

# 2019 Vinton County

## Community Health Assessment Report

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COLLEGE OF PUBLIC HEALTH

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THE OHIO STATE  
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## Executive Summary

In 2018, the Vinton County Health Department (VCHD), in partnership with Holzer Health Systems (Holzer), embarked on a comprehensive regional community health assessment with the surrounding counties of Gallia, Meigs, and Jackson. The region utilized a framework known as MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. This Executive Summary includes a brief overview of the focus group, survey and health indicator data that was collected during the process.

### MENTAL HEALTH/SUBSTANCE USE

Issues related to mental health and substance abuse were noted in each of the MAPP assessments. The issues identified concerning mental health focus primarily on access to mental health care services. 53.69% of CTSA survey respondents reported that it is very or somewhat difficult to receive mental health care. 26.32% of respondents reported stigma as a reason for not seeking needed mental health care. When asked about accessing certain types of care (Figure A), many respondents reported having a very or somewhat difficult time receiving mental health care (42.85%), addiction services (43.15%). Substance abuse was also identified throughout the assessments as having a large impact on the health of the Vinton County community. 71.13% of CTSA survey respondents reported that drug and/or alcohol abuse is one of the top three health problems in the community. During the Force of Change Assessment, the drug epidemic was identified as a Force with several threats and opportunities.

	2019	
	Vinton Co.	Ohio
Mental Health Providers	15.1	154.8

### ACCESS TO CARE

Access to care was noted as a large health issue in Vinton County throughout the assessment process. 80.76 % of CTSA survey respondents age 65 years and over indicated that it is somewhat or very difficult to access specialty care, 16.67% reported that cost is a barrier in access care, and 15.79% reported that they could not fill a prescription due to cost. Uninsured

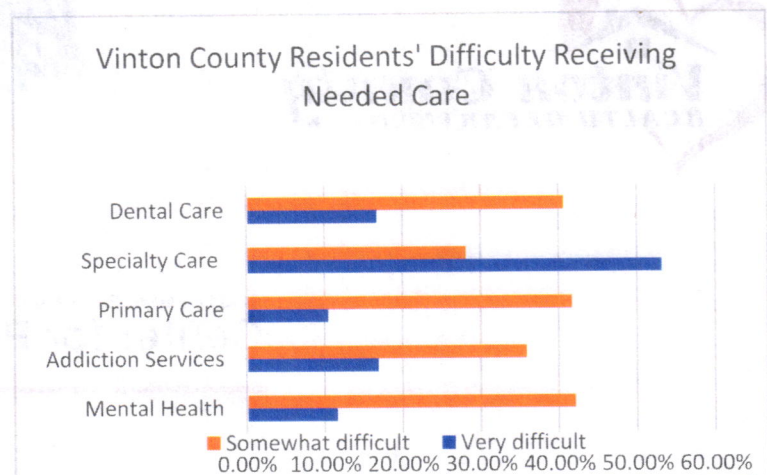


Figure A: Perceived ease of access to care, Vinton County 2019



adults are less likely to receive preventive health services and adults with health insurance are more likely to access needed health services. In addition, health insurance may reduce racial and ethnic disparities in health care access.

### ACCESS TO RECREATION AND FITNESS

Residents identified many issues with access to areas for affordable, safe recreation and fitness. Though focus group noted an abundance of natural recreation available in Vinton County, participants indicated a need for more opportunities for organized recreation in the community, especially for adults. Lack of access to opportunities for physical activity and healthy food was indicated as a factor in the health of the community. Participants reported wanting both physical activity recreation, including a YMCA-type facility and a community center to hold community classes for things like dancing, sewing, and art. There is an overall need for more organized activity in Vinton County that is accessible to all, regardless of age or income. In addition, participants noted the need for other activities for youth and adult alike, such as a bowling alley, movie theater, or skating rink. Participants suggested that increasing the activities in Vinton County would increase community morale and give people opportunities for more positive, healthful leisure time activities.

### CHRONIC DISEASE

Chronic Disease was noted by focus group participants as a top health concern in Vinton County. Diabetes, cardiovascular disease, and obesity were mentioned related to health behaviors among residents. This is at least partially contributed to the fact that there is a perceived issue with access to healthy foods. Figure H displays information on a variety of chronic disease related morbidity and mortality issues and compares Vinton County and the state of Ohio. Vinton County has a higher rate of diabetes, high cholesterol, and heart disease than the state, as well as a higher stroke and heart disease mortality than the state. Vinton County's rate for diabetes, high cholesterol, and stroke mortality all worsened between 2016 and 2019, while the mortality rate for heart disease decreased.

	2016		2019		Change
	Vinton Co.	Ohio	Vinton Co.	Ohio	
Diabetes Incidence (Adult)	12.1%	10.1%	15.0%	10.4%	↑
High Cholesterol (Adult)	39.0%	38.7%	39.0%	38.7%	↔
Mortality - Stroke	39.6	41.4	49.8	40.49	↑
Heart Disease Incidence	8.3%	5.1%	8.3%	5.1%	↔
Mortality - Heart Disease	235.2	189.6	146.4	110.63	↓

Figure H: Chronic disease morbidity and mortality, Vinton County and Ohio, 2016 and 2019



## Background

In 2018, the Vinton County Health Department (VCHD) partnered with Holzer Health System (Holzer) and the counties of Gallia, Meigs, and Jackson (LHDs) to conduct a comprehensive assessment of the community's health. The group utilized a framework known as Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a nationally recognized, best practice, six-phase framework for community health assessment and improvement planning designed by the National Association of City and County Health Officials (NACCHO). The six phases of MAPP are represented in Figure 1. They are:

1. Organizing, when a group of stakeholders is convened to serve as the steering committee for the MAPP process.
2. Visioning, when a community identifies what a shared community vision is.
3. Assessments, when data about the health of the community is collected and analyzed. A description of the assessments is below.
4. Identify Strategic Issues, when the most pressing health priorities in a community are identified.
5. Formulate Goals and Strategies, when the action plan for addressing those strategic issues is drafted.
6. Action Cycle, when the strategies drafted in phase 5 are planned, implemented, and evaluated in a continuous cycle until the next MAPP begins.

