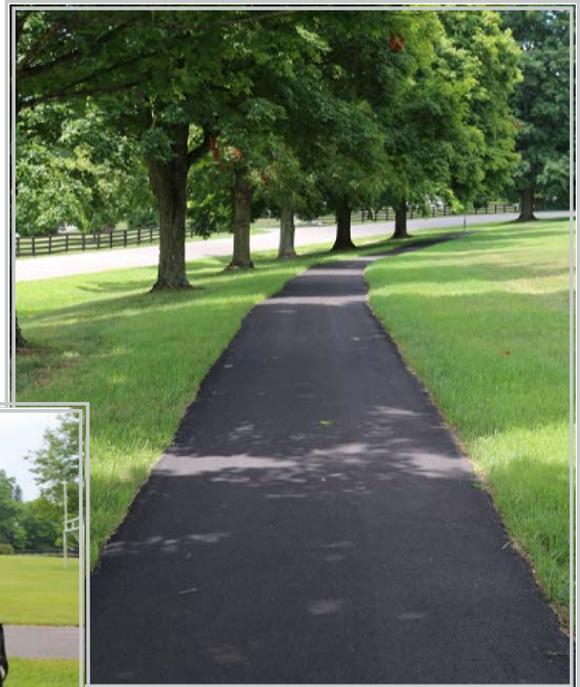


2017

Community Health Assessment

of Licking County



Prepared by: The Licking County Health Department



2017 Community Health Assessment

Licking County Health Department

675 Price Road

Newark, Ohio 43055

(740) 349-6535

www.lickingcohealth.org

Assessment Commissioned by:

R. Joseph Ebel, R.S., M.S., M.B.A.
Licking County Health Commissioner

Adam Masters, M.P.H.

Epidemiologist

Kate Waldrop

Grant Writer

Assessment Completed by:

Chad Brown, R.S., REHS, M.P.H.
Director of Environmental Health
Deputy Health Commissioner

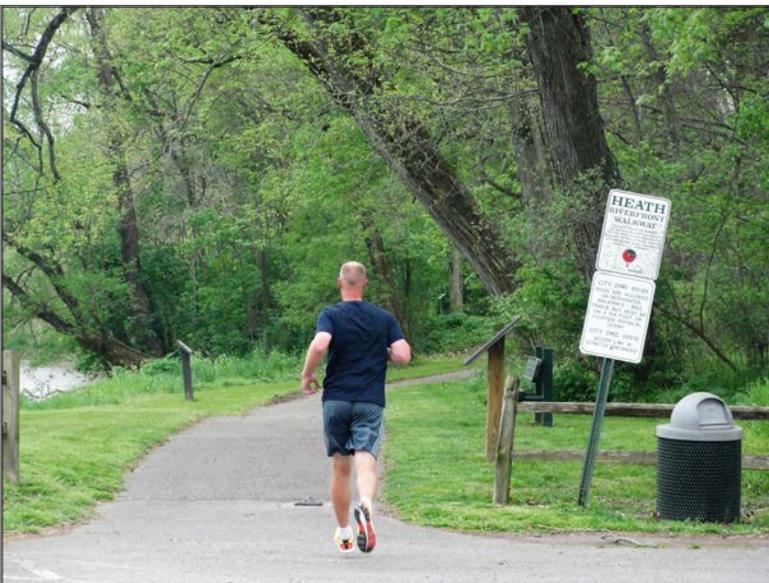
Olivia G. Biggs
Public Information Officer

Table of Contents

Table of Contents	2	Maternal and Child Health	20
Public Health in Licking County.....	3	Communicable Disease Reporting	23
CHA Process Description	4	Cancer in Licking County	26
MAPP	5	Mortality in Licking County	30
Community Health Improvement	6	Environmental Health	32
Licking County Demographics	8	Contributing Causes of Health Challenges.....	34
Licking County Community Blueprint.....	11	Health Assets in Licking County	35
BRFSS Survey.....	12	CHA Data Collection.....	36
Access to Care.....	14	CHA Summary	37
Chronic Disease	15	Appendix: Local Public Health Assessment.....	38
Change Tool.....	16	References.....	43
Pride Survey Data.....	18		

Public Health in Licking County

Licking County is located in central Ohio, east of Franklin County, where Columbus, the state capital is located. **The county is comprised of 687 square miles, and is the third largest county by land mass in the state.** In 2015, the estimated population of Licking County was 170,570. Licking County contains suburban areas in its western region, an urban population area in the center of the county, and rural areas in the northern, southern and eastern regions. **There are 5 cities, 11 villages and 25 townships in Licking County, as well as 11 public school districts, 3 universities, and 2 technical schools.**



Community Health Assessment (CHA) Process Description

LCHD last published a CHA in 2012. The CHA was instrumental in assisting the Community Health Improvement Committee (CHIC) with updating the Licking County Community Health Improvement Plan (CHIP). CHIC members selected priorities for the CHIP and the committee members worked together to address the priorities. CHIC members also assisted in compiling data and information for the 2016 CHA. **This involved conducting assessments as part of the Mobilizing for Action through Planning and Partnerships (MAPP, see page 5) process, which is a community-driven community health improvement process that was developed by the National Association of County and City Health Officials.** These assessments included:

- Local Public Health System Assessment
- Forces of Change Assessment
- Community Themes and Strengths Assessment
- The Community Health Status Assessment (CHA)



The assessments were conducted in a collaborative manner by CHIC members and the data was used to describe the health status of Licking County.

Additional primary data was collected through a Behavioral Risk Factor Surveillance System (BRFSS, see page 12) survey that was conducted in Licking County during the 2015 calendar year. The BRFSS is a survey tool that was developed by the Centers for Disease Control and Prevention, and is used nationwide to collect population health data. The data was collected in a scientific manner, and is comparable to past BRFSS surveys conducted in Licking County, as well as surveys conducted at the state and national levels.

The BRFSS data was presented to CHIC members, who analyzed the data in an attempt to identify trends and emerging public health issues in Licking County. **The committee selected which datasets should be included in CHA so that the community would have an accurate picture of the public health issues in the county.**

CHIC members also provided input regarding which secondary datasets were included in the CHA. This has resulted in a more diverse CHA. An example of this process is the inclusion of local school-aged children survey data - known as Pride data - in the CHA for the first time. **Doing so has provided additional insight into the public health concerns facing children in Licking County, and the potential impact of health disparities in the county.** Pride Survey data is located on page 18 in this CHA.

Overall, the development of the 2016 CHA has been a collaborative process between a variety of agencies representing the public health system within Licking County.

Mobilizing for Action through Planning and Partnerships (MAPP)



Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. **MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.**

The four MAPP Assessments and the issues they address are:

The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are important by answering the questions: “**What is important to our community?**” “**How is quality of life perceived in our community?**” and “**What assets do we have that can be used to improve community health?**” In 2015, the United Way of Licking County completed the Community Blueprint, which surveyed county residents and key informants on their perceptions of strengths and weaknesses in the area. The Community Blueprint satisfied the needs for Community Themes and Strengths during this cycle.

The Local Public Health System Assessment (LPHSA) focuses on all of the organizations that contribute to the public’s health. The LPHSA answers the questions: “**What are the components, activities, competencies, and capacities of our local public health system?**” and “**How are the Essential Services being provided to our community?**” Members of the Licking County Community Health Improvement Committee (CHIC) gathered in 2014 to conduct an LPHSA. The overall score from the last assessment increased from 63 percent to 71.3 percent with major improvements seen in the “Mobilize Partnerships” category. This was a priority area outlined in the Community Health Improvement Plan (CHIP).

The Community Health Status Assessment identifies priority community health and quality of life issues. Questions answered include: “**How healthy are our residents?**” and “**What does the health status of our community look like?**” This entire report counts as Licking County’s Community Health Status Assessment.

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: “**What is occurring or might occur that affects the health of our community or the local public health system?**” and “**What specific threats or opportunities are generated by these occurrences?**” The Licking County Community Health Improvement Committee (CHIC) conducted a Forces of Change Assessment in 2015. Staff from the Ohio State University’s Center for Public Health Practice (CPHP) facilitated the assessment. Seven Forces of Change were identified during the assessment, including:

1. Prevention and Education
2. Emergency Preparedness
3. Sexually Transmitted Diseases
4. Family Units
5. Behavioral Health Issues
6. Population Growth
7. Access and Affordability of Healthcare

Community Health Improvement

Licking County Community Health Improvement Committee (CHIC)

Conducting a Community Health Assessment (CHA) is one of the core responsibilities of a local public health department. **The Licking County Health Department (LCHD) has been conducting this process since 2006.** Over this time, the department's process has evolved, and is now a collaborative effort conducted by the Licking County Community Health Improvement Committee (CHIC). **The CHIC is comprised of 25 agencies that work collaboratively to address public health issues in Licking County.** The group is chaired by LCHD, but ultimately it is a community collaborative that is dedicated to improving the health status of the county.

The 25 Licking County Agencies Involved in CHIC:

1. Licking County Health Department
2. Licking County Board of Health
3. Licking Memorial Health Systems
4. Licking County United Way
5. Family Health Services of East Central Ohio
6. Community Health Clinic
7. American Red Cross of Licking County
8. Ohio State University Extension-Licking County
9. Pathways of Central Ohio/2-1-1
10. Mental Health America of Licking County
11. Licking County Fire Chiefs Association
12. Licking County Aging Program
13. Granville School District
14. Hospice of Central Ohio
15. Center for the Visually Impaired
16. Licking County Area Transportation Study
17. Denison University
18. Licking County Board of Developmental Disabilities
19. The Food Pantry Network of Licking County
20. Licking County Job and Family Services
21. Licking County Medical Reserve Corps
22. Mental Health and Recovery for Licking and Knox Counties
23. Heath City Schools
24. Licking County Educational Service Center
25. Licking County Children and Family First Council

Community Health Improvement Plan (CHIP)

CHIC members have used data from past CHAs to inform their decision-making during the development of the county's Community Health Improvement Plan (CHIP). This work began in 2010, and resulted in the county's first CHIP in 2012. Since then, the CHIC has continued to meet on a quarterly basis, and has continually reviewed and updated the CHIP as new data became available. This work will continue as the CHIC evaluates the CHA and determines if any changes are needed to the CHIP.



Community Health Improvement (Cont.)

The four CHIP priority areas include:

1. **Tobacco Use** – LCHD set an overarching goal to reduce the percentage of smokers to 13 percent by 2023. A primary focus is being placed on adolescent smokers to decrease rates and improve overall quality of life.
2. **Obesity** – Licking County is aligning its goal with the Healthy People 2020 objective for obese adults at 30.5 percent.
3. **Improve Access to Affordable Health Care Services** – LCHD will focus on educating the population on where to access affordable healthcare services. The Healthy People 2020 goal is to provide 100 percent of the population access to affordable healthcare, which may not be realistic during this cycle of the CHIP. LCHD will work to continue to increase the number within the jurisdiction.
4. **Chronic and Communicable Diseases** – Based on data collection and surveillance, the primary diseases that CHIC members will focus on reducing are cancer, diabetes, and sexually transmitted diseases.

While the CHA isn't the only resource used to develop the CHIP, it does provide a description of the health status of the county and assists committee members with determining the priorities that are contained in the CHIP. The CHIP was last updated in 2015, and the plan will be evaluated and updated on an as-needed basis on data contained in the CHA.

