FAIRFIELD COUNTY

Community Health Status Assessment

October 2022

ILLUMINOLOGY

Funded by the Fairfield County Health Department, Fairfield Medical Center, Fairfield Community Health Center, Fairfield County Foundation, ADAMH Board, and United Way. Written in partnership with Illuminology.

Community Health Assessment Overview

The Fairfield County Health Department and Fairfield Medical Center are pleased to provide this comprehensive overview of our community's health status and needs: *The Fairfield County 2022 Community Health Assessment*.

Fairfield County's 2022 Community Health Assessment (CHA) is the result of a collaborative effort coordinated by the Fairfield County Health Department, Fairfield Medical Center, and many other local public health system partners. It is intended to help community stakeholders better understand the health needs and priorities of Fairfield County residents. The Fairfield County Commissioners provided funding for the 2022 CHA utilizing American Rescue Plan Fiscal Recovery Funds. We acknowledge and thank the many community organizations that shared their time and expertise with this collaborative effort, including:

- Alzheimer's Association Central Ohio Chapter
- Baltimore Village
- Bloom-Carroll Local School District
- Fairfield Community Health Center
- Fairfield County 211
- Fairfield County ADAMH Board
- Fairfield County Board of Commissioners
- Fairfield County Board of Health
- Fairfield County Emergency Management
- Fairfield County Family, Adult and Children First Council
- Fairfield County Foundation
- Fairfield County Health Department
- Fairfield County Job and Family Services
- Fairfield County Library
- Fairfield County Protective Services
- Fairfield Medical Center
- Juvenile Court
- Lancaster City Schools
- Lancaster-Fairfield Community Action Agency
- Major Crimes Unit
- Meals on Wheels
- Mount Carmel Health System
- New Horizons
- OhioGuidestone
- OSU Extension Office
- Pickerington Local School District
- Robert K. Fox Family YMCA
- Southeastern Ohio Center for Independent Living
- United Way
- Violet Township Fire Department

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, health disparities, and other health issues can help direct community resources to where they will have the biggest impact. Participating organizations will begin using the data reported in the *Fairfield County 2022 Community Health Assessment* to inform

the development and implementation of strategic plans to meet the community's health needs.

We hope the *Fairfield County 2022 Community Health Assessment* serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

About the Community Health Assessment Process

The process followed by the *Fairfield County 2022 Community Health Assessment* reflected an adapted version of the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process.[1] This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so that they can better focus their efforts and collaboration.

The Fairfield County Health Department (FCH) contracted with Illuminology, a central Ohio based research firm, to assist with this work. The Fairfield County Health Department approved the process to be used in this health assessment. The primary phases of the Assess Needs and Resources process, as adapted for use in Fairfield County, included the following steps.

(1) Prepare to assess / generate questions. On February 15, 2022, community leaders, stakeholders, and employees from participating organizations gathered virtually to discuss their perspectives on emerging health issues in Fairfield County. Facilitated by Illuminology, this session provided an opportunity for community members to better understand the upcoming community health assessment process and to suggest indicators to be considered in the community health assessment. Illuminology used the information from this session to identify which indicators could be assessed via secondary sources and which indicators needed to be included as part of the primary data collection efforts. See Appendix D for more information about this session.

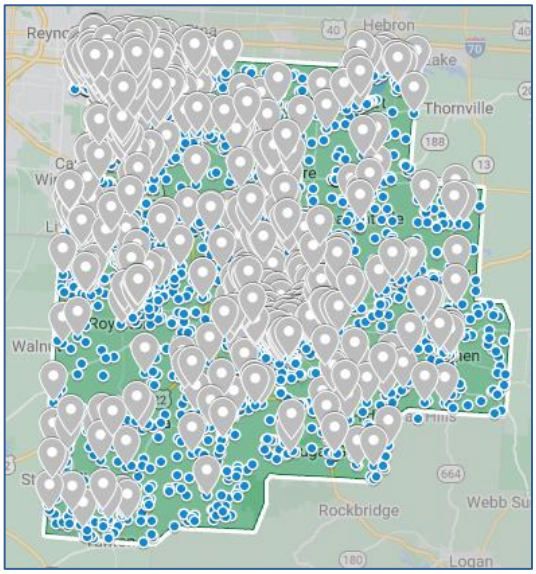
(2) Collect secondary data. Secondary data for this health assessment came from the FCHD On-line Community Health Assessment Clear Impact data[2] and other sources such as the US Census Bureau, which was provided to Illuminology by The Fairfield County Health Department. Data for Fairfield County and Ohio and three-year trends for Fairfield County were collected, when available. Rates and/or percentages were calculated when necessary. Secondary data are presented with one decimal place unless that level of detail was not provided in the repository from The Fairfield County Health Department. To be considered for inclusion in the *Fairfield County 2022 Community Health Assessment*, secondary data must have been collected or published in 2016 or later.

(3) Collect and analyze primary data from adult residents. A representative survey of Fairfield County adult residents was conducted (i.e., Fairfield County Health Survey). Fielded in multiple waves from April 29, 2022 through August 2, 2022, respondents completed a self-administered questionnaire, either on paper or online (see Appendix E).

[1] See https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/assess-needs-resources
[2] See https://scorecard.clearimpact.com/Scorecard/Embed/73487

For the first round of mailing, 2,200 addresses were randomly selected from the universe of residential addresses in Fairfield County and 1,000 addresses were randomly selected from the universe of residential addresses in which the sample data indicated there was likely a young adult in the household. In late April, 2022, a notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online.

Fairfield County Health Survey Households
(= randomly selected; = completed)



For the second round of mailing, about four weeks after the initial mailing, a hard copy of the survey was sent to households that had not yet completed the survey online. This mailing also included a cover letter, a Business Reply Mail envelope so respondents could complete the survey and mail it back at no cost to them, and (for some) a $1 bill to encourage the household's participation.

Because of a printer error, some households received an incorrect Business Reply Mail envelope in the second mailing. To ensure this didn't result in a low number of responses, Illuminology conducted a third round of mailing. For this mailing, 1,582 households were randomly selected from the universe of residential addresses in Fairfield County and 1,400 addresses were randomly selected from the universe of residential addresses in Fairfield County in which the sample data indicated there was likely a young adult in the household. In late May, 2022, a cover letter, a hard copy of the survey, and a Business Reply Mail envelope was sent to each household.

In total, 700 Fairfield County adult residents completed the survey, or 11% of the total number of addresses. This does not factor into account that over 200 of these addresses were vacant or otherwise unable to be surveyed. With a random sample of this size, the margin of error is ±3.7% at the 95% confidence level.

Before analyzing responses to the survey, survey weights were computed; this step allows researchers to produce more accurate statistical estimates at the overall county level. First, a base weight was created that adjusted for unequal probabilities of selection into the survey (i.e., compensating for the number of adults in the household and whether the household had an indicator that there was likely a young adult in the household). Then, this base weight was adjusted so that respondents' demographic characteristics (i.e., age, gender, educational attainment, presence of children in the household, and whether they are residents of Lancaster) aligned with population benchmarks for Fairfield County. These population benchmarks were obtained from the U.S. Census Bureau's American Community Survey. This

adjusted base weight was calculated via an iterative proportional fitting procedure within the STATA v17 software package; analyses of weighted data were conducted using complex survey [svy] commands within STATA v17.

(4) Conduct and analyze community leader interviews. The Fairfield County Health Department worked with Illuminology to design a community leader interview guide that covered a wide range of topics, including overall health, health care access, poverty, transportation, nutrition and physical activity, substance abuse, and COVID-19. Illuminology completed 10 one-on-one or small group interviews. Interviewees included community members who work in health care, leaders of local organizations, and other residents. The interview guide used for these interviews can be found in Appendix F.

(5) Identify Prioritized Heath Needs. On September 28, 2022, representatives from community organizations met in person to identify potential priority health needs from the data and insights presented in the *Fairfield County 2022 Community Health Assessment*.

The meeting participants were divided into small groups, with each group asked to review a specific section of the Fairfield County 2022 CHA and to identify within up to six potential priority health needs for consideration by the larger group. In addition to sharing their personal experience and history during these small-group conversations, meeting participants were asked to consider the following criteria when prioritizing these health needs:

- **Equity:** Degree to which specific groups are disproportionally affected by an issue.
- **Size:** Number of persons affected, taking into account variance from benchmark data and targets.
- **Seriousness:** Degree to which the health issue leads to death, disability, and impairs one's quality of life.
- **Feasibility:** Ability of organization or individuals to reasonably combat the health issue given available resources. Related to the amount of control and knowledge (influence) organization(s) have on the issue.
- **Severity of the Consequences of Inaction:** Risks associated with exacerbation of the health issue if not addressed at the earliest opportunity.
- **Trends:** Whether or not the health issue is getting better or worse in the community over time.
- **Intervention:** Any existing multi-level public health strategies proven to be effective in addressing the health issue.
- **Value:** The importance of the health issue to the community.
- **Social Determinant / Root Cause:** Whether or not the health issue is a root cause or social determinant of health that impacts one or more health issues.

After a total of 13 health needs were identified by the small groups, participants were asked to engage in a voting process to select the highest priority needs. In the first round of voting,

each participant was given 5 votes to cast for the needs they perceived to be the highest priority. Needs receiving the least amount of votes were then eliminated, and participants were asked to vote again with two votes to cast. This resulted in all but four needs being eliminated.

Overall, 26 representatives participated in this voting process, coming to a clear consensus about the community's prioritized health needs. These are displayed on page 31. The key issues will also be outlined in the 2023-2025 CHIP.

(6) Identify Community Assets and Resources. In September 2022, the organizations involved in the prioritization process identified community assets and resources that could potentially address the prioritized health needs, including existing healthcare facilities, community organizations, and programs or other resources.

(7) Share results with the community. This report presents the analysis and synthesis of all secondary, primary, and community outreach data collected during this effort. It will be posted on the Fairfield County Health Department website (www.myfdh.org). This report will be used in subsequent community prioritization and planning efforts and will be widely distributed to organizations that serve and represent residents in the county.

How to Read This Report

Key findings and *Healthy People 2030.* As shown on page 9, the *Fairfield County 2022 Community Health Assessment* is organized into multiple, distinct sections. Each section begins with story boxes that highlight and summarize the key research findings from the researchers' perspectives. For some indicators, Fairfield County is compared to the U.S. Department of Health and Human Services *Healthy People 2030* goal, indicated by dark blue boxes containing the Fairfield County outline in light blue. A ✓ icon inside the box indicates that the goal has been met, and an ✗ icon indicates that the goal has not been met.

Community Voices. Comments and findings from the community leader interviews are indented slightly and set off with an orange border on the left side.

Comparison to the Fairfield County 2019 Community Health Assessment. Where possible, results were compared to data from the Fairfield County 2019 Community Health Assessment, and denoted by a clock symbol: 🕓. In addition, a table comparing 2019 data to 2022 can be found on page 113. The following differences between 2019 and 2022 data were noted.

Areas of improvement from 2019 to 2022. In 2022 compared to 2019:

- Fewer respondents delayed needed medical care due to not having insurance coverage

- More respondents reported eating fruit at least once a day
- More respondents reported eating vegetables at least once a day
- More respondents participated in physical activity or exercise (in the past month)
- Fewer respondents knew someone in Fairfield County who abuses heroin
- Fewer respondents knew someone in Fairfield County who abuses methamphetamines
- Fewer respondents knew someone in Fairfield County who abuses prescription pain medicine

Areas of decline from 2019 to 2022. In 2022 compared to 2019:

- Fewer respondents visited a doctor for a routine visit (in the past twelve months)
- More respondents traveled outside of Fairfield County for healthcare services (in the past twelve months)
- More respondents have ever been diagnosed with an anxiety disorder
- More respondents have used marijuana or cannabis (in the past month)

Health disparities between populations or areas in the community. Analyses explored statistically significant differences in results based on demographic factors such as age, gender, educational attainment, income, presence of children in household, and geographic region. When these analyses suggested the presence of significant differences among specific populations, the report tables display a lightbulb symbol: . These disparities are also outlined in Appendix C. Examples of disparities found in Fairfield County include how those with lower household incomes are more likely to report poor mental health days in the past month, more likely to report negative impacts from COVID-19, and more likely to report diabetes and coronary heart disease.

Sources for all secondary data included in this document are marked by an endnote and described in the report's References section (see Appendix H). Caution should be used in drawing conclusions in cases where data are sparse (e.g., counts less than ten).
Adult primary data (i.e., from the Fairfield County Health Survey) are marked by the following endnote symbol: §. In some tables, the percentages may not sum to 100% due to rounding and/or because multiple responses were accepted. In some cases, outlying values were winsorized (i.e., replaced with the highest or lowest non-outlying value). Appendix G contains secondary data in the form of the Fairfield County Profile from the Ohio Department of Mental Health and Addiction Services.

Effects of the COVID-19 pandemic. The COVID-19 pandemic reached the United States in January 2020, and the first case was confirmed in Ohio on March 9, 2020. The Ohio State of Emergency was declared on March 9th and a Stay-At-Home Order went into effect on March 23rd.

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Community Profile

This section describes the demographic and household characteristics of the population in Fairfield County, which is located in central Ohio.

Fairfield County was founded about 220 years ago and covers 504 square miles. Lancaster is the seat of this county.

Resident Demographics[1,2]

		Fairfield County	Ohio
Total Population[1]	Total population	158,921	11,799,448
Gender[1]	Male	49.9%	49.3%
	Female	50.1%	50.7%
Age[1]	Under 18 years	23.8%	N/A
	65 years and over	16.5%	17.4%
Race[1]	White	86.0%	77.0%
	Black/African American	9.2%	12.5%
	American Indian/Alaska Native	0.3%	0.3%
	Asian	2.1%	2.5%
	Native Hawaiian/Other Pacific Islander	0.1%	<0.1%
	Some other race	1.0%	1.9%
	Two or more races	2.3%	5.8%
Ethnicity[1]	Hispanic/Latino (any race)	2.5%	4.2%
	Not Hispanic/Latino (White alone)	84.2%	78.0%
Marital Status[1]	Never married	27.6%	32.6%
	Now married (not currently separated)	53.2%	47.5%
	Divorced/separated	13.5%	13.6%
	Widowed	5.7%	6.3%
Rural Population[2]	Lives in a rural area	34.7%	N/A
Veteran Status[2]	Total veterans	8.2%	N/A
Disability Status[2]	Total with a disability	13.4%	N/A

Data are from 2020

Resident Households[2,3,4]

		Fairfield County*	Ohio*
Total Households[3]	Number of households	59,031	4,730,340
	Total family households	40,951	2,942,581
Household Size[3]	Average household size	2.62	2.1
	Average family size	3.1	3.0
Household Type[3]	Households with one or more people under 18 years	33.2%	28.3%
	Households with one or more people 60 years and over	41.1%	41.5%
Household Relationships	Percent of children that live in household headed by single parent[2]	18%	N/A
	Married-couple households[3]	78.2%	72.3%
	Male householder, no wife present, family household[3]	5.5%	7.9%
	Female householder, no husband present, family household[3]	16.3%	19.8%
	Non-family households[3]	30.6%	37.8%
	Total households with grandparents living with grandchildren[3]	3.3%	3.1%
	Household with grandparent responsible for own grandchildren under 18 years[3]	41.0%	41.0%
Languages Spoken at Home	Only English[4]**	96.8%	94.8%
	A language other than English[4]**	3.2%	5.2%
	Spanish[4]**	0.9%	1.7%
	Other languages[4]**	2.3%	3.5%
	Not proficient in English[2]	1.0%	N/A
Transportation[3]	Households without a vehicle	3.3%	7.7%
Household Income[3]	Less than $25,000	13.8%	20.1%
	$25,000 - $49,999	19.6%	22.6%
	$50,000 - $74,999	19.3%	18.8%
	$75,000 - $99,999	13.8%	13.0%
	$100,000 - $149,999	19.2%	14.4%
	$150,000 or more	14.4%	11.1%

**Data are from 2019 **Data are from 2015-2019*

Community Profile

A statistical portrait of the adult respondents who completed the 2022 Fairfield County Health Survey is shown below. These percentages have been weighted to match population benchmarks for age, gender, educational attainment, presence of children in the household, and Lancaster residence.

2022 Health Survey: Respondent Profiles[§]

		Fairfield County
Gender		(n=700)
	Female	49.7%
	Male	48.2%
	I prefer not to classify myself	2.1%
Age		(n=700)
	18-34	26.6%
	35-44	17.1%
	45-54	18.2%
	55-64	17.4%
	65+	20.8%
Race/Ethnicity		(n=700)
	White	91.4%
	Asian	5.1%
	Black/African American	3.8%
	Hispanic or Latino	2.3%
	Other	1.2%
Education		(n=697)
	High school diploma / GED or less	41.7%
	Associate's degree / some college	31.6%
	Bachelor's degree or more	26.8%
Household Size		(n=697)
	Average household size	2.9
Household Income		(n=667)
	Less than $50,000	26.8%
	$50,000 - $74,999	15.7%
	$75,000 - $99,999	19.4%
	$100,000 or more	38.1%
Children Under 18 (In Household)		(n=697)
	0 children	65.1%
	1-2 children	28.4%

		Fairfield County
	3 or more children	6.5%
		(n=700)
Lancaster Residence	Resident	26.5%
	Non-resident	73.6%

Making a Healthy Community: Priorities According to Residents

This section details a number of top-of-mind issues for Fairfield County residents and community leaders, including perceptions of the most important health issues in the community, accounts of COVID-19's impact, and insight into improving health through attention to health resource information, health education, and organizational collaboration.

Key Findings

Perception of Most Important Health Issues

Residents and community leaders of Fairfield County commonly perceive alcohol/drug problems, mental health issues, and lack of medical care access as the most important health issues in the county.

COVID-19 and the Community

Residents reported that in the past year the most commonly felt negative impacts of COVID-19 were on their level of anxiety/depression and their relationships with other people.

Information, Education, and Collaboration to Improve Health Outcomes

Residents somewhat trust the medical advice provided by official public health organizations. Community leaders are optimistic that continued organizational collaboration will improve community health.

Perception of Most Important Health Issues in Fairfield County

Over a quarter (26%) of survey respondents think that drug or alcohol addiction or abuse is the most important health issue in Fairfield County. Mental health issues and lack of medical care access were also common responses. "Other" responses included chronic conditions like diabetes and cardiovascular disease, poverty, cancer, senior-specific health issues, and lifestyle attitudes.

Resident Perception of Most Important Health Issues[§*]

	Fairfield County (n=520)
Drug or alcohol addiction or abuse	26.2%
Mental health issues	19.8%
Lack of medical care access	19.5%
Issue related to COVID-19	16.6%
Medical care cost	12.4%
Obesity and nutrition	11.3%
Other	25.6%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Community Leaders - Most Important Health Issues

Community leaders most commonly mentioned access to health care, mental health, and substance abuse and addiction as the most important health issues facing Fairfield County. A few leaders also mentioned physical health issues, like diabetes and cardiovascular conditions, or the impact of COVID-19 on health outcomes.

> From the behavioral health side, I think access to care, because programs and agencies don't have enough staff. Basically, it's very difficult to get the staff in the programs, we have funds to fund programs, but we don't have enough staff working in the various programs. And I think that's probably beginning to be a problem on them on the general health side, physical health side, but I think it's a really, really big problem on the behavioral health side.
>
> I'm going to say generally, if we were to look at the most important health issues for Fairfield County would be access to services. Ensuring that the children that we serve as well as their family members or parents, guardians, have access to health services, whether that be physical health, dental health or mental health. I think that is the, right now, primary need, priority for Fairfield County.
>
> Definitely, mental health, that's a huge issue is kind of tying that in with substance abuse, we have a lot of issues with that. One thing I think we've gotten better at is, at least on the

> school end, we do have more resources available in the schools for counseling. But it's still lacking, kind of across the spectrum. I think that's still a huge issue in the county…but then also, we're just seeing a lot of, or at least on my end, I see a lot of different severe behaviors. Whether they're bipolar or schizophrenia, and not really having a good place to treat those here locally.
>
> Mental health, and this pandemic has spiraled it out of control. Anxiety. I think anxiety substance use. I think we don't realize how many people have overdosed, because of the pandemic. That's kind of been like shoved under the rug. I think if you look at the statistics, it's still a big issue. Drug use in this community is a big issue.
>
> I think mental health and addiction are things that are certainly not exclusive to Fairfield County, but they are big issues in Fairfield County. The addiction issue has been there for a little while now, but I think we're seeing even more prevalent now mental health issues. I don't know if that was amplified by COVID and staying at home and things like that, [but it] probably didn't help.
>
> Obviously, mental health is a huge issue right now that gets the gamut from ages birth, and so on…But we also have, just like any other community, your physical health issues like your diabetes, obesity, heart, lung type issues.
>
> [Also] chronic diabetes. We see a lot of chest pains or cardiovascular disease. And then traumas, as far as geriatric trauma, especially. Falls that could have been prevented with the geriatric population.

COVID-19 and the Community

Community Leaders – COVID-19

Community leaders mentioned how COVID-19 causes people difficulty when trying to schedule appointments with the doctor and avoidance of preventative health care.

> Like going to the doctor. Specific things, so if your child has a runny nose, they're like, it could be a COVID symptom. We don't want to see them, do this. Dental appointments are behind seven, eight months with the dentist. They're scheduling out that far. So then we're getting behind on some of that stuff, too.
>
> A delay and seeking routine preventative health care. Even though I'm talking about an age group of five and under or families, all the immunizations were delayed. They aren't getting in to get their physicals. They're saying don't come to the well-baby check. So a delay and preventative access to health services…They almost have to be in perfect health to be able to do the doctor, which kind of seems backwards right now. But that's what they're doing at this point. I think is lightening up a little bit, but they're so far behind from being shut down at COVID that the scheduling is very hard to get into right now.

> I think one of them is people not getting the regular checkups…I just think a lot of older people just didn't want to deal with it, because they didn't want to get COVID. Let me just stay home and sometimes that wasn't the best thing.

Community leaders spoke about the impact of COVID-19 on social relationships, by way of increasing tension and feelings of anxiety and depression.

> I think that it has made people afraid of each other. They don't want to be in public anymore, they spent so much time in their house and being afraid to go out because of the potential to be infected, that they got used to that, they got used to being alone, they got used to their only communication being via social media and texts and things like that. And so I see people struggle with face to face communication. I definitely see in my position a lot of people who are struggling to get back into the habit of having an in person meeting and talking to each other, and presentations. Those used to be a lot more commonplace, where you're standing up in front of a crowd and doing a PowerPoint and talking and stuff like that. Now people get really, really nervous about that. I just think in general it's changed people, and I don't know if that's temporary, or if it may be more long term. I think there's less trust, I think there's less just common human decency, and courtesy and all of those things.
>
> I think just the divisiveness is out there. People fighting with each other. Moving toward an argument versus listening and understanding each other and communicating. It was beginning and then COVID really kind of escalated it. And everybody had an opinion on what we should and shouldn't be doing. Sort of a level of unrest, and divisiveness in our society, our communities has really increased. And then I think that contributes to people's isolation, and contributes to their anxiety and their depression, people kind of feel helpless. And that's one of the biggest things when somebody's in the middle of a mental health challenge. You've got to be able to see the other side of that, if you're hopeless, if you think nothing's going to change, everything's bad, it's hard to see that there's another side to this.
>
> I think the biggest thing that pandemic did, at least what I've seen regarding health care, is the anxiety levels of people. And the anger issues, people have now. People are just not kind anymore. They let everything bother them. I think some people came out healthier, with a healthier outlook, because they never took the time to just kind of slow down, but others couldn't handle it. And so what happens is they get out into the community and everything bothers them.
>
> I think depression spiked amongst kids. I think across the board, it spiked, but I think you've never seen it as much as you have in children. And I just think it was that social interaction that was missing.
>
> I also know we dealt with a lot of kids that their most reliable relationship in their life was coming to school and being with their friends and their teachers, and now they're at home, maybe where there's an abusive relationship or there's neglect or they're not sure, whether they're going to get lunch and dinner and breakfast.

Work needs to continue to encourage more community members to get vaccinated for COVID-19, and undo misinformation about vaccines in general. Community leaders say part of the solution is building trust.

> And people are drawing this line in the sand. And it's really hard to get our students in compliance with their vaccines. In Ohio, legally parents can decline to have their children vaccinated, so they can fall back on that. We're seeing more and more of that, that it's a parent's choice versus a medical reason why their child isn't vaccinated. There's so many mistruths out there, too. Anybody's a doctor. You get online, you're going to find an article that meets your point of view. But there's just this huge mistrust out there. I get a call at least once a week about vaccines. I try to come out them with evidence-based research and they're coming at me with their beliefs, and we're going to agree to disagree. I just saw Ohio just had their first measles case since 2019. A 17-month-old, I think, this week. Unfortunately, you're going to start seeing these communicable diseases that we once had under control or completely eradicated are going to come back with a vengeance, I have a feeling.
>
> It caused a lack of trust in the health departments and in the health care field in general, and certainly a lack of trust in the government. And I think that's gonna bleed over into lots of other things for years to come. You just don't get that back quickly.
>
> And I think still, a lot of people are very hesitant. I don't think in Ohio, we even have 60%. Maybe we do in some areas, more than 60%. I think an average of 60% vaccinated. So that's still a lot of people not vaccinated. And I get it, to each their own. But I've seen it firsthand that if you are vaccinated, you're not going to get as sick. You're just not.
> I do think it's developing, as a school, those positive relationships with parents, and it does take time to build those trusting relationships. I always think parents are probably the most guarded in preschool and kindergarten, first grade, but over time, you develop that. Once they trust you, and they realize you're kind of on the same team, what I really would love to see and what we've tried to do is, we try to bring opportunities for kids to be vaccinated within the school setting. Whether we're partnering with the local health department or another community clinic, and then personally reaching out to those families saying, here's an opportunity, and the parents can even come in. Trying to make it convenient too.

Community leaders spoke about the need to face the effects of COVID-19 on mental health by bolstering mental health care access, and a desire to see more cohesive guidelines about COVID-19 to support unity among the population.

> We really need to address and recognize that people are not in a good space, right now. A lot of cases, people are coming back out after COVID. Yay, that's great. Kids are back in school. I don't think it just resolves like that. For some people, it was really tough. There's a lot of people out there that saw family members get really sick, sometimes die, people went through long periods of isolation. In some ways, this is all, in many ways a trauma. And that just doesn't go away. People need time to deal with that. And in a lot of cases, they need help deal with that. I think us recognizing that we need to keep continuing to

> bolster the services available to people. The whole continuum, what we provide for people that need help paying for it, all the way up to what private insurance will pay for, we just need to bolster that whole continuum of care to help people because it's not over. People still need that support. They're still struggling with the anxiety and the depression that started during COVID.
>
> At least in our state, what I have seen is we like local power and local decisions, but that doesn't always work really well, because it starts to pit everybody against each other. We should all be following the same protocols throughout the state. It shouldn't be this health department tells you one thing and if you live in this county, your health department's telling you to do something else. I would like to see us get back to coming back together instead of I think now we're just back to being pulled more apart on things.

They also brought up the need to close educational gaps for youth whose schooling was affected by COVID-19.

> Everyone has to know we have a gap; the gap is there. That was very evident last year when the kids came back and went through their testing. You saw that I don't think anybody made gains, everybody was behind, and it's going to take time to fill that gap.
>
> Teachers were desperately trying to adapt their teaching styles. But the state testing and their testing clearly showed that the virtual education system was not nearly as effective as in classroom. And we're finding a lot of children right now that are really behind in their studies compared to where they were pre COVID. So trying to fill that gap and get everybody back to a point where they should be moving forward, because we're a little behind right now. So I definitely think education is as a as a huge starting point.

Survey respondents were asked to report what negative impacts of COVID-19 they experienced in the last 12 months. Nearly 40% reported a negative impact on their level of anxiety or depression, and a similar percentage reported a negative impact on their relationships. A majority of the "other" responses reflected disapproval of COVID-19 safety mandates, and precautions like masks. However, others mentioned a negative impact on the level of trust in the government, on businesses, and on recreational activities like shopping. Some also responded about increased loneliness/grief, or ongoing medical issues from COVID-19.

