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**Licking County
Health Department
Community Health Assessment
2010**

Licking County Health Department
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www.lickingcohealth.org

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Introduction

The Licking County Health Department (LCHD), in keeping with its vision of *Healthy People Living in Healthy Communities*, has developed this community health assessment. This document provides an overview of a variety of factors that affect the overall public health system in Licking County. This information will be used as a tool to evaluate the overall health status of Licking County and as a means for LCHD to set its public health priorities. In doing so, LCHD will attempt to address the issues that are negatively impacting the public health of the residents of the Licking County General Health District.

LCHD is committed to conducting a community health assessment on a three year cycle. Collecting data on this interval will allow the department to evaluate the efforts being implemented to address the most prominent public health issues in the county and identify emerging issues in the future. LCHD, along with its partners and the community at large, will continue to work to address these issues and positively impact the quality of life and public health in Licking County.

Demographics

<u>Sex and Age</u>	<u>Estimate (2008)</u>	<u>Percent</u>
Total Population	156,590	****
Male	76,596	48.90%
Female	79,994	51.10%
Under 5 Years	10,541	6.70%
5 to 9 Years	10,576	6.80%
10 to 14 Years	10,755	6.90%
15 to 19 Years	11,134	7.10%
20 to 24 Years	9,947	6.40%
25 to 34 Years	20,060	12.80%
35 to 44 Years	21,573	13.80%
45 to 54 Years	24,109	15.40%
55 to 59 Years	10,424	6.70%
60 to 64 Years	7,616	4.90%
65 to 74 Years	11,330	7.20%
75 to 84 Years	6,315	4.00%
85 Years and Over	2,210	1.40%
Median Age	37.6	****
18 Years and Over	118,147	75.40%
21 Years and Over	111,126	71.00%
62 Years and Over	23,837	15.20%
65 Years and Over	19,855	12.70%
18 Years and Over	118,147	75.40%
Male	56,837	48.10%
Female	61,310	51.90%
65 Years and Over	19,855	12.70%
Male	8,533	43.00%
Female	11,322	57.00%
<u>Race</u>	<u>Estimate (2008)</u>	<u>Percent</u>
Total Population	156,590	****
One Race	153,839	98.20%
Two or More Races	2,751	1.80%
White	148,015	94.50%
Black or African American	4,273	2.70%
American Indian and Alaska Native	295	0.20%
Asian	1,068	0.70%

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Native Hawaiian or Other Pacific Islander	0	0.00%
Some Other Race	188	0.10%
White and Black or African American	839	0.50%
White and American Indian and Alaska Native	770	0.50%
White and Asian	440	0.30%
Black or African American and American Indian and Alaska Native	78	0.00%
Race Alone or In Combination with One or More Other Races		
White	150,449	96.10%
Black or African American	5,601	3.60%
American Indian and Alaska Native	1,315	0.80%
Asian	1,726	1.10%
Native Hawaiian and Other Pacific Islander	0	0.00%
Some Other Race	429	0.30%
Hispanic or Latino and Race		
Hispanic or Latino (of any race)	1,698	1.10%
Mexican	887	0.60%
Puerto Rican	198	0.10%
Cuban	0	0.00%
Other Hispanic or Latino	613	0.40%

Source: United States Census Bureau

Licking County is located in central Ohio and is the second largest county by square miles in the state. It was the 16th largest county in the state by population in 2008. The population of the county has increased from 145,625 in 2000 to an estimated 156,590 in 2008. This trend is expected to continue when the 2010 census data is released. However, the race and ethnic population distribution in the county has remained relatively unchanged since 2006.

<u>Income and Benefits (2008)</u>	<u>Number of Households</u>	<u>Percent</u>
Less Than \$10,000	3,689	6.20%
\$10,000 to \$14,999	2,622	4.40%
\$15,000 to \$24,999	5,515	9.30%
\$25,000 to \$34,999	6,919	11.60%
\$35,000 to \$49,999	3,311	15.70%
\$50,000 to \$74,999	11,792	19.90%
\$75,000 to \$99,999	8,189	13.80%
\$100,000 to \$149,999	7,923	13.30%
\$150,000 to \$199,999	1,997	3.40%
\$200,000 or More	1,442	2.40%
Total	59,399	100%
Median Household Income	\$53,757	

Source: United States Census Bureau

<u>Households By Type</u>	
Total Households	59,399
Family Households	42,687
With Own Children Under 18	18,830
Married-Couple Family	33,301
With Own Children Under 18	13,042
Male Householder No Wife Present	2,653
With Own Children Under 18	1,719
Female Householder, No Husband Present	6,733
With Own Children Under 18	4,069
Nonfamily Households	16,712
Householder Living Alone	13,756
65 Years and Over	5,368

