## Putnam County

Comprehensive
Community Health
Assessment Report
2016-2017

Release Date: April, 2017



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## **Executive Summary**

The Putnam County Health Department has been, and continuous to be, the lead agency for conducting a health assessment of the community. The Partners for a Healthy Putnam County (Partners) is the group of organizations that are working toward the vision of "promoting active and healthy lifestyles to enhance the quality of life in Putnam County". Members of the group include representatives from a variety of agencies, organizations, and businesses, as well as interested members of the community. A list of partners can be found in Appendix A of this document. The Partners are provided with annual reports, either in a meeting or through email of the progress toward meeting the goals of the current Community Health Improvement Plan (CHIP). The partners may meet as needed to plan and update the Community Health Assessment and any other data related to the health of the community. Committees meet more often to implement the strategies written in CHIP.

In early 2016, the Partners for a Healthy Putnam County met to review progress toward the CHIP, review available data and discuss conducting another community health assessment in Putnam County. The MAPP process was presented to the Partners and it was determined that the MAPP process will be used again to ensure that all the necessary data is obtained to have a comprehensive assessment. There are four assessments in the MAPP process:

- Community Health Status Assessment quantitative data
- Local Public Health System Assessment qualitative data
- Forces of Change Assessment qualitative data
- Community Themes and Strengths qualitative data

This report contains a summary of the process, results and summary from each of the four MAPP assessments.

In addition to the MAPP assessments, some data from the 2015-2016 Pride Survey, conducted with Putnam County students in grades 6, 8, 10 and 12, is included in Appendix B of this report. The Pride Survey was conducted by the Putnam County Task Force for Youth and focuses mostly on tobacco, alcohol, drug use and violence. However, additional questions were added to the survey to gather information from youth regarding suicide, nutrition, physical activity and other risky behaviors.

## Methodology

The Partners for a Healthy Putnam County utilized the Mobilizing for Action through Planning and Partnerships (MAPP) process to complete a community health improvement planning model. MAPP is a community-wide strategic planning process for improving community health. The framework helps communities prioritize public health issues and identify resources for addressing them and take action to improve conditions that support health living. MAPP is generally led by one or more organizations and is completed with the input and participation of many organizations and individuals who work, learn, live and play in the community. MAPP is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group composed of local health officials, CDC

representatives, community representatives, and academicians developed MAPP between 1997 and 2000. The MAPP process seeks to achieve optimal health by identifying and using our resources wisely, taking into account our county's unique circumstances and needs, and forming effective partnerships for strategic action. The MAPP model uses four assessments, which provides critical insights into challenges and opportunities throughout the community.

- Community Health Status Assessment -Assesses data about health status, quality of life, and risk factors in the community. This assessment was completed in the fall 2016 and includes both primary and secondary data. The preliminary data from this assessment was available in January 2017.
- Local Public Health System Assessment -Measures the capacity and performance of the local public health system—all organizations and entities that contribute to the public's health. This assessment was completed with representatives from organizations that are part of the public health system in November 2016.
- **Forces of Change Assessment** -Identifies forces that are or will be affecting the community or the local public health system. This assessment was completed in January-February 2017.
- Community Themes and Strengths Assessment -Identifies issues that interest the community, perceptions about quality of life, and community assets. This assessment was completed in October 2016-March 2017.

Upon completion of the four MAPP assessments, a public meeting was held on April 25, 2017 at the Putnam County Library in Ottawa to allow for community input regarding the data and resources available to address the health and quality of life needs of the residents. The assessment results and community input will then be then used by the Partners to determine the strategic priorities that will be addressed in the Community Health Improvement Plan (CHIP) for the next 3 years.



## **Community Health Status Assessment**

The Community Health Status Assessment was conducted in Fall 2016. It was determined that there was a need for updated primary data, therefore, the Partners contracted with an outside organization, the Hospital Council of Northwest Ohio (HCNO), to conduct a community health survey in Putnam County. The CHA Advisory Committee, a small workgroup of partners, met throughout the summer 2016 to determine questions and methodology to be used for the survey. Some partners were also able to contribute a significant amount of funds, and the health department obtained funds from the Ohio Department of Health, to help defray the cost of a community survey.

Preliminary results from the survey were presented to the workgroup for review and comment. Following this meeting, suggestions and requests for additional information were made to HCNO. A final report was presented at a public meeting on April 25, 2017. Members of the Partners for a Healthy Putnam County, stakeholders and community members were invited to attend.

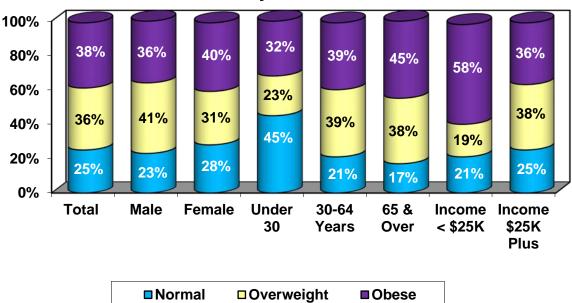
The complete Community Health Status Assessment report includes the demographic information of Putnam County. A breakdown of health issues of the population, related health disparities among the population, and identified populations with an inequitable share of poorer health outcomes is also provided. The report also includes information regarding contributing factors for health issues and a section regarding the social determinants of health. The following is a snapshot of some of the findings from the Community Health Status Assessment survey that was conducted. The entire report can be found in Appendix C of this report or on the Putnam County Health Department website at <a href="https://www.putnamhealth.com">www.putnamhealth.com</a>.

### Health Care Access

Types of Programs (% of all adults who looked for the programs)	Putnam County adults who have looked but have NOT found a specific program	Putnam County adults who have looked and have found a specific program
Depression or Anxiety (9% of all adults looked)	25%	75%
Family Planning (8% of all adults looked)	2%	98%
Weight Problems (4% of all adults looked)	39%	61%
<b>Disability</b> (3% of all adults looked)	47%	53%
Marital/Family Problems (3% of all adults looked)	25%	75%
Tobacco Cessation (3% of all adults looked)	67%	33%
Alcohol Abuse (2% of all adults looked)	56%	44%
<b>Drug Abuse</b> (2% of all adults looked)	90%	10%
End-of-Life/Hospice Care (2% of all adults looked)	0%	100%
Detoxification for Opiates/Heroin (1% of all adults looked)	100%	0%

## Adult Weight Status





According to the survey, individuals with an income of less than \$25,000 are more likely to be obese (58%) than those with an income of over \$25,000 (36%). Also, the percentage of those overweight or obese increases with age.

Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Obese	38%	30%	30%
Overweight	36%	37%	36%

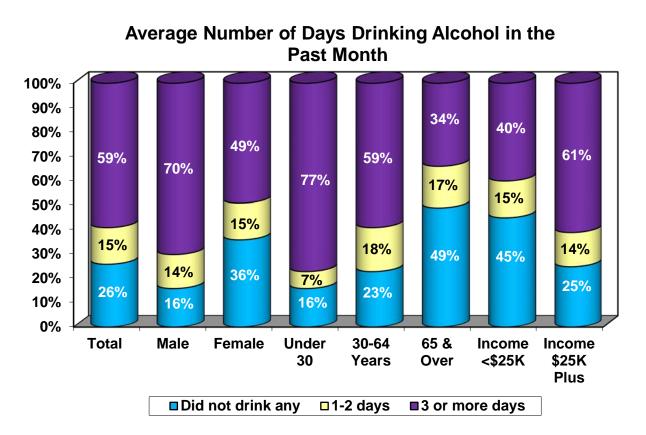
The health assessment indicated that nearly three-fourths (74%) of Putnam County adults were either overweight (36%) or obese (38%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.

In Putnam County, 50% of adults were engaging in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week. However 23% of adults were not participating in any physical activity in the past week. In regards to healthy eating, 69% of adults were eating between 1 to 2 servings of fruits and vegetables per day and only 1% were eating the recommended 5 or more servings per day. 85% of adults ate out in a restaurant or brought home take-out in a typical week, 9% of whom did so for 5 or more meals.

## Adult Alcohol Consumption

Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Drank alcohol at least once in past month	74%	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	44%	18%	16%

According to the survey, 44% of those who drank in his or her lifetime have reported binge drinking. This number increases to 60% of those who are current drinkers.

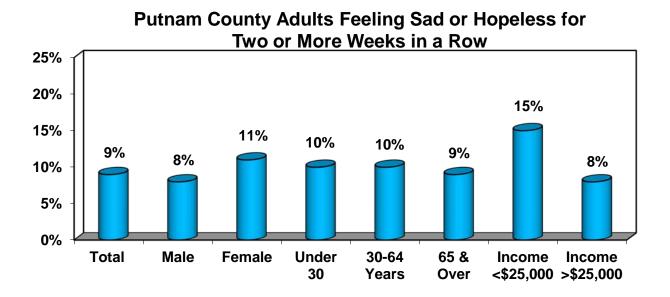


Those with an income over \$25,000 were more likely (61%) to drink 3 or more days in the past month compared to those with an income under \$25,000 (40%). Of those who drank, Putnam County adults drank 4.3 drinks on average, increasing to 5.2 for those with incomes less than \$25,000. 30% of adults reported driving after drinking any alcoholic beverages, increasing to 41% of males and 43% of those age 30-64.

## Adult Drug Use

- 3% of Putnam County adults had used marijuana in the past 6 months
  - o Increasing to 12% of those with incomes less than \$25,000
- <1% of adults reported using other recreational drugs in the past 6 months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts and methamphetamines
- ➤ 5% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months
  - o Increasing to 15% of those with incomes less than \$25,000

#### Adult Mental Health



In 2016, 9% of Putnam County adults reported feeling sad or hopeless for two or more weeks in a row, increasing to 15% for individuals with incomes less than \$25,000. 3% of Putnam County adults considered attempting suicide. 7% of adults used a program or service to help with depression, anxiety or emotional problems. Putnam County adults received the social and emotional support they needed from the following: family, friends, God/prayer, church, neighbors, community, a professional, the internet, online support group, self-help group, and other.

## **Local Public Health System Assessment**

In Fall 2016, the Putnam County Health Department, along with members from the Partners for a Healthy Putnam County, participated in the Local Public Health System Assessment (LPHSA) to evaluate the current public health system within the community of Putnam County. Twenty-one members of the Partners for a Healthy Putnam County, representing 16 agencies and 2 community members, attended an all-day meeting to assess the public health system's services, based on the *Ten Essential Services of Public Health*. To ensure that health equity and health disparities were considered, portions of the *Health Equity Supplement* to the MAPP process were used.

Using data from the LPHSA, health department personnel prioritized the standards and measures of the tool. This method was used to help expedite the prioritization process. The LPHSA results were shared with the Partners at the unveiling of the Community Health Assessment (CHA) to the community on April 25, 2017. The Partners had an opportunity to discuss the LPHSA and the identified priorities and make recommendations as needed.

The intention of the LPHSA is to provide the following:

- Measure and summarize the performance of the current public health system in Putnam County using nationally established performance standards and a methodology to conduct the assessment.
- Improve and/or establish connections with existing and new community partners to establish and strengthen collaborations that could contribute to improving the public health in Putnam County.
- Provide information for quality improvement of the public health system, identify priorities for the development of the community health improvement plan and provide input that may help with the development and/or implementation of the health department's strategic plan.

The following table provides the average score of the performance scores and priority ratings that were determined by the participants of the LPHSA. There was significant improvement from the 2013 LPHSA in the following Essential Services: Monitor Health Status, Mobilize Partnerships, Develop Policies and Plan, Enforce Laws and Link to Health Services. There was a slight decrease in the score for Essential Service 2, Diagnose and Investigate from 2013 to 2016. The average performance score for the 2016 assessment was 74.9% compared to 62% in 2013.

Essential Service	Performance Score 2016*	2016 Priority Rating*	Performance Score 2013 LPHSA*
	(0-100%)	(1=low, 10=high)	
ES1: Monitor Health Status	80.6%	4.7	61.1%
ES2: Diagnose and Investigate	89.6%	3.0	95.8%
ES3: Educate and Empower	72.2%	5.0	66.7%
ES4: Mobilize Partnerships	89.6%	2.0	64.6%
ES5: Develop Policies and Plans	85.4%	4.3	68.8%
ES6: Enforce Laws	73.3%	5.0	55.3%
ES7: Link to Health Services	81.3%	7.0	56.3%
ES8: Assure Workforce	54.7%	3.0	36.6%

ES9: Evaluate Services	83.3%	3.3	77.1%
ES10: Research and Innovation	38.9%	2.0	37.5%
Overall Score (Average)	74.9%		62.0%

Several model standards were identified as possible areas for improvement as determined by the LPHSA performance scores and prioritization. These areas include: Foster Innovation, Evaluate Population Health, Leadership Development, Improve Laws, Health Communication, Health Education/Promotion and Current Technology.

During the Local Public Health System Assessment, the participants were asked to identify existing community assets and resources that are available in the Putnam County community in a "Gallery Walk". That list can be found in the appendix of the complete Local Public Health System Assessment report. After strategic priorities have been determined, the Partners will again be asked to identify existing resources that may be used to address the identified health issues.

The entire Local Public Health System Assessment report can be found in Appendix D of this report ore on the Putnam County Health Department website at <a href="https://www.putnamhealth.com">www.putnamhealth.com</a>

## **Forces of Change Assessment**

The Forces of Change Assessment is designed to help determine what is occurring, or might occur, that affects the health of the community or the local public health system. Participants in the assessment were asked to identify specific threats or opportunities that are generated by these occurrences.

The Forces of Change Assessment was conducted in January and February 2017. The members of the Partners for a Healthy Putnam County were asked to answer the following two questions through *Survey Monkey*:

- In thinking about forces of change changes that are outside of your control what is occurring or might occur that affects the health of community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

Some of the forces, changes out of our control, that were identified include:

- Changes or Repeal of the Affordable Care Act
- Aging Population
- Heroin/Opiate/Other Drug/Alcohol Use
- Mental Health Counseling
- Climate Change/Global Warming
- Shortage of Workforce
- Legalization of Marijuana
- Emerging New Diseases
- Civil Unrest
- Funding Changes

More information about the Forces of Change Assessment, including threats and opportunities related to the above mentioned forces can be found in Appendix E of this report or on the Putnam County Health Department website at <a href="https://www.putnamhealth.com">www.putnamhealth.com</a>.

## **Community Themes and Strengths Assessment**

The Community Themes and Strengths Assessment is a combination of focus group discussions with a variety of groups in the community and key informant surveys. The purpose of the Community Themes and Strengths Assessment is to determine what is important to the community and how the quality of life in the community is perceived. This assessment is also a way to discover possible resources for addressing some of the community needs.

In an effort to obtain a good picture of the health of the community from the viewpoint of our residents, focus group discussions were conducted with a number of different groups. The following participated in the focus group meetings: senior citizens, Head Start parents, food pantry participants, guidance counselors, at-risk youth, P.A.R.T.Y. youth, parents of at-risk youth, elementary teachers, police chiefs, ministers, and Task Force for Youth members.

Throughout the focus group process, several themes were identified by most or all of the groups. Those themes include:

- increase in addictions (alcohol and drug) and how children/families are affected
- mental health and concerns with access to services
- lack of transportation
- challenges for schools and parents (behaviors, etc.)
- obesity (sedentary lifestyle and unhealthy eating)
- high cancer rates

A key informant survey was also completed as part of the Community Themes and Strengths Assessment. The survey was provided to healthcare providers, mental health providers and representatives of area businesses. These individuals were asked to respond to a series of questions relating to health issues in Putnam County. Some of the questions were more specific, relating to the results of the community survey that had been completed. This was done to gather a better understanding of the role of the key informants in helping to address particular health issues.

Similar themes as those found in the focus groups were also identified by the county's key informants. Some of the top health issues were:

- mental health (depression, anxiety)
- diseases related to lifestyle choices (obesity, hypertension, type 2 diabetes)
- addictions (drug dependency, excessive alcohol usage, over-eating, tobacco)

The key informants were also asked to provide suggestions for ways to address some of the issues. More education on the various concerns was a common recommendation provided by those surveyed. The key

informants also acknowledged barriers, such as transportation, financial restraints and limited number of healthcare specialists in the county, which may hinder efforts to address the health issues.

More information regarding the Community Themes and Strengths Assessment can be found in Appendix F of this report or on the Putnam County Health Department website at www.putnamhealth.com.

## **Next Steps**

The completion of the four MAPP assessments answers important questions regarding the health of Putnam County:

- ➤ The Community Health Status Assessment answered: What health conditions exist in the community?
- ➤ The Community Themes and Strengths Assessment answered: Why do health conditions exist? What assets are available in the community? What is the quality of life in the community?
- ➤ The Local Public Health System Assessment answered: What system weaknesses must be improved? What system strengths can be used? What system performance opportunities are there?
- ➤ The Forces of Change Assessment answered: What forces affect how to take action?

Underlying themes related to the completed assessments were identified and shared with the Partners for a Healthy Putnam County and with the community. Three to five strategic priorities will be determined and a Community Health Improvement Plan (CHIP) will be developed. The CHIP will include innovative, strategic activities to guide health improvement programs and policies for the next three years.

## Appendix A: Partners for a Healthy Putnam County 2016

Putnam County Health Department Trilogy

Kim Rieman, Health Commissioner\*

Steve Apple (The Meadows of Leipsic)

Sherri Recker\* Jim Sherry (The Meadows of Ottawa)

Joan Kline\* Stephanie Clark (The Meadows of Kalida)

Brandi Schrader Putnam County Job and Family Services

Dunel Fry Steven Ford

Angela Recker Putnam County Council on Aging

Pathways Counseling Center Jodi Warnecke\*

Aaron Baumgartner\* Law Enforcement

Putnam County Family and Children First \*\* Sheriff Brian Siefker

Beth Tobe Chief Nick Gilgenbach (Columbus Grove)

Ottawa Area Chamber of Commerce Chief Arnie Hardy (Continental)

Amy Sealts Chief Jim Gulker (Kalida)

Putnam County HomeCare and Hospice Chief Rich Knowlton (Ottawa)

Gretchen Lammers\* St. Rita's PC Ambulatory Care Center

Putnam County YMCA Karen Vorst\*

Brian Barhorst Teresa Van Oss

United Way of Putnam County

OSU Extension, Putnam County

Jeanne Beutler\* Emilee Drerup

Putnam County Board of Developmental Disabilities PT Services

Beth Hempfling Angie Yaeger

Kathie Stinson Leipsic Community Center

Putnam County Educational Service Center Kristen Pickens

Dr. Jan Osborn Community Members

Marcie Osborn Lita Siefker

Alcohol, Drug and Mental Health Services Board\*\* Lisa Langhals

Jennifer Horstman\* Putnam County WIC

Ottawa Senior Citizens Association Bonnie Wykoff

Sue Barnhart

**HHWP Community Action** 

Erin Rodabaugh-Gallegos\*

Lima Memorial Hospital\*\*

Jeff Utz\*

**Putnam County Commissioners** 

John Love

Vince Schroeder

Michael Lammers

Jack Betscher (Administrator)

Blanchard Valley Health System \*\*

**Rob Martin** 

Barbara Pasztor

**Putnam County EMA** 

Mike Klear

**Crime Victim Services** 

Sara Heitmeyer

**Schools** 

Don Horstman (Ottawa-Glandorf)

Linda Knowlton (Ottawa-Glandorf)

Jackie Fields (Ottawa Elementary)

Greg Williamson (Leipsic)

St. Rita's Medical Center\*\*

Amy Marcum\*

<sup>\*</sup>Community Health Status Assessment Planning Committee

<sup>\*\*</sup>Provided funding for the Community Health Status Assessment
Ohio Department of Health – provided grant funds for the Community Health Assessment

## **Appendix B: Pride Survey Youth Data**

## Use of substances in last 30 days

Table 4.60: During the past 30 days did you smoke part or all of a cigarettes?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	
Yes	0.5	2.7	6.6	13.9	1.5	9.9	5.6	
No	99.5	97.3	93.4	86.1	98.5	90.1	94.4	
N of Valid	430	411	441	366	841	807	1648	
N of Miss	5	3	3	4	8	7	15	

Table 4.61: During the past 30 days did you smoke an e-cigarette, e-cigar, or e-hookah?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL
Yes	0.5	2.2	7.0	15.3	1.3	10.8	6.0
No	99.5	97.8	93.0	84.7	98.7	89.2	94.0
N of Valid	428	408	440	366	836	806	1642
N of Miss	7	6	4	4	13	8	21

Table 4.62: During the past 30 days did you drink one or more drinks of an alcoholic beverage?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	
Yes	2.3	6.8	19.3	44.8	4.5	30.9	17.5	
No	97.7	93.2	80.7	55.2	95.5	69.1	82.5	
N of Valid	427	410	440	366	837	806	1643	
N of Miss	8	4	4	4	12	8	20	

Table 4.63: During the past 30 days have you used marijuana or hashish?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	
Yes	0.5	1.2	3.7	4.1	0.8	3.9	2.3	
No	99.5	98.8	96.3	95.9	99.2	96.1	97.7	
N of Valid	425	410	438	365	835	803	1638	
N of Miss	10	4	6	5	14	11	25	

## Youth Who Binge Drink (5 or more in a few hours)

Table 4.30: Have you had 5 or more glasses of beer, coolers, breezers or liquor within a few hours?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL
Never	100.0	95.6	84.5	59.3	97.8	73.0	85.7
Seldom	0.0	2.5	6.2	9.6	1.2	7.7	4.4
Sometimes	0.0	1.2	5.2	17.8	0.6	10.9	5.7
Often	0.0	0.0	2.5	4.4	0.0	3.4	1.6
A Lot	0.0	0.7	1.6	9.0	0.4	5.0	2.6
N of Valid	429	408	439	366	837	805	1642
N of Miss	6	6	5	4	12	9	21

## Age of First Use of Alcohol

Table 4.68: At what age did you first drink alcohol?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	
Never used	90.4	82.9	53.6	23.4	86.8	40.0	63.8	
10 or under	5.2	5.2	2.0	2.5	5.2	2.2	3.7	_
11	3.0	1.7	0.9	0.6	2.4	0.7	1.6	<u> </u>
12	0.7	3.5	2.5	3.0	2.0	2.7	2.4	•
13	0.0	5.2	3.6	3.6	2.5	3.6	3.1	
14	0.0	1.2	13.9	6.9	0.6	10.7	5.6	
15	0.0	0.0	19.8	16.0	0.0	18.1	8.9	
16	0.0	0.0	3.4	26.2	0.0	13.7	6.7	_
17 or older	0.7	0.2	0.2	17.9	0.5	8.2	4.3	_
N of Valid	427	404	440	363	831	803	1634	
N of Miss	8	10	4	7	18	11	29	

## Drive or Ride in Vehicle After Drinking

Table 4.99: During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	10.23
0 times	99.1	99.8	99.1	85.7	99.4	93.0	96.2	
1 time	0.5	0.2	0.2	5.5	0.4	2.6	1.5	
2 or 3 times	0.0	0.0	0.5	4.9	0.0	2.5	1.2	•
4 or 5 times	0.2	0.0	0.0	1.4	0.1	0.6	0.4	•
6 or more times	0.2	0.0	0.2	2.5	0.1	1.2	0.7	•
N of Valid	422	402	438	364	824	802	1626	<u></u>
N of Miss	13	12	6	6	25	12	37	

Table 4.100: During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	
0 times	82.8	75.1	81.7	80.1	79.0	81.0	80.0	
1 time	8.6	11.8	10.0	8.8	10.2	9.5	9.8	
2 or 3 times	5.3	8.0	5.7	6.4	6.6	6.0	6.3	
4 or 5 times	0.5	2.0	0.9	1.4	1.2	1.1	1.2	
6 or more times	2.9	3.0	1.6	3.3	2.9	2.4	2.7	
N of Valid	418	398	438	362	816	800	1616	
N of Miss	17	16	6	8	33	14	47	

## Parents Talk About Substance Use

Table 4.16: Do your parents talk with you about the problems of tobacco, alcohol and drug use?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	
Never	20.1	12.4	15.9	15.5	16.3	15.7	16.0	
Seldom	17.8	21.5	20.7	22.3	19.6	21.4	20.5	
Sometimes	29.4	34.9	32.7	40.1	32.1	36.1	34.0	
Often	18.5	20.0	21.6	14.7	19.2	18.5	18.8	
A Lot	14.3	11.2	9.1	7.4	12.8	8.3	10.6	
N of Valid	428	410	440	367	838	807	1645	
N of Miss	7	4	4	3	11	7	18	

## Parents Say it is Wrong to Use

Table 4.79: How wrong do your parents feel it would be for you to smoke tobacco?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	
Not at all wrong	3.5	2.4	1.4	2.5	3.0	1.9	2.4	
A little bit wrong	0.7	2.4	4.1	6.6	1.6	5.2	3.4	
Wrong	5.0	8.3	12.8	21.2	6.6	16.6	11.5	
Very wrong	90.8	86.8	81.7	69.8	88.8	76.3	82.7	
N of Valid	424	410	438	364	834	802	1636	0.0
N of Miss	11	4	6	6	15	12	27	

Table 4.80: How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	1 10 10
Not at all wrong	4.0	3.4	2.1	4.7	3.7	3.2	3.5	-
A little bit wrong	2.6	5.1	7.1	18.6	3.8	12.4	8.0	
Wrong	9.5	12.9	20.4	25.2	11.2	22.6	16.8	
Very wrong	83.8	78.6	70.4	51.5	81.2	61.8	71.7	
N of Valid	421	411	436	365	832	801	1633	70
N of Miss	14	3	8	5	17	13	30	

Table 4.81: How wrong do your parents feel it would be for you to smoke marijuana?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL
Not at all wrong	4.0	3.2	1.4	2.5	3.6	1.9	2.8
A little bit wrong	0.0	0.7	2.1	4.1	0.4	3.0	1.7
Wrong	0.7	2.5	4.8	8.2	1.6	6.4	3.9
Very wrong	95.2	93.6	91.7	85.2	94.4	88.8	91.7
N of Valid	420	408	436	365	828	801	1629
N of Miss	15	6	8	5	21	13	34

## Thoughts of Suicide in Youth

Table 4.123: During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL
Yes	10.3	16.2	18.4	20.9	13.2	19.5	16.4
No	89.7	83.8	81.6	79.1	86.8	80.5	83.6
N of Valid	397	376	419	354	773	773	1546
N of Miss	38	38	25	16	76	41	117

Table 4.124: During the past 12 months, did you ever seriously consider attempting suicide?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	
Yes	2.5	9.0	12.1	13.0	5.7	12.5	9.1	
No	97.5	91.0	87.9	87.0	94.3	87.5	90.9	
N of Valid	393	376	420	353	769	773	1542	
N of Miss	42	38	24	17	80	41	121	

## Nutrition

Table 4.129: On the average, in the past 7 days, how many servings of fruits and vegetables do you have per day? (Do not include French fries, Kool-aid or fruit-flavored drinks)

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	
1 to 4 servings per day	76.5	79.7	83.0	82.1	78.0	82.6	80.3	
5 or more servings per day	19.1	15.7	14.1	13.5	17.5	13.9	15.7	
0 servings - I do not like fruits or vegetables	3.4	2.2	2.6	3.2	2.8	2.9	2.8	_
0 servings - I cannot afford fruits and								<del></del>
vegetables	0.5	0.8	0.2	0.0	0.7	0.1	0.4	•
0 servings - I do not have access to fruits								<u>-</u>
or vegetables	0.5	1.6	0.0	1.2	1.1	0.5	0.8	•
N of Valid	387	369	417	347	756	764	1520	
N of Miss	48	45	27	23	93	50	143	

Table 4.130: During the past 7 days, how many times did you drink a can, bottle or glass of soda or pop such as Coke, Pepsi or Sprite? (Do not count diet soda or diet pop)

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	
I did not drink soda or pop during the past							17/2/2	
7 days	33.2	25.5	28.4	31.5	29.5	29.8	29.6	
1 to 3 times during the past 7 days	47.5	50.5	44.9	41.0	49.0	43.1	46.0	
4 to 6 times during the past 7 days	7.8	11.0	11.9	11.6	9.4	11.8	10.6	
1 time per day	6.3	5.5	6.0	4.6	5.9	5.4	5.6	
2 times per day	2.9	3.0	4.3	6.6	2.9	5.4	4.2	
3 times per day	1.8	2.7	2.6	1.7	2.3	2.2	2.2	
4 or more times per day	0.5	1.6	1.9	2.9	1.1	2.4	1.7	
N of Valid	383	364	419	346	747	765	1512	
N of Miss	52	50	25	24	102	49	151	

## Physical Activity

Table 4.126: During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	to the second
0 days	5.7	4.5	4.6	7.2	5.1	5.8	5.5	
1 day	5.2	4.2	4.6	6.1	4.7	5.3	5.0	=
2 days	9.2	3.6	5.9	6.9	6.5	6.3	6.4	_
3 days	12.2	6.4	8.1	10.1	9.4	9.0	9.2	
4 days	12.8	12.3	6.1	11.2	12.5	8.5	10.5	
5 days	12.8	16.4	15.6	15.0	14.6	15.3	15.0	
6 days	9.0	11.4	21.8	17.0	10.2	19.6	15.0	
All 7 days	33.2	41.2	33.3	26.5	37.1	30.2	33.6	
N of Valid	368	359	409	347	727	756	1483	22
N of Miss	67	55	35	23	122	58	180	

Table 4.127: On the average school day, how many hours do you watch TV?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	
I do not watch TV on an average school day	7.3	8.8	14.4	19.0	8.1	16.5	12.3	
Less than 1 hour per day	29.1	21.4	35.1	28.4	25.4	32.1	28.8	
1 hour per day	26.5	28.3	19.7	21.8	27.4	20.7	24.0	
2 hours per day	19.7	20.9	17.8	20.7	20.3	19.1	19.7	
3 hours per day	10.5	12.4	8.9	7.2	11.4	8.1	9.7	
4 hours per day	3.4	4.1	2.4	2.0	3.8	2.2	3.0	_
5 or more hours per day	3.4	4.1	1.7	0.9	3.8	1.3	2.5	
N of Valid	381	364	416	348	745	764	1509	
N of Miss	54	50	28	22	104	50	154	

## Screen Time

Table 4.128: On the average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, Play Station, an iPod, and iPad, or other tablet, smartphone, YouTube, Facebook or other social networking tools, and the Internet)

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL
I do not play video or computer games or							
use a computer for something that is not							
school work.	15.7	6.6	11.5	16.1	11.3	13.6	12.5
Less than 1 hour per day	28.1	18.9	19.3	20.3	23.6	19.8	21.7
1 hour per day	23.9	19.2	19.1	18.1	21.6	18.6	20.1
2 hours per day	16.0	24.4	17.6	20.6	20.1	19.0	19.5
3 hours per day	8.7	13.4	13.4	12.4	11.0	13.0	12.0
4 hours per day	2.6	6.8	7.8	7.3	4.7	7.6	6.2
5 or more hours per day	5.0	10.7	11.2	5.1	7.8	8.4	8.1
N of Valid	381	365	409	354	746	763	1509
N of Miss	54	49	35	16	103	51	154

## Cell Phone Use While Driving

Table 4.131: During the past 30 days, how many days did you text or use your cell phone while driving a car or other vehicle?

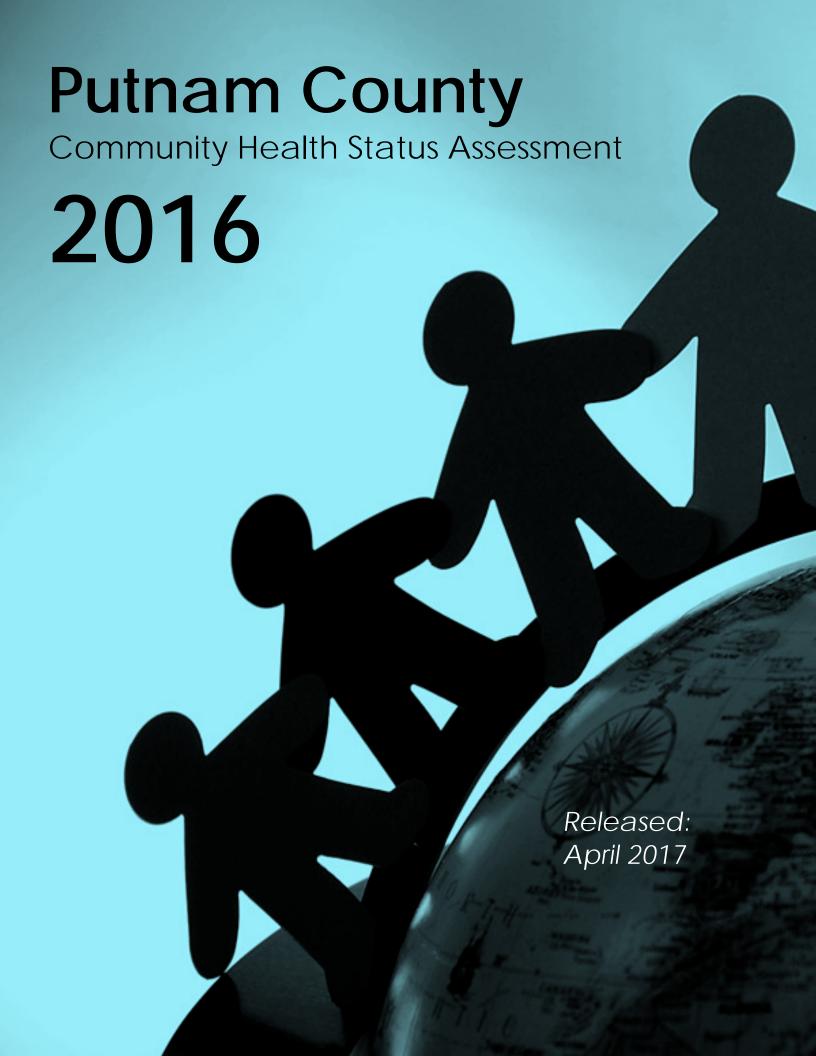
RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	
I did not drive a car or other							187	
vehicle during the past 30 days	83.2	85.7	35.6	6.6	84.4	22.5	53.3	
0 days	13.9	10.8	48.2	26.0	12.4	38.2	25.3	
1 or 2 days	1.8	1.1	9.1	26.9	1.5	17.1	9.3	
3 to 5 days	0.0	0.3	2.6	8.7	0.1	5.4	2.8	_
6 to 9 days	0.5	0.5	1.4	4.6	0.5	2.9	1.7	<b>=</b>
10 to 19 days	0.0	0.0	1.0	9.0	0.0	4.6	2.3	•
20 to 29 days	0.3	0.8	0.5	9.2	0.5	4.4	2.5	
All 30 days	0.3	0.8	1.7	9.0	0.5	5.0	2.8	•
N of Valid	388	370	419	346	758	765	1523	<del>-</del>
N of Miss	47	44	25	24	91	49	140	

## Gambling

Table 4.125: During the past 12 months, have you ever felt bad about the amount you bet/gamble, or about what happens when you bet money?

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL	
I don't bet for money	82.5	78.6	75.7	69.9	80.6	73.0	76.8	
Yes	5.5	8.5	7.9	11.8	7.0	9.7	8.3	
No	12.0	12.9	16.5	18.2	12.4	17.3	14.9	
N of Valid	383	364	407	346	747	753	1500	
N of Miss	52	50	37	24	102	61	163	

# Appendix C: Community Health Status Assessment Putnam County Fall, 2016



## **FOREWORD**

Thank you for your interest in the data presented in this Community Health Status Report. This document contains the results of a mailed survey of randomly chosen adults in Putnam County. The information collected is reported along with health information from the Ohio Department of Health and relevant national, state and local data sources.

This publication contains a tremendous amount of data which will serve as one source for strategic planning with respect to making Putnam County a healthier community. This information, along with data collected during focus groups, key informant surveys and meetings with agency leaders will be considered when developing our Community Health Improvement Plan.

