

# 2010-2011 ATHENS COUNTY COMMUNITY ASSESSMENT

A SECONDARY ANALYSIS FOR THE ATHENS COUNTY  
CHILD AND FAMILY HEALTH SERVICES CONSORTIUM

AS REQUIRED BY THE OHIO DEPARTMENT OF HEALTH CHILD  
AND FAMILY HEALTH SERVICES PROGRAM



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*PREPARED BY THE VOINOVICH SCHOOL OF LEADERSHIP AND PUBLIC AFFAIRS*



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## INTRODUCTION AND BACKGROUND

The health care needs and access concerns of women and children in Athens County are the focus of community assessments conducted by the Athens County Child and Family Health Services (CFHS) Consortium. Periodic community assessments are required by the Child and Family Health Services program administered by the Ohio Department of Health (ODH) under the federal Maternal and Child Health Block Grant. Furthermore, the Athens County CFHS supports the use of regular assessments as a valuable tool for program planning. Like the previous assessment, this document addresses three broad areas: Child and Adolescent Health, Perinatal Health, and Family Planning. In order to provide further clarity, this report discusses the CFHS goals related to child and adolescent health separately. Further, a survey concerning traumatic experiences was conducted by CFHS and the results are discussed within this report.

Community assessments form the foundation for multi-year planning of services funded by the CFHS program. The most recent prior assessment was conducted in 2005, with partial financial support from the Ohio Department of Health. Since that time, the Ohio University College of Osteopathic Medicine's (OU-COM) Community Health Programs (CHP) has administered the Athens County CFHS program. As the previous lead agency in Athens County, Planned Parenthood of Southeast Ohio (PPSEO) continues to play an integral role in the CFHS program.

This document examines state, county and local data available through 2010. Quantitative data was supplemented by qualitative assessments provided by CFHS Consortium members during targeted focus groups. These data will be used to guide the Consortium's strategic plan for the next phase of funding.

Athens County is situated in southeastern Ohio, and is counted among the state's 32 Appalachian counties. Home to 63,255 residents, the county is markedly diverse compared to neighboring rural counties.<sup>1</sup> The center of the county is dominated by the City of Athens and Ohio University. The University community includes a large population of middle and higher income faculty, staff and students; however, there is also a notable population of students below the poverty threshold, both U.S. citizens and international students. The surrounding portions of the county include a number of small villages and towns nestled in the rolling hills of a mostly forested region. The population within these more rural areas tends to have lower incomes, lower educational attainment and reduced access to most services. For county demographics see Appendix A.

The entire county is no longer designated as a Health Professional Shortage Area (HPSA) for Primary Care, but there is a single county Dental HPSA for the low income population, and a whole county Mental Health HPSA. Also, within Athens County there are three scattered townships designated as Medically Underserved Areas (MUA) – Lodi Township, Waterloo Township, and Trimble Township<sup>2</sup>. One

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<sup>1</sup> U.S. Census Bureau (2008). Retrieved February 10, 2010 from <http://www.census.gov/>

<sup>2</sup> Health Resources and Services Administration (2010). Shortage Designation: HPSAs, MUAs & MUPs. Retrieved January 10, 2011 from <http://bhpr.hrsa.gov/shortage/index.htm>.

MUA, Trimble Township, contains a concentration of villages with high poverty rates and limited access to health care.<sup>3</sup>

According to the 2009 Small Area Income and Poverty Estimates (SAIPE), more than a third (34.7%) of Athens County residents were living in poverty in 2009.<sup>4</sup> The 2000 Census of Population data provides a more conservative estimate of poverty levels in Athens (27.3%) and indicates that another 20.0% of residents fall into the working poor with household incomes below 200% of poverty. This number is certainly higher given the current economic conditions. For instance, between 2008 and 2009 the median county-level income fell by \$4,478, bringing the Athens County median income to \$30,823. This is much lower than the 2009 Ohio median income (\$45,467) or the 2009 national median income (\$50,221). Further, within that same year, the percentage of the county that is in poverty increased by 5.1%.<sup>4</sup>

The seasonally-adjusted average employment rate for 2009 in Athens County was 8.6, which is below the state average of 10.2. Typically Athens County has a higher unemployment rate than the state average; however, since 2008 there has been a greater increase in state level unemployment than in Athens County.<sup>5</sup> According to 2006 data, wages of Athens County residents vary widely. Though government, natural resources, mining, and manufacturing jobs tend to provide higher wages, the latter two also have some of the lowest employment averages.<sup>6</sup>

In the county, health care services are concentrated centrally in the cities of Athens and Nelsonville, including two hospitals, private medical offices, a health department and a full public behavioral health system (inpatient, outpatient, mental health, addiction treatment). Holzer Clinic and University Medical Associates are two of the main providers of pediatrics; however, they and other private practices also include family practice and OB/GYN. Family Healthcare, Inc., a Federally Qualified Health Center (FQHC), also has a clinic in Athens County and provides pediatric services in addition to housing the county's WIC office.

The OU-COM CHP provides an array of free and low cost community outreach and clinical services to residents of southeast Ohio. Programs include mobile screenings, well child programs, immunizations, a diabetes clinic and other primary preventive care and education, including perinatal services. CHP works closely with the OU-COM Area Health Education Center (AHEC), which strives to improve the health status of Appalachian Ohio through academic and community partnerships. Community-based clinical training, continuing education programs for health care providers and service learning activities are coordinated through the AHEC.

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<sup>3</sup> Demographic and Economic Profile: Ohio (2006). Rural Policy Research Institute. Updated June 2006. Retrieved November 30, 2009 from <http://www.rupri.org/Forms/Ohio.pdf>

<sup>4</sup> U.S. Census Bureau (2009). Small Area Income and Poverty Estimates. Updated December 08, 2010. Retrieved January 10, 2011 from <http://www.census.gov/did/www/saipe/county.html>

<sup>5</sup> Civilian Labor Force Estimates. Ohio Department of Job and Family Services. Ohio Labor Market Information. Retrieved January 10, 2011 from <http://lmi.state.oh.us/asp/laus/LAUS.htm>

<sup>6</sup> Ohio County Profiles (2007). Ohio Department of Development, Office of Policy, Research, and Strategic Planning. Retrieved November 30, 2009 from <http://www.odod.state.oh.us/research/files/s0/Athens.pdf>

Planned Parenthood of Southeast Ohio (PPSEO) is a Title X provider of family planning services for a nine-county area. Since 1971, PPSEO has provided vital reproductive health care for uninsured, indigent, and/or at-risk women, men, and youth. Their community education and outreach program provides a variety of services to schools, parents, and other community groups. They have actively participated in the Athens County CFHS Consortium since its inception and change in administration. CFHS funding supplements their existing Title X programming.

Many other community partners participate in the Athens County CFHS Consortium. These include a range of human service, behavioral health, and medical providers (see Appendix C for details). Consortium meetings are held once per quarter and focus on planning, program updates, and resource sharing. The CFHS Consortium exemplifies Athens County's history of close-working, multidisciplinary relationships. Members communicate with each other outside of regularly scheduled meetings and participate in other committees that address a variety of child and family health needs.

## **METHODOLOGY**

Ohio University's Voinovich School of Leadership and Public Affairs is responsible for the Athens County Community Assessment. The Voinovich School has a long history of serving the region and the state by building public leadership capacity and providing applied research and technical assistance. Under contract with the OU-COM CHP, the Voinovich School provided secondary health data available from a variety of local, state and national sources as part of the assessment. Additionally, primary data about childhood and adult trauma was collected by members of the Athens County CFHS Consortium via a survey distributed to people receiving services from their agencies. The survey results were analyzed by OU-COM CHP and are included in this assessment. The findings were shared with the Voinovich School and used as part of the overall community assessment. Data sources are referenced throughout this document and in the core data tables located in Appendix A.

The final step of the assessment process is to create a five-year strategic plan from the findings. The plan will be developed prior to submission of the next CFHS grant proposal. Members of the CFHS Consortium will be responsible for implementing programs and services that achieve the goals identified in the plan. Regular reporting to the Consortium and ODH will ensure the plan is implemented as expected or that changes reflect emerging community needs.

## **ANALYSIS AND FINDINGS**

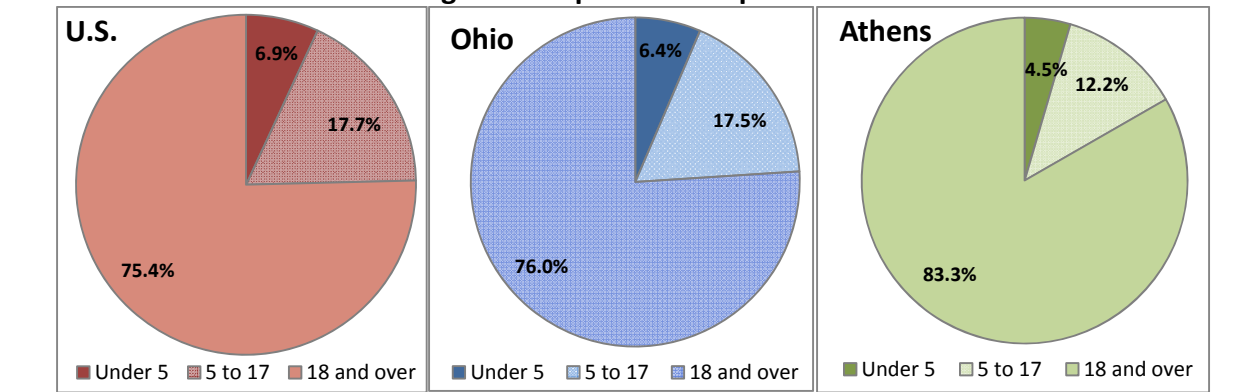
This section discusses data and key findings from the Athens County CFHS Community Assessment. It is organized according to the three broad areas addressed by the CFHS Program – Child and Adolescent Health, Perinatal Health, and Family Planning – and the goals identified by CFHS members within each area. In addition to the tables and charts within the main document, Appendix A provides basic demographic information and Appendix B displays available data by topic. Following the analysis of these three areas is a summary of the Trauma Survey findings.

## Child and Adolescent Health

### Overview of Target Population

According to the 2005-2009 American Community Survey (ACS) conducted by the U.S. Census Bureau, there are approximately 10,536 children below age 18 living in Athens County.<sup>7</sup> Children under 5 years of age made up the smallest proportion (4.5%) of the Athens County population. Children ages 5 to 17 make up another 12.2% of the Athens County population. As demonstrated in the charts below, Athens County's child and adolescent population is smaller than the state of national distribution.<sup>7</sup> This is likely due to the disproportionately large number of young adults brought in to the county by the university.

**Figure 1. Population Proportions**



The 2008 Ohio Family Health Survey (OFHS) indicates that half (50.4%) of the county's children under age 18 live in households with an income below 200% of poverty.<sup>8</sup> The Small Area Income and Poverty Estimates (SAIPE) provided by the Census Bureau identifies more than a third of all children (35.2%) in Athens county as being in poverty, as of 2009.<sup>9</sup> Low income children in need of preventive health care and related services may be grouped into three categories: Medicaid eligible children, uninsured permanent residents, and children of international students. The ODH Primary Care profiles report 66.7% of Athens County children older than 11 months through 18 years of age are eligible for Medicaid. However, the OFHS estimates that 5.2% of children in Athens County are uninsured. Reasons for a lack of insurance among children are unclear from the data available for this report and may include children of international students, who are enrolled at Ohio University or Hocking College and are unaware of services that may be available for their children. As Ohio University requires that international students and their dependents be covered by the university's insurance, it suggests that Hocking College students may be more likely to fall within this category.

<sup>7</sup> U.S. Census Bureau (2009). American Community Survey. Retrieved on December 27, 2010 from <http://www.census.gov/acs/www/>.

<sup>8</sup> Ohio Family Health Survey (2008). Ohio Department of Health. Retrieved on December 8, 2009 from <http://ofhs.webexone.com/>

<sup>9</sup> U.S. Census Bureau (2009). Small Area Income and Poverty Estimates. Updated December 08, 2010. Retrieved on December 27, 2010 from <http://www.census.gov/did/www/saibe/data/statecounty/index.html>.

Although the county population is predominately Caucasian and embedded in the Appalachian culture, international residents are a special needs population identified by the Athens County CFHS program. Both Ohio University in Athens and Hocking College in Nelsonville attract international students. The ACS indicates 95.8% percent of the population five years and older is native to the United States, thus suggesting the remaining population is not. No additional data is available on residents who were born in another country.

#### *ODH Goal Areas*

##### ***Child Health***

###### **✓ *Improve access to child health services***

At the time of the previous CFHS community assessment, the number of children covered through expansions in Medicaid eligibility had increased. Since then, the number has continued to grow from 40% to 66.7% eligibility. Data obtained through the OFHS shows the percentage of children who are uninsured has only decreased slightly since the last assessment, from 5.5% in 2004 to 5.2% in 2008. Athens County estimates continue to remain above the statewide rate of 4.0%.