Source: United States Census Bureau

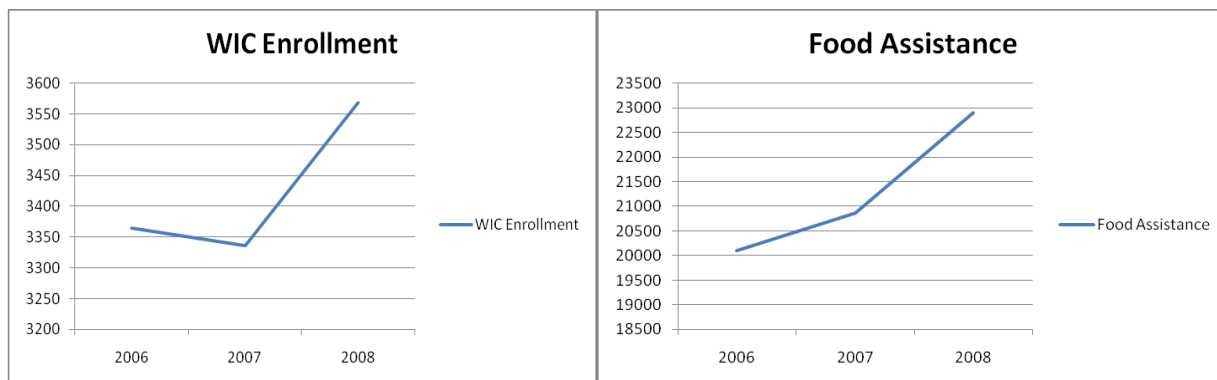
Income, as well as education, is considered a social determinant of health, and it has been proven that individuals who lack in these areas are more at risk of suffering from adverse health risks. The median household income in Licking County has increased from \$49,980 in 2006 to \$53,757 in 2008.

While the population in the county has increased over the last eight years, the number of households has remained relatively unchanged since 2006. There a total of 59,260 households in 2006 and 59,399 in 2008. This represents increase of 139 households.

WIC Enrollment

2007	3365
2008	3336
2009	3568

Source: Licking County Health Department WIC Program



Food Assistance

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Average Monthly Adult Recipients	6,962	7,166	8,834
Average Monthly Child Recipients	5,913	6,060	7,731
Total Number of Recipients (Annual Unduplicated)	20,093	20,861	22,906
Percent of Population	12.90%	13.30%	14.50%

Source: Ohio Department of Jobs and Family Services

While the median income level in Licking County increased from 2006 to 2008, the number of individuals seeking assistance from the county’s Women, Infants, and Children (WIC) program and receiving food stamps increased during this time period. In order to qualify for WIC, a participant’s gross monthly income must be within 185% of the federal poverty level. To qualify for food stamps the gross monthly income amount must be within 130% of the federal poverty level. A study conducted by Northwestern University indicates that though individuals suffering from adverse socio-economical factors are at a higher risk of having negative health outcomes, programs such as WIC can be expected to increase the likelihood that these individuals will avoid such negative outcomes and improve their overall health status.

Educational Attainment

Less Than 9th Grade	2,666
9th to 12th Grade (No Diploma)	9,653
High School Graduate (Includes GED)	41,040
Some College (No Degree)	21,129
Associate's Degree	6,581
Bachelor's Degree	15,354
Graduate or Professional Degree	7,124
Percent of Population High School Graduate or Higher	88.10%
Percent of Population Bachelor's Degree or Higher	21.80%

Source: United States Census Bureau

School Enrollment

Nursery School and Preschool	2,597
Kindergarten	2,300
Elementary School (Grades 1-8)	16,594
High School (Grades 9-12)	8,627
College or Graduate School	10,545
Total Population Over 3 Years Enrolled in School	40,663

Source: United States Census Bureau

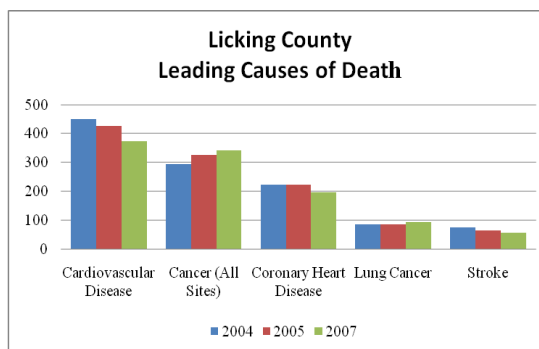
As stated previously, the level of education an individual achieves can directly affect their health status. The number of students enrolled in school has increased from 36,849 in 2006 to 40,663 in 2008. This increase is mainly attributed to the number of students that were enrolled in college or graduate school over this period. The number of students enrolled in these institutions increased by a total of 3,564 from 2006 to 2008. The number of individuals in the county with a Bachelor's Degree or higher also increased during this time period. This trend would indicate that these individuals would be less likely to suffer from poor health status.

