

CARROLL COUNTY GENERAL HEALTH DISTRICT
301 Moody Avenue, S.W., P. O. Box 98
Carrollton, Ohio 44615



Public Health
Prevent. Promote. Protect.

Nicholas V. Cascarelli, M.H.H.S., Health Commissioner
D. J. McFadden, M.D., M.P.H., Medical Director

August 23, 2013

Dear Carroll County Resident,

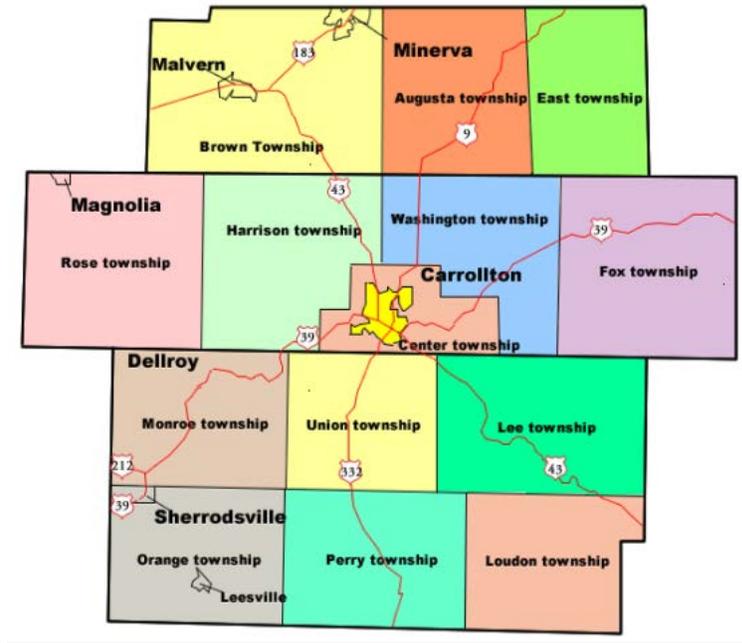
Please review the Carroll County Community Health Assessment and Improvement Plan. Several community members volunteered to work on this and have worked on this since last fall. The Carroll County General Health District in conjunction with the Carroll County Family and Children First Council facilitated this process. I am inviting you to provide input regard this report. We are also open to creating new goals based upon your input and community needs. Thank you again for your interest and please [Click Here](#) to submit comments.

Sincerely,

A handwritten signature in green ink that reads "Nicholas V. Cascarelli". The signature is fluid and cursive.

Nicholas V. Cascarelli
Health Commissioner

Carroll County Community Health Assessment & Improvement Plan



August 2013

Report Assembled by

Carroll County General Health District

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ACKNOWLEDGEMENTS

The project would not have been as successful if not for the many community members and leaders that came together to develop this plan for improving the health of Carroll County residents. It was completed through a collaboration of the Carroll County Health Improvement Committee and Kent State University's College of Public Health. We would especially like to thank Dr. Madhav Bhatta from Kent State who analyzed the data for the Youth Risk Behavior Survey and the Survey of Access to Prenatal Care Among Carroll County Women. We also would like to acknowledge the Ohio Department of Health Child and Family Health Services Program for funding many of the activities related to the process of conducting this Community Health Assessment and Improvement Plan.

CARROLL COUNTY COMMUNITY HEALTH IMPROVEMENT COMMITTEE

Debbie Albright, parent representative Carroll County Family and Children First Council

Rosemary Brace, Mercy Health Care Partners

Jennifer Burns, Carroll County Family and Children First Council

Matt Campbell, Superintendent, Carroll County Board of Developmental Disabilities

Nicholas Cascarelli, Health Commissioner, Carroll County General Health District

Susie Frew, Health Educator, Carroll County General Health District

Wendy Gotschall, Aultman Foundation & Carrollton Exempted Village School Board Member

John McCall, Executive Director, Carroll County Family and Children First Council