This report would not have been possible without the assistance of a number of community leaders and organizations. We thank them for their support or financial assistance in making this health assessment a reality and the Healthy Communities Foundation of the Hospital Council of Northwest Ohio for guiding the process. We would also like to thank the residents who took time to complete the survey and those who participated in our focus groups.

The information in this publication can ultimately benefit our community. We encourage you to be open to new ideas and collaborations as you use this information. It is designed for your use as you consider the health needs of the people of Putnam County. By all of us working together we can positively impact the health of this community.

Sincerely,

Kim Rieman Health Commissioner Putnam County Health Department

#### Funding for the Putnam County Health Assessment Provided by:

Blanchard Valley Health System
Lima Memorial Health System
The Mental Health, Alcohol and Drug Addiction Recovery Board of Putnam County
Ohio Department of Health
Putnam County Family and Children First Council
Putnam County Health Department
St. Rita's Medical Center

## Commissioned by: Partners for a Healthy Putnam County – Assessment Committee

Blanchard Valley Health System

Hancock, Hardin, Wyandot and Putnam Community Action Commission

Lima Memorial Health System

The Mental Health, Alcohol and Drug Addiction Recovery Board of Putnam County

Putnam County Family and Children First Council

Pathways Counseling Center, Inc.

Putnam County Council on Aging

Putnam County Health Department

Putnam County HomeCare and Hospice

St. Rita's Medical Center

United Way of Putnam County

To see Putnam County data compared to other counties, please visit the Hospital Council of Northwest Ohio's Data Link website at the following website: <a href="http://www.hcno.org/community/data-indicator.html">http://www.hcno.org/community/data-indicator.html</a>.

The 2016 Putnam County Health Assessment is available on the following websites:

Putnam County Health Department www.putnamhealth.com

Hospital Council of Northwest Ohio www.hcno.org/community/reports.html

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## **EXECUTIVE SUMMARY**

This executive summary provides an overview of health-related data for Putnam County adults (19 years of age and older) who participated in a county-wide health assessment survey. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instrument used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS). The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

#### **Primary Data Collection Methods**

#### **DESIGN**

This community health assessment was cross-sectional in nature and included a written survey of adults within Putnam County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

#### **INSTRUMENT DEVELOPMENT**

One survey instrument was designed and pilot tested for this study. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults. The investigators decided to derive the majority of the adult survey items from the BRFSS. This decision was based on being able to compare local data with state and national data.

The Project Coordinator from the Hospital Council of NW Ohio conducted a meeting with the planning committee from Putnam County, during which time they reviewed and discussed banks of potential survey questions from the BRFSS. Based on input from the Putnam County planning committee, the Project Coordinator composed a draft of the survey containing 115 items. The draft was reviewed and approved by health education researchers at the University of Toledo.

#### **SAMPLING**

The sampling frame for this survey included adults ages 19 and over living in Putnam County. At the time of the study, there were 25,299 persons ages 19 and over living in Putnam County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). A random sample size of at least 378 adults was needed to ensure this level of confidence. A random sample of mailing addresses of adults from Putnam County was obtained from Allegra Marketing Services in Louisville, KY.

#### **PROCEDURE**

Prior to mailing the survey, the project coordinator mailed an advance letter to 1,200 adults in Putnam County. This advance letter was personalized, printed on The Partners for a Healthy Putnam County stationery, and featured a list of corresponding partners. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected, and it encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, the project coordinator implemented a three-wave mailing procedure to maximize the survey return rate. The initial mailing included a cover letter describing the purpose of the study, the questionnaire, a self-addressed stamped return envelope, and a \$2 incentive. Approximately three weeks after the first mailing, the project coordinater proceeded with a second wave mailing that included another personalized cover letter encouraging them to reply, another copy of the questionnaire, and another reply envelope. The third and final wave consisted of a postcard mailed three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 45% (n=518:  $Cl=\pm 4.26$ ). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

#### **DATA ANALYSIS**

Individual responses were anonymous and confidential. Only group data was available. Health education researchers at the University of Toledo analyzed all data using SPSS Version 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Putnam County, the adult data collected was weighted by age, gender, race, and income using 2014 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

#### **LIMITATIONS**

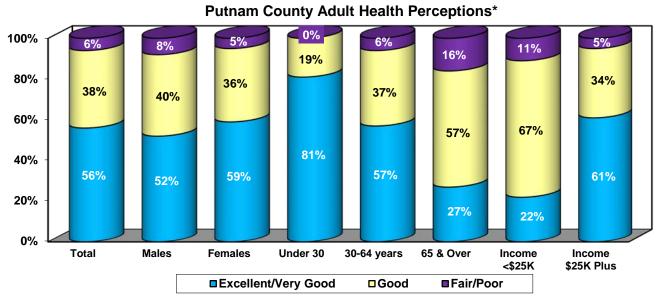
As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Putnam County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Putnam County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. CDC participant data were collected using a set of questions from the total question bank, and participants were asked the questions over the telephone rather than as a mail survey.

#### **Data Summary**

#### **HEALTH PERCEPTIONS**

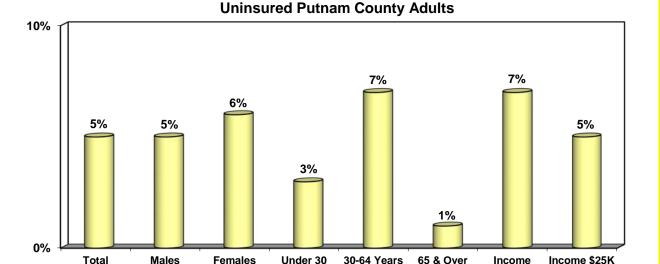
In 2016, more than half (56%) of the Putnam County adults rated their health status as excellent or very good. Conversely, 6% of adults described their health as fair or poor. That percentage increased to 16% of those over the age of 65.



\*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or

#### **HEALTH CARE COVERAGE**

The 2016 health assessment data had identified that 5% of Putnam County adults were without health care coverage. Those most likely to be uninsured were adults with an income level under \$25,000 and those 30-64 years of age. In Putnam County, 5.8% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2011-2015).



<\$25K

Plus

#### **HEALTH CARE ACCESS**

The 2016 health assessment identified that 63% of Putnam County adults had visited a doctor for a routine checkup in the past year. Additionally, 78% of adults went outside of Putnam County for health care services in the past year.

#### **CARDIOVASCULAR HEALTH**

Heart disease (24%) and stroke (4%) accounted for 28% of all Putnam County adult deaths from 2013-2015 (Source: CDC Wonder, 2013-2015). The 2016 Putnam County Health Assessment found that 3% of adults had survived a heart attack, and 1% had survived a stroke at some time in their life. One-third (33%) of Putnam County adults had high blood cholesterol, 38% were obese, 30% had high blood pressure, and 11% were smokers, four known risk factors for heart disease and stroke.

#### **CANCER**

In 2016, 12% of Putnam County adults had been diagnosed with cancer at some time in their life. CDC statistics indicate that from 2013-2015, a total of 170 Putnam County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that avoiding tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

#### Putnam County Leading Causes of Death 2013-2015

**Total Deaths: 908** 

- 1. Heart Disease (24% of all deaths)
- 2. Cancer (19%)
- 3. Chronic Lower Respiratory Diseases (6%)
- 4. Influenza & Pneumonia (6%)
- 5. Alzheimer's Disease (5%)

(Source: CDC Wonder, 2013-2015)

## Putnam County Incidence of Cancer, 2009-2013

All Types: 848 cases

Breast: 124 cases (15%)

Prostate: 119 cases (14%)

Lung and Bronchus: 93 cases (11%)

Colon and Rectum: 81 cases (10%)

From 2013-2015, there were 170 cancer deaths in Putnam County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/27/2016)

#### **DIABETES**

In 2016, 9% of Putnam County adults had been diagnosed with diabetes.

#### **ARTHRITIS**

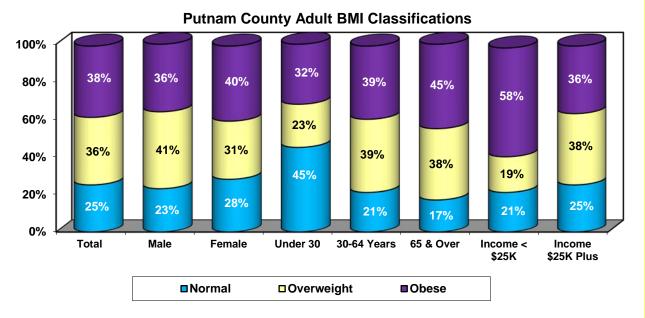
According to the Putnam County survey data, 35% of Putnam County adults were diagnosed with arthritis. The 2015 BRFSS reported 28% of Ohio adults and 25% of U.S. adults were told they had arthritis.

#### **ASTHMA**

In 2016, 10% of Putnam County adults had been diagnosed with asthma.

#### **WEIGHT STATUS**

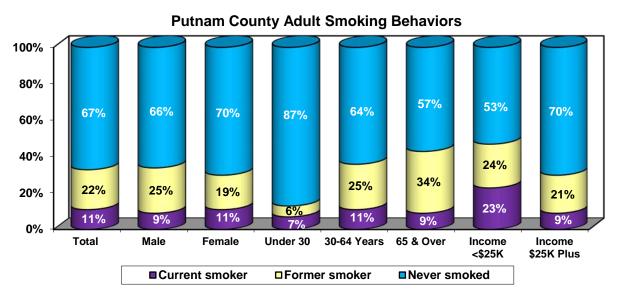
The 2016 health assessment identified that 74% of Putnam County adults were overweight or obese based on Body Mass Index (BMI). Nearly two-fifths (38%) of Putnam County adults were obese. The 2015 BRFSS indicates that 30% of Ohio and 30% of U.S. adults were obese as measured by BMI.



(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

#### **TOBACCO USE**

In 2016, 11% of Putnam County adults were current smokers and 22% were considered former smokers. In 2017, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide and is responsible for the deaths of approximately half of long-term users. Each year, cigarette smoking results in an estimated 480,000 premature deaths, including 42,000 from secondhand smoke exposure (Source: Cancer Facts & Figures, American Cancer Society, 2017).



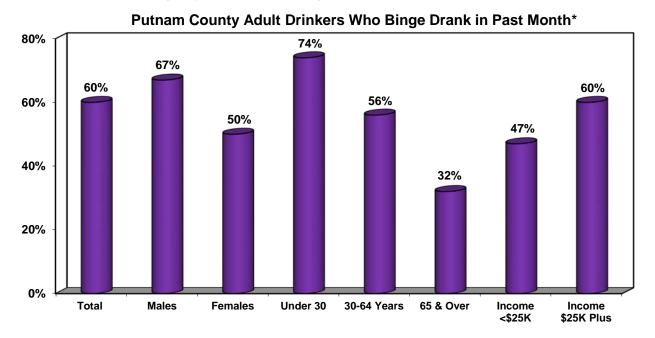
Respondents were asked:

"Have you smoked at least 100 cigarettes in your entire life?

If yes, do you now smoke cigarettes every day, some days or not at all?"

#### **ALCOHOL CONSUMPTION**

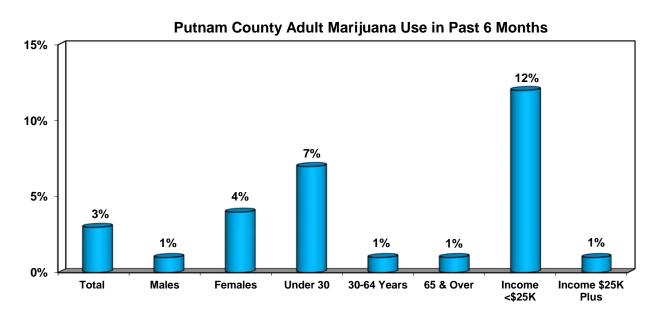
In 2016, 60% of adults who drank engaged in binge drinking (defined as 5 or more drinks for males or 4 or more drinks for females at one sitting) in the past month. Nearly one-third (30%) of adults drove after drinking any alcoholic beverages.



<sup>\*</sup>Based on adults who have drank alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.

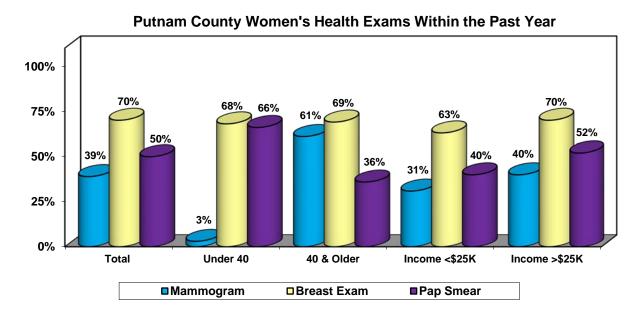
#### **DRUG USE**

In 2016, 3% of Putnam County adults had used marijuana during the past 6 months. 5% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.



#### **WOMEN'S HEALTH**

In 2016, more than three-fifths (61%) of Putnam County women over the age of 40 reported having a mammogram in the past year. 70% of Putnam County women ages 19 and over had a clinical breast exam and 50% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 1% of women survived a heart attack and 1% survived a stroke at some time in their life. Two-fifths (40%) were obese, 23% had high blood pressure, 27% had high blood cholesterol, and 11% were identified as smokers, all known risk factors for cardiovascular diseases.



#### MEN'S HEALTH

In 2016, 47% of Putnam County males over the age of 50 reported having a Prostate-Specific Antigen (PSA) test. Major cardiovascular diseases (heart disease and stroke) accounted for 28% and cancers accounted for 18% of all male deaths in Putnam County from 2013-2015. The Health Assessment determined that 4% of men survived a heart attack and 1% survived a stroke at some time in their life. Almost two-fifths (38%) of men had been diagnosed with high blood pressure, 39% had high blood cholesterol, and 9% were identified as smokers, which, along with obesity (36%), are known risk factors for cardiovascular diseases.

#### PREVENTIVE MEDICINE AND HEALTH SCREENINGS

In the past year, three-fourths (78%) of adults ages 65 and over had a flu vaccine. Nearly two-thirds (64%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.

#### SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

In 2016, nearly three-fourths (76%) of Putnam County adults had sexual intercourse. Three percent of adults had more than one partner. CDC estimates that youth ages 15-24 make up just over one quarter of the sexually active population, but account for half of the 20 million new sexually transmitted infections that occur in the United States each year (Source: CDC, STDs in Adolescents and Young Adults, 2016 STD Surveillance).

#### **QUALITY OF LIFE**

In 2016, 18% of Putnam County adults were limited in some way because of a physical, mental or emotional problem.

#### SOCIAL DETERMINANTS OF HEALTH

In 2016, 20% of Putnam County adults were abused at some point in their lifetime (including physical, sexual, emotional, financial, and verbal abuse). 55% of adults reported having firearms in and around their homes.

#### MENTAL HEALTH AND SUICIDE

In 2016, 3% of Putnam County adults considered attempting suicide. 7% of adults used a program or service to help with depression, anxiety, or emotional problems.

#### **ORAL HEALTH**

The 2016 health assessment has determined that four-fifths (80%) of Putnam County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.

#### **PARENTING**

The 2016 health assessment project identified that 60% of parents reported their child always rode in a car seat when a passenger in the car.

## Adult | TREND SUMMARY

Adult Variables	Putnam County 2016	Ohio 2015	U.S. 2015
Health Status and Coverage		I	
Rated health as excellent or very good	56%	52%	52%
Rated general health as fair or poor	6%	17%	16%
Average days that physical health not good in past month	3.0	4.0*	3.8*
Average days that mental health not good in past month	4.1	4.3*	3.7*
Average days that poor physical or mental health kept them from doing their usual activities in past month	1.8	2.3‡	2.4‡
Uninsured	5%	8%	11%
Arthritis, Asthma, & Diabetes		I	
Has been diagnosed with diabetes	9%	11%	10%
Has been diagnosed with arthritis	35%	38%	25%
Had been diagnosed with asthma	10%	14%	14%
Cardiovascular Health		T	
Had angina	4%	4%	4%
Had a heart attack	3%	5%	4%
Had a stroke	1%	4%	3%
Has been diagnosed with high blood pressure	30%	34%	31%
Has been diagnosed with high blood cholesterol	33%	37%	36%
Had blood cholesterol checked within the past 5 years	88%	78%	78%
Weight Status			
Overweight	36%	37%	36%
Obese	38%	30%	30%
Alcohol Consumption		I	
Had at least one alcoholic beverage in past month	74%	53%	54%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	44%	18%	16%
Tobacco Use			
Current smoker (currently smoke some or all days)	11%	22%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	22%	24%	25%
Preventive Medicine		l	
Had a pneumonia vaccine (age 65 and older)	80%	72%	73%
Had a flu vaccine in the past year (ages 65 and over)	78%	58%	61%
Had a mammogram in the past two years (age 40 and older)	77%	72%*	73%*
Had a clinical breast exam in the past two years (age 40 & over)	84%	75%**	77%**
Had a pap smear in the past three years	77%	74%*	75%*
Had a PSA test in the past two years (age 40 and older)	55%	43%*	43%*
Quality of Life Limited in some way because of physical, mental or emotional	18%	21%	21%
problem	1370	2170	2170
Oral Health  Adults who have visited the dentist in the past year	80%	65%*	65%*
Adults who have visited the dentist in the past year			
Adults who have had one or more permanent teeth removed  Adults 65 years and older who had all their permanent teeth	31%	47%*	43%*
removed	8%	18%*	15%*

\*2014 BRFSS \*\*2013 BRFSS ‡2010 BRFSS

### Adult I HEALTH STATUS PERCEPTIONS

### **Key Findings**

In 2016, more than half (56%) of the Putnam County adults rated their health status as excellent or very good. Conversely, 6% of adults described their health as fair or poor. That percentage increased to 16% of those over the age of 65.

### General Health Status

### Adults Who Rated General Health Status Excellent or Very Good

- Putnam County 56% (2016)
- Ohio 52% (2015)
- U.S. 52% (2015)

(Source: BRFSS 2015 for Ohio and U.S.)

- In 2016, more than half (56%) of Putnam County adults rated their health as excellent or very good. Putnam County adults with higher incomes were most likely (61%) to rate their health as excellent or very good, compared to 22% of those with incomes less than \$25,000.
- 6% of adults rated their health as fair or poor. The 2015 BRFSS has identified that 17% of Ohio and 16% of U.S. adults self-reported their health as fair or poor.
- Putnam County adults were most likely to rate their health as fair or poor if they:
  - Were separated (33%)
  - Had been diagnosed with diabetes (20%)
  - Were 65 years of age or older (16%)
  - Had blood pressure (13%) or high blood cholesterol (10%)
  - O Had an annual household income under \$25,000 (11%)

### **Physical Health Status**

- In 2016, 18% of Putnam County adults rated their physical health as not good on four or more days in the previous month.
- Putnam County adults reported their physical health as not good on an average of 3.0 days in the previous month. Ohio and U.S. adults reported their physical health as not good on an average of 4.0 days and 3.8 days, respectively in the previous month (Source: 2014 BRFSS as compiled by County Health Rankings).
- Putnam County adults were most likely to rate their physical health as not good if they:
  - Had an annual household income under \$25,000 (32%)
  - O Were over the age of 65 (26%)

### **Mental Health Status**

- In 2016, 31% of Putnam County adults rated their mental health as not good on four or more days in the previous month.
- Putnam County adults reported their mental health as not good on an average of 4.1 days in the previous month. Ohio and U.S. adults reported their mental health as not good on an average of 4.3 days and 3.7 days, respectively in the previous month (Source: 2014 BRFSS as compiled by County Health Rankings).
- One-fourth (25%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.
- Putnam County adults were most likely to rate their mental health as not good if they:
  - Had an annual household income under \$25,000 (52%)
  - O Were under the age of 30 (47%)
  - Were female (37%)

### The following graph shows the percentage of Putnam County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 56% of all Putnam County adults, 81% of those under age 30, and 27% of those ages 65 and older rated their health as excellent or very good. The table shows the percentage of adults with poor physical and mental health in the past 30 days. **Putnam County Adult Health Perceptions\*** 0% 100% 5% 6% 5% 6% 8% 11% 16% 19% 80% 34% 36% 38% 37% 40% 60% 67% 57%

81% 57% 56% 61% 59% **52%** 27% 22% **Total** Males **Females** Under 30 30-64 years 65 & Over Income Income <\$25K \$25K Plus **■**Excellent/Very Good □Good ■ Fair/Poor

\*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
	Physical He	ealth Not Good	d in Past 30 Da	ys*	
Males	52%	25%	7%	2%	10%
Females	48%	33%	7%	1%	11%
Total	50%	29%	7%	1%	10%
	Mental Health Not Good in Past 30 Days*				
Males	54%	16%	11%	1%	13%
Females	43%	19%	13%	3%	21%
Total	49%	17%	12%	2%	17%

<sup>\*</sup>Totals may not equal 100% as some respondents answered "Don't know/Not sure".

Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Rated health as excellent or very good	56%	52%	52%
Rated health as fair or poor	6%	17%	16%
Average days that physical health not good in past month	3.0	4.0*	3.8*
Average days that mental health not good in past month	4.1	4.3*	3.7*
Average days that poor physical or mental health kept them from doing their usual activities in past month	1.8	2.3‡	2.4‡

<sup>\*2014</sup> BRFSS as complied by County Health Rankings ‡2010 BRFSS data

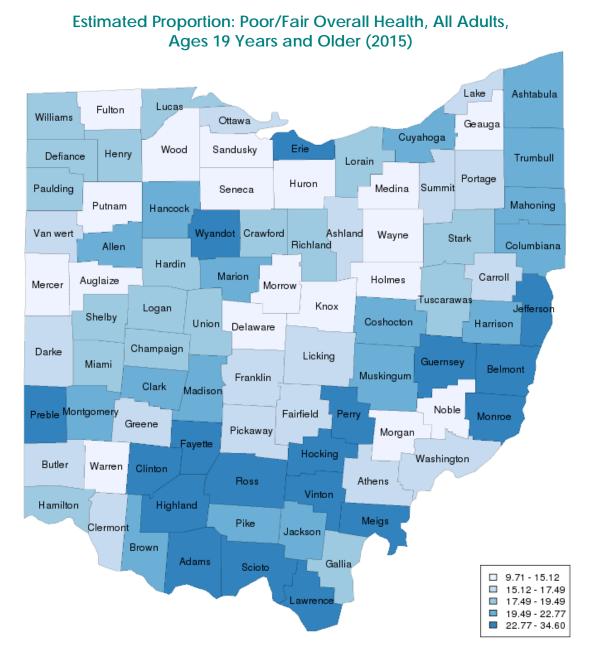
40%

20%

0%

The following map shows the estimated proportion of all adults, ages 19 years and older, with family incomes at 0% Federal Poverty Level (FPL) or more who rated their overall health as fair/poor.

- 11% of Putnam County adults, ages 19 years and older, rated their overall health as fair/poor.
- 18% of Ohio adults, ages 19 years and older, rated their overall health as fair/poor.



(Source: The Adult Ohio Medicaid Assessment Survey (OMAS) Dashboard, 2015)

# Adult | HEALTH CARE COVERAGE

### **Key Findings**

The 2016 health assessment data has identified that 5% of Putnam County adults were without health care coverage. Those most likely to be uninsured were adults with an income level under \$25,000. In Putnam County, 5.8% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2011-2015).

### **General Health Coverage**

- In 2016, 95% Putnam County adults had health care coverage, leaving 5% who were uninsured. The 2015 BRFSS reported uninsured prevalence rates as 8% for Ohio and 11% for the U.S.
- In the past year, 5% of adults were uninsured, increasing to 7% of those with incomes less than \$25,000.
- 6% of adults with children did not have healthcare coverage, compared to 4% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (54%), someone else's employer (21%), Medicare (18%), Medicaid or medical assistance (6%), self-paid plan (4%), military or VA (2%), and Health Insurance Marketplace (1%).

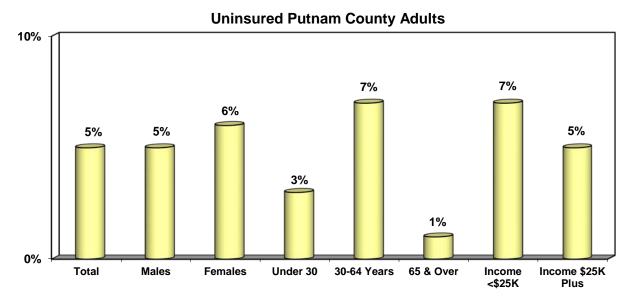
### 5% of Putnam County adults were uninsured.

- Putnam County adult health care coverage included the following: medical (98%), prescription coverage (91%), preventive health (81%), immunizations (80%), outpatient therapy (74%), dental (66%), vision (61%), mental health (55%), durable medical equipment (42%), alcohol and drug treatment (41%), home care (28%), skilled nursing (28%), hospice (27%), and transportation (16%).
- The top reasons uninsured adults gave for being without health care coverage were:
  - 1. They lost their job or changed employers (40%)
  - 2. They could not afford to pay the premiums (38%)
  - 3. Their employer did not offer/stopped offering coverage (22%)

(Percentages do not equal 100% because respondents could select more than one reason)

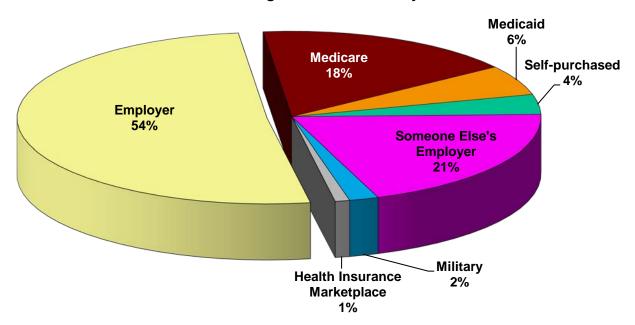
Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Uninsured	5%	8%	11%

The following graph shows the percentages of Putnam County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the graph include: 5% of all Putnam County adults were uninsured, 7% of adults with an income less than \$25,000 reported being uninsured, and 3% of those under age 30 lacked health care coverage. The pie chart shows sources of Putnam County adults' health care coverage.



7% of Putnam County adults with incomes less than \$25,000 were uninsured.

### **Source of Health Coverage for Putnam County Adults**



### **Healthy People 2020**

Access to Health Services (AHS)

Objective	Putnam County 2016	Ohio 2015	U.S. 2015**	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	100% age 20-24 94% age 25-34 94% age 35-44 94% age 45-54 92% age 55-64	84% age 18-24 88% age 25-34 89% age 35-44 93% age 45-54 93% age 55-64	76% age 18-24 74% age 25-34 80% age 35-44 84% age 45-54 87% age 55-64	100%

\*U.S. baseline is age-adjusted to the 2000 population standard (Sources: Healthy People 2020 Objectives, 2015 BRFSS, 2016 Putnam County Health Assessment) \*\*2013 BRFSS Data. The 2015 U.S. BRFSS is not able to be broken down by age.

### The following chart shows what is included in Putnam County adults' insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	98%	0%	2%
Prescription Coverage	91%	5%	4%
Preventive Health	81%	2%	17%
Immunizations	80%	3%	17%
Outpatient Therapy	74%	3%	23%
Dental	66%	32%	2%
Vision	61%	32%	7%
Mental Health	55%	3%	42%
Durable Medical Equipment	42%	5%	53%
Alcohol and Drug Treatment	41%	6%	53%
Home Care	29%	8%	63%
Skilled Nursing	28%	6%	66%
Hospice	27%	7%	66%
Transportation	16%	16%	68%

# Adult | HEALTH CARE ACCESS AND UTILIZATION

### **Key Findings**

The 2016 health assessment identified that 63% of Putnam County adults had visited a doctor for a routine checkup in the past year. Additionally, 78% of adults went outside of Putnam County for health care services in the past year.

### **Health Care Access**

- More than three-fifths (63%) of Putnam County adults visited a doctor for a routine checkup in the past year, increasing to 78% of those over the age of 65.
- More than two-thirds (70%) of Putnam County adults reported they had one particular doctor or healthcare professional they went to for routine

### How does Lack of Insurance Affect Access to Health Care?

- Uninsured people are far more likely than those with insurance to report problems getting needed medical care.
- Uninsured people are less likely than those with coverage to receive timely preventive care.
- Anticipating high medical bills, many uninsured people are not able to follow recommended treatments.
- Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and experience declines in their overall health.
- Lack of health coverage, even for short periods of time, results in decreased access to care.

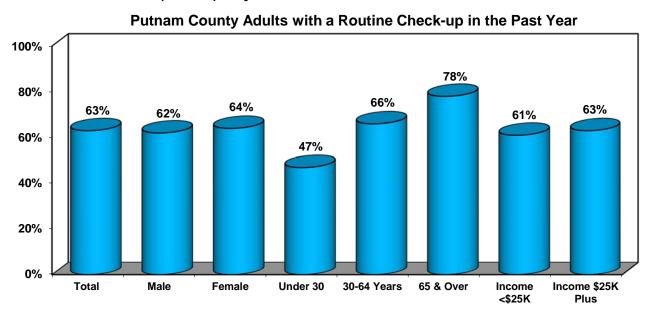
(Source: The Henry Kaiser Family Foundation, How Does Lack of Insurance Affect Access to Health Care?)

medical care. 26% of adults had more than one particular doctor or healthcare professional they went to for routine medical care, and 4% did not have one at all.

- Adults with health care coverage were more likely to have visited a doctor for a routine checkup in the past year (64%), compared to 40% of those without health care coverage.
- 78% of adults went outside of Putnam County for the following health care services in the past year: specialty care (33%), obstetrics/ gynecology (20%), dental services (19%), primary care (16%), orthopedic care (15%), cardiac care (10%), cancer care (5%), mental health care/counseling services (4%), pediatric care (4%), pediatric care and therapies (2%), addiction services (1%), hospice/palliative/home health care (<1%), and other services (8%).</p>
- Adults traveled to the following locations outside of Putnam County for their health care needs: Lima (64%), Findlay (29%), Columbus (9%), Defiance (5%), Toledo (5%), Cleveland (2%), Cincinnati (1%), and other places (13%).
- Reasons for not receiving medical care in the past 12 months included the following: no need to go (28%), cost/no insurance (6%), office was not open when they could get there (2%), provider did not take their insurance (2%), too long of a wait for an appointment (2%), no child care (1%), too embarrassed to seek help (1%), concerned about privacy (<1%), distance (<1%), too long of a wait in the waiting room (<1%), and other problems that prevented them from getting medical care (2%).
- Nearly one-fourth (24%) of adults did not get their prescriptions from their doctor filled in the past year, increasing to 33% of those who were uninsured.

Those who did not get their prescriptions filled gave the following reasons: no prescriptions to be filled (53%), too expensive (20%), they did not think they needed it (19%), side effects (7%), there was no generic equivalent (6%), they stretched their current prescription by taking less than prescribed (5%), they did not have insurance (4%), and they were taking too many medications (3%).

The following graph shows the percentage of Putnam County adults who had a routine check-up in the past year. Examples of how to interpret the information on the first graph include: 63% of all adults, 62% of males, 64% of females, and 78% of those 65 years and older in Putnam County have had a routine check-up in the past year.



### **Availability of Services**

- 13% of Putnam County adults have looked for a program to assist in care for the elderly (either in-home or out-of-home) for either themselves or a loved one. Of those who looked, 33% looked for in-home care, 21% looked for an assisted living program, 20% looked for out-of-home placement, 15% looked for a disabled adult program, 8% looked for day care, and 3% looked for respite or overnight care.
- Putnam County adults reported they had looked for the following programs for themselves or a loved one: depression, anxiety or mental health (9%); family planning (8%); weight problems (4%); disability (3%); marital/family problems (3%); tobacco cessation (3%); alcohol abuse (2%); drug abuse (2%); end-of-life/hospice care (2%); and detoxification of opiates/heroin (1%). No adults reported they had looked for a program for gambling abuse.

### Putnam County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Putnam County adults who have looked but have <u>NOT</u> found a specific program	Putnam County adults who have looked and have found a specific program
Depression or Anxiety (9% of all adults looked)	25%	75%
Family Planning (8% of all adults looked)	2%	98%
Weight Problems (4% of all adults looked)	39%	61%
<b>Disability</b> (3% of all adults looked)	47%	53%
Marital/Family Problems (3% of all adults looked)	25%	75%
Tobacco Cessation (3% of all adults looked)	67%	33%
Alcohol Abuse (2% of all adults looked)	56%	44%
Drug Abuse (2% of all adults looked)	90%	10%
End-of-Life/Hospice Care (2% of all adults looked)	0%	100%
Detoxification for Opiates/Heroin (1% of all adults looked)	100%	0%

### Health Insurance Coverage and Adverse Experiences with Physician Availability: United States, 2012

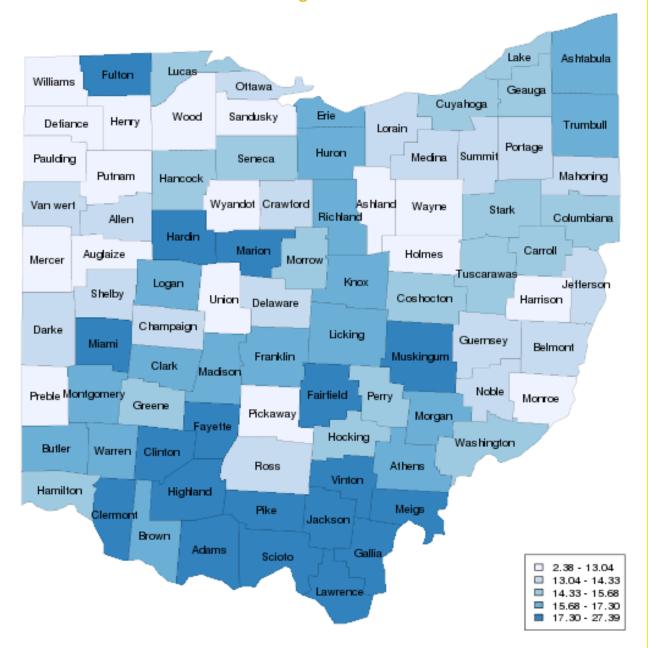
- In the 12 months prior to interview, adults aged 18–64 were more likely than other age groups to have had selected adverse experiences with physician availability.
- Among people under age 65, those who had public coverage only or were uninsured had more trouble finding a general doctor in the past year than those with private insurance.
- Among people under age 65, those who had public coverage only were more likely to have been told that a doctor's office or clinic would not accept them as new patients in the past year than those with private insurance.
- Among insured people under age 65, those who had public coverage only were more likely than those with private insurance to have been told in the past year that a doctor's office or clinic did not accept their health care coverage.

(Source: CDC, Health Insurance Coverage and Adverse Experiences with Physician Availability: United States, 2012)

The following map shows the estimated proportion of all adults, ages 19 years and older with family incomes at 0% Federal Poverty Level (FPL) or more with unmet needs in prescription medication.

- 7% of Putnam County adults, ages 19 years and older had unmet needs in prescription medication.
- 15% of Ohio adults, ages 19 years and older had unmet needs in prescription medication.

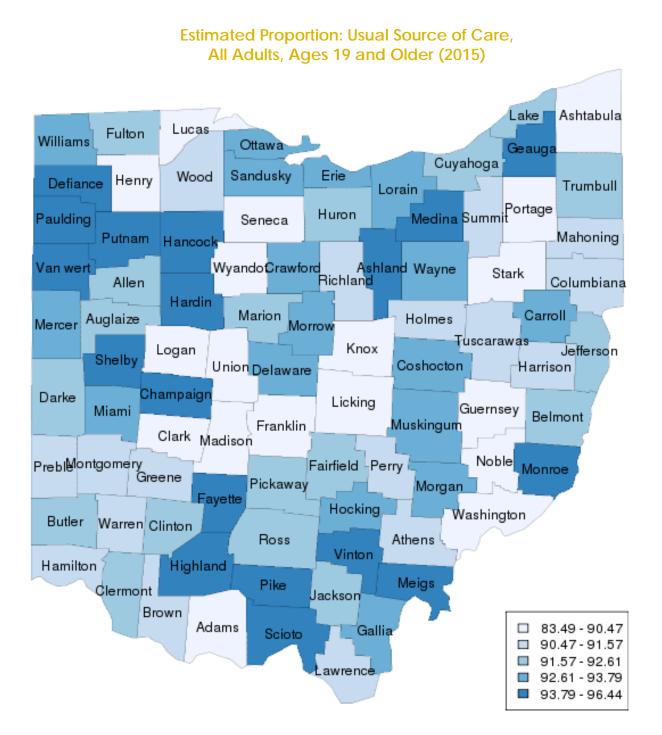
## Estimated Proportion: Unmet Needs in Prescription Medication, All Adults, Ages 19 and Older



(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015)

The following map shows the estimated proportion of all adults, ages 19 years and older with family incomes at 0% Federal Poverty Level (FPL) or more with a usual source of care.