Leading Causes of Death in Licking County

<u>Cause of Death</u>	<u>2004</u>	<u>2005</u>	<u>2007</u>
Cardiovascular Disease	449	425	374
Cancer (All Sites)	294	327	341
Coronary Heart Disease	224	224	197
Lung Cancer	86	87	94
Stroke	76	64	57
Diabetes	70	66	47
Unintentional Injuries	57	67	75
Colorectal Cancer	30	30	31
Breast Cancer	27	32	24
Motor Vehicle Traffic Related Causes	23	28	24
Intentional Self Harm (Suicide)	21	20	19
Pneumonia/Influenza	20	20	15
Chronic Liver Disease and Cirrhosis	6	12	13
Assault (Homicide)	5	2	6
Cervical Cancer	0	1	1

Source: Ohio Department of Health Information Warehouse

The leading cause of death in Licking County from 2004 to 2007 was cardiovascular disease. Though the county has experienced a drop in deaths attributed to this cause, the number of cancer deaths in the county has grown during the same time period. Licking County differs from the state of Ohio, as the leading cause in the state during this time period was cancer followed by cardiovascular disease. The county also experienced an increase in lung cancer deaths, as well as unintentional injury related deaths during 2004-2007.



<u>Cancer Deaths</u>	<u>2002-2004</u>	<u>2006-2008</u>
Trachea, Bronchus & Lung	259	287
Colon, Rectum & Anus	103	94
Breast	93	76
Prostate	50	45
Pancreas	33	59
Leukemia	30	34
Ovary	26	22
Non-Hodgkins Lymphoma	26	27
Kidney & Renal Pelvis	25	22
Brain and Central Nervous System	23	24
Esophagus	21	33
Bladder	21	19
Melanoma of Skin	20	14
Multiple Myeloma	19	16
Stomach	12	11
Liver and Bile Ducts	12	22
Lip, Oral Cavity & Pharynx	10	23
Corpus Uteri	8	11
Larynx	5	2
Cervix Uteri	4	3
Other & Unspecified	92	112
Total	<u>892</u>	<u>956</u>

Source: Ohio Department of Health Information Warehouse

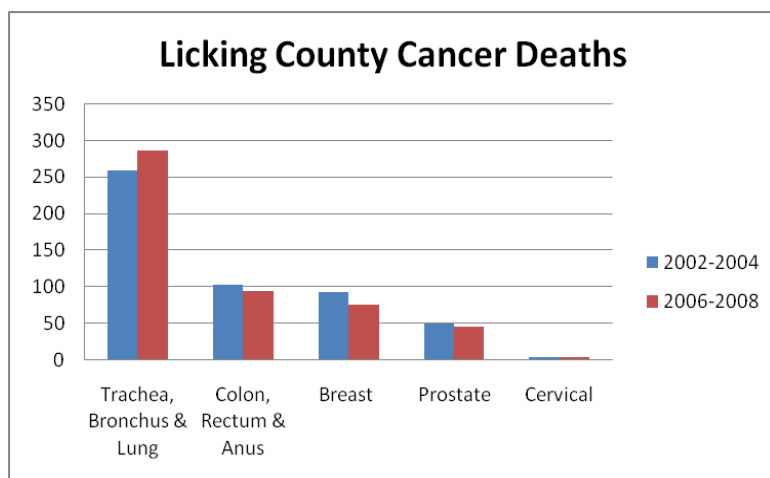
Licking County has seen a rise in the total number of cancer deaths from 2006 to 2008 compared to 2002-2004. Specifically, an increase has been seen in Trachea, Bronchus and Lung Cancer deaths as well as Pancreatic, Esophageal, and Lip, Oral Cavity and Pharynx cancer deaths. Three of these types of cancer can be attributed to tobacco use. The LCHD's community health assessments from 2006 and 2008 have shown that the use of tobacco products by county residents has also increased during this time period.

Percent of Late Stage Cancer Diagnosis (2002-2006)

Type of Cancer	Diagnosed in Late Stage
Lung and Bronchus	63.8%-68.9%
Colon and Rectum	> 49.3%
Prostate	10.0%-11.8%
Cervical	< 33.4%
Breast	< 25.8%

Source: Ohio Cancer Facts and Figures 2009

The American Cancer Society indicates that early detection and diagnosis of cancer are critical in increasing the patient’s chances of survival. Licking County residents from 2002 through 2006 were contained in the third highest percentage category of late stage diagnosis of lung and bronchus cancers in Ohio and the highest percentage category of late stage diagnosis for colon and rectum cancers in the state. Trachea, Bronchus, and Lung cancers were proven to be the