Negative Impacts of COVID-19[§*]

	Fairfield County (n=681)
Level of anxiety/depression	38.1%
Relationship(s) with other people	37.2%
Exercise habits	22.7%
Financial stability	19.3%
Social media habits	17.8%
Use of preventative health care screenings/visits	13.2%
Nutrition habits	12.6%
Television/gaming habits	10.1%
Other	3.9%
No negative impacts	32.5%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Differences by age: Reporting of COVID-19 negatively impacting one's level of anxiety/depression decreases as age increases: 51.6% for 18-34 year olds, 59.5% for 35-44 year olds, 35.7% for 45-54 year olds, 27.8% for 55-64 year olds, and 13.3% for individuals 65 or older.

Those under age 45 are more likely than those age 45 or older to report that COVID-19 had a negative impact on their financial stability: 31.0% vs. 10.2%.

Those under age 45 are more likely than those age 45 or older to report that COVID-19 had a negative impact on their social media habits: 25.7% vs. 11.6%.

Differences by gender: Females are more likely than males to report that COVID-19 had a negative impact on their level of anxiety/depression: 46.6% vs. 28.2%.

Females are more likely than males to report that COVID-19 had a negative impact on their financial stability: 25.6% vs. 12.0%.

Females are more likely than males to report that COVID-19 had a negative impact on their social media habits: 24.3% vs. 11.6%.

Females are more likely than males to report that COVID-19 had a negative impact on their use of preventative health care screenings/visits: 18.1% vs. 6.3%.

Differences by education: Those with some college or more education are more likely than those with a high school degree / GED or less education to report that

COVID-19 negatively impacted their relationship(s) with other people: 41.9% vs. 30.6%.

Reports of COVID-19 negatively impacting one's financial stability vary by highest level of education completed: 14.1% for those with a high school degree / GED, 30.6% for those with some college, and 14.2% for those with a bachelor's degree or more education.

Differences by income: Those with an annual household income of less than $75,000 are more likely than those with annual household incomes of $75,000 or more to report that COVID-19 negatively impacted their relationship(s) with other people: 43.3% vs. 34.5%.

Reporting of COVID-19 negatively impacting one's financial stability decreases as annual household income increases: 34.0% for an annual household income of less than $50,000, 25.8% for an annual household income of $50,000-$74,999, 19.3% for an annual household income of $75,000-$99,999, and 7.4% for an annual household income of $100,000 or more.

Differences by presence of children: Those with at least one child in the household are more likely than those without any children in the household to report that COVID-19 had a negative impact on their level of anxiety/depression: 54.4% vs. 29.3%.

Information, Education, and Collaboration to Improve Health Outcomes

Fairfield County respondents were asked whether they would like to receive help or information about the following issues, with an additional write-in option. These percentages should not be taken as a proxy for overall incidence of these needs but rather as a preliminary insight into what might be the most in-demand information or help needed by Fairfield County residents. "Other" responses included help needed around the home, tax relief, affordable health care, disability benefits, transportation assistance, binge eating, and dental care.

Would Like to Receive Help or Information About...[§*]

	Fairfield County (n=663)
Depression, anxiety, or mental health	10.2%
Food assistance	7.5%
Rent/mortgage assistance	6.0%
Drug or alcohol abuse	3.7%
Job training/employment	3.0%
Elder care	2.6%
Tobacco cessation	2.6%
Childcare assistance	2.5%
End-of-life or hospice care	1.8%
Social media usage	1.0%
Gambling or betting addiction	0.2%
Other	0.8%
None	79.8%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Differences by income: Wanting help with food assistance decreases as annual household income increases: 20.1% for an annual household income of less than $50,000, 11.3% for an annual household income of $50,000-$74,999, and 0.7% for an annual household income of $75,000 or more.

Not wanting any help increases as annual household income increases: 61.1% for an annual household income of less than $50,000, 71.1% for an annual household income of $50,000-$74,999, and 90.0% for an annual household income of $75,000 or more.

Differences by education: Wanting help with food assistance decreases as education level increases: 12.0% for those with a high school degree / GED, 7.7% for those with some college, and 0.7% for those with a bachelor's degree or higher.

The biggest barrier to getting help or information was reported to be the time or effort needed to find or access services (41.7%). Lacking eligibility for services (24.2%), and not knowing of any services in the community (21.5%) were also common answers. Other responses included cost barriers, shortage of mental health providers/services, long wait time for an appointment, lack of Internet/smartphone, and embarrassment.

Differences by age: Reporting that time or effort needed to find or access services is a barrier to getting help decreases as age increases: 76.6% for 18-34 year olds, 48.3% for 35-44 year olds, 22.9% for 45-54 year olds, 18.9% for 55-64 year olds, 10.1% for individuals 65 or older.

Differences by presence of children: Those with at least one child in the household are more likely than those without any children in the household to report that not being eligible for services is a barrier to getting help: 42.9% vs. 9.9%.

Differences by income: Those with an annual household income of less than $50,000 are more likely than those with an annual household income of $50,000 or more to report that not knowing of any services in their community is a barrier to getting help: 35.7% vs. 9.7%.

Community leaders – Resource Awareness and Health Education

Community leaders spoke to the barrier of not knowing where to go for health services, or health education about issues like nutrition. COVID had an impact on this by switching the focus of health and social service agencies and interrupting routine interactions community members had with health care providers.

> I think we need to continue to educate people that there is help there and how to get that help. Our health care system can be really complicated. People knock on one door, and they're told no, you're in the wrong place. But no one helps them get to where they need to be. We're trying to address that. We help fund 211 information referral, which is one sort of clearing house people go to when they need help. And then we also fund a behavioral health care navigator. People use them more for social service and resource needs than health care. I think they do get people contacting them about health care, and they use our behavioral health care navigator to if they have somebody come in their office and they're not able to help them they will refer to the Behavioral Health Care Navigator. I think it's hard, somebody suddenly has a certain kind of health issue, whether

> it's physical or mental health. Where do I go with this? What do I do with this? It's hard for people to know where to go.
>
> I think there's still gaps, to be honest with you. And I think with the dicey school years over the last couple years, it's hindered it more than it's helped. Because you weren't going to school, you weren't getting that healthy lunch. You revert back to the stuff that you can afford. Sometimes that's not so healthy. We always want to achieve that and hopefully moving forward, we can, but the pandemic really took a hit on people going in for the regular checkups and stuff like that. I'm sure some people's health slid backwards a little bit because they were afraid to come into a health center or to a doctor's office, and some doctors weren't seeing patients anyway.
>
> I do think the availability of health education has had a significant decrease during the pandemic, right. A lot of shifting went to sustaining health and safety practices for COVID, making sure that families had the resources that they need during the pandemic. But I would say that availability is probably an issue. So what I'm thinking, let's say a family, let's say they're scoring as obese on their BMI. Are there local resources that you can refer them to for education, besides WIC?

Community leaders also mentioned how distrust of government and leaders further hinders health education of the public, and fosters misinformation, especially in the case of politicized health issues like COVID-19.

> Seems like everywhere you turn somebody was adamant about you absolutely should or absolutely should not get vaccinated. I think there's a lot of misinformation that gets distributed and circulated. And for whatever reason a lot of people I think, are more likely to listen to their neighbor or friend or family member, or somebody who tells them something, rather than an actual professional in the field, because I think there's also mistrust. And there's mistrust in government, and basically leaders as a whole that they have a hidden agenda, and they're trying to mislead you for their own benefit, whether that be financial or otherwise. So, yeah, I would say that's a problem in terms of health education.

Community leaders brought up specific health education needs of seniors, for example education to prevent falls and financial exploitation

> I think getting programming around issues of importance to seniors, falls prevention, managing chronic illnesses, is really important for our seniors here. Good nutrition [as well], education about financial planning, financial exploitation. There's all kinds of telemarketing. There's all kinds of Facebook stuff out there. There's all kinds of IRS scams, social media scams…because people were isolated, they want to talk to people and they want to be needed, the grandkids scam. Grand kid calls up with issues, problems. And

> then you've got people living in the home with a senior or a power of attorney for a senior, be it a family member or friend, and they get into their money and start spending it. Taking control of their bank accounts. That's on both sides. It can be perfect strangers, or it can be family members. I would say about equally on both sides.
>
> Elder Abuse is huge. It's not reported. People can't even identify it. So that would be another place for health teaching. The older person doesn't know how to identify cognitive decline. Another thing people think that means, "I don't know where I am." Cognitive decline has a lot of variation within the elderly population before they get there. There's a there's a point where you're not making the decisions for yourself, even though you know, this is my name. This is again what year it is and that kind of thing. And I think that we feel like as long as they know who they are and stuff, then they get to make their own decisions and there's not enough support for families to know when is that time to intervene.

Mistrust in medical advice from official sources was measured through a question about trust in health organizations to provide accurate health information. Fairfield County adults most commonly reported that they somewhat trust the general health recommendations of the county health department (51%), the state health department (50%), and the CDC (40%).

Trust in Sources to Provide Health Recommendations[§]

	Fairfield County (average n=647)		
	Fairfield County Department of Health	Ohio Department of Health	Centers for Disease Control and Prevention
Trust a great deal	36.4%	37.2%	35.7%
Trust somewhat	51.0%	49.8%	40.0%
Do not trust at all	12.7%	13.1%	24.6%

Differences by income: Trusting Ohio Department of Health recommendations a "great deal" increases as annual household income increases: 23.6% for an annual household income of less than $50,000, 34.6% for an annual household income of $50,000-$99,999, and 51.1% for an annual household income of $100,000 or more.

Regarding who they trust to provide accurate information about COVID-19, half of Fairfield County respondents indicated that they trust their local doctors. Nearly half (47%) indicated that they trust the state health department.

Trust in Sources to Provide Accurate Information About COVID-19[§]

	Fairfield County (n=692)
My local doctors	50.5%
The Ohio Department of Health	46.9%
Fairfield County Health Department	43.8%
The CDC	43.5%
Individuals on social media who are not a part of the medical community	0.9%
Other	3.6%
None	24.7%

Differences by age: Those age 65 or older are more likely than those less than 65 years of age to trust their local doctors to provide accurate information about COVID-19: 72.3% vs. 44.9%.

Differences by education: Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust their local doctors to provide accurate information about COVID-19: 67.7% vs. 44.2%.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust the Ohio Department of Health to provide accurate information about COVID-19: 69.3% vs. 38.9%.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust the Fairfield County Health Department to provide accurate information about COVID-19: 67.6% vs. 35.4%.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust the CDC to provide accurate information about COVID-19: 69.6% vs. 34.1%.

Differences by income: Those with an annual household income of $50,000 or more are more likely than those with an annual household income of less than $50,000 to trust their local doctors to provide accurate information about COVID-19: 56.7% vs. 39.4%.

Those with an annual household income of $50,000 or more are more likely than those with an annual household income of less than $50,000 to trust the Ohio Department of Health to provide accurate information about COVID-19: 54.2% vs. 29.9%.

Those with an annual household income of $100,000 or more are more likely than those with an annual household income of less than $100,000 to trust the CDC to provide accurate information about COVID-19: 62.0% vs. 34.8%.

Community Leaders – Organizational Collaboration to Improve Community Health

Community leaders are hopeful that with time and effort health in Fairfield County can improve, citing a history of positive organizational collaboration.

> We've always been a very good collaborating community, we just always have been, but I think the pandemic pushed other organizations with us that we became partners, like the emergency management services, and the health department, FMC. We've always had a great relationship, but we all sort of came together. I think if we continue to do that, we can put a dent in some of this stuff. It's just coming up with those ideas that will have an impact on homelessness, on making sure people get in to get their annual wellness visits and stuff like that and making sure that we have enough providers to provide the mental health care that we need in this community. I think we all can work together on all of those issues, and we can improve them.
>
> I still think Lancaster is a great community and Fairfield County is a great community, I don't talk about negatives. I would just like to see a little more ownership, maybe just within our county on some of this. These initiatives, I think it's really good that we do these assessments. I've kind of gotten to be a part of them several years, and we kind of get these frameworks put in place. And then I don't really feel like the follow through is always there. And that's what I would like to see is just us continuing to work together and come together as a community to address these issues.
>
> Obviously, with COVID, it's been huge challenge. But prior to COVID, I think the community has done a really good job of coming together and saying, "Hey, I have an issue." Like, for example, we were at a meeting one time at the health department, and we were talking about trying to get kids out and get active. The kids that are on a free and reduced lunch program, what are they doing all summer, because the parents aren't going to pay to take them to child care, because the parents were saving every penny they possibly can. And so we just started talking about that around the table. And by the end of the meeting, we had come up with a plan. We contacted our civic clubs, like our Kiwanis, Rotary and said, "Hey, can you guys purchase pool passes, so that any kids that is on a free lunch program can go to our 211 and get a free pool pass?" There's no barriers. And then we worked with our public transit system again to say, all right, any kid that wants to ride the bus system can ride for free for the summer. So they can take their free pool pass, to go to the pool, and the free lunch site is right across the street. They can leave and get their free lunch and come back to the free pool. And then they're staying

> active, they're getting a decent lunch. And they're not staying home isolated, where they have the options to experiment with substances or create some other type of trouble, because they're bored. …But I think it's really now, coming out of COVID, we need to start really just bringing some of that back and getting the word out again, to really engage the community to say, "Hey, you have options. You have cheap options. You have free options," because we want the community to succeed.

Many also brought up ways that organizational collaboration and coordination could be improved in Fairfield County.

> I think a lot of it's communications because as I said, there's a lot of good organizations trying to address these issues. I sometimes wish they would just talk to each other more, instead of, "Oh, well, we'll offer this service even though this has already been offered somewhere else." Why don't we capitalize on that? Why not work together and I know that's not always possible, but if they could just talk to each other and figure out the things that are going on at on in the community and what is needed, I think that would be a huge help...There's a lot of good organizations in our community trying to address these issues. We're fortunate in that aspect. Are they being effective and could they collaborate with other organizations to try to do a better job collectively?
> I'd like to see them more in schools and doing more work. Even with the school nursing and, and pulling people together and again, having a county wide structure around health education. So we have a little bit of education happening from the animation board. We have some education coming maybe from the Children's Services, we maybe have some education—you know, they're all over the place and I would like to see a coordinated plan with a strategy among the education services to the county and we just don't have that. Not that I can see from my perspective, we're lacking that. All the county agencies tend to want to protect their turf or something that a lot.
>
> [For] health systems, if we have a high number of readmissions coming to the hospital with certain diagnostic categories that would be a key place that we could partner with health departments to help make sure the community is healthy. But it's almost like the health department says "Oh, that's not us. We don't deal with CHF. It is non communicable disease." And, and yet, the hospital systems need these community partnerships, because the health department should be about keeping the community healthy, not just fighting communicable disease. And they do a little bit with prevention around you know, maybe a little bit of nutrition and a little bit of chlamydia or something like that. But they're not, we're not staffed enough to do the kinds of things that we need to do. We're not funded enough to do the things that we need to do because we should be out there dealing with those major—peds and heart failure and doing a lot of things around cardiovascular stuff. And, and we're just not doing that. We're not doing enough…We don't have significant or sufficient prenatal services that are coordinated. So I think that's a place that is missing, that was uncovered during COVID is the lack of

> coordination between private and public partnerships, and also the lack of coordination among different public offices within the county.
>
> Sometimes we put on these great classes, come and learn how to cook healthy and whatever. But we don't say "Oh, and by the way a shuttle could be provided to get you to where you need to be, or these mother classes, or breastfeeding classes, or the diabetes control." We provide them in our space, but that's as far as we think about it without coordinating, how are you planning on getting here? Is there a specific bus that's going to run that night so that they can pick you up and take you home? I don't know. That's, that's way outside the box. If you could do that, I would say that you would probably have more engagement.

Priority Health Needs

The priority health needs on the next pages were identified by the following community representatives.

Fairfield County Health Needs Prioritization Participants

Fairfield County Health Department
Stephanie Fyffe

Fairfield County Department of Job and Family Services
Melanie Culbertson

Fairfield County 2-1-1 Information and Referral Services
Jeannette Curtis

Fairfield Medical Center
Teri Watson
Janae Miller
Resa Tobin
Mike Kallenberg

Fairfield County Health Department
Joe Ebel
Baylie Karmie
Bobby Persinger

Meals on Wheels
Anna Tobin

Fairfield County ADAMH Board
Marcy Fields

Fairfield County District Library
Helen Bolte

Mount Carmel Health System
Candice Coleman

Violet Township Fire Department
JD Postage
Jason Smith

Alzheimer's Association Central Ohio Chapter
Lindsay Blackburn

Fairfield Community Health Center
Lisa Evangelista
Julie Rutter

Project F.O.R.T/Fairfield County Overdose Response Team, Major Crimes Unit
Scott Duff

Fairfield County Emergency Management Agency
Garrett Bleu

Lancaster-Fairfield Community Action Agency
Melissa Hillis

Fairfield County Protective Services
Leah Miller

Fairfield County Board of Health
Teresa Wood

New Horizons Mental Health Services
Renee Klautky

United Way of Fairfield County
Carrie Woody

Priority Health Needs

The prioritized health needs of Fairfield County residents include: **substance use treatment and prevention, mental health care access, community outreach, and transportation access.**

Substance use treatment and prevention was identified as the highest priority health need. Prioritization session members specified addiction as a big issue, along with improving education around substance use and resources to help substance users avoid more health issues, such as access to fentanyl tests strips. Survey respondents and community leaders from the *Fairfield 2022 Community Health Assessment* also brought up this issue, mentioning the stigma associated with substance use impeding progress on this issue as well as the lack of substance treatment facilities within the county.

Prioritized Health Need: Substance Use Treatment and Prevention	
Specific indicators	See pages
• Behavioral health care access and stigma	• 43-45
• Substance use	• 72-79

Mental health care access was the next highest priority health need identified of the county. Session members mentioned access to treatment and the lack of a mental health workforce, along with specific mental health issues (anxiety, depression, suicide) and the mental health needs of specific populations (older adults, rural populations). As detailed later in this community health assessment, around 20% of Fairfield County adult residents have ever been diagnosed with a depressive disorder, and nearly 30% with an anxiety disorder. Community leaders mentioned the relationship between mental health and substance use, as well as the impact of COVID-19 on these issues.

Prioritized Health Need: Mental Health Care Access	
Specific indicators	See pages
• Mental/behavioral health care access	• 37-39, 42-47
• Mental and social health	• 89-93

Transportation access was another priority health need mentioned by session members. They specified a need for accessible, user-friendly transportation for seniors and those with special transport needs (wheelchair users) as well as transport access for those in rural areas and those needing to travel across county lines. While census data shows that a majority of households in the county have access to a vehicle, community leaders see a strong need for improved public transportation systems.

Priority Health Needs

Prioritized Health Need: Transportation Access	
Specific indicators	See pages
• Transportation issues	• 67-69

Another priority health need identified by session members was community outreach. They included under this umbrella expanded community paramedicine, education about risk factors for chronic diseases, and free screening awareness. Clear from these issues is a communal desire to decrease the incidence of health issues in the population through an increased access to preventative health care.

Prioritized Health Need: Community Outreach	
Specific indicators	See pages
• Chronic disease prevalence	• 109
• Cancer screening	• 48-50
• Health care access	• 36-53

Page 112 of this report presents a list of potential partners, resources, and community assets that could potentially help to address these prioritized health needs.

Several other health needs were also considered as part of this prioritization process, but these did not receive the same level of endorsement compared to those mentioned above.

The other health needs considered during the prioritization were:

- Affordability and access to physical health care, including dental care and maternal and infant health care specifically. The lack of health care workforce was also mentioned in this vein, along with a need for more specialty care providers within the community. Health care delay due to stigma and education was also mentioned, along with access and awareness to health screenings.
- Decreased obesity rates, attention to chronic diseases in obese population.
- Access to affordable, healthy food.
- Access to safe, affordable activity and leisure spaces.
- A need for increased support within families.
- Issues specific to older adults, such as dementia screening, fall prevention, and in-home health care access.
- In the realm of mental and behavioral health care, early screening, treatment and education for individuals with high ACES scores was mentioned, along with attention to the way ACES scores predispose individuals to heart disease and cancer.
- Trauma informed care, for example, EMDR (Eye, Movement, Desensitization, Reprocessing).
- Identifying vulnerable populations.

Priority Health Needs

For context, Ohio's 2020-2022 State Health Improvement Plan (SHIP) identified three priority health factors important to improving communities' health, with particular emphasis on **mental health and addiction, chronic disease, and maternal and infant health**. The three priority health factors include **community conditions, health behaviors, and access to care**, as shown below. For each of these priority health factors Ohio's 2020-2022 SHIP also identified specific areas of focus, which are listed in the table below. Overall, there is a good alignment between the prioritized health needs identified for Fairfield County and the priority health factors identified by Ohio's 2020-2022 SHIP:

1. Substance use treatment and prevention aligns with Ohio's health priority factor "health behaviors" as well as the priority health outcome of "mental health and addiction."
2. Mental health care access aligns with Ohio's health priority factor of "access to care" as well as the priority health outcome of "mental health and addiction."
3. As community outreach mentioned by session members referenced chronic diseases, this also aligns with Ohio's priority health outcomes.

While transportation access could be considered a "community condition," this was not explicitly outlined by Ohio's 2020-2022 SHIP.

Health Priority Factors and Outcomes Identified By Ohio's 2020-2022 SHIP

Health Priority Factors	Priority Health Outcomes
Community Conditions	Mental Health and Addiction
• Housing affordability and quality • Poverty • K-12 student success • Adverse childhood experiences	• Depression • Suicide • Youth drug use • Drug overdose deaths
Health Behaviors	Chronic Disease
• Tobacco/nicotine use • Nutrition • Physical activity	• Heart disease • Diabetes • Childhood conditions (asthma, lead)
Access to Care	Maternal and Infant Health
• Health insurance coverage • Local access to healthcare providers • Unmet need for mental health care	• Preterm births • Infant mortality • Maternal morbidity

Social Determinants of Health

This section provides insight into how Fairfield County residents fare when it comes to many social determinants of health, including access to health care, levels of poverty, education outcomes, and other aspects of the community context, such as levels of crime and general feelings of safety. Social and structural determinants of health provide insight into what causes higher health risks or poorer health outcomes among specific populations, including community and other factors which contribute to health inequities or disparities.

Key Findings

Health Care Access

Though most Fairfield County residents have health insurance, 4% of children and 7% of adults under age 65 do not. Almost half of residents travel outside the county for care, commonly for specialty or primary care. A majority of residents have visited a doctor and/or a dentist in the past year.

Economic Stability

In Fairfield County, 8% of children live below the federal poverty level, and 10% of residents spend half or more of their income on housing costs. Community leaders discussed factors that contribute to poverty, such as lack of education, mental health issues, and substance abuse.

Education

The high school graduation rate in Fairfield County exceeds the *Healthy People 2030* graduation rate goal.

Neighborhood and Environment

Over half of Fairfield County residents are worried about burglary or theft of possessions affecting them or their family where they live. Regarding household environmental health, the most common concerns are mold and insects. Community leaders highlighted the difficulties some residents face regarding transportation and affordable housing.

The following symbols indicate the presence of:
: a difference in responses between demographic groups of respondents
: a comparison between responses to the 2019 adult survey and 2022 adult survey

Health Care Access

Affordability of health care is a major determinant of an individual's willingness and ability to receive care necessary to the maintenance or improvement of their health. One factor of this affordability is the ability to utilize health insurance. Most Fairfield County residents have health insurance, though 7% of adults under age 65 do not. Of children, 4% are without insurance.

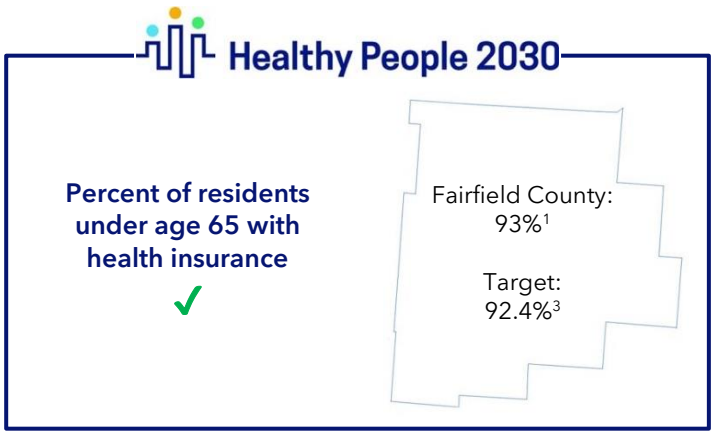
Health Insurance Coverage[1,2]

		Fairfield County 2019	Ohio 2019
Without Health Insurance Coverage	**Total without health insurance under age 65[1]**	7%	N/A
	Total without insurance[2]	5.4%	6.6%
	Under 19 years[2]	3.9%	4.8%
	Uninsured children[1]	4%	N/A
	Adults under age 65[1]	8%	N/A
	Adults age 19-64[2]	7.2%	9.1%
	Age 65+[2]	1.1%	0.5%
Private Health Insurance Coverage[2]	Total with private health insurance	74.5%	68.9%
	Private health insurance alone	60.3%	54.6%
	Employment-based health insurance	64.9%	59.1%
	Employment-based health insurance alone	55.2%	49.9%
	Direct-purchase health insurance	12.3%	11.7%
	Direct-purchase health insurance alone	5.1%	4.2%
	TRICARE / military health coverage	1.5%	1.7%
	TRICARE / military health coverage alone	0.1%	0.5%
Public Health Insurance Coverage[2]	Total with public health insurance	32.4%	37.2%
	Public health insurance alone	18.1%	22.0%
	Medicare coverage	17.4%	19.1%
	Medicare coverage alone	5.7%	6.4%
	Medicaid / means-tested coverage	16.0%	20.1%

	Fairfield County 2019	Ohio 2019
Medicaid / means-tested coverage alone	12.1%	15.4%
VA health care	2.2%	2.2%
VA health care alone	0.3%	0.2%

Data are from 2019

Since at least 2017, the percentage of uninsured children in Fairfield County has remained constant at 4%. From 2017 to 2018, the percentage of adults under age 65 without health insurance rose slightly from 6% to 7%, and during that same period the total without health insurance under age 65 was 6%.



Health Resource Availability

The availability of health resources within the community is another determinant of health care access. The next table shows the ratios of health practitioners to residents in Fairfield County and Ohio. In 2019, the ratio of Fairfield County licensed physicians (MDs and DOs) was 1 to every 481 county residents, which is a larger ratio than the 1 to 341 ratio in the state of Ohio as a whole. Compared to Ohio, Fairfield County is very much lacking mental health practitioners such as psychiatrists and psychologists.

Licensed Practitioners[1,4,5,6,7]

	Fairfield County				Ohio
	2018 Ratio	2019 Ratio	2020 Ratio	2021 Ratio	2019 Ratio
Primary care physicians[1]	1:1,675	1:1,750	N/A	N/A	N/A
Licensed physicians: MDs & Dos[6]	N/A	1:481	N/A	N/A	1:341
Licensed dentists	1:2,164[4]	1:2,159[1]	1:2,130[4]	N/A	1:1,855[4]
Mental health providers[1]	1:890	1:780	1:740	1:680	N/A
Licensed Social Workers[4]	N/A	1:2,763	N/A	N/A	1:326
Licensed Chemical Counselors[5]	N/A	1:1,300	N/A	N/A	1:1,060
Licensed psychiatrists[6]	N/A	1:22,105	N/A	N/A	1:9,108
Licensed psychologists[7]	N/A	1:9,671	N/A	N/A	1:3,185

Community Leaders – Staffing

Community leaders spoke about low wages keeping a sufficient number of workers from undergoing the necessary education and seeking employment at health and social service agencies.