- 96% of Putnam County adults, ages 19 years and older did have a usual source of care.
- 91% of Ohio adults, ages 19 years and older did have a usual source of care.



(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015)

### Adult | CARDIOVASCULAR HEALTH

### **Key Findings**

disease (24%) and stroke (4%)Heart accounted for 28% of all Putnam County adult deaths from 2013-2015 (Source: CDC Wonder, 2013-The 2016 Putnam County Health Assessment found that 3% of adults had survived a heart attack, and 1% had survived a stroke at some time in their life. One-third (33%) of Putnam County adults had high blood cholesterol, 38% were obese, 30% had high blood pressure, and 11% were smokers, four known risk factors for heart disease and stroke.

### Putnam County Leading Causes of Death 2013-2015

**Total Deaths: 908** 

- 1. Heart Disease (24% of all deaths)
- 2. Cancer (19%)
- 3. Chronic Lower Respiratory Diseases (6%)
- 4. Influenza & Pneumonia (6%)
- 5. Alzheimer's Disease (5%)

(Source: CDC Wonder, 2013-2015)

### **Heart Disease and Stroke**

- In 2016, 3% of Putnam County adults reported they had survived a heart attack or myocardial infarction, increasing to 10% of those over the age of 65.
- 5% of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2015 (Source: 2015 BRFSS).
- 1% of Putnam County adults reported they had survived a stroke, increasing to 2% of those over the age of 65.

### Ohio Leading Causes of Death 2013-2015

Total Deaths: 345,955

- 1. Heart Disease (24% of all deaths)
- 2. Cancers (22%)
- 3. Chronic Lower Respiratory Diseases (6%)
- 4. Accidents, Unintentional Injuries (5%)
- 5. Stroke (5%)

(Source: CDC Wonder, 2013-2015)

- 4% of Ohio and 3% of U.S. adults reported having had a stroke in 2015 (Source: 2015 BRFSS).
- 4% of adults reported they had angina or coronary heart disease, increasing to 15% of those over the age of 65.
- 4% of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease in 2015 (Source: 2015 BRFSS).
- 1% of adults reported they had congestive heart failure, increasing to 6% of those over the age of 65.

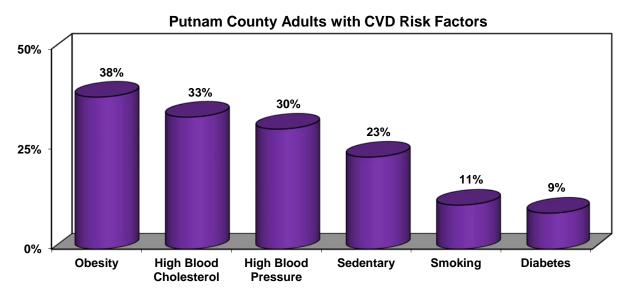
### **High Blood Pressure (Hypertension)**

- Less than one-third (30%) of adults had been diagnosed with high blood pressure. The 2015 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.
- 91% of adults with high blood pressure were taking medication for their high blood pressure.
- Putnam County adults diagnosed with high blood pressure were more likely to:
  - Have rated their overall health as fair or poor (63%)
  - Have been ages 65 years or older (62%)
  - Have been classified as obese by Body Mass Index-BMI (41%)
  - Have incomes less than \$25,000 (38%)

### **High Blood Cholesterol**

- One-third (33%) of adults had been diagnosed with high blood cholesterol. The 2015 BRFSS reported that 37% of Ohio and 36% of U.S. adults have been told they have high blood cholesterol.
- More than four-fifths (88%) of adults had their blood cholesterol checked within the past 5 years. The 2015 BRFSS reported 78% of Ohio and 78% of U.S. adults had their blood cholesterol checked within the past 5 years.
- Putnam County adults with high blood cholesterol were more likely to:
  - Have rated their overall health as fair or poor (57%)
  - Have been ages 65 years or older (54%)
  - Have been classified as overweight or obese by Body Mass Index-BMI (42%)
  - Have incomes less than \$25,000 (38%)

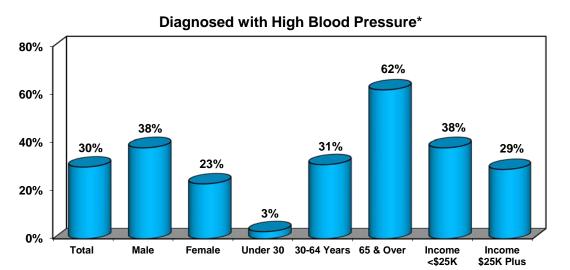
The following graph demonstrates the percentage of Putnam County adults who had major risk factors for developing cardiovascular disease (CVD).



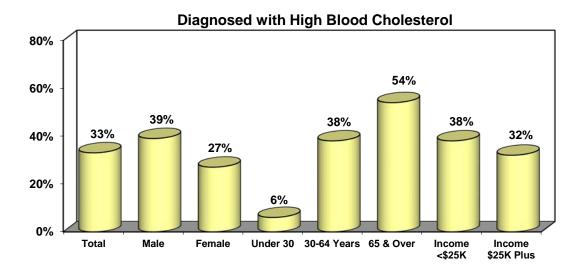
(Source: 2016 Putnam County Health Assessment)

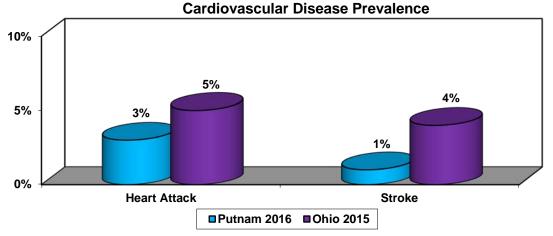
Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Had angina	4%	4%	4%
Had a heart attack	3%	5%	4%
Had a stroke	1%	4%	3%
Had high blood pressure	30%	34%	31%
Had high blood cholesterol	33%	37%	36%
Had blood cholesterol checked within past 5 years	88%	78%	78%

The following graphs show the percent diagnosed with high blood pressure, the percent diagnosed with high blood cholesterol, and the prevalence of cardiovascular disease among Putnam County adults. Examples of how to interpret the information in the first graph include: 30% of all Putnam County adults have been diagnosed with high blood pressure: 38% of all Putnam County males, 23% of all females, and 62% of those 65 years and older.



\*Does not include respondents who indicated high blood pressure during pregnancy only.

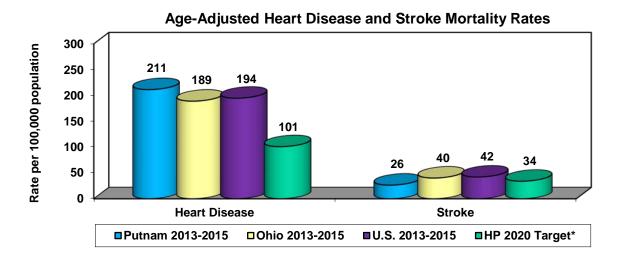




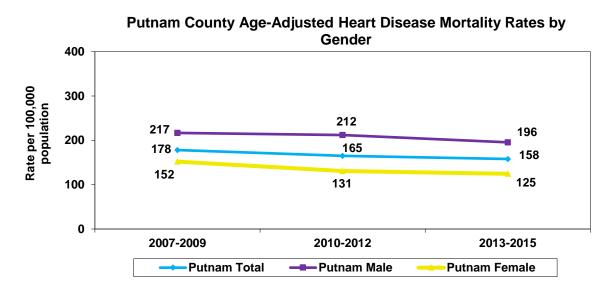
(Source: 2016 Putnam Health Assessment and 2015 BRFSS)

The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke.

- When age differences are accounted for, the statistics indicate that from 2013-2015, Putnam County heart disease mortality rate was greater than the figure for the State, the U.S., and the Healthy People 2020 target.
- The Putnam County age-adjusted stroke mortality rate from 2013-2015 was lower than the state, U.S. figure, and the Healthy People 2020 target objective.
- From 2007-2015, the total Putnam County age-adjusted heart disease mortality rate decreased.



\*The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality. (Source: Health Indicators Warehouse, Healthy People 2020)



(Source: CDC Wonder, Underlying Cause of Death, 2007-2015)

## Healthy People 2020 Objectives Heart Disease and Stroke

Objective	Putnam Survey Population Baseline	2015 U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	30% (2016)	31% Adults age 18 and up	27%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	33% (2016)	36% Adults age 20 & up with TBC>240 mg/dl	14%

\*All U.S. figures age-adjusted to 2000 population standard. (Source: Healthy People 2020, 2015 BRFSS, 2016 Putnam County Health Assessment)

### Adult I CANCER

### **Key Findings**

In 2016, 12% of Putnam County adults had been diagnosed with cancer at some time in their life. CDC statistics indicate that from 2013-2015, a total of 170 Putnam County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that avoiding tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

### Putnam County Incidence of Cancer, 2009-2013

All Types: 848 cases

Breast: 124 cases (15%)

Prostate: 119 cases (14%)

Lung and Bronchus: 93 cases (11%)

Colon and Rectum: 81 cases (10%)

From 2013-2015, there were 170 cancer deaths in Putnam County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/27/2016)

### **Adult Cancer**

- 12% of Putnam County adults were diagnosed with cancer at some point in their lives, increasing to 31% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: breast (34%), other skin cancer (27%), prostate (20%), melanoma (8%), colon (6%), bladder (5%), cervical (3%), ovarian (3%), Non-Hodgkin's lymphoma (2%), oral (2%), renal (2%), and other types of cancer (6%). 15% reported being diagnosed with multiple types of cancer.
- The age-adjusted cancer incidence rate from 2009-2013 for Putnam County was 424.8 cases per 100,000 population, as compared to 480.0 cases per 100,000 population for Ohio (Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/27/2016)

12% of Putnam County adults had been diagnosed with cancer at some time in their life.

### **Cancer Facts**

- The Centers for Disease Control and Prevention (CDC) indicates that from 2013-2015, cancers caused 19% (170 of 885 total deaths) of all Putnam County resident deaths. The largest percent (27%) of cancer deaths were from lung and bronchus cancers (Source: CDC Wonder).
- The 2016 health assessment has determined that 11% of Putnam County adults were current smokers and many more were exposed to environmental tobacco smoke (secondhand smoke), also a cause of heart attacks and cancer. A current smoker is defined as someone who has smoked over 100 cigarettes in their lifetime and currently smokes some or all days.
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with the following types of cancers: lung, colorectal, stomach, pancreatic, kidney, bladder, uterine, ovarian (mucinous) and acute myeloid leukemia.

### **Lung Cancer**

- The CDC reports that lung cancer (n=46) was the leading cause of male cancer deaths from 2013-2015 in Putnam County. Cancer of the colon (n=29) and prostate cancer (n=11) caused male deaths during the same time (Source: CDC Wonder).
- In Putnam County, 9% of male adults were current smokers<sup>1</sup> and 50% had stopped smoking for one or more days in the past 12 months because they were trying to quit (Source: 2016 Putnam County Health Assessment).
- The CDC reports that lung (n=17) and breast (n=17) cancers were the leading cause of female cancer deaths in Putnam County from 2013-2015. (Source: CDC Wonder).
- Approximately 11% of female adults in the county were current smokers<sup>1</sup> and 64% had stopped smoking for one or more days in the past 12 months because they were trying to quit (Source: 2016 Putnam County Health Assessment).
- According to the American Cancer Society, smoking causes 80% of lung cancer deaths in the United States. Moreover, men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers (Source: American Cancer Society, Facts & Figures 2017).

9% of Putnam County male adults and 11% of female adults were current smokers.

### **Breast Cancer**

- 61% of Putnam County females over the age of 40 had a mammogram in the past year.
- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that
  has not spread to lymph nodes or other locations outside the breast) is 99% (Source: American
  Cancer Society, Facts & Figures 2017)
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommended that those 40 to 44 years of age have the choice of annual mammography; those 45 to 54 have annual mammography; and those 55 years of age and older have biennial or annual mammography, continuing as long as their overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual screening using magnetic resonance imaging (MRI) in addition to mammography is recommended, typically starting at age 30 (Source: American Cancer Society, Facts & Figures 2017).

More than three-fifths (61%) of Putnam County females over the age of 40 had a mammogram in the past year.

# O N N N N N N N N

### **Prostate Cancer**

- More than two-fifths (45%) of Putnam County males had a Prostate-Specific Antigen (PSA) test at some time in their life, and 29% had one in the past year. 72% of males age 50 and over had a PSA test at some time in their life, and 47% had one in the past year.
- CDC statistics indicate that prostate cancer deaths accounted for 14% of all male cancer deaths from 2013-2015 in Putnam County.
- Incidence rates for prostate cancer are 74% higher in African Americans than in whites, and they are twice as likely to die of prostate cancer. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world (Source: American Cancer Society, Facts & Figures 2017).

### **Colon and Rectum Cancers**

- The CDC statistics indicate that colon, rectal, and anal cancer deaths accounted for 9% of all male and female cancer deaths from 2013-2015 in Putnam County.
- The American Cancer Society reports several risk factors for colorectal cancer including age personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; and long-term smoking. Very low intake of fruits and vegetables is also potentially a risk factor for colorectal cancer.
- In 2016, nearly two-thirds (64%) of Putnam County adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years. In the U.S., 90% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings.

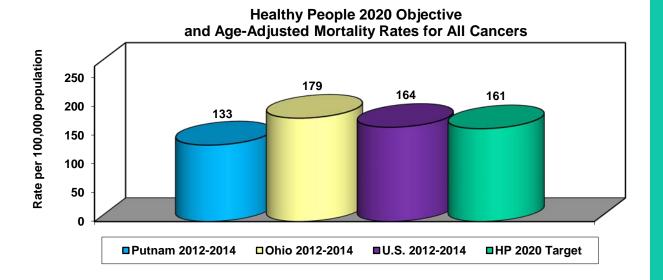
### 2017 Cancer Estimations

- o In 2017, about 1,688,780 new cancer cases are expected to be diagnosed.
- o The World Cancer Research Fund estimates that about 20% of the new cancer cases expected to occur in the U.S. in 2017 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 600,920 Americans are expected to die of cancer in 2017.
- o In 2017, about 155,870 cancer deaths will be caused by tobacco use.
- o In 2017, estimates predict that there will be 68,180 new cases of cancer and 25,430 cancer deaths in Ohio.
- Of the new cancer cases, approximately 10,660 (16%) will be from lung and bronchus cancers and 5,510 (8%) will be from colon and rectum cancers.
- About 9,430 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,840 (9%).

(Source: American Cancer Society, Facts and Figures 2017)

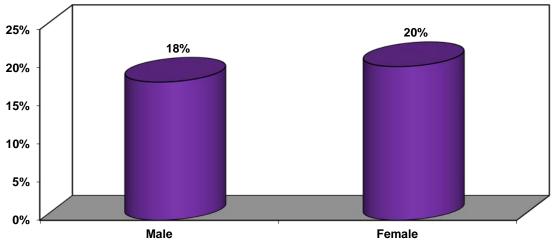
The following graphs shows the Putnam County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2020 objective, as well as cancer as a percent of total deaths in Putnam County. The graphs show:

- When age differences are accounted for, Putnam County had a lower cancer mortality rate than Ohio, U.S. and the Healthy People 2020 target objective.
- The percentage of Putnam County females who died from all cancers is higher than the percentage of Putnam County males who died from all cancers.



(Source: Health Indicators Warehouse; Healthy People 2020)

### Cancer As Percent of Total Deaths in Putnam County by Gender, 2013-2015



(Source: CDC Wonder, 2013-2015)

# Putnam County Incidence of Cancer 2009-2013

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N/A - Not available (Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/27/2016)

# UIABETES S

### Adult | DIABETES

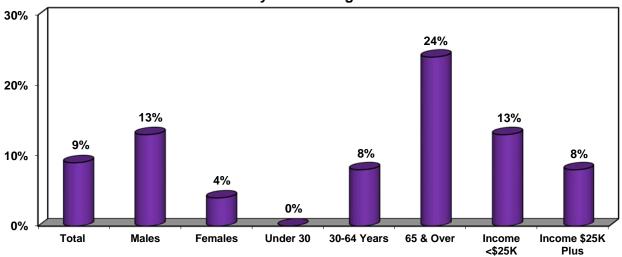
### **Key Findings**

In 2016, 9% of Putnam County adults had been diagnosed with diabetes.

### **Diabetes**

- The 2016 health assessment has identified that 9% of Putnam County adults had been diagnosed with diabetes, increasing to 24% of those over the age of 65. The 2015 BRFSS reports an Ohio prevalence of 11% and U.S. prevalence of 10%.
- 4% of adults had been diagnosed with pre-diabetes.
- Diabetics were using the following to treat their diabetes: diabetes pills (89%), checking blood sugar (72%), diet control (65%), checking A1C annually (60%), 6-month checkup with provider (53%), annual vision exam (53%), checking their feet (51%), exercise (36%), insulin (21%), dental exam (16%), taking a class (12%), and injectable (11%).
- One-fifth (20%) of adults with diabetes rated their health as fair or poor.
- Putnam County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  - 95% were obese or overweight
  - o 81% had been diagnosed with high blood pressure
  - o 60% had been diagnosed with high blood cholesterol

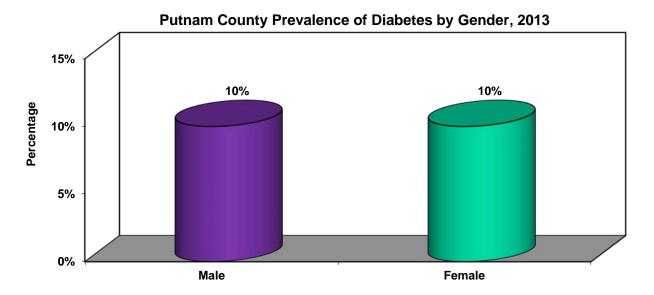




Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Diagnosed with diabetes	9%	11%	10%

### The following graph shows prevalence of diabetes by gender. The following graph shows:

In 2013, the prevalence of diabetes was the same among males and females in Putnam County.



(Source: Network of Care: Health Indicators, Public Health Assessment and Wellness)

### Overweight and Obese Type 2 Diabetes Risk by Sex in Ohio

Category	Increase in Risk
Overweight Men	2.4
Overweight Women	3.9
Obese Men	6.7
Obese Women	12.4

(Source: ODH, Obesity and Diabetes in Ohio 2013)

### **Diabetes Facts**

- O Nearly 30 million children and adults in the United States have diabetes.
- 86 million Americans have prediabetes.
- o 1.4 million Americans are diagnosed with diabetes every year.
- One person is diagnosed with diabetes every 23 seconds.
- O Nearly 10% of the entire U.S. population has diabetes, including over 25% of seniors.
- As many as 1 in 3 American adults will have diabetes in 2050 if present trends continue.
- The economic cost of diagnosed diabetes in the U.S. is \$245 billion per year.
- 8.1 million Americans have undiagnosed diabetes
- Diabetes kills more Americans every year than AIDS and breast cancer combined.
- Diabetes is the primary cause of death for 69,071 Americans each year, and contributes to the death of 234,051 Americans annually.

(Source: American Diabetes Association, 2015 Fast Facts)

### **Diabetes Symptoms**

The most common symptoms of type 1 and type 2 diabetes are:

### **TYPE 1 DIABETES**

- Frequent urination
- Unusual thirst
- Extreme hunger
- Unusual weight loss
- Extreme fatigue and irritability
- Blurred vision

### **TYPE 2 DIABETES**

- Any of the type 1 symptoms
- Tingling/numbness in hands or feet
- Recurring skin, gum, or bladder infections
- Cuts/bruises that are slow to heal
- Frequent infections

### Who is at Greater Risk for Type 2 Diabetes

- People with impaired glucose tolerance (IGT) and/or impaired fasting glucose (IFG)
- People over age 45
- People with a family history of diabetes
- People who are overweight or obese
- People who do not exercise regularly
- People with low HDL cholesterol or high triglycerides, high blood pressure
- Certain racial and ethnic groups (e.g. Non-Hispanic Blacks, Hispanic/Latino Americans, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives)
- Women who had gestational diabetes, or who have had a baby weighing 9 pounds or more at birth

(Source: American Diabetes Association, Diabetes Basics, Your Risk: Who is at Greater Risk for Type 2 Diabetes)

# **DIABETES**

### Adult | **ARTHRITIS**

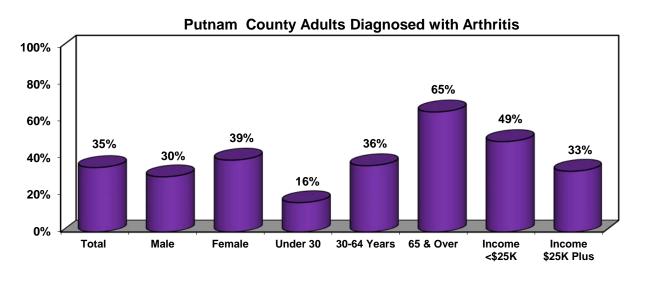
### **Key Findings**

According to the Putnam County survey data, 35% of Putnam County adults were diagnosed with arthritis. According to the 2015 BRFSS, 28% of Ohio adults and 25% of U.S. adults were told they have arthritis.

35% of Putnam County adults were told by a health professional that they had some form of arthritis, increasing to 65% of those over the age of 65.

### **Arthritis**

- More than one-third (35%) of Putnam County adults were told by a health professional that they had some form of arthritis, increasing to 65% of those over the age of 65.
- According to the 2015 BRFSS, 28% of Ohio adults and 25% of U.S. adults were told they have arthritis.
- An estimated 53 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. By 2040, over 78 million people will have arthritis. Arthritis is more common among women (26%) than men (19%), and it affects all racial and ethnic groups. Arthritis commonly occurs with other chronic diseases, like diabetes, heart disease, and obesity, and it can make it harder for people to manage these conditions (Source: CDC, Arthritis at a Glance 2016).
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections (Source: CDC).



Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Diagnosed with arthritis	35%	28%	25%

### **Arthritis: Key Public Health Messages**

Early diagnosis of arthritis and self-management activities can help people decrease their pain, improve function, and stay productive.

Key self-management activities include the following:

- Learn Arthritis Management Strategies Arthritis management strategies provide those with arthritis with the skills and confidence to effectively manage their condition. These techniques have proven to be valuable for helping people change their behavior and better manage their arthritis symptoms. Interactive workshops such as the Arthritis Self-Management Program and the Chronic Disease Self-Management Program are low-cost (about \$25 \$35) and available in communities across the country. Attending one of these programs can help a person learn ways to manage pain, exercise safely, and gain control of arthritis.
- **Be Active** –Research has shown that physical activity decreases pain, improves function, and delays disability. Make sure you get at least 30 minutes of moderate physical activity at least 5 days a week. You can get activity in 10-minute intervals.
- Watch your weight -The prevalence of arthritis increases with increasing weight. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. A loss of just 11 pounds can decrease the occurrence (incidence) of new knee osteoarthritis and a modest weight loss can help reduce pain and disability.
- See your doctor –Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition.
- Protect your joints Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

(Source: Centers for Disease Control and Prevention, Arthritis: Key Public Health Messages)

# Adult | ASTHMA AND OTHER RESPIRATORY DISEASE

### **Key Findings**

0%

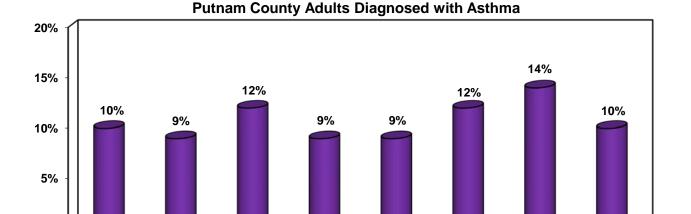
**Total** 

Males

According to the Putnam County survey data, 10% of adults had been diagnosed with asthma.

### **Asthma and Other Respiratory Disease**

- In 2016, 10% of Putnam County adults had been diagnosed with asthma.
- 14% of Ohio and 14% of U.S. adults had ever been diagnosed with asthma (Source: 2015 BRFSS).
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, smoke from burning wood or grass, infections linked to the flu, colds, and respiratory viruses (Source: CDC, 2013).
- Chronic lower respiratory disease was the 3<sup>rd</sup> leading cause of death in Putnam County and in Ohio, from 2013-2015 (Source: CDC Wonder, 2013-2015).



Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Had been diagnosed with asthma	10%	14%	14%

30-64 Years

65 & Over

Income

<\$25K

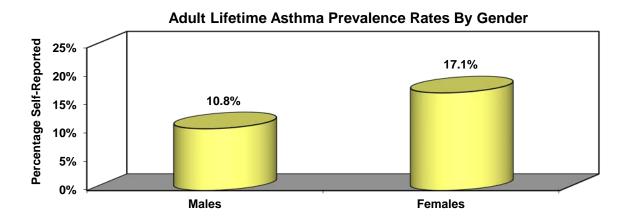
Income

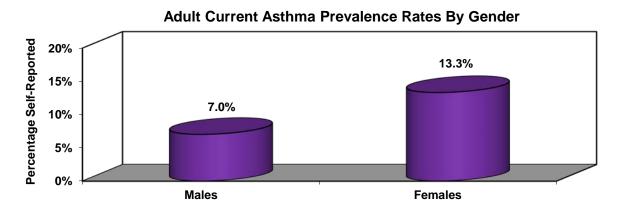
\$25K Plus

Under 30

**Females** 

The following graphs demonstrate the lifetime and current prevalence rates of asthma by gender for Ohio residents.





(Source for graphs: 2015 BRFSS)

### **Asthma Facts**

- The number of Americans with asthma grows every year. Currently, 26 million Americans have asthma.
- Asthma mortality is almost 4,000 deaths per year.
- Asthma results in 439,000 hospitalizations and 1.8 million emergency room visits annually.
- Patients with asthma reported 14.2 million visits to a doctor's office and 1.3 million visits to hospital outpatient departments.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.

(Source: American College of Allergy, Asthma, & Immunology, Asthma Facts)

### What Causes an Asthma Attack?

- **Tobacco Smoke:** People should never smoke near you, in your home, in your car, or wherever you may spend a lot of time if you have asthma. Tobacco smoke is unhealthy for everyone, especially people with asthma. If you have asthma and you smoke, quit smoking.
- Dust Mites: If you have asthma, dust mites can trigger an asthma attack. To prevent attacks, use mattress covers and pillowcase covers to make a barrier between dust mites and yourself. Do not use down-filled pillows, quilts, or comforters. Remove stuffed animals and clutter from your bedroom.
- Outdoor Air Pollution: This pollution can come from factories, automobiles, and other sources. Pay attention to air quality forecasts to plan activities when air pollution levels will be low.
- Cockroach Allergens: Get rid of cockroaches in your home by removing as many water and food sources as you can. Cockroaches are often found where food is eaten and crumbs are left behind. Cockroaches and their droppings can trigger an asthma attack, so vacuum or sweep areas that might attract cockroaches at least every 2 to 3 days.
- Pets: Furry pets can trigger an asthma attack. If you think a furry pet may be causing attacks, you may want to find the pet another home. If you can't or don't want to find a new home for a pet, keep it out of the person with asthma's bedroom.
- Mold: Breathing in mold can trigger an asthma attack. Get rid of mold in your home to help control your attacks. Humidity, the amount of moisture in the air, can make mold grow. An air conditioner or dehumidifier will help keep the humidity level low.
- Smoke from Burning Wood or Grass: Smoke from burning wood or other plants is made up of a mix of harmful gases and small particles. Breathing in too much of this smoke can cause an asthma attack. If you can, avoid burning wood in your home.
- Other Triggers: Infections linked to influenza (flu), colds, and respiratory syncytial virus (RSV) can trigger an asthma attack. Sinus infections, allergies, breathing in some chemicals, and acid reflux can also trigger attacks. Physical exercise, some medicines, bad weather, breathing in cold air, some foods, and fragrances can also trigger an asthma attack.

(Source: Centers for Disease Control, Vital Signs, Asthma)

### Adult | WEIGHT STATUS

### **Key Findings**

The 2016 health assessment identified that 74% of Putnam County adults were overweight or obese based on Body Mass Index (BMI). Nearly two-fifths (38%) of Putnam County adults were obese. The 2015 BRFSS indicates that 30% of Ohio and 30% of U.S. adults were obese as measured by BMI.

### **Adult Weight Status**

- In 2016, the health assessment indicated that nearly three-fourths (74%) of Putnam County adults were either overweight (36%) or obese (38%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- More than two-fifths (42%) of adults were trying to lose weight, 39% were trying to maintain their current weight or keep from gaining weight, and 1% were trying to gain weight.

### 38% of Putnam County adults are obese.

• Putnam County adults did the following to lose weight or keep from gaining weight: drank more water (46%); ate less food, fewer calories, or foods low in fat (45%); exercised (40%); ate a low-carb diet (12%); smoked cigarettes (3%); used health coaching (2%); took prescribed medications (2%); participated in a prescribed dietary or fitness program (1%); took diet pills, powders or liquids without a doctor's advice (1%); went without eating 24 or more hours (1%); used a weight loss program (1%); and received bariatric surgery (<1%).

### **Physical Activity**

• In Putnam County, 50% of adults engaged in some type of physical activity or exercised for at least 30 minutes 3 or more days per week. 28% of adults exercised 5 or more days per week. Nearly one-fourth (23%) of adults did not participate in any physical activity in the past week, including 2% who were unable to exercise.

In Putnam County, 50% of adults were engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week.

- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends musclestrengthening activities that work all major muscle groups on 2 or more days per week (Source: CDC, Physical Activity for Everyone).
- Putnam County adults spent the most time doing the following physical activities in the past year: walking (58%), occupational exercise (15%), running/jogging (14%), exercise machines (9%), cycling (6%), exercise videos (5%), strength training (5%), swimming (5%), group exercise classes (3%), active video games (<1%), and other activities (7%). 15% of adults did not exercise at all, including 2% who were unable to do so.
- Putnam County adults spent an average of 2.3 hours watching TV, 1.2 hours on their cell phone, 1.0 hour on the computer (outside of work), and 0.1 hours playing video games on an average day of the week.

Reasons for not exercising included the following: time (31%), too tired (24%), pain or discomfort (14%), dislike exercising (13%), weather (13%), could not afford a gym membership (10%), laziness (10%), no child care (5%), no exercise partner (3%), no walking, biking trails or parks (2%), poorly maintained/no sidewalks (2%), did not know what activities to do (1%), neighborhood safety (1%), transportation (1%), lack of opportunities for those with physical impairments or challenges (1%), no gym available (1%), doctor advised them not to exercise (<1%), and other reasons (6%).

### **Nutrition**

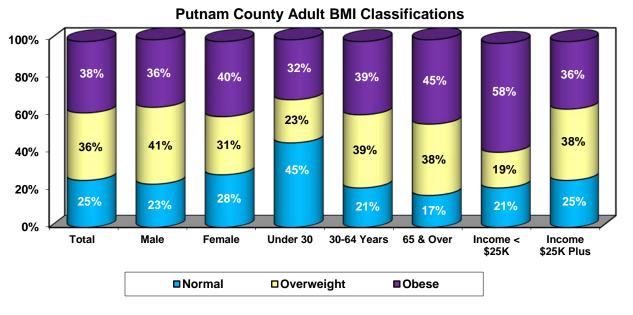
- In 2016, 69% of adults ate between 1 to 2 servings of fruits and vegetables per day. 25% ate between 3 to 4 servings, and 1% ate 5 or more servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups (5 servings) of fruits and vegetables per day to reduce the risk of cancer and to maintain good health (Source: American Cancer Society, 2017).
- Putnam County adults purchased their fruit and vegetables from the following places: large grocery store (85%), local grocery store (47%), grow their own/garden (36%), farmers market (13%), Dollar General/Store (4%), food pantry (1%), Community Supported Agriculture (CSA) (<1%), community garden (<1%), mail order food service (<1%), Veggie Mobile/mobile produce (<1%), and other places (2%).</p>
- Adults reported the following barriers to consuming fruits and vegetables: too expensive (16%), did not like the taste (5%), did not know how to prepare (2%), no variety (2%), no access (1%), transportation (<1%), and other barriers (3%).</li>
- Putnam County adults reported the following reasons they chose the types of food they ate: taste/enjoyment (72%), cost (54%), ease of preparation/time (51%), what their family prefers (44%), healthiness of food (42%), food they were used to (41%), availability (31%), nutritional content (23%), calorie content (22%), artificial sweetener content (6%), if it is organic (4%), if it is genetically modified (4%), if it is lactose free (4%), other food sensitivities (4%), health care provider's advice (1%), and other reasons (2%).
- 85% of adults ate out in a restaurant or brought home take-out in a typical week. 9% of whom did so for 5 or more meals.
- 41% of adults drank soda pop, punch, Kool-Aid, sports drinks, energy drinks, or other fruit-flavored drinks at least once per day. 18% of adults did not drink any sugar-sweetened beverages in the past week.

### **Obesity Facts**

- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.
- The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.
- Non-Hispanic blacks have the highest age-adjusted rates of obesity (48.1%) followed by Hispanics (42.5%), non-Hispanic whites (34.5%), and non-Hispanic Asians (11.7%).
- Obesity is higher among middle age adults, 40-59 years old (40.2%), than among younger adults, age 20-39 (32.3%) or adults over 60 or above (37.0%) adults.

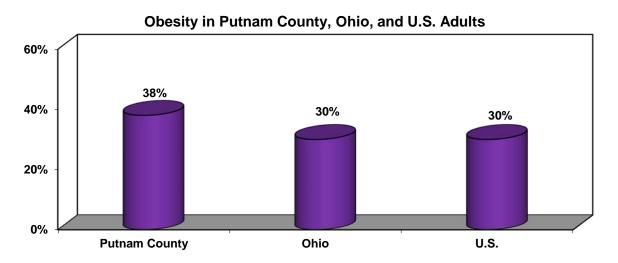
(Source: CDC, Adult Obesity Facts, updated September 1, 2016)

The following graph shows the percentage of Putnam County adults who were overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 25% of all Putnam County adults were classified as normal weight, 36% were overweight, and 38% were obese.



(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

The following graph shows the percentage of Putnam County adults who were obese compared to Ohio and U.S.



(Source: 2016 Putnam County Health Assessment and 2015 BRFSS)

Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Obese	38%	30%	30%
Overweight	36%	37%	36%

### Adult | TOBACCO USE

### **Key Findings**

In 2016, 11% of Putnam County adults were current smokers, and 22% were considered former smokers. In 2016, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide and is responsible for the deaths of approximately half of long-term users. Each year, cigarette smoking results in an estimated 480,000 premature deaths, including 42,000 from secondhand smoke exposure (Source: Cancer Facts & Figures, American Cancer Society, 2017).

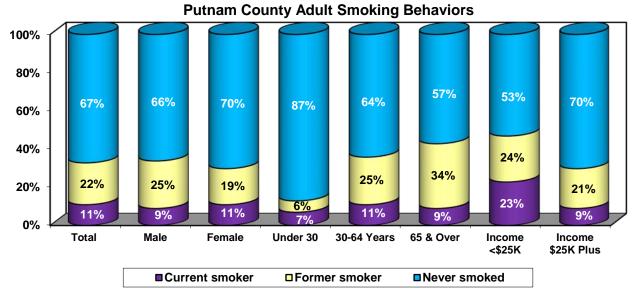
### In 2016, 11% of Putnam County adults were current smokers.