Community Assets



LCHD and the CHIC partnered with the Ohio State University's Center for Public Health Practice to conduct a Local Public Health System Assessment. The process included having CHIC members identify community assets and resources available in Licking County. These items were then grouped according to which of the 10 Essential Public Health Services they best represented. **Having the CHIC members conduct this process as a group allowed for a robust conversation and provided insight into a numerous number of resources that are available to protect and promote public health in Licking County.** The assets and resources identified as part of this process are contained as an appendix to this document, on page 38.

Licking County Demographics

The overall population of Licking County has increased to **170,570** (according to 2015 Census data). This is a 1.7 percent increase in population from the 2012 Community Health Assessment (CHA) compiled with 2010 Census data information. No significant changes were noticed within the population profile (sex and age). Females represent 51.0 percent of the Total Population in Licking County and the median age is 40.7 years.

The racial profile of Licking County is relatively unchanged from the 2012 data. **Whites account for 92.6 percent of the population followed by African Americans at 3.5 percent and Hispanic or Latino at 1.7 percent.** In comparison with the entire state, Licking County's White population is 10.5 percent higher (Ohio is 82.1 percent). Combination of races closely resemble the figures from the 2012 CHA with White's at 94.7 percent (2010 Census Data showed 95.0 percent) and African Americans at 4.8 percent (2010 Census Data showed 4.4 percent).

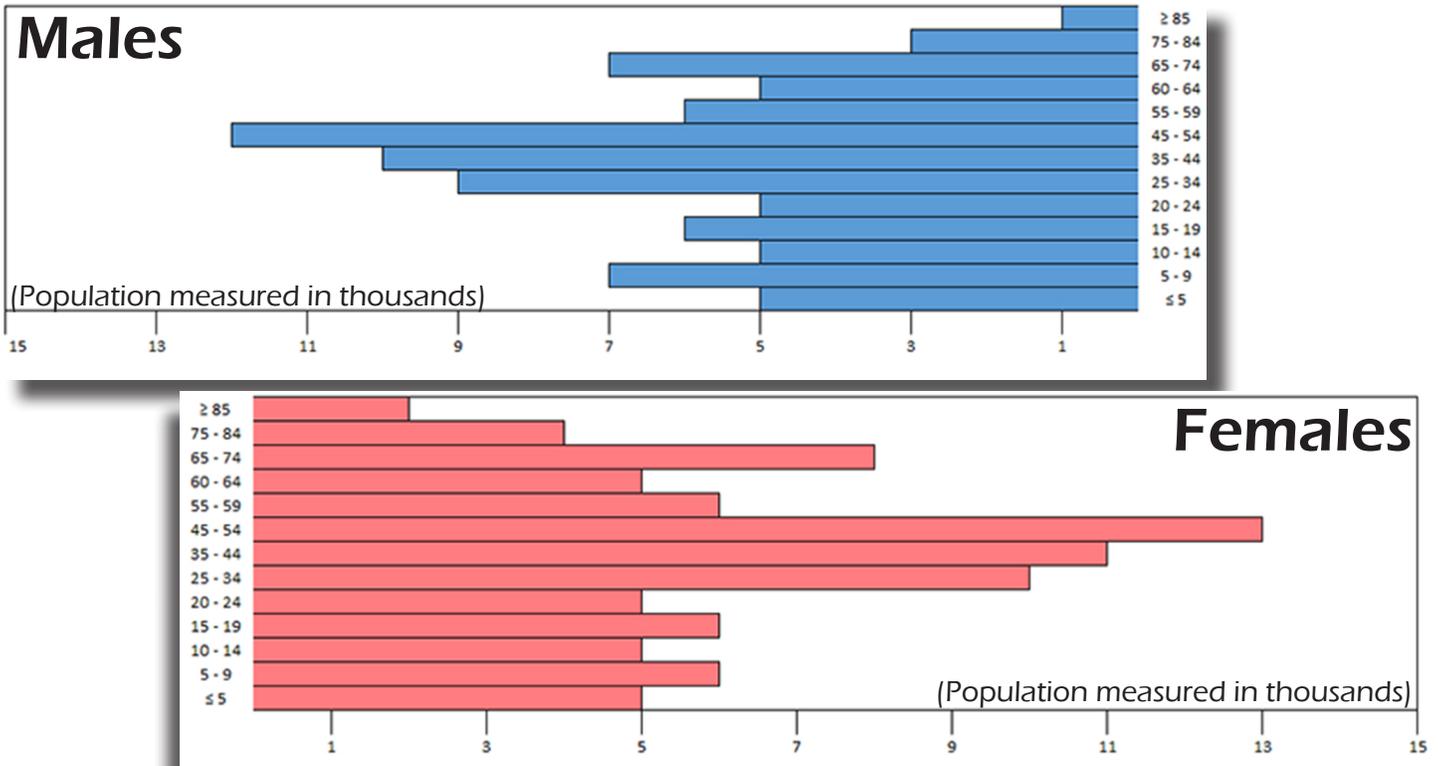
Household income statistics between the 2012 and 2016 CHAs mark a 12.8 percent increase in Median Household Income. Comparisons between the two CHAs show a reduction in income brackets ranging from less than \$10,000 to \$74,999 and increases amongst \$75,000 to \$200,000 or more. Additional income measures showed a 2.0 percent increase in total persons below the federal poverty level and a 4.8 percent decrease in the unemployment rate for Licking County residents.

Educational improvements are seen in two important categories for Licking County residents in the 2016 CHA. **The percent of the population listed as being high school graduates was reported at 90.3 percent (a 2.5 percent increase)** and the percent of the population reporting a bachelor's degree or higher was reported at 26.9 percent (a 5.0 percent increase).

Household Income Profile Licking County, Ohio (Source: US Census Bureau)	
Income and Benefits (2014)	Licking County Households
Less than \$10,000	3,805 (5.8%)
\$10,000 to \$14,999	3,048 (4.7%)
\$15,000 to \$24,999	6,808 (10.4%)
\$25,000 to \$34,999	6,892 (10.6%)
\$35,000 to \$49,999	8,672 (13.3%)
\$50,000 to \$74,999	11,657 (17.9%)
\$75,000 to \$99,999	8,150 (12.5%)
\$100,000 to \$149,999	11,205 (17.2%)
\$150,000 to \$199,999	2,680 (4.1%)
\$200,000 or More	2,373 (3.6%)
TOTAL	65,290
MEDIAN HOUSEHOLD INCOME	\$57,654
TOTAL PERSONS BELOW FEDERAL POVERTY LEVEL	23,898 (14.4%)

2017 Community Health Assessment

Licking County population by age (2014 statistics)



Population Profile Licking County, Ohio (Source: US Census Bureau)

SEX AND AGE (2014)	MALE: TOTAL 82,970 (49.0%)	FEMALE: TOTAL 86,420 (51.0%)
Under 5 Years	5,103 (6.2%)	4,547 (5.3%)
5 to 9 Years	6,539 (7.9%)	6,203 (7.2%)
10 to 14 Years	5,384 (6.5%)	4,994 (5.8%)
15 to 19 Years	5,810 (7.0%)	5,874 (6.8%)
20 to 24 Years	5,496 (6.6%)	5,135 (5.9%)
25 to 34 Years	9,423 (11.4%)	9,694 (11.2%)
35 to 44 Years	10,388 (12.5%)	11,185 (12.9%)
45 to 54 Years	12,227 (14.7%)	12,549 (14.5%)
55 to 59 Years	6,226 (7.5%)	6,261 (7.2%)
60 to 64 Years	4,908 (5.9%)	5,489 (6.4%)
65 to 74 Years	7,317 (8.8%)	8,195 (9.5%)
75 to 84 Years	3,069 (3.7%)	4,231 (4.9%)
85 Years and Over	1,080 (1.3%)	2,063 (2.4%)
TOTAL POPULATION	169,390	
MEDIAN AGE (years)	40.7	

2017 Community Health Assessment

Race Profile Licking County, Ohio (Source: US Census Bureau)

TOTAL POPULATION (2014)	Licking County	Ohio
	169,390	11,594,163
One Race	165,315 (97.6%)	11,296,163 (97.4%)
White	156,790 (92.6%)	9,522,264 (82.1%)
African American	5,971 (3.5%)	1,419,214 (12.2%)
Hispanic or Latino	2,884 (1.7%)	398,706 (3.4%)
Asian	1,761 (1.0%)	225,438 (1.9%)
American Indian and Alaska Native	118 (0.1%)	22,761 (0.2%)
Other race alone	675 (0.4%)	106,611 (0.9%)
Two or more races	4,075 (2.4%)	297,875 (2.6%)
Two races including some other race	404 (0.2%)	28,884 (0.2%)
Two races excluding some other race, and three or more races	3,671 (2.2%)	268,991 (2.3%)

Race Alone or in Combination with One or More Other Races

TOTAL POPULATION (2014)	Licking County	Ohio
	169,390	11,594,163
White	160,393 (94.7%)	9,796,575 (84.5%)
African American	8,056 (4.8%)	1,596,867 (13.8%)
Asian	2,234 (1.3%)	280,265 (2.4%)
American Indian and Alaska Native	1,635 (1.0%)	95,887 (0.8%)
Some Other Race	1,079 (0.6%)	134,957 (1.2%)

Education Profile Licking County, Ohio (Source: US Census Bureau)

Educational Attainment (≥ 25 years old) (2014)	Estimate
Less than 9th Grade	2,308 (2.0%)
9th to 12th Grade (No Diploma)	8,806 (7.7%)
High School Graduate (Includes GED)	40,432 (35.4%)
Some College (No Degree)	23,400 (20.5%)
Associates Degree	8,562 (7.5%)
Bachelor's Degree	19,347 (16.9%)
Graduate or Professional Degree	11,450 (10.0%)
TOTAL	114,305
Percent of Population High School Graduate or Higher	90.3%
Percent of Population Bachelor's Degree or Higher	26.9%

The Licking County Community Blueprint



The Licking County Community Blueprint is a collaboration of committed individuals working together to assess the needs of the community. Since 2014, the United Way of Licking County has led a group of community partners in an effort to pinpoint the strengths of the county and address the challenges residents are facing. **With representatives from nonprofit organizations, government agencies, businesses, and funders, the Community Blueprint strives to improve the lives of Licking County residents by providing care, support, and resources.**

The Licking County Community Blueprint consists of four major steps:

1. **Collect and analyze county-wide data.**
2. **Establish meaningful goals based on the data.**
3. **Develop action plans to achieve these goals.**
4. **Measure outcomes and progress.**

Both random and selected participants responded to a variety of topics, from community engagement to mental health, in a data-collection survey. Participants included 509 residents, 144 direct service representatives, 166 key informants, and five focus groups held across the county.

Using this data, the Community Blueprint Steering Committee led a prioritization meeting where 68 participants categorized the top 14 concerns into three priorities:

1. **Behavioral Health**
2. **Children, Youth, and Families**
3. **Poverty**

The first priority focuses on addressing addiction, child abuse and neglect, domestic violence, and mental health by increasing awareness and access to behavioral health resources. These resources include: addiction and recovery services; mental health care; resources that keep every child safe and healthy; and resources that keep personal relationships safe and healthy.

The second priority focuses on increasing opportunities for children, youth, and families. These opportunities include: encouraging and strengthening healthy relationships; increasing accessibility to quality childcare and early learning experiences; raising awareness and encouraging the use of available community resources; promoting physical health, development, and wellbeing; and engaging and socializing in community activities.