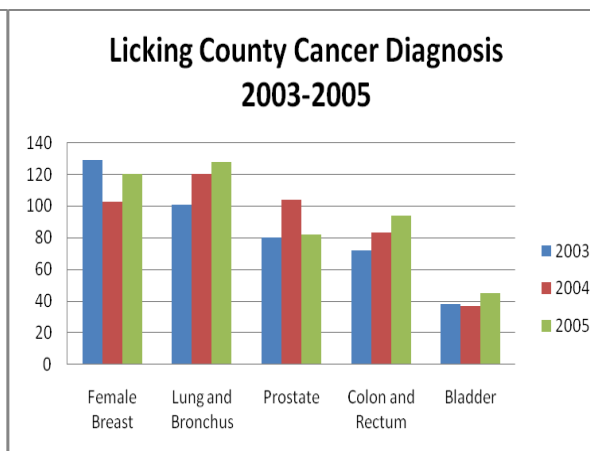
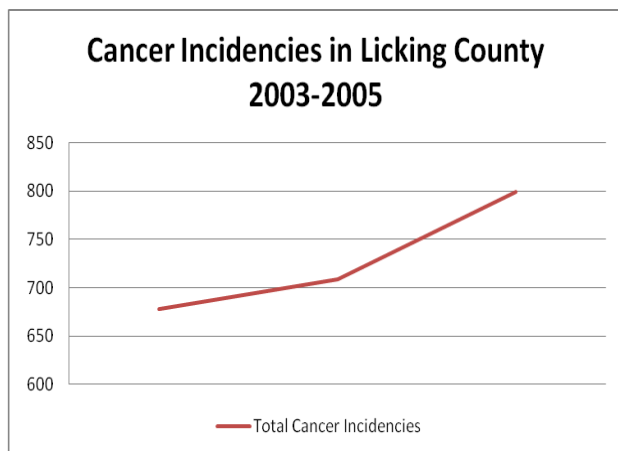


leading cause of cancer deaths in Licking County as indicated previously, and although there was a slight decrease in colon, rectum, and anus cancer deaths, it still proved to be the second leading cause of cancer deaths in the county.

Comparatively, the county was in the lowest late stage diagnosis percentage categories for both cervical and breast cancers in the state. Cervical cancer accounted for a minimal amount of deaths over these time periods, and the deaths attributed to breast cancer were reduced by 18%. These statistics appear to confirm the importance of early detection and diagnosis of cancer related to the health outcomes of the patient.

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<u>Cancer Incidences</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>
Female Breast	129	103	120
Lung and Bronchus	101	120	128
Prostate	80	104	82
Colon & Rectum	72	83	94
Bladder	38	37	45
Melanoma of Skin	30	28	53
Non-Hodgkins Lymphoma	28	17	27
Kidney & Renal Pelvis	24	18	24
Corpus Uteri	18	27	24
Oral Cavity & Pharynx	16	14	15
Leukemias	16	14	23
Thyroid	14	8	11
Brain and Central Nervous System	11	11	17
Pancreas	9	8	17
Esophagus	8	17	14
Ovary	8	12	12
Larynx	6	8	9
Cervix Uteri	6	3	7
Testis	6	4	10
Liver & Intrahepatic Bile Duct	3	4	7
Hodgkins Lymphoma	3	4	4
Multiple Myeloma	3	6	6
Stomach	2	12	6
Other	47	47	44
Total	678	709	799



Source: Ohio Department of Health Information Warehouse

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<u>Injury Related Deaths</u>	<u>2003-2005</u>	<u>2006-2008</u>
Motor Vehicle Accidents	78	55
Other and unspecified Non Transport Accidents	38	47
Accidental Poisoning	37	56
Suicide By Firearm	28	29
Suicide By Other Means	23	28
Falls	15	38
Homicide By Firearms	9	8
Accidental Drowning and Submersion	7	4
Accidental Discharge of Firearms	2	1
Other Land Transport Accidents	1	1

Source: Ohio Department of Health Information Warehouse
Licking County Health Department 2006 Community Health Assessment

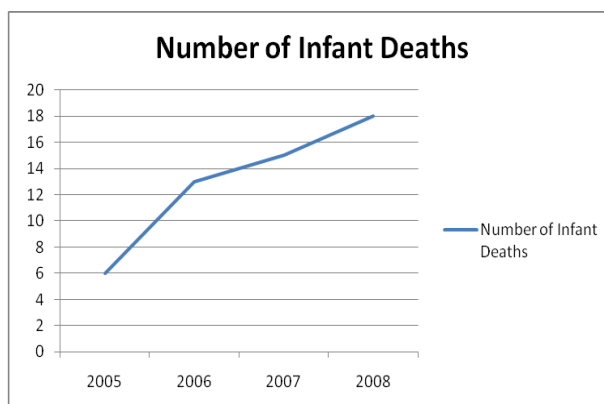
Licking County experienced a 29.0% reduction in deaths associated with motor vehicle accidents from 2003-2005 to 2006-2008. The state of Ohio experienced only a 3.0% reduction over the same timeframe. However, the county saw deaths associated with accidental poisonings rise 51.4% over this period, as well as a 150% increase in deaths associated with falls. Across Ohio a sharp increase in deaths associated with accidental poisonings was found as well, along with a slight increase in falls as the cause of death.