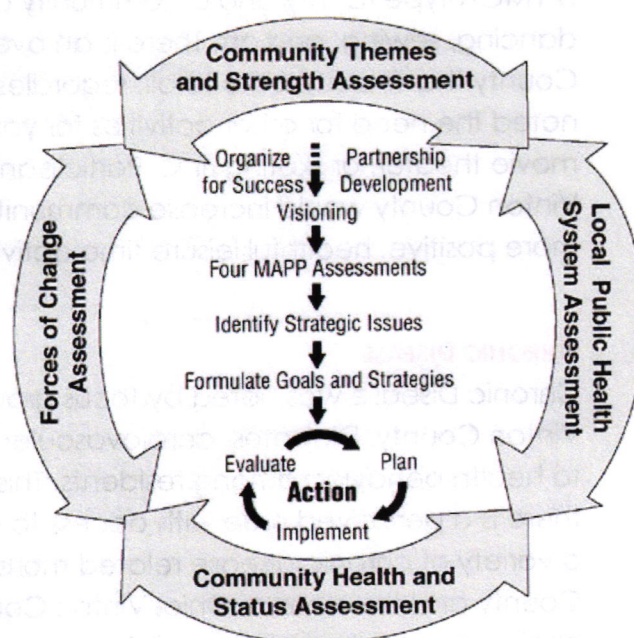


Figure 1: The MAPP Framework. The phases descend the center of the image and the assessments surround the phases.

## About the Assessments

MAPP includes four distinct assessments that gather primary and secondary qualitative and quantitative data to create a comprehensive picture of the health status of the community. Below is a summary of the data collection methodology used during the assessment phase:

The Community Health Status Assessment (CHSA) identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?"



and "What does the health status of our community look like?" To conduct this assessment, the group determined the data points to be collected. A secondary data repository was created and populated to serve as the CHSA. Sources of information for this assessment included the RWJF County Health Rankings, the US Census Bureau, and the United State Centers for Disease Control and Prevention. Holzer provided data for each of the LHD counties along with comparisons to the state of Ohio and the United States where that data was available and applicable. Holzer also provided data trend information to determine whether a particular data point was worsening or improving.

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" To conduct this assessment, data collection was divided into two methods, a survey and a series of community focus groups. First, the group created and Holzer distributed a survey via the mail. Surveys were mailed to a list of addresses generated by a computerized random sampling program. An addressed, stamped return envelope was included with the survey. After a low return rate, the surveys were distributed to the random sample via online survey. After considering the return rate for some of the counties, LHDs began distributing the surveys via convenience sample.

Concurrent with the surveying, a series of focus groups were held throughout the region. Each LHD organized four focus groups. Special efforts were made to assure that at-risk or vulnerable populations were targeted for the focus groups and each county offered incentives to increase participation.

The Local Public Health System Assessment (LPHSA) focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" To assess how well the community is ensuring that the Ten Essential Services of Public Health (ESPH) are being met, each LHD used the National Public Health Performance Standards tool. The tool was created by the United States Centers for Disease Control and Prevention (CDC) and is used by communities throughout the state of Ohio and the United States to conduct this assessment. To complete the tool, participants must rank the community's level of activity in each Performance Standard and Measures associated with the ESPH.

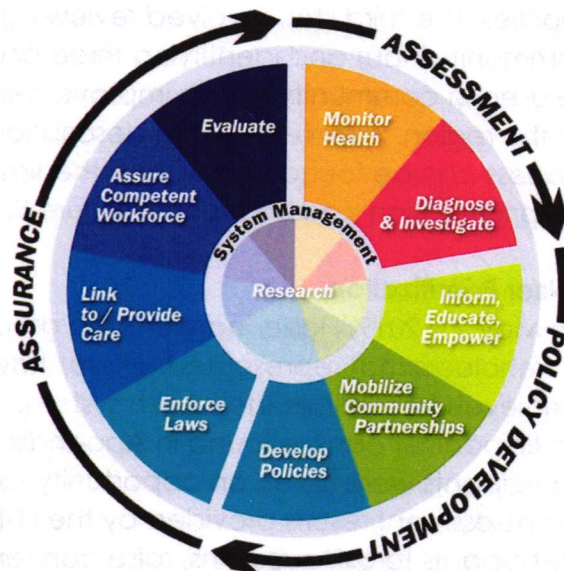


Figure 2: The Ten Essential Services of Public Health



Participants are then asked to identify strengths, weaknesses and opportunities associated with the Standards and Measures. A graphical representation of the ESPH is located in Figure 2.

The Forces of Change Assessment (FOCA) focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" Each community conducted the Forces of Change independently. Community stakeholders were asked during a facilitated conversation to identify forces of change in the community and any threats and opportunities associated with those.

The assessment results can be found in Part II of this report. The CTSA, LPHSA, and FOCA have a separate report detailing the process and results of those assessments. The information gathered during those three assessments has been integrated where applicable and appropriate in the CHSA report.

## Prioritization Process

### Overview

A multi-step prioritization process was used. The first step included participants identifying a preliminary list of 10 priorities for the region. LHDs were sent that list of priorities and asked to gather community feedback on the preliminary priorities. The third step involved reviewing the community input and identifying three priorities to be used in community health improvement planning for the region. A more detailed description of the process can be found below, and the timeline of the prioritization can be found in Figure 3.

### Holzer Prioritization

On May 21, 2019, Holzer convened a group of 25 stakeholders that represented different departments and staff levels from within the health system. A complete participant list can be found in Appendix A of this report. During that meeting, participants were given an opportunity to review, independently and in small groups, the assessment results provided by the LHDs. The meeting also allowed time for participants to ask questions, raise concerns, and get any needed clarification on the data.

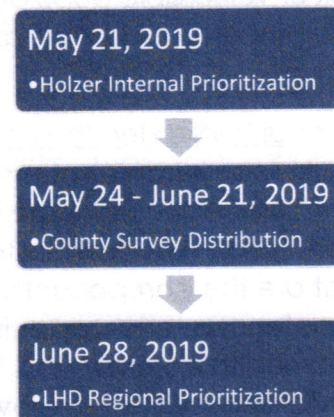


Figure 3: Prioritization Process Timeline



Following the assessment review, participants worked in small groups to identify the top ten health priorities for the region. The groups were given the following criteria to use when determining which health issues to identify as priorities:

- Size: How many people are affected?
- SHIP alignment: Does this align with the SHIP priorities of Mental Health and Addiction, Chronic Disease, and Maternal and Infant Health?
- Seriousness: Does it cause a high number of deaths, hospitalizations, and/or disability?
- Trends: Is it getting worse or better?
- Equity: Are there some groups affected more?
- Intervention: Is there a proven strategy?
- Values: Does our community care about it?