The final priority focuses on coordinating and enhancing services that promote self-sufficiency in order to address poverty. These services include: increasing the availability of safe and affordable housing; promoting financial literacy education; improving access to affordable and reliable transportation; and developing opportunities for job-training and career advancement. Also included is the expansion of the coordination and maintenance of safety net services such as: providing food services, assisting with utilities, allocating disaster relief efforts, providing emergency shelter or housing, and offering affordable health care.

Behavioral Risk Factor Surveillance System (BRFSS) Summary

In 2015, the Center for Urban and Public Affairs (CUPA) at Wright State University (WSU) conducted the Behavioral Risk Factor Surveillance System (BRFSS) for the Licking County Health Department (LCHD). The BRFSS was developed by the Centers for Disease Control and Prevention (CDC), and is 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 2015 BRFSS included 558 Licking County adults who participated in the telephone survey.

The 2015 BRFSS collected data on three of the four priorities from the Licking County CHIP (Community Health Improvement Plan, page 6): Tobacco Use, Obesity, and Access to Care. In addition, data was collected regarding a wide variety of Public Health issues. Below are the findings from the BRFSS.

Tobacco Use

LCHD has set an overarching goal to reduce the percentage of smokers in Licking County to **13 percent by the year 2023**. The 2015 BRFSS results showed a two percent decrease in smokers since 2012, bringing the adult smoking rate down from 26 percent to 24 percent. The current BRFSS statistic from the state of Ohio lists the average adult smoking rate at 23 percent.

Obesity

The LCHD CHIP aligns with the “Healthy People 2020” objective to bring the adult obesity rate in Licking County down to **30.5 percent**. The 2015 BRFSS measured an increase of obesity at 38 percent (up 1 percent from 2012). The state of Ohio rate met the “Healthy People 2020” objective at 30 percent. The rate of individuals categorized as overweight and not obese decreased to 32 percent in 2015.

A slight shift may have occurred which could account for the increase amongst obesity and decrease amongst overweight. Individuals in the overweight category may have increased their Body Mass Index (BMI), moving them into the “obese” classifier. On a positive note, the overweight category did not increase, which could suggest that BMI improvements are being seen in the community.

Access to Care

LCHD saw improvements within the Access to Care category in the 2015 BRFSS results (Page 14). **The rate of individuals with no health care coverage decreased from 13 percent to 7 percent**. Additionally, the rate of individuals with no access to health care when needed dropped from 14 percent to 11 percent. LCHD continues to address the CHIP goal to decrease a lack of Access to Care percentages for Licking County residents.

2017 Community Health Assessment

BRFSS Reporting

The table below provides the estimated prevalence of various risk factors and critical health issues reported by Licking County residents over four survey reporting periods: 2015, 2012, 2008, and 2006. For each risk factor, the 2015 weighted percentage is compared to previously reported percentages. The data is presented as being either similar (within a \pm 5% difference), higher (greater than 5 percent), or lower (less than 5 percent). The color green indicates a positive difference and red indicates a negative difference.

Risk Factors and Critical Health Issues	Licking County BRFSS Data				State of Ohio BRFSS Data 2013
	2015 (Weighted Percentage)	2012	2008	2006	
Access to Care					
General health status is fair or poor	18%	Similar (15%)	Similar (18%)	Similar (18%)	Similar (18%)
No health care coverage (Ages 18 - 64)	7%	Higher (13%)	Higher (14%)	Similar (8%)	Higher (17%)
No access to health care when needed	11%	Similar (14%)	Similar (13%)	Similar (9%)	N/A
Medical visit in past 12 months	68%	Higher (75%)	Higher (76%)	Lower (63%)	N/A
Prevention					
Flu shot during the past year (Ages 65+)	60%	Higher (72%)	Higher (80%)	N/A	Similar (63%)
Pneumonia vaccine ever (Ages 65+)	78%	Lower (70%)	Similar (81%)	N/A	Lower (71%)
Colonoscopy in past 2 years (Ages 50+)	40%	Lower (29%)	Higher (59%)	Higher (59%)	N/A
Pap test in past 3 years (Ages 18+)	72%	Similar (72%)	Similar (76%)	Higher (80%)	Higher (78%)
Mammogram in past 2 years (Ages 40+)	76%	Higher (83%)	Similar (77%)	N/A	Similar (74%)
Chronic Disease					
Diagnosed heart attack	6%	Similar (4%)	Similar (8%)	Similar (7%)	Similar (5%)
Diagnosed stroke	4%	Similar (5%)	Similar (3%)	Similar (4%)	Similar (4%)
Diagnosed coronary heart disease	3%	Similar (4%)	Similar (3%)	Similar (2%)	Similar (5%)
Diagnosed COPD	9%	Similar (9%)	Similar (9%)	N/A	Similar (8%)
Diagnosed cancer (other than skin cancer)	6%	Similar (7%)	N/A	N/A	Similar (7%)
Diagnosed asthma	15%	Similar (11%)	Similar (17%)	Similar (15%)	Similar (14%)
Diagnosed diabetes	13%	Similar (14%)	Similar (12%)	(Similar 11%)	Similar (10%)
Health Behaviors and Risk Factors					
Currently smoking	24%	Similar (26%)	Similar (27%)	Similar (21%)	Similar (23%)
Binge drinking	14%	Higher (20%)	Similar (13%)	Similar (11%)	Similar (17%)
Overweight (BMI between 25.0 and 29.9)	32%	Similar (35%)	Higher (40%)	N/A	Similar (35%)
Obese (BMI greater than 30.0)	38%	Similar (37%)	Lower (29%)	N/A	Lower (30%)
High blood pressure	33%	Similar 35%	N/A	N/A	Similar (34%)
High blood cholesterol	39%	Similar 41%	N/A	N/A	Similar (38%)
Adult "always" wears seatbelt	84%	Similar (82%)	Similar (82%)	Lower (77%)	Similar (82%)
Exercised in the last month	80%	Lower (70%)	N/A	N/A	Lower (71%)

Access to Care

Results from the 2015 Behavioral Risk Factor Surveillance System (BRFSS) indicate the number of Licking County residents who don't have health care coverage has decreased from 13 percent (2012) to 7 percent (2015). The Ohio BRFSS from 2013 reported 17 percent of survey respondents as having no health care coverage. Additionally, individuals stating they had no access to health care when needed dropped from 14 percent (2012) to 11 percent (2015).

Comparing insurance coverage from 2013 to 2014, the number of uninsured Licking County residents has decreased by 3.3 percent. The number of uninsured individuals in the state of Ohio was reported at 8.4 percent - Licking County measured below the state-wide statistic at 6.4 percent. Most types of insurance have increased across all categories, with private health insurance leading at 73.7 percent. Direct-purchase health insurance dropped by 1.1 percent along with VA Health Care and TRICARE/military health coverage dropping slightly by 0.3 percent and 1 percent, respectively.

American Community Survey 1-Year Estimates in Licking County, Ohio				
2013 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES	2013			
	Licking County		Ohio	
	Estimate	Percent	Estimate	Percent
Total Population	166,969		11,398,298	
Number Uninsured	16,233	9.7%	1,257,556	11.0%
Private health insurance	119,592	71.6%	7,813,776	68.6%
Employment-based health insurance	102,785	61.6%	6,806,223	59.7%
Direct-purchase health insurance	18,068	10.8%	1,219,511	10.7%
Public coverage	51,261	30.7%	3,696,519	32.4%
Medicare coverage	27,831	16.7%	1,920,962	16.9%
Medicaid coverage	25,166	15.1%	1,976,499	17.3%
VA Health Care	4,259	2.6%	248,190	2.2%
TRICARE/military health coverage	4,463	2.7%	173,513	1.5%

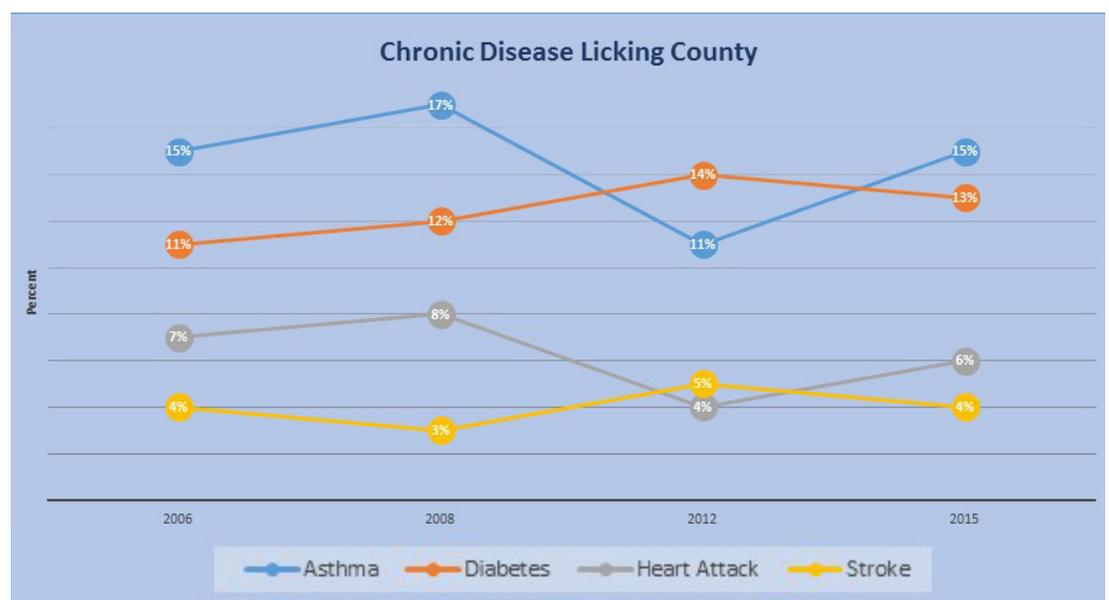
2017 Community Health Assessment

American Community Survey 1-Year Estimates in Licking County, Ohio

2014 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES	2014			
	Licking County		Ohio	
	Estimate	Percent	Estimate	Percent
Total Population	168,108		11,420,809	
Number Uninsured	10,719	6.4%	955,205	8.4%
Private health insurance	123,847	73.7%	7,880,910	69.0%
Employment-based health insurance	109,449	65.1%	6,816,705	59.7%
Direct-purchase health insurance	16,279	9.7%	1,246,735	10.9%
Public coverage	55,874	33.2%	3,990,990	34.9%
Medicare coverage	29,217	17.4%	1,995,686	17.5%
Medicaid coverage	28,229	16.8%	2,202,314	19.3%
VA Health Care	3,880	2.3%	260,273	2.3%
TRICARE/military health coverage	2,794	1.7%	166,768	1.5%

Chronic Disease

Several Chronic Diseases were measured through the 2015 Behavioral Risk Factor Surveillance System (BRFSS). Fluctuations were reported, but based on the scoring system of the BRFSS, all chronic diseases were within "similar" ranges compared to the 2012 BRFSS results. Most chronic diseases for Licking County were above the 2013 Ohio BRFSS but still classified as "similar."



CHANGE Tool - 2015 Summary

About the CHANGE Tool

As required by the Creating Healthy Communities grant, the Licking County Wellness Coalition conducted a CHANGE Tool assessment in 2015. Created by the Centers for Disease Control and Prevention (CDC), the CHANGE tool defines improvement areas to guide the community toward policy, systems, and environmental change strategies to create a healthier community (e.g. increased physical activity, improved nutrition, reduced tobacco use and exposure, and chronic disease management).