All Ohio University international students, graduate and undergraduate, enrolled in one or more credit hours are automatically enrolled in the University's student insurance plan. There is only one way an international student can waive this insurance coverage: they must be sponsored by their home country and covered through an insurance plan that is part of this sponsorship and must obtain permission from the university to waive the Ohio University insurance. International students with dependents are also required to carry an Ohio University insurance plan to cover these dependents. However, enrolling in the student insurance plan through Hocking College is voluntary. No data is available on what proportion of the county's uninsured population is comprised of children born in another country, making the link between international students and uninsured children difficult to clarify.

Prior CFHS funding has been used in the well-child program to assist parents with accessing needed services by identifying providers covered by insurance or finding low or no-cost services in the area. The program also assesses children for social, emotional, and developmental needs and provides referrals to appropriate service providers. Further, the program provides training on childhood behavioral risk factors to child-serving agencies, child care providers, and preschools. Education is provided to parents on the effects of domestic violence, substance abuse and untreated mental illness in children and adolescents. During the 2008-2009 program year, at least 26 families received some type of service described above, in addition to providing training to 20 AmeriCorps volunteers working in areas schools and social service agencies.<sup>10</sup>

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<sup>10</sup> Data obtained from Athens County CFHS Annual Program Report submitted to the Ohio Department of Health July 30, 2009.

Data is not available on EPSDT visit rates among Medicaid enrolled children in isolation of other measures.<sup>11</sup> In the past, Athens County generally reported a higher rate of Medicaid children with EPSDT exams along with lead testing than is average for the state, but that was not the case in 2007. Furthermore, fewer one-year-olds received both an EPSDT exam and a test for blood lead level than those reported in the previous community assessment, whereas more two-year-olds received both tests. The percentages for Athens County and the state are compared below by year.

**Table 1. Comparison of EPSDT and Blood Lead Level Testing**

	Athens County		Ohio	
	2003	2007	2003	2007
Medicaid one-year-olds who received a Well Child Exam and had a BLL	55.5%	45%	40.2%	55%
Medicaid two-year-olds who received a Well Child Exam and had a BLL	35.2%	40%	33.7%	47%

- CFHS and its member agencies have maintained that improving access to health services for all family members, with a special emphasis on children, is a high priority. They will continue to look for innovative ways to increase access to all health services in the county.

✓ ***Reduce the percentage of children who are obese***

Child obesity has been a major concern in the county for several years. As a result, the CHP piloted an obesity prevention program at a middle school in one of the county’s most impoverished townships during the 2008-2009 program year. In addition, obesity screenings have been conducted in preschools. During the 2008-2009 program year, 41 children were screened and 26.8% were determined to be at risk or overweight. There was no notable difference between the number of males and females.

According to the 2009 Pediatric Nutrition Surveillance System (PedNSS), 10.6% of Athens County children below the age of five are obese (having weights greater than 95<sup>th</sup> percentile). Though very high, this rate is lower than the Ohio rate of 12.7%. Among children age two and younger, Athens County rates of children who have weights above the 95<sup>th</sup> percentile (15.4%) are higher than the state rate (12.3%). This is a 2.1% increase for this age group in Athens County in one year.<sup>12</sup>

<sup>11</sup> “Lead Testing Rates for Ohio Medicaid Enrolled Children, Calendar Year 2005.” Ohio Department of Job and Family Services. Retrieved December 8, 2009 from <http://ifs.ohio.gov/ohp/bhpp/lpplpt/providerlead.stm>

<sup>12</sup> Pediatric Nutrition Surveillance (2000). Ohio Department of Health. Retrieved January 12, 2010 from <http://www.odh.ohio.gov/healthStats/data/pednss/pednss.aspx>

**Table 2. Child Obesity**

<b>Child Obesity: BMIs Above the 95th Percentile</b>				
<b>Age Group</b>	<b>Ohio</b>		<b>Athens</b>	
	<b>2008</b>	<b>2009</b>	<b>2008</b>	<b>2009</b>
Younger than 5	12.4%	12.7%	9.6%	10.6%
2 or Younger	12.2%	12.3%	13.3%	15.4%

A number of community programs have targeted childhood obesity. The local health department and the Ohio State University Extension have held healthy cooking classes in Athens County. The Family Navigator program continues to conduct interviews with families of at-risk children. Similarly, Family Healthcare, Inc., the FQHC in the county, has implemented a child obesity screening, which gets family members of obese children in for education. However, CFHS Consortium members expressed concern that the increased cost of healthy food may lead to a continued rise in child obesity rates. Thus, reducing child obesity has continued to be labeled as a high priority.

- Reducing child obesity in Athens County is a high priority goal. CFHS will continue to educate parents through available outlets across the county.

✓ ***Ensure the social/emotional health needs of children are met***

Agencies in Athens County have taken great strides to meet the social and emotional needs of children and their families. Furthermore, efforts to improve the integration of health and behavioral health have become a priority and a strength. In addition to the programs developed through the CFHS Consortium, Integrating Professionals for Appalachian Children (IPAC) was formed to develop innovative, culturally-sensitive programs that address the critical and complex challenges impacting the health and mental health of the region's children and families. The IPAC Board of Directors includes representatives in the fields of education, health care, behavioral health, and social services. Representatives from Ohio University and parents are also members of the IPAC Board.

Funding obtained by IPAC has been used to develop the Family Navigator Program. The program is based out of the OU-COM CHP and seeks to maximize developmental and mental health screening services for children age birth to six. The goal is to help families identify the services available to them in the community and guide families through these service systems, improving access and utilization of child health services. The Family Navigators, through another program, Outreach, have also been made available to several of the preschools within Athens County as of the 2009-2010 school year.

Fiscal year 2007 data from the Ohio Department of Mental Health MACSIS Data Mart was analyzed to better understand the most common mental health problems affecting children.<sup>13</sup> Data was only available at the board level, which in this case includes children served through Athens-Hocking-Vinton

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<sup>13</sup> Data only available for children age birth to 17 years old. Ohio Department of Mental Health (2007). Retrieved December 15, 2009 from <http://macsisdatamart.mh.state.oh.us/>

317 Board funding stream. An assumption is being made that the trends produced from this data are indicative of those specifically faced in Athens County. It only describes the primary diagnosis given to a child upon admission to a program and does not identify those children whose diagnosis changed over the course of treatment. Another limitation is that the data does not include children receiving services from private practices.

Of the 1,558 children birth to 17 years old who received a diagnosis during the 2007 fiscal year, 1,388 (89.1%) were receiving Medicaid. The most common diagnoses were Adjustment Disorders (35.4%), followed by non-psychotic diagnoses (25%). Major Affective Disorders accounted for next largest percentage of primary diagnoses (18.5%).

Focus groups conducted during spring 2009 found that parents in Athens and surrounding counties have a negative perception of local service providers. Parents often do not understand the assessment process or interventions being used with their child, which results in fear of services or consequences for utilizing them. The findings indicated communication during referral, diagnostic, and therapeutic processes need improvement, regardless of the agencies involved.<sup>14</sup> Collaborative relationships like the CFHS Consortium will continue to play a major role in addressing concerns and fears parents have about accessing services for children.

- Given the high need for behavioral health services and the increased cuts in state funding, CFHS Consortium has increased this goal to a high priority. The CFHS Consortium will continue to work with existing programs to improve referral processes among health, behavioral health, and social service providers.

✓ ***Improve childhood immunization rates***

Immunization data, both at the state and county level, is not generally. The latest data from the Ohio Department of Health reports statewide immunization coverage for children 19 to 35 months of age increased to 84.1% in 2005.<sup>15</sup> Though this rate is still lower than the Healthy People 2010 goal of 90%, it is an improvement from the early part of the decade.

In an effort to improve childhood immunization rates, OU-COM's CHP has implemented a childhood immunization program. During fiscal year 2009 they provided 6,310 doses (excluding Hepatitis A Adult and Hepatitis B Adult); however, the actual number of children served by the program is not documented. According to data provided by the program, 95% of these immunizations were given free of charge.

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<sup>14</sup> Language of Mental Health: The Parent Perspective (2009). Integrating Professionals for Appalachian Children. Updated December 2009. Retrieved December 16, 2009 from <http://www.oucom.ohiou.edu/ipac/links.html>

<sup>15</sup> Needs Assessment of the Ohio's Maternal and Child Health Population (2005). Ohio Department of Health. Updated 2008. Retrieved on December 9, 2009 from [http://www.odh.ohio.gov/ASSETS/D995ABC95E194A27BDD41EBE478AAD07/06NA\\_Finalw05dataforFY08.pdf](http://www.odh.ohio.gov/ASSETS/D995ABC95E194A27BDD41EBE478AAD07/06NA_Finalw05dataforFY08.pdf)

The Athens City-County Health Department also provides routine childhood immunizations for free to children less than 18 years of age. At the time of this report, no data for these immunizations was available. Family Healthcare, Inc. also provides free child immunizations.

- Due to the successful immunization rates in Athens County, this is a lower priority goal for the CFHS Consortium. However, programs should continue to provide free immunizations, especially to uninsured and underinsured populations.

✓ **Reduce childhood lead poisoning**

Medicaid recipient data for 2007 indicates the percentage of Athens County children living in zip codes with a high risk for lead exposure because of significant old housing stock has decreased since the last assessment. Furthermore, the county percentages are lower than the state, whereas they were much higher during the previous assessment. Reasons behind this decrease are not available and additional research is required. However, approximately the same percentage of one-year-olds are obtaining a Blood Lead Lab (BLL) test, but slightly fewer two-year-olds are receiving the test. All of the data is provided in the following table.

**Table 3. Comparison of High Risk Zip Codes and Blood Lead Level Testing**

	Athens County		Ohio	
	2003	2007	2003	2007
Medicaid one-year-olds in high risk zip codes	82.1%	40%	64.2%	66%
Medicaid two-year-olds in high risk zip codes	73.6%	43%	64.6%	66%
Medicaid one-year-olds with a Blood Lead Lab test	56.5%	55%	42%	63%
Medicaid two-year-olds with a Blood Lead Lab test	32.9%	27%	36%	39%

Athens County has consistently remained below both state and baseline levels established by HP 2010 (4.4%) for positive lead testing results. ODH reports 950 children age birth to 72 months have been screened for blood lead levels. Of these, only two (0.2%) tested positive for elevated blood levels (EBL) compared to 1.8% for the state.<sup>16</sup> This low number may be attributed in part to the lead prevention program provided by CHP, which reached over 500 families in 2008-2009. Although the county detects fewer cases of actual EBL, HP 2010 aims for a target of zero.

- Reduction of lead poisoning is a lower priority issue for the Athens County CFHS Consortium due to already low rates; however, testing kits continue to be distributed.

<sup>16</sup> Data on childhood lead poisoning (2009). Ohio Department of Health. Retrieved December 9, 2009 from <http://www.odh.ohio.gov/healthStats/disease/lead/lead1.aspx>

✓ ***Reduce the rate of infant mortality***

Being a rural county, Athens' infant mortality rate has historically varied over a much wider considerably compared to the state as a whole and continues to do so due to the relatively low numbers of infant deaths. Over a five-year period, 2006-2008, the average annual rate of infant deaths per 1,000 was 7.7 across Ohio compared to 6.4 in Athens County.<sup>17</sup> The death rate in 2007 was 7.7 in Ohio per 1,000 compared to 3.4 in Athens County. Rates stayed relatively stable in 2008 for both the state (7.7) and Athens County (3.8).

The reasons for Athens' infant mortality vary as much as the rate from year to year. One of the two deaths in 2007 was from "hydrops fetalis not due to hemolytic disease" and the second was from an "other" reason. In preceding years, one to two children died from accidents and sudden infant death syndrome. With numbers this low, an increase of one or two infant deaths can greatly increase this rate, making the five year average rate a better indicator at the county level.

Although infant mortality is always taken seriously in Athens County, infant mortality is not as great a concern as other birth outcomes and safety and security issues surrounding pregnancy, infancy and early childhood.

## **Adolescents**

✓ ***Reduce the percentage of adolescents who are obese***

The OFHS identified more than a third (36.0%) of Athens County youth, ages 12 to 17, as being obese. This is twice the Ohio state rate of 18.5%. The CHP has piloted an obesity prevention program in collaboration with AmeriCorps members at a middle school in one of the county's most impoverished townships – Trimble – during the 2008-2009 program year. This program has continued into the 2009-2010 and 2010-2011 school years and includes obesity screenings and health education.

In the past, the Kids on Campus program targeted Junior High youth, emphasizing the need for active, healthy bodies. However, cuts in state funding have led to the elimination of this program.

CFHS Consortium members indicated that there are relatively few programs specifically targeting Athens County adolescents that aim to reduce obesity. This knowledge, paired with the connection between obesity and chronic health conditions, has led the CFHS Consortium to identify this goal as a high priority.

