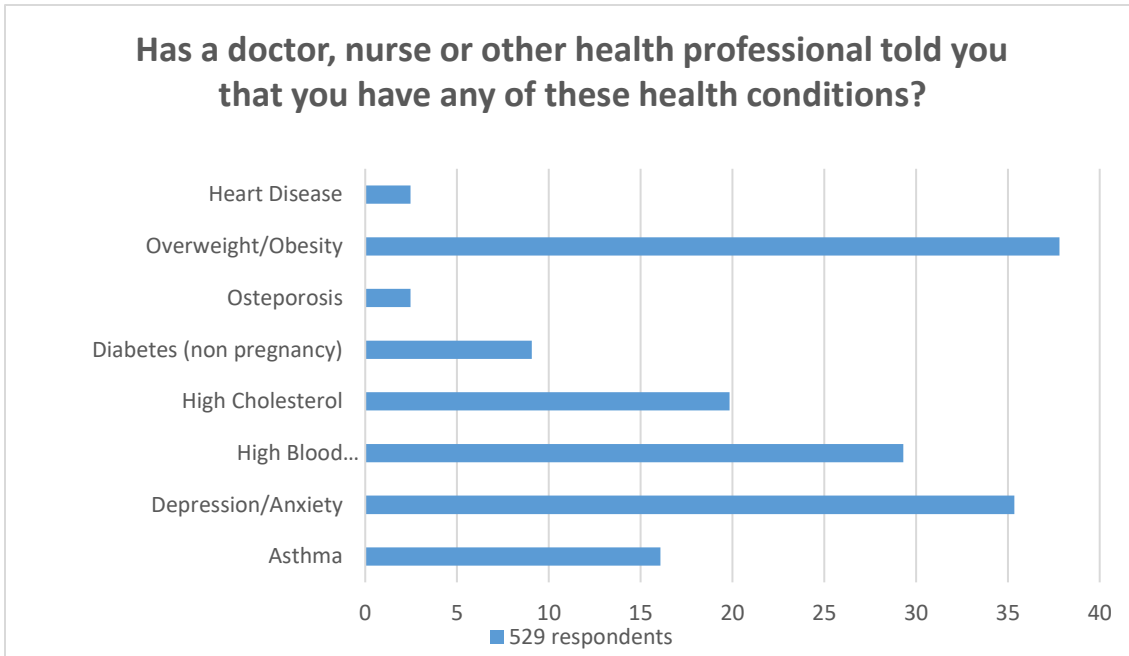


Figure 15: 2021 Fayette Co. Public Survey - Screenings

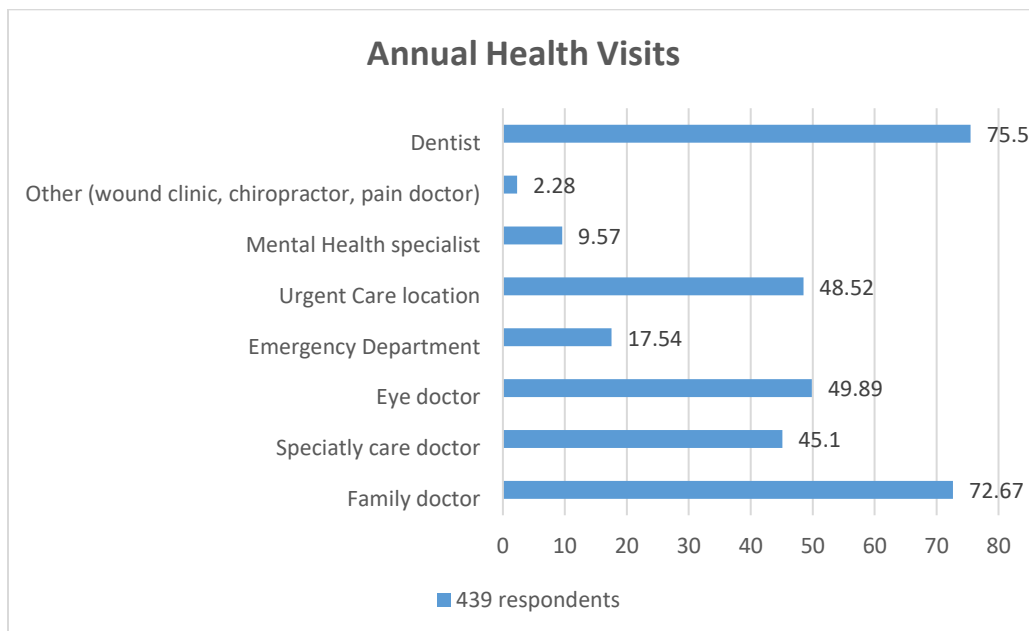
**A few reasons people gave for not having annual screenings:**

- “I’m too young.”
- “Just haven’t done it!”
- “Don’t look out for myself. Need to get better at this.”
- “I don’t like my doctor.” “I need a new doctor.”
- “COVID” (several mentions)
- “Afraid I will have something wrong, and I’m not sure I could handle it.”
- “My insurance doesn’t cover it.”
- “I feel good and simply do not like going to the doctor.”
- “I procrastinate.”
- “Didn’t know it was necessary.”
- “Not due for one this year.”
- “I don’t care because I feel fine.”

Other health conditions are also of concern when it comes to the overall health of people in Fayette County. Throughout the region, **obesity and mental health** are two of the most prominent conditions facing people today. There is also opportunity for preemptive health through annual wellness visits with primary care providers, dentists and eye doctors.