> I think that a big part of the problem with in-home healthcare is how it's funded. Reimbursement from insurance companies is not much. So you can probably make as much as McDonald's as you can make working in a home health environment. And in home health care, you drive your own car. So you've got gas, you've got all this and if somebody isn't home, maybe you don't get paid for the day and you're expecting to work. So I think there's a lot of issues keeping people away from that industry and you got to make a living.
>
> I just don't think we have enough people going into this field. And I think over time, if you think about it, working in the behavioral healthcare field, you don't make a lot of money. And then people have to get degrees and certain college degrees and go through internships and get field experience. And honestly, economically, people think, does that balance out? What if I get a master's degree in social work or counseling? And you know, then I have to work and get supervised for two years before I can get that upper license? And yes, there are, salaries are definitely going up, especially for the upper-level licenses, but it's still a lot. And when you think about what people have to pay for student loans, for a lot of people, you're going to lose money on that deal.

> I think during COVID, we saw mass exodus with many people who were close to retirement. Baby boomers, that whole generation had such a significant impact in our economy and in our world. Basically, because there's so many of them, but I think they left and I don't think that there's younger people that take their place.

They also spoke to COVID effecting high rates of burnout and turnover in their organizations.

> It was a daily meeting [during COVID], because as you know, it changed almost daily. I think that really got to people. The amount of changing, what's true, what's not true? Am I going to be safe? And then the vaccines all came around, is it safe, is it not safe? I think a lot of the uncertainty and unknown really, really stress people in their own battles and in their minds. Am I going to be safe? Am I going to take anything home to my kids? Am I keeping the seniors safe? Is what I'm doing safe for them? I think that was probably more of the burnout.
>
> I think that we have experienced the highest staff turnover rate that I can remember. And I've been with the agency 30 years. So this has been the highest staff turnover rate that we have experienced. And I believe that is also impacting the providers within our community of health. Whether that be mental health or physical health or dental…And just like everyone else is experiencing when staff turnover, we're having a hard time hiring new staff. We just don't have the pool of applicants within our community. I do know that staff, from our staff satisfaction surveys and working with our staff on their needs, that they would report a higher level of burnout, especially this past year.
>
> Yes, our staff are saying to us at the top of their lungs, that they feel burnout…Some of the research I've done and some of the things that are coming out, it can take us three years for us to feel, not burnout, for that rewiring of our brain. And I know even our superintendent with us this summer, he didn't want us checking our emails every day, that he doesn't plan on sending anything out to us, he wants us to power down too, and just take a break from being so engaged with work and school. I think just everybody feels like you've had to be on 24/7 for two and a half years.
>
> After things started calming down [with COVID], then we have this massive turnover of people. And I think the anxiety just kind of said I don't want to be in this environment anymore. I want to do something different.

Community leaders said creating a sufficient workforce for their organizations could require raising wages and building interest in the field to lead more young people to get the necessary degrees. However, some say that reducing burnout in the existing workforce is less about money and more about leadership.

> So I think to some degree, we've got to make it economically balanced for people to come into this field. And that might mean higher salaries. How does that happen? I don't

know. You know, we're getting ready to enter managed care in Ohio for community behavioral health, and that's probably going to squeeze the rates even lower. How do you increase the salaries for people in this field at the same time you're going to see what's being paid for it by Medicaid and Medicare, being squeezed down? And part of it is just people don't understand either. We see so many young people that have gotten degrees in criminal justice or sociology. And they're trying to be a probation officer. And then they say, "You know what, this isn't really what I want to do. That's what I want to do over there." And then we tell them, "Yeah, but you needed a degree in social work or counseling to get licensed to do that." And they didn't know that when they went to college. So part of it is education and drawing young people into getting the right degrees, but part of is also making the field more attractive because right now I think people say it's a thankless job, you burnout, you don't get paid much.

And we're also seeing our agencies really figuring out ways to raise salaries, and they told us, "We don't have a choice, we're on a tight budget, on the other hand, if we're going to raise their salaries, we're going to also have to raise their productivity standards." It's kind of tough. "We're going to pay you more, but it's going to be more stressful." They're doing things like that, because they've realized that we will never get anybody unless we raise our salaries. So there definitely are kind of bidding wars going on out there. And we're definitely seeing salaries going up. But at what cost? If the cost of doing business is the same for the agencies, then you have to ask, what are they cutting to be able to pay staff more? I think we've got some really great innovative providers out there. And I think we've got some strong funding right now. But we got to have the staff and the people providing the services to do it. We've had special funding we've given to agencies to start great, new, innovative programs, they've never gotten them off the ground because they can't hire staff to do them. I think nothing else is going to work until we find a way to get more people working in our behavioral health care field.

People always want to jump to where we gotta pay them more. That's not it. Those shows that's not it. Number one thing that I'm finding in, in the literature is leadership. This all rests with leadership. If you have, if you have good mid-level managers that are engaged with staff and hearing them, you're gonna have a lot less burnout.

Social Determinants of Health

A little less than half (46%) of respondents or their family members have traveled outside of Fairfield County in order to receive some type of health care in the past year.

Travel Outside of Fairfield County for Health Care[§]

	Fairfield County (n=687)
Yes	46.0%
No	54.0%

Differences by education: Traveling outside of Fairfield County to receive health care increases as education increases: 38.1% for those with a high school degree / GED, 46.5% for those with some college, and 57.7% for those with a bachelor's degree or higher.

Differences by location: Those who live outside of Lancaster are more likely than those who live in Lancaster to travel outside of Fairfield County to receive health care: 52.5% vs. 28.0%.

Those who have traveled outside of Fairfield County for health care in the past year have commonly done so to seek out specialty care (26%) and primary care (24%). Less common reasons for seeking health care outside of Fairfield County in the past year include dental care (16%) and surgeries/procedures (14%). Within "another type of care," respondents most commonly sought health care for women's and maternal health, imaging/tests, or cancer treatments. Among those who provided a specific location where they receive care outside of the county, Franklin County was most commonly mentioned.

Type of Health Care Received Outside of Fairfield County in Past 12 Months[§*]

	Fairfield County (n=278)
Specialty care	25.5%
Primary care	24.4%
Dental care	15.8%
Surgery or procedure	13.8%
Another type of care	34.9%

**Of those who provided a response to a type of health care for which they traveled outside of Fairfield County. Percentages may sum to higher than 100%; multiple responses were accepted.*

Health Care Utilization

A majority of respondents (76%) visited a doctor for a routine checkup within the year before taking the survey.

Amount of Time Since Last Visiting Doctor for a Routine Checkup[§]

	Fairfield County (n= 679)
Within the past year	76.4%
Within the past 2 years	10.8%
Within the past 5 years	4.9%
5 or more years ago	7.9%

Percentage of respondents age 18 and older reporting visiting a doctor in the past year for a routine checkup in 2019: 81%; in 2022: 76%.

Differences by age: The likelihood of visiting a doctor within the past year increases as age increases: 61.0% for 18-34 year olds, 64.8% for 35-44 year olds, 77.3% for 45-54 year olds, 85.3% for 55-64 year olds, and 97.5% for those 65 or older.

Among those with children, 94.6% of children visited a doctor, nurse, or other health care professional to receive an annual physical, sports physical, or well visit.[1]

Around one third (33%) of respondents delayed getting some sort of necessary medical health care in the past year. Not being able to afford the co-pay was the most common reason chosen. Avoiding exposure to COVID-19 and not being able to schedule an appointment soon enough were the next most common reasons chosen. "Other" responses included not wanting to pay the cost of care, difficulty scheduling around work, their usual doctor was unavailable, they had to reschedule due to medical staffing issues, insurance denial, COVID-19 test required, and nervousness or anxiety.

[1] Each respondent was asked to focus on their child with the most recent birthday when answering this question.

Reasons for Delaying Needed Medical Care in Past Year[§]

	Fairfield County (n=700)
Could not afford the co-pay	10.4%
To avoid exposure to COVID-19	8.3%
Could not schedule appointment soon enough	8.2%
Could not schedule an appointment at all	6.1%
Did not have insurance	5.1%
To avoid spreading COVID-19	2.5%
Did not have transportation	2.3%
Could not access telehealth care	0.6%
Other reason	4.9%
Did not delay getting needed health care/ No need for health care	67.4%

**Percentages may sum to higher than 100%; multiple responses were accepted*

A little over one quarter (27%) of respondents delayed getting some sort of necessary mental health care in the past year. Difficulty finding a provider with availability was the most common reason chosen. Not knowing what services were available, and not being able to afford care were the next most common reasons chosen. "Other" responses included waitlists, lack of time, lack of confidence that services would help, anxiety, doctor moving, and no insurance.

Reasons for Delaying Needed Mental Health Care/Services in Past Year[§]

	Fairfield County (n=700)
Difficulty finding providers with availability	8.4%
Unsure what services were available	6.9%
Could not afford care	6.8%
Feared admitting a mental health issue	5.3%
To avoid exposure to COVID-19	4.2%
To avoid spreading COVID-19	1.0%
Other reason	3.3%
Did not delay getting needed health care/ No need for mental health care	73.3%

**Percentages may sum to higher than 100%; multiple responses were accepted*

As for medication access, 14.8% reported delaying getting a needed prescription medication for any reason during the past year.

Community Leaders – Mental/Behavioral Health Care Access

Community leaders still see stigma inhibiting access to mental health care. While younger generations may be more open and accepting of mental health and substance use disorders, the negative attitude of older generations toward these types of interventions persists.

> I think a lot of people still have that old school mentality of, like, just shake it off, everybody's got problems, just work through it, you've still got to go to work, other people have it worse than you do, and things like that. They have commercials now about mental health and they'll say, people always have really helpful advice, and they'll say things like, just get over it, or you need to smile more or, things like that. And I think, it's somewhat humorous, but at the same time, I think that those are thoughts that people who have never experienced it, "Oh, I have stress too and I just get over it, I just work through it or whatever, so you should be able to do the same thing."
>
> I do [feel that older adults carry stigma] more so than the younger generation, because I think of where they come from. Pull yourself up by your bootstraps and go on, because you can handle this kind of thing. So I think that, you know, to grief and anxiety and depression, I think it's hard for many people to reach out for help.
>
> Substance use stigma continues to be a huge problem. It took many, many years for us to get sort of a general community, not approval, but acceptance of using Narcan. You know, there's still people out there that don't understand, they think it's a waste of money, a waste of time, let them die, type attitude. You know, for example, fentanyl test strips, there's a big push back to that in the community, because people still don't understand, they think it's enabling or helping people to use drugs. Still a lot of stigma that people, that "it's their fault, why don't they just stop." They don't understand, especially when the consequence is really high. When people lose their families and their jobs and go to jail. I think the general public still has a really hard time understanding why that person couldn't stop and why it got that far.
>
> I think some people don't want to admit to the people around them, that they have problems, they don't go get help. I think there is some fear that the consequences to this will come public, if I go get help. Same thing for mental health. People are driven away by fear. I shouldn't have to get help, I should be I'll take care of this on my own.
>
> Some of the stigma work that we've been doing around substance misuse is really looking at some of our providers to eliminate that stigma. So helping our medical community, really understand substance use disorder, and really understand the barriers

> of treatment, which are all stigma related, right? So, "I'm embarrassed, if I go to a doctor, they're going to take my kids. If I ask for help, I'm going to go into child protective services, they're going to look down on me," they're not going to understand the rubber band that can happen with engagement when you're trying in recovery.
>
> Again, we've heard that from the screenings, the kids…the number one stop, is that the kids are testing positive for depression and or suicide, and the caseworkers contacted the parents saying, "Hey, your kid just tested positive for depression and or suicide, the parents are like, "Oh, not my kid, they're fine. They're fine. They don't need anything. No, we don't want your counseling. No, we don't want anything. No, you don't need to refer us." So yes, that's a huge need.

While many community leaders commended the county for its progress increasing resources for mental and behavioral health issues, many in need of these services still face waitlists to see mental health providers, a lack of inpatient facilities, and trouble affording care.

> I do think the strength of Fairfield County and really looking at substance misuse treatment is we do have a variety of providers. There are options within our community for different varying levels of care. We do have MAT providers that provide that medical assisted treatment. We do have providers that do individual treatment for substance misuse, as well as we have a support group. So we have a variety of treatment options for our families. It goes back to the timely response of getting treatment. So if they're calling a provider that does substance use misuse treatment, they could be on a waitlist or there's not an immediate action for a family calling in.
>
> We have a family Student Support Coordinator now. Available, preschool through high school. There's one in each of our buildings. Each preschool building has one, all five of our elementary, our two junior highs and high school have them. Now our junior high and high school also have school counselors. And then we have contracts also with local agencies that come in and provide counseling services, particularly for those that qualify insurance wise. But the family student support coordinators, have played a huge role in what we do. If anything, I think we would all agree, we probably need more of them or more help with that. And linking things, you know, these families and the students to outside school resources, we've had to try to bridge that gap in the school as much as we can. But it seems there's always a waiting list, outside of school, to help these families.
>
> I will say that we have great providers in our community. And I think we're blessed with the providers that we have. However, you get on a waiting list. And so the individuals that I've talked to at least, and I can't say that everybody ends up on a waiting list, but the individuals that I've talked to who have had trouble getting in to get regular counseling, if they're not being slipped in and put into counseling after admissions, then they end up on a waiting list, and they're not getting the counseling they need, which then ends up

putting them pink slipped somewhere. So I feel like there's a gap and if we could find a way to add more providers, because again, we have great providers that just don't have the capacity to handle it all. So I feel like if we could expand what we're doing to offer those services before they need pink slips, then we might be able to avoid some…A lot of people end up on a waitlist until they get to the point where they've been hospitalized.

I don't think we have enough in terms of services for recovery and addiction, and mental health, I think those are all areas that we don't have enough resources there. I just went to a groundbreaking for a new, trying to think if it's called, the starlight center, or something like that…it's only going to have I think, like eight beds, but it's going to be the first residential facility in our county for addiction. So that kind of gives you an indication, it's the first one we've ever had. And there are only going to be eight beds so that illustrates that not only is there a need, but there hasn't been that resource previously.

We don't have anything in county right now. If somebody would need psychiatric help for mental health, our only option is to send them to a hospital somewhere. We don't even really have that many mental health crisis stabilization units that we can use. They would go to one of the private psychiatric hospitals in Columbus or another county surrounding us. And if they need substance use help, they're going to go to a residential center outside our county as well. [STARLight] will get people close to home, they could stay close to their support system. And I think the most important thing is, they'll be right in the same community. They can really link with whoever they'll see in outpatient, because that's what I see happening. People will go out of county, sometimes for 90 days, three months for such use residential, to come back home, that link hasn't been good. They don't go to outpatient services, and they're right back to where they started. Being right in the community will help them meet, have a warm handoff, and really be able to enter into outpatient services in a seamless way so that we don't lose them between the higher-level service and then outpatient.

There are very limited mental health providers that specialize in providing services for children under the age of five. Not only are waiting lists long, we have providers that do not specialize in serving young children and their families.

I know that [virtual mental health visits are] offered in our county. I don't know how many actually partake in it. I know it's offered from a few people that I've talked to that received virtual counseling, they didn't like it They said it wasn't helpful.

We found a lot of senior citizens the wanted the support, that needed, that craved the support, and we found a significant amount of past trauma with this population. And people that at this point of their life, wanted to talk about it for the first time in their life. That was a real surprise to us. I definitely think behavioral support is really important for our aging population. And it's hard to get, partially because everybody of that age is on

> Medicare. Medicare is terrible for behavioral health. They will only pay a licensed independent social worker for counseling services. There's lots of other credentials that can provide good counseling, but that's the only credential that and psychologists. There's hardly anybody that can provide services under Medicare. It's really hard for somebody on Medicare to find a counselor...I think really looking at what Medicare pays for is going to be really important going forward. They've got to be more flexible on who they'll pay for counseling and support services, because our aging population needs it. They really need it.
>
> And then people still struggle with funding. We provide a lot of funding for uninsured people. Interestingly enough that some of the people that struggle the most with paying for behavioral health services are insured. Many private insurances don't pay for the services they need. If they need something more intensive, for example, we have an intensive home-based treatment service in Fairfield County, it's evidence based, it's really intense. The therapists are in their home probably four days a week, really work hard with the family and the child to get things better. But private insurance won't pay for it because it's in the home, and it's so much, long sessions, so many times a week, they won't pay for it. We end up paying for a lot of families that have private insurance, but they won't pay. It's an intensive service, and they can't really afford it otherwise. So just one little example of how private insurance really does not do what people need it to do.

Improvements to mental and behavioral health care access mentioned were a need for more social workers, counselors, and other mental health professionals along with providing more services accessible to home-bound seniors and the middle class.

> We have really gotten most of our social workers from people we know. So it's very hard [to hire enough]. We've had an ad on indeed.com, online for months, and they're just so hard to find. Really hard to find…I think we need to start targeting probably colleges. And we do have a pretty healthy training program. But I think we need to get more people in social work, and counseling into our locations. And that's what we're working on, actually, as we speak. So hopefully, that'll help our recruiting, especially when we get into the bigger building…We need the counselors, we need the psychologists, we need the psychiatrists and in this community that's lacking right now.
>
> Funding is always like the top issue. And I will say that I do feel like our mental health providers have done a great job expanding their services and trying to continue to recreate how they're offering services in an ever-changing environment. Unfortunately, I think that for a lot of individuals that are in need of services probably need the one on one in person, zoom is not as effective for them. So again, it's hard for me to answer that obviously I feel like we probably need to add providers to what the current caseload is for our people.

> Well, right now, the in-home mental health services would be great for older adults, especially those that are not ambulatory. I believe that having more doctors that would perhaps do house calls, or nurse practitioners that would do house calls might be beneficial. There may be programs out there for that, I'm not aware of it. Unless you're on Medicaid, or in a government waiver program. And again, that middle class, what happens to them? Just get forgotten? That's the bulk of us. That's the bulk of our population. I think we have to remember that part.

A majority of respondents (70%) visited a dentist within the year before taking the survey; about 20% have not visited a dentist within the past 2 years.

Amount of Time Since Last Visiting Dentist for any Reason[§]

	Fairfield County (n=696)
Within the past year	69.8%
Within the past 2 years	11.7%
Within the past 5 years	9.0%
5 or more years ago	9.5%

Differences by age: Those age 35 or older are more likely than those 18-34 years old to have visited a dentist in the past year: 77.3% vs. 49.2%.

About 30% of respondents had not received dental care in the past year. The most common reasons chosen for not visiting a dentist were fear (7%) and not having insurance (6%). "Other" responses (5%) included not having real teeth, not considering dental care a priority, and not having a dentist.

Reasons for Not Receiving Dental Care in Past Year[§]

	Fairfield County (n=700)
Fear of going to the dentist	7.4%
Did not have insurance	5.6%
Could not afford co-pay	4.6%
Difficulty scheduling an appointment	3.9%
To avoid exposure to COVID-19	2.4%
To avoid spreading COVID-19	0.0%
Other reason	5.2%
Did not delay getting dental care	77.0%

Turning to children's utilization of annual physicals or well visits, 94.6% of respondents with children age 0-18 said their child visited a doctor, nurse, or other health care professional at least once in the past year.

The US Preventative Services Task Force recommends colorectal cancer screening for adults age 50 to 75.[8] Respondents age 50 and older were asked when they last had a colorectal cancer screening. Nearly 12% of survey respondents age 50-75 had never had this type of screening.

Amount of Time Since Having Last Colorectal Cancer Screening (Sigmoidoscopy or Colonoscopy) (Age 50-75)[§]

	Fairfield County (n=247)
Within the past year	16.7%
Within the past 2 years	20.1%
Within the past 3 years	14.5%
Within the past 5 years	21.9%
Within the past 10 years	9.2%
10 or more years ago	5.8%
Never	11.8%

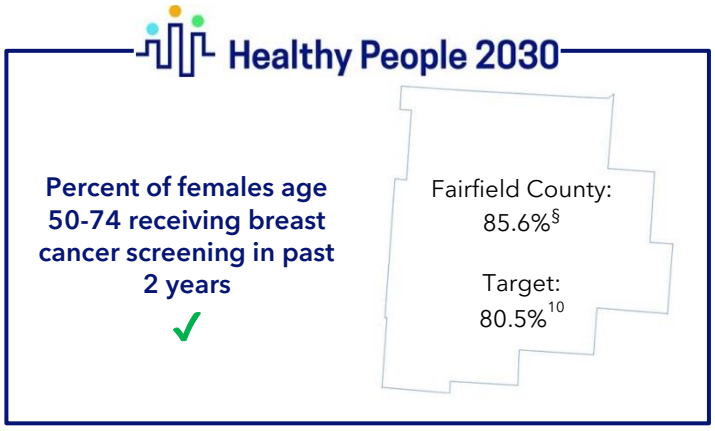
The American Cancer Society recommends that women should start having annual mammograms at age 45 and may opt to have mammograms every other year starting at age 55.[9] The next table displays the amount of time since having their last mammogram for

women 45 and older who completed the survey. A majority of women (75%) have had a mammogram within the past year; only 1% of them have never had a mammogram.

Amount of Time Since Having Last Mammogram (Women 45 and older)[§]

	Fairfield County (n=173)
Within the past year	75.1%
Within the past 2 years	10.5%
Within the past 3 years	4.3%
Within the past 5 years	3.3%
5 or more years ago	5.5%
Never	1.3%

Differences by location: Those who live outside of Lancaster are more likely than those who live in Lancaster to have had a mammogram in the past year: 79.7% vs. 59.1%.



According to the Mayo Clinic, doctors normally recommend Pap tests every three years for women age 21 to 65.[11] The next table displays the amount of time since having their last Pap test for women age 21 to 65 who completed the survey. A majority of these women (69%) have had a Pap test within the past three years, and only 3% have never had one in their lifetime.

Amount of Time Since Having Last Pap Test (Women 21 to 65)[§]

	Fairfield County (n=263)
Within the past year	40.9%
Within the past 2 years	19.8%
Within the past 3 years	7.9%
Within the past 5 years	10.6%
5 or more years ago	18.1%
Never	2.6%

Community Leaders - Health Care Access

Community leaders mentioned insufficient health insurance and overall cost of medical care and prescriptions as barriers to health care access.

> I think regular screenings at doctor's appointments for that disease may be again, you hear like some people have it included in their insurance, some people their doctors insist on it, others don't. So there's no like, consistency and to get screened, and how you can make a decent early intervention to help offset the devastation…It'd be nice if everybody had same access to the plan. So everybody knows what's covered, what's not covered. Some people can go because they have an advantage plan or something they have a better outlook on what their out of pocket going to be and what a surgery or something's going to cost them. So I just think there's so much ambiguity between all that.
>
> I think people have private insurance, but in general, you could still get into a situation where either people have insurance through work that has such high deductibles that can't afford it, so they don't go to the doctor, or they need some kind of specialty service and their insurance won't cover it or don't cover it well, and they can't afford it. So, the Affordable Health Care Act went a long way. Expanding Medicaid went a long way. But we still have people that could go bankrupt over medical bills. It still continues to be an issue for people, I think.
>
> We hear seniors skipping doses, we hear them cutting pills in half. We hear seniors not taking the medication at all, because it's too costly for them. We hear that quite a bit.

Fairfield County also lacks access to certain specialist services.

> There are certain specialties that I think people have a hard time getting into down here. And that's another thing that might drive them going to other counties.

> We do have limited pediatric dental providers, which means that our families, if they need a dental exam for children and or dental treatment, oftentimes they may have to travel to Columbus. And so transportation is also a barrier in our county. So if we have young children, under the age of five, that are showing concerns with a hearing or vision screening that we are qualified to provide, we aren't qualified to do the in depth follow up that a specialized provider might conduct for hearing or vision and I do think access to those services in our community is lacking.
>
> I think the specialty is a problem in this area. A lot of the specialties are up in Columbus, so that's tougher for people to get to. Dental, affordable dentists. There's a few more now than there used to be, but that is something that we also are looking into, branching out into at the health center…Knee replacements, I think there's only a very few people that do that here. Most of those are up in Columbus.
>
> For individuals who are on Medicaid specifically. We are extremely lacking in providing prenatal care, which again, ends up with babies addicted to substances. Because moms are misusing something while they're pregnant. They're not getting any type of prenatal care. So definitely, those are the two biggest things that we see.

Transportation and other difficulties with scheduling appointments contribute to the access issue.

> Transportation is usually a really big one, especially being in a very rural community. I think that if you live within the city limits of Lancaster or city limits within Pickerington, you can typically access health care, but once you're out into those rural communities or outside the city limits, and you're going to struggle to find transportation to get you to and from adequate health care. I also think that the medical model in general is somewhat prohibitive. Because if the patient does have to take public transportation, per se, or even a private taxi service and they arrived to their appointment 15 minutes late and out of their control, and the provider says, "Well you're 15 minutes late, we can't see you, you missed your appointment."
>
> The hours that they're available, because a lot of people work during the day and then not a lot of places hold evening hours.
>
> Especially working mothers, they can just never get it to fit into the schedule that they actually need.
>
> What I've noticed recently is that primary care physician offices would rather do telehealth than they would do in person, which is understandable, because they can see a lot more patients in a shorter frame of time. [But], we go back to that people needing people and that reassurance or someone putting their hands on someone to feel like they've truly

> been assessed. A lot of times it takes you a month to get into a primary care, which is important because that's consistency of care. That continuity of, "you're my physician, you know really all about me," but if I go to the Minute Clinic, and I go to Well Now and then I go to the ER, and then I go to all these different places, not necessarily, if I go for something bigger is the whole picture going to be there.

Additionally, prioritizing health care enough to take advantage of resources and follow through with appointments can be difficult for some families.

> And then it's making it a priority too. We do have a high poverty rate in our community. And although your child probably qualifies for free glasses and a free eye exam because they have the medical card, that isn't the priority. The priority is putting food on the table. And sometimes it's trying to help explain the positive impact this is going to have. But each family's just different with those priorities too.
>
> I think part of it is stigma. And when we're talking about behavioral health, even a lot of physical health issues, there's stigma, there's fear. A lot of people are scared. What will this be? I'd rather not find out and ignore it.
>
> Unfortunately, we have some that, if you miss those appointments, and you haven't called to cancel, or within the requirements that those practices have, they are going to dismiss you as a patient. We've dealt with that, too. Families just really struggle. I even have a type one diabetic, who, you know, we don't have any local pediatric endocrinologist, you have to go to Children's, you have to go to Columbus. And it's been a struggle with some of them, especially as they get older, to really push that home with the families. And you know, those are times too when we have to work with Children's Services, too, and making some of those referrals to really explain, this is life and death. And you do need to follow through on this.

Community leaders mentioned ways they would like to see health care access improved in the county.

> What I would love to see is Children's Hospital, they do see so many of our pediatric students, it would be great if they had a satellite here in Lancaster. Even if it was only once a month. Some of these kids who have chronic health issues, they could get linked to them that way and not have to go all the way to Columbus. That's a huge barrier when we can't get them to go here in Lancaster let alone up 33 our highway to Columbus. It's hard.
>
> I don't think seniors know what's available and some more education, around Medicare, Medicare Advantage plan and how it would benefit a senior, would be helpful. That Ohio Health Information insurance program that's out there, OSHA has counselors who will counsel seniors around their Medicare Part D, which is the prescription drug coverage.

> And because the plans change so much, year after year, and our seniors, health changes, year after year, they may be on different prescriptions, that program will allow seniors to run a comparison between the different plans, prescription medications to try to get them the lowest cost of medication that they're on. And I'm not sure all seniors know about that opportunity. And I know it can save them quite a bit of money on the prescription cost.
>
> In-home health care, I think it would be very helpful…People need to have a clean, safe environment, they need to be able to have a bath. And the limited number of healthcare workers is causing waiting lists for those kinds of services across our entire state. It's sad. Seniors can stay in their home, but they do not have a safe and clean environment. And I think that shortage of direct care workers coming into the home, not skilled care, but as a home health aide, to clean up and help them get a bath causes many seniors to live in an unhealthy environment, because there's just no help available, if they don't have family members.
>
> We've done some surveying through the older adult network and Meals on Wheels surveys our clients normally as well. And I think people don't know what they don't know. They don't know that services are available for them or what's available to them, until they actually need it, and they find themselves in the crisis situation. A little bit more education for discharge planners and doctors' offices that cater to seniors would be really helpful. Helping seniors just keep up with the repair of their homes and that kind of thing.