The small groups then each reported out their list of ten health priorities. This resulted in a list of approximately 25 health priorities. Following a facilitated discussion, the list was condensed down to ten priorities. The group then ranked the priorities on a scale of one to ten, with one being the most important and ten being the least important:

1. Access to care
2. Health Promotion (including prevention and health education)
3. Mental health (including depression and suicide)
4. Substance abuse
5. Economy (including poverty, unemployment, under-employment)
6. Education (including literacy and culture)
7. Access to food (including affordability and healthy options)
8. Transportation
9. Maternal and children healthcare
10. Access to opportunities for recreation and fitness

Following the prioritization portion of the meeting, participants identified assets and resources that exist within the community to address the health priorities. These assets and resources will be leveraged to plan initiatives during subsequent phases of MAPP. A complete list of assets and resources identified in the meeting can be found in Appendix B of this report.

### **Community Ranking Survey**

An online survey containing an unranked list of the priorities was distributed via email to representatives from the LHDs on May 24, 2019. The survey was open for four weeks. The purpose of the survey was for the LHDs to gather community input on the priorities. LHDs distributed the survey to their community partners. Each community partner was to rank the priorities based on the needs of their own community. The aggregate results of the survey were then used to guide the discussion during the LHD prioritization meeting (see below).



## **LHD Prioritization**

During a meeting held on June 28, 2019, representatives from each of the LHDs convened with the intention of identifying three to five regional health priorities to base subsequent community health improvement planning efforts on. A complete participant list can be found in Appendix C of this report. Participants were given the opportunity to review the assessment results and the community ranking survey results. Following the review, participants were given time to ask questions, raise concerns, and get any needed clarification on the data.

After the assessment review, participants were asked to present their top five health priorities for their community. They were presented with the same criteria as the Hospital Prioritization meeting. Through a facilitated discussion, the group achieved consensus on the top four health priorities for the region:

- Substance Abuse and Mental Health
- Health Promotion / Chronic Disease
- Access to Opportunities for Recreation and Fitness
- Access to Care

## **How to Read This Report**

The Vinton County Health Department utilized the Center for Public Health Practice at the Ohio State University's College of Public Health to integrate the data from all assessments. Where applicable and appropriate, related data from the other MAPP assessments has been incorporated in the information presented here. Data points associated with the topics presented are indicated with the following colors:

- Data from the Community Themes and Strengths Assessment (focus groups or survey) is presented with a **BLUE** label ("**CTSA**:...").
- Data from the Local Public Health System Assessment is presented with a **GREEN** label ("**LPHSA**:...").
- Data from the Forces of Change Assessment is presented with a **PURPLE** label ("**FOCA**:...").



Below is a summary of the assessments:

Assessment	Question	Method(s)	Result(s)
Community Health Status Assessment (CHSA)	"What does the health status of our community look like?"	<ul style="list-style-type: none"> <li>Secondary Data Collection</li> </ul>	CHSA report follows
Community Themes and Strengths Assessment (CTSA)	"What is important to our community?"	<ul style="list-style-type: none"> <li>Focus Groups</li> <li>Survey</li> </ul>	<ul style="list-style-type: none"> <li>A high incidence of substance abuse.</li> <li>A need for increased access to several resources, including healthy food, transportation, and health care.</li> <li>A lack of opportunities for organized recreational activities.</li> </ul>
Local Public Health System Assessment (LPHSA)	"How are the Essential Services being provided to our community?"	<ul style="list-style-type: none"> <li>Survey</li> <li>Facilitated community discussion</li> </ul>	<ul style="list-style-type: none"> <li>More action needs to come out of the community collaboration that exists.</li> <li>The local public health system needs to improve the evaluation of population based and public health services.</li> </ul>
Forces of Change Assessment (FOCA)	"What is occurring or might occur that affects the health of our community or the local public health system?"	<ul style="list-style-type: none"> <li>Facilitated community discussion</li> </ul>	<ul style="list-style-type: none"> <li>Children are being disproportionately impacted by current community health issues,</li> <li>Unfunded mandates are taxing key community and social service agencies, and</li> <li>Many Vinton County resources are underfunded and under-resourced, especially those that impact and/or benefit vulnerable populations.</li> </ul>

A complete list Vinton County Community Stakeholders that participated in each assessment can be found in Appendix D.



## Community Profile

The following pages include information on the population and households in Vinton County.

		Vinton County	Ohio
<b>Total Population<sup>i</sup></b>			
2018 Population Estimate		13,139	11,689,442
Percent change from 2010		-2.2%	+1.3%
<b>Demographics<sup>ii</sup></b>			
Sex	Male	50.3%	49.0%
	Female	49.7%	51%
Age	Under 5 years	5.4%	6.0%
	5 – 9 years	6.0%	6.2%
	10 – 14 years	6.9%	6.4%
	15 – 19 years	6.56%	6.7%
	20 – 24 years	5.7%	6.7%
	25 – 34 years	10.5%	12.8%
	35 – 44 years	13.2%	12.0%
	45 – 54 years	14.4%	13.6%
	55 – 59 years	8.9%	7.2%
	60 – 64 years	6.4%	6.5%
	65 – 74 years	9.6%	9.0%
	75 – 84 years	5.2%	4.7%
	85 years and over	1.0%	2.2%
Median age (years)		41.9	39.3
Race	One Race	98.0%	97.3%
	Two or More Races	2.0%	2.7%
	White	99.3	81.9
	African American	1.3%	12.3%
	American Indian and Alaskan Native	1.0%	0.2%
	Asian	0.4%	2.0%
	Native Hawaiian and Other Pacific Islander	0.0%	0.0%
	Some other race	0.0%	0.9%
Ethnicity	Hispanic or Latino	0.5%	3.6%
	Not Hispanic or Latino	99.5%	96.4%