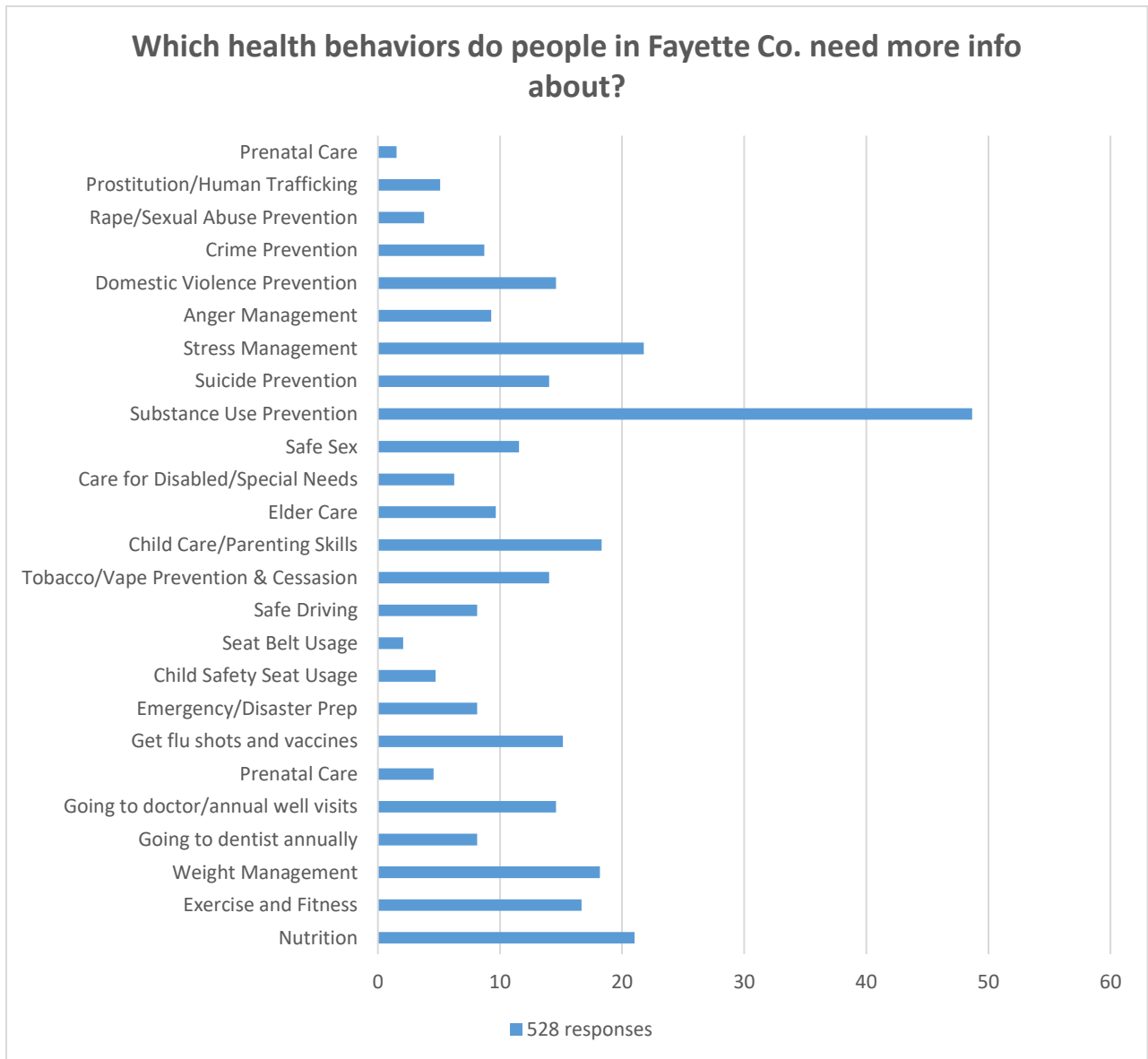


**Figure 16:** 2021 Fayette County Public Survey Results - Health Risks – Conditions

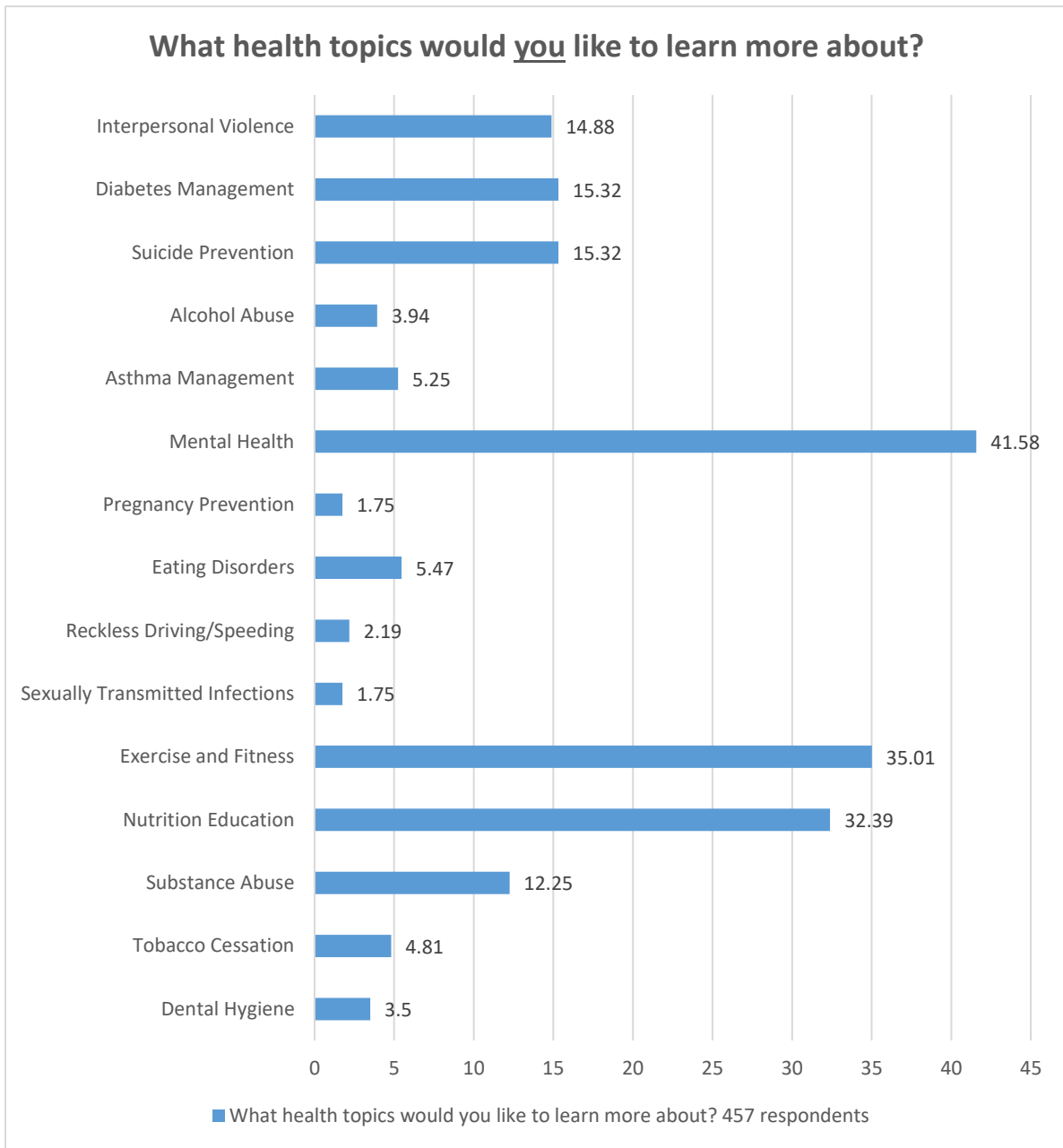


**Figure 17:** 2021 Fayette County Public Survey Results - Annual Health Visits

With an overall awareness of the health behaviors that affect life within their communities, Fayette County respondents have an interest in learning more about