- Reducing obesity in Athens County adolescents has been identified as a high priority.

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<sup>17</sup> Infant Mortality (2010). Ohio Department of Health. Updated April 15, 2010. Retrieved December 15, 2010 from <http://dwhouse.odh.ohio.gov/datawarehousev2.htm>.

✓ ***Ensure the social/emotional health needs of adolescents are met***

The CFHS Consortium members have identified a gap between the socio-emotional needs of youth in Athens County and programs established to meet those needs. According to the 2007 data from the Ohio Department of Mental Health MACSIS Data Mart – which included youth in Athens, Hocking, and Vinton counties, as they are covered by the same Athens-Hocking-Vinton 317 Board – older children have the highest rate of mental diagnosis. Of the 1,558 children birth to 17 years old who received a diagnosis during the 2007 fiscal year, most were receiving Medicaid, 1,388 (89.1%). Youth age 13 to 17 years made up the largest percentage of the population (50.9%) and was followed by those age six to 12 years (43.7%). The most common diagnoses were Adjustment Disorders (35.4%), followed by non-psychotic diagnoses (25%). Major Affective Disorders accounted for next largest percentage of primary diagnoses (18.5%).

Focus groups conducted in the spring of 2009 revealed that parents in Athens and surrounding counties have a negative perception of local behavioral health providers. Parents, uneducated about the assessment process, are fearful of consequences related to attaining behavioral health services. The findings indicated communication during referral, diagnostic, and therapeutic processes need improvement, regardless of the agencies involved.<sup>18</sup> Collaborative relationships like the CFHS Consortium will continue to play a major role in addressing concerns and fears parents have about accessing services for their adolescents.

Only a few local programs are available in the county to provide mentors and role models for teens, which is emphasized in the new Healthy People 2020 goals and is a major need for teens whose family lives are disrupted by substance abuse and domestic violence. Programs like PAWS, located in Trimble Schools, and Girl Power in Nelsonville, help to provide social/emotional support but are not available to all teenagers. For instance, Girl Power, a program supported by the U.S. Department of Health and Human Services, is restricted to 11 to 15 year old girls. Another available program, Big Brothers and Sisters, has a long waiting list and due to transportation and other limitations, this program is not available to all youth.

- Given the high need for behavioral health services and the increased cuts in state funding, CFHS Consortium has increased this goal to a high priority. The CFHS Consortium will continue to work with existing programs to improve referral processes among health, behavioral health, and social service providers.

✓ ***Improve awareness for the need of adolescent health checks***

CFHS funding has been used by the well-child program to identify appropriate providers and finding low or no-cost services available to families in the area. The program also screens children and adolescents for social, emotional, and developmental needs and provides referrals to suitable service providers. Additionally, training on childhood behavioral risk factors to child-serving agencies and child care

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<sup>18</sup> Language of Mental Health: The Parent Perspective (2009). Integrating Professionals for Appalachian Children. Updated December 2009. Retrieved December 16, 2009 from <http://www.oucom.ohiou.edu/ipac/links.html>

providers is provided through the program, as is parent education related to the effects of domestic violence, substance abuse and untreated mental illness in children and adolescents. Further, the program provides training to AmeriCorps volunteers who are working in the county schools.<sup>19</sup>

However, the CFHS Consortium members have indicated that more needs to be done to educate parents on the importance of accessing health services for adolescents. A steep decline in wellness visits is seen to occur as children age, with many adolescents going years without a wellness visit. Given the cognitive and physical development that occurs in youth, and the propensity for serious complications to arise during this period of growth, it is important that parents bring adolescents in to service providers who can screen for these issues.

Given the high rate of poverty among the families of adolescents, with 35.2% of children and adolescents living in families that are below the poverty level, it is important to point families to available programs and services that can help mitigate the costs of wellness visits.

- CFHS and its member agencies will look for ways to improve parental awareness of available health services, with an emphasis on the importance of health visits for adolescents.

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<sup>19</sup> Data obtained from Athens County CFHS Annual Program Report submitted to the Ohio Department of Health July 30, 2009.

## Perinatal Health

### Overview of Target Population

In 2007, 602 babies were born to Athens County residents. Athens County's fertility rate of 32.2 births per 1,000 women of child-bearing age is less than half of the state rate of 65.4. This is likely influenced by the concentrated percentage of women age 18 to 24 in Athens County who are enrolled in Ohio University or Hocking College; 16.8% for the state compared to 44.9% in the county. Birth rates in the state have remained consistent whereas in the county they vary. Among 18 to 24 year olds, birth rates have stayed mostly the same since 2005; however, they have increased slightly for 25 to 29 year olds. The birth rate for 15 to 17 year olds has risen slightly from 16 per 1,000 women in 2005 to 18.1 in 2007. Thirty to 34 year olds saw a drastic decline in 2006 but increased in 2007. The table below displays birth rates over time by age in Athens County.

**Table 4. Athens County Birth Rates\* by Age**

Age	2005	2006	2007
15-17	16	19	18.1
18-19	14.9	11.8	15
20-24	24.9	27.3	24.4
25-29	79.3	84.8	82.7
30-34	64.3	53.9	67
35-39	32.8	33.8	34.1
40-44	4	6.6	5
45+	1.2	1.7	N/A

\*Per 1,000 women in specified age group.

### ODH Goal Areas

#### ✓ **Improve the access to perinatal care**

Athens County access to prenatal care was considerably better than the state in 2008. More women entered care in the first trimester in Athens County (85.1%) than across the state (69.7%). Further, fewer women in Athens County waited to get prenatal care until the third trimester or did not receive care (3.1%) than across the state as a whole (7.5%). Previously, this was the best indicator of access to perinatal and may still be for the population who has private insurance; however, a study about postpartum visits among Medicaid participants indicates otherwise for that population. The Ohio Department of Health studied postpartum visits among the state's Medicaid population from 2003-2005.<sup>20</sup> Results showed the percent of Athens County deliveries that were followed by at least one postpartum visit declined over time, from 17.7% (2003) to 9.6% (2005). These figures were much lower than those for the Central/Southeast Ohio region which increased from 38% to 40% (2004 & 2005).

<sup>20</sup> Postpartum Visits: Ohio Medicaid Population (2007). Ohio Department of Health. Retrieved December 18, 2009 from <http://www.odh.ohio.gov/ASSETS/C5BF5D94FC2E4177867A30A541B87F01/PostpartumVisits.pdf>

Since the time of that report, the Athens County CFHS Perinatal Program has been administered by CHP. The program provides at-risk pregnant women with an array of enabling, population-based supports, and voucher-purchased clinical services. A total of 151 women were referred to the program in 2008-2009. Live birth data is not yet available for that time period; however, when using the 2007 count of 589, this means about a quarter of women who give birth (Medicaid and non-Medicaid) are referred to the program. This figure is approximately half of the county's population at or below 200% of poverty. The majority of program referrals received a one-time nurse visit (43.7%) or enabling/RN case management services (41.7%). Including cases that carried over from the 2007-2008 program year, 82 women were provided enabling/RN case management services with a total of 342 visits. Nearly half of these women were age 19 or younger (45%). In all, 408 nurse/patient perinatal visits were conducted in 2008-2009.

The work done in Athens County has positively influenced prenatal care, as demonstrated by comparing entry into prenatal care in Athens County with the surrounding counties and the state.

**Table 5. Entry into Prenatal Care**

<b>Percent of Pregnancies Receiving Prenatal Care in First Trimester</b>			
<b>Area</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Athens County	80.7%	82.6%	85.1%
Hocking County	79.1%	80.7%	70.9%
Meigs County	80.9%	79.1%	73.5%
Morgan County	77.4%	76.4%	80.1%
Perry County	76.2%	75.5%	75.2%
Vinton County	74.7%	74.6%	69.8%
Washington County	83.7%	86.7%	83.7%
Ohio State	72.7%	70.7%	69.7%

As demonstrated in the table above, appropriate entry into prenatal care remains high in Athens County, with a small but steady increase across recent years.

- The perinatal program will continue to play a critical role in improving access to perinatal care among the county's poorest residents.

✓ ***Reduce the rate of preterm births***

Preterm birth is the leading cause of neonatal deaths not associated with birth defects. A decrease in preterm deliveries "holds the greatest promise for overall reduction in infant illness, disability, and death."<sup>21</sup> The rates of preterm births in Athens County are comparable to those statewide. In the years 2005-2007, an average of 12.5% of births in the county were preterm while 13% were preterm

<sup>21</sup> Healthy People 2010 Volumes I and II. Healthy People 2010. Updated November 2000. Retrieved December 18, 2009 from <http://www.healthypeople.gov/Document/tableofcontents.htm>

statewide, and 1.9% of births in the county were very preterm, as compared with the statewide percentage, 2.1%. Both numbers fall short of the Healthy People 2010 goals of 6.4% for preterm births and 1.1% for very preterm births.

- Reduction of preterm births is not a significant area of priority for the Athens County CFHS Consortium compared to other pre-pregnancy and prenatal health issues.

✓ ***Ensure the social/emotional health needs of pregnant women are met***

The current community assessment was unable to locate valid data to measure social and emotional health needs of pregnant women specifically. A new project being implemented in the county, Project LAUNCH, is working to improve depression screenings of parents with young children. This will be a crucial step in identifying social/emotional health needs of pregnant women who are already parents.

Groups that are able to provide social and emotional support to this population are available in and around the City of Athens. Included in these groups is Great Beginnings, which is dedicated to providing information and support to expecting and new mothers. This group is run through the River Rose, a local OB/GYN practice. Other groups include the Birth Circle and the Le Leche League.

Substance abuse, primarily opioids and pain medication, is a growing concern in Athens County. Abuse of these substances within new and expecting mothers can have very serious consequences for their infants. The full extent of this problem is difficult to determine, given the lack of data. Only one known outlet for support for these mothers exists in the county.

- CFHS Consortium members have increased this priority to high based upon the small number of available support, especially for women living outside the City of Athens. Further, substance abuse among new and expecting mothers is a growing concern. The CFHS Consortium will focus more effort on determining the specific needs of this group.

✓ ***Improve birth outcomes in an at-risk subpopulation through care coordination***

The primary recipients of the CFHS perinatal related services have been low income residents of the small town and rural Appalachian communities surrounding the city of Athens and the international student community associated with Ohio University and Hocking College. At this time, there is no way to measure the pregnancy risk factors or outcomes in either of these groups. However, a few undesirable outcomes in either population group can have a large statistical impact on the county's rates.

*Infant Mortality*

As is common in rural counties with smaller populations, the infant mortality rate tends to vary widely from year-to-year in response to very few changes in the number of infant deaths. The county's average infant mortality rate per 1,000 during the five-year period from 2004 to 2008 was 6.4, which was below the state rate of 7.7. Both numbers, however, fall short of the Healthy People 2010 goal of 4.5 deaths per 1,000 live births.

### *Low birth weights*

The percentages of low and very low birth weights in Athens County are favorable to those of the state. Low birth weights accounted for 8% of births in the county in the five-year period from 2003-2007 compared with 8.6% statewide. Very low birth weights accounted for 1.0% in Athens County and 1.6% statewide. The Athens County percentages are nevertheless above the Healthy People 2010 target percentages are 5% for low birth weights and 0.9% for very low birth weights.

### *Other Risk Factors*

Tobacco use is a serious risk factor for women in Athens County. The Primary Care County Profile for Athens County, available from the Ohio Department of Health, indicates that from 1999-2001, 28.9% of births in the county were to women who smoked. This is ten percent higher than the statewide statistic (18.9%).<sup>22</sup> Cigarette smoking among the entire population of the county is cause for concern, due to the risks of smoking pre-pregnancy to a woman and fetus as well as the potential harm of secondhand smoke. According to a 2002 Behavioral Risk Factor Surveillance Survey, 32.1% of Athens County residents were smokers compared to the statewide percentage of 26.6%.<sup>23</sup> According to the Center for Disease Control, smoking pre-pregnancy can result in infertility or difficulty conceiving. Smoking during pregnancy results in an increased risk of complications, and the infants born to mothers who smoke are 30% more likely to be born prematurely, have a low birth weight, and die of Sudden Infant Death Syndrome (SIDS). Secondhand smoke could contribute to such complications even if the mother herself does not smoke during pregnancy.<sup>24</sup>

The percentage of maternal risk factors in Athens County is greater than that of the state at large. A total of 59.9% of new mothers in the county in the years 2001-2005 indicated at least one risk factor during pregnancy. The ODH does not break down this statistic by risk factor, but the risk factors include anemia, diabetes, pregnancy-related hypertension, STDs, and other ailments which may affect the fetus. In contrast, a total of 41.1% of mothers in the state and in the same time period cited at least one risk factor.