Economic Stability

Economic stability plays an important role in health, with at least one study on this topic showing that those with greater income had greater life expectancy (Chetty et al., 2016).[12]

In Fairfield County, 8% of children are living below 100% federal poverty level (FPL), which is lower than the state of Ohio percentage (17%). The median household income is higher than the median for the state of Ohio overall.

Income and Poverty[1,2,13]

		Fairfield County			Ohio
		2018	2019	2020	2020
Annual Household Income	Income inequality ratio[1]*	4.4	4.3	4.2	N/A
	Per capita income[2]	N/A	$34,030	N/A	N/A
	Mean household income[2]	N/A	$89,741	N/A	N/A
	Median household income	$67,700[1]	$71,469[2]	$74,987[13]	$60,360[13]
Poverty Status of Individuals	Total persons below FPL	N/A	8.1%[2]	7.5%[13]	12.6%[13]
	Population under age 18 in poverty	12%[1]	11.5%[2]	8.2%[13]	16.6%[13]

**This is the ratio of household income at the 80th percentile to income at the 20th percentile*

Around one in ten households in Fairfield County face a severe housing cost burden, with housing costs equal or exceeding 50% of the household's Income.

Cost-Burdened Households[1]

	Fairfield County		
	2018	2019	2020
Homeownership (% of occupied housing units that are owned)	73%	74%	75%
Housing costs ≥ 50% of income	11%	11%	10%

In 2018, 12% of households had at least one of the following housing problems:

overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

Household Issues[1]

	Fairfield County		
	2016	2017	2018
Households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	13%	12%	12%

Economic instability is linked to food insecurity. People who are food insecure do not get adequate food or have disrupted eating patterns due to lack of money and other resources. In Fairfield County in 2019, 11% of all residents were food insecure, and nearly 14% of children were estimated to be food insecure. These percentages are similar to the percentages for Ohio as a whole.

Social Determinants of Health

Food Access[1,2,14]

		Fairfield County			Ohio
		2017	2018	2019	2019
Food Insecure Persons	Total count	18,170[1]	17,530[1]	17,070[2]	1,547,110[2]
	Percentage	12%[1]	12%[1]	11.0%[2]	13.2%[2]
	Total children	N/A	N/A	5,080[2]	447,350[2]
	Percentage of children	N/A	N/A	13.6%[2]	17.4%[2]
Limited access to healthy foods[1]*		N/A	N/A	6%	N/A
Children eligible for free or reduced lunch[1]		38%	37%	36%	N/A
Food Stamp Households	Total count	5,964[1]	6,359[1]	5,598[2]	569,024[2]
	Percentage	N/A	N/A	9.5%[2]	12.0%[2]
	With one or more people 60 years and over	N/A	N/A	35.9%[2]	34.8%[2]
	With children under 18 years	N/A	N/A	42.9%[2]	43.9%[2]

**This denotes the percent of population who are low-income and do not live close to a grocery store. Previous data years available are 2015 (5%), 2010 (6%), and 2006 (12%)*

Some researchers use the food environment index when assessing access to nutritious foods. This index of factors that contribute to a healthy food environment ranges from 0 (worst) to 10 (best). Fairfield County's food environment index score of 8.1 is better than Ohio's score (6.8).[15] The food environment index has not seen much recent change, recorded as 8.1 in 2018 and 8.0 in 2017.

Another economic indicator that may influence the health of the community is the unemployment rate. The unemployment rate in Fairfield County in 2019 (2.5%) was slightly lower than the unemployment rate in Ohio (4.6%), using the Ohio Department of Job and Family Services' unemployment definition as those people, 16 years of age and over, who were "actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within 30 days to a new payroll job." Those who have stopped looking for a new job (and who have therefore removed themselves from the civilian labor force) are not included in this statistic.

Employment Status[2]

		Fairfield County	Ohio
Unemployment Rate*	Annual average unemployment rate	2.5%	4.6%
Employment Rate of Labor Force	In labor force	67.1%	63.5%
	Civilian labor force	99.7%	99.8%
	Employed	97.5%	95.4%
	Unemployed	2.5%	4.6%
	Armed forces	0.3%	0.2%
	Not in labor force	32.9%	36.5%

*Data are from 2019 *Denominator is civilian labor force*

Since 2018 the unemployment rate in Fairfield County has fluctuated somewhat. It was 4% in 2018, 3% in 2019, and 7% in 2020.

Readers who wish to learn more about the current state of jobs and public assistance (veterans' services, SNAP, etc.) in Fairfield County are encouraged to access the Ohio Department of Job and Family Services' "QuickView" report, at http://jfs.ohio.gov/County/QuickView/Index.stm.

Community Leaders - Poverty

Community leaders pointed to the relationship between education and poverty, appreciating recent efforts to encourage young people who cannot go to a college or university to learn a trade and enter the workforce directly after graduating high school.

> Again, I'm just gonna say that it starts with those building blocks, where if they didn't have a great education, it's hard for them to get a good job. Again, I think our county has done a really good job lately of trying to get people to understand that there are several trades where you can make a really good living, and that you don't have to have a college degree.
>
> I think lack of education. We have people don't even finish high school. I think sometimes people have to make hard decisions on their families. I see a lot of times kids raising kids, I'm not going to lie. You've got your high schoolers who are responsible for the younger kids, or you have even junior high kids who are responsible for their elementary siblings

> and it's hard. They want to work, they want to make money. And that becomes the priority over your education. And they don't realize how important it is to still have that degree.
>
> One of the things that our community has been focusing on a lot in the last couple of years, is high school students who are graduating and not going to college, not going into the military, but going into the workforce, and trying to educate them about options that are available for careers as opposed to just go get a job in retail or something like that. We need to do even more of that…It's not just employment, but employment is a huge part of it, just in terms of, trying to educate youth about options that are available to them, once they become an adult at 18, because they're really not ready. Most of them don't really think about what they're going to do when they turn 18, the extent of their focus is the end of the week, not the next five years of their life.

However, many also pointed to the impact of mental health and substance use issues on people's ability to find and retain employment to keep them out of poverty.

> Addiction and mental health go along with that as well. A lot of the customers that we work with who are not self-sufficient or are struggling to become self-sufficient and we have them as customers in each of our departments who are the ones who are struggling, a lot of times it comes back to an addiction issue or a mental health issue.
>
> I still believe that there's a high issue with substance abuse in our area and that gets the priority over having a job and a home to live in.
>
> I do think there are some barriers in terms of some of the mental health issues we've already talked about. An increase in depression and increase in substance use, and then lack of timely services for mental health treatment.

Community leaders also spoke about the lack of truly living wage employment, and its relationship to the county's homelessness problem.

> People have a hard time keeping a job, I mean, because anybody could go get a job right now. Unfortunately, a lot of the jobs that are available now, don't pay well. And housing is a big driving factor, we have a real housing problem in Fairfield County. You'll have people working lower income jobs, that just can't afford an apartment because they aren't there. And honestly, in a free market, landlords have so much demand, they know they can raise those rents and still find somebody to rent from them, because there aren't enough apartments and housing to go around. So what that's done is kind of driven the lower income, and the fixed income people out of the housing market, and they're staying with friends, they're homeless, they're having trouble finding housing. I think that really drives it too. Because it's hard to keep a job and keep finances coming in if you can't get in and stay in stable housing.

> I would say the primary causes of poverty within our community, if you take a look at our community needs assessment and data, what you're going to show is lack of accessibility or supply, for jobs that provide a sustainable living wage. Our community is primarily made up of the hospitality type or retail jobs. Most of the jobs that are someone that did not graduate high school, or does not have any higher ed, experience or education, are going to be eligible or applying for retail or hospitality type jobs that do not pay a sustainable living wage. So that would be jobs that are at minimum wage, or up to $15 an hour that we just have recently seen with that pandemic kind of shift with paying people. I think that is the primary cause of poverty within our community is just access to jobs that provide a living wage.
>
> I think once you've lost your job, and you've gotten the unemployment, a lot of times it's harder to get back into the workforce, if it's not paying you enough money. I think that can drive the homelessness as well. People say, "Look at that guy, he's just on the street corner, he could go to Burger King and work for $15 an hour or $12 an hour" And it's like, that's great, but there's still no place for him to go. He's still going to be homeless. I think that's hard for our community right now.

Access to reliable transportation and a lack of industry within the county also form barriers to employment, along with a mindset that it is not worth the struggle to get out of poverty, as mentioned by a couple of community leaders.

> Transportation is a major obstacle to employment. The public transit that we have, they have specific routes. If you have a transportation need that's outside of that route, you have very limited options there. A lot of people borrow a car, or they get their neighbor or their family member or somebody to take them to work or whatever, but it's not reliable. There are a lot of people who may have one way to get to work, but if they lose that, you know, maybe they have a car that's not very reliable. If their car doesn't start, they have no other option. A lot of lack of plan B in terms of transportation, and so a lot of people either lose their job, or they're not able to continue employment, because of transportation. Transportation is a huge issue.
>
> There's a lack of good industry in the county at this point. And I think that's gone on long enough. That there's a culture of poverty that has formed as well, that's a little more difficult to overcome. I think at a certain point, people quit trying to struggle out of that. There's a lot of things that I think the health department offers even to help people to have more stability in their current situation, while they maybe work towards changing their situation, and they don't always take advantage of that. So I think I think it becomes a mindset if this is just how we do things.

Community leaders also brought up the plight of older adults who cannot make their Social

Security or pensions stretch far enough in the face of medical care costs and inflation and burdens on loved ones.

> I think a lot of the older adults, they worked, perhaps their Social Security isn't a lot coming in. And pensions are kind of going by the wayside. So unless you really plan well for your future, you can be facing some disparity. Our women, outlive our men and although they can receive their husband's Social Security, if they're unmarried or divorced, they're relying on their own security where their wages weren't very much. So they're living closer in poverty due to that. Again, that whole tradeoff between paying for their Medicare, paying for their prescription drugs, and paying to keep their homes up. I think all that plays into poverty and disposable income amongst older adults. They may not have income that should be in poverty, but their expenses places them [there]…I think some people just think I'll live off my Social Security, but they don't understand that it's not meant to be their sole source of income.
>
> The rising amount of dementia and the great burden that places on the care provider, or some teacher, family providers, I think is a big deal. You know, many people leave the workforce so that they can go home and take care of a loved one. And then that puts them into a position where they're eating into their retirement and their savings, because they're caring for a loved one at home.

Education

Educational attainment can affect employment opportunities and economic stability, which in turn impacts many health outcomes.

As shown in the following table, Fairfield County residents have similar educational levels compared to Ohioans overall. Slightly fewer Fairfield County residents have graduate or professional degrees.

Educational Attainment[2]

	Fairfield County 2019	Ohio 2019
No high school	1.8%	2.7%
Some high school	4.5%	6.5%
High school graduate/GED	33.6%	32.6%
Some college (no degree)	22.0%	20.1%
Associate's degree	8.7%	8.7%
Bachelor's degree	19.7%	18.2%
Graduate or professional degree	9.7%	11.1%

The average four-year high school graduation rate in Fairfield County was 93% in 2018, 2019, and 2020.[1] This is higher than the average for schools in Ohio overall in 2020 (87.2%).[16]

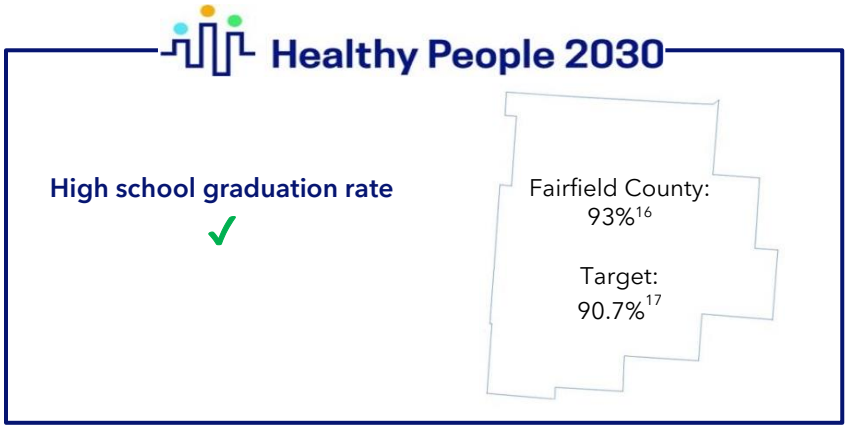
Graduation Rate[1,16]

	Fairfield County			Ohio
	2018	2019	2020	2020
Percent of 9th grade cohort that graduates in four years	93%[1]	93%[1]	93%[1]	87.2%[16]

The next table displays the high school graduation rates for the Fairfield County school districts in 2019 and 2020.

High School Graduation Rates[16]

	Fairfield County			
	2019		2020	
	Count	Rate	Count	Rate
Lancaster City	730	91.3%	452	92.6%
Amanda-Clearcreek Local	116	94.3%	99	86.1%
Berne Union Local	63	87.5%	64	94.1%
Bloom-Carroll Local	130	95.6%	134	94.4%
Fairfield Union Local	167	96.0%	137	97.2%
Liberty Union-Thurston Local	115	97.5%	98	97.0%
Pickerington Local	883	95.7%	879	95.2%
Walnut Township Local	22	73.3%	34	87.2%



The state of Ohio uses the Kindergarten Readiness Assessment (KRA) to determine if students are ready for kindergarten. Students' scores can place them into one of three bands, with Band 1 – Emerging in Readiness, Band 2 – Approaching Readiness, and Band 3 – Demonstrating Readiness. Those scoring in Bands 2 and 3 are considered ready for kindergarten.

As measured by the Ohio Department of Education, 73% of children in Fairfield County demonstrated or were approaching kindergarten readiness for the 2021-2022 school year; this percentage has been decreasing since 2018.

Special emphasis is also placed on the third grade when measuring educational outcomes of a community, because after third grade, students are expected to "read to learn," rather than

"learn to read." Accordingly, educational outcomes like high school graduation can be impacted if reading proficiency is not attained.[18]

In 2021, 100% of Fairfield County third graders met the reading proficiency threshold to move to fourth grade; this percentage has been increasing since 2018.

Youth Educational Indicators

		Fairfield County	Ohio
Kindergarten Readiness[19]	2018-2019	78.8%	77.3%
	2019-2021	77.0%	77.4%
	2020-2021	73.5%	75.9%
	2021-2022	73.4%	71.7%
Third Graders With Reading Proficiency[20]	2018-2019	96.6%	98.6%
	2019-2020	99.9%	99.0%
	2020-2021	100.0%	95.0%

Neighborhood and Environment

Neighborhood and environment refer to what extent individuals feel safe in their community and how the environment influences their quality of life. Over half (57%) of Fairfield County adults are worried about burglary or theft of possessions (including vehicles or money) affecting them or their family where they live; 40% are not worried about any types of crime. "Other" responses (8%) included drug-related crimes, shootings, and vandalism.

Worries About Crime Where They Live[§]

		Fairfield County (n=686)
Worries About the Following Types of Crime	Burglary or theft of possessions/money	56.7%
	Murder	6.2%
	Rape	4.0%
	Other	7.5%
	None	40.1%

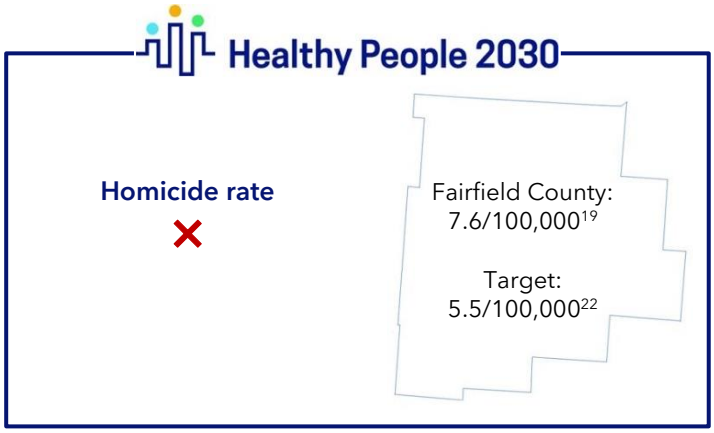
**Percentages may sum to higher than 100%; multiple responses were accepted*

In 2021, 11 deaths occurred due to homicide in Fairfield County. This homicide rate of 7.6 is lower than the homicide rate in Ohio (9.4).

Homicides

	Fairfield County						Ohio			
	2019		2020		2021		2020		2021	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Homicides[21]	2	N/A	4	N/A	11	7.6	1011	9.2	1018	9.4
Firearm fatalities[1]	16	N/A	10	N/A	26	N/A	N/A	N/A	N/A	N/A

For historical context, the rate of violent crime in Fairfield County in 2016 was 174 per 100,000 population. This was higher than the rate observed in 2014 (157), but lower than 2013 (185).[1]



The juvenile crime rate in Fairfield County is 17.3, and has been decreasing since at least 2017.

Juvenile Crime Rate[1]

	Fairfield County		
	2017 Rate*	2018 Rate*	2019 Rate*
Juvenile arrest rate	28.3	24.1	17.3

**Rates are per 1,000 juveniles*

In terms of household environmental health of Fairfield County residents, mold was the most common concern reported (13%), followed by insects (11%).

Household Environmental Health[§]

		Fairfield County (n=695)
Issues Experienced in Past 12 Months	Mold	12.6%
	Insects (mosquitos, ticks, flies)	10.7%
	Litter/trash	4.3%
	Bed bugs	3.8%
	Radon	1.1%
	Lead paint	0.6%
	None	78.2%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Differences by age: Reporting of mold issues decreases as age increases: 27.8% for 18-24 year olds, 15.3% for 35-44 year olds, and 4.5% for those age 45 and over.

Differences by income: Reporting of mold issues decreases as household income increases: 21.7% for an annual household income of less than $50,000, 15.5% for an annual household income of $50,000-$75,000, and 8.4% for an annual household income of $100,000 or more.

Air pollution can also compromise health, causing decreased lung-function, asthma, chronic bronchitis, pulmonary conditions, and increased premature death risk among those age 65 and older.[23,24] For Fairfield County, the average daily measure of air pollution (fine particulate matter in micrograms per cubic meter) was 9.5 in 2018. This is similar to air pollution recorded in 2017 and 2016 (9.2 and 9.0, respectively).[1]

When asked to consider the types of outdoor spaces for physical/leisure activities that they would like more of in the area where they live, respondents most commonly chose more walking paths (42%). The next most common answer chosen was more parks (39%). "Other" responses (5%) included improving the safety of existing spaces, water parks, recreation centers, and sports courts. Almost a third of respondents indicated that no more of these types of spaces were needed.

Desired Types of Activity/Leisure Spaces in Fairfield County[§]

		Fairfield County (n=688)
Fairfield County Should Have…	More walking paths	42.1%
	More parks	38.8%
	More bike paths	28.5%
	More sidewalks	28.3%
	More other types of spaces	5.0%
	No more leisure/activity spaces needed	30.3%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Differences by age: Those less than 65 years of age are more likely than those age 65 or older to report wanting more walking paths: 47.1 % vs. 19.6%.

Those age 18-34 are more likely than those age 35 or older to indicate wanting more parks: 55.7% vs. 31.7%.

Those age 18-54 are more likely than those age 55 or older to indicate wanting more sidewalks: 35.0% vs. 16.3%.

Differences by income: Those with an annual household income of $50,000 or more are more likely than those with an annual household income of less than $50,000 to report wanting more parks: 44.7% vs. 24.6%.

Those with an annual household income of $75,000 or more are more likely than those with an annual household income of less than $75,000 to report wanting more bike paths: 39.4% vs. 15.5%.

Differences by education: Those with some college or more education are more likely than those with a high school degree / GED or less education to report wanting more sidewalks: 34.5% vs. 18.2%.

In 2021, 80% of Fairfield County residents were considered to have adequate access to locations for physical activity, as determined by the proximity of locations for physical activity to their census block. This percentage is consistent with that recorded in 2020 and 2019.[1]

Community Leaders – Transportation

Community leaders feel transportation is especially difficult for community members who live outside of public transportation routes, for those whom scheduling transportation is not a habit or doesn't meet spontaneous needs, and for older individuals. While programs exist to help people schedule transportation for medical appointments, many transportation needs go unmet.

> We have a public transit, but it's very limited. When I talk about transportation, I think that what we have, they do a really good job and they work really hard to try to meet as many needs as possible, but it's not even close to being able to address all of the transportation needs.
>
> I know, people still complain, our public transit doesn't do everything for people. And that's true, it doesn't. But people can, for the most part, schedule door to door trips on our public transit, and they have more routes in our community than a lot of communities our size. I will say that, in some ways, we're way better off than we were 20 years ago for transportation. But having said that, I know it's still an issue. If you live way out rural Fairfield County and you don't have a car, it's harder, you have to really plan ahead. Public transit is there. You can schedule it to get places, but you really have to think ahead. If suddenly this afternoon, I realize I'm out of milk, and I need to run the store to get milk, that spontaneous, I just need to get somewhere, that's where people struggle.

Our community does operate a transit program through the city of Lancaster. There are limited access to established transit routes that the community can access, but they are limited routes. There's not a lot of options for transportation to all the areas within our county and we do not have any other public transportation options. I would say the majority of our families need to have a vehicle or gas money to get anywhere. There are some programs through JFS that you can call ahead of time for transportation to medical appointments. But, that means planning, so a family has to like, plan ahead to schedule those types of transportation, they can't just wake up and say, okay, we're going to the doctor today, to be able to access that. I would say transportation is probably a big, a big barrier, especially since we've said a lot of our families might have to go out of county to get some of that specialized treatment. No, Ubers, you can't get an Uber, it's very limited.

I think that is becoming a lot better…that's something that we deal with every day with our patients. We have city transportation, and I think it's getting better, because a lot of times we have problems getting people because we're open till eight o'clock at night, and a lot of times our public transportation doesn't run those routes that late. So that's getting better. I think it is getting better. It always can be improved. But I think they're seeing that the public transportation is something that is definitely needed in the community… A lot of our [patients] when they have Medicaid, and they're on a managed care plan, those rides can be paid for by that plan. They have to be scheduled, but we have a lot of people in our population that don't really adhere to schedules. It's like, they're here and so then our health navigators or care managers will try to schedule a ride home for them. And we actually have another, it's called fun bus, but it's called Creative Transportation where we have a contract with them, and they help us get our patients where they need to go. If they need to go for an x-ray, or they need to go for a radiology appointment, we'll get them there.

Well, only speaking from the upper part of Fairfield County, there's no taxi service in town. There's a very limited bus route to get from, and obviously, Canal is a little smaller, but if you get on the other side of 33, into the industrial area, or by the hospital, there is truly no bus route. So that would be a barrier to people coming to get care. While you and I could hail an Uber or a Lyft, to get where we needed to be, again, that finance piece of it is a huge deterrent. They can't get where they need to be, so they call the ambulance. Which then again, puts stress on the ambulance service for sometimes minor things.

Nine times out of 10, [seniors have difficulty due to] the inability to drive and no access to family members to take them. We do have the transit, it's on a loop. Our seniors are hesitant to ride public transportation. For some, they can’t get out of their homes and get to a place of pickup. And then other times, I think you can get a deviated route and get somebody to pick you up if you're like a block off the route. I think some of the issue was they had to order that route a week in advance, give advance notice, and sometimes our

> seniors have to get someplace quickly, 24 hour notice. I think transportation for our seniors is a combination of not being able to drive, the cost and the fear of not having personal service. it's hard for them to get on public transit. It's overwhelming.

In 2020, 83% of Fairfield County's workforce drove alone to work, and 48% of those with a commute longer than 30 minutes drove alone.

Commuting Habits[1]

	Fairfield County		
	2018	2019	2020
Percent of workforce driving alone to work	85%	84%	83%
Percent of those with long commute driving alone	48%	49%	48%

Community Leaders – Housing

Community leaders see a lack of affordable housing in the community, and a need for new construction of housing affordable for those with lower wage jobs, seniors, and the currently homeless.

> Housing is also a huge, huge problem. There's not enough, there's not enough affordable housing in our community. The housing market has gone through the roof, and it's just really gotten crazy. It's not just homeowners, it's not just people who are looking to buy a house, who are struggling with that. It goes then into renting apartments, and I see in the last year or two, apartments that I don't consider to be anything extravagant, that are average or below average, I would consider them to be, and they're like, $1,000 a month, and I have no idea how people who are working a $15 an hour job, are able to afford $1,000 a month for rent. And those are for one or two bedroom apartments. It's insane. It seems like even just a few years ago, those same apartments were maybe $500 or $600 and now they literally like doubled. And there just aren't enough of them, even if people could afford that amount. There just aren't enough of them.
>
> It's been a long-term issue, but I believe with the current housing situation it's becoming worse. You know, for seniors to be able to find anything affordable. I think rent has gone high across the board, but we haven't had any new senior facilities go up for quite some time, probably been at least 10 years, since the last Senior Living Building, with affordable housing for the seniors that's come into our town.

> There's always a waiting list to get into the senior living facilities and that poses problems to where seniors go. We have senior homelessness as well. Some are living in their cars, couchsurfing, where can I stay, kind of thing. That's a real issue for some seniors as well. Assisted living is expensive. And most of the seniors that we're working with here, not all of them live in poverty, I don't put it that way, but we hear mostly from those that are struggling. They are leaving their home because it's too big, it's not elderly friendly, and they need a smaller apartment. There's a waiting list.
>
> It's all, I would say that affordability and availability, if I'm ranking them would be the higher two. And then safety is of course, there are some issues, but I think most of our families would say, I can't find something that I can afford. And there is lack of availability with our community. I would think they would say those two first.
>
> [Homeless are] everywhere. People don't want to admit to it, but they're everywhere. They're on all four corners of our community. They really are. And I think the pandemic made it worse. And a lot of them don't want help…I think a lot of our homeless shelters won't let people in that are obviously drug users. So that doesn't really help them as much. I think a lot of it has been transitionary homelessness. So those people hopefully we can help because they maybe became homeless because they lost their jobs during the pandemic and hopefully we can get them back on their feet. But another problem in this area is affordable housing. There's just nowhere to put them. And when you can find someplace, there's no place there that's affordable. We were talking about that in another meeting last week. So hopefully, we can start building some affordable housing so people can actually get out of their homeless situation. Because they may have jobs, but they're still homeless, because there's no place to live.

However, affordable housing and homeless shelters face pushback from the community.

> Our county is currently embarking on a strategic plan for affordable housing, and that includes both affordable housing and homelessness. And one of the big problems that you run into is the whole not in my backyard thing. "Yes, I know, we need that, but I don't want it near my house." So trying to find both, developers for that and where to put those because, if you sent out a survey in the community, you would get a very high percentage of the people who would say yes, affordable housing is a big problem. And we need to do something about it. And you would get the same high percentage that would say, but I'm not willing to have it near my house because I don't want it to impact my home value.

Behavioral Risk Factors

This section describes behaviors of Fairfield County residents that may impact their health outcomes: substance use, nutrition, and physical activity.

Key Findings

Substance Use

About 11% of Fairfield County respondents smoke cigarettes every day; over one third report binge drinking at least once in the past month. Few respondents reported using marijuana or abusing prescription drugs in the past month. Community leaders highlighted fentanyl, meth, and opiates as the most serious substance abuse issues in the county.

Weight, Nutrition, and Physical Activity

A majority of respondents do not think accessing fresh fruits and vegetables is difficult. Most respondents report doing some kind of physical activity in the past month. However, close to three-quarters of Fairfield County respondents qualify as overweight or obese according to BMI estimates. Community leaders consider obesity the most serious physical health issue impacting their communities.