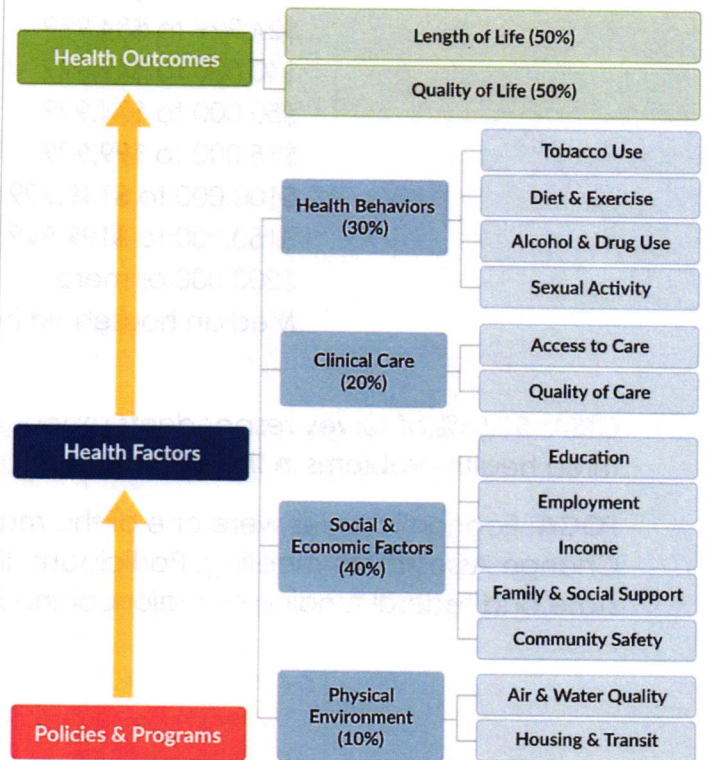


## Households and Families<sup>iii</sup>

		Vinton County	Ohio
<b>Total Households</b>		5,053	5,174,838
Household Type	Family Households	67.9%	63.8%
	Nonfamily Households	32.1%	36.2%
Household Size	Average Household Size (people)	2.58	2.4
	Average Family Size (people)	3.12	3.04
Without a Vehicle		9.0%	8.3%
Built prior to 1980		46.9%	67.5%
Grandparents responsible for grandchildren		17.9%	12.5%

## Community Health Data

The following pages include data that include several factors that impact a community's health. The graphic in figure 1 illustrates how these factors impact the length and quality of people's lives. This model was designed by County Health Rankings and Roadmaps (CHR), a partnership between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute and is used to rank every county in the United States. The rankings help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors) <sup>iv</sup>.



County Health Rankings model © 2014 UWPHI

Figure 4: County Health Rankings Model (Source: County Health Rankings and Roadmaps)



## Social & Economic Factors

Social and economic factors have a large impact on the health of a population. Factors based on where you live and not your health behaviors are known as the Social Determinants of Health (SDH). SDH include conditions such as socioeconomic status, education, neighborhood, and access to healthcare. Addressing these at the community level will impact health outcomes such as morbidity and mortality, healthcare expenditures, and health status.

### Economic Factors<sup>v</sup>

		Vinton County	Ohio
<b>Employment</b>			
Employment Status	In labor force	55.6%	63.2%
	Not in labor force	44.4%	36.8%
Unemployment Rate		10.6%	6.5%
<b>Income</b>			
Household Income	Less than \$10,000	10.2%	7.5%
	\$10,000 to \$14,999	6.8%	5.1%
	\$15,000 to \$24,999	15.4%	10.7%
	\$24,999 to \$34,999	10.8%	10.4%
	\$40,000 to \$49,999	14.9%	14.0%
	\$50,000 to \$74,999	20.0%	18.5%
	\$75,000 to \$99,999	10.1%	12.3%
	\$100,000 to \$149,999	9.8%	12.9%
	\$150,000 to \$199,999	1.4%	4.5%
	\$200,000 or more	0.7%	4.0%
Median household income		\$41,541	\$52,407

**CTSA:** 51.55% of survey respondents reported that economic challenges one of the top three health problems in the community.

**FOCA:** Economic issues were one of the major themes that arose during the Forces of Change Assessment meeting. Participants listed unemployment and a decrease in state and federal funding as major contributors to this.



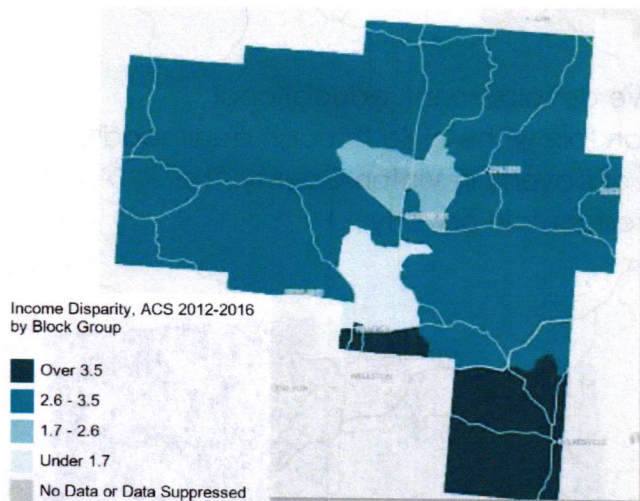


Figure 5: Estimated income disparity, 2012-2016 (Source: Community Commons)

## Income Disparity

Income Disparity is a measure of income inequality that compares the concentrations of low-income households (household incomes less than \$10,000 annually) to households with at least moderate financial means (household incomes greater than or equal to \$50,000 annually)<sup>vi</sup>. Figure 2 shows the geographic distribution of income disparity among Vinton County residents. The higher the number, the greater the disparity, so darker colors mean a higher income disparity.

## Poverty<sup>vii</sup>

Poverty has a wide variety of impacts on the public's health. Poverty increases the risk for mental illness, chronic disease, higher mortality and lower life expectancy<sup>viii</sup>. Figure 3 includes data on the percent of residents with income below the poverty level within the past twelve months.

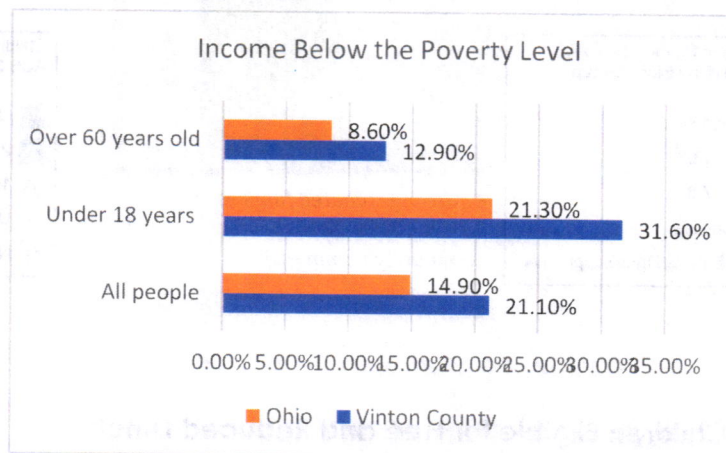


Figure 6: Estimates of the percent of residents with an income below the poverty level, 2012-2016



## Families and Children in Poverty

Children in poverty face issues related to cognitive development, educational attainment and health outcomes. These issues can follow the child through adulthood<sup>ix</sup>. Figures 4 and 5 show the geographic distribution of poverty in Vinton County. The darker the color means a higher percentage of residents in poverty.

