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CHAPTER I – INTRODUCTION

The 2012 Clark County Community Health Assessment consists of a telephone survey of 1,053 Clark County adults. The primary purpose of the survey of adults is to evaluate the health status of residents, establish public health priorities, and identify baseline measures for establishing public health program outcomes.

The assessment is based upon questions from the Behavioral Risk Factor Surveillance System (BRFSS) survey conducted annually by the Centers for Disease Control and Prevention (CDC), as well as community health assessments conducted by neighboring communities and priority health needs within the county. The assessment addresses access to and utilization of health care; the prevalence of certain diseases; lifestyle choices; early detection and immunizations; attitudes and behaviors toward health and prevention; and some broader community concerns.

Objectives

The overall goal of the needs assessment is to perform a community health assessment that will lead to improved quality of public and private health services. In addition, the health assessment can be used for a variety of purposes such as the following:

- To assess the distribution of disease and behavioral risk factors.
- To assess broad community health issues and to shape a broader definition of community health.
- To monitor the impact of community health action plans and trends in behavioral risk modifications. The concept behind community health assessments is to repeat them about every five years to determine if actions taken by communities are impacting the behaviors that lead to poor health.
- To provide a vehicle to discuss ways to improve community health. The study can assist stakeholders working collaboratively in the community to address issues that affect health.

Methodology

Questionnaire Design

The assessment is based on a telephone survey of residents living in Clark County. As stated previously, the survey was adapted from the BRFSS, which was developed by the CDC, as well as community health assessments conducted by neighboring counties. To view the survey instrument see Appendix A. The BRFSS is conducted annually by each state to assess health behaviors in the nation. Utilizing questions which are identical in wording to the BRFSS and other health assessments allows for comparison of Clark County responses to other counties, the state, and the nation.

Sampling Design

A sample of random digit dial telephone numbers was selected from Marketing Systems Group, a national company that generates telephone numbers.

Survey Implementation

Interviews were conducted beginning June 9, 2012. Interviewers utilized a Computer Aided Telephone Interviewing (CATI) software program that displays the questionnaire on a computer screen and allows the interviewer to enter the response directly into the computer. Such a system helps to minimize errors in gathering the data. A total of 1,053 individuals were interviewed to obtain a 95 percent confidence level and a ± 3.0 percent sampling error for the county as a whole.

Data Analysis

The data were weighted according to age, race, and gender distribution of the county. The data were weighted to provide more accurate estimates and to adjust the distribution of the sample data to reflect the demographics of the adult population of the county. By weighting the data, the responses of persons in various subgroups are adjusted to compensate for the over-representation or under-representation of these persons in the survey sample.

In most cases, the chi-square test was used to measure statistically significant differences among groups within the survey. In some cases when the mean was used to describe the variable (as opposed to the proportion) the independent sample's t-test was used to measure the statistical difference between data. In the following report, only the statistically significant differences will be reported. If no significant difference exists, differences between subgroups within the survey will not be reported, unless it is used to highlight another point (e.g., there are no differences between sub-groups when researchers might expect that there would be). Often, data that are not statistically significantly different may still have substantive differences.

The data from Clark County were compared to state and national data for key questions. The most recent state and national data were used, depending upon how recently specific questions were asked. In addition, it should be noted that the national estimates represent the median of the states and not the average (or mean) of the states' data.

To measure the statistical differences between the county, state, and nation, two statistical tests were used. Since the actual proportions were available for the state, the chi-square test was also used when comparing the differences between the county-level data and the state data. However, as mentioned above, the median value was the only value available for the national data so a different statistical test, the binomial test, was used to compare the county-level data to the national data. Appendix B at the conclusion of this report profiles differences between Clark County respondents and the state and nation.

In addition, data were analyzed by sub-county geography including three regions: Springfield, Eastern and Western. Regions were labeled A, B and C, respectively. This report will focus on the statistically significant differences among regions.

Limitations

The assessment has several limitations. As with every telephone survey, the primary limitation is that it excludes households that do not have telephones. It is estimated that about ten percent of households nationally do not have telephones, and these households are more likely to be poor. Previous research conducted by Wright State University has found that people without telephones are more likely to have multiple barriers to accessing health care. In an attempt to overcome this limitation, a cell phone sample was attempted but failed to identify county residents. Due to the fact that cell phone numbers are not assigned based on the geographic residence of the customer, cell phone samples used on a small geographic sample (such as a county) are not effective without the presence of a cell phone switch tower.

A second limitation of the study is that it is based on self-reported information and may reflect respondents' likelihood of reporting a particular behavior; however, since this same methodology is utilized for the state and national survey, the same bias applies. For example, Clark County respondents may have been less likely to report that they participated in an activity such as drinking and driving; however, state and national respondents would also be less likely to report that they participated in such an activity. Therefore, the differences between these groups can still be measured.

Sample Demographics

The following presents the demographic profiles of survey respondents. The proportions for age, race, and gender were similar to the actual proportions as indicated in data obtained from the 2010 American Community Survey for Clark County. The data were weighted by age, race and gender to equal the actual proportion.

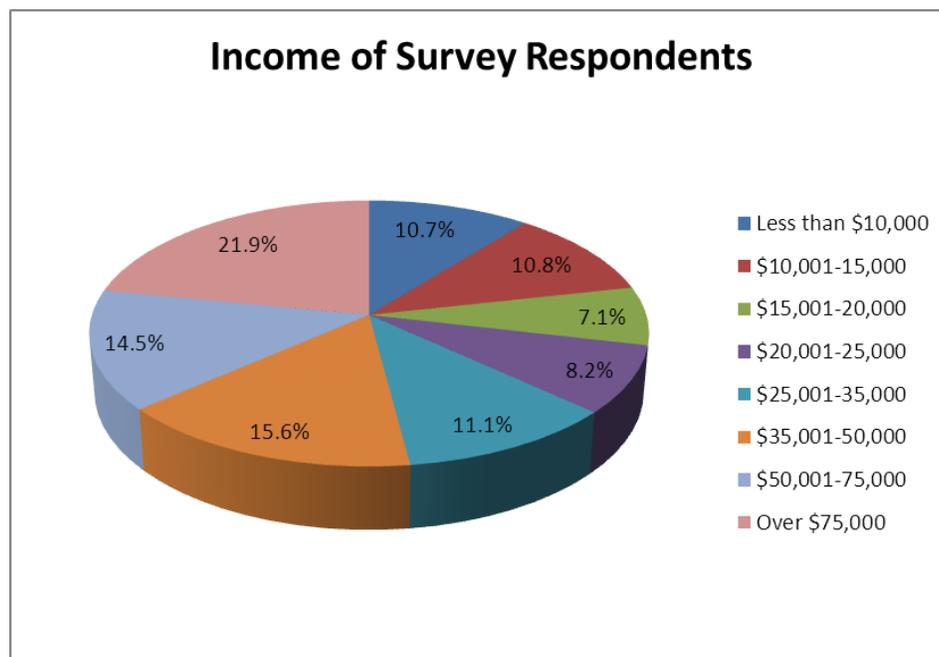
Figure I.1

Age	Actual Proportion (2010 ACS)	Weighted Sample Proportion
18 to 24 years	11.7%	11.7%
25 to 34 years	14.5%	13.4%
35 to 44 years	16.7%	15.8%
45 to 54 years	19.3%	19.4%
55 to 64 years	17.1%	17.1%
65 years and over	20.7%	22.6%

Most of the survey respondents were white (89.6 percent), which reflects the demographics obtained from the 2010 American Community Survey. The remaining 9.4 percent of respondents indicated that they were another race (the majority of which were African American with 6.5 percent).

The weighted sample contains a slightly higher percentage of females (53.6 percent) than males (46.4 percent). Almost half (47.6 percent) of respondents live in households with two adults, while 20.0 percent live in three adult households and 13.8 percent have four or more adults in their household.

Other demographic indicators include annual household income, employment and education level. The greatest proportion of survey respondents has an annual household income of over \$75,000 (21.9 percent), followed by \$35,001-\$50,000 (15.6 percent).



Over half of respondents are married (52.8 percent), while 20.7 percent have never been married, 11.0 percent are divorced, and 10.4 percent are widowed.

The greatest proportion of survey respondents have a high school degree (38.9 percent), while 23.1 percent have some college or technical school and 22.4 percent have a college degree. The remaining respondents (15.7 percent) have less than a high school education.

Less than half of respondents (46.3 percent) are employed for wages. Almost one-quarter of respondents (24.5 percent) are retired, while 8.1 percent of respondents are currently unemployed and looking for a job. For details regarding the employment status of respondents see Appendix C.

CHAPTER 2 – GENERAL HEALTH STATUS

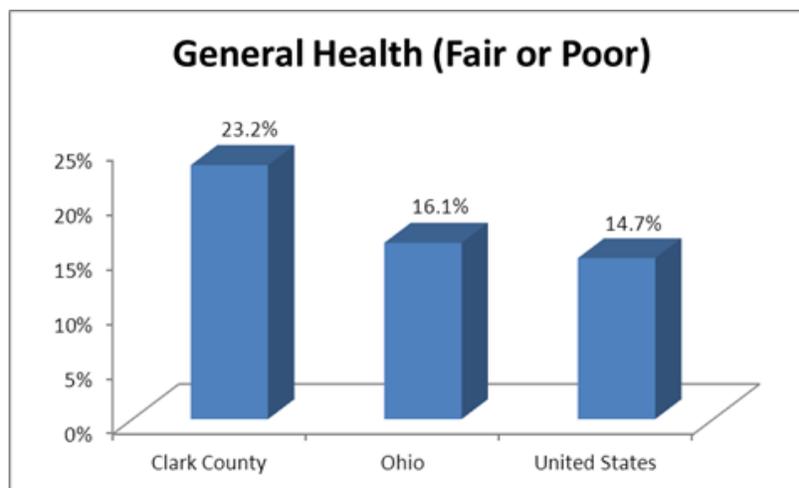
This chapter will address the general health status of Clark County residents, including days with poor physical and mental health, as well as days with health limitations. The chapter will also address Clark County residents without access to health care.