several health topics. These conditions or topics may influence the overall community, someone in their household or family, a friend or themselves.



**Figure 18:** 2021 Fayette County Public Survey Results – Health Behavior Education Needs



**Figure 19:** 2021 Fayette County Public Survey Results - Health Topic Education Needs



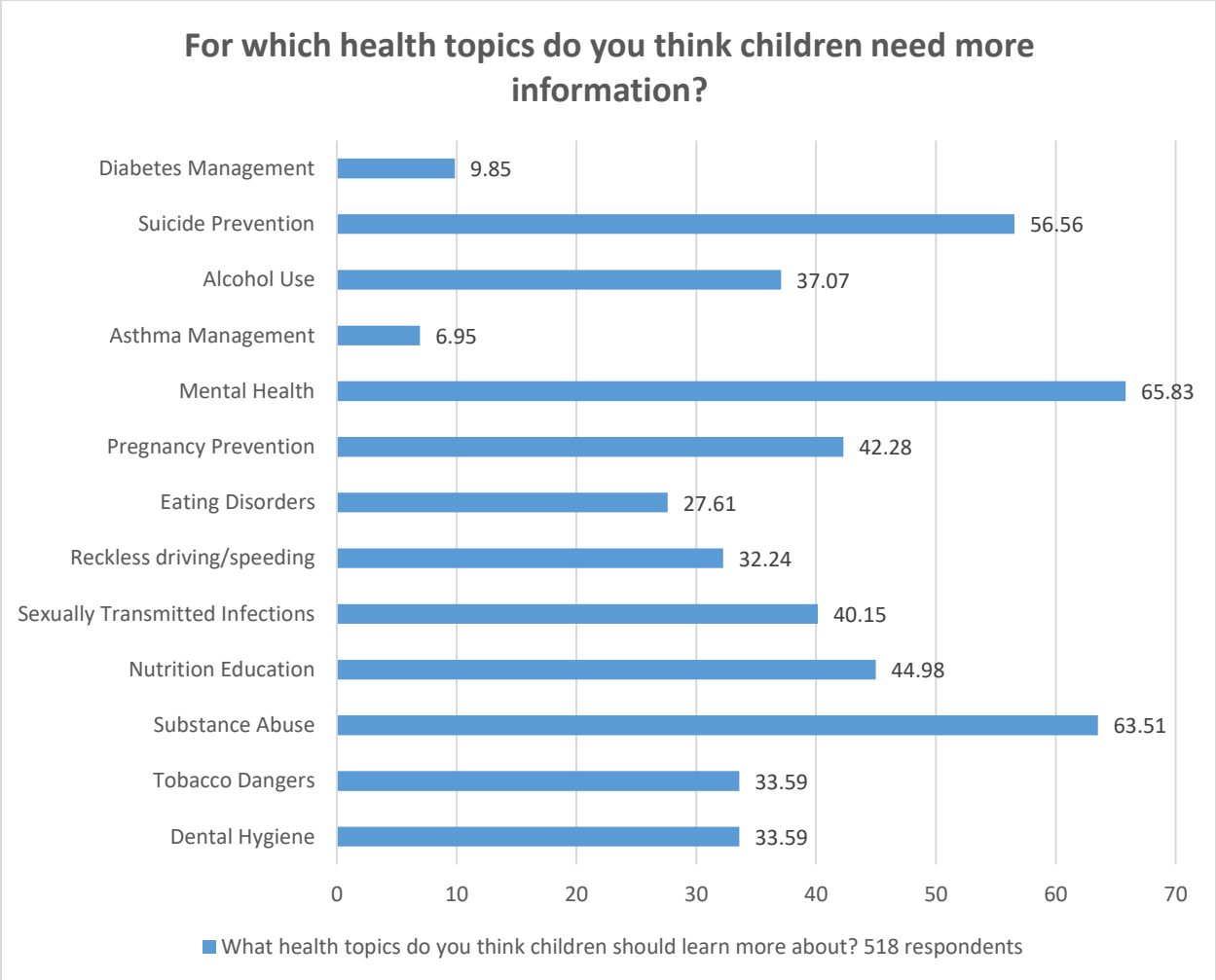
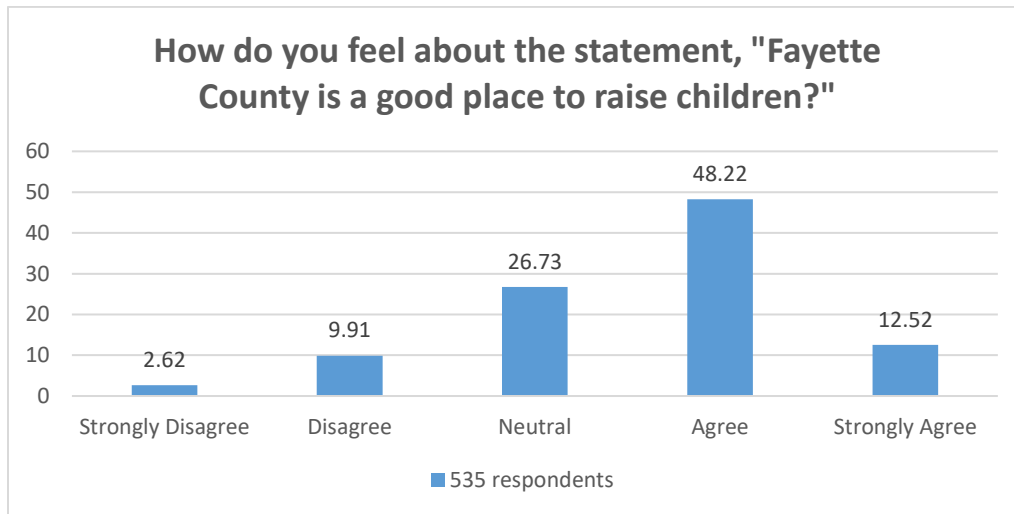