Dr. Rob Miller, Psychologist

Rachel Rinkes, Court Administrator, Carroll County Juvenile and Probate Court

Nancy Reed, HARCATUS Head Start

EXECUTIVE SUMMARY

The Carroll County Community Health Improvement Committee conducted a process to assess the community's health and to plan and implement strategies aimed at improving the health of Carroll County residents. This Committee was made up of dedicated individuals from various social service, healthcare, government and private sector entities who are interested in community's health. Many of these individuals were already members of the Carroll County Family and Children First Council (CCFCFC) Assessment Committee. The membership agreed that the intent of conducting the Community Health Assessment and Improvement Plan falls well in line with the goals of this Committee. The community at large was invited to be a part of the process. The makeup of The Carroll County Community Health Improvement Committee is essentially the CCFCFC Assessment Committee with some community members not previously affiliated with CCFCFC. The Committee used Mobilizing Action through Partnerships and Planning (MAPP) to guide them through the process. MAPP was recommended by the Carroll County General Health District.

VISION

The Carroll County Community Health Improvement Committee will ensure a healthier community through the provision of education, volunteerism and access to services

VALUES

We believe that strong family values play a key role in the promotion of healthy lifestyles.

We also believe that educating and promoting personal responsibility to our youth will also help in this endeavor.

PROFILE OF CARROLL COUNTY

This following section is a profile of demographic, socioeconomic, access to care issues and leading causes of death for Carroll County residents.

Table 1 – Demographic Profile Carroll County

Age Group	Gender		Total
	Male	Female	
≤ 19 years	3,795	3,519	7,314
20-39	3,059	2,976	6,035
40-59	4,337	4,373	8,710
60-79	2,721	2,777	5,498
80 and up	484	795	1,279
All Ages	14,396	14,440	28,836

Source : 2010 U.S. Census

- According to 2010 US Census, there are 28,836 residents of Carroll County. 97.8% of Carroll County’s residents are white, 2.2 % of residents are black or other races and 0.8% of Carroll County residents are Hispanic/Latino ethnicity.
- 23.5% of Carroll County residents are 60 years of age or older.

Table 2 – Socioeconomic Status Indicators, Carroll County and Ohio

Socioeconomic Measure	Carroll County	Ohio
Median Household Income	\$43,148	\$47,358
Families Below Poverty Level	9.0%	10.3%
Female Headed Households with Children < 18	5.5%	11.6%
Educational Attainment (Population Ages 25+)	20,164	7,655,994
<ul style="list-style-type: none"> • No High School Diploma 	16.7%	12.6%
<ul style="list-style-type: none"> • High School Graduate 	49.4%	35.8%
<ul style="list-style-type: none"> • Some College - No Degree 	16.6%	20.1%
<ul style="list-style-type: none"> • Associate's Degree 	5.2%	7.3%
<ul style="list-style-type: none"> • Bachelor's Degree 	7.2%	15.3%
<ul style="list-style-type: none"> • Master's/ Professional Degree 	4.8%	8.8%

Source: Ohio Department of Development, Office of Policy, Research and Strategic Planning

- The median annual household income for residents of Carroll County was \$43,148, which is \$4,210 less than the median annual household income for the State of Ohio.

- 9.0% of Carroll County families lived below poverty.
- In Carroll County, 16.7% of residents over the age of 25 did not graduate high school or obtain a GED.

Table 3 Access to Care Indicators, Carroll County and Ohio

Health Care Indicator	Carroll County	Ohio
Physicians (M.D.s and D.O. s)	18	31,024
Per 10,000 population	6.2	26.9
Registered Hospital	0	224
Number of Beds	0	46,333
Per 10,000 population	0	40.2
Adults with employer based insurance	64.3%	62.5%
Children with employer based insurance	60.6%	63.6%

Source: Ohio Department of Development, Office of Policy, Research and Strategic Planning

- In 2010, there were 18 physicians total and 6.2 physicians per 10,000 people living in Carroll County.
- There were no registered hospitals for Carroll County residents.
- In 2004, 64.3% of adults age 18 or older and 60.6% of children 17 and under had employer-based insurance.

