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**Fairfield Department of Health**

# Fairfield County Health Equity and Access to Care Report

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## Introduction

The Klein and Huang define health equity as the “fair distribution of health determinants, outcomes, and resources within and between segments of a population, regardless of social standing” (Klein & Huang, 2007). Therefore, inequity is the unfair distribution of a resource between groups. Examples of those resources could be health insurance, education, flu vaccine, clean air, fresh food, and housing.

In public health, the goal is accessible resources for all that improves health and well-being, regardless of social standing, environment, or any other factor. Health inequities are still present, and Fairfield Department of Health (FDH) is working to eradicate these health inequities along with community partners and stakeholders. This report describes some of the health inequities present in Fairfield County and efforts to decrease them to improve the health of the residents.

## Demographics

Based on the 2016 Census, Fairfield County, Ohio, has a total population of 150,163 individuals (Community Commons, 2018). Fairfield County is largely rural with two urban areas. Lancaster is the county seat and sits in the center of the county. Pickerington is in the northwest corner of the county and runs into Franklin County and Columbus, Ohio. The northern part of the county is used as farmland and the southern portion of the county is forested.

There are 504.41 square miles of land area in Fairfield County making the average population density 297.7 individuals per square mile (Community Commons, 2018). The areas of Fairfield County that have a higher population density are the city of Lancaster and the city of Pickerington due to being urban. The population of the county by gender is 50.25% female and 49.75% male. Interestingly, the largest portion of the population is 5-17 years of age (18.73%). The next largest age group is 45-54-year old persons which makes up 14.77% of the population. Individuals over 65 make up the next largest group at 14.43% of the population.

The predominant race in Fairfield County is Caucasian at 89.03%. African American is next largest at 6.75%, Asian 1.33%, Native American/Alaskan Native at 0.13%, Native Hawaiian/Pacific Islander at 0.02%, Other race at 0.43%, and multiple races at 2.31% (Community Commons, 2018). 1.99% of the population identifies as Hispanic or Latino while 98.01% identifies as non-Hispanic. Based on this data, the largest demographic group in Fairfield County, Ohio is White, non-Hispanic.

Fairfield County has a very small population of foreign-born residents. Of the total population, 2.65% of Fairfield County residents were born outside of the United States (Community Commons, 2018). This compares to 4.18% in the state of Ohio and 13.25% in the United States as a whole.

## Demographic Inequities

Fairfield County has a variety of factors that lead to health inequities. One would be the variety of ages with the largest groups being 5-17 year old and 45-54 year old as stated above. There are different needs at the various points in a person's life. There are also access to various resources at one age group than another. One example would be Women, Infants, and Children

(WIC) for women of child-bearing age and children under five years of age. Another example would be Medicare for those over 65 years of age.

Another inequity would be those persons with a disability. Of the total population of Fairfield County, 13.44% of residents have a disability (Community Commons, 2018). This is comparable to the State rate which is 13.77% but higher than the national rate which is 12.52%. Areas with a higher rate of persons with a disability are in the city of Lancaster and in the Millersport area.

Language can also be a barrier to care and cause health inequities if individuals cannot communicate needs or are uncomfortable. In Fairfield County, 0.49% of residents live in a household that speaks limited English (Community Commons, 2018). This is much lower than the State rate which is 1.34% and the national rate of 4.48%. The highest density of those who live in homes with limited English is in Pickerington with a smaller number in an isolated area of Lancaster. The small area in Lancaster is located between Hocking and Greenfield Townships.

Fairfield County has a population of veterans. According to the American Community Survey estimates from 2012 – 2016, 9.9% of residents over 18 years served in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard or U.S. Merchant Marine during World War II (Community Commons, 2018). This rate also includes active duty. Veterans face a limited number of facilities they can go to for care, especially if they have TriCare insurance. TriCare wants veterans to go to a base for care, however, there are no bases in Fairfield County. Residents have to travel to Chillicothe or Columbus to go to a VA Medical Center. Children with TriCare also face a limited number of care resources. There are one or two pediatricians in Fairfield County that take TriCare. Fairfield Department of Health (FDH) sees these children for vaccinations because providers that may take TriCare will not provide vaccinations.