The following symbols indicate the presence of:

: a difference in responses between demographic groups of respondents

: a comparison between responses to the 2019 adult survey and 2022 adult survey

Substance Use

Substance use can have major negative impacts on physical health and mental and social health. This section reports patterns of substance abuse in Fairfield County.

In Fairfield County, 34.3% of adults reported smoking at least 100 cigarettes in their lives. Among them, 67.0% are former smokers – they currently do not smoke cigarettes at all.

Tobacco and Nicotine Use[§]

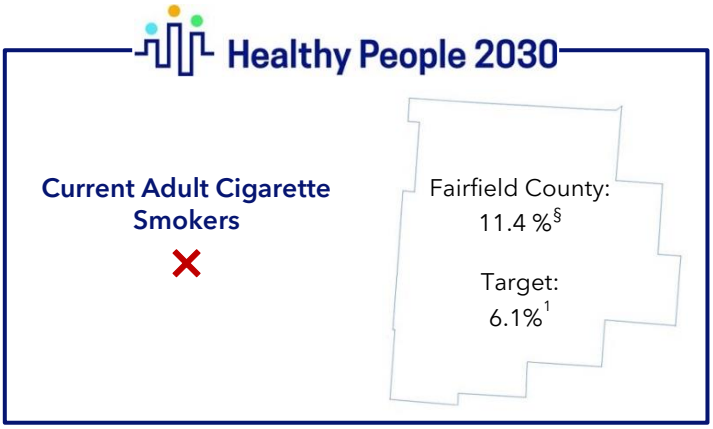
	Fairfield County (average n= 671)		
	Every Day	Some Days	Not at all
Cigarettes	10.5%	1.0%	88.5%
E-cigarettes	3.9%	2.6%	93.6%
Chewing tobacco, snuff, or snus	2.8%	3.8%	93.4%
Other tobacco/nicotine products	1.3%	3.2%	95.6%

Differences by education: Those with an associate's degree or less education are more likely than those with a bachelor's degree or more education to report smoking at least 100 cigarettes in their entire life: 41.1% vs. 15.6%.

Daily cigarette smoking decreases as highest education level increases: 16.8% for those with a high school degree / GED, 10.6% for those with some college education, and 1.1% for those with a bachelor's degree or more education.

Differences by income: Those with an annual household income of less than $75,000 are more likely than those with an annual household income of $75,000 or more to smoke cigarettes daily: 19.2% vs. 5.2%.

Percentage of current smokers in 2019: 10.8%; in 2022: 11.4%. For the comparison to 2019 and for the Healthy People 2030, current smokers refers to those who have smoked at least 100 cigarettes and currently smoke every day or some days.



About a quarter (28%) of respondents know someone in their community who has a drug abuse or addiction problem with alcohol, methamphetamines, heroin, and/or prescription pain medication.

Know Anyone With A Drug Abuse Or Addiction Problem[§]

	Fairfield County (n=700)
Alcohol	23.5%
Prescription pain medication	11.8%
Methamphetamines	10.1%
Heroin	9.6%
None of the above	72.1%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Differences by age: Those under age 45 are more likely than those age 45 or older to know anyone with an alcohol abuse/addiction problem: 35.5% vs. 14.1%.

Those under age 45 are more likely than those age 45 or older to know anyone with a prescription pain medication abuse/addiction problem: 20.2% vs. 5.3%.

Those under age 45 are more likely than those age 45 or older to know anyone with a methamphetamine abuse/addiction problem: 17.3% vs. 4.5%.

Those under age 45 are more likely than those age 45 or older to know anyone with a heroin abuse/addiction problem: 16.8% vs. 3.9%.

Differences by education: Those with some college or more education are more likely than those with a high school degree / GED or less education to know anyone with an alcohol abuse/addiction problem: 27.5% vs. 17.5%.

Differences by location: Those who live in Lancaster are more likely than those who live outside of Lancaster to know anyone with an alcohol abuse/addiction problem: 35.1% vs. 19.3%.

Those who live in Lancaster are more likely than those who live outside of Lancaster to know anyone with a methamphetamine abuse/addiction problem: 19.4% vs. 6.7%.

Those who live in Lancaster are more likely than those who live outside of Lancaster to know anyone with a heroin abuse/addiction problem: 20.4% vs. 5.6%.

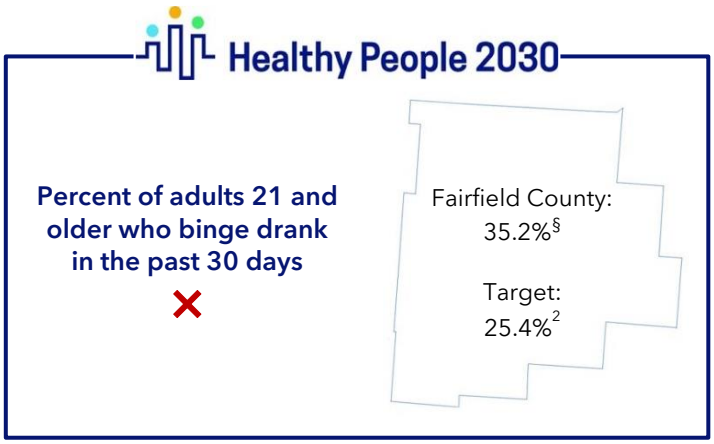
Differences by income: Those with an annual household income of less than $50,000 are more likely than those with annual household incomes of $50,000 or more to know anyone with a methamphetamine abuse/addiction problem: 17.7% vs. 7.9%.

Alcohol Use and Abuse

Over a third of Fairfield County respondents (34.8%) reported binge drinking (i.e., five or more drinks on one occasion for men, four or more drinks on one occasion for women) at least once in the past month. Among those who binge drank, the average number of days on which they reported binge drinking was 5.7 days.

Differences by age: Those under age 45 are more likely than those age 45 or older to report binge drinking at least once in the past month: 45.2% vs. 26.8%.

Percentage of respondents in Fairfield County reporting binge drinking in the past month in 2019: 24%; in 2022: 35%.



Marijuana or Cannabis Use

Few respondents (11.5%) reported using marijuana or cannabis in the past month; among those who did, the average number of days used was 21.2. Most reported using marijuana or cannabis for solely medical reasons, to treat symptoms of a medical condition (42.2%). Fewer reported using marijuana or cannabis for non-medical reasons, like to have fun or fit in (24.3%). About one third (33.5%) reported using marijuana or cannabis for both medical and non-medical reasons.

Abuse of Prescription Medication

Very low numbers of Fairfield County respondents reported using prescription medication that was not prescribed for them, or taking more medicine than was prescribed in order to feel good, high, more active, or more alert in the past 30 days (2.2%).

Substance Use Fatalities

The next table shows the counts of fatal motor vehicle deaths in Fairfield County over the past few years. In 2020, 42% of all driving deaths in Fairfield County were alcohol related.

Motor Vehicle Activity[3,4]

	Fairfield County			Ohio		
	2019	2020	2021	2019	2020	2021
Motor vehicle accident deaths[3]	21	26	24	N/A	N/A	N/A
Motor vehicle crash deaths[3]	13	16	17	N/A	N/A	N/A
Total alcohol-related crashes[4]	114	124	131	10,521	10,195	11,053
Alcohol-related fatal crashes[4]	4	8	4	329	384	404
Motor vehicle deaths with alcohol involvement[4]	N/A	N/A	N/A	597	685	720

In 2021, 478 emergency department visits for suspected drug overdoses occurred in Fairfield County (among residents age 11 and older); these visits had a rate of 54.6 per 10,000. In the same year, 56 unintentional drug overdoses resulted in death, a stark increase compared to 2019 when 28 deaths occurred due to drug overdoses. The age adjusted death rate for drug overdoses in 2021 was 37.9.[3]

Behavioral Risk Factors

Community leaders who were interviewed attribute the surge in overdose deaths to fentanyl and analogues appearing in heroin, counterfeit prescription opioids, methamphetamine, and cocaine.

Drug Overdoses[3,5]

	Fairfield County			Ohio	
	2019 Rate	2020 Rate	2021 Rate	2019 Rate	2020 Rate
Unintentional Drug Overdoses[5]*	19.6	37.1	37.9	36.4	45.6
Emergency department visits for suspected drug overdose[3]**	50.9	61.1	54.6	N/A	N/A

*Rate per 100,000 population, age adjusted **Rate per 10,000 emergency department visits

The next table displays the total doses of Naloxone administered by EMS providers in Fairfield County and the state of Ohio over the past few years.

Naloxone Administration by EMS[6]

	Fairfield County			Ohio		
	2019	2020	2021	2019	2020	2021
Naloxone administration by EMS providers (total doses)	217	288	338	45,957	43,655	43,095

Community Leaders – Substance Abuse

In terms of illicit substances, community leaders highlighted fentanyl, meth, and opiates as the most serious substance abuse issues in the county, however some leaders also pointed to specific groups, like expectant mothers who use marijuana or cannabis, and youth who vape either nicotine or THC.

> There has been obviously, for our community and across the nation, issues with any type of product being laced with fentanyl. So that's probably one of the biggest concerns right now.
>
> The ones that make the headlines, of course are heroin and honestly, we don't have that much heroin use anymore. It's all turned to fentanyl. And part of that is because fentanyl is getting put in everything. So sometimes, drug users aren't even trying to use opioids but they're getting fentanyl in what they're using. We've definitely seen a move toward more methamphetamine that gets used a lot in our county.

> It kind of seems to change to some degree. The most popular is meth for a while, heroin is a problem. I think prescription pills, and I'm not speaking as an authority in this field by any means, but just in terms of customers that we work with, who have addiction issues. I would say prescription drugs, whether those be benzos, or abusing, even abusing anxiety and depression medications and things like that. Those things are pretty prevalent…And I think the majority of the folks that have are having issues with those addictions are not getting them as prescriptions, they're getting them illegally.
>
> [Restrictions on prescribing opioids] has helped. The problem with that is then if I'm opioid addicted because I had a knee surgery, and I didn't know that I had an addictive gene. So I didn't know that it could take me one time on a Percocet and I could be addicted just because of my makeup. If you're not going to get it for me as the health care provider, then I will go find it myself. And that's where we run into the different lacings. Laced with LSD, laced with ketamine laced with fentanyl, laced with something else that the person taking the medications would not be aware of. And so then that starts a whole different level of either addiction or a reaction or death. You weren't expecting your Percocet was mixed with fentanyl.
>
> But there is if we look at an escalation of need of treatment, and how the health of the family is impacted with behaviors of kids and engagement, I would say meth is outranking, right now heroin, or prescription drugs within our county.
>
> I am going to say that if I based on the data that we receive in terms of our perinatal work that we're doing with pregnant mothers, THC or marijuana is probably the most common substance that we're seeing within families.
>
> You know, there's a lot of vaping going on, unfortunately. Marijuana and then alcohol abuse, and tobacco. I'm not seen as much of like, heroin or meth, so to speak, in the school setting. It's more what they can get their hands and what they don't consider to be dangerous to them. They don't think marijuana is dangerous, or that tobacco is dangerous, or anything that you're vaping is dangerous, so to speak.

Some community leaders drew attention to alcohol use, and the way it is more difficult to identify addiction to this substance.

> I think alcohol use gets overlooked. We talk about, heroin, opioids and fentanyl because they're the newest thing. They're very dangerous, it gets sort of headlines, but there's still a ton of people out there that are suffering with alcohol use disorder. And you know, that's sort of been there and hits all demographics, and it's easy for people to forget about it. Because, you know, if you're using an illegal substance, it's probably a problem. Alcohol isn't illegal. So how do you begin to say whether a person has a problem or not? I

> think there's probably more widespread alcohol use disorder than people realize. Because everybody might have a glass of wine or a beer with dinner, and figuring out where that person crosses the line. And now it's an issue, it's not as easy as, oh, you're using heroin? Well, then you must have a problem.
>
> When we're looking at the data, that we're gathering from families, as well as working with them for a healthier birth or a healthier family system, alcohol isn't routinely coming to the top of our assessments. But I don't know why. I don't know if there's a lack of that coming to the top is the highest misuse substance, or it's a lack of identifying alcohol through our assessment…We know that is a substance misuse area that needs attention and our families could struggle with…But that alcohol screen might not show that misuse prior to delivery. Where they're going to get a THC positive, they're going to get a hair, you know, but they might not get that alcohol positive.

Community leaders see mental health issues, and the difficulty of breaking habits and cultural norms as core reasons for substance abuse.

> I think anxiety, substance use…we don't realize how many people have overdosed, because of the pandemic. That's kind of been like shoved under the rug. I think if you look at the statistics, it's still a big issue. Drug use in this community is a big issue… I think that a lot of that is [because of] the anxiety. You have anxiety, so people use drugs or they drink? You know, it's not only substance use its alcohol abuse too.
>
> I think maybe at the core of it is just not knowing what else, like, "well, this is just what I do," they don't know what their life could be. It's become such a part of their life that they just see that as there's nothing they can do about it. So they just keep doing the same things over and over.
>
> I [saw] kids as young as seven years old that were smoking because parents thought it helped keep the mosquitoes off them and different things. So when I would do my studies, and we would actually get down into those areas that's the kind of stories that I heard all the time. I had students that I was giving nicotine replacement products to help them to get off as part of the study, and parents would steal the nicotine replacement products and tell the kid, "Who do you think you are? We all smoke." So that's again, what I'm saying about the culture of poverty, the culture of smoking, here's who we are, you've got to be who we are. And anytime someone starts to step out of that we pull you back into who we are.

Regarding effects of substance use on the community, leaders mentioned the persisting stigma of substance abuse preventing treatment, incarceration linked to substance use, a difficulty to provide needed services to populations who abuse substances, and a negative impact on families overall.

> There's always a stigma associated. If there is someone in the family that's misusing, and of course, the family doesn't want to have to talk about that. Because they feel it's an embarrassment. Because there is that stigma associated with it. And so then they become enablers because they don't want to have to talk about it, they don't want to admit it. So then that ends up being, again, that snowball effect, where eventually there's going to be theft, and eventually there's going to be harm. So there's no harm reduction going on. Because again, there's that stigma that they don't want to seek help, because they don't want people to know their business because they're embarrassed. It's that snowball effect where you're going to get into the judicial system because of the addiction craving.
>
> We are still seeing a lot of people in the jail that have mental health challenges and substance use challenges. As good as we're getting on our crisis services and crisis intervention, we're still not quite getting people, to people, before they get themselves arrested and in trouble. I think that's something we need to continue to work on, is how can we intervene earlier?
>
> And we have a homeless population, I think the reason why a lot of those people don't want help is because they're on drugs.
>
> In particular, our protective services department, we work with a lot of families, parents who struggle with addiction, and that's obviously a big barrier for them and being able to reunite them with their children.
>
> Something that we're also seeing as an increase in substance use disorder among our families. So that I also believe is directly impacting the behaviors that we're seeing of children. And some of the increased mental health referrals that were making for increased substance use disorder.

Community leaders think encouraging awareness of services and making them easier to access is key to solving substance abuse issues.

> Maybe not having enough access, not knowing how to access is probably a bigger problem than the actual access. Just not knowing where to go. Where would I go for such a thing? We could do more in terms of outreach, and making people aware of, well, if you do have this issue, or if you need this service or resource, here's where you go, and making it very simple. So there's just a number that you can call and they'll take care of getting you the things that you need. As opposed to like, for this part of it, you go here, and for this part, you go here, and you call there and they're not open on the weekends or at night, and you have to wait until you and then you'll go on a waiting list and stuff like that. So, access and awareness, I think.

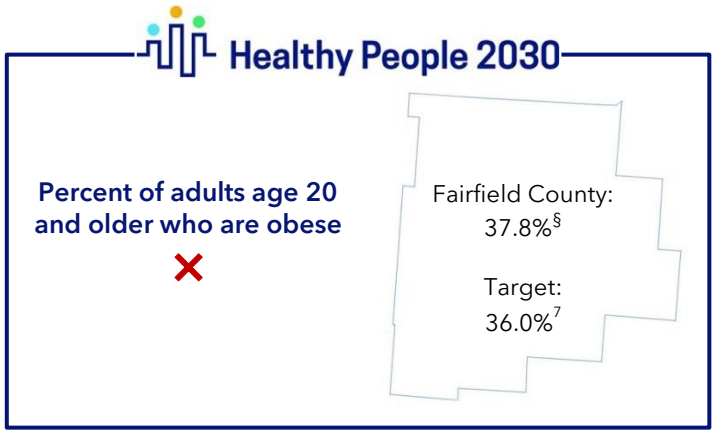
Weight, Nutrition and Physical Activity

According to Body Mass Index (BMI) measurements, 34% of Fairfield County adult respondents are overweight and 38% of respondents are obese. The percent of obese respondents age 20 and older in Fairfield County (37.8%) does not meet the *Healthy People 2030* target of 36.0%.[7]

Adult Body Mass Index[§]

	Fairfield County (n=677)
Underweight (BMI < 18.5)	2.0%
Normal weight (BMI = 18.5 – 24.9)	25.9%
Overweight (BMI = 25 – 29.9)	34.3%
Obese (BMI > 29.9)	37.8%

Percentage of respondents who are classified as overweight or obese according to BMI in 2019: 70%; in 2022: 72%.



The next table displays the obesity rate in Fairfield County over the past few years.

Obesity: Historical Trends[3]

	Fairfield County		
	2017	2018	2019
Obese (BMI ≥ 30)	37%	37%	38%

Community Leaders – Obesity

When asked about the most serious physical health issue impacting their community, community leaders overwhelmingly mentioned obesity and its relationship to other chronic health conditions.

> I would say, probably obesity, and just being overweight. If I had to guess and I don't know this, but I would say that we are probably above average in obesity and diabetes.
>
> Well, I think in general, in our county, probably diabetes, heart conditions, and diseases of obesity that are impacted by healthy eating activity and I think will probably continue to be, big issues.
>
> Obesity, obesity, I think it's just not old people, it's everybody. Everybody has too much girth, for the most part, and I think the pandemic did not help that. It didn't. I think just getting back to a healthy body weight BMI, working out, exercising. I think our community does a really good job with promoting that, we have trails. We have events during the summer, especially during these next two weeks with the festival, Lancaster Festival. I really think that is a big community issue is obesity. I think that was on the last health assessment. I don't know. It's just that and then all the conditions that come with that. You might be overweight now and you don't have any of those conditions. But as you get older, it becomes more of likelihood that you will. Your body can only handle it for so long before it starts flipping you into being a diabetic or high blood pressure or, you know, whatever.
>
> Obesity is a huge issue. We do have an issue with type one diabetes. It's just slowly been on the rise. I haven't had as much as you would think with obesity, you think we would see more type two diabetes, I haven't seen that yet a whole lot with our students.
>
> It looks like the majority of the children are registering at a healthy weight. But I want to give you our percentages for overweight and obese. Now this includes infants and toddlers as well. I could break it down to take a look at just preschool age. So 7% of our children were considered overweight by looking at BMI and 11% were considered obese by looking at BMI.

BMI is just one measure of physical health. Age, sex, ethnicity, and muscle mass can influence the way BMI correlates with actual levels of body fat.[8] For example, a trained athlete may have a higher BMI due to increased muscle mass and may be deemed healthy by other measurements. Other ways to measure health are shown next, in the form of nutrition and physical activity.

Nutrition

While a majority (78%) of Fairfield County respondents reported it was not difficult at all to access fresh fruits and vegetables, 22% reported it was at least slightly difficult.

Difficulty of Getting Fresh Fruits and Vegetables[§]

	Fairfield County (average n=694)
Not difficult at all	78.4%
Slightly difficult	11.6%
Moderately difficult	6.8%
Very difficult	3.0%
Extremely difficult	0.2%

Differences by income: Finding it not difficult at all to access fresh fruits and vegetables increases as annual household income increases: 61.6% for an annual household income of less than $50,000, 73.1% for an annual household income of $50,000-$74,999, and 87.7% for an annual household income of $75,000 or more.

Regarding eating habits, a majority of Fairfield County respondents reported eating fruit (84%) and vegetables (96%) at least once on an average day. A majority also reported eating fast food at least once in an average week (75%).

Nutritional Habits[§]

	Fairfield County
Eat fruit on an average **day**	(n=674) 84.1%
Median number of times	1
Eat vegetables on an average **day**	(n=672) 95.6%
Median number of times	1
Eat fast food in an average **week**	(n=681) 74.8%
Median number of times	1

Community Leaders – Nutrition

Community leaders mentioned an excess availability of unhealthy fast-food options contributes to poor nutrition in the community, but many felt healthy options were available

and relatively easy to access. They mostly pointed to a lack of education about nutrition, traditional habits, and the mindset of needing to stretch food benefits farther as primary reasons for poor nutrition.

> I think lifestyles and people's habits, how they're brought up and things like that. I don't know if you would call it a traditional Midwestern diet of meat and potatoes and fast food. Lancaster is our county seat here in Fairfield County, and I feel like we're the fast food capital of the of the Midwest or something. We have a disproportionately large number of fast food places, and they're always packed. I think that's probably a culprit. In general, people maybe not being educated enough or not caring enough about their diets and exercise.
>
> Convenience, the fast-food industry definitely makes it very convenient for you to swing by. In that population I talked about between 30 and 40, that's when you have kids, you're running around from this or that, or you're swinging by and picking it up on the way home or those kinds of things, just because it's convenient. We really don't do that deep dive into the nutrition aspects of the increased sodium that could really mess up your low sodium diet because you have cardiovascular disease. Those pieces of education of the dietary world aren't always—You see it says fat free, but have you ever been educated that it has a bazillion carbs, so then your sugars are going through the roof, those kinds of pieces. Convenience is the killer of the world. I do think the Uber, the Lyft, the DoorDash, it's convenient, and it's being delivered to us. Right? So I don't have to make anything and I don't have to leave my house.
>
> I think it's too busy grabbing fast food. There is a lot of access to good foods, even for people that can't afford them. Because in the summer months, Community Action actually has a farmers market that you can just drive through and they'll box up stuff you. We have a farmers market every Saturday, a couple farmers markets in this town. I think the availability is there. It's just doing it, it's just eating it.
>
> We have groceries in a lot of areas of our community. Most of our groceries have fresh produce, and that kind of thing. I think for a lot of times, it's just education. Because people don't know what's healthy to eat. They might be able to buy it at the store, or even get into the food pantry these days, but they don't know what to do with it, or how to use it. I think in our society when processed foods are so easy to get now. I think educating people that even though it's easy to get, and it's cheap, and might not be the best for your health. That helping create sort of that motivation to think about it differently is important. It's going to be public information campaigns, it's going to be some sort of stages of change. Looking at stages of change, and how to help people move through till they're ready to make some changes. I think it can be done. I think we've done that if we look at the history with cigarettes and tobacco use, we've made huge strides in the health system.

> Chicken nuggets and that kind of stuff [is] easy and probably more affordable, because when they're trying to extend that SNAP benefit, when you have to pay all that money for fresh fruits and veggies, they're going to pick another option, to stretch that money out, to make it last…having that more nutritious type meal planning experience is not necessarily affordable to lower income families.

However, some community leaders did mention there are food deserts where fresh produce is less accessible, and people may not know about resources to assist them.

> We do not see a barrier and them accessing WIC or Snap. Now, I can also share with you that we did do a food security survey with our families…most of our families indicated that they were food secure. We had very few families indicate insecurity with maintaining food. I do think that we have a variety of food pantry options within our community that families can access. Based on the results of that survey, I believe that our families knew how to access some of the food pantries. I do think there are food deserts within our community, the availability of nutritious food, fruits and vegetables, I do think there are limited accesses in some parts of our community for that.
>
> Access to fresh foods has always been an issue, even before COVID, that continues to be an issue. We have again, this community gets very creative, and I love it, but they started a program called, I can't think of the actual title of it, but it's where our Fairfield Community Health Center does a prescription for produce. And then they can take that prescription to the farmers market to get fresh produce. That's really helped. For the people that aren't going to the Fairfield Community Health Center and getting that prescription for fresh produce, the rest of the people are not getting their produce.

For seniors, limited incomes can lead to malnutrition which contributes to their health issues.

> Nutrition, I think plays into our society in a little on the heavy side to say obesity, when you have limited income, sometimes you just purchase food that's likely not as healthy for you. I feel like some of our seniors struggle with malnutrition, which plays into their ability to heal and to deal with the chronic illnesses that a lot of times come along with aging

Physical Activity

The vast majority (84.5%) of Fairfield County adults said they participated in physical activity for at least 60 minutes at least once during the past 30 days. Fairfield County adults participated in physical activity a median number of 10 times. For comparison, the U.S. Department of Health recommends adults spend at least 2.5 hours per week (about 10 hours a month) doing moderate-intensity aerobic activity.[9]

Behavioral Risk Factors

Physical Activity in Past 30 Days[§]

	Fairfield County (n=666)
Was physically active at least 10 times	52.1%
Median number times physically active	10

Differences by income: Those with an annual household income of $75,000 or more are more likely than those with an annual household income of less than $75,000 to be physically active in the past 30 days: 12 vs. 4 median number of times.

Differences by education: Those with some college or more education are more likely than those with a GED/less education to be physically active in the past 30 days: 12 vs. 5 median number of times.

Having health issues / physical limitations were the most commonly reported barriers to engaging in physical activity. Other barriers included not having time, lacking motivation/energy, not having a convenient location in which to do it, and the weather.

Most Fairfield County respondents (96%) reported using the Internet on an average day. The median number of hours they sleep each night is 7.

Other Activities Affecting Health[§]

	Fairfield County
Uses the Internet on an average day	(n=645) 95.6%
Median number of hours spent on the Internet	3
Median hours of sleep per night	(n=642) 7

Differences by age: Those less than 55 years of age are more likely than those 55 or older to spend time on the Internet: 4 vs. 2 median hours.

Those age 65 or older are more likely than those less than 65 years of age to spend time sleeping at night: 8 vs. 7 median hours.

Differences by income: Those with an annual household income of $100,000 or more are more likely than those with an annual household income of less than $100,000 to spend time on the Internet: 4 vs. 2 median hours.

Community Leaders – Physical Activity

Community leaders feel there should be more options for physical activity encouraged in the community, like sports facilities, more free activities, and walkable developments for community members with mobility issues.

> I think we could definitely use more options for that. I know there's ongoing talk, and we recently passed a parks Levy. And so the parks are currently under taking a survey to ask people what kind of activities and things they would want to be available in the parks. But there's not a ton right now in terms of like public facilities, whether it be basketball, tennis, any number of activities or the sport or whatever, there's not a ton of options there. And I think it could be more.
>
> I feel that while we have a bazillion state parks that are absolutely gorgeous and walkable and safe, and there's not a lot of area to actually camp or to do that kind of thing. Yes, we do have Hocking Hills, but that's not even in Fairfield County, it's not even close to Fairfield County, but within the Fairfield County region, we have this landmass that is beautiful and easily accessible, but just not a lot of places to be able to pull a camper in and enjoy that with your family and try to change those behaviors, those lifestyle behaviors to the better, by getting out and being active. You don't have to be a marathon runner to enjoy the outdoors and do that kind of stuff.
>
> So again, I think our community has done a really good job and trying to partner and get people to get out and get active. So like United Way, we just held two days of action, where we did one in Lancaster or we had over 500 people come out and just do events. These kids, you would think they've never seen a jump rope before or hula hoop, doing simple activities or an entire day. And then we did one in Pickerington we had over 300 people come out. Fairfield Medical Center does something very similar, again, outside of COVID, where they're just encouraging people to get out and be active. But when it comes to a lot of free activities, there aren't a lot of free activities that encourage recreation and movement and physical activity.
>
> Seniors have] mobility issues, so physical activity. We have great parks. We have great walking systems, a couple of senior centers. We've got Meals on Wheels services center here. So I think we have some supports. So maybe user friendly, age friendly, housing developments where there's good walking sidewalks, where there's maybe access to a little post office and maybe a sundry shop that seniors can get out and kind of have their own little walkable community or area. I think that would be so beneficial for seniors.