General Health

The general health status of respondents is a self-reported gauge of an individual's overall health condition. The first question of the survey asked respondents to rate their overall health to provide a measure of peoples' initial impression of their health status.

Over three-quarters of respondents (76.8 percent) indicated that in general, their health is excellent (13.0 percent), very good (31.4 percent) or good (32.4 percent).

The percentage of Clark County residents rating their health as fair or poor (23.2 percent) is significantly higher than the State of Ohio (16.1 percent) and the nation (14.7 percent).



Next, respondents were asked in more detail about their physical and mental health. While 23.2 percent of respondents indicated having fair or poor general health, 39.9 percent said that, in the past month, they have had days with poor physical health. A smaller percentage of respondents reported having days with poor mental health in the past month (33.7 percent).

When asked if poor physical or mental health kept them from doing any activities, such as self-care, work or recreation, 23.1 percent of all respondents indicated that they had at least one day in the past month in which they had limitations. The percentage of Clark County residents that stated they were limited in the past thirty days (23.1 percent) is higher than data reported across the State of Ohio (21.8 percent) as well as the nation (21.2 percent), but this difference is not statistically significant.

Mental Health

The next section of the survey addressed topics related to mental health, including depression, anxiety, and suicide.

Eleven percent of respondents (11.0 percent or 116 respondents) indicated they have felt so sad or hopeless for two weeks in a row or more that they stopped doing some usual activities. Female respondents (15.2%) were more likely than male respondents (6.5%) to indicate that they felt sad or hopeless almost every day for two weeks or more in a row and this finding is statistically significant.

Respondents who indicated feeling sad or hopeless for two weeks in a row were asked if they experienced a variety of occurrences while they were feeling sad or depressed. Over ninety percent (94.7 percent) of respondents had trouble sleeping or slept too much, while 94 percent lost interest in most things and 92.6 percent had trouble thinking or concentrating.

Other responses included:

- Felt fatigued or had no energy (91.9 percent)
- Felt extremely restless or slowed down (90.4 percent)
- Woke up before desired (88.8 percent)
- Had a weight/appetite change (74.8 percent)
- Felt worthless or hopeless (74.5 percent)
- Thought about death or suicide (32.1 percent)
- Attempted suicide (5.8 percent)

These 116 respondents were asked if they have seriously considered committing suicide in the past twelve months. Of the 116 respondents, 15 indicated that they did consider committing suicide. Two of the fifteen respondents actually attempted suicide.

More than four in five respondents (101 of the 116 respondents) indicated that they would know who to talk to or where to go if they ever felt depressed or suicidal. When asked who they would talk to, common responses included doctor, clergy or religious figure, mental health services, or friend or family. A complete list of responses can be found in Appendix D.

Quality of Life

Respondents were posed several questions concerning their quality of life. When asked if they are limited in any way in their daily activities because of an impairment or health problem, 22.5 percent of respondents indicated that they have limitations. Crosstabs revealed a significant difference by geography. The percent of respondents who reported being limited in their daily activities because of an impairment or health problem is listed below for each region.

Percent of respondents limited in their daily activities due to an impairment/health problem

Region A (Springfield)	27.7%
Region B (Eastern)	19.1%
Region C (Western)	18.1%

Respondents who are limited in their daily activities were asked to identify the specific impairments or health problems that are the source of their limitation. Of those who are limited in their daily activities, the most common limitations included walking problems (44.4 percent), arthritis (33.4 percent), back or neck problems (31.3 percent), and chronic pain (30.7 percent). Other responses included:

- Lung/breathing problems (23.1 percent)
- Bone/joint injuries (19.1 percent)
- Depression/anxiety/emotional problems (18.9 percent)
- Hypertension/blood pressure (17.6 percent)
- Eye/vision problems (15.5 percent)
- Heart problems (15.1 percent)
- Diabetes (9.8 percent)
- Stroke problems (7.1 percent)
- Hearing problems (6.0 percent)
- Cancer (3.6 percent)
- Chemical Dependency (1.6 percent)
- Other impairment or problem (33.8 percent)

Respondents that indicated having impairments were also asked if they needed the help of others to bathe, dress, groom, go to the bathroom, eat, or walk. Of the 22.5 percent of respondents that reported having impairments (236 respondents), more than eighty percent (81.2 percent) of those individuals said they did not need help from others in these capacities. The remaining respondents (18.8 percent or 44 of the 236 respondents) indicated that they do need assistance, including with walking (16.5 percent), dressing (9.2 percent), bathing (7.8 percent), grooming (7.5 percent), toileting (6.5 percent) and eating (5.2 percent).

Access to Health Care

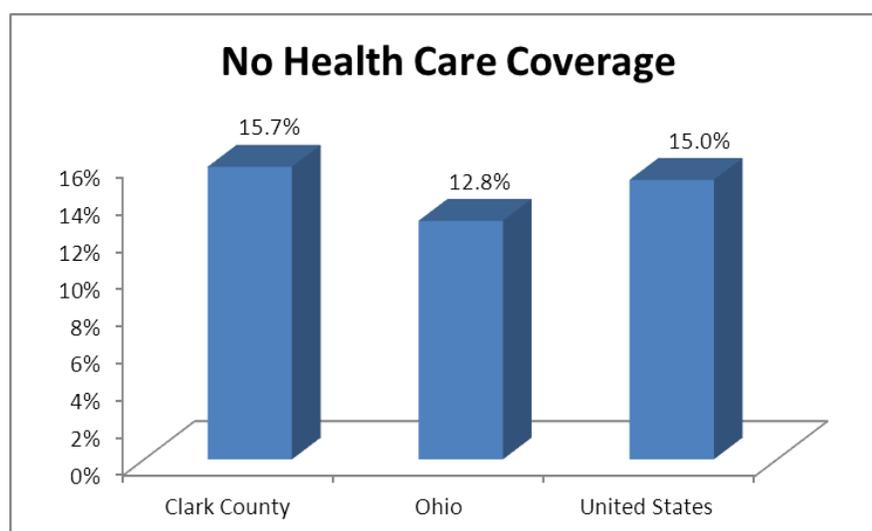
Several questions were asked to gauge peoples' *access to health care*, a primary concern at national, state, and local levels. During tough economic times, the percentage of residents who are uninsured or underinsured can grow, particularly in areas hit hard by unemployment.

First, Clark County residents were asked if they had health care coverage. Over eighty percent of respondents (84.3 percent) indicated they have some sort of health care coverage. When asked what kind of health insurance they currently have, the most common responses included:

- employer-provided coverage (52.9 percent)
- Public assistance, including Medicaid and Medicare (33.9 percent)
- Self-insured (8.3 percent)

A list of other health insurance providers cited by respondents can be found in Appendix D.

In Clark County, 15.7 percent of residents said they had no health care coverage. This percentage is comparable to the national rate (15.0 percent), but it is significantly higher than the State of Ohio (12.8 percent).



Crosstabs show significant differences between respondents without health care coverage and geography.

Percent of respondents without health care coverage by geography

Region A (Springfield)	20.7%
Region B (Eastern)	7.6%
Region C (Western)	14.5%

Over one-third of those who do not have health insurance (34.4 percent) indicated that they could not afford to pay the premiums, while 27.4 percent indicated it was a result of losing their job or changing employers, and 14.0 percent indicated that their employer doesn't offer or stopped offering coverage. A list of other responses can be found in Appendix D.

Respondents who do not have health care coverage were asked how long they have been without health insurance. Nearly one quarter (24.1 percent) of respondents have been without insurance for less than a year, while 76.0 percent have been without insurance for a year or more.

Health Care Utilization

The next section of the survey asked questions pertaining to access to health care providers. Questions were designed to assess whether respondents have a health care provider, the frequency of regular check-ups, as well as whether respondents without a health care provider are impacted by lack of health care coverage.

Respondents were asked questions pertaining to their frequency of health care access. More than three-quarters of respondents (75.7 percent) indicated that they have visited the doctor for a routine check-up in the past year. Another 7.2 percent of respondents have visited a doctor 1-2 years ago. Eight percent of respondents (8.0 percent) have visited a doctor for a routine check-up 2-5 years ago, while 9.1 percent of respondents haven't been to a doctor for a routine check-up in five or more years.

Approximately 90 percent of respondents (89.1 percent) say they have a particular clinic, health center, doctor's office, or other place that they go to when they are sick or need advice about health; while 10.9 percent of all respondents do not have a primary source where they receive health care services.

Respondents who indicated having a particular clinic, health center, doctor's office, or other place that they go to when they are sick or need advice about health were asked what is the specific type of place it is that they get their health care services from. The majority of respondents (81.8 percent) indicated that they receive their services from a doctor's office or HMO, while 11.6 percent of respondents use an urgent care center or hospital (outpatient department or emergency room) for their primary health care provider. Less than ten percent (6.3 percent) of respondents utilize a clinic or health center.

The respondents who indicated not having a usual source for medical care were asked to identify the primary reason that they are without a specific service provider. The highest percentage of respondents (33.0 percent) indicated that they have not needed a doctor, while 22.1 percent of respondents said that they cannot afford a usual source of medical care. Another 18.4 percent mentioned other reasons, which can be found in Appendix D.

Finally, Clark County residents were asked if there was a time in the last 12 months when they needed to see a doctor but could not because of the cost. Over ten percent of respondents (13.7 percent or 143 respondents) indicated that there was a time in the past year when they needed to see a doctor but could not because of cost. Crosstabs show significant differences by geography.

Percent of respondents who could not see a doctor in the past 12 months because of cost

Region A (Springfield)	20.3%
Region B (Eastern)	6.4%
Region C (Western)	10.0%

CHAPTER 3- PREVALENCE OF DISEASE

This chapter discusses the prevalence of some diseases in Clark County, including asthma cardiovascular diseases, and diabetes. The sections also provide some details on attitudes, behaviors and actions toward these diseases as well as disease prevention and early detection.