### **Adult Tobacco Use Behaviors**

- The 2016 health assessment identified that one-in-nine (11%) Putnam County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days). The 2015 BRFSS reported current smoker prevalence rates of 22% for Ohio and 18% for the U.S.
- Almost one-quarter (22%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2015 BRFSS reported former smoker prevalence rates of 24% for Ohio and 25% for the U.S.
- Putnam County adult smokers were more likely to:
  - Have been separated or a member of an unmarried couple (50%)
  - Have incomes less than \$25,000 (23%)
  - Have rated their overall health as fair or poor (19%)
- Putnam County adults used the following tobacco products in the past year: cigarettes (18%), cigars (5%), snuff (4%), Black and Milds (1%), e-cigarettes (1%), little cigars (1%), pipes (1%), roll-your-own (1%), betel quid (<1%), pouch (<1%), and Swishers (<1%).
- 4% of Putnam County adults used chewing tobacco in the past year, increasing to 9% of males.
- 62% of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- 41% of adults believed e-cigarette vapor was harmful to themselves, and 37% believed it was harmful to others. 4% of adults did not believe e-cigarette vapor was harmful to anyone. 52% of adults did not know if e-cigarette vapor was harmful.

62% of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.

Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Current smoker	11%	22%	18%
Former smoker	22%	24%	25%



Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"

### **Smoking and Other Health Risks**

- Smoking can make it harder for a woman to become pregnant and can affect her baby's health before and after birth. Smoking increases risks for:
  - Preterm (early) delivery
  - Stillbirth (death of the baby before birth)
  - Low birth weight
  - Sudden infant death syndrome (known as SIDS or crib death)
  - Ectopic pregnancy
  - Orofacial clefts in infants
- Smoking can also affect men's sperm, which can reduce fertility and also increase risks for birth defects and miscarriage (loss of the pregnancy).
- Smoking can affect bone health.
  - Women past childbearing years who smoke have lower bone density (weaker bones) than women who never smoked and are at greater risk for broken bones.
- Smoking affects the health of your teeth and gums and can cause tooth loss.
- Smoking can increase your risk for cataracts (clouding of the eye's lens that makes it hard for you to see) and age-related macular degeneration (damage to a small spot near the center of the retina, the part of the eye needed for central vision).
- Smoking is a cause of type 2 diabetes mellitus and can make it harder to control. The
  risk of developing diabetes is 30-40% higher for active smokers than nonsmokers/
- Smoking causes general adverse effects on the body, including inflammation and decreased immune function.
- Smoking is a cause of rheumatoid arthritis.

(Source: CDC, Effects of Cigarette Smoking, Smoking and Other Health Risks, updates December 1, 2016)

# IOBACCO

### Electronic Cigarette Use Among Adults: United States, 2014

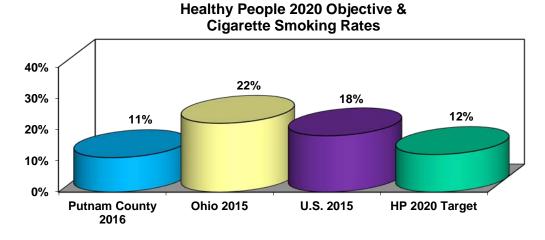
- Electronic cigarettes (e-cigarettes) are battery-powered products that typically deliver nicotine in the form of an aerosol.
- In 2014, 12.6% of adults had ever tried e-cigarette even one time, with use differing by sex, age, and race and Hispanic or Latino origin.
- About 3.7% of adults currently used e-cigarettes, with use differing by age and race and Hispanic or Latino origin.
- Current cigarette smokers and recent former smokers (quit smoking within the past year) were more likely to use e-cigarettes than long-term former smokers (quit smoking more than 1 year ago) and adults who had never smoked.
- Among current cigarette smokers who had tried to quit smoking in the past year, more than one-half had ever tried an e-cigarette and 20.3% were current e-cigarette users.
- Men were more likely than women to have ever tried an e-cigarette.
- More than 20% of adults aged 18-24 had ever tried an e-cigarette, with use declining steadily as age increased.
- In 2014, both non-Hispanic American Indian/Native American and non-Hispanic white adults were more likely than non-Hispanic black, non-Hispanic Asian, and Hispanic adults to have ever tried e-cigarettes and to be current e-cigarette users.

(Source: U.S. Department of Health and Human Services, National Center for Health Statistics Data Brief "Electronic Cigarette Use Among Adults, United States, 2014," October 2015)

### 22% of Putnam County adults indicated that they were former smokers.

The following graph shows adult cigarette smoking rates for Putnam County, Ohio and the United States. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. This graph shows:

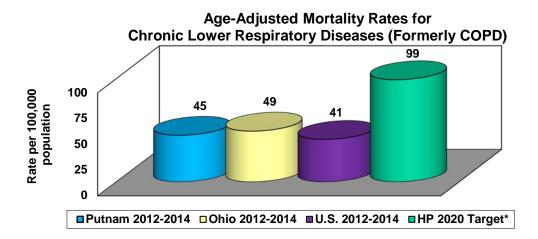
Putnam County adult cigarette smoking rate was lower than the Ohio, U.S. and the Healthy People 2020 target objective rate.



(Source: 2016 Putnam County Health Assessment, 2015 BRFSS and Healthy People 2020)

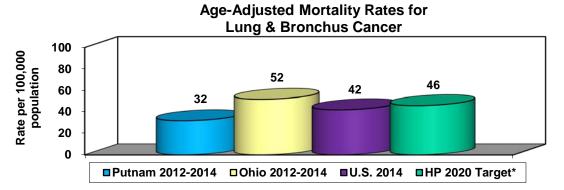
The following graphs show Putnam County, Ohio, and U.S. age-adjusted mortality rates per 100,000 population for chronic lower respiratory diseases (formerly COPD) and lung and bronchus cancer in comparison with the Healthy People 2020 objective. These graphs show:

- From 2012-2014, Putnam County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was higher than the U.S. rate, but lower than the Ohio rate and the Healthy People 2020 target objective.
- From 2012-2014, Putnam County's lung and bronchus cancer age-adjusted mortality rates were lower than Ohio and U.S. rates, as well as the Healthy People 2020 target objective.



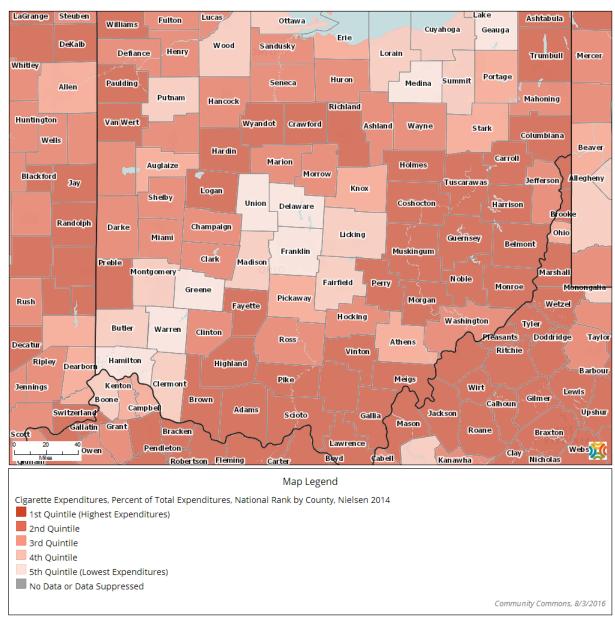
(Source: Health Indicators Warehouse and Healthy People 2020)

\* Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.



\*Healthy People 2020 Target data is for lung cancer only (Sources: Healthy People 2020, National Cancer Institute, Health Indicators Warehouse)

### Cigarette Expenditures, Percent of Total Expenditures, National Rank by County, Nielsen 2014



(Source: Nielsen, Nielsen Site Reports: 2014 as compiled by Community Commons, updated 8/3/2016)

An example of how to interpret the data shown in the above map include: Putnam County is in 4th Quintile for percentage of Cigarette Expenditures by National Rank by County according to the 2014 Nielsen Site Reports.

## Adult | ALCOHOL CONSUMPTION

### **Key Findings**

In 2016, 60% of Putnam County adults who drank engaged in binge drinking (defined as 5 or more drinks for males or 4 or more drinks for females at one sitting) in the past month. Nearly one-third (30%) of adults drove after drinking any alcoholic beverages.

74% of Putnam County adults had at least one alcoholic drink in the past month.

### **Adult Alcohol Consumption**

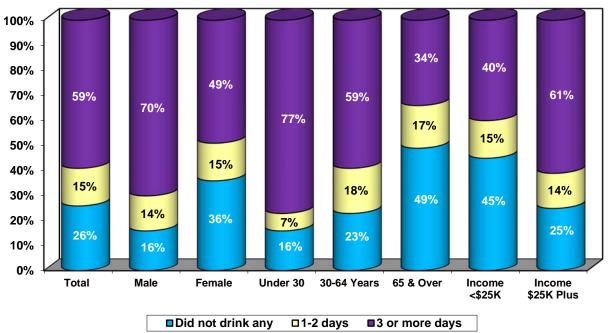
- In 2016, 74% of Putnam County adults had at least one alcoholic drink in the past month, increasing to 84% of males and those under the age of 30. The 2015 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- Of those who drank, Putnam County adults drank 4.3 drinks on average, increasing to 5.2 drinks for those with incomes less than \$25,000.
- More than two-fifths (44%) of Putnam County adults reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition. The 2015 BRFSS reported binge drinking rates of 18% for Ohio and 16% for the U.S.
- 60% of current drinkers reported binge drinking in the last month.
- 30% of adults reported driving after drinking any alcoholic beverages, increasing to 41% of males and 43% of those ages 30-64.
- 14% of adults reported driving after having perhaps too much to drink, increasing to 22% of those under the age of 30.
- Putnam County adults experienced the following in the past six months: drank more than they expected (18%); used prescription drugs while drinking (5%); spent a lot of time drinking (4%); continued to drink despite problems caused by drinking (3%); drank more to get the same effect (3%); gave up other activities to drink (2%); placed themselves or their family in harm (2%); failed to fulfill duties at work, home, or school (1%); had legal problems (1%); tried to quit or cut down but could not (1%); and drank to ease withdrawal symptoms (<1%).
- Putnam County current drinkers indicated they drank alcohol for the following reasons: taste/enjoyment (63%), social events (55%), helped them relax/relieved stress (50%), normal/part of the culture (27%), like the way it made them feel (16%), social expectation (13%), their parents drank alcohol (9%), not much else to do (3%), and other reasons (2%).

Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Drank alcohol at least once in past month	74%	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	44%	18%	16%



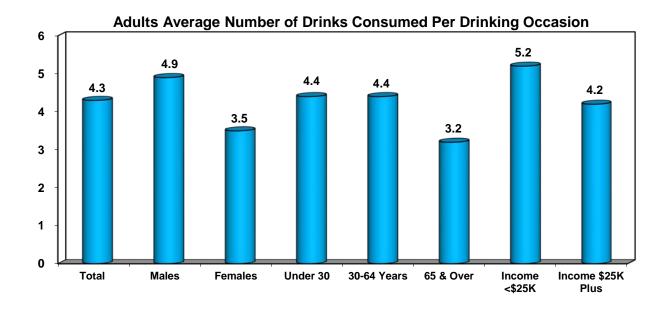
The following graphs show the percentage of Putnam County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 26% of all Putnam County adults did not drink alcohol, 16% of Putnam County males did not drink, and 36% of adult females reported they did not drink.



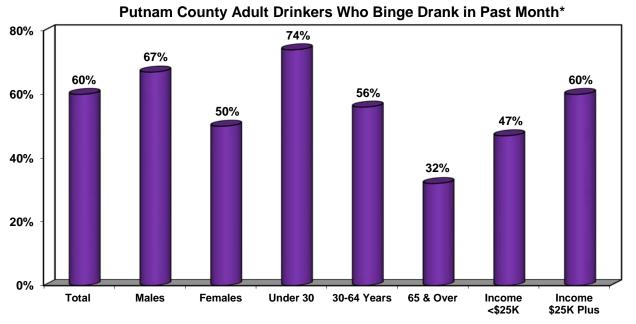


\*Percentages may not equal 100% as some respondents answered "don't know"

60% of current drinkers reported binge drinking in the last month.

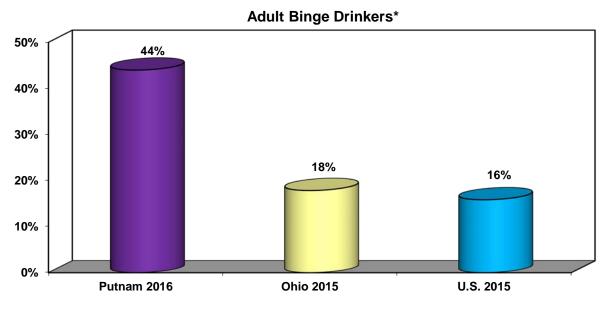


The following graphs show the percentage of Putnam County drinkers who binge drank in the past month and a comparison of Putnam County binge drinkers with Ohio and U.S. binge drinkers.



\*Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion. Adults must have reported drinking five or more drinks (for males) or four or more drinks (for females) on an occasion at least once in the previous month.

30% of adults reported driving after drinking any alcoholic beverages.



(Source: 2015 BRFSS, 2016 Putnam County Health Assessment)
\*Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.

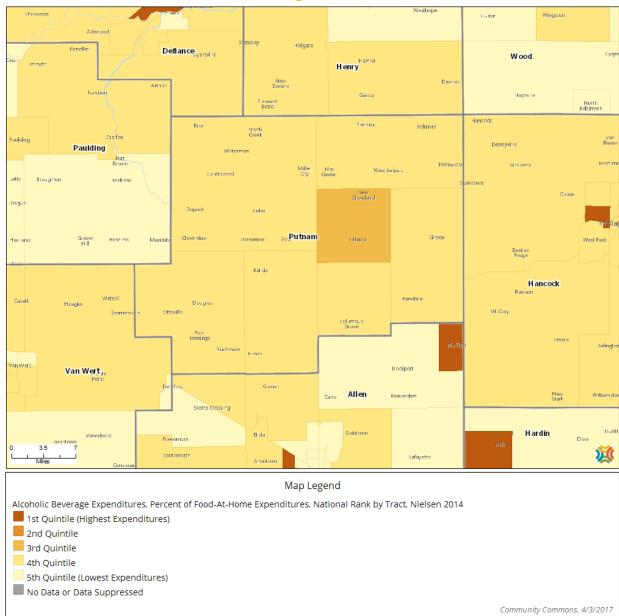
# The following table shows the Putnam County and Ohio motor vehicle accident statistics. The table shows:

- 4% of all crashes in Putnam County and Ohio were alcohol-related.
- 33% of all fatal injury crashes in Putnam County were alcohol-related, as compared to 30% of alcohol-related fatal injury crashes in Ohio.
- Of the total number of alcohol-related crashes (15) in Putnam County, 46% were property damage only, 46% were non-fatal injury, and 7% were fatal injury.
- There were 12,219 alcohol-related crashes in Ohio in 2016. Of those crashes, 56% were property damage only, 41% were non-fatal injury, and 3% were fatal injury.

	Putnam County 2016	Ohio 2016
Total Crashes	397	305,240
Alcohol-Related Total Crashes	15	12,198
Fatal Injury Crashes	3	1,048
Alcohol-Related Fatal Crashes	1	310
Alcohol Impaired Drivers in Crashes	15	11,919
Injury Crashes	95	77,336
Alcohol-Related Injury Crashes	7	5,056
Property Damage Only	299	226,856
Alcohol-Related Property Damage Only	7	6,832
Deaths	3	1,127
Alcohol-Related Deaths	1	340
Total Non-Fatal Injuries	141	112,069
Alcohol-Related Injuries	8	7,158

(Source: Ohio Department of Public Safety, Crash Reports, Updated 2/22/2017, Traffic Crash Facts)

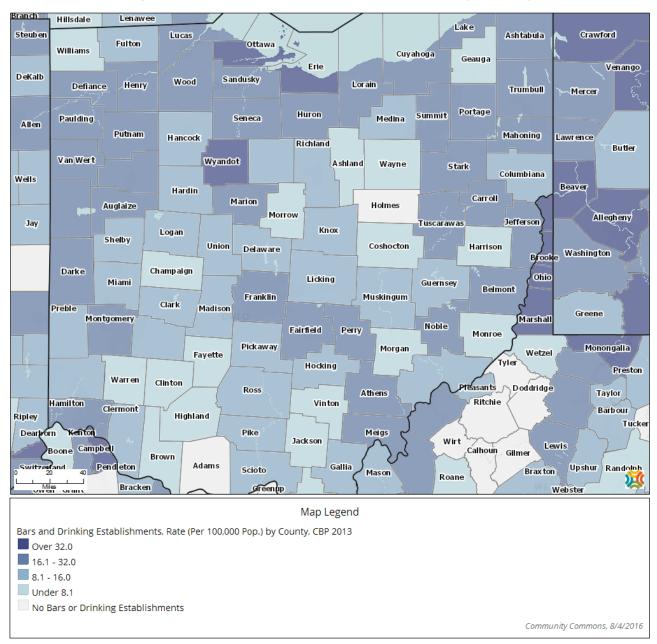
### Alcohol Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014



(Source: Nielsen, Nielsen 2014 as compiled by Community Commons, updated 4/3/17)

An example of how to interpret the data shown in the above map include: Putnam County is in the 4<sup>th</sup> Quintile for percentage of Alcoholic Beverage Expenditures by National Rank by Tract according to the 2014 Nielsen Site Reports.

### Bars and Drinking Establishments, Rate (Per 100,000 Pop.) by County, CBP 2013



(Source: CBP, 2013 as compiled by Community Commons, updated 8-4-2016)

An example of how to interpret the data shown in the above map include: Putnam County has the second highest rate of bar and drinking establishments according to the 2013 Census Business Patterns (CBP).

### Adult | DRUG USE

### **Key Findings**

In 2016, 3% of Putnam County adults had used marijuana during the past 6 months. 5% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

### **Adult Drug Use**

- 3% of Putnam County adults had used marijuana in the past 6 months, increasing to 12% of those with incomes less than \$25,000.
- Less than one percent (<1%) of Putnam County adults reported using other recreational drugs in the past six months, such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- 5% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 15% of those with incomes less than \$25,000.
- Putnam County adults indicated they did the following with their unused prescription medication: took as prescribed (21%), threw it in the trash (16%), kept it (13%), flushed it down the toilet (13%), took it to the Medication Collection program (12%), took it to a Drug Take Back Day (5%), took it to the sheriff's office (5%), kept in a locked cabinet (3%), gave it away (<1%), mailer to ship back to pharmacy (<1%), and some other destruction method (1%). 38% of adults did not have unused medication.
- As a result of using drugs, Putnam County adults indicated they or a family member experienced the following: regularly failed to fulfill obligations at work or home (2%), placed themselves in dangerous situations (2%), had legal problems (1%), and failed a drug screen (1%).
- 2% of adults used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using such a program included: could not afford to go (1%), did not want to get in trouble (1%), did not want to miss work (1%), fear (1%), had not thought of it (1%), no program available (<1%), stigma of seeking drug services (<1%), did not know how to find a program (<1%), and other reasons (1%). 94% of adults indicated such a program was not needed for themselves.

# DRUG USIT

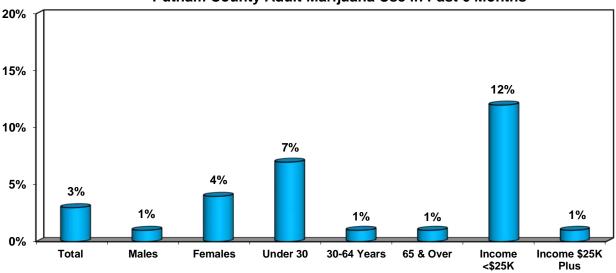
Primary Substance Use Diagnosis by Fiscal Year (July 1 – June 30)

Primary Substance Use Diagnosis	FY 2014	FY 2015	FY 2016*
Alcohol	101	110	109
Cannabis	33	36	46
Opioid	23	25	50
Cocaine	6	10	7

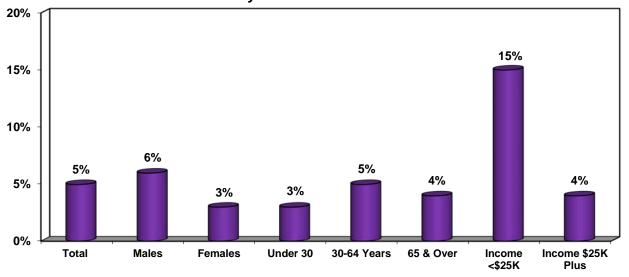
\*FY 2016 figures include diagnoses of those in jail setting (Source: Pathways Counseling Center, Ottawa OH)

The following graphs are data from the 2016 Putnam County Health Assessment indicating adult marijuana use in the past six months and medication misuse in the past six months. Examples of how to interpret the information include: 3% of all Putnam County adults used marijuana in the past six months, 7% of adults under the age of 30 were current users, and 12% of adults with incomes less than \$25,000 were current users.

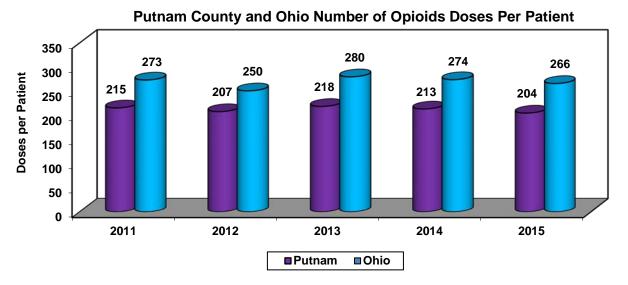
**Putnam County Adult Marijuana Use in Past 6 Months** 

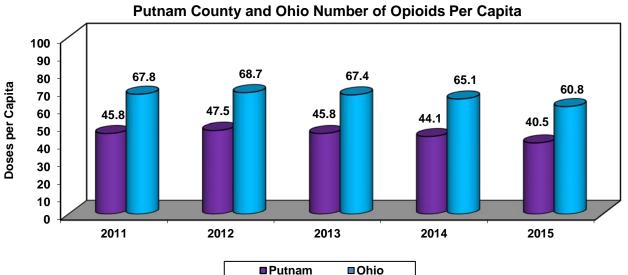


**Putnam County Adult Medication Misuse in Past 6 Months** 

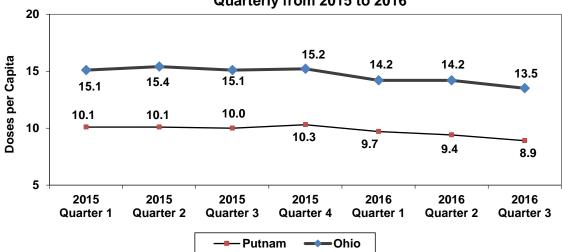


The following graphs are data from the Ohio Automated Prescription Reporting System indicating Putnam County and Ohio opioids doses per patient and doses per capita.









(Source: Ohio Automated Rx Reporting System, Quarterly County Data, accessed on July 7, 2016)

### Abuse of Prescription (Rx) Drugs

- Young adults (age 18 to 25) are the biggest abusers of prescription (Rx) opioid pain relievers, ADHD, stimulants, and anti-anxiety drugs.
- Reasons for abusing these drugs include getting high, relieving pain, studying better, dealing with problems, losing weight, feeling better, increasing alertness, and having a good time with friends.
- In 2014, more than 1,700 young adults died from prescription drug (mainly opioid) overdoses- more than died from overdoses of any other drug, including heroin and cocaine combined- and many needed emergency treatment.
- Among young adults, for every death due to Rx drug overdose, there were 22 treatment admissions and 119 emergency room visits.

(Source: National Institute on Drug Abuse, Abuse of Prescription (Rx) Drugs Affects Young Adults Most, February 2016)

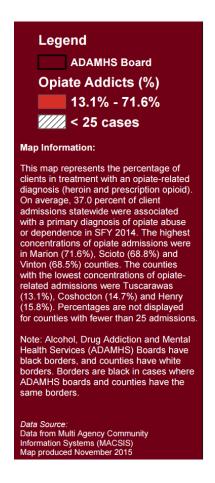
### Heroin

- Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant.
- Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.
- Heroin use has increased across the US among men and women, most age groups, and all income levels,
- Some of the greatest increases occurred in demographic groups with historically low rates of heroin use: women, the privately insured, and people with higher income.
- Heroin use more than doubled among young adults ages 18-25 in the past decade.
- More than 9 in 10 people who used heroin used at least one other drug.
- 45% of people who used heroin were also addicted to prescription opioid painkillers.
- People who are addicted to:
  - o Alcohol are 2 times more likely to become addicted to heroin.
  - Marijuana are 3 times more likely to become addicted to heroin.
  - Cocaine are 15 times more likely to become addicted to heroin.
  - Prescription opioid painkillers are 40 times more likely to become addicted to heroin.
- Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, constipation and gastrointestinal cramping, and liver or kidney disease.

(Source: CDC, Vital Signs, Today's Heroin Epidemic, July 7, 2015)

### **Unduplicated Admissions for Opiate Abuse and Dependence**

- In 2014, 37% of client admissions throughout Ohio were associated with a primary diagnosis of opiate abuse or dependence.
- In 2014, approximately 50% of Putnam County client admissions were opiate-related.





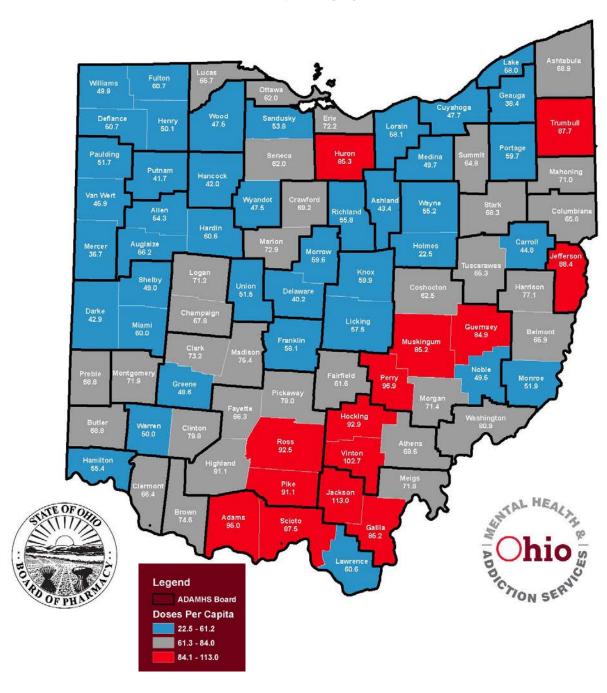
(Source: Ohio Mental Health and Addiction Services, Doses Per Capita September 2014)

DRUG USE

### **Prescription Analgesic Doses Per Capita**

- In 2014, the statewide average per capita dosage rate was 61.2 doses per person.
- The average per capita dosage rate was 41.7 doses per person in Putnam County in 2014.

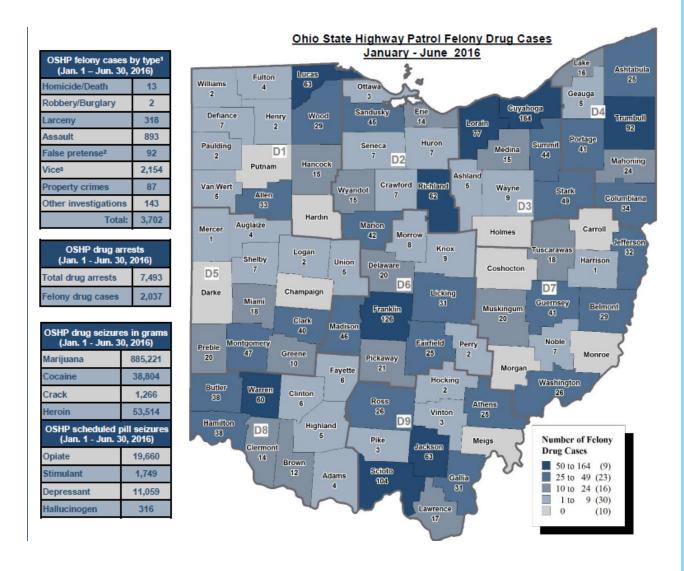
Prescription Opioid Doses Per Capita
Ohio's Automated Rx Reporting System (OARRS) - 2014



Source: Ohio Mental Health and Addiction Services, Doses Per Capita September 2013)

### Felony Cases and Drug Arrests January - June 2016

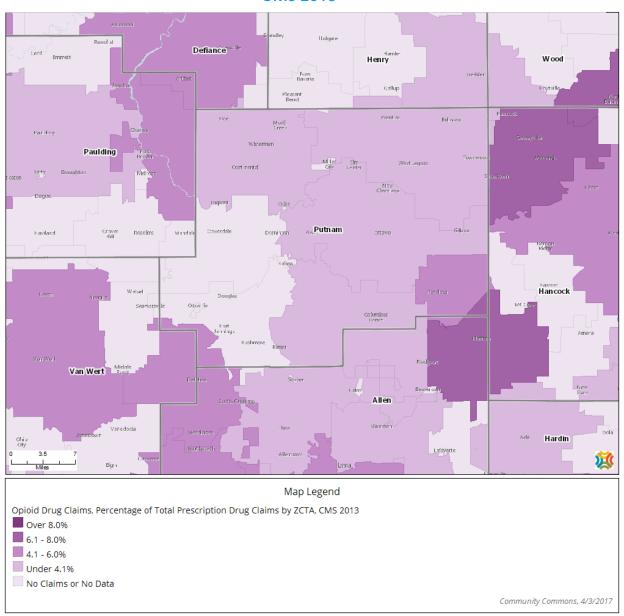
- Ohio State Highway Patrol (OSHP) investigated a wide range of felony offenses during the first half of 2016, including vice (2,154); assault (893); larceny (318); false pretense (92); property crimes (87); homicide/death (136); robbery/burglary (2); and various other types of felony offenses (143).
- OSHP Troopers made 7,493 total drug arrests during the first 6 months of 2016 a 20% increase compared to 2015 and a 35% increase compared to the previous 3-year average (2013-2015).
- Of the 7,493 drug arrests, over one-quarter (2,037 or 27%) included one or more felony drug charges. This represents a 37% increase over the previous 3-year average (2013-2015).



(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests, January - June 2016)

# DRUG USE

# Opioid Drug Claims, Percentage of Total Prescription Drug Claims by ZCTA, CMS 2013



(Source: Centers for Medicare and Medicaid Services CMS, 2013 as compiled by Community Commons 4/3/17)

An example of how to interpret the data shown in the above map include: the Pandora area has the third highest percentage of Opioid Drug Claims by the Zip Code Tabulation Area (ZCTA) according to the 2013 Centers for Medicare and Medicaid Services.

### Adult I WOMEN'S HEALTH

### **Key Findings**

In 2016, more than three-fifths (61%) of Putnam County women over the age of 40 reported having a mammogram in the past year. 70% of Putnam County women ages 19 and over had a clinical breast exam, and 50% had a Pap smear to detect cancer of the cervix in the past year. The Putnam County Health Assessment determined that 1% of women survived a heart attack and 1% survived a stroke at some time in their life. Two-fifths (40%) were obese, 23% had high blood pressure, 27% had high blood cholesterol. and 11% were identified as smokers, all known risk factors for cardiovascular diseases.

### Women's Health Screenings

- In 2016, 60% of women had a mammogram at some time in their life, and almost two fifths (20%) had this screen
  - and almost two-fifths (39%) had this screening in the past year.

### Putnam County Female Leading Causes of Death, 2013 – 2015

- 1. Heart Diseases (24% of all deaths)
- 2. Cancers (20%)
- 3. Alzheimer's disease (5%)
- 4. Influenza & Pneumonia (5%)
- 5. Chronic Lower Respiratory Diseases (5%)

(Source: CDC Wonder, 2013-2015)

### Ohio Female Leading Causes of Death, 2013 – 2015

- 1. Heart Diseases (23% of all deaths)
- 2. Cancers (21%)
- 3. Chronic Lower Respiratory Diseases (6%)
- 4. Stroke (6%)
- 5. Alzheimer's disease (5%)

(Source: CDC Wonder, 2013-2015)

- More than three-fifths (61%) of women ages 40 and over had a mammogram in the past year, and 77% had one in the past two years. The 2014 BRFSS reported that 72% of women 40 and over in Ohio and 73% in the U.S. had a mammogram in the past two years.
- Most (95%) Putnam County women have had a clinical breast exam at some time in their life, and 70% had one within the past year. More than four-fifths (84%) of women ages 40 and over had a clinical breast exam in the past two years. The 2010 BRFSS reported that 77% of women 40 and over in the U.S. and 75% in Ohio had a clinical breast exam in the past two years.
- This assessment identified that 89% of Putnam County women have had a Pap smear in their life and 50% reported having had the exam in the past year. 77% of women had a Pap smear in the past three years. The 2014 BRFSS indicated that 74% of Ohio and 75% of U.S. women had a Pap smear in the past three years.

### **Pregnancy**

- 28% of Putnam County women had been pregnant in the past 5 years.
- During their last pregnancy, Putnam County women got prenatal care in the first 3 months (88%), took a multi-vitamin with folic acid during pregnancy (79%), got a dental exam during pregnancy (55%), took folic acid during pregnancy (33%), took a multi-vitamin with folic acid pre-pregnancy (29%), received WIC services (29%), experienced depression (17%), experienced domestic violence (17%), took folic acid pre-pregnancy (8%), smoked cigarettes or used other tobacco products (6%), consumed alcoholic beverages (3%), used e-cigarettes (3%), and used opioids (3%).

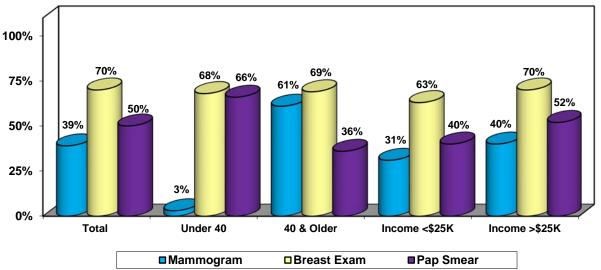


### Women's Health Concerns

- From 2013-2015, major cardiovascular diseases (heart disease and stroke) accounted for 26% of all female deaths in Putnam County (Source: CDC Wonder, Underlying Cause of Death).
- In 2016, the health assessment determined that 1% of women had survived a heart attack, and 1% had survived a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. Among women of Putnam County, the 2016 health assessment identified that:
  - o 71% were overweight or obese (61% Ohio, 58% U.S., 2015 BRFSS)
  - 27% were diagnosed with high blood cholesterol (36% Ohio, 35% U.S., 2015 BRFSS)
  - o 23% were diagnosed with high blood pressure (31% Ohio, 30% U.S., 2015 BRFSS)
  - o 11% were current smokers (20% Ohio, 15% U.S., 2015 BRFSS)
  - 4% had been diagnosed with diabetes (11% Ohio, 10% U.S., 2015 BRFSS)

The following graph shows the percentage of Putnam County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 39% of Putnam County females had a mammogram within the past year, 70% had a clinical breast exam, and 50% had a Pap smear.