There are other risk factors which may be of concern. Preterm births, in addition to potentially causing complications for the infant, can be harmful to the mother. Although the Athens County statistics for preterm and very preterm births from 2005-2007 (12.3% and 1.9%) are favorable to the state statistics (13% and 2.1%), they do not meet the Healthy People 2010 goals of 6.4% and 1.1%, indicating that there is certainly room for improvement. Teen pregnancy (pregnancy in mothers 19 or younger) is also a possible concern. The Athens County rate from 2003-2007 was 31.2 per 1,000 women, favorable to the state's rate, 92.4. The statistic for Athens, however, may be skewed by the population of college and university students, for whom the pregnancy rate is low. The Primary Care County profile also indicates

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<sup>22</sup> Primary Care County Profiles. Ohio Department of Health. Updated April 2006. Retrieved December 21, 2009 from <http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx>

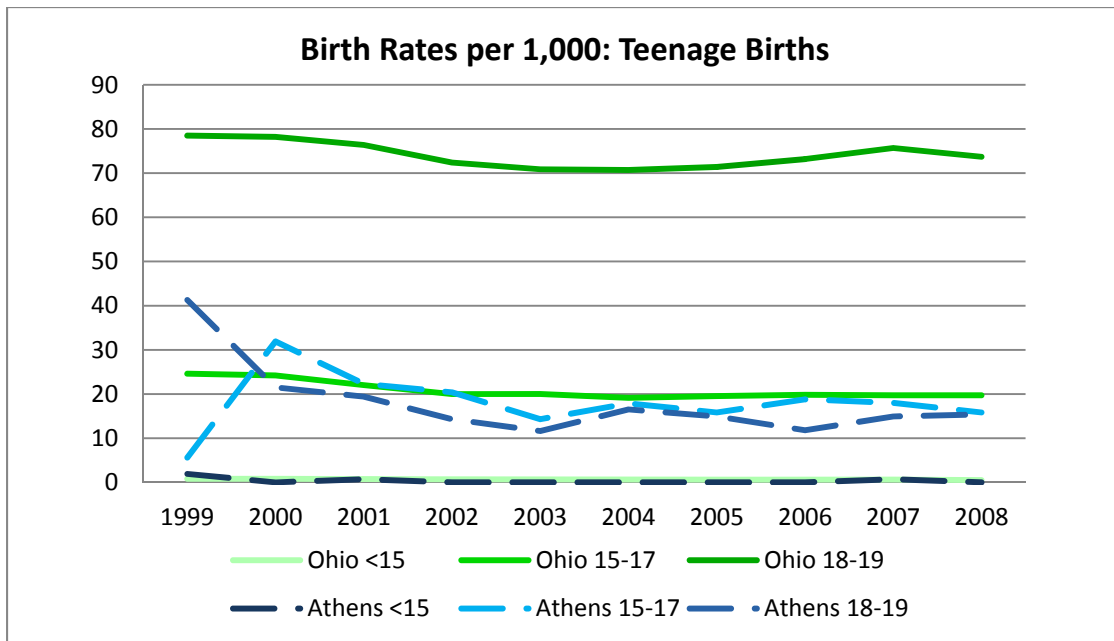
<sup>23</sup> Behavioral Risk Factor Surveillance System (2002). Retrieved December 21, 2009 from [http://www.cdc.gov/brfss/technical\\_infodata/surveydata/2002.htm](http://www.cdc.gov/brfss/technical_infodata/surveydata/2002.htm)

<sup>24</sup> Tobacco Use and Pregnancy. Centers for Disease Control and Prevention. Updated November 2009. Retrieved December 16, 2009 from <http://www.cdc.gov/reproductivehealth/tobaccoUsePregnancy/index.htm>

that 3.2% of pregnant women in Athens County received late (third trimester) or no prenatal care in 1999-2001.

Below is a graph which compares teenage birth trends in Athens County to those of the state of Ohio. In recent years, the rate of teen births has been low in Athens County and compares favorably to the state rates, especially for 18 to 19 year old females.

**Figure 2. Teenage Birth Rates**



- Athens County CFHS Consortium will continue to monitor risk factors and reach at-risk subpopulations to improve the health of new and expecting mothers and their children.

✓ **Improve outcomes in an at-risk, African-American community through care coordination**

African-Americans is estimated to make up 2.7% (1,696) of Athens County's population (63,255), according to the U.S. Census Bureau in 2008. Because of the small size of the population, poverty statistics for the African-American community cannot be provided in Athens County. Between 2003 and 2007, there were 86 births to African-American residents of the county and one infant death in 2003. Birth outcome statistics for the African-American community in the county have generally been favorable to those in state as a whole. There have been 5 cases of low birth weight of the 86 African-American births 2003-2007, or 5.8%, as opposed to 13.8% in the state. The percentage of low birth weight births to African-American mothers in Athens County is somewhat higher than the Healthy People 2010 goal (overall; not specific to the African-American community) of 5%, but lower than the 1998 percentage of 13.4% of births to African-American mothers nationwide, the highest percentage of any racial group for whom statistics are provided. There were no cases of very low birth weight. Similarly, there have been 8 preterm births in the African-American community in Athens, accounting

for 9.3% (Healthy People 2010 target: 6.4% overall), but no very preterm births. In Ohio, preterm births account for 17.6% of all births to African-American mothers.

- The limited number of data available for the African-American subpopulation in Athens County suggests that this population is healthy; however, because this is a population that tends to experience elevated risk factors and negative birth outcomes, CFHS Consortium will continue to monitor and ensure the health of the African-American community in Athens County.

## **Family Planning**

### *Overview of Target Population*

Data from the Ohio Department of Health indicates that there are 18,344 female residents of Athens County considered to be of child-bearing age (15-44). Of these, 4.6% (N = 844) are 15 to 17 years old, a group of particular interest to family health services groups due to the need for access to unwanted teen pregnancy prevention. It is also important to note that the presence of the University in Athens County colors any data taken in the area. On-campus students are excluded from the county's Census data. Students living in off-campus housing, however, are treated as permanent residents despite their generally short period of residence in Athens. In addition, on-campus students may take advantage of family planning resources in the county and therefore be counted in any statistics provided by those groups.

Planned Parenthood of Southeast Ohio (PPSEO) is an essential family planning resource for Athens County. Although other services exist, PPSEO is the most accessible source of pregnancy and pregnancy prevention services in the county; it is therefore widely-used and sees many patients who have insurance limitations. PPSEO is a particularly important resource for Athens County residents who may otherwise have difficulty finding family planning help. In 2008 nearly eight of ten clients are between the ages 18 and 29, with most of those being 20 to 24 years old (61%). As will later be discussed, residents living below poverty are of primary interest in contraceptive and pregnancy planning initiatives, as those residents often feel the effects—economic, emotional, and health-related—of unplanned pregnancies to the greatest degree. In discussing the family planning past and future of Athens County, data from the Ahlers & Associates report for PPSEO will be used, along with statistics from the Ohio Department of Health. One limitation of the Ahlers & Associates report is that it includes all counties served by PPSEO, not just Athens County. However, the report indicates that a full 81% of PPSEO clients in 2008 were residents of Athens County; hence, the numbers likely represent trends in the county.

### *ODH Goal Areas*

#### **✓ *Improve access to family planning services***

As previously mentioned, there are 18,344 female residents of Athens who are of child-bearing age. Over the five-year period from 2003 to 2007, live births in the county averaged 592 annually. In 2007, 232 (39.3%) of these births were to unmarried mothers and 69 (11.7%) were to teenage mothers. Similarly, in the same year, teen mothers accounted for 11.0% and unmarried mothers for 42.0% of all births in the entire state of Ohio.<sup>25</sup> Although age and marital status do not necessarily indicate unwanted pregnancies, both categories are the closest available indicators of unintentional pregnancy throughout the county. Additionally, the Ahlers & Associates report from PPSEO provides valuable information on the incidence of unwanted pregnancies in that organization's clients. The numbers suggest that a large proportion of PPSEO client pregnancies in 2008 were unintended. Of the 79 mothers who responded to questioning about their pregnancy, 19% indicated they had wanted to get pregnant,

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<sup>25</sup> ODH Information Warehouse. Ohio Department of Health. Retrieved December 16, 2009 from <http://dwhouse.odh.ohio.gov/datawarehousev2.htm>

while 81% replied they were hoping to get pregnant later in life (N = 59) or never (N = 5). A third of the women who did not want to get pregnant were teen mothers. Nearly half of those who did not want to get pregnant until later were 20 to 29 years old.

**Table 6. Pregnant PPSEO Clients' Desires for Pregnancy by Age**

	10-17	18-19	20-29	30-39	40-44	Total
Wanted to get pregnant	0 (0.0%)	2 (2.5%)	13 (16.5%)	0 (0.0%)	0 (0.0%)	15 (19%)
Didn't want to get pregnant until later	5 (6.3%)	17 (21.5%)	35 (44.3%)	2 (2.5%)	0 (0.0%)	59 (74.7%)
Never wanted to get pregnant	0 (0.0%)	0 (0.0%)	2 (2.5%)	2 (2.5%)	1 (1.3%)	5 (6.3%)

Unintended pregnancies can be stressful and unhealthy for women, infants, and their families. A mother who is not anticipating a pregnancy is less likely to seek prenatal care in the first trimester, and, as described in Healthy People 2010, “[p]regnancy without some degree of planning often prevents individual woman and men from participating in preconception risk identification and management.” In addition, an unplanned pregnancy can disrupt a mother’s life. This is especially true in the case of teen mothers, who are less likely to complete high school or higher education than their peers without children. Resources such as PPSEO provide these women with adequate prenatal health care and help them to prevent future unplanned pregnancies.

The importance of resources such as PPSEO can also be illustrated in the statistics available regarding their patients’ insurance access. In 2008, the visits of 9.1% of 1,307 patients were paid for by Medicaid, and 7.7% of the patients paid for their visits themselves. Only 4.1% of patients had private insurance which covered the total cost of their visit. Half of the patients (N = 659) did not pay at all for their visits; these visits were provided free of charge by PPSEO based on financial need. Money is a serious concern for many PPSEO clients. A total of 87.1% live with incomes 200% of poverty or less, with a majority of those (59.6%) at 100% or less. People at this income level might determine that supporting a child is not financially feasible for them. For these clients, PPSEO provides an affordable, even free, and objective source of family planning information to help them manage their reproductive health and futures. Increased access to and education about family planning options could extend these benefits to other populations, particularly teens, those with insurance concerns, and those living in poverty.

**Table 7. Teenage Birth Comparison**

Percentage of Births: 15 to 19 Years	
Ohio	10.89%
Athens	12.80%

- PPSEO will continue to play a key role in the prevention of unplanned pregnancies, especially in the teen, twenty-something and low-income populations.

✓ ***Increase access to effective contraception***

PPSEO provides many clients with birth control, and agency data estimates that 445 pregnancies were averted in 2008 due to this contraceptive access. This suggests that increased availability of and education about birth control may help to avoid pregnancies in those who are less likely to feel able to start a family. As discussed in the previous section, there is a need for increased family planning services and awareness to prevent unplanned pregnancies in women who do not feel ready to have children. The incidence of unintentional pregnancies might be reduced by greater access to effective contraception and accurate information about contraception. Of 239 PPSEO clients in 2008 who were not using contraception (69 of whom were pregnant and 12 of whom were hoping to become pregnant), 2.1% believed they could not become pregnant, 13.8% did not want to use birth control, and a total of 38.9% were relying on their partner's method, despite the fact that dependence on a partner's method is not a reliable form of birth control. Nearly all (86.0%) of the 93 clients who were relying on a partner's method were women.

- Education about birth control methods and their effectiveness will continue to be an important service provided by PPSEO and other providers.

✓ ***Improve the health of women pre-pregnancy and during pregnancy***

Athens County shows a higher percentage of maternal risk factors compared with the state at large. From 2001 to 2005, on average three of five new mothers in the county indicated at least one risk factor during pregnancy (which might include anemia, diabetes, pregnancy-related hypertension, STDs, and/or other health issues). In contrast, on average two of five new mothers in the entire state and in the same time period cited at least one risk factor.<sup>26</sup>

Tobacco use is also a serious factor in maternal and infant health. According to ODH Primary Care statistics for Athens County, a total of 28.9% of births in the period from 1999-2001 were to women who smoked; ten percent more than the percentage statewide (18.9%).<sup>27</sup> Healthy People 2010 aspires that 99% of women abstain from smoking during pregnancy. Tobacco use even before pregnancy can have adverse affects on a woman's reproductive health. The Center for Disease Control notes that women

<sup>26</sup> The most recent data available from ODH for maternal risk factors was from 2005.

<sup>27</sup> Primary Care County Profiles. Ohio Department of Health. Updated April 2006. Retrieved December 21, 2009 from <http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx>

who smoke pre-pregnancy are twice as likely to have difficulty becoming pregnant and have about a 30% higher chance of being infertile. Women who continue to smoke during pregnancy generally experience more complications, and the infants born to those mothers are 30% more likely to be born prematurely, have a low birth weight, and die of Sudden Infant Death Syndrome (SIDS).