Asthma

Asthma is a chronic respiratory disease in which the airways of the lungs become temporarily blocked due to inflammation. Symptoms associated with asthma include labored breathing, chest constriction, and coughing. When respondents were asked if a doctor had ever told them that they had asthma, nearly two in ten Clark County adults (17.2 percent) have indicated that they have been diagnosed with asthma. The percent of Clark County adults who have ever been told they have asthma is significantly higher than that of the state (13.8 percent) and nation (13.8 percent).

One-third (33.2 percent) of respondents who have asthma indicated that they have had an episode of asthma or an asthma attack in the past 12 months. Moreover, 14.1 percent of those with asthma indicated having visited an emergency room or urgent care center because of asthma in the past 12 months.

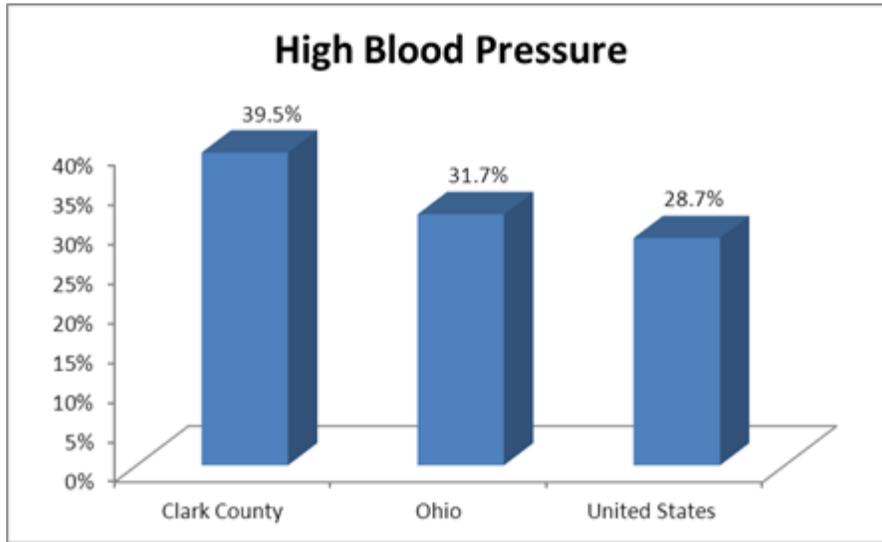
Cardiovascular Diseases

High Blood Pressure

Uncontrolled high blood pressure can lead to stroke, heart attack, heart failure or kidney failure. There are no symptoms, and according to the American Heart Association, nearly one-third of people with high blood pressure don't know they have it. This is why high blood pressure is often called the "silent killer."

Clark County residents were first asked how long it has been since they had their blood pressure taken by a doctor, nurse, or other health care professional. The majority of respondents (89.4 percent) indicated having their blood pressure taken within the last year.

Nearly forty percent of Clark County adults (39.5 percent) have been diagnosed with high blood pressure, which is significantly higher than the percentage for the State of Ohio (31.7 percent) and the nation (28.7 percent).



Many people with high blood pressure rely on several different methods to help control their blood pressure. Such methods include taking medication, dieting to lose weight, cutting down on salt, and exercising. More than three-quarters (77.4 percent) of Clark County adults with high blood pressure control their blood pressure with medication, while 35.5 percent use exercise, 35.0 percent cut down on salt and 27.4 percent are dieting to lose weight. Almost ten percent of respondents with high blood pressure (8.2 percent or 35 respondents) are not doing anything to control their blood pressure.

Crosstabs show significant differences among the percent of respondents using medication to control their blood pressure in each region.

Percent of respondents using medication to control their blood pressure

Region A (Springfield)	77.0%
Region B (Eastern)	69.0%
Region C (Western)	84.2%

High Cholesterol

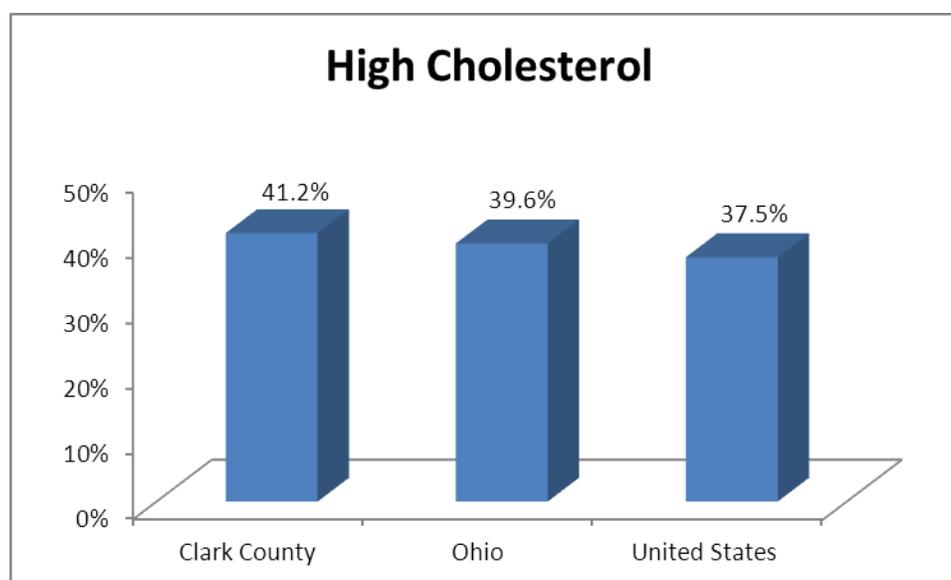
Cholesterol is a fat-like molecule found in all cells of the body that is essential for body functions, including the production of hormones. Too much cholesterol in the blood can be serious, causing plaques to build up in the walls of the arteries leading to narrowing of the arteries over time, or atherosclerosis.

Lowering blood cholesterol levels decreases the chance for having a plaque burst and causing a heart attack, and may also prevent plaque from building up. People with high blood cholesterol are at greater risk for heart attacks and heart disease.

All Clark County respondents were asked if they have ever had their blood cholesterol checked. Over three quarters of respondents (81.2 percent) indicated they have had their cholesterol checked at some point in their life. This percent is comparable to the State (81.4 percent) and national (80.8 percent) rates.

When asked how long it has been since their blood cholesterol was checked, (80.9 percent) of all respondents indicated that they had their blood cholesterol checked within the last 5 years.

Over forty percent (41.2 percent) of Clark County adults have been diagnosed with high blood cholesterol, which is higher than residents across Ohio (39.6 percent), and significantly higher than the nation (37.5 percent). Crosstabs by geographies within the county show no significant differences among the regions.



Like those who have been diagnosed with high blood pressure, many people with high blood cholesterol rely upon various methods to help control their cholesterol. Such methods include taking medication, dieting to lose weight, cutting down on fat and cholesterol, and exercising.

Almost two-thirds (65.9 percent) of Clark County adults with high blood cholesterol take medication to help lower their cholesterol. Other methods used to help control blood cholesterol included.

- Cutting down on fat and cholesterol in their diet (42.3 percent)
- Dieting to lose weight (35.6 percent)
- Exercise (32.2 percent)

Nearly four percent of respondents with high blood cholesterol (3.8 percent) are not doing anything to control their blood cholesterol.

Veterans' Health

Respondents who served on active duty in the United States Armed Forces were asked a series of questions pertaining to veterans' health. Approximately thirteen percent (12.8 percent) of respondents reported that they served on active duty in the United States Armed Forces (either in the regular military or in a National Guard or Military Reserve Unit).

More than one-third (37.9 percent) of these respondents reported that they served in a combat or war zone. Nearly half of respondents (46.2 percent) who have served in the armed forces in Region B (Eastern) have served in a combat zone, while 42.9 percent in Region C (Western) and 30.9 percent in Region A (Springfield) have served in a combat zone; however, these differences are not statistically significant.

Veterans were asked three health-related questions. The first question asked if a doctor or other health professional ever told them that they have depression, anxiety or post-traumatic stress disorder (PTSD). Ten percent (10.1 percent) of veteran respondents indicated that they have PTSD.

Crosstabs by region show variations in the percent of respondents that had been told they have depression, anxiety or post-traumatic stress disorder, however, these differences are not statistically significant.

In the subsequent question, only one respondent reported being told by a doctor or other health professional that he or she suffered a traumatic brain injury. Lastly, veteran respondents were asked if they received any psychological counseling or treatment in the past 12 months.

Less than five percent (3.8 percent or five respondents) of veteran respondents indicated they received psychological counseling or treatment in the past twelve months. Three of the five respondents who received counseling or treatment received these services at a VA facility, while the remaining two received these services from a non-VA facility.

Coronary Heart Disease, Heart Attack and Stroke

Coronary heart disease (CHD) is still the number one cause of death in the United States, outweighing cancer, stroke, and chronic lower respiratory disease. CHD is caused by a narrowing of the walls of the arteries, and often results in a heart attack. Each year, about 1.1 million Americans suffer a heart attack and about 460,000 of those heart attacks are fatal (National Heart, Lung and Blood Institute). More than one in five (22.5 percent) respondents indicated they have been told by a doctor that they had one of the following conditions: heart attack or myocardial infarction (8.0 percent), angina or coronary heart disease (5.7 percent), stroke (5.7 percent) or some other heart problem (12.6 percent). [Please note: the total of these percentages exceeds 22.5 percent because some respondents reported multiple cardiovascular problems.] The percent of Clark County residents who have had a heart attack or myocardial infarction (8.0 percent) is significantly higher than the State (4.3 percent) and the national (4.2 percent) rates. Furthermore, the percent of Clark County residents who reported having angina/coronary heart disease or stroke is significantly higher than the state and national rates. See Appendix B for exact percentages.

Prevention

Some Clark County adults are making lifestyle changes to prevent cardiovascular diseases. Coronary heart disease, heart attacks and strokes are largely preventable conditions whose likelihood can be reduced through lifestyle choices.

First, residents of Clark County were asked a series of questions to assess what steps they are taking to reduce their risk for heart disease or stroke. Less than one in five (18.7 percent) respondents indicated that they have been told by a doctor that they were at risk for heart disease or stroke.