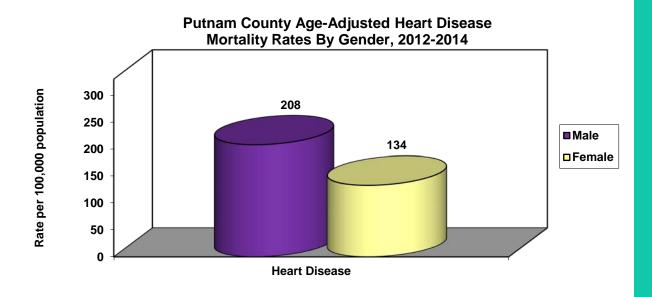
Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Had a mammogram in the past two years (age 40 & over)	77%	72%*	73%*
Had a clinical breast exam in the past two years (age 40 & over)	84%	75%**	77%**
Had a pap smear in the past three years	77%	74%*	75%*

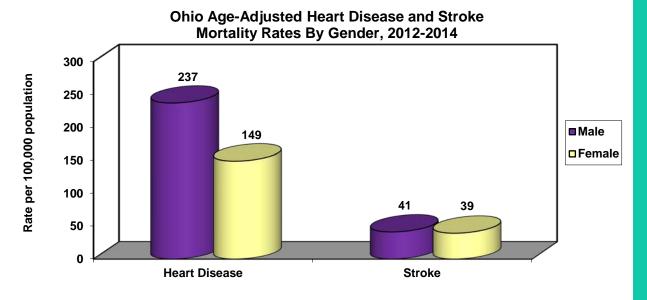
<sup>\*2014</sup> BRFSS

<sup>\*\*2013</sup> BRFSS Data

The following graphs show the Putnam County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

- From 2012-2014, the Putnam County female age-adjusted mortality rate was lower than the male age-adjusted mortality rate for heart disease.
- The Ohio female age-adjusted mortality rate was lower than the Ohio male age-adjusted mortality rate for both heart disease and stroke from 2012 to 2014.





(Source: Health Indicators Warehouse, 2012-2014)

### What Can I Do to Reduce My Risk of Breast Cancer?

Many factors can influence your breast cancer risk, and most women who develop breast cancer do not have any known risk factors or a history of the disease in their families. However, you can help lower your risk of breast cancer in the following ways:

- Keep a healthy weight.
- Exercise regularly (at least four hours a week).
- Get enough sleep.
- Don't drink alcohol, or limit alcohol drinks to no more than one per day.
- Avoid exposures to chemicals that can cause cancer (carcinogens).
- Try to reduce your exposure to radiation during medical tests like mammograms, X-rays, CT scans, and PET scans.
- If you are taking, or have been told to take, hormone replacement therapy or oral contraceptives (birth control pills), ask your doctor about the risks and find out if it is right for you.
- Breastfeed your babies, if possible.

If you have a family history of breast cancer or inherited changes in your BRCA1 and BRCA2 genes, you may have a higher breast cancer risk. Talk to your doctor about these ways of reducing your risk;

- Anti-estrogens or other medicines that block or decrease estrogen in your body.
- Surgery to reduce your risk of breast cancer
  - o Prophylactic (preventive) mastectomy (removal of breast tissue).
  - Prophylactic (preventive) salpingo-oophorectomy (removal of the ovaries and fallopian tubes).

(Sources: Centers for Disease Control and Prevention, What Can I Do to Reduce My Risk of Breast Cancer? Updated April 14, 2016)

### Binge Drinking: A Serious, Under Recognized Problem among Women and Girls

- Binge drinking for women is defined as consuming 4 or more alcohol drinks (beer, wine, or liquor) on an occasion.
- Binge drinking is a dangerous behavior but is not widely recognized as a women's health problem.
- Drinking too much results in about 23,000 deaths in women and girls each year.
- Binge drinking increases the chances of breast cancer, heart disease, sexually transmitted diseases, unintended pregnancy, and many other health problems.
- If women binge drink while pregnant, they risk exposing their developing baby to high levels of alcohol, increasing the chances the baby will be harmed by the mother's alcohol use.
- Drinking during pregnancy can lead to sudden infant death syndrome and fetal alcohol spectrum disorders.
- About 1 in 8 women aged 18 years and older and 1 in 5 high school girls binge drink. Women
  who binge drink do so frequently about 3 times a month and have about 6 drinks per
  binge.

(Sources: Centers for Disease Control and Prevention, Binge Drinking)

# Adult | MEN'S HEALTH Key Findings

In 2016, 47% of Putnam County males over the age of 50 reported having a Prostate-Specific Antigen (PSA) test. Major cardiovascular diseases (heart disease and stroke) accounted for 28% and cancers accounted for 18% of all male deaths in Putnam County from 2013-2015. The health assessment determined that 4% of men survived a heart attack and 1% survived a stroke at some time in their life. Almost two-fifths (38%) of men had been diagnosed with high blood pressure, 39% had high blood cholesterol, and 9% were identified as smokers, which, along with obesity (36%), are known risk factors for cardiovascular diseases.

### Men's Health Screenings and Concerns

More than two-fifths (45%) of Putnam County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 29% had one in the past year.

### Putnam County Male Leading Causes of Death, 2013 – 2015

- 1. Heart Diseases (25% of all deaths)
- 2. Cancers (18%)
- 3. Chronic Lower Respiratory Diseases (6%)
- 4. Influenza & Pneumonia (6%)
- 5. Accidents, Unintentional Injuries (5%)

(Source: CDC Wonder, 2013-2015)

### Ohio Male Leading Causes of Death, 2013 – 2015

- 1. Heart Diseases (25% of all deaths)
- 2. Cancers (23%)
- 3. Accidents, Unintentional Injuries (7%)
- 4. Chronic Lower Respiratory Diseases (6%)
- 5. Stroke (4%)

(Source: CDC Wonder, 2013-2015)

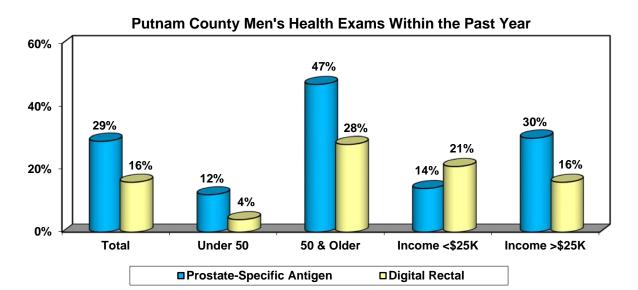
- 72% of males age 50 and over had a PSA test at some time in their life, and 47% had one in the past year.
- 50% of men had a digital rectal exam in their lifetime, and 16% had one in the past year.
- From 2013-2015, major cardiovascular diseases (heart disease and stroke) accounted for 28% of all male deaths in Putnam County (Source: CDC Wonder).

### 16% of Putnam County males had a digital rectal exam in the past year.

- In 2016, the health assessment determined that 4% of men had a heart attack and 1% had a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. Among men of Putnam County, the 2016 health assessment identified that:
  - o 77% were overweight or obese (71% Ohio, 71% U.S., 2015 BRFSS)
  - o 39% were diagnosed with high blood cholesterol (38% Ohio, 38% U.S., 2015 BRFSS)
  - o 38% were diagnosed with high blood pressure (38% Ohio, 34% U.S., 2015 BRFSS)
  - 13% had been diagnosed with diabetes (11% Ohio, 11% U.S., 2015 BRFSS)
  - 9% were current smokers (23% Ohio, 19% U.S., 2015 BRFSS)
- From 2013-2015, the leading cancer deaths for Putnam County males was lung cancer. Statistics from the same period for Ohio males indicate that lung, lymphoid, colon and rectum, and prostate cancers were the leading cancer deaths (Source: CDC Wonder).



The following graph shows the percentage of Putnam County male adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 29% of Putnam County males had a PSA test within the past year, and 16% had a digital rectal exam.



Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Had a PSA test within the past two years (age 40 & over)	55%	43%*	43%*

\*2014 BRFSS

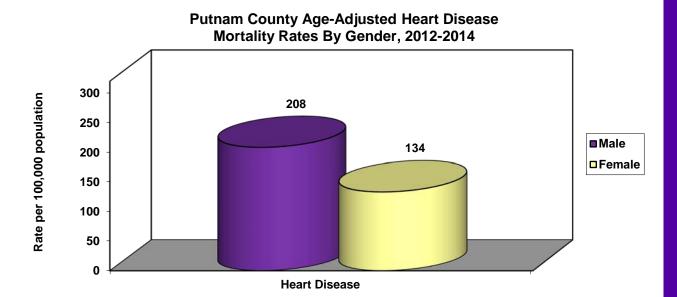
### Men's Health Data

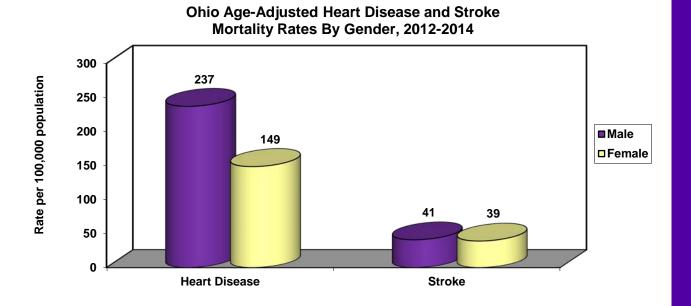
- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- o 21% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 31% had 5 or more drinks in 1 day at least once in the past year.
- Only 54% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- o 35% of men 20 years and over are obese.
- There are 15% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, April 27, 2016)

The following graphs show the Putnam County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases by gender. The graphs show:

- From 2012-2014, the Putnam County male age-adjusted mortality rate was higher than the female age-adjusted mortality rate for heart disease.
- The Ohio male age-adjusted mortality rate was higher than the Ohio female age-adjusted mortality rate for both heart disease and stroke from 2012 to 2014.

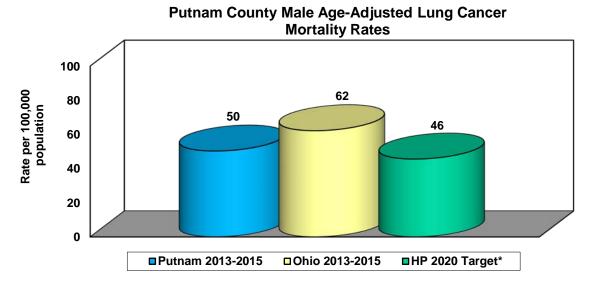




(Source: Health Indicators Warehouse, 2012-2014)

The following graph shows the Putnam County age-adjusted lung cancer mortality rates per 100,000 population for men with comparison to the Healthy People 2020 objective. The graph shows:

• From 2013-2015, the Putnam County age-adjusted mortality rate for male lung cancer was lower than the Ohio rate but higher than the Healthy People 2020 objective.



\*Note: the Healthy People 2020 target rates are not gender specific. (Source: CDC Wonder 2013-2015 and Healthy People 2020)

### **Prostate Cancer Awareness**

- Prostate cancer is the most common non-skin cancer among American men. Most prostate cancers grow slowly and don't cause any immediate health problems in men who have them.
- Men can have different symptoms for prostate cancer. Some men do not have symptoms at all. Some symptoms of prostate cancer are difficulty starting urination, frequent urination (especially at night), weak or interrupted flow of urine, and blood in the urine or semen.
- There is no way to know for sure if you will get prostate cancer. Men have a greater chance of getting prostate cancer if they are 50 years old or older, are African-American, or have a father, brother, or son who has had prostate cancer.
- Two tests are commonly used to screen for prostate cancer:
  - Digital rectal exam (DRE): A doctor, nurse, or other health care professional places a
    gloved finger into the rectum to feel the size, shape, and hardness of the prostate
    gland.
  - Prostate specific antigen test (PSA): PSA is a substance made by the prostate. The
    PSA test measures the level of PSA in the blood, which may be higher in men who
    have prostate cancer. However, other conditions such as an enlarged prostate,
    prostate infection and certain medical procedures also may increase PSA levels.

(Source: Center for Disease Control and Prevention, Prostate Cancer Awareness, August 28, 2016)

### Adult | PREVENTIVE MEDICINE

### **Key Findings**

In the past year, three-fourths (78%) of adults ages 65 and over had a flu vaccine. Nearly two-thirds (64%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.

### **Preventive Medicine**

- More than half (55%) of Putnam County adults had a flu vaccine in the past 12 months.
- 78% of Putnam County adults ages 65 and over had a flu vaccine in the past 12 months. The 2015 BRFSS reported that 58% of Ohio and 61% of U.S. adults ages 65 and over had a flu vaccine in the past 12 months.
- More than one-fourth (27%) of adults have had a pneumonia shot in their life, increasing to 80% of those ages 65 and over. The 2015 BRFSS reported that 72% of Ohio and 73% of U.S. adults ages 65 and over had a pneumonia shot in their life.
- Putnam County adults have had the following vaccines: tetanus /pertussis booster (including Tdap) in the past 10 years (76%), MMR in their lifetime (72%), chicken pox in their lifetime (41%), pneumonia vaccine in their lifetime (27%), Zoster (shingles) vaccine in their lifetime (19%), and human papillomavirus (HPV) vaccine in their lifetime (8%).

### **Preventive Health Screenings and Exams**

- Nearly two-thirds (64%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- In the past year, 61% of Putnam County women ages 40 and over have had a mammogram.
- In the past year, nearly half (47%) of men ages 50 and over have had a PSA test.
- See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Putnam County adults.

### **Putnam County Adult Health Screening Results**

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Cholesterol	33%
Diagnosed with High Blood Pressure	30%
Diagnosed with Diabetes	9%
Survived a Heart Attack	3%
Survived a Stroke	1%

(Percentages based on all Putnam County adults surveyed)

Adult Comparisons	Putnam County 2016	Ohio 2015	U.S. 2015
Had a pneumonia vaccination (ages 65 and over)	80%	72%	73%
Had a flu vaccine in the past year (ages 65 and over)	78%	58%	61%
Had a sigmoidoscopy/colonoscopy in the past 5 years (ages 50 and over)	64%	68%*	69%*

<sup>\*2014</sup> BRFSS

### **Healthy People 2020**

### Immunization and Infectious Diseases (IID)

Objective	Putnam County 2016	Ohio 2015	U.S. 2015	Healthy People 2020 Target
IID-13.1: Increase the percentage of non- institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	80%	72%	73%	90%

\*U.S. baseline is age-adjusted to the 2000 population standard (Sources: Healthy People 2020 Objectives, 2013 BRFSS, 2015 Putnam County Health Assessment)

### Who Should Get a Yearly Flu Shot?

The following groups are recommended to get a yearly flu vaccine:

- All persons aged 6 months and older should be vaccinated annually.
- When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
  - Are aged 6 months through 4 years.
  - Are aged 50 years and older.
  - Age aged 6 months through 18 years and receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye syndrome after influenza virus infection.
  - Have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus).
  - Are or will be pregnant during the influenza season.
  - Are American Indians/Alaska Natives.
  - Are morbidly obese (body-mass index is 40 or greater).
  - Are health-care personnel.
  - Are household contacts and caregivers of children aged younger than 5 years and adults aged 50 years and older, with particular emphasis on vaccinating contacts of children aged younger than 6 months.
  - Are residents of nursing homes and other chronic-care facilities.
  - Are immunosuppressed (including immunosuppression caused by medications or by Human Immunodeficiency Virus)
  - Are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

(Source: CDC, Seasonal Influenza (Flu), Who Should Get Vaccinated Against Influenza, Updated September. 7 2016)

### Adult | SEXUAL BEHAVIOR

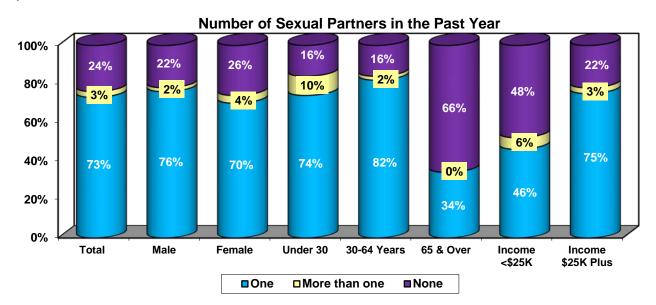
### **Key Findings**

In 2016, nearly three-fourths (76%) of Putnam County adults had sexual intercourse. Three percent of adults had more than one partner. CDC estimates that youth ages 15-24 make up just over one quarter of the sexually active population, but account for half of the 20 million new sexually transmitted infections that occur in the United States each year (Source: CDC, STDs in Adolescents and Young Adults, 2016 STD Surveillance).

### **Adult Sexual Behavior**

- 3% of adults reported they had intercourse with more than one partner in the past year, increasing to 10% of those under the age of 30.
- Putnam County adults used the following methods of birth control: they or their partner were too old (18%), vasectomy (18%), hysterectomy (13%), birth control pill (12%), condoms (12%), abstinence (11%), tubes tied (11%), rhythm method (6%), infertility (4%), ovaries or testicles removed (4%), withdrawal (3%), IUD (1%), shots (1%), and diaphragm (<1%).
- 15% of Putnam County adults were not using any method of birth control.
- The following situations applied to Putnam County adults in the past year: had anal sex without a condom (2%), tested for an STD (2%), had sex with someone they did not know (1%), tested positive for Hepatitis C (1%), treated for an STD (1%), had sexual intercourse with someone of the same gender (<1%), and used intravenous drugs (<1%).</p>
- 4% of adults have been forced into sexual activity when they did not want to, increasing to 7% of females and 11% of those with incomes less than \$25,000.

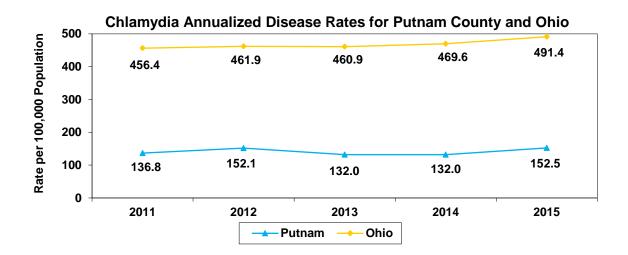
The following graph shows the sexual activity of Putnam County adults. Examples of how to interpret the information in the graph include: 73% of all Putnam County adults had one sexual partner in the last 12 months, and 3% had more than one.

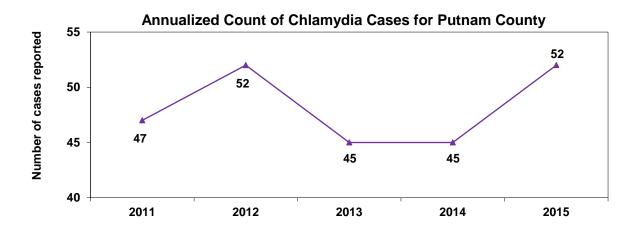


Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

The following graphs show Putnam County chlamydia disease rates per 100,000 population reported through May 15, 2016 by the Ohio Department of Health.

Putnam County rates remained below the Ohio rates from 2011-2015.

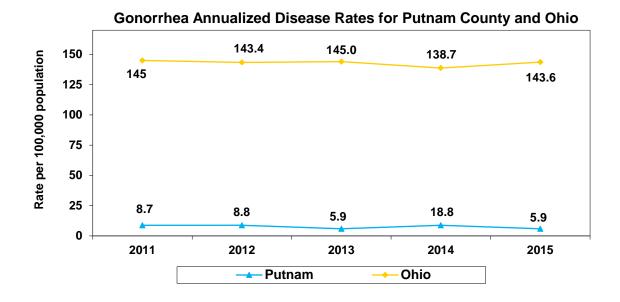


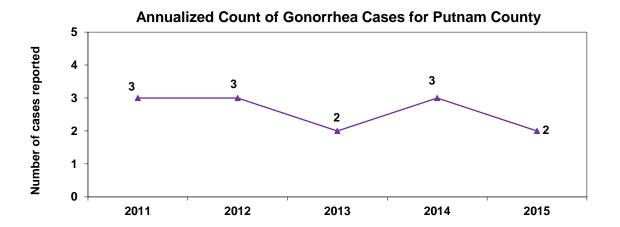


(Source for graphs: ODH, STD Surveillance, data reported through 5-15-16)

In 2015, the U.S. rate for new chlamydia cases was 479 per 100,000 population (Source: CDC, STD Trends in the U.S., 2015).

The following graphs show Putnam County gonorrhea disease rates per 100,000 population reported through May 15, 2016 by the Ohio Department of Health.





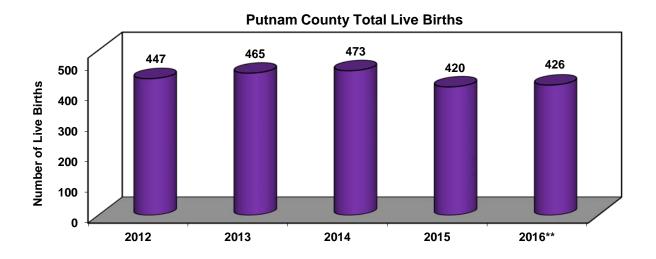
(Source for graphs: ODH, STD Surveillance, data reported through 5-15-16)

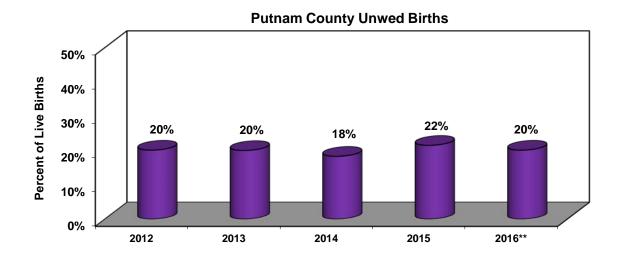
• The Healthy People 2020 Objective for gonorrhea is 257 new female and 198 new male cases per 100,000 population.

### **Pregnancy Outcomes**

\*Please note that the pregnancy outcomes data includes all births to adults and adolescents.

• From 2012-2016, there was an average of 446 live births per year in Putnam County.





(Source for graphs: ODH Information Warehouse Updated 1-29-17)

\*\* - Indicates preliminary data that may change

### Adult I QUALITY OF LIFE

### **Key Findings**

In 2016, 18% of Putnam County adults were limited in some way because of a physical, mental or emotional problem.

### **Impairments and Health Problems**

In 2016, nearly one-fifth (18%) of Putnam County adults were limited in some way because of a physical, mental or emotional problem (21% Ohio, 21% U.S., 2015 BRFSS), increasing to 28% of those ages 65 and older.

# Preventing High Blood Pressure: Healthy Living Habits

By living a healthy lifestyle, you can help keep your blood pressure in a healthy range and lower your risk for heart disease and stroke. A healthy lifestyle includes:

- Eating a healthy diet
- Maintaining a healthy weight
- Getting enough physical activity
- Not smoking
- Limiting alcohol use

(Source: CDC, High Blood Pressure)

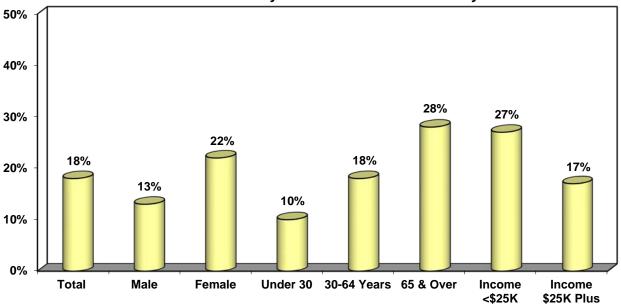
- Among those who were limited in some way, the following most limiting problems or impairments were reported: arthritis/rheumatism (39%); back or neck problems (33%); stress, depression, anxiety, or emotional problems (22%); walking problems (19%); chronic pain (17%); fractures, bone/joint injuries (14%); chronic illness (13%); fitness level (13%); sleep problems (12%); lung/breathing problems (11%); hearing problems (8%); mental illness/disorder (7%); eye/vision problems (5%); dental problems (4%); learning disability (4%); substance dependency (1%); and drug addiction (1%).
- In the past year, Putnam County adults reported needing the following services: eyeglasses or vision services (34%); pain management (6%); help with routine needs (4%); a cane (4%); a walker (4%); hearing aids or hearing care (3%); help with personal care needs (2%); medical supplies (2%); mobility aids or devices (1%); a wheelchair (1%); oxygen or respiratory support (1%); durable medical equipment (<1%); a personal emergency response system (<1%); a special bed (<1%); and a wheelchair ramp (<1%).
- Putnam County adults were responsible for providing regular care or assistance to the following: multiple children (26%); elderly parent or loved one (5%); a friend, family member, or spouse with health problems (5%); grandchildren (5%); an adult child (3%); someone with special needs (3%); children with discipline issues (2%); a friend, family member, or spouse with a mental health issue (1%); foster children (<1%); and a friend, family member, or spouse with dementia (<1%).
- Putnam County adults reported their entire family sat down and ate a meal together an average of 3.7 times in the past week. Nearly one-fourth (22%) of adults indicated their family sat down and ate a meal together every day of the week. 19% of adults reported their family did not sit down and eat a meal together in the past week.
- 20% of adults have fallen in the past year, increasing to 31% of those ages 65 and older.

Adult Comparison	Putnam County 2016	Ohio 2015	U.S 2015
Limited in some way because of a physical, mental, or emotional problems	18%	21%	21%

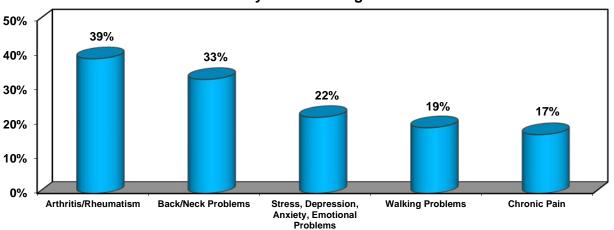


The following graphs show the percentage of Putnam County adults that were limited in some way and the most limiting health problems. Examples of how to interpret the information shown on the graph include: 18% of Putnam County adults were limited in some way, 22% of females and 28% of those 65 and older.

**Putnam County Adults Limited in Some Way** 



**Putnam County Most Limiting Health Problems** 



Healthy People 2020

### Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Putnam County 2016	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	39%	36%

\*U.S. baseline is age-adjusted to the 2000 population standard (Sources: Healthy People 2020 Objectives, 2016 Putnam County Health Assessment)

## Adult | SOCIAL DETERMINANTS OF HEALTH

### **Key Findings**

In 2016, 20% of Putnam County adults were abused at some point in their lifetime (including physical, sexual, emotional, financial, and verbal abuse). 55% of adults reported having firearms in and around their homes.

### **Healthy People 2020**

- Healthy People 2020 developed five key determinants as a "place-based" organizing framework. These five determinants include:
  - Economic stability
  - Education
  - Social and community context
  - Health and health care
  - Neighborhood and built environment



### **Economic Stability**

- Putnam County adults received assistance in the following areas in the past year: healthcare (8%), Medicare (7%), food (4%), prescription assistance (4%), utilities (4%), mental illness issues (4%), dental care (3%), free tax preparation (3%), employment (2%), home repair (2%), legal aid services (1%), rent/mortgage (1%), transportation (1%), unplanned pregnancy (1%), affordable childcare (<1%), and clothing (<1%).
- Adults experienced the following in the past year: had to choose between paying bills and buying food (7%), went hungry/ate less to provide more food for their family (4%), worried food might run out (3%), did not eat because they did not have enough money for food (2%), loss of income led to food insecurity issues (2%), and their food assistance was cut (1%).
- 7% of Putnam County adults needed help meeting their general daily needs such as food, clothing, shelter or paying for utilities in the past month, increasing to 33% of those with incomes less than \$25,000.
- 49% of adults reported less than thirty percent of their household income went to their housing. 24% said thirty to fifty percent, and 9% said fifty percent or more of their income went to housing.
- 83% of adults reported they owned their home. 9% said they rented. 7% of adults reported they had another arrangement, and 1% did not know.
- The median household income in Putnam County was \$60,036. The U.S. Census Bureau reports median income levels of \$48,138 for Ohio and \$53,657 for the U.S. (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2015).
- 7% of all Putnam County residents were living in poverty, and 9% of children and youth ages
   0-17 were living in poverty (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2015).
- The unemployment rate for Putnam County was 4.4, as of February 2017 (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).

There were 13,768 housing units. The owner-occupied housing unit rate was 83%. Rent in Putnam County cost an average of \$684 per month (Source: U.S. Census Bureau, American Community Survey, 2011-2015).

### **Education**

- 93% of Putnam County adults 25 years and over had a high school diploma or higher (Source: U.S. Census Bureau, American Community Survey, 2011-2015).
- 19% of Putnam County adults 25 years and over had at least a bachelor's degree (Source: U.S. Census Bureau, American Community Survey, 2011-2015).

### **Health and Health Care**

- In the past year, 5% of adults were uninsured, increasing to 7% of those with incomes less than \$25,000.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Putnam County adults.

### Social Determinants of Health

- Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live.
- Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.
- Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health—including both social and physical determinants.

(Source: HealthyPeople2020, Retrieved May 19-2016)

### **Social and Community Context**

Putnam County adults experienced the following in the past 12 months: a close family member went to the hospital (29%); death of a family member or close friend (26%); had bills they could not pay (10%); moved to a new address (5%); someone in their household lost their job/had their hours reduced at work (4%); were threatened or abused by someone physically, emotionally, sexually, or verbally (4%); their child was threatened or abused by someone physically, emotionally, sexually, or verbally (2%); household income was cut by 50% (2%); witnessed someone on their family being hit or slapped (2%); became separated or divorced (1%); had someone homeless living with them (1%); were homeless (1%); and knew someone who lived in a hotel (<1%).

- Putnam County adults experienced the following adverse childhood experiences (ACEs): a parent or adult in their home swore at, insulted, or put them down (14%); their parents became separated or were divorced (11%); lived with someone who was a problem drinker or alcoholic (10%); lived with someone who was depressed, mentally ill, or suicidal (7%); someone at least 5 years older than them or an adult touched them sexually (6%); their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (6%); a parent or adult in their home hit, beat, kicked, or physically hurt them (5%); their family did not look out for each other, feel close to each other, or support each other (4%); someone at least 5 years older than them or an adult tried to make them touch them sexually (3%); lived with someone who used illegal street drugs, or who abused prescription medications (2%); lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (2%); someone at least 5 years older than them or an adult forced them to have sex (2%); their parents were not married (2%); and they did not have enough to eat, had to wear dirty clothes, and had no one to protect them (1%).
- 11% of Putnam County adults had 3 or more ACEs in their lifetime, increasing to 14% of those with incomes less than \$25,000.

### Adverse Childhood Experiences (ACE)

- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACE) are common. The most common are separated or divorced parents, verbal, physical or sexual abuse, witness of domestic violence, and having a family member with depression or mental illness.
- According to the CDC, 59% of people surveyed in 5 states in 2009 reported having had at least one ACE while 9% reported five or more ACEs.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:

Depression

Fetal death

Illicit drug use

Liver disease

o STD's

Multiple sexual partners

Alcoholism and alcohol abuse

COPD

Unintended pregnancies

Suicide attempts

Early initiation of smoking

Risk for intimate partner violence

- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.
- Studies are finding that there is a repetitive does-response relationship between ACE and levels of exposure. A dose-response means that as the dose of the stressor increases, the intensity of the outcome will increase as well. As the number of ACEs increase so does the risk for the following:

Myocardial Infarction

Mental Distress

Unemployment

Diabetes

Asthma

Disability

Stroke

Lowered educational

attainment

(Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Data, 2009-2014. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2015)

- 1% of adults reported they had engaged in any type of sexual activity in exchange for something of value such as food, drugs, shelter or money.
- 20% of Putnam County adults were abused at some point in their lives. Of those abused, 31% had been abused by multiple people. They were abused by the following: a spouse or partner (58%), someone outside their home (28%), a parent (26%), another family member (13%), a child (4%), a paid caregiver (2%), and someone else (8%).
- Adults who were abused were abused in the following ways: verbally (63%), emotionally (57%), physically (42%), sexually (29%), financially (26%), and through electronic methods (21%).
- Putnam County adults had the following transportation issues: could not afford gas (3%), no car (1%), no public transportation available or accessible (1%), did not feel safe to drive (1%), disabled (<1%), no car insurance (<1%), and other car issues/expenses (1%).</p>
- 51% of adults reported gambling. Among those who reported gambling, 1% reported doing so daily, and 58% reported gambling once or twice a year.
- Adults who reported gambling reported experiencing the following due to gambling: gambling while drunk or high (1%), gambling with larger amounts of money to get the same excitement (<1%), and lying to family members or others to hide their gambling (<1%).</li>
- Putnam County adults reported that they or a family member had the following literacy needs: learning computer skills (7%); reading and understanding instructions (3%); completing a job application (2%); and reading a map, signs, food ingredient labels, etc. (2%).

### **Neighborhood and Built Environment**

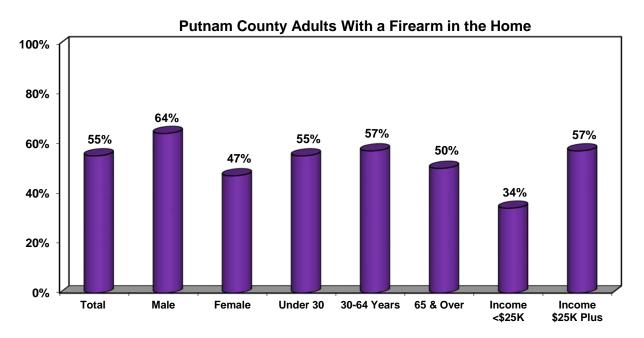
- More than half (55%) of Putnam County adults kept a firearm in or around their home. 3% of adults reported they were unlocked and loaded.
- Putnam County adults reported doing the following while driving: talking on hand-held cell phone (47%), eating (43%), talking on hands-free cell phone (24%), texting (18%), not wearing a seatbelt (14%), using internet on their cell phone (5%), being under the influence of prescription drugs (1%), reading (1%), being under the influence of recreational drugs (1%), and other activities (such as applying makeup, shaving, etc.). (<1%).
- 30% of Putnam County adults thought their neighborhood was extremely safe from crime. 62% reported their neighborhood was quite safe, 5% said slightly safe, and <1% reported not at all safe from crime.</p>
- Putnam County adults thought the following threatened their health in the past year.
  - Insects (11%)
  - Mold (8%)
  - Rodents (4%)
  - Agricultural chemicals (3%)
  - Air quality (3%)
  - Chemicals found in products (3%)
  - Temperature regulation (3%)

- Plumbing problems (2%)
- Sewage/waste water problems (2%)
- Unsafe water supply/wells (2%)
- Bed bugs (1%)
- Cockroaches (1%)
- Lead paint (<1%)</li>
- Lice (<1%)</li>

### Veterans' Affairs

- 44% of Putnam County adults reported that someone in their immediate family had served in the military in the past 10-15 years.
- As a result of their military service, adults reported their immediate family members were affected by the following: had access to medical care at a VA facility (5%), post-traumatic stress disorder (PTSD) (4%), major health problems due to injury (3%), had access to medical care at a non-VA facility (3%), marital problems (3%), had access to mental health treatment (1%), inability to find/keep a job (<1%), problems getting VA benefits (<1%), problems getting information on VA eligibility and applying (<1%), housing issues (<1%), and incarceration/reentry (<1%). 90% did not have any problems listed. Total may not equal 100% as respondents could answer more than one option.

The following graph shows the percentage of Putnam County adults that had a firearm in the home. Examples of how to interpret the information shown on the first graph include: 55% of all Putnam County adults had a firearm in their home, 64% of males and 57% of those ages 30-64.



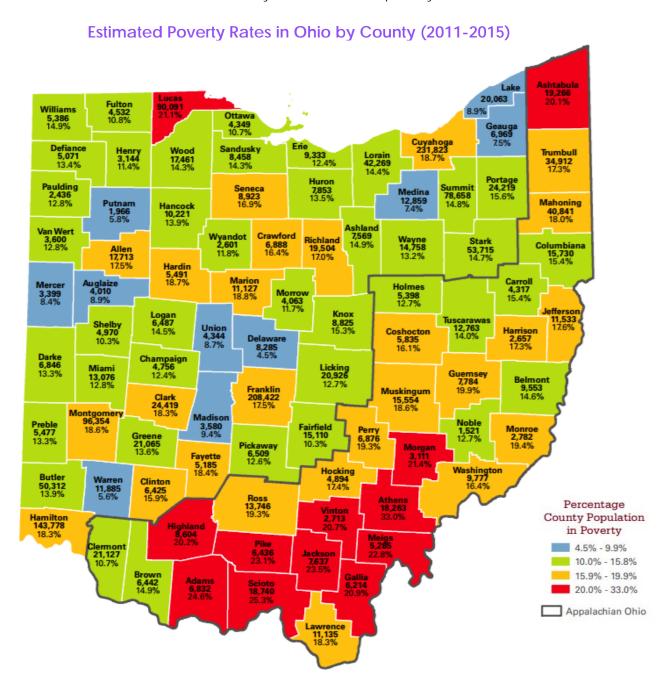
### Victims of Gun Violence in America

- More than 100,000 people are shot in murders, assaults, suicides, and suicide attempts, accidents or by police intervention in America in an average year.
  - o 33,880 people die from gun violence and 78,815 people survive gun injuries.
- Every day, an average of 309 people are shot in America. Of those 309 people, 93 people die and 216 are shot, but survive.
  - Of the 309 people who are shot every day, an average of 48 are children and teens.
  - o Of the 93 people who die, 32 are murdered, 58 are suicides, 2 die accidently and 1 with an unknown intent.
  - Of the 216 people who are shot but survive, 159 are from assault, 43 are shot accidently, 11 are suicide attempts, 3 are police interventions and 1 is of unknown intent.