Community members also spoke to the impact of technology on making physical activity less common, and the overall need for greater education about physical activity.

Most people are coming home and they're playing video games, or they're on a computer more so than they're being out. You don't see the kids riding their bikes as much or playing in the neighborhood like you used to. And even in the school setting, too. There's so much push on academics, that you start to see things get pulled, whether it's recess time or gym time. We try really hard. At our elementary level, we do still have recess. But it does seem like gym, that time is always getting cut a little here and there.

COVID, definitely did not help, but it's always been an issue trying to get people to get out and get active in a world full of technology. Like you and I right now, sitting at our desk, in a conversation and we tend to get more sedentary, as technology continues.

We've come a long way. We've got more bike paths, more areas for people to be active, more opportunities. There's free yoga in the park. And there's lots of opportunities. Again, it's just educating people that they're there and why it might be good to take advantage of it. And the different continuum. You don't have to go out run a marathon to get healthy, you could just walk and just add some daily, intersperse some small bits of activity into your day. Same thing, it's going to take public information campaigns, and it's going to really take working with doctors and our health providers to really provide that information to people. Again, look at their stage change and help them get there.

Where's the health information and the push coming from? As far as how much physical activity that you need? And, and how to get that and how can we, instead of everyone thinking to join a gym and work out for an hour a day? How can we work more physical activity into our daily routines? And what about teaching them how to stack activity so that they have a motivator and with their activity.

Mental and Social Health

The 2022 Community Health Assessment also measured mental and social health, an important component of overall health.

Key Findings

Mental Health

Depression and anxiety diagnoses were more commonly reported by younger respondents. A little over half of Fairfield County respondents reported at least one poor mental health day in the past month; few reported suicidal ideation. Community leaders consider anxiety and depression the most serious mental health issues present in the county.

Social Health

A majority of respondents feel they always or usually get the social and emotional support they need.

The following symbols indicate the presence of:

: a difference in responses between demographic groups of respondents

: a comparison between responses to the 2019 adult survey and 2022 adult survey

Mental and Social Health

According to the survey, 21% of Fairfield County adult respondents have been diagnosed with a depressive disorder and 29% have been diagnosed with an anxiety disorder.

Diagnoses of Mental Health Conditions[§]

		Fairfield County (n=700)
Ever Been Told That You Had...	A depressive disorder	20.5%
	An anxiety disorder	28.6%

Differences by age: Those less than 45 years of age are more likely than those 45 or older to be diagnosed with a depressive disorder: 28.7% vs. 14.1%.

Those less than 45 years of age are more likely than those 45 or older to be diagnosed with an anxiety disorder: 45.2% vs. 15.8%.

Differences by gender: Females are more likely than males to be diagnosed with a depressive disorder: 27.2% vs. 11.8%.

A little over half of respondents (53%) indicated that they had at least one poor mental health day in the past month; among them, the average number of poor mental health days reported was 11 days. According to secondary data, in 2019, Fairfield County residents had an age-adjusted average of 5 unhealthy days in the past month.[1]

Poor Mental Health Days in the Past 30 Days[§]

	Fairfield County
Percent who had poor mental health day(s)	(n=683) 53.2%
Days of poor mental health (average)*	(n=364) 11.0

Differences by age: Reports of having a poor mental health day in the past 30 days decreases as age increases: 80.8% for 18-34 year olds, 58.8% for 35-44 year olds, 44.9% for 45-54 year olds, and 34.4% for those 55 or older.

Average number of poor mental health days in the past 30 days decreases as age increases: 9.5 days for 18-34 year olds, 6.3 for 35-44 year olds, and 3.9 for those 45 or older.

Differences by gender: Females are more likely than males to report having a poor mental health day in the past 30 days: 60.7% vs. 45.1%.

Differences by income: Average number of poor mental health days in the past 30 days decreases as income increases: 8.8 days for an annual household income of less than $50,000, 5.9 for an annual household income of $50,000-$99,999, and 4.3 for an annual household income of $100,000 or more.

Fairfield County had a higher suicide rate than the state of Ohio in 2021 (19.8 compared to 14.7)[2]. Fairfield County does not meet the *Healthy People 2030* target for suicide rate (12.8/100,000)[3].

Suicide[5]

	Fairfield County						Ohio					
	2019		2020		2021		2019		2020		2021	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Suicides	22	13.8	18	11.1	30	19.8	1,809	15.4	1,642	13.8	1,760	14.7

Regarding suicidal ideation, 5.2% of Fairfield County adults reported that they seriously considered attempting suicide in the past 12 months.

A majority of respondents to the adult survey (66%) feel they always or usually get the social and emotional support they need.

Mental and Social Health

Social and Emotional Support[§]

		Fairfield County (n=691)
How Often Respondents Get the Social and Emotional Support They Need	Always	33.7%
	Usually	32.7%
	Sometimes	20.3%
	Rarely	8.2%
	Never	5.1%

The following table presents violent crime and property crime incidents from 2019-2020.

Crime[5]

	Fairfield County				Ohio			
	2019		2020		2019		2020	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Violent crime	N/A	1.5	N/A	N/A	N/A	N/A	36,104	3.06
Property crime	N/A	16.8	N/A	N/A	N/A	N/A	216,363	18.34

The following table presents domestic violence incidents from 2019-2021.

Domestic Violence[2]

	Fairfield County			Ohio		
	2019	2020	2021	2019	2020	2021
	Count	Count	Count	Count	Count	Count
Domestic violence incidents	623	532	470	76,203	71,507	64,855

The following table presents the number of child abuse reports. Note: this may not be accurate to the total counts of child abuse, which may be underreported.

Mental and Social Health

Child Abuse[4]

		Fairfield County				Ohio			
		2019		2020		2019		2020	
Total child abuse reports		**1,994**		**1,382**		**101,243**		**94,973**	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
Child Abuse	Physical abuse	649	33%	N/A	35%	30,264	30%	N/A	31%
	Neglect	288	14%	N/A	16%	25,827	26%	N/A	25%
	Sexual abuse	186	9%	N/A	8%	9,137	9%	N/A	9%
	Emotional maltreatment	38	2%	N/A	2%	1,203	1%	N/A	1%
	Family in need of services/ dependency/other	236	12%	N/A	10%	17,001	17%	N/A	13%
	Multiple allegations of abuse/neglect	597	30%	N/A	27%	17,861	18%	N/A	20%

Community Leaders – Mental and Social Health

When asked about the most serious mental health issues present in the county, community leaders commonly brought up anxiety and depression, seeing these issues as prevalent in the population, from youth to the elderly. COVID-19 was seen as a contributor to these issues by increasing feelings of isolation and inhibiting access to services. Community leaders spoke to mental health both affecting and being affected by social and financial health.

> We see a lot in terms of anxiety and depression. They are probably two of the major ones.
>
> I would say that anxiety and depression are right up there… I also think our youth are struggling, especially right now. I mean, obviously, the isolation and COVID really escalated issues for kids. And so I think anxiety and depression are definitely skyrocketing among kids.
>
> We have issues with suicide ideation, we have issues with bulimia and body dysmorphia. We have issues just with even being able to handle stress right now. I have seen such an increase with kids just not having the skills to even know how to handle stress, stressful situations. We're getting a lot more students coming to us with being diagnosed with non-epileptic events. So it's like their body's response to seizures. It's their body's response to stress. They look they look like seizures, but they're not actual epileptic events. They're not It's not like a misfiring in the brain. To the point anxiety is through the roof. I've just seen it with, COVID just made things a lot worse for students and staff and their parents. There's a lot of issues with just that anxiety or stress level. And so how do

you teach coping skills for that?... I think our youth just feel a tremendous amount of stress. They don't always realize that this is going to pass, that you're going to get past that. There are young people making these decisions in the heat of the moment and not realizing how to get through that.

I think what we're seeing, especially in this organization is kids didn't go to school for a while. And they became very anxiety ridden because they weren't with their friends. And so I think, a lot of times you think it's like maybe 18 to 25, or even the older population, geriatric population, because they're lonely, but we're seeing a lot more children with anxiety, depression, maybe not so much the drug use, but the ADHD is worse, stuff like that.

From our perspective, we see more about anxiety and depression. Just with life, for our seniors, isolation plays into that for them, which is substantial for many of our seniors. The isolation and loneliness. We do see, again, the mental health around dementia, whether it's a traumatic brain injury, but not as prevalent as the anxiety and depression.

We're seeing an increase of children that we're serving that are demonstrating more significant behavioral symptoms that can be disruptive to getting the services they need within a classroom setting, like a preschool setting. We're seeing a higher increase of disruptive behaviors, we are also seeing a higher increase of child abuse and neglect reports within our program. Those are the needs that we're seeing. I do believe it's a direct impact on the pandemic and the length of the pandemic that our families have been experiencing in terms of isolation, in terms of limited access to programs and services, as well as the interruption of programs and services during periods of quarantining or having to withdrawal and then try to re-engage again, due to having COVID exposures.

I think it impacts people's abilities to be full-functioning citizens in our community. It impacts people being able to get jobs and keep good jobs and impacts them economically. Being able to find good stable housing and have stable relationships and what they want out of life. So I think it really just impacts people's everyday life. And I think for kids, it's impacting their ability to participate fully in school. And it's impacting their relationships with each other and with their families.

We see when families aren't stable. There's stress in the home. So whether it comes back to not having adequate resources, not having adequate nutrition, if the family is stressed, because they're trying to pay bills, or figure out how to feed themselves, or put gas in the car to get to work. And those support systems just aren't there for the families. Education obviously plays a huge role in that, because if they don't have adequate education, they're not going to have financial stability and all the other things and again, it's just that vicious cycle that just keeps going around and around and around.

Maternal and Infant Health

This section reviews maternal and infant health in Fairfield County.

Key Findings

Infant Health

- In Fairfield County, the infant mortality rate has been decreasing since 2019.

The next two tables present birth and infant health data.

Infant Mortality[1,2]

	Fairfield County						Ohio	
	2019 Count		2020 Count		2021 Count		2020 Count	
Total Births	1,772[1]		1,642[1]		1,729[1]		129,313[2]	
Infertility treatment births[1]	31		37		43		N/A	
	Count	Rate*	Count	Rate*	Count	Rate*	Count	Rate*
Infant Mortality Rate (Total)[2]	14	7.9	10	6.1	6	3.5	864	6.7
White	10	6.6	8	N/A	3	N/A	493	5.1
Black	3	N/A	1	N/A	3	N/A	326	13.6
Native American	0	N/A	1	N/A	0	N/A	1	N/A
Asian or Other Pacific Islander	1	N/A	0	N/A	0	N/A	18	4.1
Hispanic	0	N/A	1	N/A	1	N/A	40	5.2
Non-Hispanic	14	8.1	10	6.3	5	N/A	824	6.8

Maternal and Infant Health

Infant Health Indicators[3]

		Fairfield County			Ohio
		2019 Count	2020 Count	2021 Count	2021 Count
Low Birth Weight	Babies <2500 grams	122	117	115	9,408
Very Low Birth Weight	Babies <1500 grams	21	15	12	1,903
Preterm Births	Preterm births (<37 weeks)	189	187	149	13,673

The next table displays other factors that may influence an infant's health.

Other Infant Health Factors[1,3]

		Fairfield County		
		2019 Count	2020 Count	2021 Count
Economic Stability[1]	Mother was a WIC recipient during pregnancy	415	350	346
Maternal Health Conditions[1]	Prepregnancy and/or gestational diabetes	127	118	166
Tobacco Use[3]	Cigarette use during 3rd trimester	190	162	128
	Cigarette use during any trimester	229	190	156

The number of hospitalizations among Fairfield County resident newborns for Neonatal Abstinence Syndrome was 34 in 2020, which is similar to this number in 2019 (32 hospitalizations), and a decrease from 2018 (50 hospitalizations).[1]

The next table displays the number of live births by adolescents.

Maternal and Infant Health

Live Births (Adolescent)[1]

		Fairfield County						Ohio	
		2019		2020		2021		2021	
		Count	Rate	Count	Rate	Count	Rate	Count	Rate*
Births	Total age 10-19	85	8.1	49	4.5	54	5.1	5,893	N/A
	Total under 18	15	N/A	9	N/A	14	N/A	1,482	N/A
	Age 10-14	1	N/A	2	N/A	1	N/A	102	N/A
	Age 15-17	14	N/A	7	N/A	13	N/A	1,380	N/A
	Age 18-19	70	N/A	40	N/A	40	N/A	4,411	N/A

Death, Illness, and Injury

This section presents the leading causes of death, illness, and injury for residents of Fairfield County.

Key Findings

Overall Physical Health Ratings and Chronic Illness

A majority of Fairfield County respondents reported that in general their health is "excellent," "very good," or "good." Almost half of respondents report having at least one poor physical health day in the past month. The most common chronic health conditions reported by respondents were high blood pressure, arthritis, and high blood cholesterol.

Cancer

Prostate cancer (male) and breast cancer (female) have the highest incidence rates in Fairfield County; lung cancer has the highest mortality rate in the county. The most common problems experienced by respondents during cancer treatment were negative emotions/feelings and treatment side effects.

Top Causes of Mortality

Heart disease is the leading cause of mortality in Fairfield County, followed by cancer and COVID-19.

The following symbols indicate the presence of:

: a difference in responses between demographic groups of respondents

: a comparison between responses to the 2019 adult survey and 2022 adult survey

Death, Illness, and Injury

A majority of Fairfield County adult respondents (88%) report that in general their health is "good," "very good," or "excellent." According to secondary data, about 12% of residents have fair or poor health, compared to 18% in 2019.[1]

Perceptions of Health Status[§]

	Fairfield County (n=692)
Excellent	8.0%
Very good	44.6%
Good	35.8%
Fair	10.6%
Poor	1.1%

Differences by income: Reports of being in excellent or very good health increase as annual household income increases: 26.5% for an annual household income of less than $50,000, 55.9% for an annual household income of $50,000-$74,999, and 62.3% for an annual household income of $75,000 or more.

Percentage of respondents who had "very good" or "excellent" health in 2019: 57%; in 2022: 53%.

The next table displays reports of fair or poor health, according to secondary data.

Adults Reporting Fair or Poor Health[1]

	Fairfield County		
	2017	2018	2019
Percent of adults reporting fair or poor health	15%	16%	18%
Average number of physically unhealthy days reported in past 30 days	3.6	3.9	4.0
Average number of mentally unhealthy days reported in past 30 days	4.0	4.5	5.0

Death, Illness, and Injury

About 47% of Fairfield County adults reported having at least one poor physical health day in the past 30 days; among those individuals, the average number of days was 8. According to secondary data, in 2019, the average (age-adjusted) number of days reported was 4.[1]

Poor Physical Health Days in the Past 30 Days[§]

	Fairfield County
Percent who had poor physical health day(s)	(n=672) 46.9%
Days of poor physical health (average)*	(n=316) 8.0

**Among those who had a least one poor physical health day*

About 36% of adults in Fairfield County indicated that, in the past month, they had at least one poor physical health day that affected their activities. Among these individuals, the average number of days this occurred in the past month was 9.

Days Poor Physical or Mental Health Affected Activities in the Past 30 Days[§]

	Fairfield County
Percent who had at least one poor physical or mental health day that affected activities	(n=679) 35.9%
Days poor physical or mental health affected activities (average)*	(n=244) 9.4

**Among those who had a least one poor physical health day that affected activities*

Differences by gender: Females are more likely than males to report having at least one poor physical or mental health day that affected activities in the past 30 days: 43.6% vs. 27.0%.

Differences by income: Percent having at least one poor physical or mental health day that affected activities decreases as household income increase: 47.8% for those with income less than $50,000, 39.5 for those with income $50,000-$99,999, and 27.4% for those with income $100,000 or higher.

Hospital Visits and Admissions

Fairfield Medical Center provided the following information regarding leading causes of emergency department visits and non-emergency department admissions. In the table below, an asterisk (*) indicates a type of heart disease. Heart disease was the leading cause of emergency department visits, with 1,665 visits total.

Fairfield Medical Center Leading Causes of Emergency Department Visits in 2021

Description	Fairfield County Count
Sepsis	728
Chest pain*	726
COVID-19	639
Hypertensive heart disease*	531
COPD/respiratory failure	302
Kidney disease/failure	271
Atrial fibrillation*	173
Syncope and collapse	165
Pneumonia	152
Heart attack*	148
Urinary disease/infection	215
Weakness, dizziness, giddiness	128
Stroke	126
Atherosclerotic heart disease*	87
Pancreatitis	72

Fairfield Medical Center Leading Causes of Non-Emergency Department Admissions in 2021

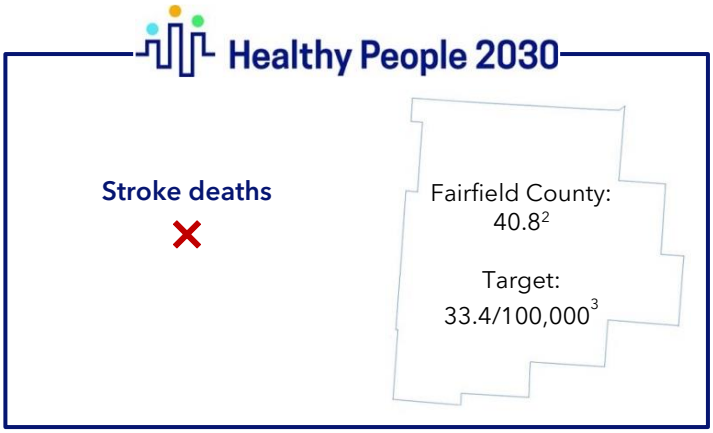
Description	Fairfield County Count
Newborn	652
Joint repair/replacement	203
Gynecology	34
Gastroenterology	23
Thyroid	23
AAA	17
Carotid artery occlusion	16
Breast cancer	12
Perinatal care	10
Cosmetic	8

Mortality

Heart disease is the leading cause of death in Fairfield County, followed by cancer. As of 2021, the average life expectancy in Fairfield County was 78.0, similar to the estimates of this in 2020 and 2019 (78.3 and 78.9, respectively).[1]

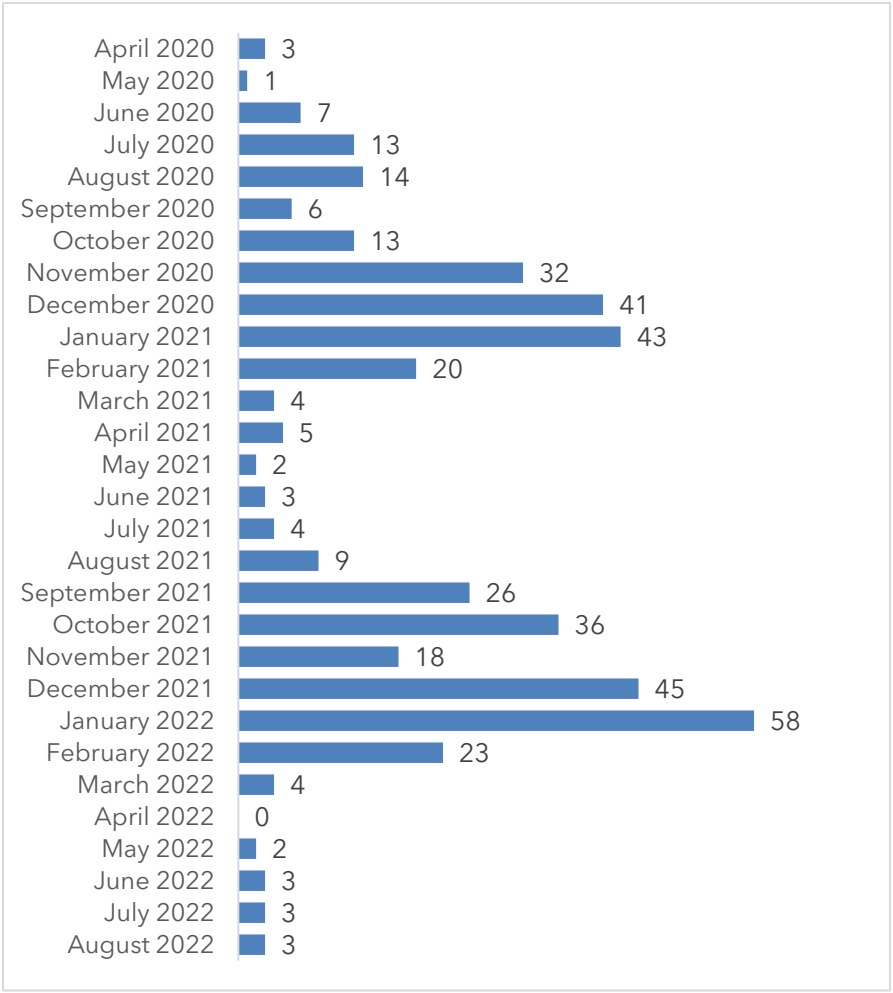
Mortality[2]

Description	Fairfield County 2019 Count	Fairfield County 2020 Count	Fairfield County 2021 Count	Ohio 2021 Count
Total Deaths	1,469	1,684	1,817	147560
	Rate*	Rate*	Rate*	Rate*
Diseases of the heart (I00-I09, I11, I113, I20-I51)	181.4	175.7	176.5	N/A
Malignant neoplasms (C00-C97)	155.6	160.1	154.9	N/A
Bronchus or lung cancer	40.5	41.5	35.5	39
Breast Cancer	15.9	11.2	11.5	11.1
COVID-19 (U07. 1)	N/A	71.9	113.6	N/A
Accidents (unintentional injuries) (V01-X59, Y85-Y86)	59.2	74.3	83.5	N/A
Chronic lower respiratory diseases (J40-J47)	48.2	48.6	37.7	40.6
Stroke (I60-169)	34.5	43.4	40.8	46.5
Diabetes mellitus (E10-E14)	24.7	25.6	25.8	29.0
Parkinson's disease (G20)	12.5	18.4	14.0	N/A
Influenza and pneumonia	13.7	14.0	11.3	10.9
Unintentional drug overdose (T50)	19.6	37.1	37.9	N/A
Hypertension and hypertensive renal disease	9.9	10.6	16.2	N/A
Septicemia (A40-A41)	7.8	13.2	14.9	N/A
Nephritis nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	11.8	6.1	8.5	14.8
Alzheimer's disease (G30)	25.7	36.3	35.0	31.7
Chronic liver disease and cirrhosis (K70, K73-K74)	10.5	8.1	14.8	N/A



The graph below shows the number of COVID-19 associated deaths by month from the beginning of the pandemic to early 2022. For the years 2020 and 2021, the majority of deaths happened in the winter months.

COVID-19 Associated Deaths by Month[1]



Death, Illness, and Injury

The table below displays child mortality rates.

Child Mortality[1]

	Fairfield County		
	2017 Rate*	2018 Rate*	2019 Rate*
Deaths among children under age 18	40.0	40.0	50.0

**Rate per 100,000 population*

In 2018, the Years of Potential Life Lost (YPLL) in Fairfield County was 7,039. Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, which helps to focus attention on deaths that could have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly. For example, using YPLL-75, a death at age 55 counts twice as much as a death at age 65, and a death at age 35 counts eight times as much as a death at age 70.

Premature Deaths: Years of Potential Life Lost[1]

	Fairfield County		
	2016 Count	2017 Count	2018 Count
Years of potential life lost	6,368	6,862	7,039

Community Leaders – Senior Health Concerns

Community leaders stated that some of the most important health issues they associate with seniors include a lack of socialization, trauma due to over-independence, as well as increases in memory disorders and other chronic conditions.

> I would say probably that socialization piece is probably one of the biggest things to make sure they have because that really affects that mental health and their physical health.
>
> I feel we see probably more depressed and isolated. Cancer is always going to be there but that's sometimes a predisposition of past behavior that you're not going to change necessarily in your elder years. Once you once you've been diagnosed. You know, you can do what you can once the diagnosis is there. I would say that falls are probably the number one piece of that, whether it's because they live alone, and they like that independence, which I think that that population does. Trips and falls over rugs that have

> always been a thing. Thinking that you can do your own gutters. That's always been a thing, the thought of losing that independence.
>
> We just had a conversation the other day with our aging services department, and they were talking about the rise in dementia and the rise in COPD. We're hearing a little bit more than what we had heard in the past and they're self-declaring their issues.
>
> Obesity, chronic care, obesity. I think a lot of them with obesity, comes diabetes, comes all the high blood pressure, comes all the chronic care conditions that you get with that.

With regard to cancer incidence rates, prostate cancer (male) and breast cancer (female) had the highest incidence rates in Fairfield County. The rates of incidence for these cancers for the state of Ohio are included for comparison.

Cancer Incidence Rates – Top Cancers[1]

	Fairfield County						Ohio	
	2017		2018		2019		2019	
	Count	Rate*	Count	Rate*	Count	Rate*	Count	Rate*
All cancer sites/types	846	452.0	879	460.7	847	417.4	70,363	468.0
Prostate (male)	126	135.4	123	126.6	145	132.7	9,105	118.9
Breast (female)	124	67.5	132	69.4	130	65.7	10,066	131.2
Lung and bronchus	109	56.3	114	56.3	101	43.9	10,133	63.9
Uterus (female)	38	35.2	45	44.2	37	35.1	N/A	N/A
Colon and rectum	54	29.6	75	41.6	70	33.4	5,608	37.8
Melanoma/ skin cancer	45	24.7	41	22.0	57	30.0	3,825	26.7

**Rate per 100,000 population, average annual numbers, age-adjusted; rates are sex specific for cancer of the breast, prostate, and uterus.*

The next table displays the number of cases of many different types of cancer.

Cancer – Annual Cases[1]

	Fairfield County		
	2018 Count	2019 Count	2020 Count
All cancer sites/types	879	847	651
Prostate (male)	123	145	119
Lung and bronchus	114	101	93
Breast (female)	132	130	90
Colon and rectum	75	70	38
Uterus (female)	45	37	20
Melanoma/skin cancer	41	57	29
Bladder	39	38	32
Brain and other CNS	9	13	18
Cervix	3	8	7
Esophageal	10	10	11
Hodgkin's Lymphoma	4	5	4
Kidney and renal/ pelvis	29	28	25
Larynx	8	4	3
Leukemia	18	17	13
Liver and intrahepatic bile duct	14	12	15
Multiple myeloma	7	12	7
Non-Hodgkin's Lymphoma	37	34	14
Oral cavity and pharynx	24	21	16
Ovarian	10	8	8
Pancreatic	32	21	28
Stomach	16	8	8
Testicular	8	4	6
Thyroid	25	15	20
Other cancer sites/types	57	65	39

According to the survey, 11.0% of Fairfield County respondents said they had ever been diagnosed with cancer. Of this group, 20.7% waited over 3 months before seeing a health care provider about their illness.

Those who waited more than 3 months most commonly said this was because other life issues were more important. A few of these respondents waited because they had difficulty getting an appointment, wanted to avoid exposure to COVID-19, or other reasons.

Differences by age: Being diagnosed with cancer increases as age increases: 4.1% for individuals less than 55 years old, 15.4% for 55-64 year olds, and 27.8% for individuals 65 or older.

Among those diagnosed with cancer, the problem they were most likely to experience during treatment was negative emotions/feelings.

Problems Experienced During Cancer Treatment[§]

	Fairfield County (n=76)
Negative emotions/feelings	20.8%
Treatment side effects	14.6%
Job/work responsibilities	12.9%
Keeping track of medical bills	6.7%
Other	1.1%
None	63.4%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Among those diagnosed with cancer, the assistance they most needed during treatment was help applying for benefits.