## Socioeconomic Inequities

Along with inequities tied to demographics, there are inequities from socioeconomic factors. Of the residents in Fairfield County, 10.2% fall below 100% of the Federal Poverty Level (FPL) (Community Commons, 2018). 26.85% of residents fall below 200% of the FPL. The unemployment rate in March of 2016 was 4.7% compared to 5.4% for the state of Ohio (Fairfield County, 2016). The median household income in Fairfield County was \$59,921 in 2014 (Fairfield County, 2016). This number is higher than the median household income for the Ohio and the United States.

There are many residents in Fairfield County who receive public assistance. 2.61% of the population receives public assistance income (Community Commons, 2018). 17.94% of individuals are on Medicaid (Community Commons, 2018). Of those who receive Medicaid, 29.63% are under the age of 18, 13.32% are between 18 and 64 years old, and 8.8% are 65 or older. Most of the population on Medicaid is in Lancaster or Baltimore, Ohio.

Food insecurity is a large problem in Fairfield County. 13.18% of the population of Fairfield County experience food insecurity (Community Commons, 2018). This rate is less than the state and national percentage which is 16.8% and 14.91% respectively. The rate for child food insecurity in Fairfield County is 22.1% which is also less than the state and national rates. However, those children with food insecurity who are ineligible for assistance is much higher. 40% of children with food insecurities do not meet the criteria to receive assistance. This means that 40% of those children who do not have, or have limited access, to food cannot get any type of government assistance to eat. The state and national rates of children who do not get

assistance is 31% according to Feeding America (Community Commons, 2018). As shown with the above data, Fairfield County has a significant food insecurity problem, especially in children.

The rate of teen births in Fairfield County is lower than the state and national average. A teen birth is defined as births to women ages 15-19 years of age. In Fairfield County, the rate is 27.9 per 1,000 while it is 36 per 1,000 for Ohio and the United States (Community Commons, 2018).

## Inequities from the Physical Environment

Food deserts create barriers for residents to obtain food. A food desert is defined as an area where a substantial portion of residents have low access to supermarket or large grocery stores to purchase food. In Fairfield County, there are several areas identified as food deserts. Those areas include Pleasant, Amanda, and Clearcreek townships, Lancaster, and Pickerington. Fairfield County as a whole, has 27.42% of residents living in a food desert (Community Commons, 2018). This is higher than the state at 25.32% and the nation at 22.43%.

Agencies in Fairfield County know that transportation can be an issue and a large barrier to care. The lack of transportation can prevent residents from seeking health care, obtaining food, or even getting to work. There is a public transit busing system that has several loops in Lancaster and a couple in Pickerington as well. Of the working population over 16 years of age, 0.31% use public transit to get to work (Community Commons, 2018). Berne township reported the most usage of public transit in the county.

Housing resources in Fairfield County appear to be lacking. 2016 data from the US Department of Housing and Urban Development shows that there are about 273 HUD-assisted units per 10,000 housing units (Community Commons, 2018). Looking at all homes in the county, 27.27% of occupied homes have at least one substandard condition. Substandard conditions can include: lacking complete plumbing, lacking complete kitchen facilities, more than one occupant per room, monthly costs to owner are over 30% of household income, and rent greater than 30% of household income.

Having more than one occupant per room is considered overcrowded for the American Community Survey (Community Commons, 2018). There is no official definition of overcrowded from the Census Bureau. 1.6% of housing units in Fairfield County is listed as overcrowded from the survey. The majority of overcrowded units are in Berne, Rush Creek, and Richland townships.

A safe place to exercise is important for the health of residents. There are about 15 recreation and fitness facilities in Fairfield County (Community Commons, 2018). When the public was surveyed on what prevents them from exercising, their responses were: time (26%), too tired (21%), laziness (17%), weather (14%), chose not to (10%), pain or discomfort (10%), could not afford a gym membership (10%), no child care (5%), did not know what activities to do (4%), no exercise partner (4%), poorly maintained/no sidewalks (3%), safety (3%), no walking, biking, trails, or parks (1%), no gym available (<1%), and other reasons (7%) (Fairfield County, 2016). The survey responses above were obtained from adult residents in Fairfield County.

## Access to Care

Access to health care is a burden for some residents of Fairfield County. Lancaster and Pickerington have the highest saturation of various providers while the rural areas have less access and require some travel. A map of all providers in Fairfield County is in Appendix A.