Maternal and Child Health Indicators

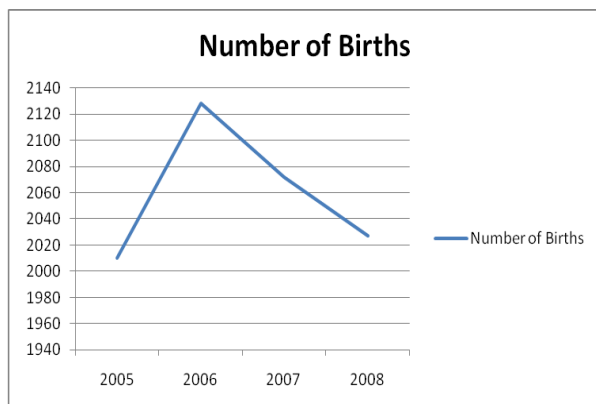
Licking County Infant Mortality		Licking County Live Births	
Year	Number of Deaths	Year	Number of Births
2005	12	2005	2,010
2006	13	2006	2,128
2007	15	2007	2,072
2008	18	2008	2,027

Source: Ohio Department of Health Information Warehouse

Licking County experienced a 50% increase in infant deaths from 2005 to 2008. In comparison, Ohio realized a 6.6% decrease in infant mortality during this time period. The fact a much larger data pool exists related to infant mortality for the state of Ohio in comparison to Licking County must be taken into account when analyzing these figures. However, this trend should be noted and explored as more



current data becomes available.



The number of births in the county fluctuated over this period. On average 2059 births occurred in Licking County from 2005-2008. However, this number represents the number of births that occurred in the county and not the total number of county residents that gave birth during this time period. A significant amount of Licking County residents are born in surrounding counties, which are not reflected by this statistic.

Top Causes of Infant Deaths

<u>Cause of Death</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
1. Congenital Malformations, Deformations and Chromosomal Abnormalities	4	6	5	3
2. Sudden Infant Death Syndrome	3	0	1	2
3. Disorders Related to Short Gestation and Low Birth Weight, Not Elsewhere Classified	0	2	2	3
4. Neonatal Hemorrhage	0	0	4	1
5. Newborn Affected By Complications of Placenta, Cord, and Membranes	0	0	0	1
6. Newborn Affected By Complications of Pregnancy	1	1	0	1
7. Bacterial Sepsis of Newborn	0	0	0	1
8. Diseases of the Circulatory System	0	0	0	1
9. Respiratory Distress of Newborn	0	0	0	1
10. Accidents (Unintentional Injuries)	0	0	0	1
11. All Others	4	4	3	3
<u>Total</u>	<u>12</u>	<u>13</u>	<u>15</u>	<u>18</u>

Source: Ohio Department of Health Information Warehouse

Births by Gestational Age

<u>Gestational Stage</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
Very Preterm*	29	41	30	56
Preterm**	228	287	230	253
Term***	1,706	1,780	1,791	1,723
Post-Term****	70	59	49	50

Source: Ohio Department of Health Information Warehouse

*Very Preterm is considered when an infant is born after less than 32 weeks of gestation

**Preterm is considered when an infant is born after less than 37 weeks of gestation

***Term is considered when an infant is born after 37 weeks of gestation

****Post-Term is considered when an infant is born after more than 37 weeks of gestation

Live Births by Birth Weight

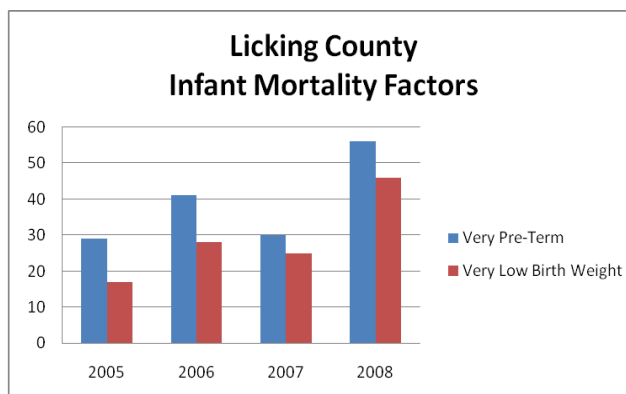
<u>Weight</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
Very Low Birth Weight*	17	28	25	46
Low Birth Weight**	135	181	143	167
Normal Birth Weight	1,708	1,778	1,745	1,670
High Birth Weight	164	167	181	188
Unknown	2	2	3	2