Table 4 – Leading Causes of Death Carroll County and Ohio, 2010

Disease	Carroll County		Ohio	
	Count	Age-Adjusted Rate	Count	Age-Adjusted Rate
Heart Disease	81	217.5	26,072	191.7
Cancer	75	197.0	25,030	187.3
Chronic Lower Respiratory Diseases	14	35.5	6,705	50.4
Stroke	16	45.6	5,735	42.4
Accidents, Unintentional Injuries	8	25.5	5,030	41.6
Alzheimer's Disease	8	22.0	4,105	29.7

Source: Ohio Department of Health, Center for Public Health Statistics and informatics;

- The leading cause of death for Carroll County residents in 2010 was heart disease.

Cancer was the second leading cause of death for Carroll County residents. The rates for both Heart Disease and Cancer deaths are higher than the state rate for 2010.

MAPP INTRODUCTION

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic planning tool for improving community health that was recommended by the Carroll County General Health District. MAPP was developed by the National Association of County and City Health Officials (NACCHO) in conjunction with the U.S. Centers for Disease Control and Prevention. MAPP is broken down into phases with much of the work concentrated on conducting four assessments that will help guide in the formulation of goals and strategies.

The phases of MAPP are:

1. Organizing for success and developing partnerships
2. Visioning
3. Conducting four MAPP assessments
4. Identifying strategic issues (i.e., priorities)
5. Formulating goals and strategies
6. Taking action (planning, implementation, evaluation)



The four MAPP assessments are:

1. Community Themes and Strengths Assessment
2. Local Public Health System Assessment
3. Community Health Status Assessment
4. Forces of Change Assessment

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

This assessment is focused on getting the community's opinion on what issues they see as problems as relates to the community's health. Members of the Carroll County Community Health Improvement Committee collected 260 responses to the survey located in Appendix A. These surveys were distributed throughout the county including all Township Administration buildings, the courthouse, employees and customers of the many agencies involved in this process. Only people who reported they lived or worked in Carroll County were included in the analysis.

Respondents were first asked what they thought were the three most important factors for a Healthy Community. The top three were safe neighborhoods, good schools and a healthy economy. Secondly, respondents were asked what they felt were the three most important "health problems" in the community. The top three in order were cancers, mental health problems and heart disease. Lastly, respondents were asked what they felt were the three most important risky behaviors in the community. In order, the respondents reported that drug abuse, alcohol abuse and being overweight were the three top risky behaviors.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The local public health system assessment is used to gather information on the performance of the public health system. One of the more common instruments used to conduct this assessment is the National Public Health Performance Standards Program (NPHPSP). The NPHPSP is an assessment tool used with a goal to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instrument works by assessing a jurisdiction’s responses to questions against a set of optimal standards.

This assessment was conducted over a period of three sessions. Below is chart of performance on NPHPSP broken down by the 10 Essential Public Health Services. The three lowest scoring essential services are Service 1 Monitor health status, Service 8 Assure a competent public and private health care workforce and Service 9 Evaluate effectiveness, accessibility and quality of personal and population based health services. Conducting the MAPP process is an effort to impact these three essential services that our performance as a public health system has the most opportunity for improvement. The scoring methodology is available from the Centers for Disease Control and Prevention (CDC) or can be accessed on line at <http://www.cdc.gov/nphpsp/conducting.html>.

Essential Public Health Service		Score
1	Monitor Health Status To Identify Community Health Problems	55
2	Diagnose And Investigate Health Problems and Health Hazards	70
3	Inform, Educate, And Empower People about Health Issues	84
4	Mobilize Community Partnerships to Identify and Solve Health Problems	66
5	Develop Policies and Plans that Support Individual and Community Health Efforts	62
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	63
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	70
8	Assure a Competent Public and Personal Health Care Workforce	55

9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	41
10	Research for New Insights and Innovative Solutions to Health Problems	71
Overall Performance Score		64

COMMUNITY HEALTH STATUS ASSESSMENT

The Carroll County Community Health Improvement Committee looked at a mix of both primary and secondary data sources to determine goals and objectives to address issues. One primary data collection source included a Youth Risk Behavior Survey (YRBS) conducted in 2009 and 2012 with most middle and high school students in Carroll County. The 2009 YRBS consisted of 494 middle school and 970 high school students and the 2012 survey consisted of 599 middle school and 707 high school students. This anonymous survey asks students to self-report their engagement or exposure to many risky behaviors such as drug and alcohol use, bullying, suicide ideation and sexual activity.