Figure 20: 2021 Fayette County Public Survey Results – Child Health Challenges



## Quality of Life Indicators

Survey respondents were also asked questions related to quality of life in Fayette County. These included questions on community conditions such as safety and resources. As a place to raise children, nearly 61% of respondents believe Fayette County is a good place to raise a family, more than 12% disagree the county is good for kids, while almost 27% had no opinion.



**Figure 21:** 2021 Fayette County Public Survey Results – Quality of Life

Reasons for disagreement with the statement included: lack of things to do for children and adults; low wage jobs/limited future work opportunities; intolerance for differences such as race and sexual orientation/LGBTQIA+ status; drug use in the area; limited options for child care; and more.

When it comes to life in Fayette County for seniors, almost half (49.14%) of survey respondents felt that “Fayette County is a good place to grow old,” 11.4% disagree with the statement, and almost 40% had no opinion.

Reasons stated for disagreement that the county is a good place to grow old included:

- Limited senior housing opportunities/lack of a 65 and older community
- More options needed for health care for the elderly
- Transportation services for seniors to get to health care
- Not enough activities for seniors



According to county profile data from the Ohio Department of Development’s Office of Research, Fayette County is home to **1,765 private sector employers** that include goods production and service providing businesses. Average private sector employment provides 59,421 jobs in Fayette County, with a median weekly wage of \$734. Public sector provides 1,671 federal, state and local government-funded jobs in the county.

Source: <https://devresearch.ohio.gov/files/research/C1025.pdf>

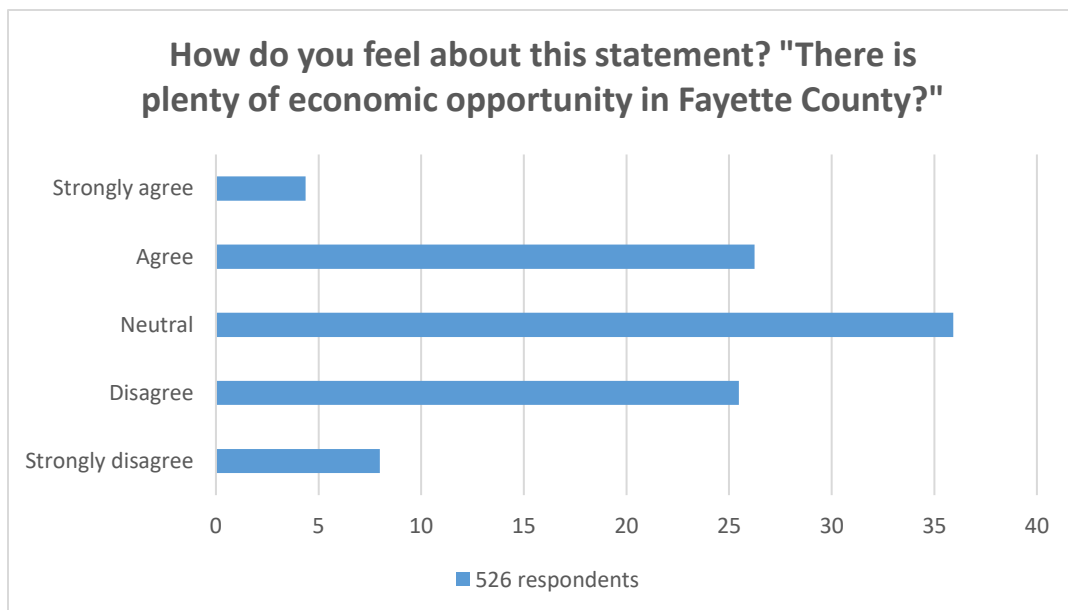
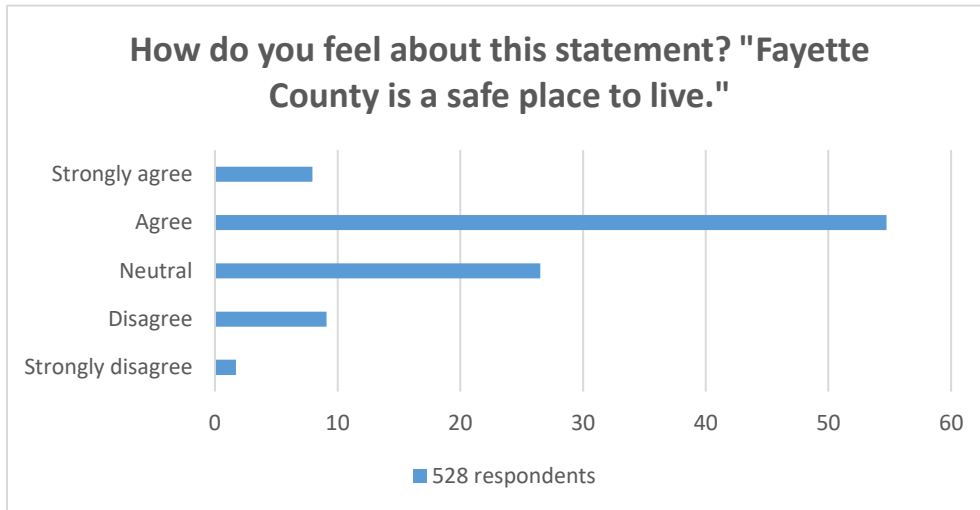