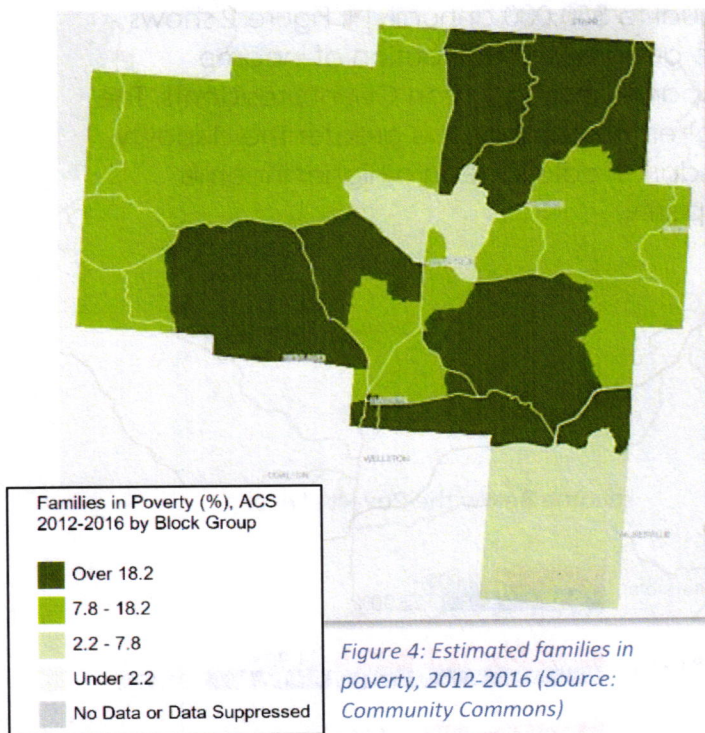


Figure 4: Estimated families in poverty, 2012-2016 (Source: Community Commons)

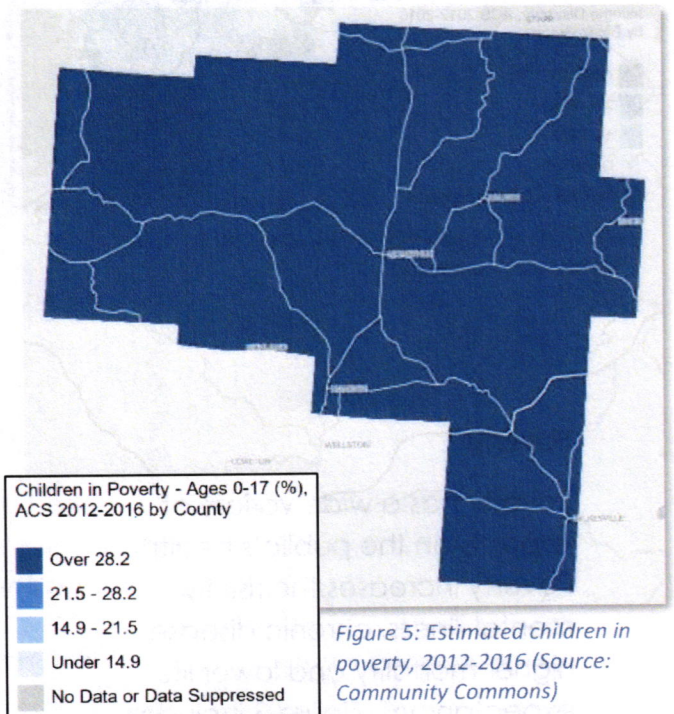


Figure 5: Estimated children in poverty, 2012-2016 (Source: Community Commons)

## Children Eligible for Free and Reduced Lunch

The Federal Free and Reduced Lunch Program is a program that provides free school meals for children with household incomes at or below 130% of the federal poverty level and reduced-price school meals for children with household incomes between 130 and 185 percent of the federal poverty level<sup>x</sup>. The percent of Vinton County students eligible for the program increased from 77.9%

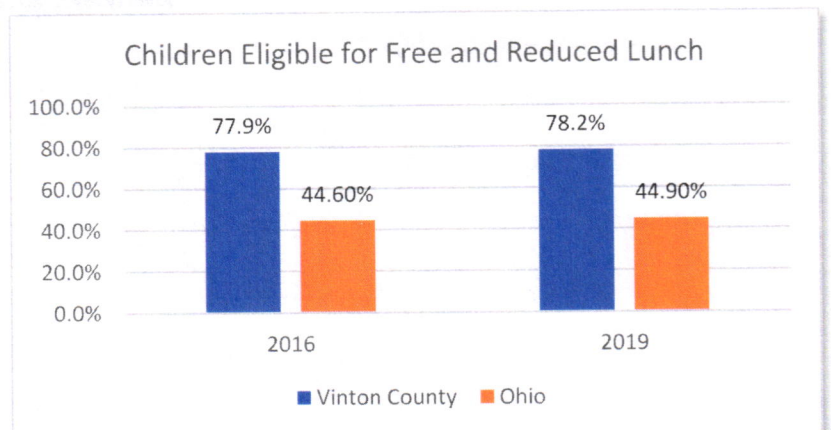


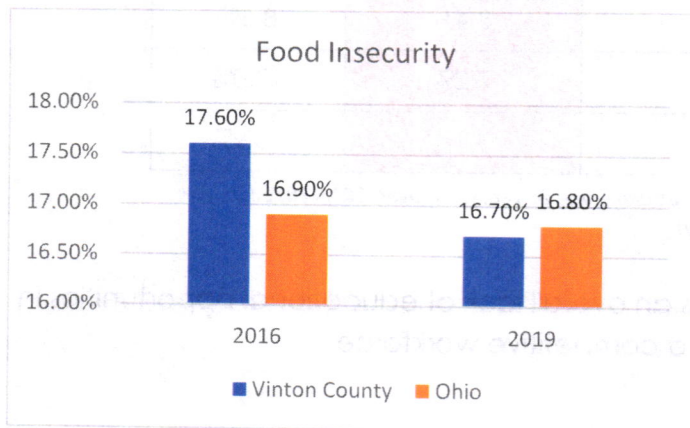
Figure 6: Estimated eligibility for free or reduced lunch, 2012-2016



in 2016 to 78.2% in 2019, this represented about the same increase as the state of Ohio, which had an increase from 44.6% to 44.9%, respectively<sup>xi</sup>.