Some research suggests that taking an aspirin daily may decrease the risk for a heart attack or stroke. More than one in five (22.9 percent) Clark County adults indicated they take an aspirin daily or every other day to reduce their chances for a heart attack or stroke. Finally, respondents were asked to indicate if they are currently taking any medication, other than aspirin, for a heart problem. Over one-third (37.5 percent) of respondents take medication, other than aspirin, for a heart problem.

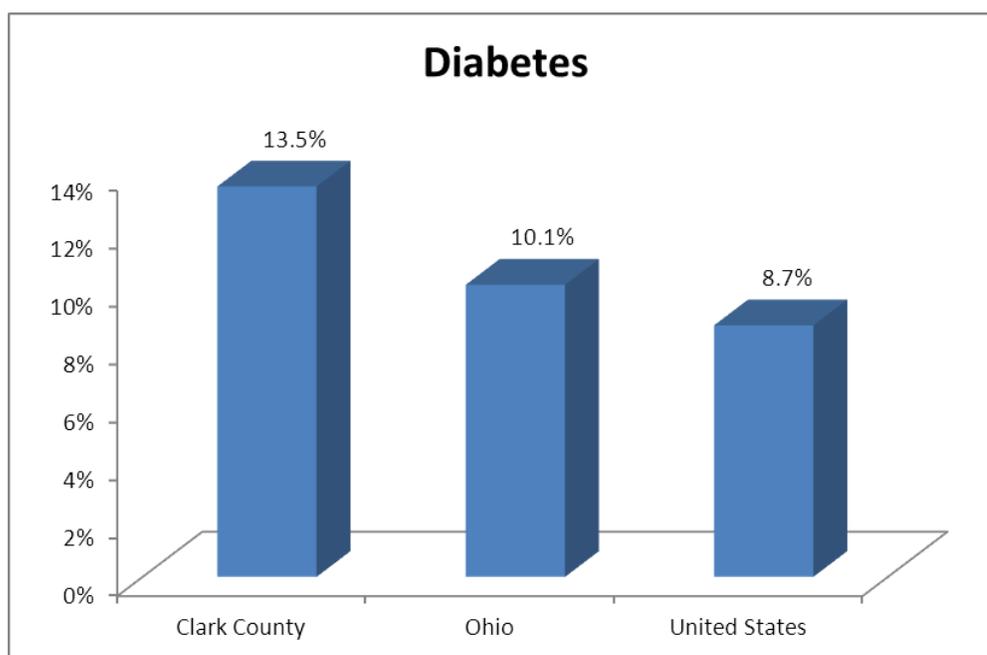
Diabetes

Diabetes is a disease in which the pancreas is unable to produce insulin or cannot properly use the insulin that it does produce. According to the American Diabetes Association, an estimated 18.8 million people in the United States have diabetes, although probably one-third do not know they have the disease.

There are two main types of diabetes (although others do exist), Type 1 and Type 2. Only about 5 – 10 percent of people with diabetes have Type 1 diabetes, where the body fails to produce insulin. More common is Type 2 diabetes, where the cells are resistant to insulin and cells may also not produce enough insulin.

Having diabetes dramatically increases the risk of heart attack and stroke, and 65 percent of deaths in diabetes patients are attributed to heart and vascular diseases (American Diabetes Association). When asked if they had a test for high blood sugar or diabetes within the past three years, 57.2 percent of respondents indicated doing so.

Almost fourteen percent of Clark County residents (13.5 percent) have been told by a doctor that they have diabetes or high blood sugar, and 2.0 percent of those were told this only during pregnancy. Furthermore, 8.4 percent of respondents have been told that they have pre-diabetes or borderline diabetes. The 13.5 percent of Clark County residents with diabetes is significantly higher than the State of Ohio (10.1 percent) and the national rate (8.7 percent).



Crosstabs shows a noteworthy difference by regions.

***Percent of respondents who have been told by
a doctor that they have diabetes***

Region A (Springfield)	20.8%
Region B (Eastern)	6.8%
Region C (Western)	8.6%

Those respondents with diabetes were asked a series of questions pertaining to their treatment of the disease. Almost one-quarter of respondents (24.3 percent) are currently taking insulin to treat their diabetes, while more respondents are taking oral medication (67.6 percent) or making changes to their diet (68.7 percent). Two percent (2.0 percent) of respondents are not doing anything to control their diabetes or high blood sugar.

Respondents with diabetes were asked how many times per day or per week they check their blood for glucose or sugar, including the times when a friend or family member checks it, but excluding times when checked by a health care professional. Over half of respondents with diabetes (60.5 percent) indicated that they check their blood for glucose or sugar at least one or more times a day, while 10 percent of respondents (9.8 percent) never check their blood for glucose. Two-thirds of respondents with diabetes (66.0 percent) have taken a course on how to manage diabetes themselves.

A test for “A one C” measures the average level of blood sugar over the past three months. Nearly ninety percent of respondents (89.1 percent) with diabetes have had their blood checked for “A one C” in the past twelve months. Of the remaining respondents with diabetes, 8.9 percent have not had their blood checked for “A one C” in the past twelve months and 2 percent have never heard of this test.

Finally, respondents were asked about health related concerns that they have experienced related to having diabetes. Less than half (44.4 percent) of respondents who have been diagnosed with diabetes indicated they have not experienced any health concerns related to diabetes, while 55.6 percent have had health concerns related to diabetes.

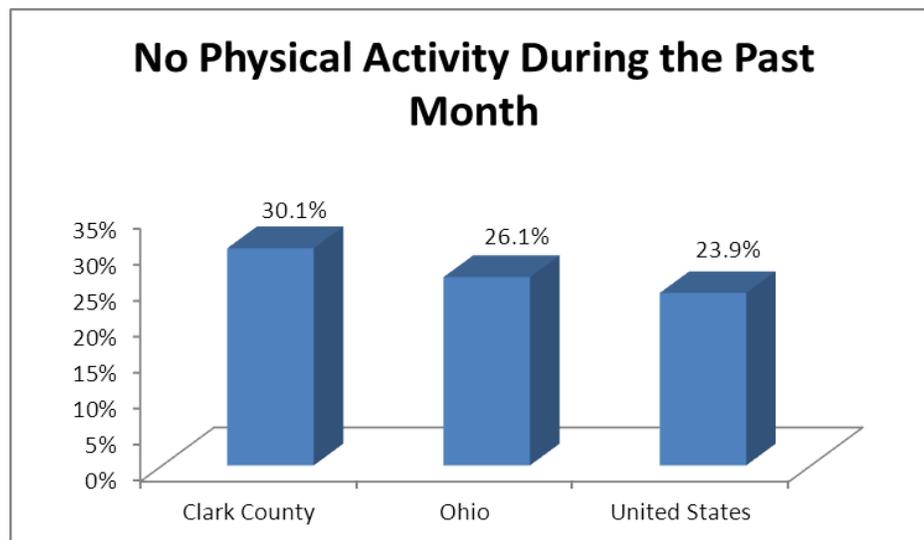
One-third of respondents (33.4 percent) who indicated having health concerns related to diabetes cited difficulty with vision being an issue, while 30.4 percent experienced dizziness, confusion or headaches, 28.2 percent had numbness in fingers and toes, 3.4 percent experienced kidney problems and 2.0 percent of respondents experienced open sores on their feet.

CHAPTER 4- LIFESTYLE CHOICES

Lifestyle choices are important factors in development of chronic diseases. The choices people make such as smoking, alcohol use, diet and exercise, all increase or decrease one's risk for developing chronic diseases. This chapter profiles the lifestyle choices of Clark County residents.

Physical Activity

Exercise is an essential part of a well-balanced lifestyle and increasing attention has been placed on the link between exercise and disease prevention. Thirty percent of Clark County adults (30.1 percent) have not participated in some sort of physical activity in the past month. The percentage of Clark County adults not participating in physical activity is significantly higher than the State (26.1 percent) and nation (23.9 percent).



Crosstabs by geographies within the county show significant differences among regions.

Percent of respondents who have not participated in any physical activity in the past month

Region A (Springfield)	38.5%
Region B (Eastern)	17.4%
Region C (Western)	27.7%

When asked to indicate the most common form of physical activity that they participate in, the most common responses included walking, gardening, bicycling, yard work and swimming. A complete list of open-ended responses can be found in Appendix D.

To receive the most benefit from exercise, the CDC recommends that adults exercise moderately for at least 30 minutes a day and at least five days per week. The Clark County residents, who reported exercising in the past month, did so an average of four days a week. Moreover, nearly forty percent (39.3 percent) of the respondents exercised for 30 to 59 minutes, while an additional 20.1 percent exercised for at least half an hour, but less than an hour and a half.

Weight Control

Just under half of Clark County adults (44.5 percent) say they are trying to lose weight. Crosstabs by Body Mass Index (BMI) calculations reveal a significant difference between the individuals of heavier BMI in relation to individuals who are of normal weight or underweight. In particular, 68.8 percent of obese respondents are trying to lose weight, as are 47.5 percent of overweight respondents. However, 15.2 percent of respondents of “normal weight” are also currently trying to lose weight. Over two-thirds (70.1 percent) of respondents who are not trying to lose weight indicated that they are trying to maintain their current weight, that is, to keep from gaining weight. Crosstabs and chi square analysis by gender reveal significant difference between males (38.5 percent) and females (49.6 percent) trying to lose weight.

Adults are making some healthy changes to their lifestyle choices to help with weight loss or weight maintenance. Sixty percent of respondents (60.0 percent) are using physical activity or exercise to control their weight, while less than half of all respondents (48.9 percent) are eating fewer calories, 42.1 percent are eating less fat, and 41.4 percent are eating fewer carbs.

Crosstabs found a significant difference in the percent of respondents using physical activity or exercise to control their weight by region.