Source: Ohio Department of Health Information Warehouse

*Very Low Birth Weight consists of infants weighing less than 3.3 pounds

**Low Birth Weight consists of infants weighing less than 5.5 pounds

A mother failing to carry a pregnancy to term or delivering an infant with a lower than normal birth weight can put the infant at a higher risk of developing negative health consequences and also lessen the child’s survival chances. The American Congress of Obstetricians and Gynecologists indicates that infants born very preterm or preterm are at a higher risk of developing both short-term and long-term disabilities than those carried to term. Specifically, these infants are at risk of developing bleeding in their brains, having trouble communicating or making sounds, cerebral palsy and developmental delays. The incidences of these health risks fluctuated in Licking County from 2005-2008. However, 2008 saw the highest incidences of infants born very preterm and with very low birth weights. These infants are considered the most vulnerable to suffer from both negative health issues and mortality.

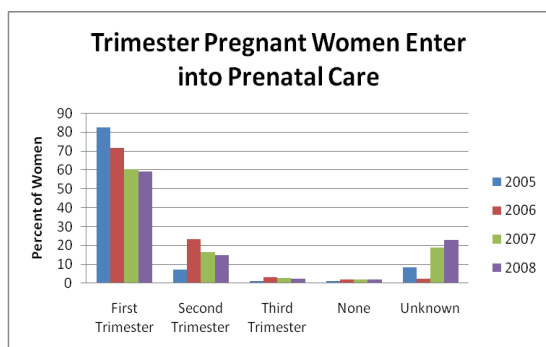


Trimester of Entry into Prenatal Care

Trimester of Entry into Prenatal Care	2005	2006	2007	2008
First Trimester	82.5%	71.5%	60.2%	59.3%
Second Trimester	7.10%	23.4%	16.3%	14.7%
Third Trimester	1.00%	3.30%	2.61%	2.30%
None	1.00%	1.90%	1.90%	1.8%
Unknown	8.40%	2.50%	19.0%	23.1%

Source: Ohio Department of Health Information Warehouse

The Mayo Clinic indicates that prenatal care is essential to improving the chances that a mother and her child do not experience adverse health effects that would lead to factors that could negatively impact both of their health. Licking County saw the number of pregnant women entering into prenatal care decline from 2005-2008. However, the number of live births in the county also declined during this time period.



An additional factor related to negative health effects of both mothers and babies is teen pregnancy. This factor can lead to a higher risk of low birth weight, an increased likelihood that the mother will smoke during pregnancy, and a lesser chance that the mother will access prenatal care. Also, teen mothers are more likely to live in poverty, have a reduced chance of having healthcare, and the

children of these mothers are more likely to become teen mothers themselves. Licking County experienced a decline in teen pregnancy rates from 2005 to 2008, and a lower teen birth rate as well.

Teen Pregnancy and Births

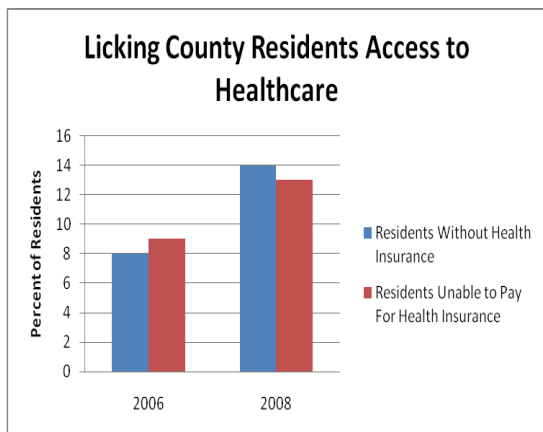
Teen Pregnancy Rates	2006	2007	2008
Ages 10-14	6	7	3
Ages 15-17	105	121	119
Ages 18-19	231	214	208
Teen Birth Rates			
	2006	2007	2008
Ages 10-14	4	3	0
Ages 15-17	51	52	69
Ages 18-19	177	151	153

Source: Ohio Department of Health Information Warehouse

Behavior Risk Factors

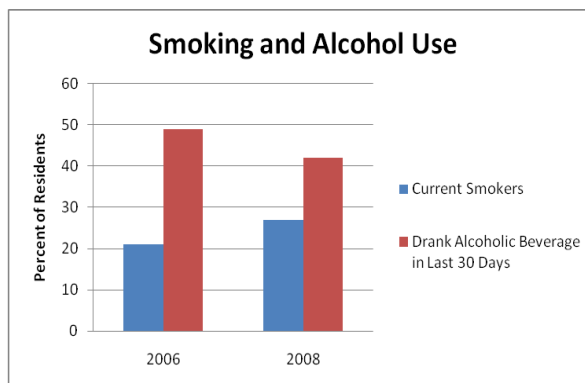
During 2008, LCHD conducted the Behavioral Risk Factor Surveillance Survey (BRFSS). The BRFSS was developed by the Centers for Disease Control and Prevention, and has been used nationwide by public health professionals to assess the health status, quality of life, and health risk factors that may negatively impact their communities. The survey conducted by LCHD consisted of 500 telephone interviews of Licking County residents from February 2008 through November 2008.