PPSEO reports that in 2008 one of five clients stated they used tobacco in some form. Although this count includes male clients, the majority of PPSEO clients are female, and they and their infants could be seriously affected by tobacco use if they are pregnant or choose to become pregnant in the future. Even exposure to secondhand smoke when around family members and friends can affect a pregnant woman and a developing fetus.<sup>28</sup> According to a 2002 survey of behavioral risk factors, 32.1% of Athens County residents were smokers, more than the statewide percentage of 26.6%. PPSEO currently encourages all patients to discontinue smoking, particularly those who are pregnant or are planning on becoming pregnant. Increased education efforts on the risks of tobacco use could improve the health of both mothers and infants.

Despite the high reporting of risk factors and the widespread tobacco use in Athens County, infant mortality rates and birth weight statistics are comparable to the state's numbers. The county's infant mortality rate per 1,000 during the five-year period from 2003 to 2007 ranged from 3.4 (2007) to 12.2 (2005) with no clear pattern, but when averaged comes to 7.5. This number is much closer, even favorable, to the state's average rate for the same time period, 7.9. Both numbers, however, fall short of the Healthy People 2010 goal of 4.5 deaths per 1,000 live births.<sup>29</sup> A total of 84.8% of infants in the county were born at what is considered a normal birth weight in the period from 2003-2007, while 7.2% were reported at a high birth rate, 8.0% at a low birth weight, and 1.0% at a very low birth weight. These numbers are also favorable to the state's statistics, which are 83.1%, 8.4%, 8.6%, and 1.6%, respectively, for the same time period. In the case of birth statistics, too, the county's and state's numbers do not meet the target percentages of Healthy People 2010, which aim that 5% of infants be born at a low birth weight and 0.9% at a very low birth weight. Infant health may be improved by the increase in mothers receiving adequate and early prenatal care. In 2007, 83.3% of pregnant mothers were receiving prenatal care by their first trimester, short of the Healthy People 2010 goal of 90%.

- Reducing preventable medical risk factors should be a priority for women prior to and during pregnancy. Education regarding other medical risk factors should continue to be provided through a range of programs offered in the county.

✓ ***Reduce sexually transmitted disease rates***

Reported rates of sexually transmitted diseases in Athens County are below state averages. The gonorrhea rate for the county is approximately a fifth of that of the state. It does not quite reach the

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<sup>28</sup> Tobacco Use and Pregnancy. Centers for Disease Control and Prevention. Updated November 2009. Retrieved December 16, 2009 from <http://www.cdc.gov/reproductivehealth/tobaccoUsePregnancy/index.htm>

<sup>29</sup> Healthy People 2010 Volumes I and II. Healthy People 2010. Updated November 2000. Retrieved December 17, 2009, from <http://www.healthypeople.gov/Document/tableofcontents.htm>

Healthy People 2010 goal of 19 new cases per 100,000, but the county does not attain that goal in new syphilis cases, of which there were none in the years 2001-2005.<sup>30</sup>

**Table 8. Reported Rates of Sexually Transmitted Diseases**

STD	Athens Rate	Ohio Rate
<i>Chlamydia</i>	311.5	356.0
<i>Gonorrhea</i>	40.0	189.0
<i>Syphilis</i>	0.0	1.5

\*Table indicates the average rate of new cases of the diseases per 100,000 in the years 2001-2005

- PPSEO will continue to provide information about sexually transmitted infections to keep county rates at a minimum.

✓ **Reduce cervical, breast, and colorectal cancer rates**

The annual incidence rate of cervical cancer in Athens County for 2003-2005 was higher than the state rate. The death rate for cervical cancer patients in the county is also higher than the state rate and the Healthy People 2010 goal (Table 5). It should be noted that for the years 2002-2004, the annual death rate for cervical cancer was 2.3, but was 4.3 for 1999-2001. These variations do not necessarily indicate any sort of trend; the numbers are so low and the population is sparser in Athens than in other counties, therefore, such variation can be expected. PPSEO now provides Gardasil, a relatively new vaccine for some strains of human papillomavirus (HPV) that is approved for administration to females age 9 to 26 and males age 9 to 15. HPV can cause cervical cancer (among other types of cancer), and continued use of the vaccine is expected to lower cervical cancer rates. Regular Pap tests are important in the prevention of cervical cancer as well. ODH County Profiles data indicates 83.0% of Athens County women age 18 and older have had a Pap Smear in the past three years, which is slightly less than the state (85.4%). PPSEO administered 774 Pap tests in 2008.

In the case of colorectal cancer, Athens County statistics are also slightly higher than the state's. The annual incidence rate in 2003-2005 was 50.6 in the county and 44.4 in the state, while the death rate in the county from 2005-2007 was 20.1 compared to the state rate of 16.3. Both death rates do not reach the Healthy People 2010 goal of 13.9 per 100,000. It is recommended that women age 40 and over undergo a rectal exam during their regular annual exam. According to ODH County Profiles, slightly fewer Athens County adults had a Sigmoidoscopy in the past five years (33.7%) compared to adults across the state (35.2%).<sup>31</sup>

<sup>30</sup> As with maternal risk factors, the most recent data available from ODH for STD rates was from 2005. The Healthy People 2010 syphilis rate goal is 0.9 per 100,000.

<sup>31</sup> Based on three year average 1999-2001. Most recent data available from Primary Care Profiles. Ohio Department of Health. Updated April 2006. Retrieved December 16, 2009 from <http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx>

Although the incidence rate of breast cancer in Athens County for 2003-2005 was similar to the state rate, the county's rate of death from breast cancer was lower than the state's (Table 5). It is also much lower than the Healthy People 2010 goal. This lower death rate holds up when the periods 1999-2001 and 2002-2004 are examined, in which the annual death rate was 18.7 and 14.3, respectively. Self-breast examinations are important in detecting breast cancer at an early stage, and regular mammograms are recommended for women around middle age.<sup>32</sup> ODH data indicates fewer Athens County women have had a Mammogram in the past two years (71.6%) compared to the state (77.0%). In addition to primary care and OB/GYN, PPSEO provides mammograms and information on self-breast exams to their patients.

**Table 9. Cancer Rates per 100,000 for Colorectal, Breast, and Cervical Cancer in Females**

	Athens County		Ohio		Healthy People 2010 Goals
	Incidence	Deaths	Incidence	Deaths	Deaths
<i>Colorectal Cancer</i>	50.6	20.1	44.4	16.3	13.9*
<i>Breast Cancer</i>	118.6	15.9	119.4	26.0	22.3
<i>Cervical Cancer</i>	12.8	7.6	7.9	2.5	2.0

*Note: Incidence rates represent 2003-2005, the most recent years for which data was available, while death rates represent 2005-2007.*

*\*The Healthy People 2010 death rate goal for colorectal cancer includes males.*

- Prevention and early detection education of various types of cancer remains important, and the Athens County CFHS Consortium has increased the priority for breast cancer detection to high, based upon the high death rate related to this disease in Athens County.

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<sup>32</sup> The U.S. Preventative Services Task Force recently moved the recommended age for regular mammogram testing from 40 to 50.

## Other Community Risk Factors

### *Trauma*

The Athens County Child and Family Health Services Consortium provides an opportunity for providers from a range of backgrounds to discuss the most common challenges to health and health care access among their shared client populations. For years, behavioral health issues have consistently ranked as the highest priority concern that is inadequately addressed. Adolescent clients and the parents of child clients in local agencies have been observed frequently to have histories of childhood trauma.

Consortium members believe that this history has a marked impact on both adolescent behavioral health and parental instability. Furthermore, studies have shown that affected adolescents may be more likely to become pregnant too early, and affected parents may be less capable of rearing children in a stable environment. Exposure to trauma can lead to a variety of health risk factors, including but not limited to: depression, suicide attempts, fetal death, alcohol and other drug abuse, smoking, sexually transmitted diseases, and risk for intimate partner violence.<sup>33</sup>

Defining a link between childhood trauma and subsequent adolescent behavioral problems and poor parenting backgrounds seemed a necessary step in disrupting observed generational cycles of poor health and behavioral health in Athens County. As a follow-up to national trauma studies, the CFHS Consortium developed the “Life Events Survey” how extensive childhood trauma was among adolescents and adults in the county. The survey was adapted from the Adverse Childhood Experiences Study (Felitti, et al., 1998), the Trauma/Loss Exposure History from the Child Welfare Trauma Training Toolkit: Trauma Referral Tool (2008), and The National Child Traumatic Stress Network, [www.NCTSN.org](http://www.NCTSN.org). Questions included the type of events experienced, when they were experienced, demographic information and health risk factors. The survey was designed to be used both as a self-report instrument with respondents and a tool for gleaning information from client social histories. The survey results are intended to start building a link between early childhood trauma and behavioral health issues in later life.

OU-COM analyzed data from the survey and found that of the 63 respondents, 85% experienced at least one of the fourteen traumatic events listed on the survey. Most events were recorded for school, teen, and adult ages. Nearly two of five respondents experienced one to three events and nearly half experienced four or more events (48.5%). The prevalence of traumatic events was said to be higher for these respondents than those in the ACE study. For example, where as the ACE study reported 3% of incarceration, 22% of both biological parents not being there, and 25% of alcohol or drug users, the CFHS study reported 39%, 24%, and 47% respectively of same events. Physical abuse was only 11% for the ACE study as compared to 29% or 30% from the Athens life events study (see Table 7).

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<sup>33</sup> Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., Marks, J.S. (1998). The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine*, 14, 245-258.

**Table 10. The Prevalence of Specific Life Events by People Involved**

Type of Event	Who is involved?			
	Self		Others	
	N=66	%	N=66	%
Bad accident	11	16.7		
Serious illness/medical treatment	22	33.3		
Disasters: natural/man-made	11	16.7		
Threat in school/community	15	22.7		
Persistent neglect	9	13.6		
Sexual advances	15	22.7		
Rape/sexual assault	12	18.2		
Insults or hurtful things by parents	20	30.3		
Separation from parents/guardian	16	24.2		
Physical Abuse and/or death	19	28.8	20	30.3
Incarceration			23	38.8
Persistent depression/mental illness			21	31.8
Drug or alcohol abuse			31	47.0

Education, resident status, and life-time sexual partners had a significant statistical association with trauma. Meaning, those who experienced trauma had less formal education, moved more frequently, and had more sexual partners. People who experienced trauma also reported having more children; however, there was not a statistically significant association between the number of children and trauma. The findings also indicate that smoking, drinking alcohol, and unprotected sex were the most prevalent risky behaviors for respondents of this survey, but there was not a statistical significant association with trauma.

*Alcohol and Other Drug Abuse*

For years, members of the health care and behavioral health provider community have anecdotally known about the prevalence of alcohol and other drug use in Athens County, but in 2008 a Community Readiness Survey conducted by the Minnesota Institute of Public Health confirmed that concern. Although the study was only conducted in Trimble Township, members of the CFHS Consortium believe the findings are representative of the alcohol and drug problem in the county. Of the 141 people who responded to the survey, all were older than 18 years of age, with the majority being 35 years and older.

Key findings show that the majority of respondents were concerned about teenage involvement with tobacco, alcohol, marijuana, other drugs, and meth, in that order. They were also concerned about the use of these substances by adults age 18 to 54, but less concerned for those 55 and older. For those older than 55 years, the biggest concern was for tobacco, followed by use of alcohol. Just over a quarter also had the perception that teenage drinking is considered acceptable by members of the community. The majority of respondents believed prevention efforts would assist with decreasing risky behaviors.

## SUMMARY OF FINDINGS

The data reviewed as part of this assessment support what members of the CFHS Consortium know about the families and communities they serve. This suggests the Consortium makes an ongoing effort to understand the needs of children and families in the county and provides suitable programming to address those needs. Partnerships developed as part of this Consortium and other collaborations in the county will continue to be a critical component of improving child and family wellness. Information shared amongst members of the Consortium and the programming they are able to provide as part of a team ensures ongoing awareness of community resources and promotes family access to those services.

Findings from this assessment indicate the following issues should be a priority for the CFHS Consortium in the next funding cycle. Trauma and substance abuse can be an underlying factor in any of these priority areas, especially for the populations served by the Athens County CFHS Consortium. As efforts are made to address the following priority areas, these two underlying issues should also be considered. Regular evaluation of programs will ensure the Consortium continues to meet the needs of children and families.

- ✓ *Improve access to child health services* – continue to find novel ways to increase access for low-income and uninsured families.
- ✓ *Reduce the percentage of children who are obese* – obesity prevention and nutrition programming for parents and children to reduce health risk factors.
- ✓ *Ensure the social/emotional health needs of children are met* – continue to work with existing programs to improve collaboration and referral between organizations in health, behavioral health, and social service providers.
- ✓ *Reduce the percentage of obese adolescents* – continue and expand obesity prevention, education, and awareness.
- ✓ *Ensure the social/emotional health needs of adolescents are met* – increase the number of outlets for teenagers to have access to supportive role models.
- ✓ *Improve awareness for the need for adolescent health checks* – increase parents' awareness of the need for adolescent wellness checks and screenings.
- ✓ *Increase access to effective contraception* – education about different methods of birth control and the effectiveness of each.
- ✓ *Ensure the social/emotional health needs of pregnant women are met* – coordinated efforts that address this issue, especially for women who are geographically and socioeconomically isolated.