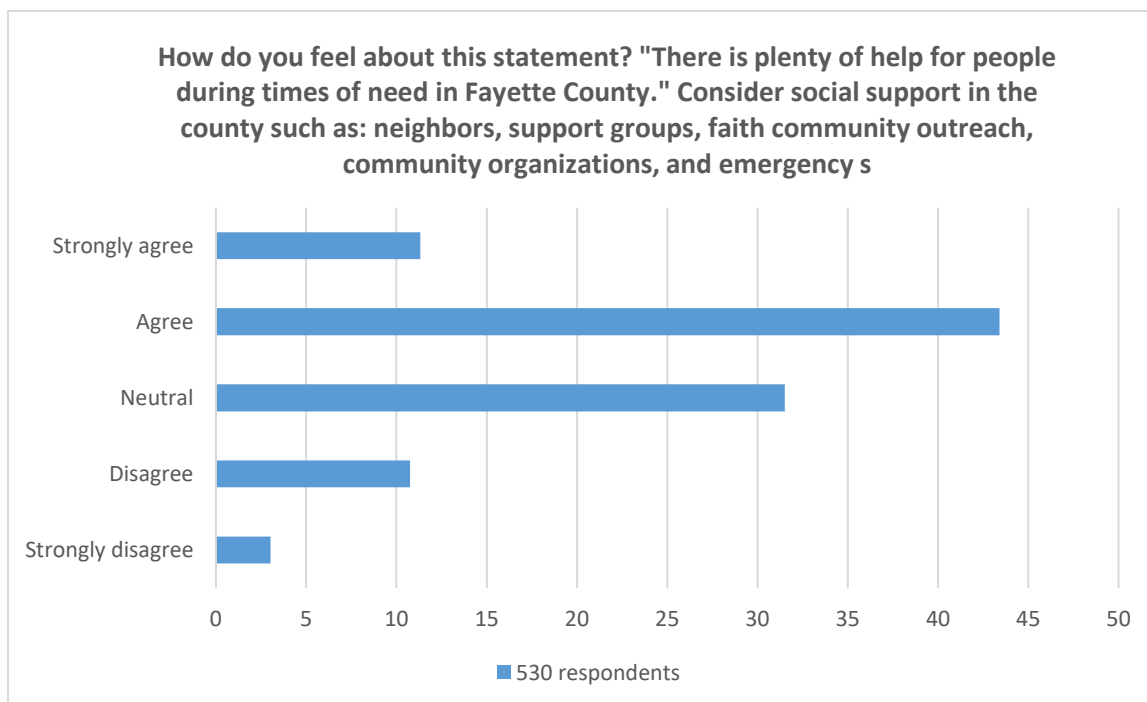
Figure 22: 2021 Fayette County Public Survey Results – Quality of Life – Economic Opportunity

Personal safety plays a significant role in a person’s overall health and wellbeing. More than 63% of respondents agree that Fayette County is a safe place to live, 11% feel the county is not safe, and more than 26.5% had no opinion.



**Figure 23:** 2021 Fayette County Public Survey Results – Quality of Life – Safety

During trying times, people rely on the support of close-to-home entities to help meet their immediate needs. More than half of all survey respondents feel Fayette County has a strong system of support for those in need.



**Figure 24:** 2021 Fayette County Public Survey Results – Quality of Life – Community Support

Looking at community issues that most affect quality of life, respondents identified the following:

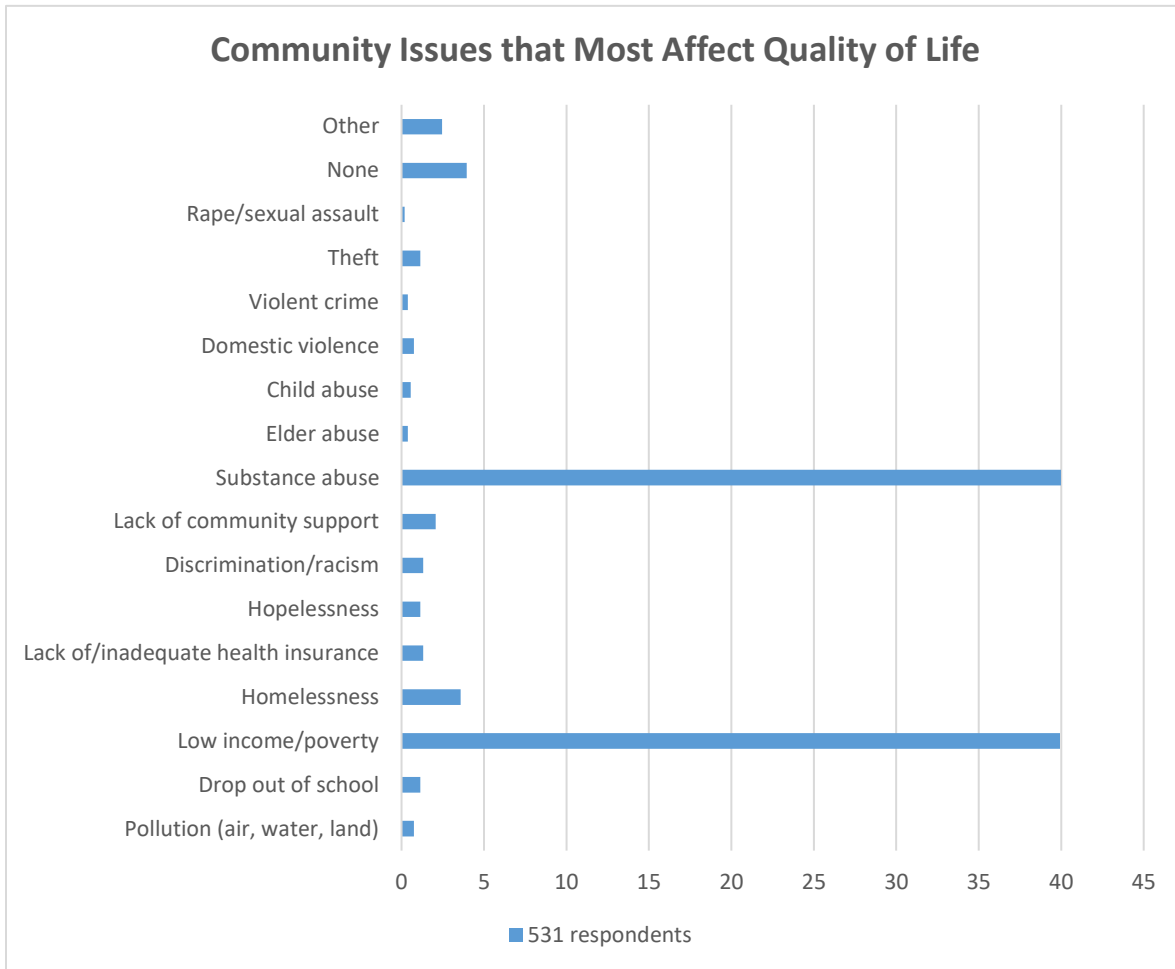
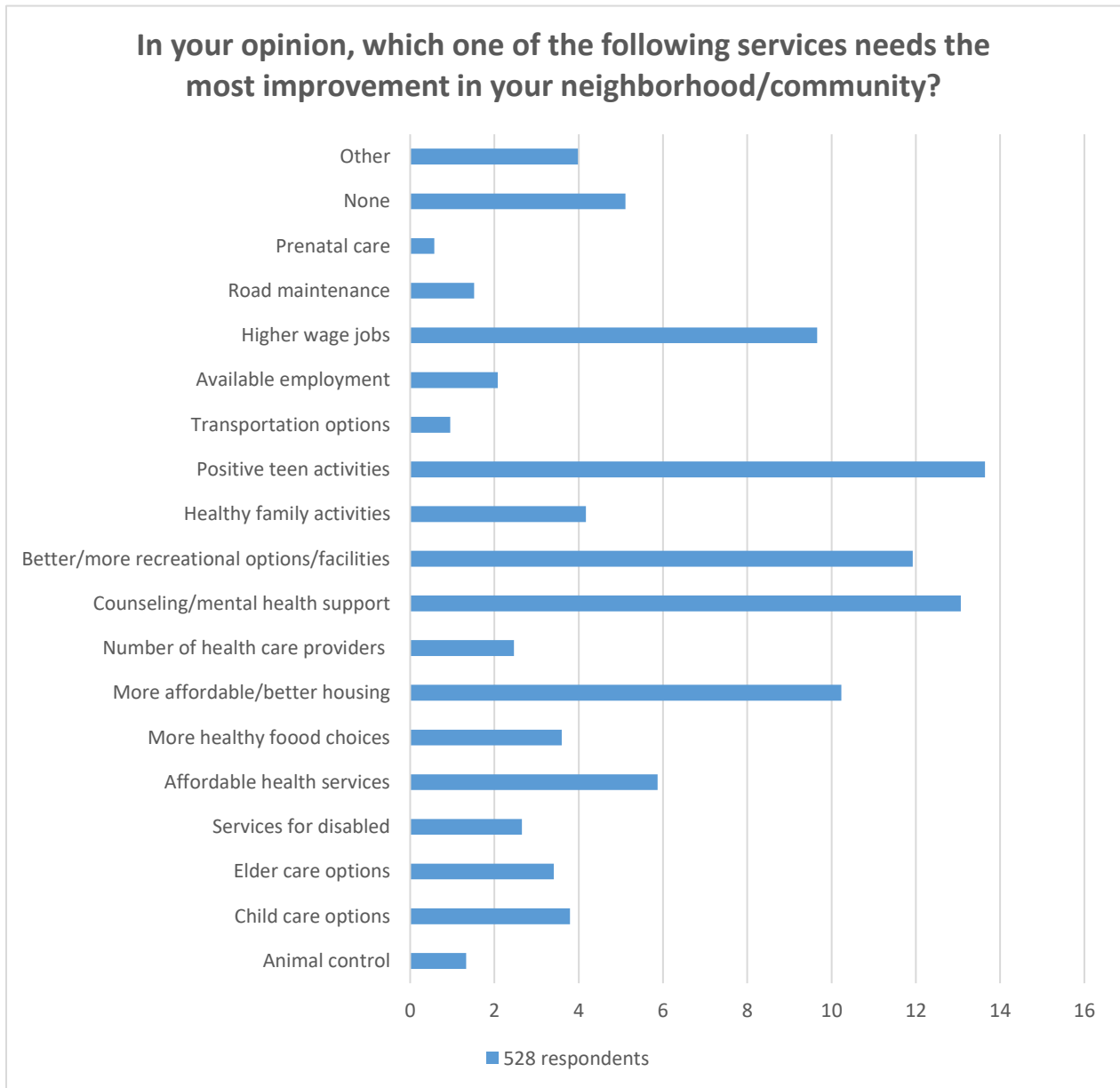