The Committee also used a 2012 survey conducted by the Carroll County General Health District that was given out to all Carroll County women who gave birth in 2010 and 2011. The goal was to find out if there was any access to care or other health related issues related to their pregnancy that could benefit from population-based interventions. The Survey of Access to Prenatal Care among Carroll County Women included 133 women and was a self-report survey that asked questions about barriers to receiving early prenatal care as well as unhealthy behaviors such as smoking and drinking during pregnancy.

Secondary data sources included the Robert Wood Johnson Foundation 2012 County Health Rankings, Ohio Department of Health CFHS and RHWP Health Status Profile for Carroll County and the 2008 Healthy Ohio Community Profiles for Carroll County.

FORCES OF CHANGE ASSESSMENT

Much of the emphasis of the forces of change assessment was related to the values of the Carroll County Community Health Assessment and Improvement Committee. With the recent economic surge of unconventional oil and gas exploration occurring in Carroll County, there are many changes occurring. While there is some opportunity for growth with increased revenue in many sectors of Carroll County, there also is an increased need for health and social services. Access to healthcare providers in particular has been challenging in Carroll County. This will only become more challenging. There is also a concern of a way of life changing. Below is a list of opportunities, threats and forces of change identified by the Carroll County Community Health Improvement Committee.

Opportunities - These are themes the Committee reported that could be helpful in bringing about change in the health status for the community

- Increased Revenue
- Increased need for services
- Collaborate W/ Government

Threats – These are themes that Committee reported that could possibly be a hindrance to positive change in the health status in the community

- Increased need for services
- Transient population impact on environment.
- Way of life is changing

Forces of Change - These forces are factors in the existence of the community that can impact the health of the community. Some of these forces can serve positively and negatively on impacting the community health status.

- Oil and gas industry – The oil and gas industry was identified as having both positive and negative forces of change. Below are a list of some those forces
 - Environment
 - Traffic

- Stress
- Diverse cultures (Spanish speaking)
- Air pollution
- Lack of healthcare providers (mental , physical and dental) - This is primarily a negative force as Carroll County does not have enough providers
- Cycle of poverty – This is a negative force in the community as the relationship of low socioeconomic status and poor health outcomes has been documented.
- Transit Services – This a force of change that can serve to help with access issues

IDENTIFYING STRATEGIC PRIORITIES

The Committee used the community health survey as a basis for deciding on priorities.

Because of this, focusing on healthy lifestyles, mental health and substance use issues served as the starting point.

In the Carroll County Community Health Survey, 260 respondents were asked to identify the three most important health problems in the community. The top three identified in order were cancers, mental health problems and heart disease. Although there are many risk factors for these three issues, the committee settled on obesity as a risk factor that can impact all three of these issues. According to the Ohio Department of Health’s 2008 Healthy Ohio Community Profile for Carroll County, 31.4 percent of adults are overweight, while 32.7 percent of adults are obese.

The 2012 Carroll Youth Risk Behavior (YRBS) data gave us a breadth of information regarding mental health and substance use issues especially among our youth. And since local data from 2009 and 2012 was available, the committee was able to ascertain what goals needed to be established related to youth. Bullying, mental health issues (including suicide ideation), sexual behaviors and drug use were the predominant themes found from the results of the 2009 and

2012 YRBS. As a result, a new committee of the Family and Children First Council, the YRBS Task Force, was created to implement strategies aimed at reducing risky behaviors among youth. Appendix B is a summary of results of the 2009 and 2012 YRBS, which was compiled by the Carroll County Family and Children First Council.