## **APPENDIX A: DEMOGRAPHICS**

<b>Athens County</b>	<b>Count</b>	<b>Percent</b>
<b>Population by Age (2008)</b>		
0 to 4 years	2,930	4.6%
5 to 9 years	2,958	4.7%
10 to 14 years	2,782	4.4%
15 to 19 years	8,062	12.7%
Over 65 years	12,332	19.5%
County Total	63,255	100.0%
<b>Poverty by Age (2005-2009)</b>		
5 to 7 years	NA	29.60%
Under 18 years	3,709	35.20%
County Total	21,949	34.70%
<b>Race (2008)</b>		
Caucasian	59,017	93.3%
African-American	1,696	2.7%
American Indian/Alaskan Native	219	0.3%
Asian	1,361	2.2%
Native Hawaiian or Other Pacific Islander	14	0.0%
Two or more races	948	1.5%

**APPENDIX B: CORE DATA TABLES**

**Athens County Community Assessment: Core Measures**

Athens County Community Assessment: Core Measures					
	Measures/Data/Variables	Data Source	Unit of Measurement	Ohio	Athens
	Child Health Components:				
1.	Improve Access to Child and Adolescent Health Services:				
	Wait time for a well-child appointment is >30 days				
	County has a higher rate of uninsured children than the state, and/or justify with other local needs data.	OFHS: <a href="http://www.odh.ohio.gov/healthStats/survey/ofhs1.aspx">http://www.odh.ohio.gov/healthStats/survey/ofhs1.aspx</a>	Percentage of Population - Uninsured Children (2008)	4.0%	5.2%
		ODJFS Ohio Medicaid Report 2006: <a href="http://jfs.ohio.gov/OHP/reports/documents/OMR_SF2006.pdf">http://jfs.ohio.gov/OHP/reports/documents/OMR_SF2006.pdf</a>	Percentage of Population (within Age Group) - Medicaid Enrolled Children 0-18 years (2006)	38.8%	46.9%
		ODJFS Ohio Medicaid Report 2006: <a href="http://jfs.ohio.gov/OHP/reports/documents/OMR_SF2006.pdf">http://jfs.ohio.gov/OHP/reports/documents/OMR_SF2006.pdf</a>	Percentage of Medicaid-Enrolled Population - Children 0-18 years (2006)	54.3%	48.5%
		ODH Primary Care County Profiles: <a href="http://www.odh.ohio.gov/healthStats/locdata/pcarecny.aspx">http://www.odh.ohio.gov/healthStats/locdata/pcarecny.aspx</a>	Percentage of Population - Medicaid Eligible Children >11 months and <19 years with at Least One Primary Care Visit in a Year (2002)	66.7%	76.8%
	<b>IF GRANTEE WANTS TO PROVIDE DIRECT HEALTH CARE:</b>	Demonstrate need for at least 50 un/underinsured children to be served	Note: MATCH data provides # of ENCOUNTERS, not patients		
		MATCH Data (2008-2009)	% of Child Health Encounters Where Medicaid was Source of Payment (7/2008-7/2009)	N/A	50.0%
		MATCH Data (2008-2009)	% of Child Health Encounters Where Uninsured/Underinsured-No Pay was Source of Payment (7/2008-7/2009)	N/A	0.0%
		MATCH Data (2008-2009)	% of Child Health Encounters Where Uninsured/Underinsured-Partial Pay was Source of Payment (7/2008-7/2009)	N/A	0.0%
		MATCH Data (2008-2009)	% of Child Health Encounters Where Uninsured/Underinsured-Full Pay was Source of Payment (7/2008-7/2009)	N/A	3.3%
		MATCH Data (2008-2009)	% of Child Health Encounters Where Private Insurance was Source of Payment (7/2008-7/2009)	N/A	4.7%
		MATCH Data (2007-2008)	% of Child Health Encounters Where Medicaid was Source of Payment (7/2007-6/2008)	N/A	51.5%
		MATCH Data (2007-2008)	% of Child Health Encounters Where Uninsured/Underinsured-No Pay was Source of Payment (7/2007-6/2008)	N/A	3.0%
		MATCH Data (2007-2008)	% of Child Health Encounters Where Uninsured/Underinsured-Partial Pay was Source of Payment (7/2007-6/2008)	N/A	0.0%
		MATCH Data (2007-2008)	% of Child Health Encounters Where Uninsured/Underinsured-Full Pay was Source of Payment (7/2007-6/2008)	N/A	0.0%
		MATCH Data (2007-2008)	% of Child Health Encounters Where Private Insurance was Source of Payment (7/2007-6/2008)	N/A	45.5%
		MATCH Data (2006-2007)	% of Child Health Encounters Where Medicaid was Source of Payment (7/2006-6/2007)	N/A	48.6%
		MATCH Data (2006-2007)	% of Child Health Encounters Where Uninsured/Underinsured-No Pay was Source of Payment (7/2006-6/2007)	N/A	18.9%
		MATCH Data (2006-2007)	% of Child Health Encounters Where Uninsured/Underinsured-Partial Pay was Source of Payment (7/2006-6/2007)	N/A	0.0%
		MATCH Data (2006-2007)	% of Child Health Encounters Where Uninsured/Underinsured-Full Pay was Source of Payment (7/2006-6/2007)	N/A	0.0%
		MATCH Data (2006-2007)	% of Child Health Encounters Where Private Insurance was Source of Payment (7/2006-6/2007)	N/A	32.4%
		MATCH Data (2005-2006)	% of Child Health Encounters Where Medicaid was Source of Payment (7/2005-6/2006)	N/A	48.4%
		MATCH Data (2005-2006)	% of Child Health Encounters Where Uninsured/Underinsured-No Pay was Source of Payment (7/2005-6/2006)	N/A	0.0%
		MATCH Data (2005-2006)	% of Child Health Encounters Where Uninsured/Underinsured-Partial Pay was Source of Payment (7/2005-6/2006)	N/A	0.0%
		MATCH Data (2005-2006)	% of Child Health Encounters Where Uninsured/Underinsured-Full Pay was Source of Payment (7/2005-6/2006)	N/A	0.0%

**Athens County Community Assessment: Core Measures**

	Measures/Data/Variables	Data Source	Unit of Measurement	Ohio	Athens
<b>Child Health Components:</b>					
	% of Medicaid children w/o EPSDT exam in last year is higher than state	ODJFS-OHP County and State Testing Rates for Calendar Year 2007: <a href="http://jfs.ohio.gov/ohp/bhpp/lppip/providerlead.stm">http://jfs.ohio.gov/ohp/bhpp/lppip/providerlead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2007: Percent of One Year Olds Who Received a Well Child Exam AND had a BLL	55.0%	45.0%
		ODJFS-OHP County and State Testing Rates for Calendar Year 2003: <a href="http://jfs.ohio.gov/ohp/bhpp/lppip/providerlead.stm">http://jfs.ohio.gov/ohp/bhpp/lppip/providerlead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2003: Percent of One Year Olds Who Received a Well Child Exam AND had a BLL	40.2%	55.5%
		ODJFS-OHP County and State Testing Rates for Calendar Year 2001: <a href="http://jfs.ohio.gov/ohp/bhpp/lppip/providerlead.stm">http://jfs.ohio.gov/ohp/bhpp/lppip/providerlead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2001: Percent of One Year Olds Who Received a Well Child Exam AND had a BLL	34.0%	47.5%
		ODJFS-OHP County and State Testing Rates for Calendar Year 2007: <a href="http://jfs.ohio.gov/ohp/bhpp/lppip/providerlead.stm">http://jfs.ohio.gov/ohp/bhpp/lppip/providerlead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2007: Percent of Two Year Olds Who Received a Well Child Exam AND had a BLL	47.0%	40.0%
		ODJFS-OHP County and State Testing Rates for Calendar Year 2003: <a href="http://jfs.ohio.gov/ohp/bhpp/lppip/providerlead.stm">http://jfs.ohio.gov/ohp/bhpp/lppip/providerlead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2003: Percent of Two Year Olds Who Received a Well Child Exam AND had a BLL	33.7%	35.2%
		ODJFS-OHP County and State Testing Rates for Calendar Year 2001: <a href="http://jfs.ohio.gov/ohp/bhpp/lppip/providerlead.stm">http://jfs.ohio.gov/ohp/bhpp/lppip/providerlead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2001: Percent of Two Year Olds Who Received a Well Child Exam AND had a BLL	34.0%	28.9%
	% of potentially eligible children not enrolled in Medicaid is higher than the state (e.g. Holmes County)				
		MATCH Data (2008-2009)	Uninsured/Underinsured Status: % of Child Health Encounters where Combined Program Application (CPA) Completed (7/2008-7/2009)	N/A	0.0%
		MATCH Data (2007-2008)	Uninsured/Underinsured Status: % of Child Health Encounters where Combined Program Application (CPA) Completed (7/2007-6/2008)	N/A	0.0%
		MATCH Data (2006-2007)	Uninsured/Underinsured Status: % of Child Health Encounters where Combined Program Application (CPA) Completed (7/2006-6/2007)	N/A	0.0%
		MATCH Data (2005-2006)	Uninsured/Underinsured Status: % of Child Health Encounters where Combined Program Application (CPA) Completed (7/2005-6/2006)	N/A	0.0%
		MATCH Data (2008-2009)	Uninsured/Underinsured Status: % of Child Health Encounters where Medicaid Eligibility Pending (7/2008-7/2009)	N/A	0.0%
		MATCH Data (2007-2008)	Uninsured/Underinsured Status: % of Child Health Encounters where Medicaid Eligibility Pending (7/2007-6/2008)	N/A	3.0%
		MATCH Data (2006-2007)	Uninsured/Underinsured Status: % of Child Health Encounters where Medicaid Eligibility Pending (7/2006-6/2007)	N/A	2.7%
		MATCH Data (2005-2006)	Uninsured/Underinsured Status: % of Child Health Encounters where Medicaid Eligibility Pending (7/2005-6/2006)	N/A	0.0%
		MATCH Data (2008-2009)	Uninsured/Underinsured Status: % of Child Health Encounters where Medicaid Ineligible (7/2008-7/2009)	N/A	3.3%
		MATCH Data (2007-2008)	Uninsured/Underinsured Status: % of Child Health Encounters where Medicaid Ineligible (7/2007-6/2008)	N/A	0.0%
		MATCH Data (2006-2007)	Uninsured/Underinsured Status: % of Child Health Encounters where Medicaid Ineligible (7/2006-6/2007)	N/A	0.0%
		MATCH Data (2005-2006)	Uninsured/Underinsured Status: % of Child Health Encounters where Medicaid Ineligible (7/2005-6/2006)	N/A	0.0%
		MATCH Data (2008-2009)	Uninsured/Underinsured Status: % of Child Health Encounters where Client Refused Medicaid (7/2008-7/2009)	N/A	0.0%
		MATCH Data (2007-2008)	Uninsured/Underinsured Status: % of Child Health Encounters where Client Refused Medicaid (7/2007-6/2008)	N/A	0.0%
		MATCH Data (2006-2007)	Uninsured/Underinsured Status: % of Child Health Encounters where Client Refused Medicaid (7/2006-6/2007)	N/A	0.0%
		MATCH Data (2005-2006)	Uninsured/Underinsured Status: % of Child Health Encounters where Client Refused Medicaid (7/2005-6/2006)	N/A	0.0%