Conducting the CHANGE Tool in Licking County

An ad-hoc committee was formed in 2015 to plan, conduct and compile the results of the CHANGE tool. The following individuals participated in this committee:

- Nicole Smith, Licking County Health Department
- Adam Masters, Licking County Health Department
- Ashley See, Licking County Health Department
- Verdie Abel, Licking County Recycling
- Connie Wright, Pathways of Central Ohio
- Lezlie Ankrom, Pathways of Central Ohio
- Drew Link, Licking Memorial Health Systems
- Bob Williams, Licking Park District
- Mark Mauter, City of Newark
- Stu Moynihan, City of Newark
- Penny Sitler, Mental Health America of Licking County
- Marianne Jording, community member



The committee completed 30 assessments between February 2015 and June 2015. Assessments were conducted in four sectors of the community: Community-At-Large (3), Community Institution/Organization (9), School (9) and Work Site (9).

Results

Each assessment site was scored based on answers to questions in five categories: Physical Activity, Nutrition, Tobacco, Chronic Disease Management, and Leadership. Schools were scored in two additional categories: District and After-School. Each assessment site was given a Policy (P) and Environment (E) score in each category. The average scores for each sector are reported on the following page.

2017 Community Health Assessment

Community-At-Large		
	Policy	Environment
Physical Activity	51.16%	50.00%
Nutrition	42.60%	31.22%
Tobacco	39.39%	39.96%
Chronic Disease Management	38.52%	36.30%
Leadership	52.73%	43.64%

Work Site		
	Policy	Environment
Physical Activity	39.49%	41.25%
Nutrition	59.76%	61.93%
Tobacco	63.33%	64.44%
Chronic Disease Management	50.51%	48.89%
Leadership	46.88%	44.29%

School		
	Policy	Environment
Physical Activity	55.56%	60.89%
Nutrition	66.22%	68.67%
Tobacco	44.44%	44.44%
Chronic Disease Management	43.93%	43.48%
Leadership	55.00%	49.69%
District	65.86%	64.12%
After School	35.83%	35.00%

Community Institution/Organization		
	Policy	Environment
Physical Activity	48.71%	48.95%
Nutrition	44.68%	49.35%
Tobacco	60.56%	59.44%
Chronic Disease Management	39.37%	38.19%
Leadership	40.81%	38.25%

PRIDE Survey Data Grades 6 through 12 in Licking County

A key finding from the Licking County PRIDE Survey data is the popularity of e-cigarettes. A “monthly use” metric was utilized to assess the use of several different drugs among the survey population of 6 to 12 graders in Licking County. Alcohol (16 percent) ranked as the number one most used drug and e-cigarettes (13.5 percent) ranked second. Tobacco ranked fifth at an average use of 9.3 percent.

Each grade rated their perception of risk for tobacco as “Great Risk,” which is the highest classifier. The same was not seen for e-cigarettes, and most of the survey population rated the perception of risk as “Slight Risk.” This perception of risk can explain why more school-aged kids are resorting to e-cigarettes over traditional tobacco products, including regular cigarettes.

Survey Population - Gender

RESPONSE	6th	8th	10th	12th	6-8th	9-12th	TOTAL
Male	52.2	50.8	48.9	51.3	51.5	49.9	50.8
Female	47.8	49.2	51.1	48.7	48.5	50.1	49.2
N of Valid	1500	1316	1144	868	2816	2012	4828
N of Miss	115	131	107	69	246	176	422

Where Students Report Using

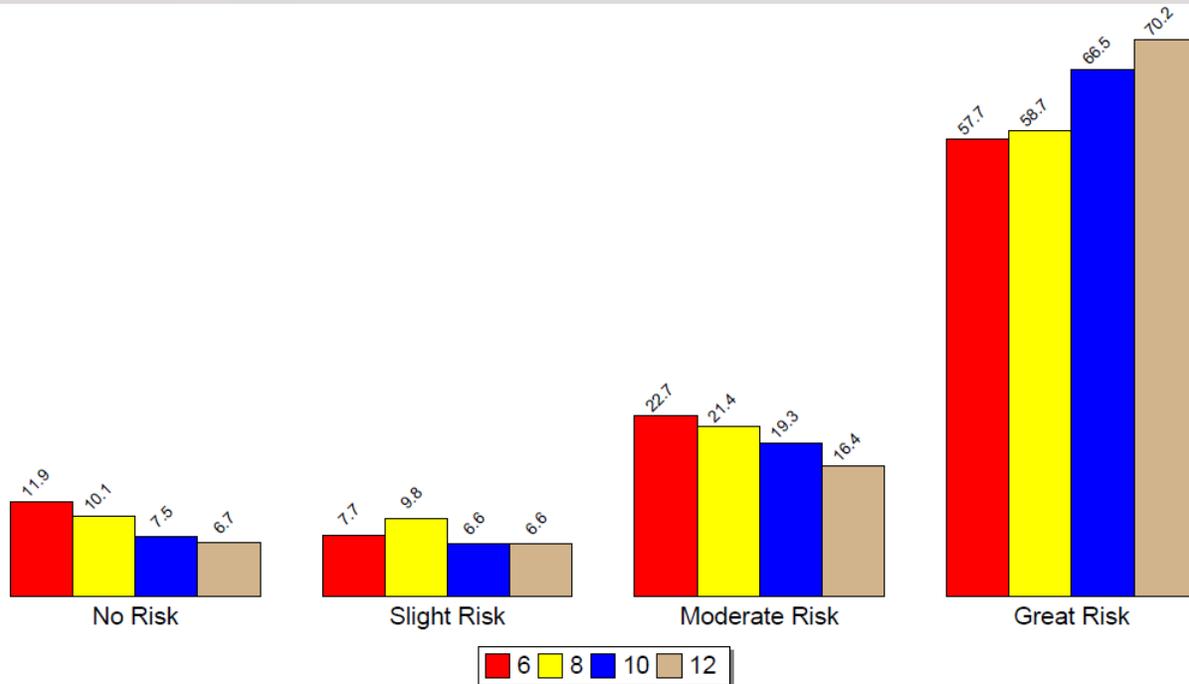
DRUG	AT HOME	AT SCHOOL	IN A CAR	FRIENDS' HOUSE	OTHER
Tobacco	6.3	2.0	5.5	7.7	6.3
Alcohol	13.0	1.1	1.8	13.5	6.7
Marijuana	5.5	1.3	5.1	10.2	6.0
Presc Drugs	3.0	1.4	0.9	1.8	1.8

When Students Report Using

DRUG	BEFORE SCHOOL	DURING SCHOOL	AFTER SCHOOL	WEEK NIGHT	WEEK END
Tobacco	3.4	1.6	6.1	5.1	10.2
Alcohol	0.9	0.9	2.5	2.8	21.4
Marijuana	2.7	1.2	5.0	5.2	11.8
Presc Drugs	1.3	1.2	1.5	1.5	2.6

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Percentage of Risk with Cigarette Smoking



Percentage of Students Who Report Using Drugs

DRUG	ANNUAL	MONTHLY
Tobacco	15.5	9.3
Cigarettes	–	8.9
E-cigarettes	–	13.5
Alcohol	28.7	16.0
Marijuana	15.5	10.4
Cocaine	2.2	1.4
Inhalants	2.6	2.4
Hallucinogens	3.4	1.8
Heroin	1.4	1.2
Steroids	2.3	1.6
Ecstasy	2.8	1.4
Meth	1.8	1.2
Prescription Drugs	5.9	4.5
Over-the-Counter Drugs	3.8	2.7
Any Illicit Drug	18.4	12.9

Maternal and Child Health

Birth Rate

Overall, the birth rate in Licking County has declined since 2006. Some birth rate spikes were seen within the past 5 years, and the lowest birth rate was recorded in 2015 with 1,830 births. The total population of Licking County continues to increase each year along with the median age.

Birth Rates in Licking County, OH (Source: Ohio Department of Health)		
YEAR	NUMBER OF BIRTHS	RATE PER 1,000
2011	1,927	11.5
2012	1,954	11.6
2013	1,900	11.3
2014	2,085	12.3
2015	1,830	10.7

Live Births by Birth Weight

Lower-than-normal birth weights are known to pose a higher risk of developing negative health consequences and also lessen the child's survival chances. **In 2012, Licking County reported the highest number of babies born below normal birth weight with 160 births (within the past 5 years).**

The highest number of infant mortality was reported in 2012 with 21 deaths. Data is not yet available for infant mortality in 2015, but babies born below normal birth weight were reported at 6.7 percent, the lowest between the 2011 to 2015 statistics. If this trend continues, Licking County can expect a low infant mortality rate in 2015.

Live Births by Birth Weight in Licking County, Ohio

(Source: Ohio Department of Health Information Warehouse)

WEIGHT (grams)	Year				
	2011	2012	2013	2014	2015
Very Low Birth Weight (≤ 1,500 grams)	25 (1.3%)	30 (1.5%)	19 (1.0%)	26 (1.2%)	0
Low Birth Weight (1,500 - 2,500 grams)	107 (5.6%)	130 (6.7%)	119 (6.3%)	118 (5.7%)	123 (6.7%)
Normal Birth Weight (2,500 - 4,000 grams)	1,609 (83.5%)	1597 (81.7%)	1547 (81.4%)	1743 (83.6%)	1540 (84.2%)
High Birth Weight (≥ 4,000 grams)	186 (9.7%)	194 (9.9%)	210 (11.1%)	195 (9.4%)	163 (8.9%)
Unknown	0	3 (0.2%)	5 (0.3%)	3 (0.1%)	4 (0.2%)
TOTAL	1,927	1,954	1,900	2,085	1,830

2017 Community Health Assessment

Teen Birth Rates

In Licking County, teen birth rates declined from 2011 to 2015. Birth rates among women ages 15 to 17 decreased by 32.2 percent and ages 18 to 19 decreased by 32.7 percent.

Teen Birth Rates in Licking County, Ohio

(Source: Ohio Department of Health Information Warehouse)

TEEN BIRTH RATES	Year				
	2011	2012	2013	2014	2015
Ages 10-14	1.0	0.5	0.5	0.0	1.1
Ages 15-17	20.2	24.6	14.7	15.3	13.7
Ages 18-19	70.6	54.8	51.1	47.0	47.5

Infant Mortality

Rates on infant mortality fluctuated in Licking County from 2011 to 2015. There are several known risk factors associated with infant mortality including early-term birth and low birth weight. The county's African American population experienced 3.5 percent of infant deaths during these years, which is higher than the White population's infant mortality rate. Licking County participates in the Ohio Child Fatality Review Board which reviews the causes of deaths of Licking County children.

Infant Mortality in Licking County, OH

(Source: Ohio Department of Health Data & Statistics)

YEAR	NUMBER OF DEATHS	RATE PER 1,000
2010	14	7.0
2011	14	7.3
2012	21	10.8
2013	9	4.7
2014	13	6.2



2017 Community Health Assessment

Trimester of Entry into Prenatal Care

The rate in which mothers partake in prenatal care in the first and second trimesters has gradually increased from 2011 to 2015. Prenatal care entry during the first trimester increased by 3.4 percent and 5.5 percent in the second trimester. Prenatal care is essential to improving the chances of a mother and her child from experiencing adverse health effects.