(Source: Brady Campaign to Prevent Gun Violence, "There Are Too Many Victims of Gun Violence" fact sheet)

## The map below shows the variation in poverty rates across Ohio during the 2011-15 period.

- The 2011-2015 American Community Survey 5 year estimates that approximately 1,775,836 Ohio residents or 15.8% of the population were in poverty.
- From 2011-2015, 6% of Putnam County residents were in poverty.



Source: 2011-2015 American Community Survey 5-year estimates, as compiled by Ohio Development Services Agency,
Office of Research, Ohio Poverty Report, February 2017)

# Adult | MENTAL HEALTH AND SUICIDE

## **Key Findings**

In 2016, 3% of Putnam County adults considered attempting suicide. 7% of adults used a program or service to help with depression, anxiety, or emotional problems.

## **Adult Mental Health**

- 9% of Putnam County adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities, increasing to 15% of those with incomes less than \$25,000.
- 3% of Putnam County adults considered attempting suicide in the past year.
- Less than one percent (<1%) of adults reported attempting suicide in the past year.

## **Suicide Facts**

- o 44,193 people in the U.S. died from suicide, and 1,104,825 people attempted suicide in the 2015.
- An average of one person killed themselves every 11.9 minutes
- Suicide is the 10<sup>th</sup> ranking cause of death in the U.S.
- For every female death by suicide, there are 3.3 male deaths.
- o In 2015, there were 1,650 suicide deaths in Ohio
- The leading suicide methods included:
  - Firearm suicides (49.8%)
  - Suffocation/Hanging (26.8%)
  - Poisoning (15.4%)
  - Cutting/Piercing (1.7%)
  - Drowning (1.2%)

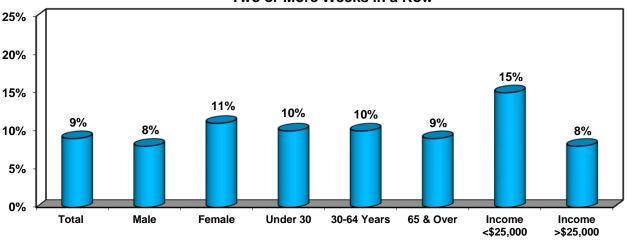
(Sources: American Association of Suicidology, Facts & Statistics, Updated in 2015)

- Putnam County adults reported they or a family member were diagnosed with or treated for the following mental health issues: depression (34%), anxiety or emotional problems (32%), an anxiety disorder (19%), attention deficit disorder (ADD/ADHD) (13%), alcohol and illicit drug abuse (13%), bipolar (9%), developmental disability (6%), post-traumatic stress disorder (PTSD) (6%), other mental health disorder (6%), other trauma (5%), a psychotic disorder (4%), autism spectrum (4%), and a life-adjustment disorder (3%). 26% indicated they or a family member had taken medication for one or more mental health issues.
- Putnam County adults indicated the following caused them anxiety, stress or depression: job stress (39%), financial stress (34%), death of close family member or friend (16%), marital/dating relationship (16%), fighting at home (15%), poverty/no money (13%), sick family member (11%), other stress at home (10%), caring for a parent (6%), divorce/separation (5%), family member with mental illness (4%), unemployment (3%), not having enough to eat (1%), not feeling safe in the community (1%), sexual orientation/gender identity (1%), not feeling safe at home (1%), not having a place to live (<1%), and other causes (5%).
- Putnam County adults dealt with stress in the following ways: prayer/meditation (43%), talked to someone they trust (39%), ate more or less than normal (29%), exercised (27%), slept (26%), worked on a hobby (21%), listened to music (20%), worked (19%), drank alcohol (17%), took it out on others (9%), smoked tobacco (7%), used prescription drugs as prescribed (6%), used illegal drugs (1%), misused prescription drugs (<1%), and other ways (8%).
- Putnam County adults received the social and emotional support they needed from the following: family (75%), friends (62%), God/prayer (45%), church (29%), neighbors (7%), community (4%), a professional (3%), Internet (1%), online support group (1%), self-help group (1%), and other (4%).

7% of Putnam County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included: had not thought of it (11%), could not afford to go (4%), stigma of seeking mental health services (4%), fear (4%), other priorities (3%), co-pay/deductible too high (2%), did not know how to find a program (1%), could not get to the office/clinic (1%), transportation (1%), and other reasons (2%). 65% of adults indicated they did not need such a program.

The following graph shows Putnam County adults who felt sad or hopeless for two or more weeks in a row in the past year. Examples of how to interpret the information includes: 9% of all Putnam County adults felt sad or hopeless for two or more weeks in a row; specifically, 8% of males and 11% of females were afflicted.



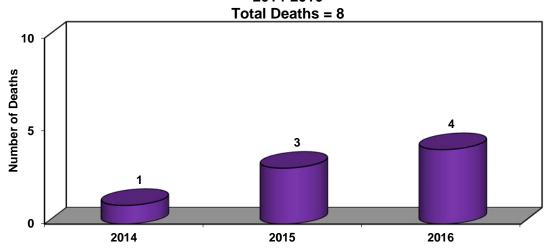


(Source: 2016 Putnam County Health Assessment)

The graph below shows the Putnam County suicide counts from 2014-2016.

- From 2014-2016, 88% of suicide deaths in Putnam County were male.
- From 2014-2016, over three-fifths (63%) of all suicide deaths in Putnam County occurred in residents ages 50 and older.

Putnam County Number of Suicide Deaths 2014-2016



(Source: Putnam County Sheriff's Office and Putnam County Health Department)

Primary Mental Health Diagnosis by Fiscal Year (July 1 – June 30)

Primary Mental Health Diagnosis	FY 2014	FY 2015	FY 2016*
Adjustment Reactions	183	172	180
Depressive Disorders	193	212	156
Bipolar Disorders	70	66	66
Mood Disorders	2	11	35
Schizophrenia	36	27	25
Anxiety Disorders	46	66	65
Attention Deficit Disorders	24	39	30

<sup>\*</sup>FY 2016 figures include diagnoses of those in jail setting

(Source: Pathways Counseling Center, Ottawa OH)

Suicide Calls to Putnam County Sheriff's Office

	2014	2015	2016
Suicide Threat	30	46	24
Suicide Attempt	15	12	13
Suicide	1	3	4

(Source: Putnam County Sheriff's Office and Putnam County Health Department Vital Statistics)

# Adult | ORAL HEALTH

## **Key Findings**

The 2016 health assessment determined that four-fifths (80%) of Putnam County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.

# Putnam County Dental Care Resources – 2012

- Number of licensed dentists- 6
- Number of primary care dentists- 6
- Ratio of population per dentist- 5,700:1
- Number of dentists who treat Medicaid patients- 6
- Ratio of Medicaid population per dentist who treats Medicaid patients- 769:1

(Source: Ohio Department of Health (ODH))

## **Access to Dental Care**

- In the past year, 80% of Putnam County adults had visited a dentist or dental clinic, decreasing to 64% of those with incomes less than \$25,000.
- The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.
- Almost nine out of ten (89%) of Putnam County adults with dental insurance have been to the dentist in the past year, compared to 72% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the past year, 31% said cost; 21% had no oral health problems/had not thought of it; 11% had dentures; 10% indicated multiple reasons; 8% had other priorities; 8% said fear, apprehension, nervousness, pain, and dislike going; 5% did not have/know a dentist; 4% said their dentist did not accept their medical coverage; 1% could not find a dentist who took Medicaid; and 1% could not get into a dentist.
- Nearly one-third (31%) of adults had one or more of their permanent teeth removed, increasing to 61% of those ages 65 and over. The 2014 BRFSS reported that 43% of U.S. adults and 47% of Ohio adults had one or more permanent teeth removed.
- 8% of Putnam County adults ages 65 and over had all their permanent teeth removed. The 2014 BRFSS reported that 15% of U.S. adults and 18% of Ohio adults ages 65 and over had all their permanent teeth removed.

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	78%	5%	7%	6%	1%
Females	81%	8%	4%	5%	<1%
Total	80%	7%	5%	6%	1%

County adults had been to the dentist in the past year, specifically, 81% of those under the age of 30 and 64% of those with incomes less than \$25,000. Putnam County Adults Visiting a Dentist in the Past Year 100% 81% 82% 81% 81% 80% 78% 80% 71% 64% 60% 40% 20% 0% Total Males **Females** Under 30 30-64 Years 65 & Over Income Income <\$25K \$25K Plus Totals may not equal 100% as some respondents answered do not know. **Putnam** Ohio U.S. **Adult Comparisons** County 2015 2015 2016 Adults who have visited the dentist in the past 80% 65%\* 65%\* year Adults who have had one or more permanent 31% 47%\* 43%\* teeth removed Adults 65 years and older who had all of their 8% 18%\* 15%\*

The following graph provides information about the frequency of Putnam County adult dental visits. Examples of how to interpret the information on the first graph include: 80% of all Putnam

## \*2014 BRFSS

## **Oral Health in Older Adults**

- Older adults are at risk for getting cavities, gum disease and mouth cancer and these may not cause any pain or discomfort until they are advanced.
- Everyone needs to see their dentist for a checkup at least once a year preferably
- People without natural teeth are at risk for mouth cancer as well as gum problems. Denture wearers need to have their mouth and their dentures checked at least once a year.
- As with many other cancers, older adults are more likely to get mouth cancer than younger people.
- Everyone is at a greater risk of getting mouth cancer if they use tobacco, drink alcohol a lot, or are repeatedly exposed to the sunlight.
- Severe gum disease has also been associated with pneumonia in long-term care patients, heart disease, stroke, and poor diabetic control.
- Periodontal disease can be prevented by:

permanent teeth removed

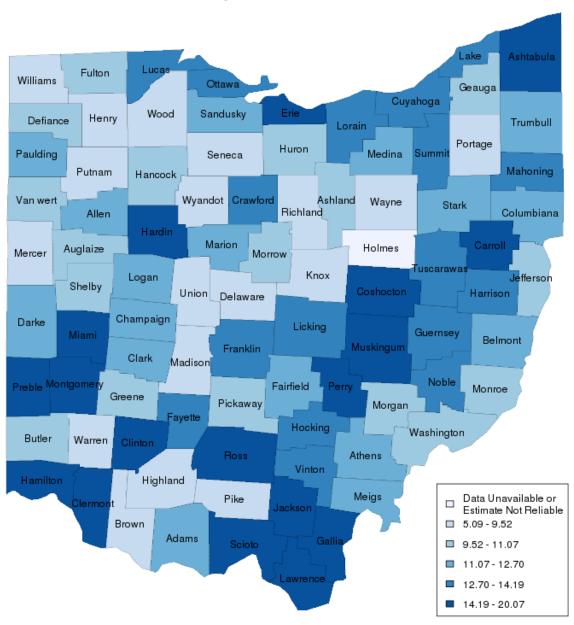
- Cleaning your teeth and gums thoroughly every day.
- Getting regular checkups from your dentist.
- Following the advice of your dentist and dental hygienist.

(Source: American Dental Association: Oral Longevity Questions and Answer)

The following map shows the estimated proportion of all adults, ages 19 years and older with family incomes at 0% Federal Poverty Level (FPL) or more with unmet needs in dental care.

- 5% of Putnam County adults ages 19 years and older had unmet needs in dental care.
- 13% of Ohio adults ages 19 years and older had unmet needs in dental care.

# Estimated Proportion: Unmet Needs in Dental Care, All Adults, Ages 19 Years and Older (2015)



(Source: The Adult Ohio Medicaid Assessment Survey (OMAS) Dashboard, 2015)

# Adult | PARENTING Key Findings

The 2016 health assessment project identified that 60% of parents reported their child always rode in a car seat when a passenger in the car.

# **Parenting**

- 60% of parents reported their child always rode in a car seat when a passenger in a car. 34% of parents indicated their child was too big for a car seat.
- More than one-third (35%) of parents reported their child always used a booster seat. 28% of parents reported their child was too small for a booster seat, and 29% reported their child was over 4'9" and 80 pounds.
- Of the children eligible by height and weight requirements, 85% always wore a seatbelt without a booster seat, and 5% seldom or never wore a seatbelt without a booster seat.

## **Child Passenger Safety Facts**

- o In the United States during 2014, 602 children ages 12 years and younger died as occupants in motor vehicle crashes, and more than 121,350 were injured.
- One CDC study found that, in one year, more than 618,000 children ages 0-12 rode in vehicles without the use of a child safety seat or booster seat or a seat belt at least some of the time.
- More than two-thirds of fatally injured children were killed while riding with a drinking driver.
- Restraint use among young children often depends upon the driver's seat belt use. Of the children ages 12 years and younger who died in a crash in 2014, 34% were not buckled up.
- Booster seats reduce the risk for serious injury by 45% for children ages 4 to 8 years.
- O Child safety seats reduce the risk of death in passenger cars by 71% for infants and by 54% for toddlers ages 1 to 4 years.
- Child restraint systems are often used incorrectly. An estimated 46% of car and booster seats (59% of car seats and 20% of booster seats) are misused in a way that could reduce their effectiveness.

(Sources: CDC, Injury Prevention & Control: Motor Vehicle Safety, Updated: February 8, 2016)

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# Appendix I PUTNAM COUNTY HEALTH ASSESSMENT INFORMATION SOURCES

Source	Data Used	Website
American Association of Suicidology	Suicide Facts	www.suicidology.org/P ortals/14/docs/Resour ces/FactSheets/2015/2 015datapgsv1.pdf
American Cancer Society, Cancer Facts and Figures 2017. Atlanta: ACS, 2017	<ul><li>2017 Cancer Facts, Figures, and Estimates</li><li>Nutrition Recommendations</li></ul>	www.cancer.org
American College of Allergy, Asthma & Immunology	<ul> <li>Asthma Facts</li> </ul>	http://acaai.org/news /facts-statistics/asthma
American Dental Association	Oral Health in Older Adults	www.researchamerica .org/sites/default/files/ Oral%20Health%20in%2 0Older%20Americans. pdf
American Diabetes Association	<ul><li>Type 1 and 2 Diabetes</li><li>Risk Factors for Diabetes</li><li>Diabetes Facts</li></ul>	www.diabetes.org
American Heart Association, 2015	<ul> <li>Smoke-free Living: Benefits &amp; Milestones</li> </ul>	www.heart.org/HEART ORG/HealthyLiving/Qu itSmoking/YourNon- SmokingLife/Smoke- free-Living-Benefits- Milestones_UCM_32271 1_Article.jsp
Arthritis at a Glance, 2016	<ul> <li>Arthritis: Improving the Quality of Life for People with Arthritis</li> </ul>	https://www.cdc.gov/ chronicdisease/resour ces/publications/aag/ pdf/2016/aag- arthritis.pdf
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul> <li>2009 - 2015 Adult Ohio and U.S. Correlating Statistics</li> </ul>	www.cdc.gov
Brady Campaign to Prevent Gun Violence	<ul><li>Victims of Gun Violence</li></ul>	www.bradycampaign. org/sites/default/files/ brady-gun-deaths- fact-sheet_jan2017.pdf

Source	Data Used	Website
Center for Disease Control and Prevention (CDC)	<ul> <li>Adverse Childhood Experience(ACE)</li> <li>Asthma Attacks</li> <li>Binge Drinking Among Women</li> <li>Caffeinated Alcohol Beverages</li> <li>Cancer and Men</li> <li>Distracted Driving</li> <li>Health Care Access Among the Employed and Unemployed</li> <li>Health Insurance Coverage</li> <li>Health Care Access and Utilization</li> <li>High Blood Pressure</li> <li>HIV in the U.S.</li> <li>Heart Health and Stroke Facts</li> <li>Obesity Facts</li> <li>Oral Health</li> <li>Skin Cancer Prevention</li> <li>Smoking Facts</li> <li>Tips for Parents</li> <li>Yearly Flu Shots</li> </ul>	www.cdc.gov
CDC, Arthritis	<ul> <li>Key Public Health Messages</li> </ul>	www.cdc.gov/arthritis/ basics/key.htm
CDC, National Center for Health Statistics	<ul><li>Men's Health</li></ul>	https://www.cdc.gov/ nchs/
CDC, Physical Activity for Everyone	<ul><li>Physical Activity Recommendations</li></ul>	www.cdc.gov/physica lactivity/everyone/gui delines/adults.html
CDC, Sexually Transmitted Diseases Surveillance, 2015	<ul><li>U.S. Chlamydia and Gonorrhea Rates</li><li>U.S. STD Surveillance Profile</li></ul>	www.cdc.gov/std/stat s/
CDC, Vaccine Safety, Human Papillomavirus (HPV)	<ul> <li>Human Papillomavirus</li> </ul>	www.cdc.gov/vaccin esafety/vaccines/HPV /Index.html
CDC, Wonder	<ul> <li>About Underlying Cause of Death, 1999-2014</li> </ul>	http://wonder.cdc.go v/ucd-icd10.html
Community Commons	<ul> <li>Cigarette Expenditures</li> <li>Alcohol Beverage         <ul> <li>Expenditures</li> </ul> </li> <li>Beer, Wine and Liquor Stores</li> <li>Bars and Drinking         <ul> <li>Establishments</li> </ul> </li> </ul>	www.communitycom mons.org/

# APPENDIX

Source	Data Used	Website
Health Indicators Warehouse	<ul><li>Heart Disease and Stroke Mortality Rates</li><li>Chronic Lower Respiratory Disease Mortality Rates</li></ul>	www.healthindicators. gov/Indicators/Selecti on
Healthy People 2020: U.S. Department of Health & Human Services	<ul> <li>All Healthy People 2020 Target Data Points</li> <li>Some U.S. Baseline Statistics</li> <li>Predictors of Access to Health Care</li> <li>Social Determinants of Health</li> </ul>	www.healthypeople.g ov/2020/topicsobjectiv es2020
Henry Kaiser Family Foundation	How Does Lack of Insurance Affect Access to Health Care?	http://kff.org/report- section/the-uninsured- a-primer-2013-4-how- does-lack-of- insurance-affect- access-to-health- care/
National Institute on Drug Abuse	<ul><li>Abuse of Prescription Drugs</li><li>Drug Facts: Heroin</li><li>Drug Facts: Drugged Driving</li></ul>	www.drugabuse.gov
National Institute of Health, Senior Health	<ul><li>Hearing Loss</li></ul>	http://nihseniorhealth. gov/hearingloss/heari nglossdefined/01.html
Network of Care	<ul><li>Health Indicators</li><li>Age-Adjusted Mortality Rates</li></ul>	http://Putnam.oh.netw orkofcare.org/ph/cou nty- indicators.aspx#cat1
Office of Health Transformation	<ul> <li>Ohio Medicaid Assessment Survey</li> </ul>	http://grc.osu.edu/OM AS/2015Survey
Ohio Department of Health	<ul> <li>Putnam County Dental Care Resources – 2012</li> </ul>	http://publicapps.odh. ohio.gov/oralhealth/d efault.aspx
Ohio Department of Health, Obesity and Diabetes, 2013	<ul> <li>Overweight and Obese Type 2         Diabetes Risk by Sex in Ohio     </li> </ul>	www.healthy.ohio.gov /- /media/ODH/ASSETS/Fi les/health/diabetes/O besity_Diabetes_Supp_ 2013.pdf?la=en

Ohio Department of Health, Information Warehouse	<ul> <li>Putnam County and Ohio Birth Statistics</li> <li>Sexually Transmitted Diseases</li> <li>Incidence of Cancer</li> <li>HIV/AIDS Surveillance Program</li> </ul>	www.odh.ohio.gov/
Ohio Department of Health, Ohio Oral Health Surveillance System	<ul> <li>Putnam County Dental Care Resources</li> </ul>	http://publicapps.odh. ohio.gov/oralhealth/d efault.aspx
Ohio Department of Job & Family Services	<ul> <li>Putnam County and Ohio Medicaid Statistics</li> </ul>	http://jfs.ohio.gov/Cou nty/cntypro/pdf13/Put nam.stm
Ohio Department of Public Safety	<ul> <li>2016 Putnam County and Ohio Crash Facts</li> <li>OSHP Computer-Aided Dispatch (CAD) System</li> </ul>	https://services.dps.ohi o.gov/Crashstatistics/ CrashReports.aspx
Ohio Department of Rehabilitation and Correction	<ul><li>Arrests/Incarceration Data</li><li>Inmate Population by Gender and Race</li></ul>	http://ohiohighwaysaf etyoffice.ohio.gov/ots o_annual_crash_facts. stm
Ohio Medicaid Assessment Survey (OMAS)	<ul> <li>Estimated Proportion: Poor/Fair Overall Health, All Adults, Ages 19 Years and Older (2015)</li> <li>Estimated Proportion: Unmet Needs in Dental Care, All Adults, Ages 19 Years and Older (2015)</li> </ul>	http://grcapps.osu.ed u/dashboards/OMAS/ adult
Ohio Mental Health and Addiction Services	<ul> <li>Doses Per Capita</li> </ul>	http://mha.ohio.gov/P ortals/0/assets/Resear ch/Maps/Ohio_OARRS _Opioids_2012_v2.pdf
Ohio State Highway Patrol	<ul> <li>Compliant Data</li> <li>Electronic Crash Records</li> <li>Felony Cases and Drug Arrests</li> <li>Putnam County Activity         Statistics     </li> </ul>	http://statepatrol.ohio. gov/
Ohio Suicide Prevention Foundation	<ul> <li>Suicide Deaths by Gender and Age Group</li> </ul>	www.ohiospf.org/cont ent.php?pageurl=ohio _statistics

Data Used

Source

U.S. Department of Health and

for Health Statistics Data Brief

Human Services, National Center

Website

www.cdc.gov/nchs/d ata/databriefs/db217.

pdf

# APPEZUX

Electronic Cigarette Use

2014

Among Adults, United States,

Source	Data Used	Website
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul> <li>American Community Survey 5 year estimate, 2011-2015</li> <li>Ohio and Putnam County 2011-2015 Census Demographic Information</li> <li>Ohio and U.S. Health Insurance Sources</li> <li>Small Area Income and Poverty Estimates</li> <li>Federal Poverty Thresholds</li> </ul>	www.census.gov
U.S. Department of Health and Human Services, Ohio Department of Mental Health	<ul> <li>Mental Health Services in Ohio</li> </ul>	www.lsc.state.oh.us/fis cal/ohiofacts/sept201 2/health&humanservic es.pdf

# Appendix II | PUTNAM COUNTY ACRONYMS AND TERMS

AHS Access to Health Services, Topic of Healthy People 2020

objectives

Adult Defined as 19 years of age and older.

**Age-Adjusted** Death rate per 100,000 adjusted for the age

Mortality Rates distribution of the population.

Adult Binge Drinking Consumption of five alcoholic beverages or more (for

males) or four or more alcoholic beverages (for females) on

one occasion.

AOCBC Arthritis, Osteoporosis, and Chronic Back Conditions, Topic of

Healthy People 2020 objectives

Body Mass Index is defined as the contrasting

measurement/relationship of weight to height.

BRFSS Behavior Risk Factor Surveillance System, an adult survey

conducted by the CDC.

CDC Centers for Disease Control and Prevention.

Current Smoker Individual who has smoked at least 100 cigarettes in their

lifetime and now smokes daily or on some days.

CY Calendar Year

FY Fiscal Year

HCNO Hospital Council of Northwest Ohio

Heart Disease and Stroke, Topic of Healthy People 2020

objectives

Healthy People 2020, a comprehensive set of health

objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and

Human Services.

**Health Indicator** A measure of the health of people in a community, such as

cancer mortality rates, rates of obesity, or incidence of

cigarette smoking.

High Blood Cholesterol 240 mg/dL and above

**High Blood Pressure** Systolic ≥140 and Diastolic ≥ 90

IID Immunizations and Infectious Diseases, Topic of Healthy

People 2020 objectives

IVP Injury and Violence Prevention, Topic of Healthy People 2020

objectives

MHMD Mental Health and Mental Disorders, Topic of Healthy People

2020 objectives

**N/A** Data is not available.

PPEZUX

NWS Nutrition and Weight Status, Topic of Healthy People 2020

objectives

OARRS Ohio Automated Prescription (Rx) Reporting System

ODH Ohio Department of Health
OSHP Ohio State Highway Patrol

Quintile A Quintile divides a range of data into five equal parts, each

being one-fifth (20%) of the range.

1st Quintile represents 1-20% of the population 2nd Quintile represents 21-40% of the population 3rd Quintile represents 41-60% of the population 4th Quintile represents 61-80% of the population 5th Quintile represents 81-100% of the population

Race/Ethnicity Census 2010: U.S. Census data consider race and Hispanic

origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents

reported only one race.

Substance Abuse, Topic of Healthy People 2020 objectives

Tu Tobacco Use, Topic of Healthy People 2020 objectives

YPLL/65 Years of Potential Life Lost before age 65. Indicator of

premature death.

# APPEZUX =

# Appendix III I METHODS FOR WEIGHTING THE 2016 PUTNAM COUNTY ASSESSMENT DATA

Data from sample surveys have the potential for bias if there are different rates of response for different segments of the population. In other words, some subgroups of the population may be more represented in the completed surveys than they are in the population from which those surveys are sampled. If a sample has 25% of its respondents being male and 75% being female, then the sample is biased towards the views of females (if females respond differently than males). This same phenomenon holds true for any possible characteristic that may alter how an individual responds to the survey items.

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2016 Putnam County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Putnam County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), age (9 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Putnam County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2016 Putnam County Survey and the 2014 Census estimates.

2016 Putnar	m Survey		2014 Cer	sus Estimate	Weight
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	250	49.90020	17,146	50.05254	1.00305
Female	251	50.09980	17,110	49.94745	0.99696

In this example, it shows that, while nearly the same, there was a slightly larger portion of females in the sample compared to the actual portion in Putnam County. The weighting for males was calculated by taking the percent of males in Putnam County (based on Census information) (50.05254%) and dividing that by the percent found in the 2016 Putnam County sample (49.90020%) [50.05254/49.90020= weighting of 1.00305 for males]. The same was done for females [49.94745/50.09980 = weighting of 0.99696 for females]. Thus males' responses are weighted slightly heavier by a factor of 1.00305 and females' responses weighted less by a factor of 0.99696.

This same thing was done for each of the 20 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.63809 [0.99696 (weight for females) x 0.97112 (weight for White) x 1.47915 (weight for age 35-44) x 1.14387 (weight for income \$50-\$75k)]. Thus, each individual in the 2016 Putnam County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 21.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

- 1. **Total weight** (product of 4 weights) for all analyses that did not separate age, race, sex, or income.
- 2. **Weight without sex** (product of age, race, and income weights) used when analyzing by sex.
- 3. **Weight without age** (product of sex, race, and income weights) used when analyzing by age.
- 4. **Weight without race** (product of age, sex, and income weights) used when analyzing by race.
- 5. **Weight without income** (product of age, race, and sex weights) used when analyzing by income.
- 6. **Weight without sex or age** (product of race and income weights) used when analyzing by sex and age.
- 7. **Weight without sex or race** (product of age and income weights) used when analyzing by sex and race.
- 8. **Weight without sex or income** (product of age and race weights) used when analyzing by sex and income.

Category	Putnam	%	2014	%	Weighting
Salegory	Sample	,,	Census *	,,	Value
Sex:					
Male	250	49.90020	17,146	50.05255	1.00305
Female	251	50.09980	17,110	49.94745	0.99696
Age:					
20-24	13	2.52427	1,898	7.73337	3.06360
25-34	33	6.40777	3,852	15.69490	2.44936
35-44	55	10.67961	3,877	15.79676	1.47915
45-54	101	19.61165	5,272	21.48067	1.09530
55-59	66	12.81553	2,494	10.16176	0.79292
60-64	76	14.75728	2,062	8.40158	0.56932
65+	171	33.20388	5,088	20.73096	0.62435
Race:					
White	492	95.90643	31,905	93.13697	0.97112
Non-White	21	4.09357	2,351	6.86303	1.67654
Household					
Income:					
Less than \$10,000	7	1.54867	480	3.69060	2.38308
\$10k-\$15k	11	2.43363	390	2.99862	1.23216
\$15k-\$25k	45	9.95575	1,197	9.20344	0.92443
\$25k-\$35k	65	14.38053	1,398	10.74889	0.74746
\$35k-\$50	71	15.70796	1,690	12.99400	0.82722
\$50k-\$75k	93	20.57522	3,061	23.53529	1.14387
\$75k or more	160	35.39823	4,790	36.82916	1.04042

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Putnam County in each subcategory by the proportion of the sample in the Putnam County survey for that same category.

\* Putnam County population figures taken from the 2014 American Community Survey

Estimates of the U.S. Census.

# Appendix IV | PUTNAM COUNTY SAMPLE DEMOGRAPHIC PROFILE\*

Variable	2016 Survey Sample	Putnam County Census 2011- 2015 (5 year estimate)	Ohio Census 2015
Age			
20-29	6.2%	11.1%	13.3%
30-39	6.6%	11.1%	12.2%
40-49	16.0%	12.8%	12.5%
50-59	24.5%	15.7%	14.3%
60 plus	46.3%	21.3%	22.4%
Race/Ethnicity			
White	95.5%	95.5%	82.0%
Black or African American	0.8%	0.3%	12.3%
American Indian and Alaska Native	1.5%	0.0%	0.2%
Asian	0.3%	0.2%	2.0%
Other	1.8%	2.8%	0.8%
Hispanic Origin (may be of any race)	3.0%	5.8%	3.5%
Marital Status†			
Married Couple	68.8%	63.3%	47.5%
Never been married/member of an		22.4%	
unmarried couple	9.8%	22.470	32.1%
Divorced/Separated	11.3%	7.6%	14.0%
Widowed	9.2%	6.6%	6.4%
Education†			
Less than High School Diploma	2.9%	7.3%	10.3%
High School Diploma	39.9%	42.8%	33.7%
Some college/ College graduate	56.3%	49.9%	56.0%
Income (Families)			
\$14,999 and less	5.6%	2.6%	7.7%
\$15,000 to \$24,999	8.2%	4.7%	7.4%
\$25,000 to \$49,999	21.1%	19.4%	22.1%
\$50,000 to \$74,999	20.5%	26.8%	20.2%
\$75,000 or more	31.9%	46.7%	44.7%

<sup>\*</sup> The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses).

<sup>†</sup> The Ohio and Putnam County Census percentages are slightly different than the percent who responded to the survey. Marital status is calculated for those individuals 15 years and older. Education is calculated for those 25 years and older.