The results of the BRFSS indicated that 14.0% of those surveyed did not have healthcare



coverage, which higher than the 8.0% of Licking County residents who reported that they did not have coverage in 2006. Additionally, the number of residents who indicated they could not access healthcare due to the cost increased from 9.0% in 2006 to 13.0% in 2008. However, the percentage of individuals seeking preventative healthcare also increased 2008 to 76%, which was up from 63% in 2006. While the number of individuals seeking dental care remained the same over the time period at 70%.

The survey also indicated that the number of county residents who smoke cigarettes increased from 2006 to 2008. During the 2006 BRFSS 21% of the respondents indicated that they were current smokers, and in 2008, 27% stated that they smoked some type of tobacco. However, the number of residents that drink alcohol decreased over this time period. The 2006 BRFSS found that 49% of the respondents had at least one alcoholic drink during the 30 days preceding the survey, while only 42% offered the same response in 2008.



The BRFSS report contains information related to a wide variety of health risk factors such as obesity, physical activity rates, and immunization rates. The entire report is available at www.lickingcohealth.org.

Environmental Public Health Concerns

The rising adult smoking rate in Licking County is a troubling trend, however the county also saw a 6.9% increase in the number of individuals reporting they allow smoking in their homes in 2008 as compared to the same number in 2006. The data indicates that not only is the number of smokers in the county increasing, but the number of non-smokers being exposed to the harmful effects of secondhand smoke is also increasing. These individuals are at risk of an increased risk of asthma, cardiovascular disease, and cancer.

According to the University of Toledo, Licking County has the highest recorded levels of radon gas in the state of Ohio. The United States Environmental Protection Agency indicates radon is the second leading cause of lung cancer in the United States, and it is responsible for approximately 21,000 deaths each year. LCHD operates a Radon Education Program that provides free radon test kits to county residents and educational information at a variety of community events. The department also leads a coalition of three additional local health departments conducting similar programs.

In looking at the built environment in Licking County, there is an extensive bike and walking trail system and a variety of other physical activity opportunities in existence. However, the obesity rate in the county continues to climb. This true especially with individuals living in households making less than \$25,000 annually, as these individuals were found to be 45% less likely to be physically active than individuals living in households making more than \$75,000 annually. These statistics indicate that even though there is an infrastructure in place related to physical activity there are barriers to this infrastructure preventing individuals in lower socioeconomic classes from taking advantage of these opportunities.

Community Resources

The Licking County Community Health Improvement Committee (CHIC) was formed in 2010. The committee is comprised of representatives from over 20 agencies from across the public health system in Licking County and it is coordinated by LCHD personnel. CHIC members conducted the Mobilizing for Action through Planning and Partnerships (MAPP) process and as a result developed a community health improvement plan that addresses the top four public health priorities in the county. The plan demonstrates a long term commitment by CHIC members to address these priorities and future priorities as they are identified.

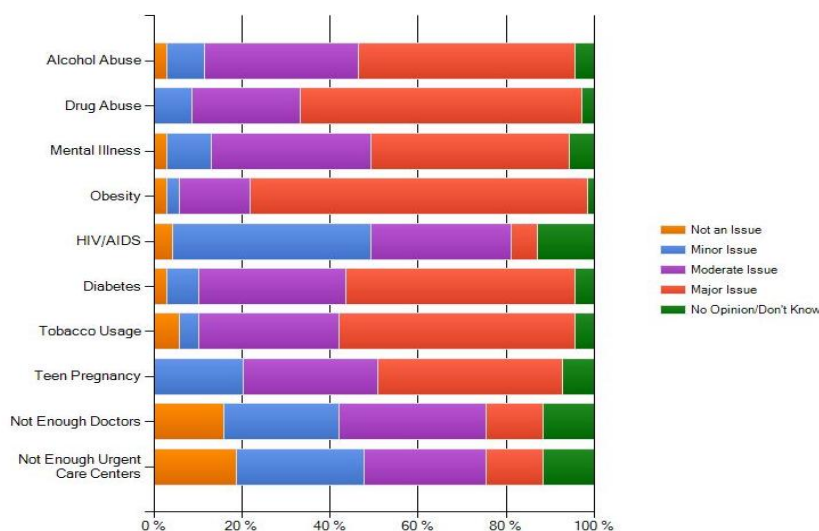
This collaborative approach to protecting and improving the public health and quality of life of the citizens of Licking County has provided the participating agencies with an opportunity to broaden the impact of their programs. As a result of this process, CHIC member agencies have gained a more detailed perspective of the programs and resources available to their clients. A

comprehensive database of resources available in Licking County has been developed by LCHD. To view the resource list [CLICK HERE](#).