Trimester of Entry into Prenatal Care in Licking County, Ohio

(Source: Ohio Department of Health Information Warehouse)

TRIMESTER OF ENTRY INTO PRENATAL CARE	Year				
	2011	2012	2013	2014	2015
First Trimester	1,221 (63.4%)	1,250 (64.0%)	1,243 (65.4%)	1,354 (64.9%)	1,223 (66.8%)
Second Trimester	310 (16.1%)	308 (15.8%)	312 (16.4%)	425 (20.4%)	395 (21.6%)
Third Trimester	37 (1.9%)	37 (1.9%)	35 (1.8%)	47 (2.3%)	36 (2.0%)
None	0	0	0	0	0
Unknown	359 (18.6%)	359 (18.4%)	310 (16.3%)	259 (12.4%)	176 (9.6%)
TOTAL	1,927	1,954	1,900	2,085	1,830



Communicable Disease Reporting

A major function of the Licking County Health Department (LCHD) is to conduct infectious disease surveillance and investigate reports in the jurisdiction. **By collecting data and information, LCHD staff learn how these infections are occurring and work toward preventing future illnesses.** Guidance documents and plans are developed to address communicable diseases with the ultimate goal of reducing disease incidence in Licking County.

In 2015, LCHD measured the top reportable diseases in the county, which were the same top reportable diseases seen in previous years.

Hepatitis C – chronic continues to increase not only locally, but across the state of Ohio. Health officials agree that Hepatitis C – chronic rates have risen due to intravenous drug use. Prescription drug abuse is resulting in cheaper alternatives, such as heroin, and leading to more Hepatitis cases.

The 2015 Licking County **Pertussis** rate declined by 36.9 percent compared to 2014 but still ranked second as one of the leading infectious diseases. LCHD continues to address historical issues with Pertussis cases including reporting lag, misdiagnoses, and cases not seeking medical attention immediately. The Licking County Pertussis rate was well above the state rate, but below the county's five-year average.

A few infectious agents causing diarrheal illness including **Campylobacteriosis, Salmonellosis, and Cryptosporidiosis** were also among the top reportable diseases in the county in 2015. LCHD expects to see these cases in Licking County, as these agents are commonly found in the environment and animals. The primary goal is to reduce person-to-person transmission of these agents and prevent outbreaks.

In 2015, LCHD identified outbreaks and clusters of Campylobacteriosis, Salmonellosis, and Cryptosporidiosis. County rates for Campylobacteriosis and Salmonellosis were below the Ohio rate and the local five-year average. Cryptosporidiosis exceeded both the Ohio rate and five-year local average.

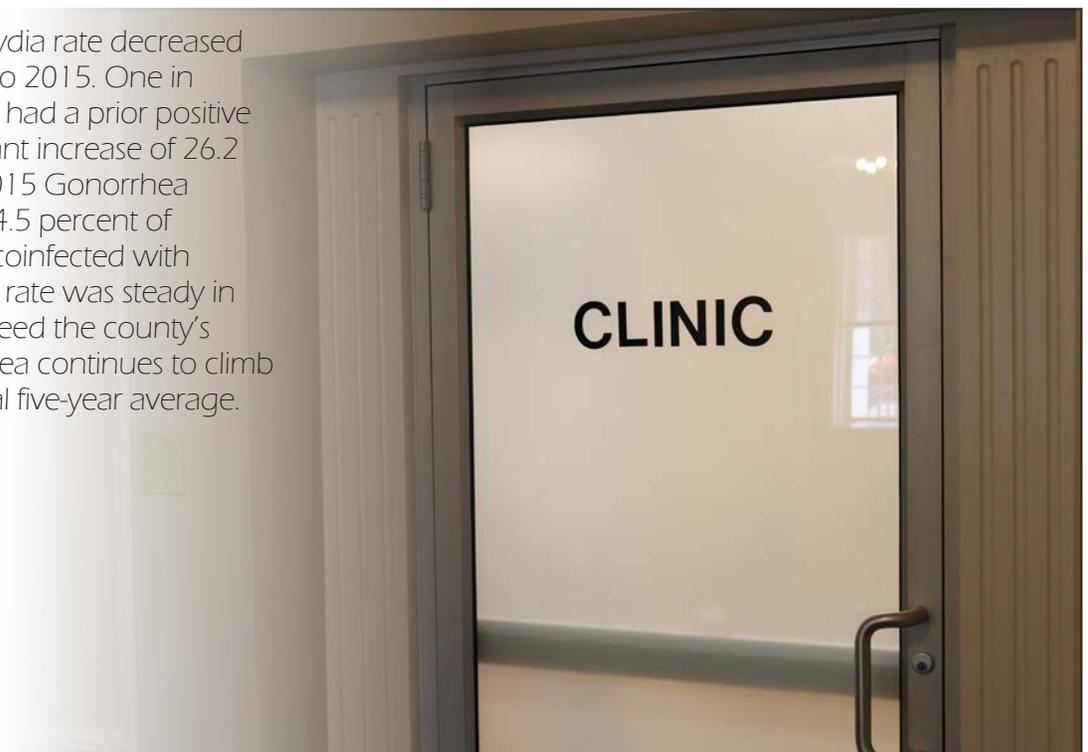


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Top Reportable Diseases in Licking County, Ohio			
DISEASE	2015		LICKING COUNTY 5 YEAR AVERAGE
	LICKING CO. RATE	OHIO RATE	
Hepatitis C- chronic	72.7	165.4	63.4
Pertussis	21.7	7.1	39.3
Campylobacteriosis	11.1	14.8	27.5
Salmonellosis	9.4	11.7	11.8
Cryptosporidiosis	9.4	3.6	2.6
SEXUALLY TRANSMITTED DISEASES (STDs)			
Chlamydia	323.6	467.9	310.1
Gonorrhea	102.0	135.7	48.6

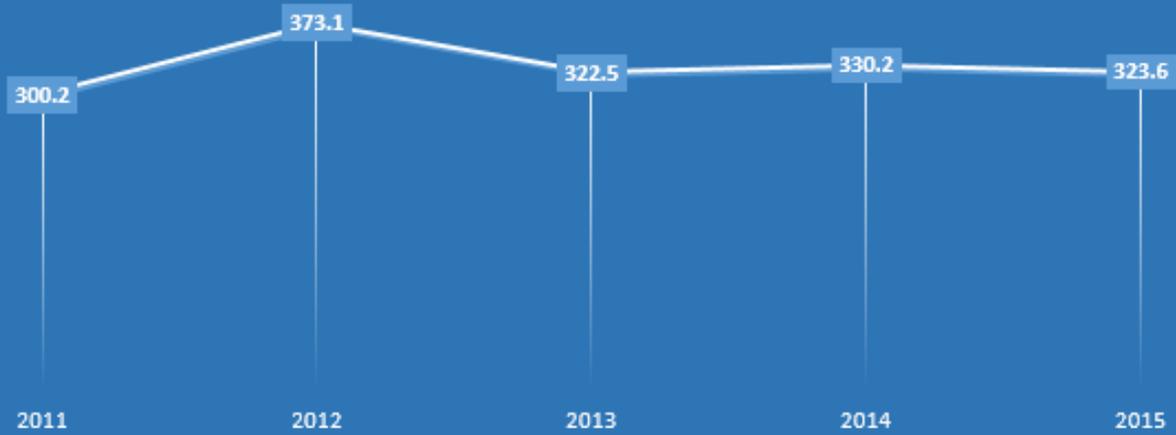
Sexually Transmitted Diseases (STDs) in Licking County

The Licking County Chlamydia rate decreased by 2.0 percent from 2014 to 2015. One in four Chlamydia cases have had a prior positive test (reinfection). A significant increase of 26.2 percent was seen in the 2015 Gonorrhea rate. Also of significance, 34.5 percent of all Gonorrhea cases were coinfecting with Chlamydia. The Chlamydia rate was steady in 2015, but continues to exceed the county's five-year average. Gonorrhea continues to climb and even doubled the local five-year average.

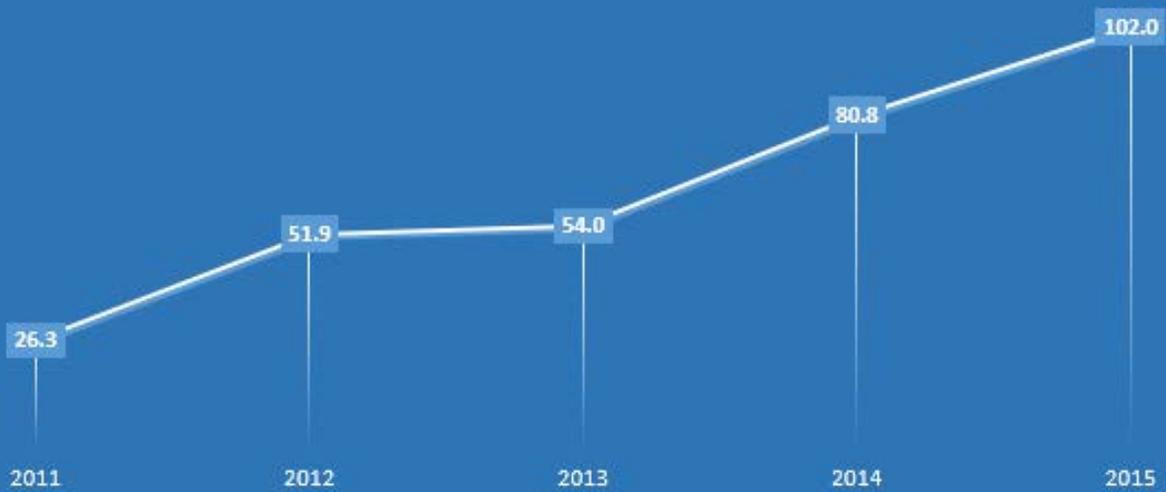


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CHLAMYDIA (rate per 100,000)



GONORRHEA (rate per 100,000)



Cancer in Licking County

Licking County commonly has a higher incidence rate of all types of cancer in comparison to the state of Ohio and United States rates. Along with a higher incidence rate comes a higher mortality rate for all cancers in Licking County. Even though Licking County ranks higher in these categories than the state, fewer cases of cancer within the county were reported in 2013 in comparison to previous years.

The top Cancers reported in Licking County (based on incidence rate) are Breast Cancer - Female dependent, Prostate Cancer - Male dependent, and Lung and Bronchus Cancer- all genders. The key measures when looking at Cancer data are incidence, mortality, and stage of diagnosis. Looking at the table for stage at diagnosis, Lung and Bronchus and Pancreatic Cancer continue to be diagnosed in late stages, which is consistent with state of Ohio and United States rates. Oral Cavity and Pharynx Cancer also had a significantly higher late stage diagnosis rate, which was above both the state of Ohio and United States rates.

Lung and Bronchus Cancer (the county's leading type of cancer) decreased by 22.4 percent from 2011 to 2013. One significant increase from the data is a 130.8 percent increase in the number of Pancreatic Cancer cases reported from 2011 to 2013.

Age adjusted rates for incidence and mortality from 2008 to 2012 show that Lung and Bronchus Cancer in Licking County is the leading type for both categories and exceed rates for both the state of Ohio and United States rates (*Breast and Prostate data show higher rates but are gender dependent). Pancreatic Cancer reported a significant increase in 2013, but for the measurement period of 2008 to 2012, the incidence and mortality rates were below those of the state of Ohio and the United States rates.

The incidence of Prostate Cancer was below both the state of Ohio and the United States rates, but the mortality rate exceeded both for the reporting time frame.