**Percent of respondents using physical activity
or exercise to control their weight**

Region A (Springfield)	53.1%
Region B (Eastern)	64.9%
Region C (Western)	66.1%

Additionally, some respondents indicated that they have received advice about their weight from a doctor. Specifically, 20.6 percent of respondents have been told by a doctor in the past 12 months to lose weight.

Respondents were asked where they receive most of their information about weight control issues. One-third (32.9 percent) of respondents receive this information from a doctor, while 17.6 percent receive information on weight control issues from friends or family members.

Other responses included.

- Television (14.2 percent)
- Magazines (11.4 percent)
- Nurse/Other health professional (8.6 percent)
- Newspaper (6.1 percent)
- Other (26.3 percent, see Appendix D for details)

Respondents were also asked to indicate their height and weight so that researchers could calculate the BMI. Over three-quarters of Clark County respondents (76.9 percent) are classified as overweight (35.1 percent) or obese (41.8 percent) based upon their body mass index. Approximately twenty percent (20.7 percent) of respondents are “normal weight.” The percentage of Clark County residents who are overweight or obese is significantly higher than the State (65.7 percent) and the nation (64.5 percent).

Sexual Activity and Awareness

Clark County residents were also asked a series of questions pertaining to sexual activity. The first question asked respondents how many people they have had sexual intercourse with in the past 12 months.

Over sixty percent of respondents (62.4 percent) have had sex with one person in the past year, while 32.6 percent of individuals indicated they have not had sex in the past 12 months. The remaining 5.0 percent of respondents indicated that they have had sexual intercourse with more than one person, with responses ranging from two to ten.

Respondents who have had sexual intercourse within the past year were asked if they (or their partner) used a condom the last time they had intercourse. Sixteen percent of respondents (15.9 percent) indicated that a condom was used the last time they had sexual intercourse. Furthermore, almost eleven percent of respondents (10.7 percent) stated that a doctor or health care professional had talked to them in the past 12 months about preventing sexually transmitted diseases through condom use. While crosstabs showed no significant differences regarding condom use among different regions of the county, there was a significant difference among the regions in regard to speaking with a health professional about preventing sexually transmitted diseases through condom use.

Percent of respondents who had a health care professional talk to them in the past 12 months about preventing sexually transmitted diseases through condom use

Region A (Springfield)	10.0%
Region B (Eastern)	6.8%
Region C (Western)	14.0%

Respondents were further questioned about sexually transmitted diseases and were asked if they ever knowingly had their blood tested for HIV. Almost one-third of respondents (32.2 percent) indicated they knowingly had their blood tested for HIV.

Finally, respondents were read a list of statements and were asked to indicate whether any of the situations applied to them. (The question was designed like this: I'm going to read you a list, when I'm done, please tell me if any of the situations apply to you. You do not need to tell me which ones.) The statements included:

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Less than two percent of respondents (1.3 percent or 13 individuals) indicated at least one of the situations apply to them.

Tobacco Use

According to the Journal of the American Medical Association, tobacco use is the leading cause of preventable death in the United States. Less than half of adults in Clark County (47.5 percent) have smoked at least 100 cigarettes in their life (which is the CDC's definition of "ever smoked"), and 44.8 percent of those residents currently smoke. This equates to 21.3% of adults currently smoking.

Crosstabs revealed significant differences by regions within the County.

Percent of respondents who have smoked at least 100 cigarettes in their life

Region A (Springfield)	55.4%
Region B (Eastern)	38.0%
Region C (Western)	43.9%

On average, respondents who currently smoke, smoke 15.9 cigarettes a day, which is less than one pack a day (20 cigarettes). Additionally, two percent (1.9 percent) of Clark County residents indicate they currently use chewing tobacco, snuff, or both. Nearly half of respondents (48.5 percent) who still smoke have tried to quit smoking within the past year.

The percent of Clark County residents that currently do not smoke (78.6 percent) is comparable to the State's rate (77.5 percent) and significantly lower than the national rate (82.7 percent).

Respondents who indicated having smoked at least 100 cigarettes in their entire life, but currently do not smoke were asked how long it has been since they last smoked on a regular basis. Over forty percent (43.4 percent) of respondents indicated they have not smoked for over fifteen years, while an additional 25.2 percent have not smoked for five to fifteen years.

Drug Use

Clark County residents were also asked several questions concerning drug use. First, respondents were provided with a list of drugs, and were asked if they have used any of the drugs in the past six months. Responses to this question may be impacted by respondent bias, as many respondents may not want to admit to drug use. Approximately seven percent of respondents (7.2 percent or 76 respondents) indicated that they have used drugs in the past 6 months (marijuana was the only drug mentioned by respondents). Over half of these respondents (50.9 percent or 38 respondents) admitted to using marijuana almost every day, while an additional 19.1 percent (14 respondents) reported using marijuana three to four days a week.

Crosstabs by geographies within the county show a significant difference in the percent of respondents who reported marijuana or hashish usage.

**Percent of respondents who have used
marijuana or hashish in the past 6 months**

Region A (Springfield)	11.6%
Region B (Eastern)	3.4%
Region C (Western)	4.2%

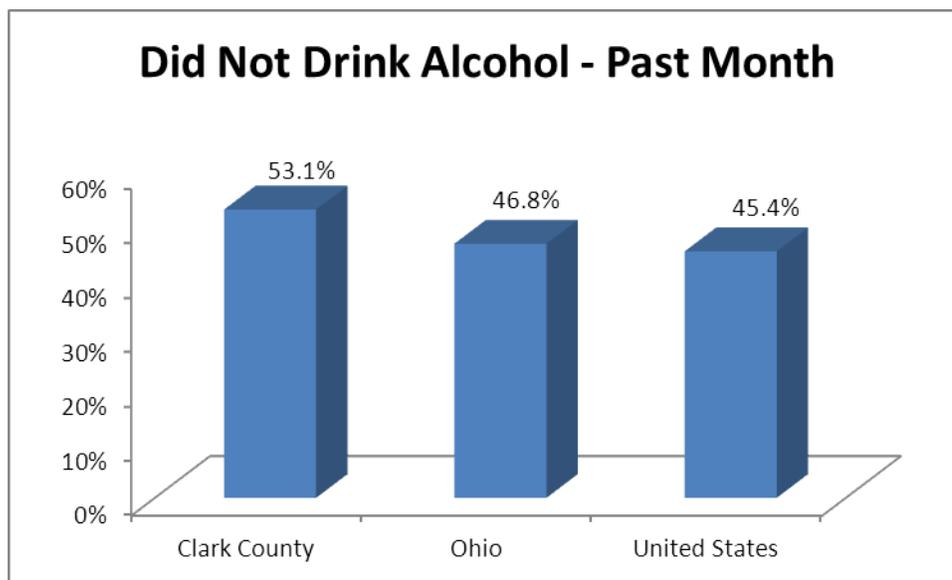
Next, respondents were asked if they have used any drugs that were not prescribed to them in the past six months. Three respondents (0.3 percent) admitted to using medications that were not prescribed to them. All three respondents reported using Tranquilizers such as valium or Xanax, sleeping pills or barbiturates. The majority of respondents reported using these medications one or two times a week. Furthermore, these respondents were asked if they have regularly failed to fulfill obligations at work or home, placed themselves in dangerous situations or had legal problems as a result of using drugs. Generally, these respondents did not encounter any of these problems.

Alcohol Consumption

While recent research has shown moderate alcohol consumption to be beneficial to health, excessive alcohol consumption has the opposite effect. The next section of the survey addressed alcohol consumption, as well as issues such as drinking and driving.

First, respondents were informed that a drink of alcohol includes one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot liquor. With this in mind, respondents were asked to indicate if they have had at least one drink of alcohol in the past month. Respondents who indicated that they have consumed one or more drinks of alcohol in the past month were then asked how many days per week or per month they drink, as well as how many drinks they have on average.

Less than half (48.7 percent) of adults in Clark County indicated that they have had at least one drink of an alcoholic beverage in the past month, drinking on average 2.1 times per week. The percentage of Clark County adults who did not drink alcohol in the past month (51.3 percent) is significantly higher than the state (46.8 percent) and nation (45.4 percent). Crosstabs by geographies within the County found no significant difference among regions in regard to respondents consuming at least one drink of alcohol in the past month.



Approximately sixteen percent (16.2 percent) of Clark County adults are considered binge drinkers, having consumed five or more drinks on any one occasion within the past month. The percentage of Clark County adults who binge drink is significantly lower than the State (17.2 percent), but higher than the nation (15.1 percent), though this difference is not statistically significant.

Approximately four percent of respondents who drink (4.2 percent) indicated that they drove a vehicle when perhaps they had too much to drink.

Sleep

Respondents were asked to identify the main reason they did not get enough rest or sleep during the past month. Over half (52.6 percent) of respondents indicated that they did get

enough sleep in the past month. About ten percent (10.3 percent) of respondents indicated the main reason they did not get enough sleep was due to family related issues, while 10.1 percent said stress and 8.4 percent mentioned job/school or work related issues.

Pregnancy

Female respondents were asked several questions concerning pregnancy. Respondents were first asked if they received formalized prenatal care during their last pregnancy. Two-thirds of female respondents (67.3 percent) who have been pregnant at some time in their life indicated they did receive formalized prenatal care during their last pregnancy. Crosstabs showed significant differences by regions within the County.

Percent of female respondents who received formalized prenatal care during their last pregnancy

Region A (Springfield)	47.7%
Region B (Eastern)	65.9%
Region C (Western)	52.7%

Next, respondents were asked what type of pregnancy education or classes they received during their last pregnancy. Respondents could identify more than one form of education. Nearly half (45.5 percent) of respondents indicated that they had received pregnancy education from books or brochures. Another 31.3 percent said they took prenatal classes/Lamaze, while 25.9 percent used prenatal exercises and 25.3 percent took breast feeding classes. Over one-third (35.8 percent) of respondents did not receive any pregnancy education or classes.

Respondents who received pregnancy education were asked where this education was received. Nearly half (48.2 percent) of respondents received this education from a private doctor's office, while more than one-third (36.5 percent) received it from a hospital and 4.4 percent from a public clinic.