Assistance Needed During Cancer Treatment[§]

	Fairfield County (n=76)
Help applying for benefits	9.5%
Help understanding diagnosis/treatment options	7.8%
Help arranging in-home care services	5.2%
Help with insurance/billing paperwork	3.7%
Other	0.3%
None	77.0%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Death, Illness, and Injury

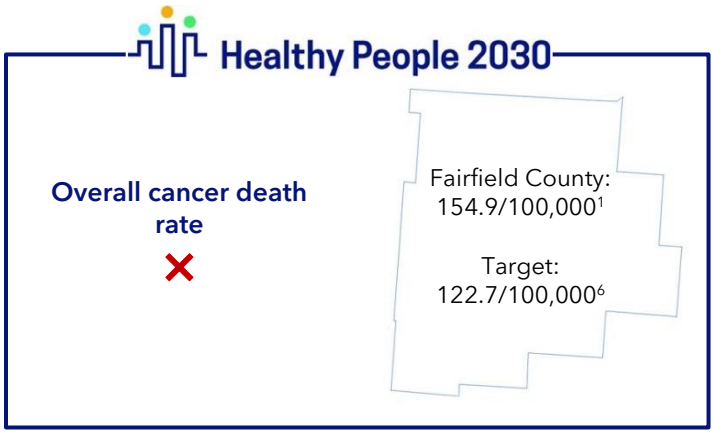
Fairfield County does not meet the *Healthy People 2030* target for overall cancer death rate.

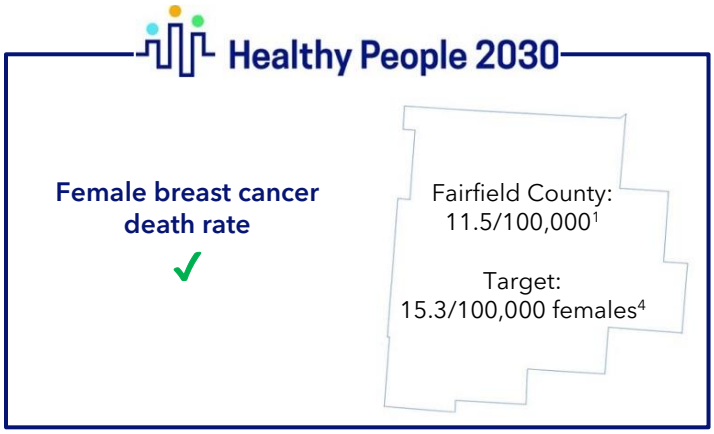
Lung and bronchus cancers have the highest mortality rate in Fairfield County. The rate of breast cancer in 2021 met the *Healthy People 2030* target of 15.3/100,000[4], while the rate of lung cancer does not meet this target (25.1/100,000).[5]

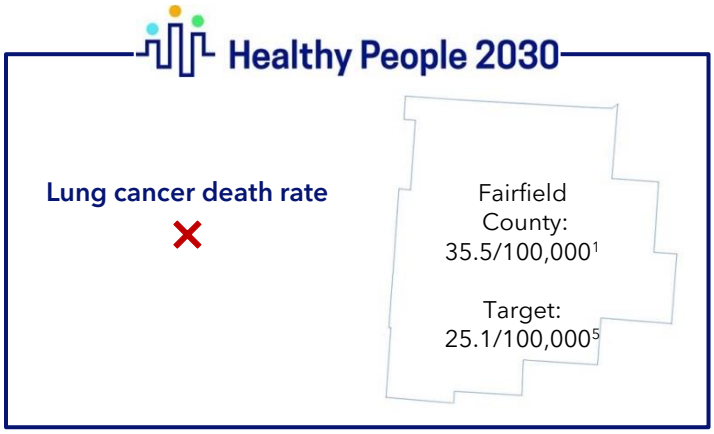
Cancer Mortality Rates – Top Cancers[2*]

	Fairfield County						Ohio	
	2019		2020		2021		2019	
	Count	Rate*	Count	Rate*	Count	Rate*	Count	Rate*
All sites/types	302	155.6	325	160.1	316	154.9	25,167	162.8
Lung and bronchus	81	40.4	85	41.5	74	35.5	6,447	40.9
Breast (female)	31	15.9	22	11.2	22	11.5	1,744	21.1
Prostate	9	5.0	8	4.2	21	10.9	1,214	18.9
Colon and rectum	21	11.0	23	11.0	19	9.0	2,118	13.8
Pancreas	18	8.6	25	12.2	25	11.8	2,004	12.7

**Rate per 100,000 population, average annual numbers, age-adjusted; rates are sex specific for cancer of the breast and prostate*







The counts of infectious diseases are displayed in the table below.

Infectious Disease Incidence[7,8,9,10,11,12]

	Fairfield County						Ohio	
	2019		2020		2021		2020	
	Count	Rate*	Count	Rate*	Count	Rate*	Count	Rate*
Chlamydia[7]	606	384.6	524	332.5	478	296.8	59011	504.8
Gonorrhea[10]	203	128.8	158	100.3	158	98.1	30690	262.6
AIDS/HIV[8,9]	191	121.2	190	119.0	199	123.6	24984	213.7
Hepatitis A[11] (acute)	32	20.3	3	1.9	4	2.5	N/A	N/A
Hepatitis B (acute)[12]	4	2.5	2	1.3	1	0.6	131	1.1

	Fairfield County 2019		Fairfield County 2020		Fairfield County 2021		Ohio 2020	
	Count	Rate*	Count	Rate*	Count	Rate*	Count	Rate*
Hepatitis B (total)[12]	24	15.2	17	10.7	14	8.7	1895	16.2
Hepatitis C (acute)[11]	15	9.5	7	4.4	3	1.9	238	2.0
Hepatitis C (total)[11]	152	96.5	103	65.4	114	70.8	12972	111.0
Influenza-associated hospitalization[11]	82	52.0	N/A	N/A	N/A	N/A	N/A	N/A

Turning to chronic health conditions, 38% of adult Fairfield County respondents have at some point been told by a health professional that they have high blood pressure, 27% have been diagnosed with arthritis, and 27% have been diagnosed with high blood cholesterol.

Diagnoses of Chronic Health Conditions[§]

	Fairfield County (average n=700)
High blood pressure	37.9%
Arthritis	27.2%
High blood cholesterol	26.7%
Asthma	13.6%
Diabetes	10.7%
Coronary heart disease	5.3%
A heart attack	1.6%

According to secondary data, in 2019, 10% of adults age 20 and over had been diagnosed with diabetes.

Differences by age: Being diagnosed with arthritis increases as age increases: 8.0% for 18-34 year olds, 26.0% for 35-64 year olds, and 55.0% for individuals 65 or older.

Being diagnosed with diabetes increases as age increases: 6.0% for those less than 55 years old, 12.2% for 55-64 year olds, and 23.5% for those 65 or older.

Being diagnosed with high blood pressure increases as age increases: 11.2% for 18-34 year olds, 18.2% for 35-44 year olds, 38.9% for 45-54 year olds, 56.4% for 55-64 year olds, and 71.8% for individuals 65 or older.

Being diagnosed with high blood cholesterol varies by age: 4.6% for 18-34 year olds, 18.6% for 35-44 year olds, 32.5% for 45-54 year olds, 29.1% for 55-64 year olds, and 54.3% for individuals 65 or older.

Differences by income: Those with an annual household income of less than $75,000 are more likely than those with annual household incomes of $75,000 or more to be diagnosed with arthritis: 38.3% vs. 19.9%.

Those with an annual household income of less than $50,000 are more likely than those with annual household incomes of $50,000 or more to be diagnosed with coronary heart disease: 13.1% vs. 2.5%.

Being diagnosed with diabetes decreases as annual household income increases: 21.8% for those with an annual household income of less than $50,000, 13.6% for an annual household income of $50,000-$74,999, and 5.4% for an annual household income of $75,000 or more.

Differences by gender: Males are more likely than females to be diagnosed with coronary heart disease: 8.8% vs. 1.9%.

Percentages of respondents reporting diagnoses in 2022 in Fairfield County: high blood pressure 37.9%, high blood cholesterol 26.7%, cancer 11%, asthma 13.6%, and diabetes 10.7%. Percentages of respondents reporting diagnoses in 2019 in Fairfield County: high blood pressure 41%, high blood cholesterol 30.5%, cancer 12.6%, asthma 10.1%, and diabetes 12.2%.

Summary

The *Fairfield County 2022 Community Health Assessment* provides a comprehensive overview of the community's health status, illuminating areas of strength as well as areas in which there could be improvement.

Consistent with Public Health Accreditation Board requirements and IRS regulations, the Fairfield County Health Department and Fairfield Medical Center will use this report to inform the development and implementation of strategies to address these findings. It is intended that a wide range of stakeholders will also use this report for their own planning efforts.

Subsequent planning documents and reports will be shared with community stakeholders and with the public. For example, the following pages of this report include a preliminary list of community assets and resources that could possibly be mobilized and leveraged to address the priority health issues identified by this process. This list will be reviewed and (if necessary) revised by the Fairfield County Health Department and its partners as part of the process of developing the Community Health Improvement Plan.

The Fairfield County Health Department will provide updates to this assessment as new data becomes available. Users of the *Fairfield County 2022 Community Health Assessment* are encouraged to send feedback and comments that can help improve the usefulness of this information when future editions are developed. Questions and comments about the *Fairfield County 2022 Community Health Assessment* may be directed to:

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Appendix A: Community Assets and Resources

A preliminary list of community assets and resources that could possibly be mobilized and leveraged to address health needs is shown below.

Social Services

- YMCA
- Fairfield County 2-1-1 Information and Referral Services
- Fairfield County Job and Family Services
- Catholic Social Services
- Faith-based communities
- Fairfield Center for disABILITIES
- United Way
- Big Brothers, Big Sisters
- Canal Winchester Human Services
- Lancaster-Fairfield Community Action Agency

Senior Services

- Meals on Wheels
- New Horizons
- Central Ohio Area Agency on Aging

Behavioral Health

- ADAMH
- New Horizons
- The Recovery Center in Lancaster
- Mental Health America

Clinical Services

- Fairfield Medical Center
- Diley Ridge Medical Center
- Fairfield Community Health Center
- The Recovery Center in Lancaster

Community

- County parks
- Central Ohio Transit Authority
- Fun Bus

Schools & Universities

- OSU extension Fairfield County
- Youth clubs
- Schools (general)
- After-school programs

Government

- Fairfield County Health Department
- Parks and Recreation Department
- Lancaster-Fairfield Public Transit
- Fairfield County Commissioners
- Fairfield County Emergency Management and Homeland Security
- Fairfield County Veterans Service Commission

Law Enforcement

- Project FORT/ Major Crimes Unit
- Criminal justice system (general)

Appendix B: Changes in Health Indicators 2019-2022

This section of this report presents an overview of changes in health indicators over time in Fairfield County. The health indicator cell is **green** if community health improved over time, **orange** if community health declined over time, and white if there was little change.[1]

	2019 (Average number of observations= 532)	**2022 (Average number of observations= 691)**
Visited a doctor for routine visit (past year)	80.9%	76.4%
Went outside Fairfield County for healthcare (past year)	36%	46.0%
Overall health is excellent or very good	57%	52.6%
At least one day poor physical/mental health prevented usual activities (past month)	34.7%	35.9%
Classified as overweight or obese by BMI	70.2%	72.1%
Ever diagnosed with asthma	10.1%	13.6%
Ever diagnosed with arthritis	28.3%	27.2%
Ever diagnosed with cancer	12.6%	11%
Ever diagnosed with diabetes	12.2%	10.7%
Ever diagnosed with high blood pressure	41.0%	37.9%
Ever diagnosed with high blood cholesterol	30.5%	26.7%
Ever diagnosed with a depressive disorder	21.8%	20.4%
Ever diagnosed with an anxiety disorder	19.5%	28.6%
Current smokers	10.8%	11.4%
Binge drinkers (past month)	30.3%	34.8%
Delayed medical care (past 12 months) – did not have insurance	7.9%	5.1%
Delayed medical care (past 12 months) – could not afford co-pay	9.8%	10.4%
Delayed medical care (past 12 months) – did not have transportation	2.8%	2.3%
Delayed medical care (past 12 months) – were not able to schedule appointment	5.2%	6.1%
Delayed medical care (past 12 months) – could not schedule appointment soon enough	10.6%	8.2%
Typically eat fruit at least once a day	76.9%	84.1%
Typically eat vegetables at least once a day	92.3%	95.6%
Participated in physical activity / exercise (past month)	76%	84.5%
Know someone in Fairfield County who abuses heroin	15.6%	9.6%
Know someone in Fairfield County who abuses methamphetamines	15.9%	10.1%
Know someone in Fairfield County who abuses prescription pain medicine	18.4%	11.8%
Misused prescription pain medicine (past month)	<1%	2.2%
Used marijuana or cannabis (past month)	4.3%	11.5%

[1] To test whether the difference between the 2019 and 2022 percentages was statistically significant, a 2-sample proportions test was computed for each health indicator. This analytic procedure calculates the difference between the 2019 and 2022 percentages, considers the total number of observations in each sample, and then computes a z statistic. When the z statistic was statistically significant ($p<.05$), which suggests the difference between the two percentages is not due to chance alone, a green or orange color was used to mark the cell.

Appendix C: Health Disparities in Fairfield County

This appendix provides a complete list of subgroup differences identified from the Fairfield County 2022 Adult Health Survey.

Differences by age:

Reporting of COVID-19 negatively impacting one's level of anxiety/depression decreases as age increases: 51.6% for 18-34 year olds, 59.5% for 35-44 year olds, 35.7% for 45-54 year olds, 27.8% for 55-64 year olds, and 13.3% for individuals 65 or older.

Those under age 45 are more likely than those age 45 or older to report that COVID-19 had a negative impact on their financial stability: 31.0% vs. 10.2%.

Those under age 45 are more likely than those age 45 or older to report that COVID-19 had a negative impact on their social media habits: 25.7% vs. 11.6%.

Reporting that time or effort needed to find or access services is a barrier to getting help decreases as age increases: 76.6% for 18-34 year olds, 48.3% for 35-44 year olds, 22.9% for 45-54 year olds, 18.9% for 55-64 year olds, 10.1% for individuals 65 or older.

Those age 65 or older are more likely than those less than 65 years of age to trust their local doctor to provide accurate information about COVID-19: 72.3% vs. 44.9%.

The likelihood of visiting a doctor within the past year increases as age increases: 61.0% for 18-34 year olds, 64.8% for 35-44 year olds, 77.3% for 45-54 year olds, 85.3% for 55-64 year olds, and 97.5% for those 65 or older.

Those age 35 or older are more likely than those 18-34 years old to have visited a dentist in the past year: 77.3% vs. 49.2%.

Reporting of mold issues decreases as age increases: 27.8% for 18-24 year olds, 15.3% for 35-44 year olds, and 4.5% for those age 45 and over.

Those less than 65 years of age are more likely than those age 65 or older to report wanting more walking paths: 47.1 % vs. 19.6%.

Those age 18-34 are more likely than those age 35 or older to indicate wanting more parks: 55.7% vs. 31.7%.

Those age 18-54 are more likely than those age 55 or older to indicate wanting more sidewalks: 35.0% vs. 16.3%.

Those under age 45 are more likely than those age 45 or older to know anyone with an alcohol abuse/addiction problem: 35.5% vs. 14.1%.

Those under age 45 are more likely than those age 45 or older to know anyone with a prescription pain medication abuse/addiction problem: 20.2% vs. 5.3%.

Those under age 45 are more likely than those age 45 or older to know anyone with a methamphetamine abuse/addiction problem: 17.3% vs. 4.5%.

Those under age 45 are more likely than those age 45 or older to know anyone with a heroin abuse/addiction problem: 16.8% vs. 3.9%.

Those under age 45 are more likely than those age 45 or older to report binge drinking at least once in the past month: 45.2% vs. 26.8%.

Those less than 55 years of age are more likely than those 55 or older to spend time on the Internet: 4 vs. 2 median hours.

Those age 65 or older are more likely than those less than 65 years of age to spend time sleeping at night: 8 vs. 7 median hours.

Those less than 45 years of age are more likely than those 45 or older to be diagnosed with a depressive disorder: 28.7% vs. 14.1%.

Those less than 45 years of age are more likely than those 45 or older to be diagnosed with an anxiety disorder: 45.2% vs. 15.8%.

Reports of having a poor mental health day in the past 30 days decreases as age increases: 80.8% for 18-34 year olds, 58.8% for 35-44 year olds, 44.9% for 45-54 year olds, 34.9% for 55-64 year olds.

Average number of poor mental health days in the past 30 days decreases as age increases: 9.5 days for 18-34 year olds, 6.3 for 35-44 year olds, 3.9 for those 45 or older.

Being diagnosed with cancer increases as age increases: 4.1% for individuals less than 55 years old, 15.4% for 55-64 year olds, and 27.8% for individuals 65 or older.

Being diagnosed with arthritis increases as age increases: 8.0% for 18-34 year olds, 26.0% for 35-64 year olds, and 55.0% for individuals 65 or older.

Being diagnosed with diabetes increases as age increases: 6.0% for those less than 55 years old, 12.2% for 55-64 year olds, and 23.5% for those 65 or older.

Being diagnosed with high blood pressure increases as age increases: 11.2% for 18-34 year olds, 18.2% for 35-44 year olds, 38.9% for 45-54 year olds, 56.4% for 55-64 year olds, and 71.8% for individuals 65 or older.

Being diagnosed with high blood cholesterol varies by age: 4.6% for 18-34 year olds, 18.6% for 35-44 year olds, 32.5% for 45-54 year olds, 29.1% for 55-64 year olds, and 54.3% for individuals 65 or older.

Differences by gender:

Females are more likely than males to report that COVID-19 had a negative impact on their level of anxiety/depression: 46.6% vs. 28.2%.

Females are more likely than males to report that COVID-19 had a negative impact on their financial stability: 25.6% vs. 12.0%.

Females are more likely than males to report that COVID-19 had a negative impact on their social media habits: 24.3% vs. 11.6%.

Females are more likely than males to report that COVID-19 had a negative impact on their use of preventative health care screenings/visits: 18.1% vs. 6.3%.

Those with some college or more education are more likely than those with a high school degree / GED or less education to know anyone with an alcohol abuse/addiction problem: 27.5% vs. 17.5%.

Females are more likely than males to be diagnosed with a depressive disorder: 27.2% vs. 11.8%.

Females are more likely than males to report having a poor mental health day in the past 30 days: 60.7% vs. 45.1%.

Females are more likely than males to report having at least one poor physical or mental health day that affected activities in the past 30 days: 43.6% vs. 27.0%

Males are more likely than females to be diagnosed with coronary heart disease: 8.8% vs. 1.9%.

Differences by education:

Those with some college or more education are more likely than those with a high school degree / GED or less education to report that COVID-19 negatively impacted their relationship(s) with other people: 41.9% vs. 30.6%.

Reports of COVID-19 negatively impacting one's financial stability vary by highest level of education completed: 14.1% for those with a high school degree / GED, 30.6% for those with some college, and 14.2% for those with a bachelor's degree or more education.

Wanting help with food assistance decreases as education level increases: 12.0% for those with a high school degree / GED, 7.7% for those with some college, and 0.7% for those with a bachelor's degree or higher.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust their local doctor to provide accurate information about COVID-19: 67.7% vs. 44.2%.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust the Ohio Department of Health to provide accurate information about COVID-19: 69.3% vs. 38.9%.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust the Fairfield County Health Department to provide accurate information about COVID-19: 67.6% vs. 35.4%.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust the CDC to provide accurate information about COVID-19: 69.6% vs. 34.1%.

Traveling outside of Fairfield County to receive health care increases as education increases: 38.1% for those with a high school degree / GED, 46.5% for those with some college, and 57.7% for those with a bachelor's degree or higher.

Those with some college or more education are more likely than those with a high school degree / GED or less education to report wanting more sidewalks: 34.5% vs. 18.2%.

Those with an associate's degree or less education are more likely than those with a bachelor's degree or more education to report smoking at least 100 cigarettes in their entire life: 41.1% vs. 15.6%.

Daily cigarette smoking decreases as highest education level increases: 16.8% for those with a high school degree / GED, 10.6% for those with some college education, and 1.1% for those with a bachelor's degree or more education.

Differences by income:

Those with an annual household income of less than $75,000 are more likely than those with annual household incomes of $75,000 or more to report that COVID-19 negatively impacted their relationship(s) with other people: 43.3% vs. 34.5%.

Reporting of COVID-19 negatively impacting one's financial stability decreases as annual household income increases: 34.0% for an annual household income of less than $50,000, 25.8% for an annual household income of $50,000-$74,999, 19.3% for an annual household income of $75,000-$99,999, and 7.4% for an annual household income of $100,000 or more.

Wanting help with food assistance decreases as annual household income increases: 20.1% for an annual household income of less than $50,000, 11.3% for an annual household income of $50,000-$74,999, and 0.7% for an annual household income of $75,000 or more.

Not wanting any help increases as annual household income increases: 61.1% for an annual household income of less than $50,000, 71.1% for an annual household income of $50,000-$74,999, and 90.0% for an annual household income of $75,000 or more.

Those with an annual household income of less than $50,000 are more likely than those with an annual household income of $50,000 or more to report that not knowing of any services in their community is a barrier to getting help: 35.7% vs. 9.7%.

Trusting Ohio Department of Health recommendations a "great deal" increases as annual household income increases: 23.6% for an annual household income of less than $50,000, 34.6% for an annual household income of $50,000-$99,999, and 51.1% for an annual household income of $100,000 or more.

Those with an annual household income of $50,000 or more are more likely than those with an annual household income of less than $50,000 to trust their local doctor to provide accurate information about COVID-19: 56.7% vs. 39.4%.

Those with an annual household income of $50,000 or more are more likely than those with an annual household income of less than $50,000 to trust the Ohio Department of Health to provide accurate information about COVID-19: 54.2% vs. 29.9%.

Those with an annual household income of $100,000 or more are more likely than those with an annual household income of less than $100,000 to trust the CDC to provide accurate information about COVID-19: 62.0% vs. 34.8%.

Reporting of mold issues decreases as household income increases: 21.7% for an annual household income of less than $50,000, 15.5% for an annual household income of $50,000-$75,000, and 8.4% for an annual household income of $100,000 or more.

Those with an annual household income of $50,000 or more are more likely than those with an annual household income of less than $50,000 to report wanting more parks: 44.7% vs. 24.6%.

Those with an annual household income of $75,000 or more are more likely than those with an annual household income of less than $75,000 to report wanting more bike paths: 39.4% vs. 15.5%.

Reports of smoking at least 100 cigarettes vary by annual household income: 19.2% for an annual household income of less than $75,000, 11.5% for an annual household income of $75,000-$99,999, and 1.9% for an annual household income of $100,000 or more.

Those with an annual household income of less than $75,000 are more likely than those with an annual household income of $75,000 or more to smoke cigarettes daily: 19.2% vs. 5.2%.

Those with an annual household income of less than $50,000 are more likely than those with annual household incomes of $50,000 or more to know anyone with a methamphetamine abuse/addiction problem: 17.7% vs. 7.9%.

Those with an annual household income of $75,000 or more are more likely than those with an annual household income of less than $75,000 to be physically active in the past 30 days: 12 vs. 4 median number of times.

Those with an annual household income of $100,000 or more are more likely than those with an annual household income of less than $100,000 to spend time on the Internet: 4 vs. 2 median hours.

Average number of poor mental health days in the past 30 days decreases as income increases: 8.8 days for an annual household income of less than $50,000, 5.9 for an annual household income of $50,000-$99,999, and 4.3 for an annual household income of $100,000 or more.

Reports of being in excellent or very good health increase as annual household income increases: 26.5% for an annual household income of less than $50,000, 55.9% for an annual

household income of $50,000-$74,999, and 62.3% for an annual household income of $75,000 or more.

Those with an annual household income of less than $75,000 are more likely than those with annual household incomes of $75,000 or more to be diagnosed with arthritis: 38.3% vs. 19.9%.

Those with an annual household income of less than $50,000 are more likely than those with annual household incomes of $50,000 or more to be diagnosed with coronary heart disease: 13.1% vs. 2.5%.

Being diagnosed with diabetes decreases as annual household income increases: 21.8% for those with an annual household income of less than $50,000, 13.6% for an annual household income of $50,000-$74,999, and 5.4% for an annual household income of $75,000 or more.

Differences by presence of children:

Those with at least one child in the household are more likely than those without any children in the household to report that COVID-19 had a negative impact on their level of anxiety/depression: 54.4% vs. 29.3%.

Those with at least one child in the household are more likely than those without any children in the household to report that not being eligible for services is a barrier to getting help: 42.9% vs. 9.9%.

Differences by location:

Those who live outside of Lancaster are more likely than those who live in Lancaster to travel outside of Fairfield County to receive health care: 52.5% vs. 28.0%.

Those who live outside of Lancaster are more likely than those who live in Lancaster to have had a mammogram in the past year: 79.7% vs. 59.1%.

Those who live in Lancaster are more likely than those who live outside of Lancaster to know anyone with an alcohol abuse/addiction problem: 35.1% vs. 19.3%.

Those who live in Lancaster are more likely than those who live outside of Lancaster to know anyone with a methamphetamine abuse/addiction problem: 19.4% vs. 6.7%.

Those who live in Lancaster are more likely than those who live outside of Lancaster to know anyone with a heroin abuse/addiction problem: 20.4% vs. 5.6%.

Appendix D: Fairfield County CHA Kickoff Session

The following pages contain the debriefing from the Fairfield County CHA Kickoff Session.

Fairfield County's
2022 Community Health Assessment

List Of Potential Indicators And Question Constructs

On February 15, 2022, a group of 38 Fairfield County community members representing a diverse array of public health, health system, social service, and other governmental entities participated in a robust discussion about the upcoming community health assessment (CHA) effort.

After receiving a brief orientation to the plan for this CHA effort, the community members were randomly assigned to one of 5 small groups. Each of these small groups discussed the same set of three questions:

- What does a healthy Fairfield County look like to you?
- Given your vision for a healthy Fairfield County, what do you think are the biggest barriers or issues that are keeping the County from getting there?
- Overall, what are the three most important issues that should be considered in our upcoming community health assessment and planning work?

After finishing the small group conversations, the community members returned to the main larger group and shared their group's perceptions of the most important issues to be considered in the CHA process. Overall, many groups discussed similar issues, resulting in a consensus that the following issues should be incorporated into this effort (at a broad level).

- Health care access
- Mental health
- Impact of pandemic on health-related issues
- (Lack of) trust in health experts
- Social determinants of health

The following indicators and constructs were suggested as specific ones to consider including in the upcoming CHA effort. Note that this list of indicators and constructs is not a final, comprehensive one. Rather, it reflects what was discussed during the small group conversations and will continue to evolve as this study proceeds. The indicators are segmented into potential secondary data indicators, potential constructs to measure in the adult survey questionnaire, and potential constructs to cover in the community leader interviews, according to an initial review of the best fit for the indicators and constructs. The categorization of the indicators and constructs may change as the CHA process continues.

Potential secondary data indicators[1]

Health care access / utilization

- Health resource availability (licensed providers of medical care, dental care, psychology and other mental health specialties; bed capacity at detox facilities)

[1] Resa will check with her colleagues about the cancer questions

- Health insurance access by type
- Vaccination rates
- EMS availability

Mental health & addiction

- Counts/rates of child abuse
- Suicide rate
- Narcan administrations
- Substance use during pregnancy

Social determinants

- Homelessness
- Transportation (HHs w/o a car)
- Food insecurity
- Access to broadband
- Data from social services and other county agencies about service capacity/quantity/utilization
    - Number of food banks
    - Meals on Wheels participant rate
    - Food vouchers used and available
    - WIC/SNAP
    - Shelter availability
- Financial assistance rates
- Cost-burdened households
- Crime rate
- Divorce rate
- Employment rate
- Fosters/adoptions
- Teen pregnancy rate

Potential constructs to measure in the adult survey questionnaire

Mental health & addiction

- Current prevalence of depression, anxiety, suicidal ideation
- Current prevalence of substance use: opiates, methamphetamines, alcohol (heavy/binge drinking), cigarette use, (teen) vaping, marijuana, heroin, prescription drugs
- Stigma, and fear of admitting mental health issues
- Public awareness of mental health services
- Mental health's effects on engagement with family, capacity to work, etc.
- Mental/behavioral health provider availability
- Affordability of mental/behavioral health providers
- Pipeline to mental/behavioral health providers
- Impact of COVID-19 on mental health
- Social media's impact on mental health
- Gambling/betting prevalence

Chronic health conditions

- Current prevalence of obesity (adults and children)
- Current prevalence of other chronic health conditions: e.g., heart disease, high blood pressure, diabetes, etc.