Age-Adjusted Incidence Rates for Top 5 Cancers in Licking County, Ohio

(Source: Ohio Cancer Incidence Surveillance System (OCISS), United States Census Bureau)

CANCER SITE/TYPE	2011	2012	2013
Female Breast	156.4	178.4	137.4
Prostate	92.5	104.6	103.1
Lung and Bronchus	91.7	80.9	70.2
Colon and Rectum	44.0	47.9	46.3
Melanoma of Skin	30.0	41.7	37.3

Statistics for Cancer and Gender measures higher incidence and mortality rates for men compared to women, which is consistent throughout the state of Ohio and the United States statistics. Licking County's population profile is primarily White (92.6 percent) so it's understandable to expect higher incidence rates amongst this group for all types of cancer. The White population (481.6 percent) had a higher incidence rate compared to the African American population (475.9 percent) but African American's had a much higher mortality rate (234.1 percent) compared to White's (188.7 percent.)

2017 Community Health Assessment

Number of New Cancer Cases by Type in Licking County, Ohio

(Source: Ohio Cancer Incidence Surveillance System)

NEW CANCER CASES	Year		
	2011	2012	2013
Bladder	44	46	57
Brain and other Central Nervous System	32	53	39
Breast	139	156	122
Cervix	4	4	9
Colon & Rectum	76	81	82
Esophagus	12	9	11
Hodgkins Lymphoma	6	1	4
Kidney & Renal Pelvis	41	39	33
Larynx	7	9	10
Leukemia	24	17	26
Liver & Intrahepatic Bile Duct	11	13	16
Lung and Bronchus	161	139	125
Melanoma of Skin	52	71	65
Multiple Myeloma	18	11	9
Non-Hodgkins Lymphoma	36	36	32
Oral Cavity & Pharynx	25	25	29
Other Sites/Types	79	92	61
Ovary	10	9	5
Pancreas	13	21	30
Prostate	81	92	92
Stomach	11	16	10
Testis	5	7	6
Thyroid	32	34	29
Uterus	29	36	29
TOTAL	948	1,017	931



2017 Community Health Assessment

Average Annual number and Age-Adjusted Rates of Invasive Cancer Cases and Cancer Deaths by Site/Type in Licking County, Ohio and the United States (2008-2012)

(Source: Licking County Cancer Profile, Ohio Department of Health, Cancer Data and Statistics)

CANCER SITE/TYPE	Incidence				Mortality			
	Licking County		Ohio	US	Licking County		Ohio	US
	Cases	Rate	Rate	Rate	Deaths	Rate	Rate	Rate
All Sites/Types	897	483.5	463.9	454.8	339	189.0	186.6	171.2
Bladder	44	24.1	21.9	20.3	9	5.4	5.0	4.4
Brain and Other CNS	13	7.7	6.9	6.4	9	5.1	4.5	4.3
Breast (Female)	122	123.3	120.9	124.8	23	22.9	23.6	21.9
Cervix	5	6.6	7.5	7.7	2	1.9	2.6	2.3
Colon and Rectum	79	43.4	43.1	42.4	33	18.4	17.0	15.5
Esophagus	14	7.1	5.3	4.4	10	5.6	5.0	4.2
Hodgkin Lymphoma	6	3.2	2.7	2.7	<1	*	0.4	0.4
Kidney and Renal Pelvis	37	19.2	16.4	15.6	8	4.3	4.3	3.9
Larynx	7	3.9	4.1	3.2	1	0.5	1.3	1.1
Leukemia	24	13.8	11.8	13.3	14	8.0	7.3	7.0
Liver and Intrahepatic Bile Duct	12	6.4	6.1	8.2	9	5.1	5.3	6.0
Lung and Bronchus	152	82.6	71.7	58.7	114	62.9	55.3	47.2
Melanoma of Skin	45	25.4	19.7	21.6	5	3.0	3.0	2.7
Multiple Myeloma	11	6.1	5.7	6.3	4	1.9	3.5	3.3
Non-Hodgkin Lymphoma	32	17.2	18.9	19.7	11	6.2	6.9	6.2
Oral Cavity and Pharynx	21	10.5	10.7	11.0	4	2.0	2.5	2.5
Ovary	11	10.9	11.9	12.1	9	8.4	7.9	7.7
Pancreas	16	8.8	12.4	12.4	14	7.7	11.5	10.9
Prostate	105	110.1	127.8	137.9	17	24.2	22.0	21.4
Stomach	11	5.6	6.1	7.4	3	1.6	2.9	3.4
Testis	5	6.5	5.4	5.6	<1	*	0.3	0.3
Thyroid	25	14.8	13.0	13.5	1	0.8	0.5	0.5
Uterus	32	32.0	27.7	25.1	4	4.0	4.9	4.4
Other Sites/Types	67	N/A	N/A	N/A	35	N/A	N/A	N/A

2017 Community Health Assessment

Percent of Cancer Cases by Stage at Diagnosis for the Leading and Screenable Cancers in Licking County, Ohio and the United States

(2008-2012)

(Source: Licking County Cancer Profile, Ohio Department of Health, Cancer Data and Statistics)

CANCER SITE/TYPE	Licking County		Ohio		United States	
	Early	Late	Early	Late	Early	Late
Breast (Female)	69.1	28.3	67.4	29.3	70.5	27.9
Cervix	46.2	50.0	41.4	52.0	45.2	49.7
Colon and Rectum	32.9	57.1	39.9	49.7	42.5	52.1
Lung and Bronchus	16.6	70.2	16.9	69.8	18.4	75.3
Melanoma of Skin	84.3	10.5	86.1	8.6	90.6	7.2
Oral Cavity and Pharynx	20.0	72.4	29.8	64.0	45.5	50.1
Pancreas	3.7	75.6	7.5	69.4	10.5	78.4
Prostate	71.8	17.3	79.0	13.0	78.8	16.3
Testis	54.2	37.5	67.7	29.5	68.0	30.6

Average Annual Number and Age-adjusted Rates of Invasive Cancer Cases and Cancer Deaths by Sex and Race in Licking County, Ohio and the United States (2008-2012)

(Source: Licking County Cancer Profile, Ohio Department of Health, Cancer Data and Statistics)

DEMOGRAPHICS		Incidence				Mortality			
		Licking County		Ohio	US	Licking County		Ohio	US
		Cases	Rate	Rate	Rate	Deaths	Rate	Rate	Rate
Sex	Male	456	536.0	524.2	516.6	178	233.1	227.5	207.9
	Female	441	448.1	423.1	411.2	161	160.2	158.0	145.4
Race	White	863	481.6	456.1	463.3	329	188.7	184.3	170.9
	Black	21	475.9	470.8	478.0	9	234.1	217.2	202.0
Total		897	483.5	463.9	454.8	339	189.0	186.6	171.2

2017 Community Health Assessment

Average Annual Number of Cancer Deaths and Age-adjusted Mortality Rates and Gender in Licking County, Ohio and the United States (2006-2010)

(Source: Cancer in Ohio 2014 - Ohio Department of Health Report)

CANCER SITE/TYPE	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
All Sites/Types	170	234.3	163	171.9	333	196.7
Colon & Rectum	17	24.1	14	14.1	30	18.2
Lung & Bronchus	55	72.1	49	53.2	105	61.3
Breast	N/A	N/A	27	28.6	N/A	N/A
Prostate	16	24.3	N/A	N/A	N/A	N/A



Mortality in Licking County

The leading cause of death in Licking County continues to be Cancer (all types included - since 2013). In comparison to Ohio, Licking County's mortality rate for Cancer has been below the state rate for the measurement period of 2012 to 2015. The leading cause of death in the state of Ohio is Heart Disease, which ranks second in Licking County. All other leading causes of death in Licking County have been consistent over the past reportable years. **A significant increase in Alzheimer's disease (56.6 percent increase) was noted between 2014 and 2015.** Alzheimer's disease has been listed as the sixth leading cause of death in the United States and with the recent increase in Licking County, ranked fourth in 2015.

Leading Causes of Death in Licking County, Ohio

(Source: Ohio Department of Health)

TYPE (rate per 100,000)	2012		2013		2014		2015	
	Licking	Ohio	Licking	Ohio	Licking	Ohio	Licking	Ohio
Cancer	198.8	223.6	213.2	220.8	209.0	223.4	209.3	223.3
Heart Disease	202.3	245.5	165.7	249.6	190.7	250.4	202.3	259.1
Chronic Lower Respiratory Disease	74.0	62.4	49.3	61.8	48.4	59.5	56.9	63.1
Stroke	45.4	51.3	41.0	50.7	46.0	51.7	44.6	52.4
Diabetes	40.0	31.8	42.2	31.4	38.4	31.9	35.2	31.9
Alzheimer's Disease	32.2	46.1	28.5	45.8	34.8	48.4	54.5	54.4



Environmental Health

The practice of Environmental Public Health (EPH) is vital to protecting Public Health. This is accomplished by protecting drinking water, ensuring sewage is properly treated, protecting the public from vector-borne diseases, and conducting food safety inspections. These are only a few examples of EPH programs.

Food Safety

One item recommended by the Licking County Community Health Improvement Committee (CHIP) for inclusion in this CHA, and future CHAs, was data related to foodborne illness within Licking County. These diseases are tracked by the Licking County Health Department (LCHD) in order to identify potential foodborne outbreaks as early as possible. LCHD also inspects each food service operation and retail food establishment a minimum of two times each year. This exceeds the minimum requirements set by the state of Ohio, and reinspections are conducted at every facility that is found to have a critical violation. **In 2014, LCHD conducted a total of 1,743 inspections of licensed facilities. LCHD conducted a total of 344 reinspections, which equates to a 20 percent reinspection rate. In 2015, LCHD conducted a total of 1936 inspections, and the reinspection rate fell to 17 percent.**