Lastly, access to care is a prevalent issue within the community. Carroll County is a Health Professional Shortage Area with a resident to primary care physician ratio of 5,735:1 according to the 2012 County Health rankings. This ratio is five times higher than Ohio's ratio, 1101:1. In a Survey of Access to Prenatal Care among Carroll County Women, 15% of women who had been pregnant in 2010 and 2011, reported they had barriers to receiving prenatal care related to access issues.

GOALS AND OBJECTIVES

Goal: Reduce obesity

Objective: By June 2014, increase the number of youth receiving education on healthy lifestyle choices by 50%.

Strategy: Implement an evidenced-based nutrition curriculum in elementary schools. The Carroll County General Health District implements the My Plate Nutrition Curriculum in one 3rd grade elementary school classroom. The My Plate Nutrition Curriculum focuses on healthy eating and promoting physical activity. By the emphasis will be on expanding this training to more elementary schools within Carroll County.

Objective: By May 2014, increase the number of adults receiving education on healthy lifestyle choices by 50%.

Strategy: Implement an evidenced-based training for adults. The Carroll County General Health District currently implements Fit-For Life, which is a 12 week program that focuses on

nutrition, physical activity and mental well-being. The emphasis will be on continuing to providing education for adults like this program on healthy lifestyle choices.

Goal: Reduce risky behaviors among youth

Objective: By June 2014, the YRBS Task Force will develop messages targeted at reaching various population groups using those strategies identified below.

Strategy: Reduce sexual activity among youth

Strategy: Reduce bullying behavior

Strategy: Reduce alcohol and other drug use among youth

Strategy: Increase mental wellness (including the reduction of suicide ideation) among youth

Goal: Increase access to care

Objective: By January 2014, the Carroll County Health Improvement Committee will develop an access to care workgroup.

Strategy: Members of the committee will convene a workgroup of stakeholders to develop strategies to increase access to care for the residents of Carroll County.

APPENDIX A - CARROLL COUNTY COMMUNITY HEALTH SURVEY

Purpose. The purpose of this survey is to get your opinions about community health problems in Carroll County. The Carroll County General Health District in conjunction with the Carroll County Family and Children First Council will use the results of this survey and other information to identify the most pressing community health problems that can be addressed through community action. If you have previously completed this survey, please disregard this request. Please return survey to Carroll County General Health District by December 17th.

Remember...your opinion is important! Thank you for taking the time to provide it. If you have any questions, please contact us at 330-627-4866 ext. 21.

1. Do you live or work in Carroll County?

- Yes
- No

2. In the following list, what do you think are **the three most important factors for a “Healthy Community?”** (Those factors that would most improve the quality of life in this community).

Check only three:

- Good place to raise children
- Low crime/safe neighborhoods
- Low level of child abuse
- Good schools
- Access to health care (e.g., family doctor)
- Parks and recreation
- Clean environment
- Affordable housing
- Arts and cultural events
- Excellent race relations
- Good jobs and healthy economy
- Strong family life
- Healthy behaviors and lifestyles
- Low adult death and disease rates
- Low infant deaths
- Religious or spiritual values
- Other _____

3. In the following list, what do you think are **the three most important “health problems” in our community?”** (Those problems that have the greatest impact on overall community health).

Check only three:

- Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- Cancers
- Child abuse/neglect
- Dental problems
- Diabetes
- Domestic violence
- Firearm-related injuries
- Farming-related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS
- Homicide
- Infant death
- Infectious diseases (e.g., hepatitis, TB, etc.)
- Mental health problems
- Motor vehicle crash injuries
- Rape/sexual assault
- Respiratory/lung disease
- Sexually transmitted diseases (STDs)
- Suicide
- Teenage pregnancy
- Other _____

4. In the following list, what do you think are **the three most important “risky behaviors” in our community?”** (Those behaviors that have the greatest impact on overall community health).