Athens County Community Assessment: Core Measures						
	Measures/Data/Variables	Data Source	Unit of Measurement	Ohio	Athens	
	Child Health Components:					
2.	Improve Childhood Immunization Rates:					
	Assessment data to support	Immunization data not available		N/A	N/A	
3.	Reduce Childhood Lead Poisoning:					
	Assessment data to support	ODJFS-OHP County and State Testing Rates for Calendar Year 2007: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2007: Percent of One Year Olds Who Received an EPSDT Exam AND had a BLL	55.0%	45.0%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2003: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2003: Percent of One Year Olds Who Received an EPSDT Exam AND had a BLL	40.2%	55.5%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2001: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2001: Percent of One Year Olds Who Received an EPSDT Exam AND had a BLL	34.0%	47.5%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2007: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2007: Percent of Two Year Olds Who Received an EPSDT Exam AND had a BLL	47.0%	40.0%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2003: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2003: Percent of Two Year Olds Who Received an EPSDT Exam AND had a BLL	33.7%	35.2%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2001: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2001: Percent of Two Year Olds Who Received an EPSDT Exam AND had a BLL	34.0%	28.9%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2007: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2007: Percent of One Year Olds in High Risk Zip Codes (as defined by ODH)	66.0%	40.0%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2003: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2003: Percent of One Year Olds in High Risk Zip Codes (as defined by ODH)	64.2%	82.1%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2001: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2001: Percent of One Year Olds in High Risk Zip Codes (as defined by ODH)	65.2%	62.2%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2007: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2007: Percent of Two Year Olds in High Risk Zip Codes (as defined by ODH)	66.0%	43.0%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2003: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2003: Percent of Two Year Olds in High Risk Zip Codes (as defined by ODH)	64.6%	73.6%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2001: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2001: Percent of Two Year Olds in High Risk Zip Codes (as defined by ODH)	66.3%	65.5%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2007: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2007: Percent of One Year Olds with a Blood Lead Lab (BLL) Test	63.0%	55.0%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2003: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2003: Percent of One Year Olds with a Blood Lead Lab (BLL) Test	42.0%	56.5%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2001: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2001: Percent of One Year Olds with a Blood Lead Lab (BLL) Test	38.2%	55.5%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2007: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2007: Percent of Two Year Olds with a Blood Lead Lab (BLL) Test	39.0%	27.0%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2003: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2003: Percent of Two Year Olds with a Blood Lead Lab (BLL) Test	36.0%	32.9%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2001: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2001: Percent of Two Year Olds with a Blood Lead Lab (BLL) Test	22.6%	15.1%	
		ODJFS-OHP County and State Testing Rates for Calendar Year 2003: <a href="http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm">http://jfs.ohio.gov/ohp/bhpp/lpplp/provider/lead.stm</a>	Medicaid Eligible and Recipient Information for Calendar Year 2003: Percent of Two Year Old Eligibles with Elevated Lead Levels (matched with STELLAR)	4.8%	1.2%	
		ODH Childhood Lead Poisoning Statistics: <a href="http://www.odh.ohio.gov/odhPrograms/cfhs/lead_ch/lead_data.aspx">http://www.odh.ohio.gov/odhPrograms/cfhs/lead_ch/lead_data.aspx</a>	% of Total Children Screened (0-72 mos) with Elevated Blood Levels (EBL) (2008)	1.6%	1.2%	
		ODH Childhood Lead Poisoning Statistics: <a href="http://www.odh.ohio.gov/odhPrograms/cfhs/lead_ch/lead_data.aspx">http://www.odh.ohio.gov/odhPrograms/cfhs/lead_ch/lead_data.aspx</a>	% of Total Children Screened (0-72 moa) with Elevated Blood Levels (EBL) (2007)	1.8%	0.5%	
		ODH Childhood Lead Poisoning Statistics: <a href="http://www.odh.ohio.gov/odhPrograms/cfhs/lead_ch/lead_data.aspx">http://www.odh.ohio.gov/odhPrograms/cfhs/lead_ch/lead_data.aspx</a>	% of Total Children Screened (0-72 moa) with Elevated Blood Levels (EBL) (2006)	2.1%	0.5%	

Athens County Community Assessment: Core Measures						
	Measures/Data/Variables	Data Source	Unit of Measurement	Ohio	Athens	
	<b>Child Health Components:</b>					
		ODH Childhood Lead Poisoning Statistics: <a href="http://www2.odh.ohio.gov/Data/Lead_Poison/Lead1.htm">http://www2.odh.ohio.gov/Data/Lead_Poison/Lead1.htm</a>	% of Total Children Screened (0-72 moa) with Elevated Blood Levels (EBL) (2004)	3.7%	2.0%	
		ODH Childhood Lead Poisoning Statistics: <a href="http://www2.odh.ohio.gov/Data/Lead_Poison/Lead1.htm">http://www2.odh.ohio.gov/Data/Lead_Poison/Lead1.htm</a>	% of Total Children Screened (0-72 moa) with Elevated Blood Levels (EBL) (2003)	4.2%	0.6%	
		ODH Childhood Lead Poisoning Statistics: <a href="http://www2.odh.ohio.gov/Data/Lead_Poison/Lead1.htm">http://www2.odh.ohio.gov/Data/Lead_Poison/Lead1.htm</a>	% of Total Children Screened (0-72 moa) with Elevated Blood Levels (EBL) (2002)	5.1%	1.5%	
		ODH Childhood Lead Poisoning Statistics: <a href="http://www2.odh.ohio.gov/Data/Lead_Poison/Lead1.htm">http://www2.odh.ohio.gov/Data/Lead_Poison/Lead1.htm</a>	% of Total Children Screened (0-72 moa) with Elevated Blood Levels (EBL) (2001)	6.3%	0.6%	
		ODH Childhood Lead Poisoning Statistics: <a href="http://www2.odh.ohio.gov/Data/Lead_Poison/Lead1.htm">http://www2.odh.ohio.gov/Data/Lead_Poison/Lead1.htm</a>	% of Total Children Screened (0-72 moa) with Elevated Blood Levels (EBL) (2000)	7.2%	1.4%	
		ODH Childhood Lead Poisoning Statistics: <a href="http://www2.odh.ohio.gov/Data/Lead_Poison/Lead1.htm">http://www2.odh.ohio.gov/Data/Lead_Poison/Lead1.htm</a>	% of Total Children Screened (0-72 moa) with Elevated Blood Levels (EBL) (1999)	7.8%	1.5%	
4.	<b>Reduce % of children who are overweight.</b>					
		2009 Pediatric Nutrition Surveillance- Ohio: Comparison of Growth and Anemia Indicators by County - Children Aged < 5 years: <a href="http://www.odh.ohio.gov/healthStats/data/pednss/pednss.aspx">http://www.odh.ohio.gov/healthStats/data/pednss/pednss.aspx</a>	% of Children < 5 yrs Categorized as Obese (>=95th%tile) based on BMI-for-age (2009)	12.70%	10.60%	
	Must show that WIC children are more overweight than the state (PEDNSS Data)	2008 Pediatric Nutrition Surveillance - Ohio: Comparison of Growth and Anemia Indicators by County - Children Aged < 5 years: <a href="http://www.odh.ohio.gov/healthStats/data/pe">http://www.odh.ohio.gov/healthStats/data/pe</a>	% of Children < 5 yoa Categorized as Obese (>=95th%tile) based on BMI-for-age (2008)	12.4%	9.6%	
		2009 Pediatric Nutrition Surveillance- Ohio: Comparison of Growth and Anemia Indicators by County - Children Aged < 5 years: <a href="http://www.odh.ohio.gov/healthStats/data/pednss/pednss.aspx">http://www.odh.ohio.gov/healthStats/data/pednss/pednss.aspx</a>	% of Children >= 2 yrs Categorized as Overweight (>=95th%tile) based on BMI-for-age (2009)	12.3%	15.4%	
		2008 Pediatric Nutrition Surveillance - Ohio: Comparison of Growth and Anemia Indicators by County - Children Aged < 5 years: <a href="http://www.odh.ohio.gov/healthStats/data/pe">http://www.odh.ohio.gov/healthStats/data/pe</a>	% of Children >= 2 yoa Categorized as Overweight (>=95th%tile) based on BMI-for-age (2008)	12.2%	13.3%	
		2009 Pediatric Nutrition Surveillance- Ohio: Comparison of Growth and Anemia Indicators by County - Children Aged < 5 years: <a href="http://www.odh.ohio.gov/healthStats/data/pednss/pednss.aspx">http://www.odh.ohio.gov/healthStats/data/pednss/pednss.aspx</a>	% of Children >= 2 yoa Categorized as At Risk of Overweight (85th - <95th%tile) based on BMI-for-age (2009)	15.7%	16.9%	
		2008 Pediatric Nutrition Surveillance - Ohio: Comparison of Growth and Anemia Indicators by County - Children Aged < 5 years: <a href="http://www.odh.ohio.gov/healthStats/data/pe">http://www.odh.ohio.gov/healthStats/data/pe</a>	% of Children >= 2 yoa Categorized as At Risk of Overweight (85th - <95th%tile) based on BMI-for-age (2008)	15.8%	19.5%	
		2002 Pediatric Nutrition Surveillance - Ohio: Comparison of Growth and Anemia Indicators by County - Children Aged < 5 years: <a href="http://www2.odh.ohio.gov/Data/pednss/2002">http://www2.odh.ohio.gov/Data/pednss/2002</a>	% of Children >= 2 yoa Categorized as Overweight (>=95th%tile) based on BMI-for-age (2002)	11.1%	15.6%	
		2002 Pediatric Nutrition Surveillance - Ohio: Comparison of Growth and Anemia Indicators by County - Children Aged < 5 years: <a href="http://www2.odh.ohio.gov/Data/pednss/2002">http://www2.odh.ohio.gov/Data/pednss/2002</a>	% of Children >= 2 yoa Categorized as At Risk of Overweight (85th - <95th%tile) based on BMI-for-age (2002)	14.3%	17.2%	
		CHP Obesity Prevention Program	Obesity Screenings in Area Preschools (2008-2009). % of Children At Risk or Overweight (N=41)	N/A	26.8%	
		CHP Obesity Prevention Program	Obesity Screenings in Area Preschools (2008-2009). % of Children Underweight(N=41)	N/A	7.3%	
5.	<b>Ensure that Social/Emotional Health Needs of Children and Adolescents Are Met.</b>					Yes
	Assessment data to support					
	Children Receiving Treatment for Serious Emotional Disturbance	ODH Primary Care County Profiles: <a href="http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx">http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx</a>	Treatment rate per 1000 children under age 18 for SED (3 Year Average, 2001-2003)	16	34	
	<b>Reduce the Rate of Infant Mortality:</b>					
	Must have a higher rate than the State.	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Rate of deaths under 1 year of age per 1000 live births (2008)	7.7	3.8	
6.		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Rate of deaths under 1 year of age per 1000 live births (2007)	7.7	3.4	
		ODH Primary Care County Profiles: <a href="http://publicapps.odh.ohio.gov/PWH/documents/CPProfilesMCH/2008/Athens.htm?q=112910113927">http://publicapps.odh.ohio.gov/PWH/documents/CPProfilesMCH/2008/Athens.htm?q=112910113927</a>	Number of deaths under 1 year of age per 1000 live births (2006-2008 average)	7.7	6.4	
		ODH Primary Care County Profiles: <a href="http://www.odh.ohio.gov/Data/CntyPfls/primcar1.htm">www.odh.ohio.gov/Data/CntyPfls/primcar1.htm</a>	Number of deaths under 1 year of age per 1000 live births (2003-2007 average)	7.9	7.5	

**Athens County Community Assessment: Core Measures**

Athens County Community Assessment: Core Measures						
		Measures/Data/Variables	Data Source	Unit of Measurement	Ohio	Athens
	<b>Family Planning Components:</b>					
	<b>Improve Access to Family Planning Services</b>					
1.		Demonstrate a need for 50 or more un/underinsured clients	Ahlers & Associates Report for Planned Parenthood of Southeast Ohio (PPSEO)	% Clients Seeking Contraceptive Method(s) (2008) (N=1307)	N/A	81.7%
			Ahlers & Associates Report for Planned Parenthood of Southeast Ohio (PPSEO)	% of Clients by Payment Method (2008) (N=1307)		
				Medicaid	N/A	9.1%
				Private Insurance	N/A	4.1%
				Full Pay	N/A	7.7%
				Partial Pay	N/A	28.7%
				No Pay	N/A	50.4%
2.	<b>Increase Access to Effective Contraception</b>					
			ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	% Births to Unmarried Mothers (2008)	43.2	39.1
		Greater proportion of women in need of contraceptive services than the state (according to Alan Guttmacher Institute)	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	% Births to Unmarried Mothers (2007)	42.0%	39.3%
		Community Assessment Data	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	% Births to Teen Mothers (2007)	11.0%	11.7%
3.	<b>Reduce Sexually Transmitted Disease Rates</b>					
		Higher rate of STDs than the state	ODH Primary Care County Profiles: <a href="http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx">http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx</a>	Rate of reported Chlamydia incidence (new cases reported) 2000-2002 average	315.1	253.9
			ODH Primary Care County Profiles: <a href="http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx">http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx</a>	Rate of reported Gonorrhea incidence (new cases reported) 2000-2002 average	184.2	29.5
			ODH Primary Care County Profiles: <a href="http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx">http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx</a>	Total Syphilis 2000-2002 average (all stages)	2.8	1.1
			ODH Primary Care County Profiles: <a href="http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx">http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx</a>	Persons living with HIV/AIDS as of June 2003	121.5	41.8
		Community Assessment Data				
4.	<b>Reduce Cervical, Breast, and/or Colorectal Cancer Rates</b>					
		Higher rate of cervical cancer than the state	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Age-adjusted death rate per 100,000 population 2006-2008	1.4	5.9
			ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Age-adjusted death rate per 100,000 population 2005-2007	2.5	7.6
			ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a> ; rate calculated against 2000 Census	Average crude incidence rate per 100,000 female population 2003-2005	7.9	12.8
		Higher rate of breast cancer than the state	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Age-adjusted death rate per 100,000 population 2006-2008	14.5	12.5
			ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Age-adjusted death rate per 100,000 population 2005-2007	26	15.9