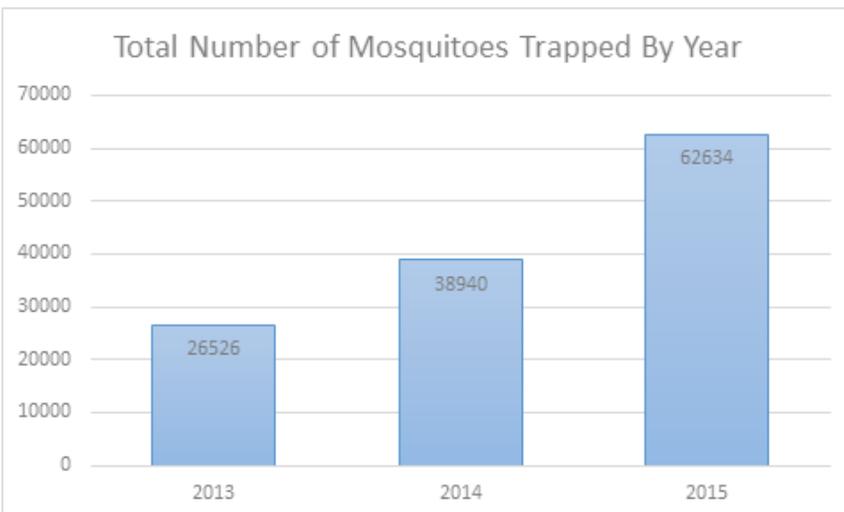
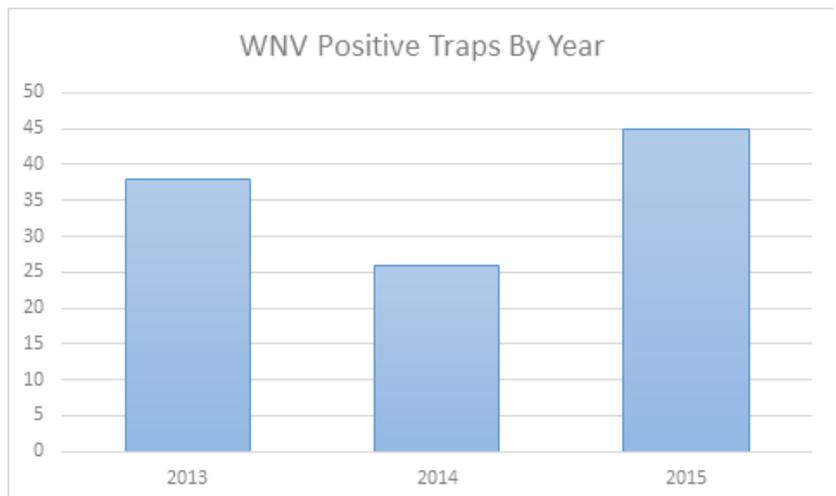
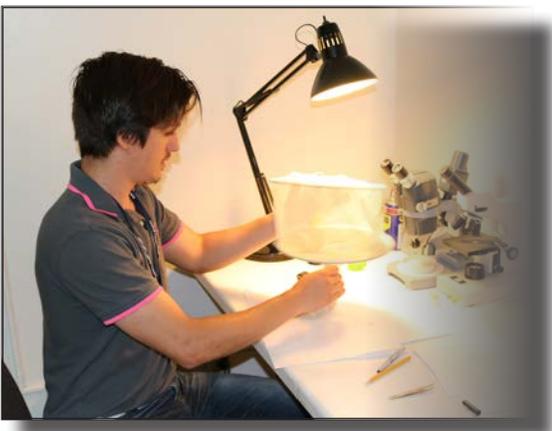
One factor that could have contributed to the reduction in reinspections is the fact that **LCHD conducts both Level 1 and 2 Certification in Food Protection training for licensed operators multiple times each year. In 2014, LCHD trained a total of 135 licensed operators and this number increased to 214 in 2015.** LCHD's goal is to continue to increase the number of operators trained annually in an effort to increase the level of food safety within Licking County.



2017 Community Health Assessment

Vector Control

Vectorborne diseases, specifically mosquitoborne diseases, have been a major public health concern in Licking County and throughout the United States. Public health officials have been working to combat both the Zika Virus as well as West Nile Virus (WNV). Both diseases can cause significant health concerns for those affected, and LCHD has established a substantial mosquito surveillance program to better address this issue. **Mosquito traps are set 4 days a week throughout the mosquito season, which typically runs from May through September.** Traps are located in areas where mosquito concerns have been identified in the past, and also in areas where complaints from the public are received. The data collected through the surveillance network allows LCHD to make informed and data driven decisions regarding when and where to apply pesticides. Taking this integrated pest management approach limits the amount of pesticides dispersed in the environment while still providing adequate protection.



Contributing Causes of Health Challenges

The data and information contained in this CHA provides an accurate depiction of the health status of Licking County. This allows for the prioritization of health issues so that progress can be initiated, implemented and evaluated to combat these issues. Additionally, **this document provides the residents with a call-to-action in order to improve the health status of the county.** Public health improvements are a community effort, not solely contributed to by the health department. Licking County Health Department (LCHD) and the Community Health Improvement Committee (CHIC) members continue to make community health improvements a reality, and so far, the results are positive. However, there are still concerns, and there are still different pockets of the county that are suffering from health disparities. LCHD and CHIC will continue to address these issues, and as a community, **we will be successful.**

According to the US Census Bureau, the 2015 poverty rate in Licking County was 13.5 percent, which is slightly lower than Ohio's rate of 15.8 percent. However, the poverty rate within the city of Newark, the county seat, was 22.1 percent in 2015. Other areas in Licking County with higher-than-average poverty rates include the village of Buckeye Lake (23.9 percent) and the rural areas of the county which have an average poverty rate of 23 percent. The Center for Disease Control and Prevention (CDC) has reported that individuals suffering from health disparities, such as poverty, can expect to have lower health outcomes than those who are not affected by such disparities. **In the low poverty areas of Licking County, there is limited access to healthy food options, and their geographic location often limits access to physical activity opportunities.** As a result, these individuals have higher rates of obesity and chronic illnesses associated with obesity such as diabetes and cardiovascular disease.

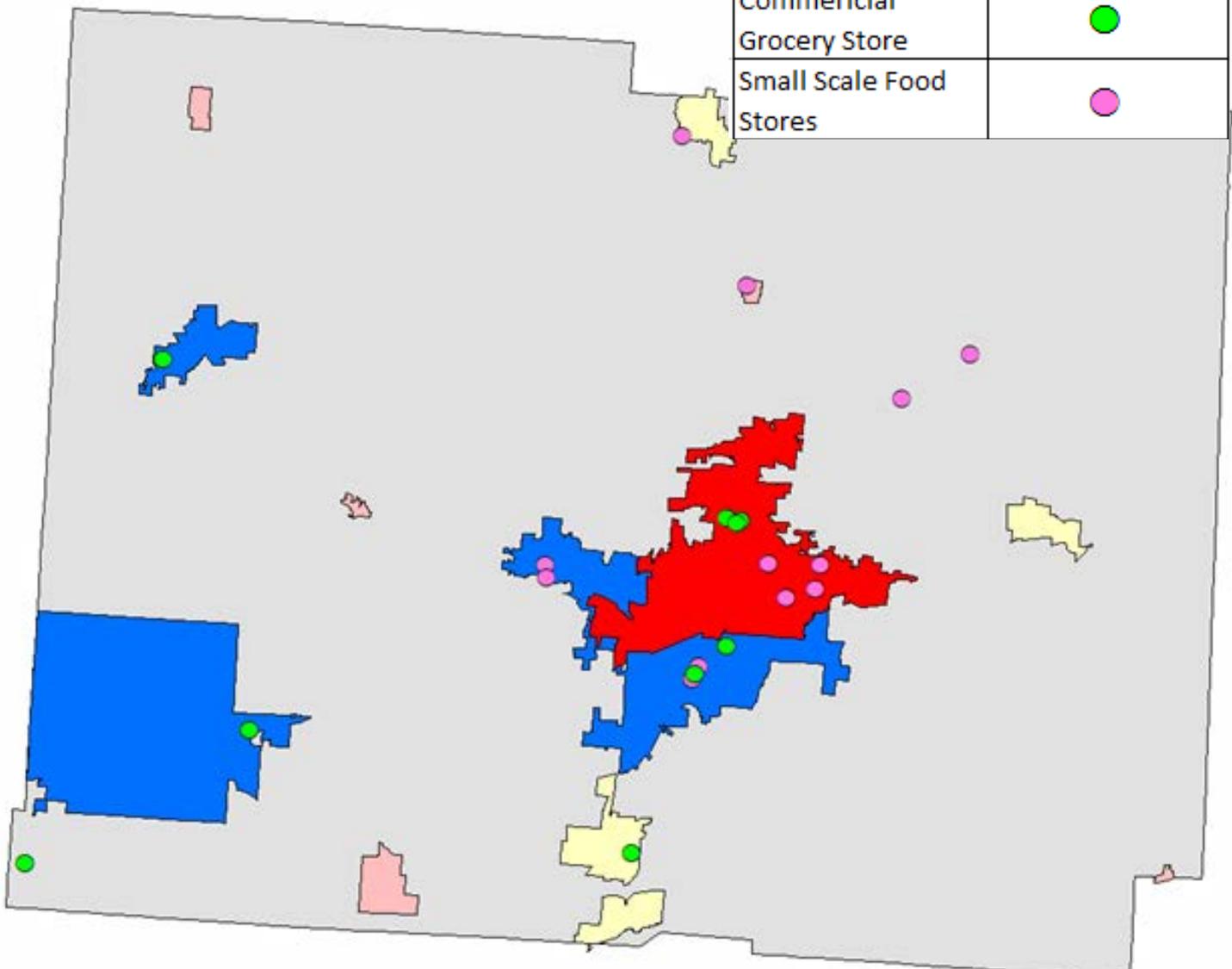
A positive trend identified in Licking County has been increased access to farmer's markets throughout the county. **Markets are now located in areas where access was a concern in the past, such as Buckeye Lake, east Newark, and downtown Newark.** Additionally, some of these locations are now accepting food stamps and WIC, which further increases access for individuals suffering from disparities.

Health disparities in Licking County go beyond poverty and can include educational attainment, age, race, and geographic location. Data has shown that the percentage of adults 65 years of age and older who receive a flu vaccination has declined in the county since 2012. The percentage now stands at 60 percent, which is down from 72 percent in 2012. Influenza can be a deadly disease, especially to those individuals who are elderly or are immunocompromised. This is an issue that will require monitoring in the future to ensure issues such as access to these vaccinations or transportation barriers are not the cause of the decline.

Health Assets in Licking County

The below map represents plotted locations of sites where Licking County residents can purchase food. Differing symbols represent commercial grocery stores vs. small scale food stores. A color density map is also used to indicate where the highest populations are located in the county.

Map Key	
Population Density	
0 - 1,000	Light Red
1,001 - 5,000	Yellow
5,001 - 20,000	Blue
≥ 20,001	Red
Symbols	
Commercial Grocery Store	Green Circle
Small Scale Food Stores	Pink Circle



CHA Data Collection

This assessment contains both primary and secondary data. **Including both of these types of data is imperative to gain a true perspective of the overall health status of Licking County.** In addition, the data utilized provides an opportunity to identify gaps in services and the most prominent public health issues facing the county. The CHA 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 Center for Urban and Public Affairs (CUPA) at Wright State University (WSU). The agreement resulted in the completion of the Behavior Risk Factor Surveillance System (BRFSS) in 2015. The survey included telephone interviews of 558 Licking County residents. The BRFSS is a nationally recognized scientific data collection tool, and in conducting the survey, **Licking County Health Department (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 collected as part of the Mobilizing for Action through Planning and Partnerships (MAPP) process. The following MAPP assessments were conducted within the last four years since the last Community Health Assessment (CHA) was completed:

- **The Community Themes and Strengths Assessment:** Community Blueprint conducted by the United Way of Licking County fulfilled this assessment. Surveyed county residents and key informants on their perceptions of strengths and weaknesses in the community. ([Link](#))
- **The Local Public Health System Assessment (LPHSA):** Licking County Community Health Improvement Committee (CHIC) completed this assessment in 2014, scoring assets in the public health system found in the community. ([Link](#))
- **The Forces of Change Assessment:** Staff from the Ohio State University's Center for Public Health Practice (CPHP) facilitated this assessment with members of the Licking County CHIC in 2015. A total of seven Forces of Change were identified during this assessment. ([Link](#))

The CHA is part of the MAPP process and incorporates the data collected from the assessments, BRFSS, and all secondary data. All of the data included in this report is used to determine the main public health priorities in Licking County, which helps drive informed decision-making and development of the Community Health Improvement Plan (CHIP).

The secondary data contained in this assessment was collected from a variety of reputable and accurate sources. All demographic information was collected from the United States Census Bureau's website using the American Fact Finder tool. All other secondary data was collected through numerous Ohio Department of Health resources, including the Ohio Cancer Incidence Surveillance System, Ohio Public Health Data Warehouse, and Ohio Disease Reporting System.

CHA Summary

The Licking County Health Department (LCHD), in conjunction with its partners, has completed this community health assessment (CHA) in order to provide a description of the current health status of Licking County.