Taking the data from the map and making it comparable, Fairfield County has less providers available per 100,000 residents than Ohio and the United States. Fairfield County has 46.89 dentists per 100,000 people compared to 59.1 for Ohio and 65.6 for the U.S (Community Commons, 2018). In mental health, Fairfield County has 97 providers for 100,000 residents compared to 154.8 for Ohio and 202.8 for the U.S. Lastly, Fairfield County has 65.83 primary care providers compared to 93.1 for Ohio and 87.8 for the nation. Looking at these numbers, there is a significant decrease in available providers for county residents compared to the state and nation. Due to this, residents may have to travel outside of Fairfield County for care.

The Community Health Status Assessment (CHA) survey found that 62% of residents sought various health care needs outside of Fairfield County. Reasons listed as to why residents went out of Fairfield County for care included: used to live there (19%), services not available locally (17%), better quality program (14%), insurance restrictions (13%), closer to work (8%), word of mouth (7%), bad experience locally (5%), did not like the local services/provider (4%), confidentiality (2%), wait list too long (2%), inconvenient hours (1%), and other reasons (23%) (Fairfield County, 2016).

According to Community Commons, 6.63% of the total population does not have health insurance (2018). Of those, 7.4% are children. When seeking community input for the CHA, surveys were mailed out to residents. Of those surveys, 2% of parents stated that their children did not currently have health insurance in 2016 (Fairfield County, 2016). 8% of adults reported in the same survey that they did not have health insurance. This may vary slightly from the data from Community Commons as there were different means of obtaining the raw data.

## Cause of Inequities

The topics listed above can create health inequities which prevents residents from obtaining the resources for better health outcomes. Whether those barriers are lack of adequate income, unable to obtain health insurance, transportation, or access to medical care, inequities keep people from having the best possible health.

When looking at residents and medical care, 71% of individuals reported they received health care (Fairfield County, 2016). However, that percentage dropped to 47% with people who had a household income of less than \$25,000. This data shows how a lower income can create an inequity for residents to receive regular health care.

Insurance is not the only reason residents of Fairfield County do not seek medical care. When surveyed, residents stated other reasons that they did not have a usual source of medical care as cost (14%), did not know where to go (5%), no insurance (2%), providers not accepting new patients (2%), did not like/trust/believe in doctors (1%), outstanding bill (1%), or other reasons (6%). Inequities that prevent people from receiving care vary from person to person. Whatever the person sees as a barrier can prevent them from reaching out or being able to obtain care. Residents may not know where to go for assistance or how to navigate the various systems.

## Response to Inequities

FDH, Fairfield Medical Center (FMC), and Fairfield Community Health Center (FCHC), along with multiple other agencies, conducted a CHA and a Community Health Improvement Plan (CHIP). Based on the priority needs of the CHA, a CHIP was developed utilizing resources already in the county and expanding programming to overcome gap areas. Robin Bash, a student intern from Kent State University, also worked with FDH on access to care. She helped produce maps of Fairfield County showing the distribution of various provider types. Appendix A is one map she had produced in collaboration with another student at Kent State University.

The CHIP group meets quarterly to discuss priority needs and how to fill in gaps so that residents of Fairfield County can lead better and healthier lives. For the 2017-2019 CHIP, the priority areas are obesity, mental health, and substance abuse for all age groups. In following years, the CHA will be redone and priorities reestablished based on the information received.

Agencies and partners in Fairfield County recognize the presence of inequities and that there are gaps in available services. Services should be available to all, regardless of their circumstances to ensure all have the best possible life. This is not an immediate fix. Efforts to fill gaps and decrease inequities will be ongoing.

## Resources

Community Commons. (2018). Community Health Needs Assessment (CHNA) Health Indicators Report. American Community Survey 2012 – 2016. <https://assessment.communitycommons.org/CHNA/report?page=2&reporttype=libraryCHNA>.

Fairfield County. (2016). Community Health Status Assessment.

Fairfield County. (2017). Community Health Improvement Plan 2017 – 2019.

Klein, R. & Huang, D. (2007). Defining and measuring disparities, inequities, and inequalities in the Health People initiative. CDC. [https://www.cdc.gov/nchs/ppt/nchs2010/41\\_klein.pdf](https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf)

# Medical Facilities

## Fairfield County

Created by KSU Map It  
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