## Food Insecurity

Food insecurity is a metric developed by the USDA and is measure of the lack of access to enough food for an active healthy life<sup>xii</sup>. According the Feeding America, in 2017



there were 2,090 food insecure people in Vinton County<sup>xiii</sup>. Between 2016 and 2019, the percent of food insecure households in Vinton County decreased from 17.6% to 16.7%, a much larger decrease than the state of Ohio's, whose rates were 16.9% and 16.7%, respectively.

Figure 7: Food insecure households in Vinton County and Ohio (Source: Feeding America)

## Educational Attainment

Educational attainment is correlated with health outcomes. People with higher educational attainment live longer, healthier lives. People without a high school diploma have higher incidence of substance use, are at a higher risk of mental health problems and are less likely to have health insurance as an adult<sup>xiv</sup>. The map on this page (figure 8) shows the geographic distribution of high school graduation rates in Vinton County. The chart below (figure 9) includes data on educational attainment for residents age 25 years and over in Vinton County and Ohio<sup>xv</sup>.

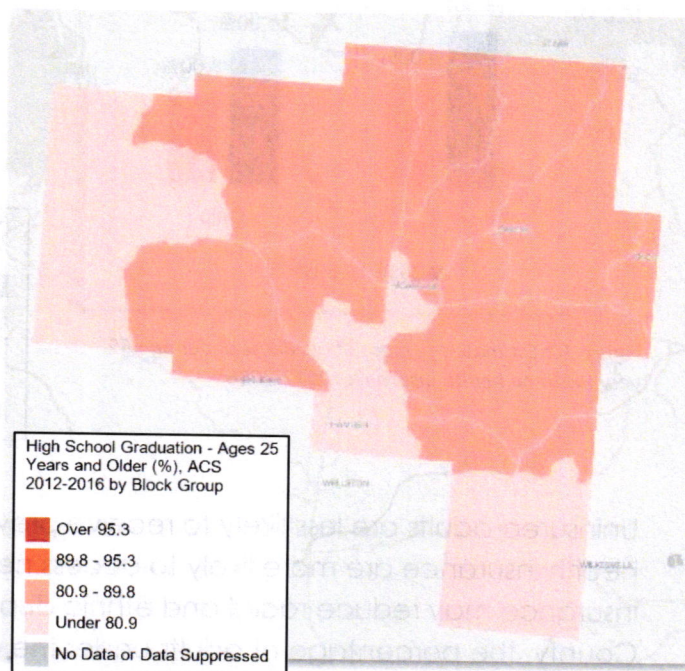


Figure 8: Estimated high school graduation rates, 2012-2016 (Source: Community Commons)



	Vinton County	Ohio
Less than 9 <sup>th</sup> Grade	5.8%	2.9%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	14.3%	7.3%
High school graduate, includes equivalency	46.4%	33.6%
Some College, no degree	14.8%	20.5%
Associate's Degree	8.4%	8.5%
Bachelor's Degree	7.2%	17.0%
Graduate or professional Degree	3.1%	10.2%

Figure 9: Estimated educational attainment by residents age 25 years and over, 2012-2016 (Source: US Census Bureau American Community Survey)

**FOCA:** Participants indicated that there is an overall lack of educational opportunities in the community, which leads to a lack of a competitive workforce.

## Health Insurance

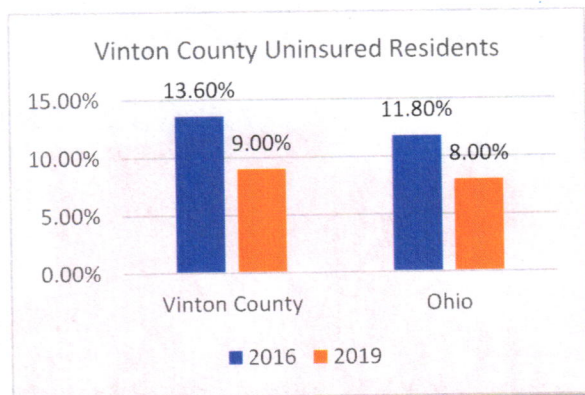


Figure 10: Estimated percent of residents under age 65 years with no health insurance, 2012-2016

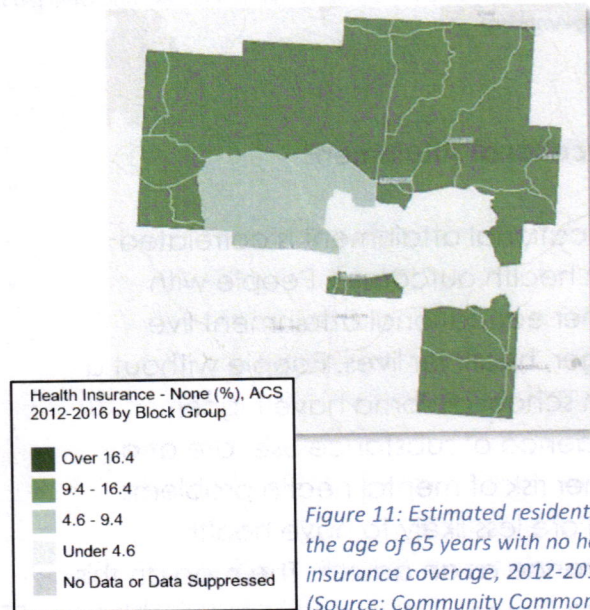


Figure 11: Estimated residents over the age of 65 years with no health insurance coverage, 2012-2016 (Source: Community Commons)

Uninsured adults are less likely to receive preventive health services and adults with health insurance are more likely to access needed health services. In addition, health insurance may reduce racial and ethnic disparities in health care access<sup>xvi</sup>. In Vinton County, the percentage of adults under the age of 65 with no health insurance decreased from 13.6% in 2016 to 9.0 % in 2019. Overall, Vinton County has a higher percentage of residents with no health insurance than the state of Ohio. Figure 10 shows the percentage of residents under the age of 65 years in Vinton County and Ohio that had no health insurance in 2016 and 2019. Figure 11 shows the geographic

distribution of uninsured residents in Vinton County. Dark colors represent a higher rate of uninsured adults.