Conducting a CHA is a core function of a public health department, and LCHD is fervent in providing it to the community. This document is a vital contribution in the determination of the public health priorities for the county's Community Health Improvement Plan (CHIP), as well as LCHD's strategic plan.

Additionally, the CHA allows other agencies from throughout the county's public health system to gain a better understanding of the issues that their agency may specifically address. The document provides accurate, timely and relevant data regarding a wide variety of public health topics. This type of information is often critical to allow for the proper evaluation of existing programs. The data within the CHA can also assist with securing funding to address prominent and emerging issues.

This document could not have been created without the assistance of the Licking County Community Health Improvement Committee (CHIC). The agencies represented on the CHIC committee are dedicated to addressing public health challenges within the county, and to improving the health of all county residents. Their insight and suggestions for the CHA were invaluable, and a comprehensive CHA was developed as a result.

Appendix #1

Community Asset Mapping Data

(February 6, 2014) Page 1

ES #1 Monitor Health Status

- Epidemiology Surveillance: Ohio Reportable Diseases, Influenza, Syndromic, & Over The Counter Medications (Adam)
- Feed epidemiology information to Licking County Health Department (Jeanne Emmons)
- Licking County Safe Communities Coalition: Assessing crash data for high risk behaviors (Carrie Minor)
- Community Health Assessment, BRFSS, Forces of Change, Community Strengths and Needs Assessment (LCHD) (LMH) (Jeanne Emmons)
- Licking County Health Department monitors immunization rates of children in the county (Mary Beth)
- Child Fatality Review Board monitors child/infant mortality rates and causes (Jeanne Emmons)
- Family Health Services provides health information and stats to the Licking County Health Department
- Licking County Board of Developmental Disabilities supports more than 1500 people with developmental disabilities; statistics of disability; community supports etc are compared to other counties as well as national statistics
- Mental Health and Recovery for Licking/Knox counties: Behavioral Health Information

ES #2 Diagnose and Investigate

- Perform surveillance of communicable diseases and report to Licking County Health Department (Jeanne Emmons)
- Epi Team (LCHD & LMH) investigates outbreaks (Jeanne Emmons)
- Licking County Health Department investigates reportable infectious diseases (Mary Beth)
- Licking County Board of Developmental Disabilities has plans and agreements in place with all of our providers for pandemic response, crisis response, etc
- Licking County Board of Developmental Disabilities assess newborns “at risk” of a disability and coordinates services and early intervention
- Family Health Services assesses reproductive health, wellness care STD differential and treatment, and healthcare referrals as indicated
- Responses: Emergency facilities for the community

ES #3 Inform and Educate

- Licking County Health Department writes press releases on various health topics, each week (Mary Beth)
- Screening and Survivor Support (SASS) program for breast cancer helps foster a community of survivors, empower and educate on new opportunities (Nicole Brasseur)

Community Asset Mapping Data

(February 6, 2014) Page 2

- Share epidemiology findings and investigation results with decision/policy makers (Adam)
- Licking County Safe Communities Coalition: Promoting safe driving behaviors to reduce traffic fatalities (Carrie Minor)
- Partners in Wellness Program: Teach health education to third graders throughout county (Carrie Minor)
- 2-1-1 provides comprehensive information of services available within the community (Pathways)
- Work to inform and educate the community about the end of life benefit (via Medicare, Medicaid, and private pay) (Hospice Central Ohio)
- Free education on a variety of health topics at facility, in community, and in publications provided to the community (Licking Memorial Hospital)
- Offer free wellness services to community members who have health issues (Licking Memorial Hospital-Wellness Centers)
- Mental Health America provides mental health awareness to county schools and low income groups (United Way)
- School nurses in districts provide nursing services and education along with healthcare programming (Licking Memorial Hospital)
- Free/open lectures to the community
- Family Health Services provides education on informed consent, education on reproductive health and wellness care, positive outcomes, and empowerment to sexual health.
- Licking County Wellness Coalition created worksite wellness toolkit w/ sample policies, local resources/programs (Nicole Smith)
- Develop social media content on behalf of Licking County Health Department in regards to events, services, and public health issues (Theron)
- Women, Infants, & Children provides nutrition education and nutritious foods to eligible participants/families
- Mental Health & Recovery-Licking/Knox: Behavioral Health and Our Families, Youth ADD, Violence Prevention
- YMCA: Physical Health
- Pathways: Prevention Programs, ADD Prevention, Life Skills

ES #4 Mobilize Community Partnerships

- Licking County Wellness Coalition/Tobacco Use Reduction Network (Nicole Smith)
- Licking County Safe Communities Coalition: Partnerships with local agencies to reduce traffic related fatalities and promote safe driving behaviors (Carrie Minor)
- Licking County Healthcare Disaster Planning: Group of healthcare affiliated healthcare organizations involved in emergency planning and preparedness efforts (Kris Pohlman)
- Community Blueprint Needs Assessment (Multiple Partners)
- Licking County Aging Task Force: Group of providers for the aging (Kris Pohlman)

Community Asset Mapping Data

(February 6, 2014) Page 3

- Licking County Safety Committee: Bureau of Worker's Compensation (through Chamber of Commerce) (Kris Pohlman)
- Service Learning: Students work at various agencies to better understand community networks
- Pathways: Prescription Drug Task Force/Suicide Prevention Coalition
- Provide healthy lifestyle programs for school age children through "Active Fit"
- Meet quarterly with local nursing to discuss relevant health issues within our community and to share best practices (Licking Memorial Hospital)
- Licking Memorial Hospital and Behavioral Health Partners work together to provide crisis services in the Licking Memorial Hospital emergency room
- United Way collaboration between agencies and their clients (Mullady)

ES # 5 Develop Policies and Plans

- Assist multi-unit housing in passing smoke-free policies (Nicole Smith)
- Tobacco Use Reduction Network: Strategic Plan (Nicole Smith)
- Licking County Wellness Coalition: Strategic Plan (Nicole Smith)
- The Youth Leadership Counsel lobbied to local policymakers/communities to encourage a smoke-free environment (Pathways)
- Encourage funded partners to adopt wellness policies and practices with staff and those served (United Way)
- Develop and maintain Emergency Preparedness Plans to provide medications to Licking County residents during a public health event (Adam, Jeanne Emmons)
- Assist school districts to pass 100% tobacco free policies (Nicole Smith)
- Licking County enacted smoke-free property polices and tobacco free policies (LCHD)
- Nicotine Free Hiring Policy (LCHD)
- Health Department Strategic Plan to continuously review date and develop strategies regarding public health (Mullady)
- Community Health Improvement Plan developed by Community Health Improvement Committee (Joe Ebel)
- Licking Memorial Hospital also has a smoke-free and non-smoker hiring policy
- LCHD's "Safe Sleep" initiative through their at-risk pregnancy program and WIC program to address infant mortality (Todd)

ES # 6 Enforce Law and Regulations

- Environmental testing to assure compliance (Mullady)
- Licking County Health Department enforces regulations on quarantine and exclusion from work/school for infectious diseases (Mary Beth)
- Licking County Health Department: Environmental Health Department monitors compliance/addresses complaints of Ohio Smoke-Free Workplace Law
- Licking County Health Department: Environmental Health monitors food services for safe food, regulates drinking water wells and sewer/septic systems (Kris Pohlman)

Community Asset Mapping Data

(February 6, 2014) Page 4

- Woodlands New Beginnings helps victims obtain protection orders
- Clean indoor air act (smoke-free law) enforcement (Licking County Health Department-Jeanne Emmons)
- Transportation: Educate, Engineer (Road Safety Analysis). Analyze crash data and report to police and fire department. Review all maintenance projects to make safer. Safe communities and fatality review

ES # 7 Link People to Health Services

- Nurses and social workers provide referrals for community through individual visits, through physician referral line (Licking Memorial Hospital)
- Licking County Health Department links people via new Ohio Benefits Bank Software (Mary Beth)
- Provide resource assistance through financial counselors (Licking Memorial Hospital)
- Health fairs, community education offerings and community events to assist in identify health services (Licking Memorial Hospital)
- Free Quit for Your Health tobacco cessation program (Licking Memorial Hospital)
- Coalition of Care: Connects low income clients to appropriate community resources
- Licking County Health Department Screening and Survivor Support (SASS) for breast cancer program helps decrease barriers and link women in need of mammograms to services (financial assistance, scheduling) (Nicole Brasseur)
- Community Health Clin8ic provides care to underinsured, income eligible persons. Also currently has grant for healthcare.gov. Navigator for clinic patients and others in community (D Kintner)
- Navigator for cancer related needs
- Mental Health America, Mental Health & Recovery Licking/Knox, BHP
- Main Place-Link to Behavioral Healthcare
- Licking County Board of Developmental disabilities assesses those we support to determine needed healthcare services annually and as needed
- Catholic Social Services, Licking County Transit: Transport to health services
- 2-1-1 provides referrals to community members wishing to access services
- Women, infants, & Children (WIC) provide referrals for: medical care, immunizations, car seats and other services (Todd)
- Red Cross Blood Services: Center for Visually Impaired
- Family Health Services: Referrals for all healthcare and diseases as indicated
- Early Head Start program ensures that babies and toddlers are linked to a primary care provider (Mary Beth)
- Breast and cervical cancer program links women to physicians and nurse practitioners (Mary Beth)
- Cervical cancer grant links women to services (Mary Beth)
- Family Health Services: NP standards and provides staff training as needed
- Provide CPR training to staff, community. Provide continuing medical education sessions for area physicians and physician staff. Site for Licking County disaster drills/training (Licking

Community Asset Mapping Data

(February 6, 2014) Page 5

Memorial Hospital)

- National Certification of County Health Department (Mullady)
- Train healthcare providers in the 5As or 2As + R (counseling method to help patients quit tobacco (Nicole Smith)
- Monthly credential report at LCHD to ensure current certifications
- Licking County Board of Developmental Disabilities requires all staff to annually receive training on new development disabilities health alerts
- School nurse workgroup and training (J.E.)
- Maintain certification in my area of expertise
- Onsite Health Center for Students: Staffed by RNs, physicians, and athletic trainers works with health department on education of students
- Provide trainings on infectious disease control to all early education providers (Pathways)
- Preceptor site for nursing and other students (D Kintner)
- Various certifications/credentialing of Licking Memorial Professional Staff and Service Lines (Mullady)
- Behavioral Healthcare: Woodlands, LAPP, BHP, MHR-L/K

ES# 9 Evaluate Health Services

- Collecting and evaluating communicable disease trends (Mullady)
- Monitor Medicare data for participation rates for Hospice/end of life care (Hospice Central Ohio)
- Collect program outcomes to determine funding (United Way)
- Compare yearly data on healthcare facility flu vaccine rates (Jeanne Emmons)
- Complete After Action Reports and Infectious Disease Evaluations to identify areas of improvement and create improvement plans (Adam)
- Licking County Health Department surveys clinic attendees on a quarterly basis (Mary Beth)

ES# 10 Research

- Encourage funded programs to utilize best practice (United Way)
- Look for new avenues to educate the community about end of life care (Hospice Central Ohio)
- Licking County Health Department Screening and Survivor Support for breast cancer published as a promising practice on NACCHO in 2011 and investigate new survivor support best practices (Nicole Brasseur)
- Attend national conferences on infection prevention (J. Emmons)
- Network with others in the field (J. Emmons)
- LCHD partners with Denison university and Masters Degree students on research projects (J. Ebel)

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