Check only three:

- Alcohol abuse
- Being overweight
- Dropping out of school
- Drug abuse
- Lack of exercise
- Poor eating habits
- Not getting “shots” to prevent disease
- Racism
- Tobacco use
- Not using birth control
- Not using seat belts/child safety seats
- Unsafe sex
- Other _____

APPENDIX B – 2009 AND 2012 YRBS SUMMARY

The Youth Risk Behavior Survey (YRBS) is a questionnaire designed for students in 6th-12th grade. It asks students about substance abuse, bullying, sexual behavior and health-related subjects.

Demographics

2009 Survey –

- Middle school: 494 students - 52% male, 48% female - 12-13 years old: 62%
- High school: 970 students - 52% male, 48% female - 16 years or older: 60%
- Schools surveyed - Brown Local School District, Buckeye Career Center, Carrollton E.V. School District, R.G. Drage

2012 Survey -

- Middle school: 599 students - 50% male, 50% female -12-13 years old: 64%
- High school: 707 students - 53% male, 47% female - 16 years or older: 70%
- Schools surveyed - Brown Local School District, Buckeye Career Center, Carrollton E. V. School District, Conotton Valley School District, R.G. Drage

Bullying

- Fewer middle school students reported being bullied at school in 2012 (40%) compared to 2009 (47%). In 2012, this amounted to 240 students reported being bullied.
- There were 33% of middle school students and 25% of high school students that told their parents about being bullied. About 33% of high school and middle school students told no one at all about being bullied.
- High school students, especially females, reported a dramatic increase in electronic bullying, such as through texting and websites. The percentage of males that reported they were bullied electronically went from 6% in 2009 to 19% in 2012. The percentage of females went from 12% in 2009 to 45% in 2012.

Suicide

- In 2009, 142 high school students had considered suicide. In 2012, this number increased to 161, which is nearly 25% of the students. This is much higher than the state (14%) or national rate (16%).
- In 2012, 129 students reported actually attempting suicide.

- Nearly 43% of middle school and 48% of high school students reported that another student has confided in them about suicidal thoughts.

Sexual Activity

- Sexual activity among middle school students dropped slightly in 2012 while activity among high school students increased. The percentage of middle school students decreased from 17% in 2009 to 16% in 2012. The percentage of high school students increased from 52% in 2009 to 57% in 2012.
- Sexual activity among high school students is higher than the national average (47%). About 400 students are having sex!
- Of the middle and high school students that have had sexual intercourse, most of them report having only 1 partner. However, there were 228 students that reported having 4 or more partners!

Drugs and Alcohol

- Alcohol was the most commonly reported used drug in both the 2009 and 2012 surveys among middle and high school students surveyed.
- In 2009, 79% of high school students reported drinking alcohol at least one time. In 2012, 69% of high school students and 29% of middle school students reported trying alcohol.
- Marijuana was the second most common used drug among high school students both in 2009 and 2012 surveys. Inhalants was the second common most common used drug among middle school students in 2009 and it tied with marijuana as the second most common used drug among middle school students in 2012.

APPENDIX C- SURVEY OF ACCESS TO PRENATAL CARE AMONG CARROLL COUNTY WOMEN

Table 1: Descriptive analysis of the survey of Access to Prenatal Care among Carroll County Women (N=133)

Characteristics (N= 133)	Mean	Range
Age (years)	28.5	16 - 45
	NUMBER (%)	
Race		
White, not Hispanic	130 (97.7)	
Black, not Hispanic	0 (0.0)	
American Indian and Alaska Native	0 (0.0)	
Asian, Native Hawaiian and other Pacific Islander	0 (0.0)	
Hispanic or Latino	0 (0.0)	
Others	3 (2.3)	
Amish		
Yes	9 (6.8)	
No	123 (93.2)	
Mennonite		
Yes	2 (1.50)	
No	131 (98.5)	
Education		
Less than High School graduation	15 (11.3)	
High school or GED	75 (56.4)	
Bachelor's degree or higher	43 (32.3)	
Household Income		
Less than \$ 10,000	23 (18.2)	
More than \$ 10,000 but less than \$ 20,000	17 (13.5)	
More than \$ 20,000 but less than \$30,000	13 (10.3)	
More than \$ 30,000 but less than \$ 40,000	9 (7.14)	
More than \$ 40,000 but less than \$ 50,000	16 (12.7)	
\$ 50,000 or more	48 (38.1)	

Prenatal care received during most recent pregnancy

How did you feel about becoming pregnant?