Figure 25: 2021 Fayette County Public Survey Results – Quality of Life Issues

Among those who answered “Other,” respondents cited the following issues not listed above:

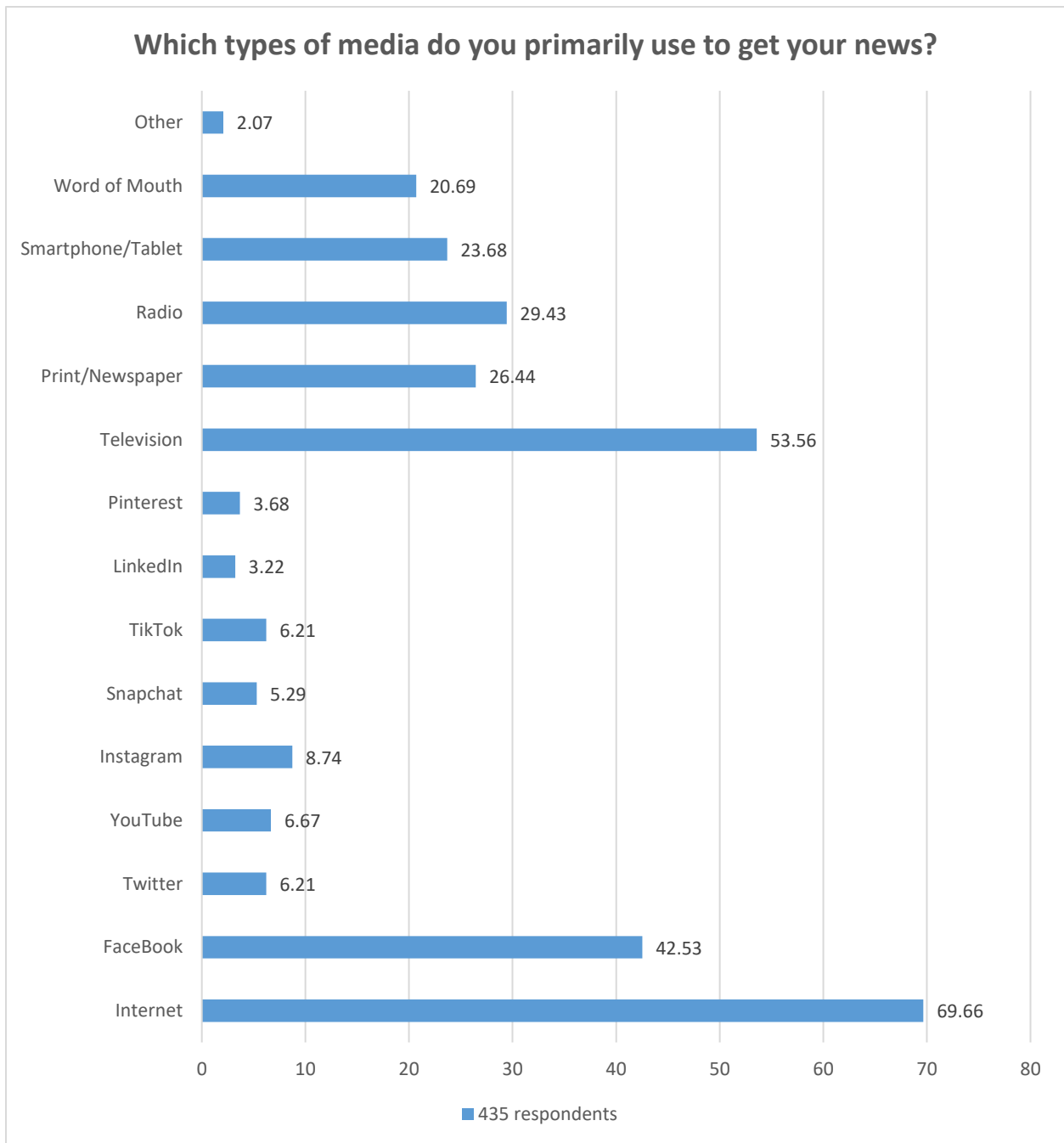
- Lack of stable housing
- Substance abuse among the homeless
- Mental health
- Lack of camaraderie among different groups of people
- Need for educational opportunities for students who don’t want to go to college
- Bullying in our schools
- Need a good hospital in the county
- Lack of leadership in local government

When looking closer to home, survey respondents identified the one solution they see as needed to most improve their neighborhood or community. These rank as follows:



**Figure 26:** 2021 Fayette County Public Survey Results – Improving neighborhood/community

Respondents to the community survey indicated that the Internet, television and social media are their preferred methods of receiving news and information.



**Figure 27:** 2021 Fayette County Public Survey Results - Public Health Information Needs

## SUMMARY OF KEY FINDINGS

While most of the data continues to be consistent with the 2017 assessment and plan, several changes can be noted. First, the population of Fayette County continues to decline. In migration continues to increase but it isn't yet offsetting the decrease in the older population as of 2019. The rates of poverty and unemployment have continued to improve. However, more than 50% of families in Fayette County still earn less than \$50,000 per year. This can be correlated to the more than half families below the poverty level (53%) being run by of single female households. Teen pregnancies also continue to rise. As does those reporting experiencing some mental health or substance use/abuse issue.