Lastly, respondents were asked if they participated in any risk behaviors while they were pregnant. More than one in five female respondents (21.0 percent) indicated they had smoked cigarettes during their last pregnancy, while fewer respondents indicated that they drank alcoholic beverages (2.1 percent). Two respondents (0.4 percent) indicated that they used street drugs. The majority of respondents (77.8 percent) indicated they did not participate in any of these behaviors during their last pregnancy.

CHAPTER 5- EARLY DETECTION

Diseases can be prevented to a great extent through healthy lifestyle choices like refraining from smoking, engaging in regular physical activity, making healthy food choices, and maintaining a healthy weight. However, not all diseases are preventable, making early detection through screenings and regular check-ups vital to health and longevity. The following section delves into the preventive actions Clark County residents have undertaken in order to remain healthy and cancer free.

First, all respondents were asked if a doctor has ever told them they were at risk for cancer. Fifteen percent of respondents (15.0 percent) indicated they had been told they were at risk of cancer by a doctor.

Early Detection for Breast Cancer

The biggest risk for breast cancer is simply being a woman, and many women diagnosed with breast cancer do not have any of the identified risk factors. However, there are some risk factors that may increase a woman's risk for breast cancer, including a personal history of a prior breast cancer; evidence of a specific genetic change that increases susceptibility to breast cancer (BRCA1/BRCA2 mutations); a mother, sister, daughter, or two or more close relatives, such as cousins, with a history of breast cancer (especially if diagnosed at a young age); a diagnosis of a breast condition (i.e., atypical hyperplasia) that may predispose a woman to breast cancer; or a history of two or more breast biopsies for benign breast disease.

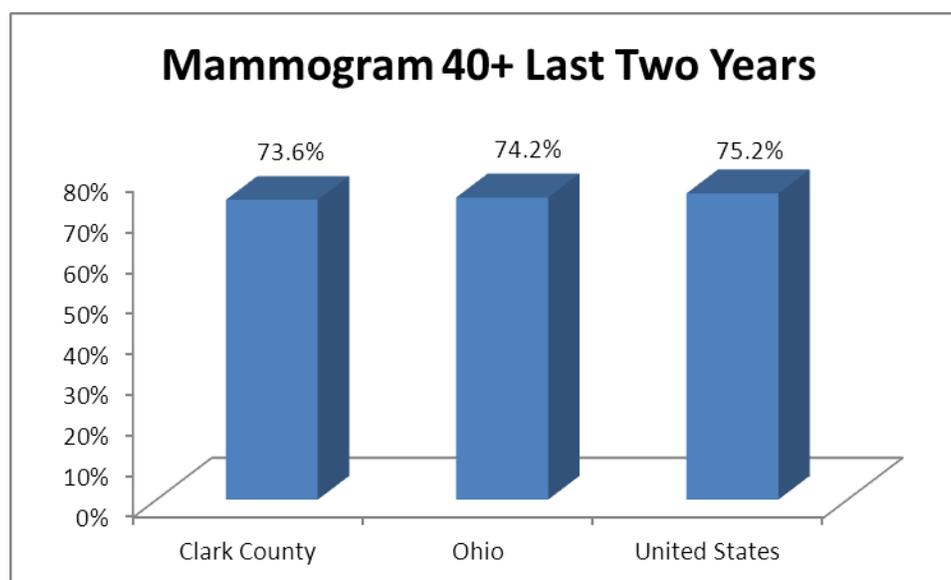
The American Cancer Society (ACS) recommends that women 20 to 39 years old receive a clinical breast examination at least once every three years, and women 40 years or older receive a clinical breast examination every year. Looking at women of all ages, more than eighty percent (84.0 percent) have had a clinical breast exam at some point in their life, and 60.6 percent have had one within the past year. More than nine out of ten women surveyed (92.4 percent) received this breast exam as part of a routine checkup, as opposed to due to a suspected problem. Crosstabs showed a significant difference among regions and the percent of female respondents who have ever had a clinical breast exam.

Percent of female respondents who have ever had a clinical breast exam

Region A (Springfield)	87.0%
Region B (Eastern)	88.1%
Region C (Western)	77.0%

Like breast exams, the ACS makes specific recommendations about how often and at what age women should have a mammogram screening. The ACS recommends that women 40 or older have a mammogram annually; however, women who have a family history of breast cancer should consult their doctor as to how often they should receive a mammogram. Almost three-quarters (72.4 percent) of all Clark County women surveyed have had a mammogram and over half of the women who have had a mammogram (52.1 percent) had this procedure less than one year ago.

Nearly three-quarters (73.6 percent) of women ages 40 and older have had a mammogram performed within the past two years. This is lower than the percentage of women at the state (74.2 percent) and national (75.2 percent) levels who have had mammograms performed in the past two years, but the difference is not statistically significant. As was the case with the clinical breast exam, the majority of women in Clark County (90.4 percent) indicated their last mammogram was part of a routine check-up.



Women who have had a mammogram in the past 5 years were asked to indicate how many mammograms they have had in the past 5 years. On average, Clark County women have received 3.4 mammograms apiece over the past 5 years, which is slightly lower than the ACS recommendation. Approximately forty percent of respondents (41.0 percent) indicated they have had 5 mammograms in the past 5 years, while another 3.6 percent of respondents have had more than 5 mammograms during this time.

Early Detection for Cervical Cancer

Cervical cancer is oftentimes preventable and curable if it is detected early. More women aged 40 years and older are diagnosed with cervical cancer, but younger women are at risk for the precursor to cervical cancer. The most effective tool for early detection is the Papanicolaou (Pap), which can detect lesions before they become cancer. Most physicians recommend an annual Pap test. Over ninety percent of all female respondents (92.1 percent) have had a Pap test, and 41.9 percent have had the exam within the past year. The majority of respondents (90.8 percent) who have had a Pap test indicated their last Pap test was done as part of a routine check-up. Crosstabs by geographies within the County showed a significant difference regarding the percent of women who have ever had a Pap test.

Percent of respondents who have had a Pap test

Region A (Springfield)	93.3%
Region B (Eastern)	97.0%
Region C (Western)	87.4%

One indicator used by the Centers for Disease Control to measure the frequency of Pap screenings is whether women have had this test within the past three years. In Clark County, 75.6 percent of women over the age of 18 reported having a Pap test within the past three years. This percentage is significantly lower than the State (81.7 percent) and nation (81.3 percent). Approximately thirty percent (30.7 percent) of female respondents indicated they have had a hysterectomy.

Early Detection for Prostate Cancer

Men over age 50 are most at risk for prostate cancer. The risk for developing prostate cancer is higher if a father or brother was diagnosed before the age of 65 or if the individual is African American. Furthermore, people who maintain a diet that is high in red meat or high-fat dairy products are at risk.

There are two detection tests for prostate cancer: the digital rectal exam, and a blood test for prostate-specific antigen (PSA). According to the American Cancer Society, research has not yet shown that the benefits of testing for prostate cancer outweigh the harm of testing and treatment, therefore ACS recommends that men talk to their doctors about the advantages and disadvantages of testing starting at age 50. Different sources suggest PSA testing at a younger age. For example, the Memorial Sloan-Kettering Cancer Center recommends that men aged 45 – 49 should have a baseline PSA test. For this report, analysis was conducted for men ages 40 and over. Two-thirds of men in Clark County (64.0 percent) ages 40 or older have had a PSA test, and 52.1 percent have had one within the past two years. The percentage of men 40 or older that have not had a PSA test in the past two years (47.9 percent) is comparable to the state (45.6 percent) and national (46.8 percent) percentages. Similarly, less than half of men (45.3 percent) ages 40 or older have had a digital rectal exam and 31.8 percent have had this

test within the past two years.

A final question asked men if they have ever been told by a doctor, nurse or other health professional that they have prostate cancer. Three percent of respondents (6 respondents) indicated that they have had this diagnosis.

Early Detection for Colorectal Cancer

Colorectal cancer is the fourth most common cancer in both men and women, and is most common in people over age 50. More than 90 percent of people with this disease are diagnosed after age 50. Other risk factors include having colorectal polyps; having a family history of colorectal cancer; having a personal history of colon cancer; having colitis or Crohn's disease; having a diet high in fat and low in calcium, folate, and fiber; or being a cigarette smoker.

There are several methods used to screen for colon cancer, and early detection is the very best form of defense against the disease. One method of screening for colorectal cancer is the digital rectal exam used to screen for prostate cancer (women were not asked about digital rectal exams in this survey). Other screenings include the fecal occult blood test (FOBT), a sigmoidoscopy, and a colonoscopy. Looking only at Clark County residents aged 50 and older, 32.4 percent have had a blood stool test.

Half (50.6 percent) of Clark County residents 50 and older have not had a sigmoidoscopy or colonoscopy, which is significantly higher than those who have not had a sigmoidoscopy or colonoscopy at the state (36.0 percent) and national (34.8 percent) levels. Of those who indicated having a sigmoidoscopy or colonoscopy, 34.4 percent have done so in the last 2 years. Crosstabs found no significant differences by geographies within the County.