I wanted to be pregnant sooner	28 (21.4)
I wanted to be pregnant later	35 (26.7)
I wanted to be pregnant then	60 (45.8)

I didn't want to be pregnant then or at any time in the future 8 (6.1)

Where did you have the test to find out if you were pregnant?

Doctor's office	22 (18.0)
Hospital Clinic	4 (3.3)
Health Department Clinic	6 (4.9)
Home Pregnancy Test	90 (73.8)

In which trimester were you when you had your first visit for pregnancy care?

First Trimester	105 (78.9)
Second Trimester	7 (5.5)
Third Trimester	0 (0.0)

In which trimester were you when you were sure you were pregnant?

First Trimester	110 (83.7)
Second Trimester	5 (3.8)
Third Trimester	0 (0.0)

Whom did you see for your pregnancy care?

Obstetrician (pregnancy care doctor)	118 (90.8)
Primary care / family practice doctor	1 (0.8)
Lay or Nurse Midwife	3 (2.3)
Nurse Practitioner	3 (2.3)
Others	5 (3.8)

If you saw an Obstetrician, was it through

Referral	26 (20.0)
self	102 (78.5)
I did not see an obstetrician	2 (1.5)

Barriers faced to get during prenatal care

Did you get prenatal care as early in your pregnancy as you wanted?

yes	117 (90.0)
No	13 (10.0)
I didn't want prenatal care	0 (0.0)

Did any of these keep you from getting prenatal care as early as you wanted?

I couldn't get an appointment earlier in my pregnancy	7 (6.2)
I didn't have enough money or insurance to pay for my visit	7 (6.2)
I didn't know that I was pregnant	14 (12.4)
I didn't have transportation	2 (1.8)
I didn't find it hard to get prenatal care	83 (73.4)
Others	0 (0.0)

Was it hard for you to make your first prenatal care visit for any of the following reasons?

I had to try more than one office before I got prenatal care	5 (3.9)
It took a long time to get my first prenatal care appointment	4 (3.1)
I wasn't sure where to go for prenatal care	4 (3.1)
I was considering ending the pregnancy	2 (1.6)
I had no difficulty making my first visit	112 (88.2)

How was your prenatal care paid?

Medicaid	42 (32.1)
Personal source (cash, check, or credit card)	34 (25.9)
Health Insurance or HMO	70 (53.4)
Others	6 (4.6)

Health Behavior

During pregnancy, were you on WIC?

Yes	50 (37.9)
No	82 (62.1)

Did you smoke 3 months prior to pregnancy?

Yes	32 (24.4)
No	99 (75.6)

If you smoked, did you quit smoking by First Prenatal Visit and did you continue to stay off cigarettes?

Yes	14 (11.0)
No	19 (14.9)
I did not smoke	94 (74.0)

Did you have any alcoholic drinks 3 months prior to pregnancy?

Yes	41 (31.1)
No	91 (68.9)

If you did drink, did you quit drinking by your First Prenatal Visit and did you continue no to drink?

Yes	41 (32.0)
No	1 (0.8)
I did not drink	86 (67.2)

REFERENCES

- Centers for Disease Control and Prevention. National Public Health Performance Standards Program. <http://www.cdc.gov/nphsp/index.html>
- National Association of City and County Health Officials. Mobilizing for Action through Planning and Partnerships. <http://www.naccho.org/topics/infrastructure/MAPP/index.cfm>
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- Ohio Department of Health. Healthy Ohio Community Health Profile. <http://www.healthyohioprogram.org/comprofiles/carroll.pdf>
- Robert Wood Johnson Foundation. County Health Rankings and Roadmaps. <http://www.countyhealthrankings.org/app/#/ohio/2012/carroll/county/outcomes/overall/snapshot/by-rank>