**CTSA:** 23.08% of survey respondents residing in zip code 45634 reported being uninsured. Over half of those respondents indicating no insurance coverage in Vinton County are 45-64 years old.

### Area Deprivation Index

Area Deprivation Index (ADI) is an area-based single number score (scaled as a percentage) that is statistically validated and combines 17 indicators of socioeconomic status (SES) to measure an area's deprivation. The ADI identifies vulnerable populations with a higher risk of poor health outcomes, such as cardiovascular disease, cancer, increased hospitalizations, and higher mortality rates. A higher ADI score or percentage indicates higher deprivation<sup>xvii</sup>. Figure 12 shows the geographic distribution of the ADI in Vinton County.

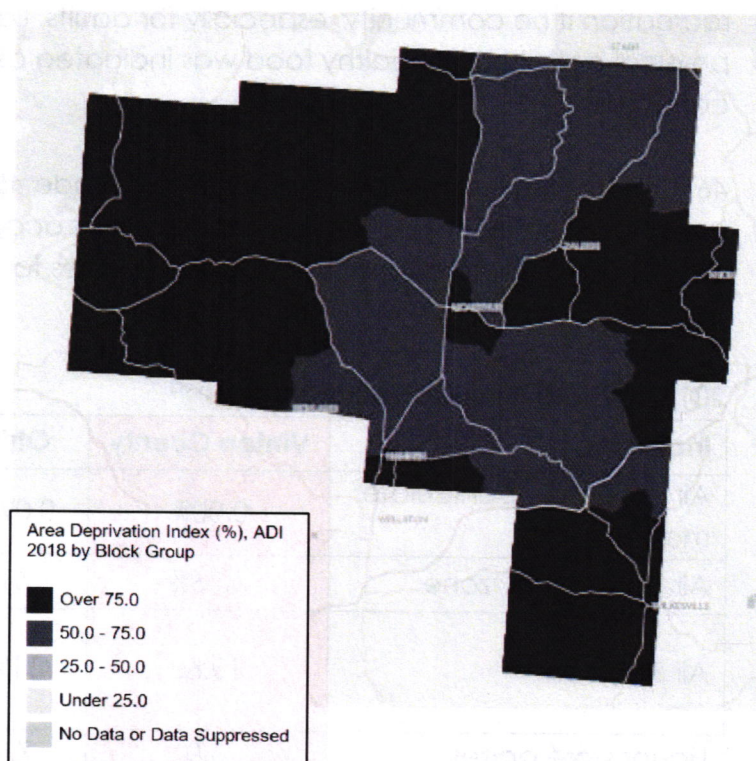


Figure 12: Estimated are deprivation index, 2012-2016 (Source: Community Commons)

**CTSA:** Lack of access to transportation was reported as a major community health issue for focus group participants. This was especially evident among the Help Me Grow group that participated in focus groups.



## Physical Environment

The physical environment that someone lives in can greatly impact their health outcomes. Air quality, access to recreation facilities, and safety are all indicators of the quality of a community's physical environment. Vinton County's CHR ranking for physical environment was 78<sup>th</sup> out of Ohio's 88 counties in 2019, down from 47<sup>th</sup> in 2016. Indicators in **RED** have a rate worse than the state of Ohio.

**CTSA:** Though focus group noted an abundance of natural recreation available in Vinton County, participants indicated a need for more opportunities for organized recreation in the community, especially for adults. Lack of access to opportunities for physical activity and healthy food was indicated as a factor in the health of the community.

46.15% of survey respondents residing in zip code 45634 reported that areas for physical activity are either not accessible or somewhat accessible. 53.85% of those in 45634 reported that there are not enough safe places for children to play.

### 2019 Physical Environment Indicators<sup>xviii</sup>

Indicator	Vinton County	Ohio	Description
Air pollution - particulate matter	0.00%	0.09%	% days exceeding standards
Air pollution - Ozone	0.76%	1.61%	% days exceeding standards
Air Pollution	10.80	11%	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Liquor store access	0.0	7.1	Liquor stores, rate (per 100,000 pop.)
Recreation and Fitness Facility Access	<b>0.0</b>	9.5	Recreation and Fitness Facilities, rate (per 100,000 population)
Severe Housing Problems	13.0%	15.0%	% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.
Driving Alone to Work	<b>89%</b>	83%	% of the workforce that usually drives alone to work. The numerator is the number of workers who commute alone. The denominator is the total workforce.
Long Commute - Driving Alone	<b>50%</b>	30%	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.

Indicator	Vinton County	Ohio	Description
Social Associations	5.4	11.3	Number of membership associations per 10,000 population.
Violent Crime	95.0	290.0	Number of reported violent crime offenses per 100,000 population.
Injury Deaths	94.0	75.0	Number of deaths due to injury per 100,000 population.



## Clinical Care<sup>xix</sup>

Clinical care indicators represent health care access in a community. Provider availability, health care access, and health care utilization all impact the public's health. Vinton County's CHR ranking in clinical care was 65<sup>th</sup> out of Ohio's 88 counties, an increase of 18 from 2016. Trends are indicated in the Change column, indicators in **RED** have a 2019 rate worse than the state of Ohio.

**CTSA:** 23.6% of all survey respondents in Vinton County reported difficulty accessing needed specialty care due to cost, 30.34% of respondents reported difficulty filling a prescription for the same reason. Overall, 37.65% reported that they could not access health care due to the high cost. 14.5% of respondents reported not having a regular healthcare provider. 67.01% of respondents reported that it would take them 40 minutes or longer to obtain needed emergency care. 53.69% of respondents reported that it is very or somewhat difficult to receive mental health care, 62.09% reported the same about primary care, and 81.26% reported the same about specialty care. 26.32% of respondents reported stigma as a reason for not seeking needed mental health care.

For residents residing in zip code 45634, 100% of respondents reported that it would take them at least 20 minutes to access needed emergency care; 5385% reported that cost is a barrier to receiving medical care, and 54.55% were unable to fill a prescription due to the high cost.

For residents residing in zip code 45651, 94.33% reported that it is very or somewhat difficult to access specialty care, 85.19% are 40 or more minutes from needed emergency care, 32.61% reported cost as a barrier to accessing needed care, and 27.45% were unable to access dental care due to cost.

Focus group participants indicated an issue with the accessibility of healthcare in Vinton County, due to transportation and provider availability.

Survey respondents age 65 years and over reported similar issues with access to care. 80.76% of that group indicated that it is somewhat or very difficult to access specialty care, 16.67% reported that cost is a barrier in access care, and 15.79% reported that they could not fill a prescription due to cost.