Health care and services access / utilization

- Last visit to PCP
- Frequency of well child visits
- Public awareness of services
- Services residents are interested in
- Resource availability in the community
- Utilization of health care services outside the county, and reasons for traveling for care
- Extent transportation is a barrier to accessing care
- Health care utilization of preventative screenings
- Effect of COVID-19 on health care utilization
- Trust in public health officials and/or organizations to provide accurate health information
- Access to pharmacies and prescription assistance
- Trust in health care services
- Wait times for services
- Overall attitude towards health care utilization (proactive vs. reactive)
- Childcare, caregiving assistance for parents
- Caregiver rate/respite care rate

Behavioral health

- Change in activities/behaviors due to COVID-19
- Accessibility of/barriers to healthy behaviors (nutritious meals, exercise)
- Fast food consumption

Health literacy

- Trusted sources for health information (media, people)
- Awareness and utilization of local public health information resources
- Perception of vaccine safety/health benefits
- Utilization of telehealth visits
- Difficulty connecting to telehealth visits

Environmental health

- Health issues with pests, trash/litter, etc.
- Perceptions of safety from crime/safety in general
- Accessibility of green spaces

Social determinants / demographics

- Age
- Race/ethnicity
- Household size
- Presence of children in household

- Educational attainment
- Household income (2021)
- Zip code
- Employment availability
- Availability of job training

Potential constructs to cover in the community leader interviews

Mental health & addiction

- Staffing: Challenges filling positions (related to health resource availability)
- Staffing: Morale in mental health services, prevalence of burnout
- Mental health stigma

Accessing services

- How community leaders can motivate residents to participate in available services, access available resources
- How services can optimize care coordination to meet the needs of residents
- Existing needs for services

Health literacy

- Sources of children's knowledge about healthy habits

Appendix E: Fairfield County Adult Survey Questionnaire

The following pages show the Fairfield County CHA Adult Survey Questionnaire.

FAIRFIELD COUNTY HEALTH SURVEY

This survey should be completed by the adult aged 18 or older at this address who MOST RECENTLY had a birthday. All responses will remain confidential, so please answer honestly.

ABOUT YOUR COMMUNITY

1. In your opinion, what is the most important health issue affecting the people who live in Fairfield County? [Please write your answer below]

ABOUT YOUR OVERALL HEALTH

These questions ask about your physical and mental health.

2. Would you say that in general your health is… [Circle one answer]

Excellent	Very good	Good	Fair	Poor

3. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your **physical health not good**? [Write a number] ___ ___

4. Thinking about your mental health, which includes stress, depression, and problems with emotions, for about how many days during the past 30 days was your **mental health not good**? [Write a number] ___ ___

5. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? [Write a number] ___ ___

6. How often do you get the social and emotional support you need? [Circle one answer]

Always	Usually	Sometimes	Rarely	Never

7. Has a doctor, nurse, or other health professional EVER told you that you had… [Fill in the circles that apply]
   - O Asthma
   - O Arthritis
   - O Coronary heart disease
   - O A heart attack
   - O Diabetes
   - O High blood pressure
   - O High blood cholesterol
   - O An anxiety disorder
   - O A depressive disorder
   - O None of these

8. During the past 12 months, did you ever seriously consider attempting suicide? [Circle one answer]

Yes	No

HEALTH CARE ACCESS

These questions ask about your access to health care and services.

9. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? [Circle one answer]

Yes	No

10. During the past 12 months, have you delayed getting a needed prescription medication for any reason? [Circle one answer]

Yes	No

{PLEASE COMPLETE THE NEXT PAGE}

11. During the past 12 months, have you <u>delayed</u> getting needed medical care for any of the following reasons? [Fill in the circles that apply]
    - O Did not have insurance
    - O Could not afford the co-pay
    - O Did not have transportation
    - O Were unable to schedule an appointment
    - O Could not schedule an appointment soon enough
    - O Could not access telehealth care
    - O To avoid exposure to COVID-19
    - O To avoid spreading COVID-19
    - O Did not delay getting needed care
    - O Other [Please specify]

12. During the past 12 months, have you <u>delayed</u> getting needed <u>mental health care or services</u> for any of the following reasons? [Fill in the circles that apply]
    - O Unsure what services were available
    - O Couldn't afford the care
    - O Feared admitting a mental health issue
    - O Difficulty finding a provider with availability
    - O To avoid exposure to COVID-19
    - O To avoid spreading COVID-19
    - O Did not delay getting needed care
    - O Other [Please specify]:

13. Has a doctor, nurse, or other health professional EVER told you that you had any type of cancer? [Circle one answer]

Yes	No (Go to Question 18)

14. About how many months passed from the time you first thought something might be wrong until you first saw a health care provider about it? [Write a number] ___ ___

15. If you waited more than 3 months before you saw a health care provider, what were the reasons for this? [Fill in the circles that apply]
    - O Other life issues were more important
    - O To avoid exposure to COVID-19
    - O To avoid spreading COVID-19
    - O Had difficulty getting an appointment
    - O Not applicable
    - O Other [Please specify]:

16. What problems did you experience (or are you experiencing) during treatment? [Fill in the circles that apply]
    - O Treatment side effects
    - O Job/work responsibilities
    - O My emotions/feelings about this experience
    - O Keeping track of health insurance bills
    - O None
    - O Other [Please specify]:

17. Which of the following would you have liked help with during your illness? [Fill in the circles that apply]
    - O Help with understanding my diagnosis and/or treatment options
    - O Help with applying for any benefits I might be eligible for
    - O Help arranging care services at my home
    - O Help with my insurance/billing paperwork
    - O None
    - O Other [Please specify]:

18. About how long has it been since you last visited a doctor for a routine checkup (i.e., "well visit")? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago

{PLEASE COMPLETE THE NEXT PAGE}

19. About how long has it been since you last visited a **dentist or dental clinic** for any reason? Include visits to dental specialists, such as orthodontists. [Circle one answer]

Within the past year (anytime less than 12 months ago) (Go to Question 21)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago

20. What are your reasons for not visiting a dentist or dental clinic **within the past year**? [Fill in the circles that apply]

- O Did not have insurance
- O Could not afford the co-pay
- O Had difficulty scheduling an appointment
- O Fear of going to the dentist
- O To avoid exposure to COVID-19
- O To avoid spreading COVID-19
- O Not applicable
- O Other [Please specify]

21. During the past 12 months, how many times did your *child (aged 0-18) with the most recent birthday* visit a doctor, nurse, or other health care professional to receive an annual physical, sports physical, or well visit? [Circle one answer]

0 times	1 time	2 or more times	Do not have children

22. In the past 12 months, did you travel outside of Fairfield County in order to receive needed medical care? [Circle one answer]

Yes	No (Go to Question 24)

23. What kind of medical care did you receive outside of Fairfield County? [Write your answer to the right]

[NOTE: If you are 44 years of age or younger, please go to Question 25.]

24. The next question is about colorectal cancer screening. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since you had a sigmoidoscopy or colonoscopy? This does not include a colorectal screening done at home. [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	Within the past 10 years (at least 5 years but less than 10 years ago)	10 or more years ago	Never

[NOTE: If you are male, please go to Question 27.]

25. A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	5 or more years ago	Never

[NOTE: If you are 44 years of age or younger, please go to Question 27.]

26. A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	5 or more years ago	Never

{PLEASE COMPLETE THE NEXT PAGE}

27. Which of the following sources would you trust to provide accurate information about COVID-19 risks and prevention? [Fill in the circles that apply]

- O Fairfield County Health Department
- O The Ohio Department of Health
- O The CDC
- O Your local doctors
- O Individuals on social media who are NOT part of the medical community
- O None
- O Other [Please specify]

28. In terms of recommendations made to improve health in general, how much do you trust the recommendations of each of the following groups?

28a. Fairfield County Health Department	A great deal	Somewhat	Not at all
28b. The Ohio Department of Health	A great deal	Somewhat	Not at all
28c. The CDC	A great deal	Somewhat	Not at all

29. Would you or a family member like to receive help or information for <u>any</u> of the following issues? [Fill in the circles that apply]

- O Depression, anxiety, or mental health
- O Drug or alcohol abuse
- O Tobacco cessation
- O Elder care assistance
- O End-of-life or hospice care
- O Food assistance
- O Rent/mortgage assistance
- O Childcare assistance
- O Job training or employment help
- O Social media usage
- O Gambling or betting
- O None [Go to Question 31]
- O Other [Please specify]:

30. What are the barriers to getting the help or information you or a family member would like? [Fill in the circles that apply]

- O Don't know of any services in my community
- O Time or effort to find/access services
- O Not eligible for services
- O None
- O Other [Please specify]:

ENVIRONMENTAL HEALTH

The next questions ask about your household and the area where you live.

31. Which of the following types of crime are you worried about affecting you or your family where you live?

- O Burglary or theft of possessions (including vehicles or money)
- O Murder
- O Rape
- O None
- O Other [Please specify]:

32. The following issues are sometimes associated with poor health. During the past 12 months, which of the following issues has been present in or around your household? [Fill in the circles that apply]

- O Lead paint
- O Mold
- O Radon
- O Bedbugs
- O Other insects (flies, roaches, etc.)
- O Litter/trash
- O None of these

33. What types of outdoor spaces would you like to have more of for physical activity and/or leisure activities in the area where you live? [Fill in the circles that apply]

- O More sidewalks
- O More bike paths
- O More walking paths
- O More parks
- O None
- O Other [Please specify]:

{PLEASE COMPLETE THE NEXT PAGE}

HEALTH BEHAVIORS

These questions ask about a variety of health behaviors.

34. On a typical day, how many times do you eat fruit? Please count fresh, frozen, or canned fruit, but do not include fruit juice. [Write a number] ___ ___

35. On a typical day, how many times do you eat vegetables? [Write a number] ___ ___

36. In a typical week, how many times do you eat fast food? [Write a number] ___ ___

37. During the past month, other than your regular job, how many times did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? [Write a number] ___ ___

38. What barriers to exercising do you face?
If you don't face any barriers, write "None". [Write your answer to the right]

39. On average, how many hours per day do you spend **on the Internet**? This includes browsing the web on a desktop, laptop, or cell phone, using apps on a cell phone, checking email, social media usage, etc. [Write a number] ___ ___

40. On average, how many hours of sleep do you get in a 24-hour period? [Write a number] ___ ___

41. How difficult is it for you to get fresh fruits and vegetables? [Circle one answer]

Extremely difficult	Very difficult	Moderately difficult	Slightly difficult	Not difficult at all

42. Have you smoked at least 100 cigarettes in your entire life? [Circle one answer]

Yes	No

43. How often do you now…

43a. Smoke cigarettes?	Every day	Some days	Not at all
43b. Use e-cigarettes (e.g., Juul)?	Every day	Some days	Not at all
43c. Use chewing tobacco, snuff, or snus?	Every day	Some days	Not at all
43d. Use other tobacco/nicotine product(s)?	Every day	Some days	Not at all

44. One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (*if male, 5 drinks or more* | *if female, 4 drinks or more*) on an occasion? [Write a number] ___ ___

45. Do you personally know anyone in Fairfield County who has a drug abuse or addiction problem with… [Fill in the circles that apply]
    - O Heroin
    - O Methamphetamines
    - O Prescription pain medicine
    - O Alcohol
    - O Don't know anyone

46. During the past 30 days, on how many days did you use prescription medication that was not prescribed for you, or took more medicine than was prescribed for you, in order to feel good, high, more active, or more alert? [Write a number] ___ ___

{PLEASE COMPLETE THE NEXT PAGE}

47. During the past 30 days, on how many days did you use marijuana or cannabis? [Write a number] __ __
(If 0, go to Question 49)

48. When you used marijuana or cannabis during the past 30 days, was it usually…? [Circle one answer]

For medical reasons (to treat symptoms of a health condition)	For non-medical reasons (to have fun or fit in)	For both medical and non-medical reasons

49. In the past 12 months, which of the following has been negatively impacted by the COVID-19 pandemic? [Fill in the circles that apply]

- O Your level of anxiety and/or depression
- O Your television or gaming habits
- O Your social media habits
- O Your exercise habits
- O Your relationship(s) with other people
- O Your financial stability
- O Your use of preventative health care (screenings, well visits)
- O Your nutrition habits
- O No negative impacts
- O Other [please specify]:

OTHER QUESTIONS

These questions are for statistical purposes only. All responses will remain confidential.

50. Which of the following best describes your gender? [Circle one answer]

Male	Female	Transgender	Non-binary	I prefer not to classify myself

51. This question is about your racial and ethnic background. Which of the following categories apply to you? [Fill in the circles that apply]

- O White
- O Black or African American
- O Asian
- O Hispanic or Latino
- O Some other race [please specify]:

52. What is your age? [Write a number] __ __

53. How much do you weigh without shoes? [Write a number] __ __ __ pounds

54. How tall are you without shoes? [Write two numbers] __ feet / __ __ inches

55. Including yourself, how many people live in your household? [Write a number] __ __

56. And how many of these people are under age 18? [Write a number] __ __

57. What is the highest level of education you have completed? [Circle one answer]

Less than 12th grade (no diploma)	High school degree/GED	Some college (no degree)	Associate's degree	Bachelor's degree	Graduate or professional degree

58. Which of the following categories includes the total income of everyone living in your home in 2021, before taxes? [Circle one answer]

Less than $25,000	Between $25,000 and $49,999	Between $50,000 and $74,999	Between $75,000 and $99,999	$100,000 or more

If you are concerned about mental health, substance use, or other concerns for yourself or someone close to you, please call 2-1-1 to reach a 24/7 Crisis Hotline & Information Center.

{YOU ARE FINISHED! PLEASE USE THE ENVELOPE PROVIDED TO RETURN THIS SURVEY. **THANK YOU!**}

Appendix F: Fairfield County Community Leader Interview Guide

The next pages contain the questions asked during community leader interviews.

Fairfield County Community Health Assessment
Community Interview Guide

This is a conversational roadmap, not a script to be followed word for word. The interviewer will ask questions as applicable, taking into account the amount of time remaining.

When the interviewee's role in the community makes them well-suited to speaking about specific populations of interest (e.g., low income families, youth, individuals with disabilities, Non-English speaking populations), broad questions about health of the community can be shifted to focus on the population of interest when applicable.

Example:

- *Based on what you've seen or heard, what mental health issues are present for the community's youth population?*
- *Based on what you've seen or heard, what nutritional issues are present in the community's disabled population?*

MOST IMPORTANT HEALTH ISSUES

1. What do you think are the most important health issues in Fairfield County?

OVERALL PHYSICAL AND MENTAL HEALTH

2. Based on what you've seen or heard, what are the **most serious physical health issues** present in the community?
    a. What chronic physical conditions do you see as problematic in the community?
    b. (Probe on obesity, if applicable)
    c. (If applicable) Would you say that most residents tend to get the recommended vaccines, including the flu vaccine, or are there issues with vaccinations?
3. Based on what you've seen or heard, what are the **most serious mental health issues** are present in the community?
    a. What effects do mental health conditions have on people or systems in the community?
    b. (Probe on effects on those who have the conditions themselves, those who interact with people with mental health conditions in some way, and the systems in place in the community)
    c. (Probe on issues with staffing skilled people to fill positions, staff burnout)
    d. (Probe on issue of people being unwilling to admit mental health issues due to stigma)

SUBSTANCE ABUSE/ADDICTION

4. Based on what you've seen or heard, what are the **most serious substance abuse issues** present in the community?
    a. (Probe on tobacco cigarettes, vaping nicotine, smokeless tobacco, heroin, methamphetamines, prescription pain meds, and alcohol, if applicable)

b. (Probe on effects on those who abuse substances themselves, those who interact with people who abuse substances in some way, and the systems in place in the community)
c. (Probe on issues with staffing skilled people to fill positions for substance abuse treatment, staff burnout)

HEALTH CARE ACCESS AND SERVICES

5. Based on what you've seen or heard, what are the **most serious health care access issues** that affect people in the community?
    a. What are causes for residents delaying or not seeking health care?
    b. Do community members commonly seek health care outside of Fairfield County?
        i. Why?
        ii. What type of care do they seek?
        iii. Where do they go?
    c. (Probe on emergency treatment, urgent care, pharmacy, and X-rays, if applicable)
    d. (Probe on rehab / inpatient care facilities, if applicable)
    e. (Probe on psychiatric stabilization facilities / beds, if applicable)
    f. (Probe on first responders (sheriff's department, fire, & EMS), if applicable)
6. What can community leaders to do motivate residents to participate in available services?
7. How can care coordination be improved?
8. What gaps in services exist?

POVERTY AND LACK OF TRANSPORTATION

9. Based on what you've seen or heard, what are the primary causes of poverty in the community?
10. What barriers to transportation exist in the community?
11. What issues do you see with housing access and quality in the community?

HEALTH EDUCATION

12. Based on what you've seen or heard, what issues with health education are present in the community?
    a. (Probe to understand whether there are issues with formal and/or informal health education)
    b. (Probe to understand whether there are issues with the sources of health education people use)
    c. (Probe to understand how children learn about healthy habits, and where gaps exist)
13. Based on what you've seen or heard, what issues with health knowledge are present in the community?
    d. (Probe to understand whether residents are aware of health services)

COVID-19

14. Based on what you've seen or heard, what are the biggest issues COVID-19 has caused among the community?
15. Looking to the near and far future, what are the major issues caused by COVID-19 that community leaders should focus on addressing?

SUMMARY/IMPROVEMENT/CLOSURE

16. (Briefly summarize key issues discussed.) What ideas do you have for how leaders in Fairfield County can improve the health of the community, or reduce the impact of some of these issues? (Probe until no more ideas)
17. Given everything we've discussed today, what else do you think I should know?

IF TIME ALLOWS (OR IF TOPIC IS PARTICULARLY RELEVANT TO INTERVIEWEE'S KNOWLEDGE / EXPERIENCE)

ELDER CARE

18. Based on what you've seen or heard, what are the most serious issues affecting the health of the community's elderly population?

NUTRITION AND PHYSICAL ACTIVITY

19. Based on what you've seen or heard, what nutritional issues are present in the community?
    a. How much of a problem is access to healthy foods in the community?
    b. From your perspective, what factors keep some people in the community from eating adequate amounts of fruit and vegetables?
    c. What nutritional issues do you see with children, specifically?
20. Based on what you've seen or heard, what issues with physical activity are present in the community?

ENVIRONMENTAL HEALTH

21. Based on what you've seen or heard, what are the most serious environmental health issues present in the community? (Probe on air, water, trash, plumbing if necessary)

Appendix G: OhioMHAS County Profile

The next pages show the county assessment data profile by the Ohio Department of Mental Health and Addiction service.

OhioMHAS County Profiles – Fairfield County

2023-2025 ADAMH Community Plan

June 1, 2022

Hospital Catchment Area Appalachian

General Population Information (NCHS Bridged-Race Population – 2020)

Total Population	Female	Male
159,709	79,193	80,516

Age	0-17	18-44	45-64	65+
	38,039	53,068	42,277	26,325

Race	American Indian or Alaskan Native	Asian or Pacific Islander	Black	White	Hispanic
	557	3,995	15,985	139,172	4,045

Demographic Information (Community Environment and Economic Indicators)

Poverty Rate (2020) U.S. Census, SAIPE Program	Ohio	County
Youth (Under 18 years)	16.6%	8.2%
All Ages	12.6%	7.5%

Median Income (2020) U.S. Census, SAIPE Program	Ohio	County
	60,360	74,987

Unemployment Rate (2021) ODJFS, Labor Market Info	Ohio	County
	5.1%	4.3%

Education Attainment (2020 Estimate) (Over 25 years of age)	Ohio	County
High School or Equivalent	32.8%	32.9%
Associate's	8.8%	9.1%
Bachelor's	17.9%	18.8%
Graduate	10.9%	10.2%

Access to Broadband (Broadband Ohio)	47% of the Populated Area Does Not Have Access to Min. 25/3 Mbps	11% of Households Do Not Have Access to Min. 25/3 Mbps

Primary Diagnosis Information (Publicly Funded) (SFY 2020)

ADHD & other Conduct, Disruptive Disorder	Adjustment Disorders	Anxiety Disorders	Bipolar Disorders	Depressive Disorders	All Other Mood Disorders	Schizophrenia & Other Psychotic Disorders
405	1,014	619	377	841	287	239

SUD-Alcohol	SUD-Opioid	SUD-Other
203	695	369

Missing Info	All Other Diagnoses
87	226

Mental Health Utilization (Medicaid) (SFY 2020)

Hospitalizations (# of BH Hospitalizations)	Intensive Outpatient or Partial Hospitalization (# of)	Outpatient (# of)	Emergency Department (ED) (# of)	Telehealth (# of)
627	6,879	151,790	99	14,287

BRFSS Data - Adults (2016-2022)

Indicator	State	County
Heavy Drinking	6.5%	5.2%
Binge Drinking	17.3%	12.8%
Poor Mental Health Days	14.7%	11.2%
Physical Inactivity	26.7%	29.8%

State and County Comparison Data

✓ **County Indicator is better than State Indicator**
— **Needs attention:** *County Indicator is identical to State Indicator (within a range of one standard deviation of state indicator)*
X **Area of Concern:** *County Indicator is worse than the State Indicator*

Category	Indicator	State Data	County Data
Prevalence	Number of Youth Suicide Deaths (SHIP Indicator)	99 (2021*)	1
Prevalence	Adult Suicide Death Rate (SHIP Indicator)	15.1 (per 100,000) (2020*)	12.7 (per 100,000)
Prevalence	Unintentional Drug Overdose Deaths (SHIP Indicator)	35.4 (per 100,000) (2019-2020)	19.7 (per 100,000)
Prevalence	Adult Depression (Major depressive episode) (18+) (SHIP Indicator) (NSDUH 2018-2020)	9.15%	**10.22%**
Prevalence	Illicit Drug Use in Past Month (12+) (NSDUH 2018-2020)	12.07%	11.21%
Prevalence	Marijuana Use in Past Year (12+) (NSDUH 2018-2020)	16.27%	15.72%
Prevalence	Marijuana Use in Past Month (12+) (NSDUH 2018-2020)	10.55%	10.31%
Prevalence	Perceptions of Great Risk from Smoking Marijuana Once a Month (12+) (NSDUH 2018-2020)	20.76%	20.10%
Prevalence	First Use of Marijuana (12+) (NSDUH 2018-2020)	2.38%	**2.59%**
Prevalence	Illicit Drug Use Other Than Marijuana in the Past Month (12+) (NSDUH 2018-2020)	3.17%	2.99%
Prevalence	Cocaine Use in the Past Year (12+) (NSDUH 2018-2020)	1.78%	1.57%
Prevalence	Perceptions of Great Risk from Using Cocaine Once a Month (12+)(NSDUH 2018-2020)	70.33%	71.33%
Prevalence	Heroin Use in the Past Year (12+) (NSDUH 2018-2020)	0.43%	0.35%
Prevalence	Perceptions of Great Risk from Trying Heroin Once or Twice (12+)(NSDUH 2018-2020)	87.22%	86.79%

Prevalence	Methamphetamine Use in the Past Year (12+) (NSDUH 2018-2020)	0.67%	0.60%
Prevalence	Pain Reliever Misuse in the Past Year (12+) (NSDUH 2018-2020)	3.80%	3.83%
Prevalence	Alcohol Use in the Past Month (12+) (NSDUH 2018-2020)	50.50%	47.45%
Prevalence	Binge Alcohol Use in the Past Month (12+) (NSDUH 2018-2020)	23.84%	22.83%
Prevalence	Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week (12+) (NSDUH 2018-2020)	40.80%	**38.15%**
Prevalence	Tobacco Product Use in the Past Month (12+) (NSDUH 2018-2020)	25.79%	25.43%
Prevalence	Cigarette Use in the Past Month (12+) (NSDUH 2018-2020)	20.60%	20.63%
Prevalence	Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day (12+)(NSDUH 2018-2020)	67.75%	67.60%
Prevalence	Illicit Drug Use Disorder in the Past Year (12+)** (NSDUH 2016-2018)	3.10%	2.78%
Prevalence	Pain Reliever Use Disorder in the Past Year (12+)** (NSDUH 2016-2018)	0.81%	0.87%
Prevalence	Alcohol Use Disorder in the Past Year (12+)** (NSDUH 2016-2018)	5.34%	5.35%
Prevalence	Substance Use Disorder in the Past Year (12+)** (NSDUH 2016-2018)	7.52%	7.14%
Access	Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use in the Past Year (12+)** (NSDUH 2016-2018)	2.67%	2.37%
Access	Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use in the Past Year (12+)** (NSDUH 2016-2018)	4.99%	5.18%
Access	Needing But Not Receiving Treatment at a Specialty Facility for Substance Use in the Past Year (12+)** (NSDUH 2016-2018)	6.82%	6.73%
Prevalence	Serious Mental Illness in the Past Year (18+) (NSDUH 2018-2020)	6.60%	**7.38%**

Prevalence	Any Mental Illness in the Past Year (18+) (NSDUH 2018-2020)	23.84%	**27.18%**
Access	Received Mental Health Services in the Past Year (18+) (NSDUH 2018-2020)	19.33%	**20.88%**
Prevalence	Had Serious Thoughts of Suicide in the Past Year (18+) (NSDUH 2018-2020)	6.06%	**6.87%**

The following data sources may be useful:

1. County Health Rankings: Health behaviors, social and economic factors, physical environment
2. National Equity Atlas: Economic vitality, readiness, connectedness
3. Online State Health Assessment: Social and economic environment, physical environment
4. Ohio Department of Health, Health Improvement Zones
5. Ohio Department of Health, Social Determinants of Health Dashboard (coming soon)

Appendix H: References

Community Profile

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2. FCHD On-line Community Health Assessment Clear Impact data (exported 2022)
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4. U.S Census Bureau, American Community Survey 5 Year Estimates (2015-2019)

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2. U.S. Census Bureau, American Community Survey 1 Year Estimates (2019)
3. Healthy People 2030 Objective AHS-01, U.S. Department of Health and Human Services
4. Ohio Department of Administrative Services (2019)
5. Ohio Chemical Dependency Professionals Board (2019)
6. State Medical Board of Ohio (2019)
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19. Ohio Department of Education, Kindergarten Readiness Assessment (2019-2021)
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Behavioral Risk Factors

1. Healthy People 2030 Objective TU-02, U.S. Department of Health and Human Services
2. Healthy People 2030 Objective SU-10, U.S. Department of Health and Human Services
3. FCHD On-line Community Health Assessment Clear Impact data (exported 2022)
4. Ohio Department of Public Safety, Ohio Traffic Crash Facts (2019-2021)
5. Ohio Department of Health, Vital Statistics Data Warehouse (2019-2021)
6. Ohio Emergency Medical Services, Naloxone Administration by Ohio EMS Providers by County, Ohio (2019-2021)
7. Healthy People 2030 Objective NWS-03, U.S. Department of Health and Human Services
8. Centers for Disease Control "Body Mass Index: Considerations for Practitioners" (2011)
9. U.S. Department of Health, Physical Activity Guidelines for Americans 2nd Edition (2018)

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2. Ohio Bureau of Criminal Identification and Investigation, Domestic Violence Report, Domestic Violence Incidents by County and Agency (2019-2021)
3. Healthy People 2030 Objective MHMD-01, U.S. Department of Health and Human Services
4. Public Children Services Association of Ohio, 2021 PCSAO Factbook
5. Ohio Office of Criminal Justice Services, Crime Statistics and Crime Reports (2017)

Maternal and Infant Health

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3. Ohio Department of Health, Ohio Public Health Information Warehouse Birth Occurrence, Birth Resident, and Birth Resident Restricted (2019-2021)

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