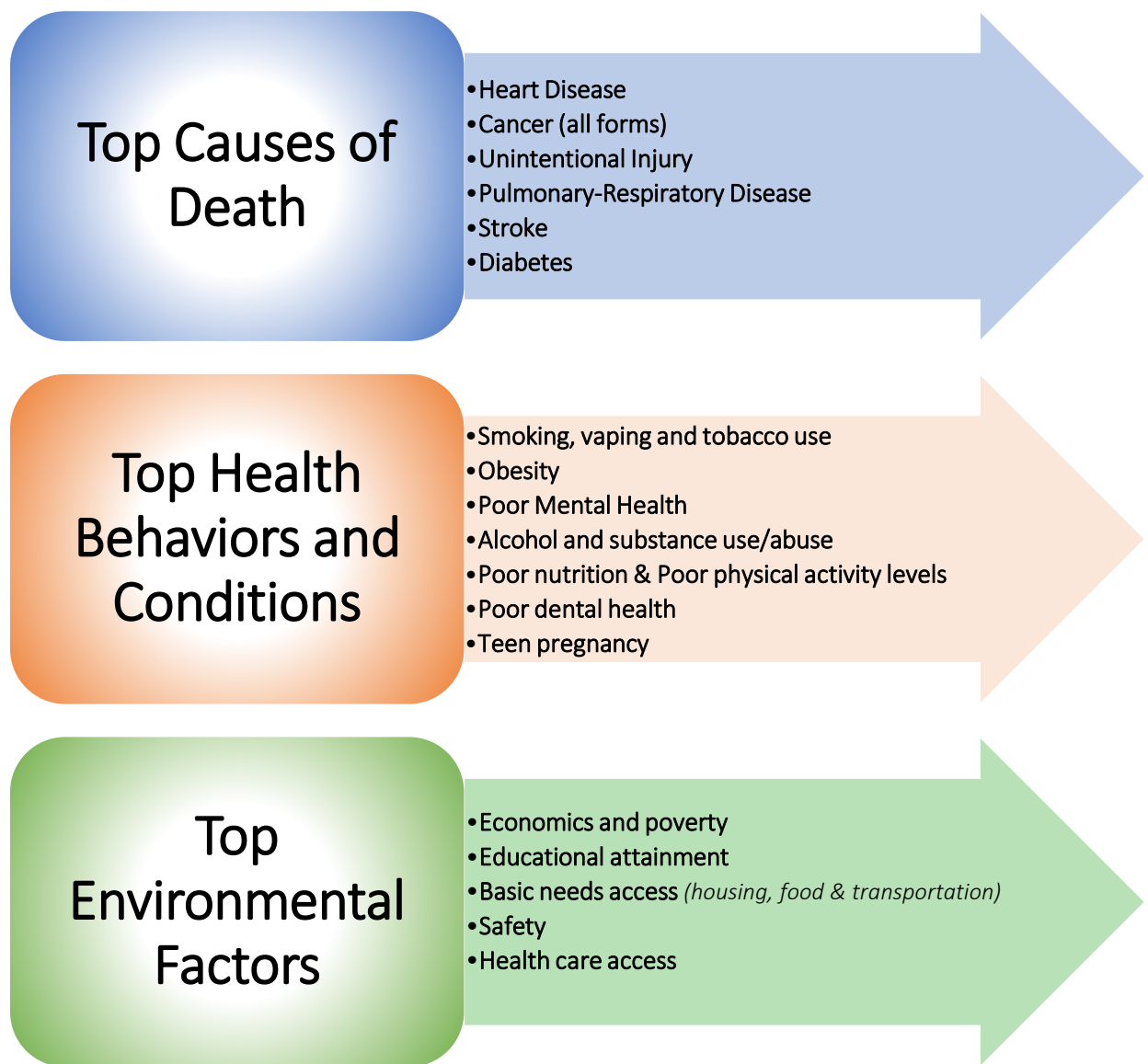


Figure 28: Summary of Top Fayette County Health Findings, 2021



After three years of various projects for data collection, there are still gaps across the Fayette County rural continuum. **A need for real-time and forecasting health data continues to be a need for rural communities, particularly those in the rural communities of Ohio.**

After the primary and secondary data from each of the four assessment categories was collected and summarized, results were analyzed to identify areas for opportunity in which to improve the health of Fayette County. The top mortality causes, health behaviors, and related environmental factors that resulted from the prevalence data collected and summarized follows:

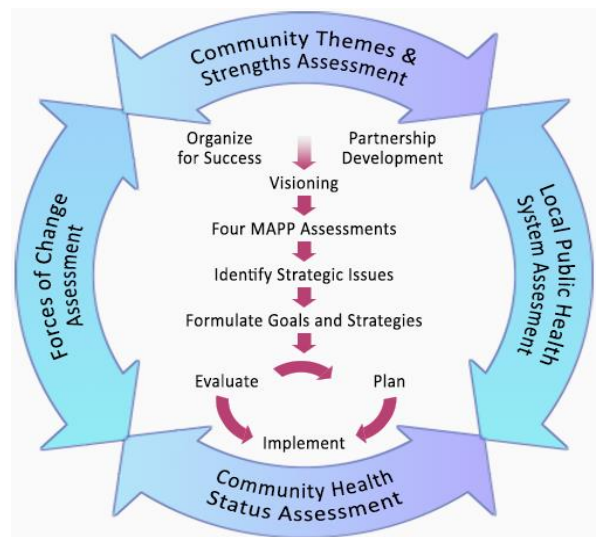


*Figure 29:* Top 5 Health Priorities for Fayette County, Ohio

### Conclusions and Next Steps

As we deepen our focus on the health outcomes and factors in Fayette County, and to have impact in the community, collaboration will be necessary around top health issues. Data from this assessment will be useful for the community as they develop and plan the infrastructure that drives positive health outcomes.

Next steps for the Fayette County Health Coalition will be to utilize this assessment to develop an updated Community Health Improvement Plan (CHIP). Following the M.A.P.P process, data will be further analyzed and prioritized. Metric-driven goals can then be developed to further efforts to improve priority health issues.



*Figure 30:* CHIP Planning Process Using MAPP

## APPENDECIES