**FOCA:** Access to Care was noted as a major theme in the Forces of Change Assessment meeting.



Indicator	2016		2019		Change	Description
	Vinton Co.	Ohio	Vinton Co.	Ohio		
Primary Care Physicians	7.5	77.1	15.11	93.1	▲	Primary care physicians, rate (per 100,000 pop.)
Lack of consistent source of primary care	31.8%	18.7%	31.8%	18.7%	↔	% adults without any regular doctor
Mental Health Providers	15.1	154.8	15.1	154.8	↔	Mental health care provider, rate (per 100,000 pop.)
Mammography	43.0%	58.3%	54.3%	61.2%	▲	% of female Medicare enrollees ages 67-69 that receive mammography screening
Sigmoidoscopy or Colonoscopy	53.4%	60.0%	53.4%	60.0%	↔	% of adults screened for colon cancer
HIV screenings	84.5%	68.3%	84.5%	68.3%	↔	% of adults never screened for HIV / AIDS
Dental Care Utilization	38.2%	27.600%	38.2%	27.600%	↔	% adults without recent dental exam
Preventable Hospital Events	96.9	71.7	72	59.8	▲	Preventable hospital events, discharge rate (per 1,000 Medicare enrollees)



## Health Behaviors<sup>xx</sup>

Health behaviors are the things people choose to do that impact health outcomes. Though they have a relatively small impact on a community's overall health outcomes, they are an important factor in a community's health. In 2019, Vinton County's CHR ranking for health behaviors was 85<sup>th</sup> out of Ohio's 88 counties, the same as it was in 2016. Indicators in **RED** have a rate worse than the state of Ohio.

**CTSA:** 9.38% of survey respondents reported that areas for physical activity are not accessible in Vinton County. 55.21% of respondents reported that there are not enough safe places for children to play in the community.

76.92% of respondents living in zip code 45634 reported that poor health behaviors are one of the top three health priorities in the community.

**LPHSA:** Essential Service Three, Educate and Empower had the weakest level of activity of the ten essential services.

**FOCA:** Lack of recreational facilities was noted as a force of change.

### 2019 Health Behavior Indicators

Indicator	Vinton County	Ohio	Description
Physical inactivity	<b>29.1%</b>	25.5%	% of adults aged 20 and over reporting no leisure-time physical activity
Tobacco Use	20.9%	21.7%	% of population smoking cigarettes
Tobacco Usage - Quit Attempt	79%	55%	% Smokers with quit attempt in past 12 months
Overweight	<b>37%</b>	36%	% Adults overweight
STI - Chlamydia	165.71	474.10	Chlamydia Infection Rate (per 100,000 pop.)
STI - Gonorrhea	22.60	140.30	Gonorrhea Infection Rate (per 100,000 pop.)

### Health Outcomes

Health outcomes reflect the overall physical and mental health of a community in its current state. They correlate with both length and quality of life. Trends are indicated in the Change column, indicators in **RED** have a 2019 rate worse than the state of Ohio.

**CTSA:** 71.13% of survey respondents reported that drug and/or alcohol abuse is one of the top three health problems in the community.

Focus group participants noted that substance use is a major health concern in the community.

**FOCA:** The drug epidemic was noted as a major force of change, impacting many different population groups and community health issues.

Health Outcome Indicator	2016		2019		Change	Description
	Vinton Co.	Ohio	Vinton Co.	Ohio		
Diabetes (Adult)	12.1%	10.1%	<b>15.0%</b>	10.4%	↑	Population with diagnosed diabetes
High Cholesterol (Adult)	39.0%	38.7%	<b>39.0%</b>	38.7%	↔	% of adults with high cholesterol
Heart Disease	8.3%	5.1%	<b>8.3%</b>	5.1%	↔	% of adults with heart disease
Adult Obesity	31.0%	30.0%	<b>33.0%</b>	30.9%	↑	% of adults that report a BMI > or = 30
Asthma Prevalence	18.3%	13.8%	<b>18.3%</b>	13.8%	↔	% of adults with asthma
Poor Dental Health	35.6%	18.7%	<b>35.6%</b>	18.7%	↔	% of adults with poor dental health



Health Outcome Indicator, cont.	2016		2019		Change	Description
	Vinton Co.	Ohio	Vinton Co.	Ohio		
Poor or fair health	19.0%	15.3%	<b>19.0%</b>	15.3%	↔	% of adults reporting fair or poor health
Cancer Incidence - Breast	100.7	120.5	103.4	122.9	↗	Cancer incidence rate (per 100,000 pop.)
Cancer Incidence - Colon and Rectum	48.6	43.0	34.4	41.2	↘	Cancer incidence rate (per 100,000 pop.)
Cancer Incidence - Lung	114.2	71.6	<b>111.1</b>	69.5	↘	Cancer incidence rate (per 100,000 pop.)
Cancer Incidence - Prostate	90.0	127.1	61.3	111.8	↘	Cancer incidence rate (per 100,000 pop.)
Low birth weight	9.6%	8.6%	9.6%	8.6%	↔	% of live births with low birth weight (<2500 grams)
Premature death	10,233	7,562	<b>11,671</b>	7,908	↗	Years of potential life lost before age 75 per 100,000 population
Mortality - Cancer	184.2	184.6	<b>200</b>	177.29	↗	Age-adjusted death rate (per 100,000 pop.)
Mortality - Heart Disease	235.2	189.6	<b>146.4</b>	110.63	↘	Age-adjusted death rate (per 100,000 pop.)
Mortality - Ischemic Heart Disease	154.6	119.8	154.6	119.8	↔	Age-adjusted death rate (per 100,000 pop.)
Mortality - Lung Disease	93.7	50.7	<b>72.4</b>	49.04	↘	Age-adjusted death rate (per 100,000 pop.)

Health Outcome Indicator, cont.	2016		2019		Change	Description
	Vinton Co.	Ohio	Vinton Co.	Ohio		
Mortality - Stroke	39.6	41.4	49.8	40.49	↑	Age-adjusted death rate (per 100,000 pop.)
Infant Mortality	8.2	7.7	8.2	7.7	↔	Age-adjusted death rate (per 100,000 pop.)
Poor physical health	4.5	4	4.2	4	↓	Average # of physically unhealthy days reported in past 30 days
Poor mental health days	4.5	4.3	4.3	4.3	↔	Average # of mentally unhealthy days reported in past 30 days