# APPENDIX V

# Appendix V | **DEMOGRAPHIC INFORMATION**

Putnam County Population by Age Groups and Gender U.S. Census 2010

	U.S. Cellsus 2	1	
Age	Total	Males	Females
Putnam County	34,499	17,242	17,257
0-4 years	2,566	1,362	1,204
1-4 years	2,031	1,054	977
< 1 year	535	308	227
1-2 years	988	509	479
3-4 years	1,043	545	498
5-9 years	2,388	1,202	1,186
5-6 years	952	477	475
7-9 years	1,436	725	711
10-14 years	2,577	1,301	1,276
10-12 years	1,000	509	491
13-14 years	1,058	518	540
12-18 years	3,789	1,948	1,841
15-19 years	2,574	1,358	1,216
15-17 years	1,669	870	799
18-19 years	905	488	417
20-24 years	1,783	915	868
25-29 years	1,953	998	955
30-34 years	1,898	961	937
35-39 years	1,986	980	1,006
40-44 years	2,201	1,139	1,062
45-49 years	2.659	1,323	1,336
50-54 years	2,817	1,453	1,364
55-59 years	2,397	1,225	1,172
60-64 years	1,770	907	863
65-69 years	1,311	636	675
70-74 years	1,142	507	635
75-79 years	979	443	536
80-84 years	784	318	466
85-89 years	473	166	307
90-94 years	173	36	137
95-99 years	60	10	50
100-104 years	8	2	6
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	714	214	500
Total 65 years and over	4,930	2,118	2,812
Total 19 years and over	25,299	12,507	12,792

# **PUTNAM COUNTY PROFILE**

General Demographic Characteristics (Source: U.S. Census Bureau, Census 2015)

## 2011-2015 ACS 5-year estimate

Total Population		
2015 Total Population	34,184	
2000 Total Population	34,726	
'		
Largest City- Ottawa Village		
2015 Total Population	4,424	100%
2000 Total Population	4,367	100%
	.,	
Population By Race/Ethnicity		
Total Population	34,184	100%
White Alone	32,638	95.5%
Hispanic or Latino (of any race)	1,966	5.8%
African American	1,700	0.3%
American Indian and Alaska Native	10	0.3%
Asian	60	0.2%
Two or more races	406	1.2%
Other	959	2.8%
B 1 11 B 4 2010		
Population By Age 2010		
Under 5 years	2,566	7.4%
5 to 17 years	6,634	19.2%
18 to 24 years	2,688	7.8%
25 to 44 years	7,038	20.4%
45 to 64 years	9,643	28.0%
65 years and more	4,930	14.3%
Median age (years)	39.0	
Household By Type		
Total Households	13,049	100%
Family Households (families)	9,523	73.0%
With own children <18 years	4,065	31.2%
Married-Couple Family Households	8,350	64.0%
With own children <18 years	3,415	26.2%
Female Householder, No Husband Present	750	5.7%
	394	
With own children <18 years		3.0%
Non-family Households	3,526	27.0%
Householder living alone	3,044	23.3%
Householder 65 years and >	1,593	12.2%
Households With Individuals < 18 years	4,296	32.9%
Households With Individuals 65 years and >	3,625	27.8%
Average Household Size	2.60 pe	
Average Family Size	3.08 pe	eople

# PPEZDIX <

# General Demographic Characteristics, Continued (Source: U.S. Census Bureau, Census 2015)

# 2011-2015 ACS 5-year estimate

Median Value of Owner-Occupied Units	\$138,900
Median Monthly Owner Costs (With Mortgage)	\$1,103
Median Monthly Owner Costs (Not Mortgaged)	\$422
Median Gross Rent for Renter-Occupied Units	\$684
Median Rooms Per Housing Unit	6.6
Total Housing Units	13,768
No Telephone Service	191
Lacking Complete Kitchen Facilities	132
Lacking Complete Plumbing Facilities	11

# Selected Social Characteristics (Source: U.S. Census Bureau, Census 2015)

# 2011-2015 ACS 5-year estimates

School Enrollment		
Population 3 Years and Over Enrolled In School	8,865	100%
Nursery & Preschool	761	8.6%
Kindergarten	711	8.0%
Elementary School (Grades 1-8)	3,482	39.3%
High School (Grades 9-12)	2,119	23.9%
College or Graduate School	1,792	20.2%
Educational Attainment		
Population 25 Years and Over	22,610	100%
< 9th Grade Education	728	3.2%
9 <sup>th</sup> to 12 <sup>th</sup> Grade, No Diploma	923	4.1%
High School Graduate (Includes Equivalency)	9,673	42.8%
Some College, No Degree	3,975	17.6%
Associate Degree	2,924	12.9%
Bachelor's Degree	2,692	11.9%
Graduate Or Professional Degree	1,695	7.5%
Percent High School Graduate or Higher	*(X)	92.7%
Percent Bachelor's Degree or Higher *(X) - Not available	*(X)	19.4%

# Selected Social Characteristics, Continued (Source: U.S. Census Bureau, Census 2015)

# 2011-2015 ACS 5-year estimate

Marital Status  Population 15 Years and Over Never Married Now Married, Excluding Separated Separated Widowed Female Divorced Female	26,879 6,033 17,017 164 1,785 1,403 1,880 978	100% 22.4% 63.3% 0.6% 6.6% 5.2% 7.0% 3.6%
Grandparents As Caregivers Grandparent Living in Household with 1 or more own grandchildren <18 years Grandparent Responsible for Grandchildren	431 196	100% 45.0%
Veteran Status Civilian Veterans 18 years and over	2,125	8.4%
Disability Status of the Civilian Non-institutionalized Population  Total Civilian Noninstitutionalized Population  With a Disability  Under 18 years  With a Disability  18 to 64 years  With a Disability  65 Years and Over  With a Disability	33,921 3,3540 8,803 288 20,141 1,631 4,977 1,621	100% 10.4% 100% 3.3% 100% 8.1% 100% 32.6%
Selected Economic Characteristics (Source: U.S. Census Bureau, Census 2015)		
2011-2015 ACS 5-year estimate		

# **Employment Status**

Population 16 Years and Over	26,320	100%
In Labor Force	18,193	69.1%
Not In Labor Force	8,127	30.9%
Females 16 Years and Over	13,205	100%
In Labor Force	8,406	63.7%
Population Living With Own Children <6 Years	3,072	100%
All Parents In Family In Labor Force	2,412	78.5%

## Selected Economic Characteristics, Continued (Source: U.S. Census Bureau, Census 2015)

# 2011-2015 ACS 5-year estimate

Occupations  Employed Civilian Population 16 Years and Over Production, Transportation, and Material Moving Occupations Management, business, science, and art occupations Sales and Office Occupations Service Occupations Natural Resources, Construction, and Maintenance Occupations	17,579 4,029 5,560 3,101 2,782 2,107	100% 22.9% 31.6% 17.6% 15.8% 12.0%
Leading Industries Employed Civilian Population 16 Years and Over Manufacturing Educational, health and social services Trade (retail and wholesale) Arts, entertainment, recreation, accommodation, and food services Professional, scientific, management, administrative, and waste management services Transportation and warehousing, and utilities Finance, insurance, real estate and rental and leasing Other services (except public administration) Construction Public administration Information Agriculture, forestry, fishing and hunting, and mining	17,579 4,757 4,667 2,053 1,071 711 712 549 690 1,262 402 180 525	27.1%
Class of Worker Employed Civilian Population 16 Years and Over Private Wage and Salary Workers Government Workers Self-Employed Workers in Own Not Incorporated Business Unpaid Family Workers  Median Earnings Male, Full-time, Year-Round Workers Female, Full-time, Year-Round Workers	17,579 14,890 1,940 723 26 \$47,80 \$36,64	84.7% 11.0% 4.1% 0.1%

# Selected Economic Characteristics, Continued (Source: U.S. Census Bureau, Census 2015)

# 2011-2015 ACS 5-year estimate

Income 2011-2015		
Households	13,049	100%
< \$10,000	414	3.2%
\$10,000 to \$14,999	411	3.1%
\$15,000 to \$24,999	1,261	9.7%
\$25,000 to \$34,999	1,400	10.7%
\$35,000 to \$49,999	1,651	12.7%
\$50,000 to \$74,999	3,210	24.6%
\$75,000 to \$99,999	1,926	14.8%
\$100,000 to \$149,999	2,016	15.4%
\$150,000 to \$199,999	489	3.7%
\$200,000 or more	271	2.1%
Median Household Income	\$60,524	
	400,021	
Income 2011-2015		
Families	9,523	100%
< \$10,000	142	1.5%
\$10,000 to \$14,999	106	1.1%
\$15,000 to \$24,999	450	4.7%
\$25,000 to \$34,999	672	7.1%
\$35,000 to \$49,999	1,169	12.3%
\$50,000 to \$74,999	2,548	26.8%
\$75,000 to \$99,999	1,767	18.6%
\$100,000 to \$149,999	1,929	20.3%
\$150,000 to \$199,999	474	5.0%
\$200,000 or more	266	2.8%
Median Household Income (families)	\$71,752	
,	,	
Per Capita Income 2011-2015	\$26,269	
Tel Gapita medine 2011-2010	Ψ20,207	
Poverty Status In 2015	Number Below	% Below
. 5.5.19 5.2.40 11. 2010	Poverty Level	Poverty Level
Families	*(X)	3.4%
Individuals	*(X)	5.8%
manuals	(^)	5.070

 $^*(X)$  – Not available

# APPENDIX V

# Selected Economic Characteristics, Continued (Source: U.S. Bureau of Economic Analysis)

## Bureau of Economic Analysis (BEA) Per Capita Personal Income Figures

	Income Rank of Ohio	
		Counties
BEA Per Capita Personal Income 2015	\$43,512	17 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 2014	\$42,885	17 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 2013	\$42,132	14th of 88 counties
BEA Per Capita Personal Income 2012	\$41,208	12th of 88 counties

(BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things)

# Poverty Rates, 5-year averages 2011-2015

Category	Putnam	Ohio
Population in poverty	5.8%	15.8%
< 125% FPL (%)	9.2%	20.3%
< 150% FPL (%)	13.8%	24.8%
< 200% FPL (%)	23.5%	33.9%
Population in poverty (1999)	5.6%	10.6%

(Source: The Ohio Poverty Report, Ohio Development Services Agency, February 2017, http://www.development.ohio.gov/files/research/P7005.pdf)

**Employment Statistics** 

Employment statistics					
Category	Putnam	Ohio			
Labor Force	18,600	5,719,600			
Employed	17,800	5,379,600			
Unemployed	800	340,000			
Unemployment Rate* in February 2017	4.4	5.9			
Unemployment Rate* in January 2017	4.8	6.0			
Unemployment Rate* in February 2016	4.4	5.5			

\*Rate equals unemployment divided by labor force.

(Source: Ohio Department of Job and Family Services, February 2017, http://ohiolmi.com/laus/current.htm)

**Estimated Poverty Status in 2015** 

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Putnam County				
All ages in poverty	2,416	1,923 to 2,909	7.2%	14.6 to 14.8
Ages 0-17 in poverty	747	596 to 898	8.7%	6.9 to 10.5
Ages 5-17 in families in poverty	494	382 to 606	7.8%	6.0 to 9.6
Median household income	\$60,036	\$55,095 to \$64,977		
Ohio				
All ages in poverty	1,778,288	1,755,728 to 1,800,848	15.8%	15.6 to 16.0
Ages 0-17 in poverty	588,618	574,885 to 602,351	22.7%	22.2 to 23.2
Ages 5-17 in families in poverty	395,792	383,745 to 407,839	20.8%	20.2 to 21.4
Median household income	\$48,138	\$48,991 to \$49,707		
United States				
All ages in poverty	48,208,387	47,966,830 to 48,449,944	15.5%	15.4 to 15.6
Ages 0-17 in poverty	15,686,012	15,564,145 to 15,807,879	21.7%	21.5 to 21.9
Ages 5-17 in families in poverty	10,714,518	10,632,252 to 10,796,784	20.4	20.2 to 20.6
Median household income	\$53,657	\$53,564 to \$53,750		

(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, http://www.census.gov/did/www/saipe/data/interactive/#)

# Federal Poverty Thresholds in 2016 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person < 65 years	\$12,486					
1 Person 65 and >	\$11,511					
2 people Householder < 65 years	\$16,072	\$16,543				
2 People Householder 65 and >	\$14,507	\$16,480				
3 People	\$18,774	\$19,318	\$19,337			
4 People	\$24,775	\$25,160	\$24,339	\$24,424		
5 People	\$29,854	\$30,288	\$29,360	\$28,643	\$28,205	
6 People	\$34,337	\$34,473	\$33,763	\$33,082	\$32,070	\$31,470
7 People	\$39,509	\$39,756	\$38,905	\$38,313	\$37,208	\$35,920
8 People	\$44,188	\$44,578	\$43,776	\$43,072	\$42,075	\$40,809
9 People or >	\$53,155	\$53,413	\$52,702	\$52,106	\$51,127	\$49,779

(Source: U. S. Census Bureau, Poverty Thresholds 2016)

# Appendix VI | PUTNAM COUNTY HEALTH RANKINGS

	Putnam County	Ohio	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2011-2013)	5,550	7,566	6,600
Overall heath. Percentage of adults reporting fair or poor health (ageadjusted) (2014)	13%	15%	15%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2014)	2.9	3.7	3.6
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2014)	3.4	4.0	3.7
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2007-2013)	5%	9%	8%
	Ith Behaviors		
<b>Tobacco</b> . Percentage of adults who are current smokers (2014)	15%	22%	18%
Obesity. Percentage of adults that report a BMI of 30 or more (2012)	35%	31%	28%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2013)	8.6	7.0	7.3
Physical activity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2012)	27%	25%	22%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2014)	40%	83%	84%
<b>Drug and alcohol abuse.</b> Percentage of adults reporting binge or heavy drinking (2014)	23%	19%	18%
Drug and alcohol abuse and injury.  Percentage of driving deaths with alcohol involvement (2010-2014)	44%	34%	30%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2013)	132	474	456
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2007-2013)  (Source: 2017 County Health	18	32	32

(Source: 2017 County Health Rankings for Putnam County, Ohio and U.S. data)

	Putnam County	Ohio	U.S	
C	Clinical Care			
Coverage and affordability. Percentage				
of population under age 65 without health	8%	10%	14%	
insurance (2013)				
Access to health care/medical care.				
Ratio of population to primary care	2136:1	1300:1	1320:1	
physicians (2013)				
Access to dental care. Ratio of population	4055.4	1/00/1	4500.4	
to dentists (2014)	4255:1	1692:1	1520:1	
Access to behavioral health care. Ratio of				
population to mental health providers	2128:1	633:1	500:1	
(2015)				
Hospital utilization. Number of hospital				
stays for ambulatory-care sensitive			50	
conditions per 1,000 Medicare enrollees	51	60	50	
(2013)				
Diabetes. Percentage of diabetic				
Medicare enrollees ages 65-75 that	86%	85%	85%	
receive HbA1c monitoring (2013)				
Cancer. Percentage of female Medicare				
enrollees ages 67-69 that receive	68%	61%	63%	
mammography screening (2013)				
	conomic Environm	nent		
Education. Percentage of ninth-grade				
cohort that graduates in four years (2012-	96%	81%	83%	
2013)				
Education. Percentage of adults ages 25-				
44 years with some post-secondary	67%	64%	64%	
education (2010-2014)				
Employment, poverty, and income.				
Percentage of population ages 16 and	2.00/	4.00/	F 20/	
older unemployed but seeking work	3.9%	4.9%	5.3%	
(2014)				
Employment, poverty, and income.				
Percentage of children under age 18 in	9%	21%	21%	
poverty (2014)				
Employment, poverty, and income. Ratio				
of household income at the 80th	2.5	4.0	F 0	
percentile to income at the 20th	3.5	4.8	5.0	
percentile (2010-2014)				
Family and social support. Percentage of				
children that live in a household headed	12%	36%	34%	
by single parent (2010-2014)				
Family and social support. Number of				
membership associations per 10,000	14.9	11.3	9.0	
population (2013)				
Violence. Number of reported violent				
crime offenses per 100,000 population	60	290	380	
(2010-2012)				
<b>Injury</b> . Number of deaths due to injury per	EA	70	40	
100,000 population (2009-2013)	54	70	62	

(Source: 2017 County Health Rankings for Putnam County, Ohio and U.S. data)

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	Putnam County	Ohio	U.S.
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2011)	11.3	11.3	8.7
Air, water, and toxic substances. Indicator of the presence of health- related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (FY 2013-2014)	Yes	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2008-2012)	7%	15%	19%
<b>Transportation</b> . Percentage of the workforce that drives alone to work (2010-2014)	86%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2010-2014)	33%	30%	34%

(Source: 2017 County Health Rankings for Putnam County, Ohio and U.S. data) N/A – Data is not available

# Appendix D: Local Public Health System Assessment Putnam County November 2016

# LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT PUTNAM COUNTY, OHIO

November 2016

## Introduction

In Fall 2016, the Putnam County Health Department, along with members from the Partners for a Healthy Putnam County, participated in the Local Public Health System Assessment (LPHSA). The purpose of this assessment is to evaluate the current public health system within the community of Putnam County, Ohio. The LPHSA helps to answer questions such as, "What are the components, activities, competencies and capacities of our public health system?" and "How well are the 10 Essential Public Health Services provided?" This same assessment was conducted in August 2013 and resulted in the formation of a strong collaboration of organizations, agencies, businesses, schools and community members known as the Partners for a Healthy Putnam County (Partners). The Partners developed a Community Health Improvement Plan, which is currently being implemented with the intent to improve the health of Putnam County residents.

In 2016, it was determined that the LPHSA, along with other assessments of the Mobilizing for Action in Planning and Partnerships (MAPP), needed to be updated. Therefore, the Putnam County Health Department lead the initiative to complete the 2016 LPHSA. Twenty-one members of the Partners for a Healthy Putnam County group was able to attend an all-day meeting to assess the public health system's services, based on the 10 Essential Services of Public Health. Version 3 of the National Public Health Performance Standards Program (NPHPSP) local instrument was used. To ensure that health equity and health disparities was considered, portions of the Health Equity Supplement to the MAPP process was used.

The intention of the LPHSA is to provide the following:

- Measure and summarize the performance of the current public health system in Putnam County using nationally established performance standards and a methodology to conduct the assessment.
- Improve and/or establish connections with existing and new community partners to establish and strengthen collaborations that could contribute to improving the public health in Putnam County.
- Provide information for quality improvement of the public health system, identify priorities for the development of the community health improvement plan and provide input that may help with the development and/or implementation of the health department's strategic plan.

Twenty-two individuals representing 16 different agencies and 2 community members participated in the assessment of the system. The health department conducted a preliminary prioritization from the results of the LPSHA, which was then shared for consideration with all of the Partners. A list of participants can be found in **Appendix A** of this report. The agenda of the day can be found in **Appendix B**.

# THE TEN ESSENTIAL PUBLIC HEALTH SERVICES

- 1. Monitor health status to identify community health problems
- 2. Diagnose and investigate health problems and health hazards in the community
- 3. Inform, educate, and empower people about health issues
- 4. Mobilize community partnerships to identify and solve health problems
- 5. Develop policies and plans that support individual and community health efforts.
- 6. Enforce laws and regulations that protect health and ensure safety
- 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- 8. Assure a competent public health and personal health care workforce
- 9. Evaluate effectiveness, accessibility and quality of personal and population-based health services
- 10. Research for new insights and innovative solutions to health problems

## **Process**

On November 3, 2016 the Local Public Health System Assessment was held in the conference room of Pathways Counseling Center, a partner agency. After an overview of the MAPP process and an orientation of the LPHSA process, participants were instructed to identify resources already present in the community that address each of the *10 Essential Public Health Services*. This "Gallery Walk" was helpful in identifying needs in our community as well is in developing the Community Health Improvement Plan to address the determined priorities. The "Gallery Walk" can be found in **Appendix C** of this document.

Using the 10 Essential Public Health Services as a framework, 30 Model Standards describe an optimally performing local public health system. In assessing each Model Standard, questions serve as a measures of performance. Responses to these questions indicate how well the Model Standard is being met by the public health system of Putnam County.

Participants were pre-assigned to small groups based on expertise, area of contribution to public health services and the desire to achieve balanced representation within each groups. Each group addressed at least three *Essential Services*. Consensus scores for each assessment question were the goal; when a consensus was not reached, vote was taken with majority rule. A health department staff person was the facilitator and recorder for each group. Notes were taken as the group discussed each measure and question. Those notes, as well as the decided upon score, are reflected in this report. After each group completed their task, the entire group was gathered again to discuss the process of the day and complete an evaluation.

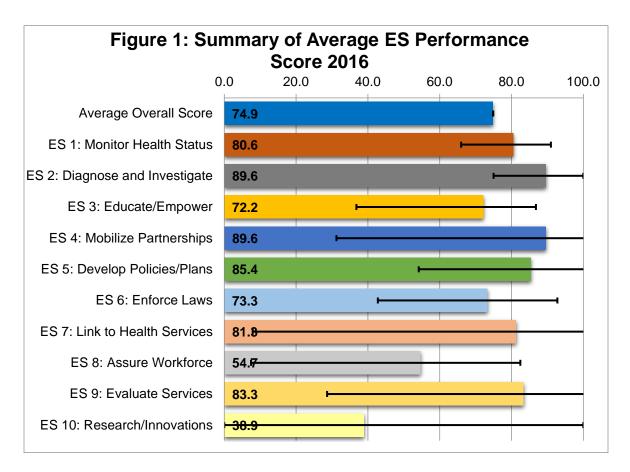
For each of the *Ten Essential Public Health Services*, there are two to four Model Standards that describe an optimal, or "gold standard," of performance. Each standard is followed by a series of questions with five response options related to an associated level of activity in which the public health system is engaged:

No Activity	0% or absolutely no activity
(0%)	
Minimal Activity	Greater than zero, but no more than 25% of the activity
(1-25%)	described within the question is met
Moderate Activity	Greater than 25%, but no more than 50% of the activity
(26-50%)	described within the question is met
Significant Activity	Greater than 50%, but no more than 75% of the activity
(51-75%)	described within the question is met
Optimal Activity	Greater than 75% of the activity described within the
(76-100%)	question is met

## **Results**

Following the assessment, the performance scores and priorities were entered into a pre-formatted Excel spreadsheet provided by the Public Health Foundation.

Based upon the responses provided in the assessment, an average score was calculated for each of the 10 Essential Public Health Services (See Figure 1). The score of each can be interpreted as the degree in which the local public health system meets the performance standards for each of the 10 Essential Public Health Services. As described above, the scores can range from 0% (no activity) to 100% (optimal activity).



After completing the assessment, a committee met to complete the optional prioritization portion of the system assessment. Prioritizing may help with identifying areas for improvement or where additional resources may be needed. The following question was answered for each of the model standards: "On a scale of 1 to 10 (1 being the lowest and 10 being the highest), what is the priority of this model standard to our public health system?"

Table 1 below provides a summary of the performance scores and priority ratings for each of the *10 Essential Public Health Services*. The 2013 Performance Score is also provided for reference. A breakdown of the score for each Model Standard within each Essential Service can be found in **Appendix D**.

**Table 1: Performance Scores and Priority Rating** 

Essential Service	Performance Score 2016* (0-100%)	2016 Priority Rating* (1=low, 10=high)	Performance Score 2013 LPHSA*
ES1: Monitor Health Status	80.6%	4.7	61.1%
ES2: Diagnose and Investigate	89.6%	3.0	95.8%
ES3: Educate and Empower	72.2%	5.0	66.7%
ES4: Mobilize Partnerships	89.6%	2.0	64.6%
ES5: Develop Policies and Plans	85.4%	4.3	68.8%
ES6: Enforce Laws	73.3%	5.0	55.3%
ES7: Link to Health Services	81.3%	7.0	56.3%
ES8: Assure Workforce	54.7%	3.0	36.6%
ES9: Evaluate Services	83.3%	3.3	77.1%
ES10: Research and Innovation	38.9%	2.0	37.5%
Overall Score (Average)	74.9%		62.0%

<sup>\*</sup>Average score for all Model Standards associated with each Essential Service

The performance score and priority rating for each model standard are arranged by the following priority-performance matrix quadrants and shown in Table 2. This information was shared with the *Partners for a Healthy Putnam County*, and is helpful in determining the strategic priorities for the Community Health Improvement Plan.

Quadrant A: high priority, low performance	mance Quadrant B: high priority, high performance		
May need increased attention	Important to maintain efforts		
Quadrant D: low priority, low performance	Quadrant C: low priority, high performance		
May need little or no attention	Potential area to reduce		

**Table 2: Priority-Performance Matrix Quadrant Placement of Model Standards** 

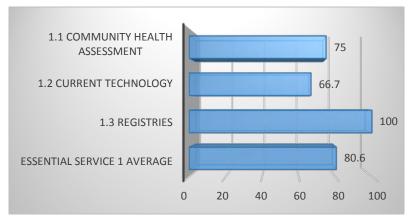
Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	10.1 Foster Innovation	56.3	4
Quadrant A	9.1 Evaluation of Population Health	68.8	4
Quadrant A	8.4 Leadership Development	68.8	4
Quadrant A	6.2 Improve Laws	25.0	8
Quadrant A	3.2 Health Communication	50.0	5
Quadrant A	3.1 Health Education/Promotion	66.7	7
Quadrant A	1.2 Current Technology	66.7	5
Quadrant B	9.3 Evaluation of LPHS	81.3	5
Quadrant B	8.3 Continuing Education	75.0	4
Quadrant B	7.2 Assure Linkage	87.5	8
Quadrant B	7.1 Personal Health Services Needs	75.0	6
Quadrant B	6.1 Review Laws	100.0	5
Quadrant B	5.3 CHIP/Strategic Planning	91.7	4
Quadrant B	5.2 Policy Development	75.0	9
Quadrant B	2.2 Emergency Response	91.7	5
Quadrant B	1.1 Community Health Assessment	75.0	6
Quadrant C	9.2 Evaluation of Personal Health	100.0	1
Quadrant C	6.3 Enforce Laws	95.0	2
Quadrant C	5.4 Emergency Plan	100.0	2
Quadrant C	5.1 Governmental Presence	75.0	2
Quadrant C	4.2 Community Partnerships	91.7	1
Quadrant C	4.1 Constituency Development	87.5	3
Quadrant C	3.3 Risk Communication	100.0	3
Quadrant C	2.3 Laboratories	93.8	2
Quadrant C	2.1 Identification/Surveillance	83.3	2
Quadrant C	1.3 Registries	100.0	3
Quadrant D	10.3 Research Capacity	18.8	1
Quadrant D	10.2 Academic Linkages	41.7	1
Quadrant D	8.2 Workforce Standards	41.7	1
Quadrant D	8.1 Workforce Assessment	33.3	3

The following pages of this document provide a summary of the activity within each of the *10 Essential Public Health Services*. More detail about each Essential Service and the strengths, weaknesses and opportunities related to the model standards within each of the Essential Services can be found in **Appendix E** of this report.

#### Essential Service 1: Monitor health status to identify health problems

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Participants indicated that the local public health system displays significant activity in the area of community health assessment. A recent survey will provide primary data and Pride data is gathered from youth every two years. There could be improvements in communicating the data from the assessments to the community. Current technology is seen as an area in need of improvement, indicating that an opportunity may be in using Geographical

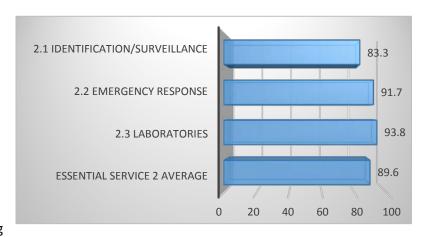


Information System (GIS) mapping for the tracking of disease that affects our community. Participants believe that the local public health system exhibits optimal activity related to maintaining health registries for disease tracking, mental health information, immunizations, etc., but there is a need for more chronic disease tracking and better contributions from providers regarding immunizations.

There was an improvement in activities in Essential Service 1 since the 2013 Local Public Health Assessment. Participants indicated that the average score in 2013 was 61.1%, whereas in 2016 the average score was 80.6%.

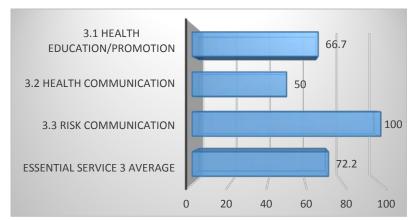
# Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards in the Community

The activity in Essential Service 2 is one of two Essential Services with the highest score of 89.6. Many agencies are involved in the identification and surveillance of health problems and hazards in Putnam County including the health department, EMA, healthcare providers and law enforcement. Putnam County also has an optimal level of emergency response. Emergency response plans have been developed and tested. There could be some improvement in physicians reporting



of communicable disease to the health department and develop a system for volunteer management in the county. The Ohio Department of Health laboratory is available for testing to support the various disease investigations that occur. Most physicians and area hospitals understand the reporting requirements, however there is an opportunity for improvement in this area.

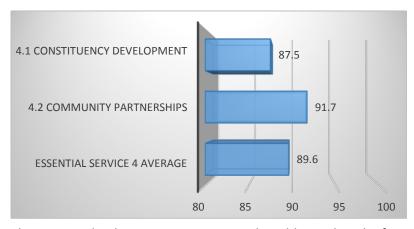
#### Essential Service 3: Inform, educate and empower people about health issues



Significant activity in the area of health education and promotion was indicated by the participants of the assessment. There are many strengths including a variety of task forces and committees that focus on many different health related topics. However, some weaknesses indicated included partnership gaps, some barriers in cultural understanding exist and the lack of different media sources in Putnam County. Some ideas for opportunities included developing a countywide list serve or message

board to help better serve clients. It was acknowledged that there is room for improvement in health communication. Much of health related information is sent out through the schools, but there are concerns about getting information to residents who do not have children in school. Again, the lack of many media outlets is a concern. There is a need to become creative in getting messages to the community. A general website with information and perhaps a text alert system would provide avenues for health communication. Risk Communication is at the optimal level, but the group recognized that it is important to have an understanding the needs in all areas of the county, and how they may differ from one another.

## Essential Service 4: Mobilize Community Partnerships to Identify and Solve



Health Problems

Essential Service 4 scored one of the two highest scores of all of the 10 Essential Services. Both standards are at the optimal level. The participants recognized that there are great partnerships throughout the community for many different initiatives, health issues, etc. Many of the partners are involved long term so there is not a great need for orienting new members. Some weaknesses that were identified is that there may be some technology barriers between generations and there is

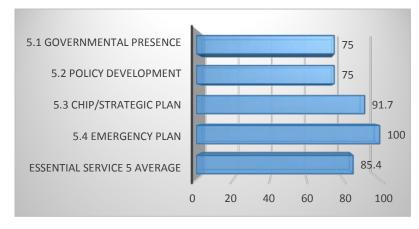
always a need to have more partners at the table. Finding the financial resources is also identified as a concern. The participants felt that finding a way to engage the community in health improvement efforts is also important. There is a need for the target population to understand "why" these efforts are positive for them.

There was improvement in this area since the 2013 Local Public Health Assessment. The average score in 2013 was 64.6% and in 2016 the score increased to 89.6%. The 2013 LPHSA helped to bring partners together to evaluate our community and work together on a plan to improve the health of our community.

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# Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts

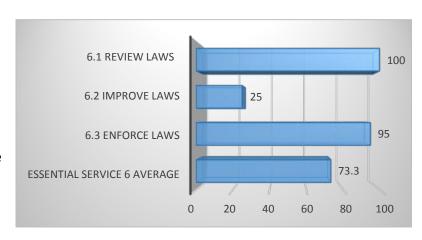
The participants identified significant activity related to having governmental presence at a local level, recognizing that the agencies collaborate well with each other. An area of improvement could be to have a robust system of data that is shared with the community. There are is also significant activity in policy development, however it was noted that a public health impact analysis is not conducted on proposed policies. An opportunity for improvement would be to conduct a "Health in all Policies Analysis" and educate decision



makers on the importance of how changes will affect health. There is optimal activity in the area of the Community Health Improvement Plan (CHIP) and in the Emergency Plan. The CHIP was developed and is being implemented in a collaborative effort. Drills are conducted throughout the county for emergency preparedness, lockdown, radio drills and other exercises to ensure the emergency plans can be carried out effectively. The participants felt that an area of improvement could be with providing more messaging to the community regarding CHIP activities and the work that is being carried out to address the CHIP priorities.

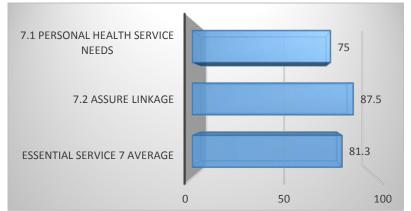
Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

In Essential Service 6, the review of laws and the enforcement of laws shows strong activity at the optimal level. The participants discussed strengths such as the enforcement of laws at the health department related to environmental health issues and law enforcement in the county is very active in making our community safe. Efforts to improve laws scored very low for minimal activity as there seems to be very little done locally to improve public health laws. Education in all three standard areas was identified as



opportunities for improvement. It is important to stay up-to-date on pending and new legislation and sharing that information with partners. Community members and stakeholders need a better understanding on how to advocate for improved public health laws and the need for enforcement of existing laws.

# Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

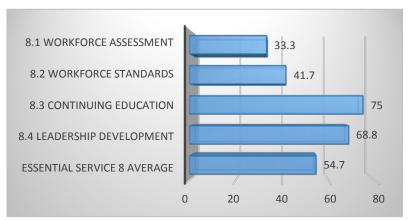


The participants gave the public health system a significant score for identifying personal health needs of the population. Resources in the area and mental health services are available for those in need. The participants were unsure if there is adequate dental services available, especially for the low-income or Medicaid population. An opportunity identified to make improvements in this area was to provide the Mental Health First Aid training in worksites and make efforts to learn more about why people

do not go for help when needed. There is optimal activity in assuring the linkage of people to personal health services. It was noted that help available for individuals in signing up for assistance, however better outreach is needed to support those in need.

There was significant improvement from the 2013 LPHSA, with a score of 56.3%, to the 2016 assessment, with 81.3% activity noted. While there is still room for improvement, it was noted that there are services in our community to help individuals find the needed care and assistance.

# Essential Service 8: Assure a Competent Public and Personal Health Care Workforce

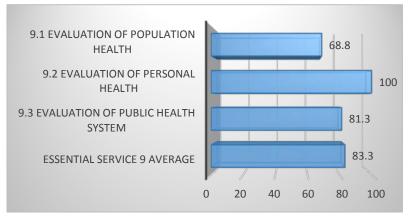


There is moderate activity in workforce assessment, planning and development, as well as in public health workforce standards. Very few agencies conduct workforce assessments, however many agencies do provide education to employees so that they may provide their services efficiently. Several agencies did identify the need to improve their job descriptions. Significant activity is taking place in continuing education and trainings, as well as public health leadership development. The need to address

different cultures and socioeconomic status in trainings was noted as an opportunity for improvement. The participants also encouraged identifying potential leadership development opportunities for local agencies and provide appropriate training for their staff.

# Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

The public health system showed significant activity in the area of evaluation of population health services. There is great participation in the Community Health Assessment (CHA) and the Mobilizing for Action through Planning and Partnership (MAPP) process. Many services provided in the community are evaluated and quality improvement projects are completed to make improvements as needed. There is a need, however, to identify methods to evaluate the effectiveness of programs with vulnerable

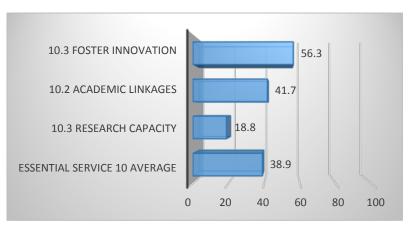


or special needs populations. There is optimal activity in evaluation of personal health services and the local public health system. Many agencies conduct evaluation of their programs and the community agencies representing multiple disciplines have been involved in the local public health system assessment process.

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# Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

The participants acknowledged that the public health system is making some headway in the fostering innovation. Skype is now available for behavioral health assessments and individuals are encouraged to participate in community and school based surveys to help gather data. Some agencies and healthcare organizations participate in research studies when possible. Despite the fact that research is not a focus for many agencies, an area for improvement could be to study and maintain a database of best



practice programs to be used for programming in Putnam County. There is moderate activity in regards to academic linkages. Many agencies mentor students and the health department made arrangements for OSU to assist with strategic planning and workforce development. An area of minimal activity is in research capacity. Access to universities that conduct research is not readily available, and funding for research is not adequate.

#### **Evaluation**

The participants of the LPHSA felt that was a good use of their time and that the process allowed for contributions from all group members. They also felt that they accomplished what they had hoped to accomplish by the end of the day. The entire evaluation can be found in **Appendix F**. When asked what they liked best about the process, some of the comments from the participants included:

The open discussions and benchmarking within the group

All agencies working together, sharing information

Open communication with agencies

Very educational and helpful

#### Limitations

It must be noted that there are some limitations in the Local Public Health System Assessment. Although many Partners were invited to participate in the assessment, some were unable to attend. Therefore, the knowledge in regards to some of the activities related to the Model Standards may not have been as great as it would have been if more Partners were present. Also, each participant is responding to the questions based on his or her experiences and perspectives, so gathering responses incudes some subjectivity.

It is also important to note that the performance scores for each Model Standard is an average of the responses to a number of questions related to that Model Standard. Also, the performance score for each Essential Service is an average of the Model Standard score of each Essential Service.

Finally, the optional priority rating was completed by a small subset of the LPHSA and represents the best thinking of that group only. This information was shared with the entire group of Partners at a later meeting and comments were requested.

These limitations should not diminish the value of the assessment or the results, but rather underscore the need to consider them in the context of the other community data, assessments and dialogue.

#### LPHSA OBSERVATIONS

- Six of the 10 Essential Public Health Services scored "Optimal" in activity level
- Three of the 10 Essential Public Health Services scored "Significant" in activity level
- One of the 10 Ten Essential Public Health Services scored in "Moderate" level of activity.
- Two of the 10 Essential Public Health Services had an average score of the 89.6. This means that the LPHSA operates at a very high level in ES 2: Diagnose and Investigate Health Problems and Health Hazards and ES 4: Mobilize Partnerships to Identify and Solve Health Problems
- Participants feel that the LPHSA does a great job with the following by scoring a perfect score of 100 for performance: maintaining health related registries, risk communications, emergency planning, review of health related laws and evaluation of personal health problems.

#### Appendix A: LPHSA Participants

# Local Public Health System Assessment Participants November 3, 2016

	1	
Barhorst	Brian	Putnam County YMCA
Baumgartner	Aaron	Pathways Counseling Center
Beutler	Jeanne	United Way of Putnam County
Fry	Dunel	Putnam County Health Department
Gulker	Jim	Kalida Police Dept
Hempfling	Beth	Putnam County Board of Developmental Disabilities
Hoeffel	Chris	Leipsic Community Center
Hoffman	Mona Lisa	Ohio State University Extension
Horstman	Jennifer	Putnam County ADAMHS Board
Kline	Joan	Putnam County Health Dept. – Accreditation Coord.
Langhals	Lisa	Community Member
Pickens	Kristen	Leipsic Community Center
Recker	Angela	Kalida Manufacturing Inc.
Recker	Sherri	Putnam County Health Dept – Dir. of Nursing
Rieman	Kim	Putnam County Health Dept. – Health Commissioner
Rodabaugh-Gallegos	Erin	Community Action Commission
Schrader	Brandi	Putnam County Health Dept – Dir. of Env. Health
Siefker	Lita	Community Member
Siefker	Brian	Putnam County Sheriff's Office
Tobe	Beth	Putnam County Family and Children First Council
Vorst	Karen	St. Rita's Putnam County Ambulatory Care Center
Warnecke	Jodi	Putnam County Council on Aging

#### Appendix B: LPHSA Agenda

#### Putnam County Local Public Health System Performance Assessment November 3, 2016 ~ 8:30 am – 3:30 pm Pathways Counseling Center

#### **Agenda**

**8:30 – 8:40 am** Welcome & purpose

Kim Rieman, Health Commissioner, Putnam County Health Department

**8:40 – 9:30 am** Description of assessment process & group assignments

Joan Kline, Putnam County Health Department

Group A: Essential Services 1, 2, 5

Main meeting room

Group B: Essential Services 3, 4, 7

Main meeting room

Group C: Essential Services 6, 8, 9

**Group Room** 

**9:30 am – 12:30 pm** Assessment

12:30 – 1:00 pm Lunch (provided)

**1:00 – 3:00 pm** Assessment, continued

**3:00 – 3:30 pm** Wrap up, next steps, and evaluation

Joan Kline, Putnam County Health Department



#### Appendix C: Gallery Walk

#### 10 Essential Public Health Services Gallery Walk Partners for a Healthy Putnam County November 3, 2016

Essential Service #1: Monitor health status to identify health problems – What's going on in our community? De we know how healthy we are?