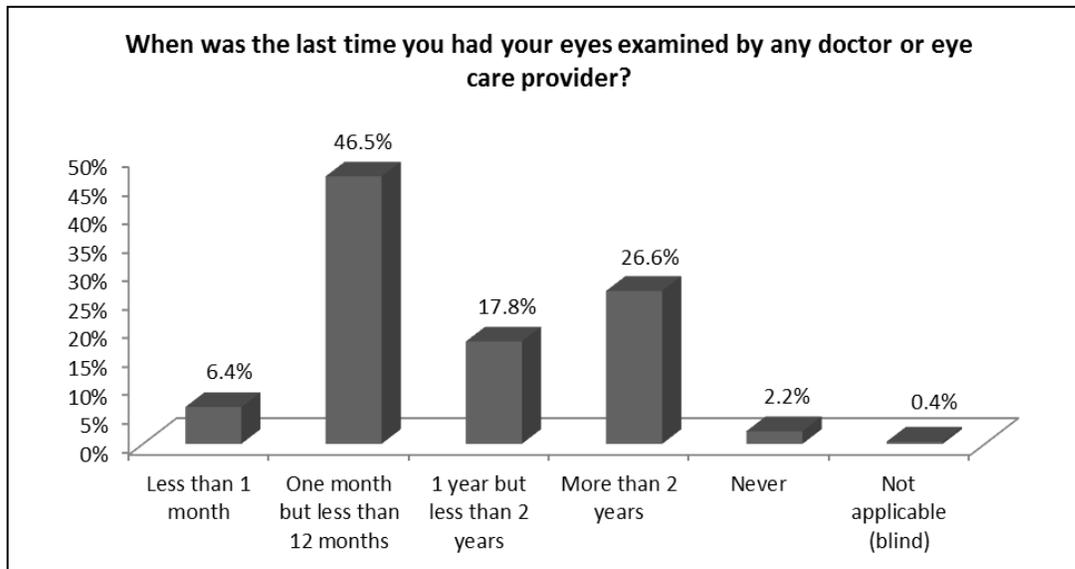
Skin Cancer

Skin cancer is the most common form of cancer in the United States, primarily caused by exposure to the sun's ultraviolet (UV) rays or UV rays from artificial sources of light, such as tanning beds and sunlamps. When used consistently, preventative measures can be taken to reduce the risk of skin cancer including staying in the shade, wearing sunscreen or sun block, or wearing protective clothing such as hats or long sleeves. According to the CDC, both tanning and burning can increase a person's risk for skin cancer.

Respondents were asked two questions about how their skin reacts to the sun and what, if anything, they do to protect themselves from the sun. The first question asked respondents how often they protect themselves from the sun when they are outside for more than one hour. Protection from the sun is considered staying in the shade, wearing protective clothing, or wearing sunscreen. Over forty percent of respondents (41.3 percent) indicated that they protect themselves from the sun always or nearly always, while 16.5 percent indicated that they sometimes use protection and 28.1 percent indicated they seldom or never protect themselves from the sun.

Eye Care

Respondents were also asked two questions pertaining to vision and eye health. First, they were asked, when was the last time they had their eyes examined by any doctor or eye care provider? The following graph profiles the length of time since participants have had their eyes examined by a doctor or eye care provider.



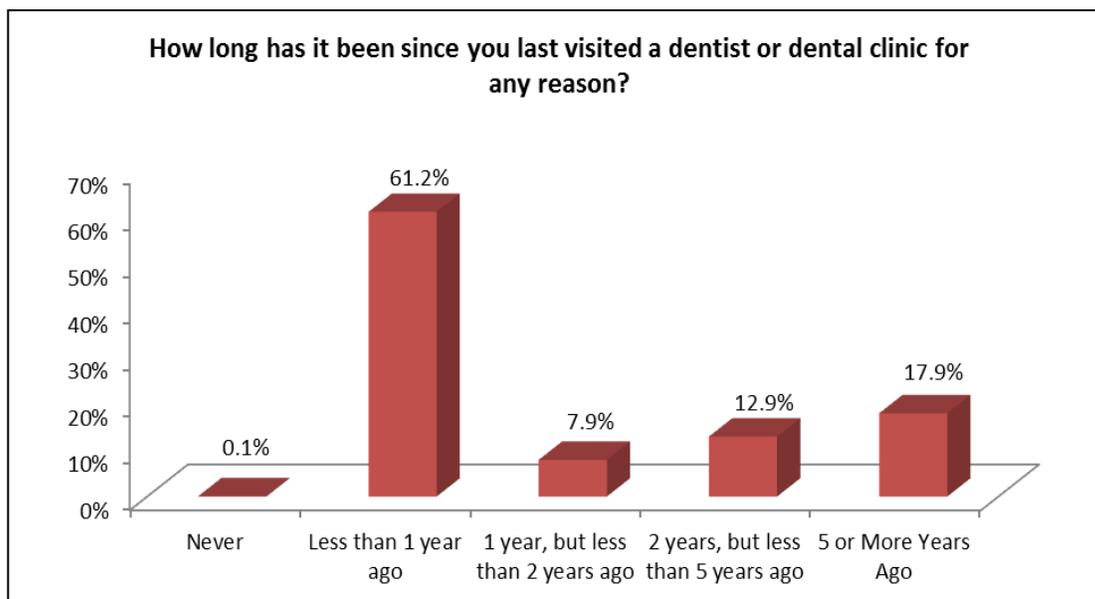
Participants who answered they had not visited an eye care professional in the last 12 months, were asked what is the main reason they have not. The following bulleted list identifies the top four responses explaining why respondents have not visited an eye care professional in last 12 months.

- No reason to go (50.9 percent)
- Cost/insurance (26.9 percent)
- Other (11.2 percent)
- Have not thought of it (10.0 percent)

The remaining three response options only accounted for 1 percent of respondents. Details about these responses can be found in Appendix C.

Oral Health

Dental care is an important prevention measure for healthy teeth and gums. It is recommended that an individual visit the dentist every six months, if possible, for a preventative check and cleaning. Over sixty percent (61.2 percent) of adults in Clark County have visited the dentist in the past year. The graph below displays all responses for this question.



Respondents who indicated that they have not visited the dentist in the past year were asked to indicate why they have not done so. The top five responses are included in the list below.

- No reason to go/no problem with teeth (29.9 percent)
- Cost (20.1 percent)
- Other (18.1 percent)
- No insurance (15 percent)
- Fear, apprehension, nervousness, pain, dislike going (7.7 percent)

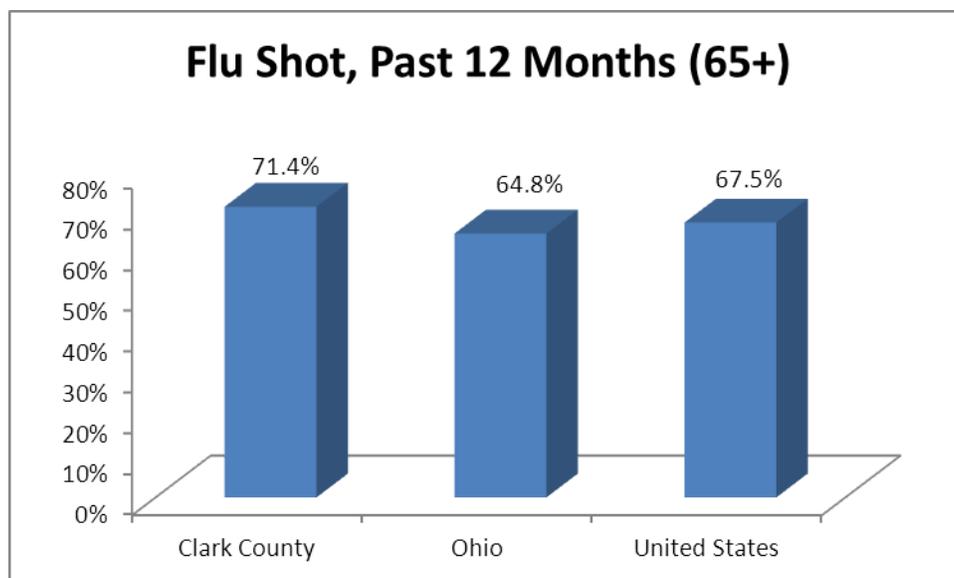
The most common response reported by respondents who chose “other” (18.1 percent) was dentures/false teeth. A complete list of all open-ended responses can be found in Appendix D.

Over half of survey respondents (54.2 percent) indicated that at least one or more of their permanent teeth have been removed due to tooth decay or gum disease.

CHAPTER 6- IMMUNIZATIONS

Influenza (flu) and pneumonia immunizations are important prevention measures, particularly for older adults. Specifically, national guidelines recommend that adults over the age of 65 receive an annual influenza and a one-time pneumonia vaccination.

More than two in five adults in Clark County (44.9 percent) indicated that they received a flu shot or nasal mist in the past 12 months. Analysis by age revealed that 71.4 percent of adults aged 65 or older in Clark County have received the vaccination, which is higher than the state (64.8 percent) and the national (67.5 percent) percentages, but not statistically significant.



Over seventy percent of adults ages 65 and older (71.9 percent) have received the pneumonia vaccine at some time in their life. The percentage of Clark County adults who are 65 or older that have had a pneumonia vaccination is slightly higher than the state (68.5 percent) and the national (68.8 percent) rates, but this difference is not statistically significant.

CHAPTER 7- ACCIDENT PREVENTION

Seat Belt and Helmet Use

The CDC uses two definitions to determine the percent of people at risk for seat belt nonuse, and these definitions are derived from the five responses possible in the question, “How often do you use seat belts when you drive or ride in a car? Would you say always, nearly always, sometimes, seldom, or never?” In one definition of seat belt use, the CDC adds the responses for “nearly always, sometimes, seldom or never,” which provides a percentage for those who do not “always” wear their seat belt. In another definition of seat belt nonuse, the CDC adds the responses for “sometimes, seldom, or never,” which provides a percentage for occasional nonuse.

More than four in five respondents (83.1 percent) indicate that they always wear a seatbelt when they ride or drive in a car. When looking at those respondents who report occasional use (sometimes, seldom, or never), 10.1 percent of respondents reported occasional nonuse.

Clark County adults were also asked how often they wear a helmet when riding or driving a motorcycle. Ninety percent (90.0 percent) of respondents indicated they do not ride or drive a motorcycle. Of those respondents who do ride or drive a motorcycle, 35.8 percent (or 38 respondents) indicated that they never wear a helmet, while 42.5 percent (45 respondents) indicated that they always wear a helmet.

Smoke Detectors

Smoke detectors in the home are important to preventing injury and premature death. Approximately two percent of respondents (1.9 percent) do not have a smoke detector in their home. Of respondents with a smoke detector, 90.6 percent of respondents have tested their smoke detector in the past year, while 9.4 percent have not tested their smoke detector in a year or more.