Mobilizing for Action through Planning and Partnerships (MAPP)

As stated previously, LCHD staff members coordinate the CHIC in Licking County. In order to have a positive impact on the health of county residents and to achieve measureable and effective results, CHIC members committed to conducting the MAPP process. The process was developed by the National Association of County and City Health Officials, and the process includes four assessments. CHIC members conducted all four MAPP assessments in 2010, which included a Forces of Change Assessment, a Community Themes and Strengths Assessment, a Local Public Health System Assessment, and this Community Health Assessment. More information regarding the CHIC and its activities can be found here: www.healthylc.org

2010 Community Themes and Strengths Assessment Data



The assessments provided the committee with primary and secondary data related to the overall status of public health in Licking County. In addition, the assessments allowed the community at large to participate in the development of this document. The data was used, in conjunction with the secondary data contained in this assessment, to develop the county's Community Health Improvement Plan (CHIP).

The CHIP contains the top public health priorities identified as a result of the data collected. The four priorities addressed in the plan are: Obesity, Tobacco Use and Exposure, Access to Healthcare, and Mobilizing Partnerships to Address Public Health Issues. CHIC members developed strategies and interventions to address these priorities over a 4 year period. The plan will be evaluated on a quarterly basis, and any changes to the plan will be implemented as needed.

Contributing Causes of Health Challenges

The data collected for this assessment indicates that behavioral risk factors are directly influencing health status in Licking County. For example, the adult smoking rate in the county was reported at 27% during the 2008 BRFSS. This represented a 6% increase from the 2006

BRFSS conducted by LCHD. Based on this data it's not surprising that the incidences of cancers and cancer deaths associated with smoking increased as well.

Individuals making less than \$25,000 a year were more likely to indicate they were a smoker than those individuals making more than \$25,000 a year. To further compound this issue, individuals making less than \$25,000 a year were also more likely to report they did not have health care coverage than those individuals making more than \$25,000 a year. Additionally, 17.9% of these individuals indicated they were in need of health care in the preceding 12 months, but could not access the necessary services.

The CDC indicates that individuals in lower socioeconomic classes are more at risk of suffering negative health consequences than those individuals in higher classes. According to the data collected as part of this assessment this is also the case in Licking County. Overcoming the challenge of health disparities will no doubt be difficult, but it will ultimately have a positive influence on the health status of the residents of Licking County.

Data Collection

This assessment contains both primary and secondary data. Including both types of data is imperative in order to gain a true perspective of the overall health status of the county. In addition, the data utilized also provides an opportunity to identify gaps in services and the most prominent public health issues facing the county. The assessment also serves as a means to validate and promote interventions that are positively impacting the health of county residents.

Primary data was collected through a contractual agreement with The Strategy Team located in Columbus, Ohio. The agreement resulted in the completion of the Behavior Risk Factor Surveillance Survey (BRFSS) in 2008. The survey included telephone interviews of 500 Licking County residents. The BRFSS is a nationally recognized scientific data collection tool, and in conducting the survey LCHD was able to collect accurate and reliable data related to public health issues such as tobacco use, healthcare access and utilization, obesity, and physical activity.

In addition to the BRFSS data, primary data was also collected as part of the MAPP process. The Local Public Health, Forces of Change, and Community Themes and Strength Assessments involved CHIC members and the public at large. The data was used in conjunction with the secondary data contained in this document to determine the main public health priorities in Licking County, which led to the development of the county's CHIP.

The secondary data contained in this document was collected from a variety of reputable and accurate sources. Specifically, the Ohio Department of Health's Information Data Warehouse

was utilized to gather data related to the leading causes of death, most prominent and deadly forms of cancer, injury related deaths, number and causes of infant mortality, and the percentage of women participating in prenatal care in Licking County. The United States Census Bureau's website was utilized in order to gather the demographic data contained in the assessment. The Ohio Department of Job and Family Services' Licking County Profile was used to gather data to demonstrate the usage of safety net services in the county. Finally, LCHD utilized its own internal data related to its WIC program and past community health assessments for comparison purposes.

Conclusion

The population in Licking County has grown approximately 9.0% since 2000. This indicates that the demand for public health services in the county has also grown with the population over this time period. Monitoring the health status of the population is a vitally important undertaking that allows the public health system to determine priority areas that are in need of being addressed. This allows the system to focus its resources on these issues and positively impact the public health of the residents of Licking County.

In order to have a positive impact, LCHD will continue to work with its public health partners and the community at large to address the most prominent public health issues facing the county. This will be done by addressing data proven issues and implementing evidence and scientific based interventions and continually evaluating their impact. LCHD is committed to conducting a community health assessment on a 3 year cycle. Doing so will provide the department with reliable data related to the most prominent issues affect the health status of the county and work to address them.

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