- Disease Monitoring Communicable Disease stats (PCHD)
- Review new statistics (PCHD)
- Community Health Assessment process (PCHD)
- CMH (Children with Medical Handicaps) referral (PCHD)
- St. Rita's and PCHD work to identify EPI Center alerts
- Pride Survey (PC Task Force for Youth)
- Community health profile and community health rankings (PCHD)
- Cancer data from OCISS (PCHD)
- Death data (PCHD)
- Going to do nutrition and physical activity assessment for MCH grant
- LMH (Lima Memorial Hospital) also works to identify Epi Center alerts, all of our point of care testing is tracked through online monitoring and is reported to the CDC directly via their online database/portal.

Essential Service #2: Diagnose and investigate health problems and health hazards – Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?

- Initial on-scene, report back if received a call or complaint (i.e. copes dispatched to a home or area)
- Outbreak investigations (PCHD)
- Lead screenings of Head Start children (CAC and PCHD)
- Monitor all infectious diseases/illnesses (St. Rita's)
- Epi center alerts and NORS (PCHD)
- LMH is monitoring all infectious diseases/illnesses

Essential Service #3: Inform, educate and empower people about health issues – How well do we keep all people and segments of our community informed about health issues so they can make healthy choices?

- Youth programs on health and nutrition
- Breastfeeding education and nutrition education (WIC, HHWPCAC)
- Nutrition , Food Safety education for all ages (OSU Extension)
- SNAP-Ed low income (OSU Extension)
- Cooking Matters (OSU Extension)
- Seafood Nutrition Partnership Health Fairs, Ed Programs
- Matter of Balance Fall Prevention (Council on Aging, PCHD)
- Health presentations on various topics immunizations, diabetes, etc. (PCHD)
- Fitness and education classes (YMCA)

- Prevention Programs (Pathways)
- Putnam County Task Force for Youth various programs like Red Ribbon Week activities, servers training,
   Parents Who Host Lose the Most, etc.
- Parent Project (FCFC)
- OBB Car Seats (PCHD)
- Friends of Mental Health
- PARTY group alcohol, drug prevention
- High School Leadership Day, JEDI
- Heroin/Opiate Town Hall Forums

## Essential Service #4: Mobilize partnerships to identify and solve health problems- How well do we really get people and organizations engaged in health issues?

- FCFC meetings shared planning
- Kiwanis Health Fair
- Matter of Balance (PCHD and Council on Aging)
- This group Partners for a Healthy Putnam County working on the assessment through the MAPP process
- Friends of Mental Health
- LEPC Local Emergency Planning Commission
- DWART Dangerous and Wild Animal Response Team
- Chief's meeting
- Opiate Task Force
- Trustee meetings (PCHD)
- Mayors Meetings (PCHD)
- Operation and Maintenance (septic) meetings with interested stakeholders
- PCYMCA working with St. Rita's, Blanchard Valley and Memorial health care systems
- Leipsic Community Center will provide free health clinic for Leipsic residents
- Youth Task Force
- St. Rita's sponsors and promotes PC Running Series to encourage physical activity
- Medical Countermeasures Coalition
- Great collaboration when needed for emergencies (flood, disease, etc)
- Senior Expo (collaboration between PCHD, Home Health, COA, Senior Center, Meadows)
- Help Me Grow

# Essential Service #5: Develop policies and plans that support individual and statewide health efforts – What policies promote health in our community? How effective are we in planning and in setting policies?

- Wellness policy for employees
- Smoke Free Workplace policy
- Drug Free policy
- Healthy meeting policy (offer healthy alternatives at workplace meetings)
- Healthy vending options
- Gym memberships through work
- Wellness activities at KMI
- Community Health Fairs

## Essential Service #6: Enforce laws and regulations that protect health and ensure safety – When we enforce health regulations are we up-to-date, technically competent, fair and effective?

- PCHD enforces laws and regulations required by OAC and ORC for environmental health and nursing divisions.
- Law enforcement officers enforce laws
- School inspections (guidelines for safe school environment)

## Essential Services #7: Link people to needed health services and assure the provision of health care when otherwise unavailable – Are people receiving the health services they need?

- Refer callers to appropriate services (PCHD)
- Assess availability of services through the CHA process
- Head Start family support provides referrals and connections (through HHWP CAC)
- WIC program nutrition and breastfeeding through CAC
- Transportation for 60+ (PC COA)
- Wraparound (FCFC)
- Online social service directory (United Way website)
- Free Health Clinic (Leipsic Community Center) Leipsic residents only
- CMH (Children with Medical Handicaps) PCHD
- Open Access Pathways
- Help Me Grow

## Essential Service #8: Assure competent public and personal health care workforce – Do we have a competent public health staff? How can we be sure that our staff stays current?

- Workforce Development Plan (PCHD)
- Pay for CEUs (PCHD)
- Provided time for training (PCHD)
- Employment and Mental Health Services (ADAMHS Board)
- Mandatory education for all employees on yearly basis (St. Rita's) (PCHD)
- KMI certified response team EMR's and EMT's
- All LMH staff are required to receive mandatory education on a yearly basis.

## Essential Service #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services – Are we doing any good? Are we doing things right? Are we doing the right things?

- Program evaluations PCHD, OSU Extension
- Matter of Balance program evaluations
- Client satisfaction surveys

### Essential Service #10: Research for new insights and innovative solutions to health problems – Are we discovering and using new ways to get the job done?

- Looking to use Skype to access Behavioral Access Center at St. Rita's for patients presenting needing psyche assessment after hours when Pathways is not open (St. Rita's PCACC)
- Research based pilot programs gardening, intergenerational programs (OSU (state))

#### **Appendix D: Performance Scores**

#### **Performance Scores and Priority Rating of Model Standards**

Model Standards by Essential Services	Performance Scores	Priority Rating
ES 1: Monitor Health Status	80.6	4.7
1.1 Community Health Assessment	75.0	6.0
1.2 Current Technology	66.7	5.0
1.3 Registries	100.0	3.0
ES 2: Diagnose and Investigate	89.6	3.0
2.1 Identification/Surveillance	83.3	2.0
2.2 Emergency Response	91.7	5.0
2.3 Laboratories	93.8	2.0
ES 3: Educate/Empower	72.2	5.0
3.1 Health Education/Promotion	66.7	7.0
3.2 Health Communication	50.0	5.0
3.3 Risk Communication	100.0	3.0
ES 4: Mobilize Partnerships	89.6	2.0
4.1 Constituency Development	87.5	3.0
4.2 Community Partnerships	91.7	1.0
ES 5: Develop Policies/Plans	85.4	4.3
5.1 Governmental Presence	75.0	2.0
5.2 Policy Development	75.0	9.0
5.3 CHIP/Strategic Planning	91.7	4.0
5.4 Emergency Plan	100.0	2.0
ES 6: Enforce Laws	73.3	5.0
6.1 Review Laws	100.0	5.0
6.2 Improve Laws	25.0	8.0
6.3 Enforce Laws	95.0	2.0
ES 7: Link to Health Services	81.3	7.0
7.1 Personal Health Service Needs	75.0	6.0
7.2 Assure Linkage	87.5	8.0
ES 8: Assure Workforce	54.7	3.0
8.1 Workforce Assessment	33.3	3.0
8.2 Workforce Standards	41.7	1.0
8.3 Continuing Education	75.0	4.0
8.4 Leadership Development	68.8	4.0
ES 9: Evaluate Services	83.3	3.3
9.1 Evaluation of Population Health	68.8	4.0
9.2 Evaluation of Personal Health	100.0	1.0
9.3 Evaluation of LPHS	81.3	5.0
ES 10: Research/Innovations	38.9	2.0
10.1 Foster Innovation	56.3	4.0
10.2 Academic Linkages	41.7	1.0
10.3 Research Capacity	18.8	1.0

#### Appendix E: Strengths, Weakness and Opportunities

#### **Results: Essential Service #1**

#### **Monitor Health Status to Identify Community Health Problems**

- Accurate, ongoing assessment of the community's health status.
- Identification of threats to health.
- Determination of health service needs.
- Attention to the health needs of groups that are at higher risk than the total population.
- Identification of community assets and resources that support the public health system in promoting health and improving quality of life.
- Use of appropriate methods and technology to interpret and communicate data to diverse audiences.
- Collaboration with other stakeholders, including private providers and health benefit plans, to manage multi-sectorial integrated information systems.

Model Standard	Strengths	Weaknesses	Opportunities
1.1: Population-	PRIDE data every 2 years	not communicated well to	include mental health
<b>Based Community</b>	CHA done every 3 years	the public	providers as key informant
Health Assessment	Pathways does individual assessment		interviews
	of clients and stakeholders		more media exposure
	survey process is strong		website release with
	paper release to media		pathways and HHWP
1.2: Current	SRMC antimicrobial study - involves	Lack of GIS mapping	Implement GIS mapping
Technology to	taking off meds that patients don't		
Manage and	need when isolates from labs come		
Communicate	back		
Population Health	available online - health assessment		
Data	data on PCHD website		
	using software that is available at		
	different agencies		
1.3: Maintenance	animal bites to follow up from PCACC	need chronic disease	
of Population	to PCHD	registry	
Health Registries	Impact SIIS updated regularly	not all providers mandated	
	Mental health data - diagnosis, marital	to enter immunizations in	
	status, gender, employment status,	Impact SIIS	
	etc. collected on all clients then		
	analyzed		
	lead testing data		
	cancer registry		
	vital stats		

#### Results: Essential Service #2

#### Diagnose and Investigate health problems and health hazards

- Access to a public health laboratory capable of conducting rapid screening and high-volume testing.
- Active infectious disease epidemiology programs.
- Technical capacity for epidemiologic investigation of disease and outbreaks and patterns of the following: 1) infectious and chronic diseases; 2) injuries; 3) and other adverse health behaviors and conditions.

Model Standard	Strengths	Weaknesses	Opportunities
2.1: Identification and Surveillance of Health Threats	Hospital C-Diff and MRSA daily reporting Emergency response team mass fatality committee drill on closed PODS LEPC monitors diesel and fuel leaks PCHD monitors communicable disease in ODRS Ebola response Monkey pox response		Robust system of data with results given to residents
2.2: Investigation and Response to Public Health Threats and Emergencies	county wide drills and exercises active participation of agencies train their staff EMA office gives Hazmat resources	No current Emergency Response Coordinator at PCHD	Point of contact for all county volunteer management Replace PHEP coordinator Physician timely reporting of communicable disease
2.3: Laboratory Support for Investigation of Health Threats	ODH lab will analyze reportable disease specimens Labs are all credentialed Hospitals are aware of reporting mandates work well between physicians, hospitals, and PCHD lead testing data	physicians not all are on electronic medical records so some reporting is not timely	work with physicians to update them on importance and mandate of reporting

#### Inform, educate, and empower people about health issues

- Community development activities.
- Social marketing and targeted media public communication.
- Provision of accessible health information resources at community levels.
- Active collaboration with personal healthcare providers to reinforce health promotion messages and programs.
- Joint health education programs with schools, churches, worksites and others.

Model Standard	Strengths	Weaknesses	Opportunities
3.1: Health	Faith-based; people are related; there	May be some gaps in	Better networking with
<b>Education and</b>	is networking among	partnerships; cultural	partners; message
Promotion	agencies/organizations; there are	needs are not always	board/listserve for needs
	strong partnerships; we are small but	taken into consideration	for programs or client
	mighty Council on Aging	with programs/services;	needs, etc.; Yahoo group
	Newsletter; Matter of Balance	need evidenced based	or closed Facebook page;
	program; Senior Center has programs;	programs - some are,	find a way to put info in
	Meadows offers a variety of programs;	some aren't and	one spot to decrease
	Cooking Matters at OSU Ext.; Snap-Ed;	sometimes difficult to find	duplication of services or
	State Reps go to OSU Ext offices for	some that are good for our	overlapping of services;
	visits; Advisory Groups (OSU Ext and	community; tough to get	One stop shopping to find
	others); Medical Marijuana	info out with limited	where programs are;
	information available; United Way;	media; not everyone is on	United Way - add calendar
	Health Fairs, Senior Expo; Putnam	social media; some	of events to social service
	Heritage offers programs; YMCA offers	barriers in culture	directory; Text messages
	programs; Baby Needs program;	understanding – most of	out to those that sign up -

	Health Dept has a new MCH grant with various programs; Healthy U Diabetes program at Council on Aging (evidenced based, need facilitators)	PC is Christian/Catholic, white, English-speaking; each community in PC is different; millennial differences.	what is going on today and where; Utilize Sentinel more; If offer program for Hispanic - have programs for all members of the family at the same time because they are often very family-based and want to do a program with the entire family or at the same time as other family members
3.2: Health Communication	Schools are a good vehicle to get information out	We don't have many media outlets, if a person doesn't have a child in school how do they get info? Facebook - reposting of info and not sure if it is a credible source; Communication Plan- not many have one for their organization. Health Dept is working on one now;	General website for all county information, Text alert system would be great way to get information out, maybe should offer a spokesperson training; KMI has TV monitors in break room - could be an opportunity to show health information (other industry may have as well)Physician timely reporting of communicable disease
3.3: Risk Communication	Trainings available	Not everyone is trained, need to make sure we are hitting all parts of the county, community needs to know that there are plans in place	What are the risks in the different towns/areas of the county? Where to go? Where to get info to know where to go? In an emergency - offer constant reporting from TV/radio/etc to get information in a timely manner and not have to wait until the next broadcast

#### Mobilize community partnerships to identify and solve health issues

- Convening and facilitating partnerships among groups and associations (including those not typically conserved to be health related).
- Undertaking defined health improvement planning process and health projects, including preventive, screening, rehabilitation, and support programs.
- Building a coalition to draw on the full range of potential human and material resources to improve community health.

<b>Model Standard</b>	Strengths	Weaknesses	Opportunities
4.1: Constituency	Big Brother/Big Sisters matches with	If don't have internet	Involving millennials more
Development	nursing home patients; there are math	access, where can you get	- focus group/trainings;

	and reading tutors in the schools;	the info you need?	bring traditionalist groups
	United Way has info on website (needs	Millennial generation not	to the table;
	updated); there is low turnover in the	always heard - not in	intergenerational
	agencies so there is no need to	leadership roles yet (will	programs; need to find
	reorient; consistent in knowing what	often volunteer time but	champions for programs;
	are the issues, but sometimes difficult	not dollars - want to be	use layman terms; Help
	to find a fix; Transportation	engaged); better	with increasing the
	committee; communities can	understanding of	understanding - why is it
	sometimes find someone within to	millennials needs;	important to me? Knowing
	help; free programs often draw	technology barriers	- to- doing crossing the
	engagement (fee can be a deterrent)	between generations;	bridge is difficult and need
		need to understand our	to help people get
		age demographics and	engaged; provide link to
		engage or offer programs	social service directory on
		accordingly	all partner websites
4.2: Community	Great partnerships	Need to add more to the	Point of contact for all
Partnerships		table; money is not always	county volunteer
		available to offer the	management
		programs we want;	Replace PHEP coordinator
		preventive maintenance is	Physician timely reporting
		the way to success;	of communicable disease
		millennials/older	
		generation, etc	

#### Develop policies and plans that support individual and community health efforts

- Leadership development at all levels of public health.
- Systematic community-level and state-level planning for health improvement in all jurisdictions.
- Development and tracking of measurable health objectives from the community health plan as a part of continuous quality improvement strategy plan.
- Joint evaluation with medical healthcare system to define consistent policies regarding prevention and treatment services.
- Development of policy and legislation to guide the practice of public health.

Model Standard	Strengths	Weaknesses	Opportunities
5.1:	collaboration with other local agencies	Limited financial assistance	
Governmental	is good	from other agencies is	
Presence at the	Feel like when the health department	available	
Local Level	needs participation or help with		
	activities the other agencies and		
	community responds - work well		
	together - participate in activities and		
	committees		
5.2: Public Health	Smoke free workplace policies in place	do not do any public	Get education on how to
Policy	Wellness policies developed in many	health impact analysis of	conduct a Health in all
Development	agencies	proposed local policies	Policies analysis and
	Town hall meeting on opiates and		educate decision makers
	evolving opiate task force		on the importance of
	Elder Abuse task force and increasing		looking at how changes
	awareness		will affect health
			Address vaping in the

			and the first and the contract
			smoke free policy
			Address marijuana usage
			in policies
5.3: Community	CHIP was developed with good	Limited time to get it all	Do more media messaging
Health	participation from local agencies and	done	throughout the years to let
Improvement	community involvement from the last	Limited financial resources	people know the priorities
process and	CHA 3 years and we are all here to	from agencies to support	and work that is being
Strategic Planning	participate in the process again. Last	process	done. We do a media blitz
	CHIP used primary data, secondary		but then people forget
	data, focus groups, key informant		about it in the public so
	interviews, LPHSA then prioritized		need more regular
	goals and activities		reminders
5.4: Plan for	Monthly drills at Pathways	funding for preparedness	hire new preparedness
Public Health	Each desk at Pathways has an	activities may be cut or	coordinator at health
Emergencies	emergency tree	decreased	department
	Schools do lock down drills		
	NAPPI training at SRMC on how to get		
	out of an attack		
	ALICE training in schools		
	Regular tabletops and functional		
	exercises done at PCHD		
	MARCS radio drills		
	Regional exercises for hospitals and		
	health departments		

#### Enforce laws and regulations that protect health and ensure safety

- Enforcement of sanitary codes, especially in the food industry
- Protection of drinking water supplies
- Enforcement of clean air standards
- Animal control activities
- Follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings
- Monitoring quality of medical services (laboratories, nursing homes, and home healthcare providers)
- Review of new drug, biologic, and medical device applications

<b>Model Standard</b>	Strengths	Weaknesses	Opportunities
6.1: Review and	PCHD enforces laws and regulations	Need more activity with	Stay up-to-date on
Evaluation of	required by OAC and ORC; Law	public health laws not	pending and new
Laws, Regulations,	Enforcement enforces laws; Makes	governed by the Health	legislation, share
and Ordinances	sure laws are followed by residents;	Department	information with partners
	Agencies share information about new		
	laws; Educate stakeholders		
6.2: Involvement	Provide feedback during public	Very little done locally to	Teach stakeholders about
in the	comment periods for new legislation	improve public health laws	how to advocate for
Improvement of			improved public health
Laws, Regulations,			laws; Educate partners
and Ordinances			about Health in all Policies
6.3: Enforcement	Ohio Administrative and Ohio Revised	At times the purpose for	Provide more education
of Laws,	Code followed; Health Department and	laws are not understood	about laws and the need
	partners work together for public		for enforcement

Regulations and	health emergencies; Surveys from	leading to less
Ordinances	state evaluate our ability to carry out	enforcement
	laws	

# Link people to needed personal health services and assure the provision of health care when otherwise unavailable

- Assurance of effective entry for socially disadvantaged people into a coordinated system of clinical care.
- Culturally and linguistically appropriate materials and staff to ensure linkage to services for special population groups.
- Ongoing "care management."
- Transportation services.
- Targeted health education/promotion/disease prevention to at-risk population groups.

Model Standard	Strengths	Weaknesses	Opportunities
7.1: Identification	Good resources in the area; Better at	Is there a Dental Mobile	Mental Health First Aid - at
of Personal Health	getting people in for mental health	unit anymore?; lack of	worksites? Home visiting
Service Needs of	services; First Call for Help services;	education - leads to using	for mental health; Ask
Populations	Dental care - but not sure how many accept Medicaid; Dental services at Rhodes in Lima	emergency room for general care - no medical home; Mental health scores were low (at KMI); no understanding of how to help	those in identified populations - What do you need? Why don't you go for help?; More information about the importance of yearly wellness exam;
7.2: Assuring the Linkage of People to Personal Health Services	HHWP Community Action; Ohio Benefit Bank; Existing programs that help people sign up for assistance; SNAP; Tax assistance; HEAP	Few or no outreach workers	better outreach

#### Results: Essential Service #8

#### Assure a competent public health and personal health care workforce

- Education, training, and assessment of personnel (including volunteers and other law community health workers) to meet community needs for public and personal health services.
- Efficient processes for licensure of professionals.
- Adoption of continuous quality improvement and lifelong learning programs.
- Active partnerships with professional training programs to ensure community-relevant learning experiences for all students.
- Continuing educations (requirements?) in management and leadership development programs for those charged with administrative/executive roles.

Model Standard	Strengths	Weaknesses	Opportunities
8.1: Workforce	Many agencies provide education to	Very few agencies	Determine workforce
Assessment,	employees so that they are able to	complete workforce	development
Planning, and	provide services efficiently.	assessments	opportunities in the
Development			county; Provide trainings
8.2: Public Health	Agencies mandate that their employees	Job descriptions are	
Workforce	meet minimum qualifications and have	varied, several agencies	
Standards	a method to verify that qualifications	identified that they need	
	are met; Some agencies provide the	improved	
	mandatory education; KMI certified		
	response team		
8.3: Life-long	Some agencies pay for CEU's or provide	Different cultures are not	Use assessment findings to
Learning through	time off to obtain them; Agencies work	frequently discussed in	identify populations in
Continuing	well together and invite other local	training sessions for staff	Putnam County with
Educations,	agencies to participate in trainings;		additional needs; Address
Training and	Agencies provide needed training to		different cultures/social-
Mentoring	their employees		economic status when
			providing trainings
Public Health	Putnam County agencies work well	Leadership development	Identify potential
Leadership	together and all strive to improve the	opportunities are rarely	leadership development
Development	health of the community.	provided to all employees	opportunities for local
			agencies to provide to
			their staff

# Evaluate effectiveness, accessibility, and quality of personal and population-based health services

- Assessing program effectiveness through monitoring and evaluation implementation, outcomes and impact
- Providing information necessary for allocating resources and reshaping programs.

<b>Model Standard</b>	Strengths	Weaknesses	Opportunities
9.1: Evaluation of Population-Based Health Services	Great participation in CHA and MAPP Process; Evaluations of many services are performed: Quality Improvement Projects	Do not specifically assess how the vulnerable populations receive services	Identify methods to evaluate the effectiveness of our programs with vulnerable or special needs populations
9.2: Evaluation of Personal Health Services	Evaluations done by many county agencies for multiple programs		Continue to identify ways to improve evaluations
9.3: Evaluation of the Local Public Health System	Many community agencies, representing multiple disciplines are engaged in this process	While agencies coordinate services and work well together, there is not a specific assessment to measure results or help to indicate when changes should occur	

#### Research for new insights and innovative solutions to health problems

- Full continuum of innovations, ranging from practical field-based efforts to fostering change in public health practice, to more academic efforts that encourage new directions in scientific research.
- Continuous linkage with institutions of higher learning and research.
- Internal capacity to mount timely epidemiologic and economic analyses and conduct health services

Model Standard	Strengths	Weaknesses	Opportunities
10.1: Fostering	Skype for behavioral health	Research is not a focus in	Maintain list of best
Innovation	assessments; Some agencies collect or share data for research projects; encourage participation in community surveys and school based surveys to gather information for our county; SRMC participates in research studies	many agencies	practice programs that could be used in our county; Identify issues/programs to be studied
10.2: Linkage with	Many agencies mentor students; Area	Research opportunities	
Institutions of	agencies have had arrangements with	with universities or other	
Higher Learning	universities to provide services such as	research organizations	
and/or Research	Strategic Planning, Workforce	are at a minimum	
	Development		
10.3: Capacity to		Very little access to	
Initiate or		universities that can do	
Participate in		research; local funding	
Research		and resources are not	
		adequate.	

#### Appendix F: LPHSA Evaluation Summary

# Putnam County Local Public Health System Assessment Evaluation Summary November 3, 2016 ~ 8:30 a.m. – 3:30 p.m.

Please circle which group you participated in today:

**Group A:** Essential Services 1, 2 and 5 (10)

**Group B:** Essential Services 3, 4 and 7 (10)

**Group C:** Essential Services 6, 8 and 9 (10)

Rate today's assessment by indicating your responses to the following statement:



	1 Strongly disagree	2 Disagree	3 No opinion	<b>4</b> Agree	5 Strongly agree	Avg. Score
We accomplished what we hoped to accomplish today				1	16	4.94
The right amount of time was spent on each Essential Service.				2	15	4.88
The format/structure of the time helped us to be productive.				3	14	4.82
The process used allowed for contributions from all group members				1	16	4.94
The Gallery Walk was a useful activity.			2	6	9	4.41
I learned of a resource/program in our community that I did not know of before today.		1	1	4	11	4.47
Overall, today was a good use of my time.				4	13	4.76

What I liked best about this process was...

- The discussion
- Open communication with agencies
- Broken up to cover topics in small discussion groups
- Very education and helpful
- Networking
- Contributing
- The open discussions and benchmarking within the group

- Networking and sharing info
- Collaborations
- Interactive
- Group discussions
- Gallery Walk
- All agencies working together, sharing information
- It allowed for good discussion
- Working with other agencies

The process used today could have been improved by...

- Some members of the group didn't have as much to contribute as others
- Nothing

Additional Comments (use back of page, if needed):

- It seemed to be a very good process
- Thanks to all facilitators for putting on a terrific program
- Thanks
- Great activity!
- Good training, great lunch. A good group to work with

# Appendix E: Forces of Change Putnam County January 2017

# Putnam County Forces of Change Assessment 2016-2017

The Forces of Change Assessment is designed to help determine what is occurring or might occur that affects the health of the community or the local public health system. Participants in the assessment were asked to identify specific threats or opportunities that are generated by these occurrences. Trends (patterns over time), factors (discrete elements such as a rural setting or population demographics) and events (one-time occurrences such as a natural disaster) are considered when reviewing the results of the Community Health Assessment as a whole and in determining priorities for the Community Health Improvement Plan.

The Forces of Change Assessment was conducted in January and February 2017. The members of the Partners for a Healthy Putnam County were asked to answer the following two questions through Survey Monkey:

- In thinking about forces of change changes that are outside of your control what is occurring
  or might occur that affects the health of community or the local public health system
- What specific threats or opportunities are generated by these occurrences?

Forces	Threats	Opportunities
Changes or Repeal of Affordable Care Act	-May increase the number of uninsured -Lack of healthcare for families -Hospitals may lose reimbursement if need to care for large uninsured population -Lack of preventable health care	-Healthcare may be more affordable
Aging population	-Health status of patients/residents can decline quickly	-More healthcare and personal care services needed
Heroin/Opiate/Other Drug/Alcohol Use	-Heroin/Opiate issues can lead to increase in morbidity and mortality for those affected -Alcohol use seems to be in the "culture" so difficult to make change	-People have come together to discuss solutions -Promote education -Increase awareness to all substance issues -Need services for drug treatment
Mental Health Counseling	-Minimal services available for mental health -Will healthcare reform affect availability of services? -How does mental health of parents affect children	-Provide treatment with employment as a goal -Focus on those most at-risk -More programs for children

	T	
Climate Change/Global Warming	-Increase in extreme weather	-Advocate politically to
	such as floods, drought,	reduce carbon emissions
	tornadoes	and increase recycling
Shortage of Workforce	-Industries may not come to	-Help with placement of
	Putnam County or stay here if	employees
	cannot get workforce	-Immigrants fill jobs that
	-Lack of health staff to employ	others may not want to do
	-Immigration law changes could	
	affect those that rely on	
	migrant help	
Legalization of marijuana	-Medical use legal now but may	-Business opportunities for
	be recreational use in the future	legalized sale
	-Legal recreational use could	
	lead to more overdoses in	
	adults in children	
	-Increase in "harder" drug use	
Emerging new diseases	-Increase in drug-resistant	-May be an opportunity for
	bacteria	new treatments
	-More superbugs	
	-Leads to more diseases and	
	death	
Civil Unrest	-Facility not set up for civil	-Should plan in case
	unrest in community	something happens here
	-People want to blame others	
	for all issues	
	-Rioting/Protest – not in	
	Putnam County yet but are we	
	ready if so?	
Funding Changes (Putnam County	-Grants are paid differently	-Educate the community
Health Department)	-Health department may be	regarding the importance of
	forced to decrease or make	health department services
	changes in activities	

Released April 2017

# Appendix F: Community Themes and Strengths Putnam County October 2016-March 2017

#### **Putnam County**

#### Community Themes and Strengths Assessment 2016-2017

To better understand and meet the needs of our growing community, the Partners for a Healthy Putnam County, facilitated by the Putnam County Health Department, conducted a Community Health Assessment (CHA). The Mobilizing for Action through Planning and Partnership (MAPP) process was used as the method for ensuring that comprehensive data was collected for the CHA. One of the four assessments that are part of the MAPP process is the Community Themes and Strengths Assessment. This assessment consists of talking with community members and surveying stakeholders to gather a better understanding of the community's concerns and opinions regarding the health of Putnam County. This information allows for a better understanding of how the quality of life is perceived in the community and what resources are available to improve the health of our residents.

#### **Focus Groups**

Focus groups were conducted with community members from different backgrounds. The diverse focus group participants were asked to respond to a series of questions relating to the health and quality of life in Putnam County. All of the groups were asked the same key questions. The opening question was optional as an "icebreaker" to help the groups become more comfortable with the process, if needed.

The following groups participated in the focus group discussions:

- Parents of at-risk youth
- Parents of Head Start students (Leipsic and Ottawa)
- Senior Citizens (Leipsic and Ottawa)
- At-risk youth
- Guidance Counselors
- Elementary Teachers
- Food Pantry participants
- Youth from PARTY (Putnam Adolescent Response Team for Youth)
- Leipsic Ministerial Group
- Police Chiefs

Overall the groups felt that Putnam County is healthier than other communities in the area. Putnam County is a friendly and supporting community and is a safe, clean place to live. There were some common areas of concern that were identified throughout the groups. Universal themes noted were the following:

- increase in addictions (alcohol and drug) and how children/families are affected
- mental health and concerns with access to services
- lack of transportation
- challenges for schools and parents (behaviors, etc.)
- obesity (sedentary lifestyle and unhealthy eating)
- high cancer rates

Below is a summary of the responses from the focus groups. The responses tallied could not include every response given, but rather the group consensus.

Opening Question #1(optional): What do you like best about living in Putnam County?

- Friendly and welcoming communities and organizations
- Family is here and community members look out for and help one another
- Safe and clean place to live

Key Question #2: How would you describe the health and quality of life in Putnam County?

- Quality of life above average in Putnam County
- Better than most communities, but seeing increasing issues with obesity, mental health, and addictions
- Good safe schools
- Lack of recreational facilities (youth spend too much time with electronics and not enough time outside)
- Lack of transportation
- Cancer rate concerns
- Family networks are present
- Concerns about alcohol use and how it is not considered a problem
- Older population is often in good health

Key Question #3: In your opinion, what are the most critical health and quality of life issues in Putnam County?

- Addiction on the rise (alcohol, and drugs [heroin])
- High cancer rates
- Mental health issues, particularly with child/ young adults (lack of providers, schools seeing more mental issues with fewer resources)
- Bullying
- Drug issues and the effect on the children of users
- Effects of social media and television on psychological and emotional health

Key Question #4: In your opinion, what would improve the health and quality of life in Putnam County?

- Transportation services
- Parenting programs (on behavior issues, coping skills for children/ young adults, social skills)
- More mental health facilities/ resources
- Increase availability of mental health counselors at schools
- More fresh fruit and vegetable options
- Leipsic Community Center will be offering a clinic, pharmacy, cooking classes, etc.

Key Question #5: In your opinion, what key resources already exist in the community that could contribute to improved health and quality of life in Putnam County?

- YMCA, Peak and other fitness centers
- Council on Aging, PC Health Department and Veterans Services
- Pathways, Counseling Matters and Putnam County Ambulatory Care Center
- Leipsic Community Center and Food Bank
- WRAP (Wraparound program provides family assistance for at-risk children), Help Me Grow, Big Brothers/ Big Sisters and WIC

- Churches with programs to help with home improvement, health related activities
- Food Pantry
- Re-entry help for those getting out of prison (Gilboa church)
- Community gardens
- Celebrate Recovery (New Creation)

Closing Question #6: Considering everything we have discussed, what is the most important issue you would like to see the Partners for a Healthy Putnam County address as part of the community's health improvement planning efforts?

- Transportation
- Addiction (Alcohol and Drugs)
- Bullying
- Mental health services (depression, mental health of children)
- Parenting education (behavior issues, ADHD, discipline, work ethic, communication)
- Nutrition and Exercise (combating obesity and educating our children)

#### **Key Informant Survey**

As part of the Community Health Status Assessment, groups of key informants in the county were identified and were asked to respond to a series of questions regarding the health and quality of life of the Putnam County community. The key informants were comprised of county physicians, mental health providers and businesses.

Themes similar to those identified in the focus groups were also noted by the key informants. Some of the top health issues in which there is concern included:

- mental health (depression, anxiety, etc.)
- diseases related to lifestyle choices (obesity, hypertension, type 2 diabetes)
- addictions (drug dependency, excessive alcohol usage, overeating, tobacco)

Mental health was discussed multiple times in the key informant surveys. Informants acknowledged a lack of resources to help residents address and cope with their mental health. There is a shortage of psychiatrists and there are no in-patient mental health facilities in Putnam County. The resources that are available are limited by wait times, location and lack of transportation. There is also a concern that residents have limited means to pay for services.

Obesity was a recurring theme in the key informant surveys. Obesity is seen as a common thread between many of the health conditions (hypertension, type-2 diabetes) in which Putnam County residents face. Contributing factors to obesity include the following: lack of education on food choices, sedentary lifestyles, and poor mental health.

Addiction was identified as a struggle for the county's residents. A difficult component of addiction is being able to acknowledge that a problem exists. As pointed out by the key informants, many Putnam County residents are unaware that the frequency in which they engage in unsafe behaviors ranks them in an addiction category. This struggle is intensified by the lack of local addiction treatment centers, inadequate education, and limited support-networks.

Below is a summary of the questions that were asked of the key informants:

- 1. In general, what do you think are the top 3 health issues in our county? Does this mirror the health problems you see in your practice?
  - Mental Health Issues (anxiety, depression, poor relationship choices)
  - Diseases related to lifestyle choices (obesity, hypertension, type 2 diabetes)
  - Addiction (drug dependency, alcohol, over-eating, tobacco)
- 2. What do you see as your role in conjunction with the public health system (health dept., mental health, schools, healthcare systems) in addressing these problems?
  - Educating, promoting, and empowering healthy choices and lifestyles
  - Directing to appropriate resources (i.e. counseling, in-patient, medical specialists)
- 3. As a physician/mental health practitioner, you are likely refer patients to other practitioners. What are the biggest barriers in helping your patient get the types of care they need?
  - Transportation (no vehicle or no money for gas)
  - Financial restraints (lack of qualifying insurance, outstanding medical bills)
  - Limited availability of medical specialists in close proximity (long wait times to get into practice, none located in the area, particularly lack of psychiatrists and in-patient mental health facilities)
- 4. The community health survey showed 74% of adults in Putnam County are overweight or obese versus 67% in Ohio and 65% in the U.S. What can/should be done by you or others in our community to address the obesity issue?
  - More indoor recreational facilities (indoor playgrounds, walking tracks, biking tracks)
  - Sidewalks for bike riding, walking, etc.
  - Education on portion sizes, definition of obesity, etc.
  - Education on dietary meal plans that target specific diseases
- 5. The community health survey showed 44% of Putnam County adults had 5 or more drinks on an occasion in the last month compared to 18% in Ohio and 16% in U.S. What can/should be done by you or others in our community to address the alcohol issue?
  - Education on standard drink sizes, definition of alcoholism
  - Start education at an early age
- 6. Data from local sources such as EMS runs, mental health addiction services, and death certificates indicate a growing drug addiction problem. What can or should be done by you or others in our community to address the drug issue?
  - In need of more addiction service resources
  - Early education on dangers of drug misuse
  - Development of a County Drug Court