**Athens County Community Assessment: Core Measures**

	Measures/Data/Variables	Data Source	Unit of Measurement	Ohio	Athens
<b>Family Planning Components:</b>					
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Average crude incidence rate per 100,000 female population 2003-2005	119.4	118.6
	Higher rate of colorectal cancer than the state	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Age-adjusted death rate per 100,000 population 2006-2008	18.9	30.1
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Age-adjusted death rate per 100,000 population 2005-2007	16.3	20.1
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Average crude incidence rate per 100,000 population 2003-2005	44.4	50.6
<b>Perinatal Health Components:</b>					
<b>1. Improve Access to Perinatal Care</b>					
	Wait time for initial prenatal appointment > 30 days			N/A	N/A
	Higher rate of 1st trimester prenatal care than state.	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Access to health care - prenatal care in first trimester based on percent of all births (2008)	69.70%	85.10%
	Higher rate of 1st trimester prenatal care than state.	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Access to health care - prenatal care in first trimester based on percent of all births (2007)	70.7%	82.6%
	Lower rate of postnatal care in population receiving Medicaid.	ODH Postpartum Visits Data: <a href="http://www.odh.ohio.gov/ASSETS/C5BF5D94FC2E4177867A30A541B87F01/PostpartumVisits.pdf">http://www.odh.ohio.gov/ASSETS/C5BF5D94FC2E4177867A30A541B87F01/PostpartumVisits.pdf</a>	Access to health care - Medicaid recipients receiving postnatal care (2005) (Ohio column contains % for Central/Southeast Ohio region)	40.2%	9.6%
		ODH Postpartum Visits Data: <a href="http://www.odh.ohio.gov/ASSETS/C5BF5D94FC2E4177867A30A541B87F01/PostpartumVisits.pdf">http://www.odh.ohio.gov/ASSETS/C5BF5D94FC2E4177867A30A541B87F01/PostpartumVisits.pdf</a>	Access to health care - Medicaid recipients receiving postnatal care (2004) (Ohio column contains % for Central/Southeast Ohio region)	40.3%	14.3%
		ODH Postpartum Visits Data: <a href="http://www.odh.ohio.gov/ASSETS/C5BF5D94FC2E4177867A30A541B87F01/PostpartumVisits.pdf">http://www.odh.ohio.gov/ASSETS/C5BF5D94FC2E4177867A30A541B87F01/PostpartumVisits.pdf</a>	Access to health care - Medicaid recipients receiving postnatal care (2003) (Ohio column contains % for Central/Southeast Ohio region)	37.7%	17.7%
	Late or No Prenatal Care (no prenatal care or care started 3rd trimester)	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	% of women with no prenatal care or care starting in the 3rd Trimester (2008)	7.5%	3.1%
	Late or No Prenatal Care (no prenatal care or care started 3rd trimester)	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	% of women with no prenatal care or care starting in the 3rd Trimester (2007)	7.2%	5.8%
		CFHS Perinatal Program Annual Report 2008-2009	Number of women 19 and under provided enabling/RN Case Management services (N=82)	N/A	45.1%
		CFHS Perinatal Program Annual Report 2008-2009	Number of women 20 and older provided enabling/RN Case Management services (N=82)	N/A	54.9%
<b>IF GRANTEE WANTS TO PROVIDE DIRECT HEALTH CARE:</b>	Need for services to at least 50 un/underinsured clients	Note: MATCH data provides # of ENCOUNTERS, not patients			
			% of Perinatal Encounters Where Medicaid was Source of Payment (	N/A	N/A
			% of Perinatal Encounters Where Uninsured/Underinsured-No Pay was Source of Payment	N/A	N/A
			% of Perinatal Encounters Where Uninsured/Underinsured-Partial Pay was Source of Payment	N/A	N/A
			% of Perinatal Encounters Where Uninsured/Underinsured-Full Pay was Source of Payment	N/A	N/A
			% of Perinatal Encounters Where Private Insurance was Source of Payment	N/A	N/A
			% of Perinatal Encounters Where Medicaid was Source of Payment	N/A	N/A
			% of Perinatal Encounters Where Uninsured/Underinsured-No Pay was Source of Payment	N/A	N/A
			% of Perinatal Encounters Where Uninsured/Underinsured-Partial Pay was Source of Payment	N/A	N/A

**Athens County Community Assessment: Core Measures**

Athens County Community Assessment: Core Measures					
	Measures/Data/Variables	Data Source	Unit of Measurement	Ohio	Athens
	Perinatal Health Components:				
			% of Perinatal Encounters Where Uninsured/Underinsured-Full Pay was Source of Payment	N/A	N/A
			% of Perinatal Encounters Where Private Insurance was Source of Payment	N/A	N/A
2.	Reduce the Rate of Preterm Births.				
	Higher rate of preterm births than state (county or a defined sub-population)	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	% of Ohio Live Births By Gestational Age: Very Pre-Term (<32 weeks) (2008)	2.10%	2.40%
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	% of Ohio Live Births By Gestational Age: Very Pre-Term (<32 weeks) (2007)	2.2%	2.0%
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	% of Ohio Live Births By Gestational Age: Pre-Term (<37 weeks) (2008)	12.3%	11.5%
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	% of Ohio Live Births By Gestational Age: Pre-Term (<37 weeks) (2007)	12.9%	12.7%
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	% of Ohio Live Births By Gestational Age: Very Pre-Term (<32 weeks) (2005-2007)	2.1%	1.9%
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	% of Ohio Live Births By Gestational Age: Pre-Term (<37 weeks) (2005-2007)	13.0%	12.5%
3.	Ensure that Social/Emotional Health Needs of Pregnant Women are Met				
	Assessment data to support				See narrative
4.	Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination				
	Target Pop with at least 90% of the pop having poor birth outcomes and 1 or more of the following:				
	- Infant Mortality rate at least 15.8/1,000 births	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Rate of deaths under 1 year of age per 1000 live births: MCH Health Indicators (2007)	Target:15.8	3.7
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Rate of deaths under 1 year of age per 1000 live births: MCH Health Indicators (2008)	Target:15.8	3.8
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Rate of Infant Mortality per 1000 Live Births (2003-2007)	7.9	7.5
	- Low Birth Weight Rate at least 12.5/1,000 births	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Rate of LBW rate based on percentage of LBW births among those with known birth weight. The VLBW births are included in this group. (2007)	Target: 12.5	8.3
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Rate of LBW rate based on percentage of LBW births among those with known birth weight. The VLBW births are included in this group. (2008)	Target: 12.5	7.7
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	% of Ohio Live Births By Birthweight (2003-2007)	8.6%	8.0%
	-Very Low Birth Weight Rate at least 2.4/1,000 births	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Rate of VLBW based on percent of all VLBW babies born inside Ohio: MCH Health Indicators (2007)	Target: 2.4	0.5
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	Rate of VLBW based on percent of all VLBW babies born inside Ohio: MCH Health Indicators (2008)	Target: 2.4	1.7
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouse/ev2.htm</a>	% of Ohio Live Births By VLBW Birthweight (2003-2007)	1.6%	1.0%
	Alcohol Use		% of Perinatal Encounters Where Alcohol was Noted as a Social Behavioral Risk Factor	N/A	N/A
			% of Perinatal Encounters Where Alcohol was Noted as a Social Behavioral Risk Factor	N/A	N/A
	Drug Use		% of Perinatal Encounters Where Drug Use was Noted as a Social Behavioral Risk Factor	N/A	N/A

**Athens County Community Assessment: Core Measures**

	Measures/Data/Variables	Data Source	Unit of Measurement	Ohio	Athens
Perinatal Health Components:					
			% of Perinatal Encounters Where Drug Use was Noted as a Social Behavioral Risk Factor	N/A	N/A
	Smoking		% of Perinatal Encounters Where Smoking was Noted as a Social Behavioral Risk Factor	N/A	N/A
			% of Perinatal Encounters Where Smoking was Noted as a Social Behavioral Risk Factor	N/A	N/A
		ODH Primary Care County Profiles: <a href="http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx">http://www.odh.ohio.gov/healthStats/locdata/pcarecnty.aspx</a>	Births to Women Who Smoked: Calculated from ODH Center for Vital and Health Statistics (3 year average, 1999-2001)	18.9%	28.9%
	<=19	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouseev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouseev2.htm</a>	Rate of Live Births/1000 Women of Childbearing Age (2007)		
			< 15 years	0.6	0.7
			15-17 years	19.7	18.0
			18-19 years	75.7	14.9
	>35 years old	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouseev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouseev2.htm</a>	Rate of Live Births per 1000 Women of Childbearing Age (2007)		
			35-39	39.2	35.1
			40-44	7.0	5.0
			45+	0.4	0.0
	Medical problems (STDs, anemia, diabetes)	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouseev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouseev2.htm</a>	Rate of Mothers with 1 Medical Risk Factor (does not specify risk - there are 16 categories of risk factors), Rate per 100 Births (2005)	45.6	56.3
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouseev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouseev2.htm</a>	Rate of Mothers with 1 Medical Risk Factor (does not specify risk - there are 16 categories of risk factors), Rate per 100 Births (5 year avg: 2001-2005)	41.1	59.9
	Anemia	See Above			
	Late prenatal care entry	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouseev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouseev2.htm</a>	Trimester of Entry into Prenatal Care as a % of Live Births with Known Month of Entry (2007)		
			First Trimester	70.7%	82.6%
			Second Trimester	22.0%	11.7%
			Third Trimester	4.3%	3.0%
			No Prenatal Care	2.9%	2.8%
		ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehouseev2.htm">http://dwarehouse.odh.ohio.gov/datawarehouseev2.htm</a>	Trimester of Entry into Prenatal Care as a % of Live Births with Known Month of Entry (2008)		
			First Trimester	69.7	85.1
			Second Trimester	22.8	11.8

Athens County Community Assessment: Core Measures

	Measures/Data/Variables	Data Source	Unit of Measurement	Ohio	Athens
	Perinatal Health Components:				
			Third Trimester	4.5	2.4
			No Prenatal Care	3	0.7
5.	Improve Birth Outcomes in an At-Risk African-American Community Through Care Coordination				
	Note: This is the OIMRI (Ohio Infant Mortality Reduction Initiative) subcomponent of CFHS Funding. OIMRI clients are: low-income, high-risk				
	Target Pop with at least 90% of the pop having poor birth outcomes and 1 or more of the following:				
	- Infant Mortality rate at least 15.8/1,000 births	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehousev2.htm">http://dwarehouse.odh.ohio.gov/datawarehousev2.htm</a>	Rate of Infant Mortality per 1000 Live Births to Black Mothers (2007)	14.8	0.0
			Rate of Infant Mortality per 1000 Live Births to Black Mothers (2003-2007)	16.0	0.2
	- Low Birth Weight Rate at least 12.5/1,000 births	ODH Data Warehouse: <a href="http://dwarehouse.odh.ohio.gov/datawarehousev2.htm">http://dwarehouse.odh.ohio.gov/datawarehousev2.htm</a>	% of Very Low Birth Weights, Live Births to Black Mothers (2003-2007)	3.2%	0.0%
			% of Low Birth Weights, Live Births to Black Mothers (2003-2007)	13.8%	5.8%
	-Population has combination of specified high risk factors identified in assessment				
*All numbers represent the most recent available data.					

## **APPENDIX C: CFHS CONSORTIUM MEMBERS**

**CFHS Consortium Members as of 2010**

Pam Born	River Rose OB/GYN Practice Manager
Jackie Jeffers	O’Bleness Memorial Hospital Birth Center Nurse Manager
David Hunter	Help Me Grow (Athens County) Coordinator
Crystal Jones	Athens City-County Health Department
Virginia Kaufman	GRADS Program
Michelle Biddlestone	O’Bleness Birth Center Lactation Consultant
Athens OB/GYN	
Lorraine Meyers	La Leche League
My Sister’s Place	
Mark Rhoades	Athens County Juvenile Court
Ruth Robertson	Athens-Meigs ESC
Sherry Shamblin	Tri-County Mental Health and Counseling
Lori Hibbard	Athens County Jobs and Family Services
Christina Nyirati	Ohio University College of Nursing, FNP Program
John Constanzo	Athens –Meigs ESC Superintendent
Julie Gladney	Athens County WIC and Family Health Care
Robin Lindquist-Grantz	Ohio University – Voinovich School of Leadership & Public Affairs
Kathryn Huebner	Planned Parenthood of SE Ohio/CFHS Family Planning
Mary McPherson	OUCOM-CHP CFHS Perinatal Project
Sue Meeks	OUCOM-CHP IPAC
Ellen Soroka	OUCOM-CHP CFHS Well-Child Program
Kathy Trace	OUCOM-CHP CFHS Grant Administrator



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