CHAPTER 8- CHILDREN'S HEALTH

Clark County residents were also asked a series of questions pertaining to the health of their children. Responses to questions in this chapter will relate to the thirty-eight percent of total respondents (36.9 percent) indicating that they have children under the age of 18 living in their home. Almost thirty percent (31.9 percent) of all respondents indicated having children under the age of sixteen living in their household.

Immunizations

Almost all respondents (98.7 percent) indicated that their children were up-to-date in their immunizations. All of the respondents whose children are not up-to-date on their immunizations indicated that their children are not under the age of two. The 5 respondents who indicated their children were not up-to-date in their immunizations were asked why their children have not been immunized. A list of responses can be found in Appendix D.

Child Safety

Parents with children under the age of sixteen were asked how often their child rides in a car seat or wears a seat belt when riding in a car. Over ninety-five percent of respondents (96.0 percent) indicated that their child always uses a car seat or seatbelt, while 0.5 percent indicated that their child nearly always wears a seatbelt. Of the remaining respondents, 1.1 percent said sometimes and 2.2 percent (or 7 respondents) said that their child never wears a seatbelt.

Next, respondents were asked how often their child uses a helmet when riding a bicycle, skateboard, rollerblade, or four-wheeler. Over 20 percent of respondents (21.7 percent) indicated that their child has never ridden a bicycle, skateboard, rollerblades or four-wheeler. Of those respondents whose child has ridden a bicycle, skateboard, rollerblades or four-wheeler in the past year, 35.4 percent indicated that their child never uses a helmet, while 30.8 percent indicated that their child always uses a helmet. The remaining 24.9 percent of respondents reported occasional nonuse, indicating that their child nearly always (9.5 percent), sometimes (17.1 percent), or seldom (6.8 percent) uses a helmet.

Doctor and Dental Visits

Almost all respondents (97.7 percent) indicated their child has a primary care physician. Over two-thirds (67.9 percent) see a pediatrician while 25.6 percent visit a family practitioner and 4.2 percent are not sure whether the physician is a family practitioner or a pediatrician.

Nearly ninety percent of respondents (89.7 percent) indicated that they have taken their child for a routine check-up in the past 12 months. Five percent of respondents (5.1 percent) indicated that their child had been to the doctor within the last 1 to 2 years for a routine checkup.

Another 3.6 percent of respondents indicated that their child had not been to see a doctor for a routine checkup between two and five years, while 1.6 percent of respondents indicated that their child has not had a routine check-up in over five years.

Mental Health

Respondents were also asked if any of their children had been diagnosed with a mental health disorder, such as anxiety disorders, ADHD, mood disorders, behavior issues, or schizophrenia. The majority of respondents (84.4 percent) indicated that none of their children have been diagnosed with a mental health disorder, while 15.6 percent of respondents indicated one of their children has been diagnosed with a mental health disorder of some kind. Crosstabs showed no significant difference among regions within the County. Almost sixty percent of respondents (59.1 percent) who have a child who has been diagnosed with a mental health disorder are receiving treatment from a primary care physician, while 19.5 percent of respondents indicated that their child is receiving treatment from a mental health agency.

Lifestyle Choices

Respondents were asked several questions concerning the lifestyle choices of their children.

Respondents were first asked how many fast food meals they believe their child has each week on average. Nearly sixty percent of respondents (59.2 percent) indicated their child eats between 1 to 2 fast food meals a week. Approximately one in five respondents (20.6 percent) indicated their child eats 3 or more fast food meals a week, while another twenty percent of respondents (20.1 percent) indicated their child usually does not eat any fast food meals on average.

Respondents were also asked how many hours their child spends watching TV or using the computer each week. More than one-quarter of respondents (28.5 percent) stated their child watches between 1 to 7 hours of TV a week. Eleven percent of respondents (11.3 percent) indicated their child watches more than 28 hours of TV a week, which is about 4 hours of TV per day.

CHAPTER 9- COMMUNITY ISSUES

Public health organizations are also concerned about general community issues, such as youth risk behaviors and neighborhood safety, as these issues impact social, personal and mental health. Clark County respondents were asked a series of questions pertaining to issues that are a concern to the general community.

First, respondents were asked to identify the most important health problem facing the community in their own opinion. The most frequently cited problems were obesity, substance abuse, health care and cancer. A complete list of responses can be found in Appendix D.

As a follow up to this question, respondents were asked how this problem could be reduced or eliminated. Responses varied, but generally respondents stated education would help eliminate some problems, while other respondents cited better diet and exercise. A complete list of all responses can be found in Appendix D.

Next, Clark County respondents were read a list and were asked to identify whether each issue is a problem in the neighborhood. The most commonly selected issues were drug sales and/or use (34.2 percent), crime excluding drug sales and/or use (27.9 percent) and teenage pregnancy (25.7 percent). The following table details all responses:

None	44.3%
Drug sales and/or use	34.2%
Crime, excluding drug sales and/or use	27.9%
Teenage Pregnancy	25.7%
Domestic violence	25.6%
Homelessness/Hunger	21.9%
Child abuse	16.0%
Guns or firearms	15.1%

Crosstabs by geographies within the county showed significant differences in regard to several of the potential neighborhood problems. The table below presents the neighborhood issues that were statistically significant by geography.

Do you feel _____ is a problem in your neighborhood?

	Region A Springfield	Region B Eastern	Region C Western
<i>Drug sales and/or use</i>	46.6%	22.0%	26.4%
<i>Crime, excluding drug sales/use</i>	35.9%	25.0%	19.7%
<i>Guns or firearms</i>	24.5%	9.7%	6.7%
<i>Homelessness/hunger</i>	26.9%	18.6%	17.5%
<i>Domestic violence</i>	31.3%	25.4%	18.3%

Respondents were also asked if they have had a problem finding adequate transportation, safe and adequate housing, or employment/services. Approximately sixteen percent of respondents (16.1 percent) indicated they have had a problem finding any of these, with the majority citing they had a problem finding employment/services (11.4 percent), 7.4 percent have had a problem finding adequate transportation and 2.7 percent have had trouble finding safe and adequate housing. Crosstabs by geographies within the County found significant differences among regions in problems finding adequate transportation and employment services. Differences among regions within the County pertaining to finding safe and adequate housing were not statistically significant.

Percent of respondents who have had trouble finding...

	Region A Springfield	Region B Eastern	Region C Western
<i>Adequate transportation</i>	11.6%	4.7%	3.9%
<i>Employment services</i>	15.3%	9.3%	7.8%

Lastly, respondents were asked if they were satisfied with the quality of their drinking water. Almost ninety percent (88.9 percent) of respondents expressed satisfaction with the quality of their drinking water. Crosstabs by geographies within the County showed significant differences among regions in regard to respondent satisfaction with the quality of their drinking water.

***Percent of respondents who are satisfied with
the quality of their drinking water***

Region A (Springfield)	93.3%
Region B (Eastern)	90.2%
Region C (Western)	82.5%

Chapter 10 – General Preparedness

Clark County residents were asked a series of questions about how prepared they are for a large-scale disaster or emergency. The term “large-scale disaster or emergency” was defined as an event that leaves people isolated in their homes or displaces them from their homes for at least 3 days. Such instances may include natural disasters such as hurricanes, tornados, floods, ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

First, residents were asked how well prepared they feel their household is to handle a large-scale disaster or emergency. Approximately one-quarter (24.4 percent) of respondents considered themselves well prepared, while the majority of respondents considered themselves somewhat prepared. The remaining 20.2 percent reported that their household was not prepared at all for a large-scale disaster or emergency.

Next, respondents were asked if they have a three-day supply of food, water and medication for everyone who lives in their household. The following list displays the percentage of respondents who responded “yes” to having the supplies.

- Three-day supply of water (61.5 percent)
- Three-day supply of nonperishable food (89.3 percent)
- Three-day supply of medications (74.8 percent)

Respondents were asked two questions about their preparation for the loss of electricity. Nearly three-quarters (73.3 percent) of respondents indicated they have a working battery operated radio with working batteries available for use if the electricity is out. More than nine out of ten respondents (94.3 percent) reported having a working flashlight and working batteries.

In regard to emergency communications, Clark County residents were asked what would be their main method or way of communicating with family or friends in the event of a large-scale disaster or emergency.

Over two-thirds of respondents (69.4 percent) reported that cell phones would be their main method of communication, while another 11.9 percent indicated that they would use regular home telephones. Less than one percent (0.8 percent) of respondents selected methods of communication such as email or two-way radios. In addition, 17.8 percent of respondents indicated that they would use some other method of communication.

Respondents were also asked what would be their main method or way of getting information from authorities in a large-scale disaster or emergency. The majority of respondents selected either radio (36.5 percent) or television (24.8 percent), while another 4.7 percent chose the internet. Approximately two percent (1.9 percent) of respondents chose methods such as print media or neighbors. Nearly one-third (32.1 percent) of respondents indicated they would use some other method of getting information from authorities.

Next, Clark County residents were asked a series of questions about evacuations in the case of a large-scale disaster or emergency. Approximately one in five respondents (21.0 percent) reported that their household has a written disaster evacuation plan for how they will leave their home. Crosstabs by geographies within the County showed a significant difference in the percent of respondents who have a written disaster evacuation plan.

Percent of respondents whose household has a written disaster evacuation plan

Region A (Springfield)	26.4%
Region B (Eastern)	17.6%
Region C (Western)	16.7%

When asked if they would evacuate if public authorities announced a mandatory evacuation from their community due to a large-scale disaster or emergency, over ninety-five percent (95.7 percent) reported that they would evacuate.

The 21 respondents (4.3 percent) who indicated that they would not evacuate were asked what would be the main reason they might not evacuate if asked to do so. Nearly two-thirds of these respondents (64.5 percent or 13 out of 21 respondents) chose some other reason not listed in the response options.

Other responses are included in the list below.

- Concern about personal safety (11.6 percent)
- Lack of transportation (8.7 percent)
- Health problems (6.7 percent)
- Lack of trust in public officials (5.0 percent)
- Concern about leaving property behind (2.6 percent)