

# 2018



# OUR COMMUNITY OUR WELL-BEING.

A Comprehensive Community Health Assessment  
Spanning Birth through Adulthood

Released on April 22nd, 2019





# FOREWORD

Is Hancock County healthier today than it was in 2015? This 2018 community health assessment you are about to read will attempt to answer that difficult question, and provides all our citizens with valuable information on the community's health status. This document was borne of a common vision held by leading community service organizations: to cooperatively identify and preserve our community's many health assets and to address our fewer, but important, health vulnerabilities. A hallmark of this report is the collaborative spirit that produced it, the Hancock County way.

This assessment is important because it is...

- **Local:** it describes *our* community
- **Comprehensive:** it assesses adults, youth, and children—the broadest scope of assessment possible
- **Thorough:** it describes personal health habits, risky behaviors, and public health
- **Actionable:** the data can be used to guide programming and funding
- **Measurable:** the data can be measured again in the future to evaluate progress and success

The 2018 health assessment data were obtained by independent researchers from the Toledo-based Hospital Council of Northwest Ohio and their partners at the University of Toledo, who administered surveys to a cross-sectional, randomized sample of Hancock County residents as follows: adults aged 19 years and older, youth aged 12-18 years, and parents of children aged 0-11 years. The survey instruments contained both customized questions and a set of core questions taken from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, and National Survey for Children's Health. The number of surveys completed and analyzed met the threshold for statistical significance at the 95% confidence level with a 5% margin of error. Wherever possible, local findings have been compared to other local, regional, state, and national data. As we move forward with planning strategies, we continue to commit to serving those in our county who experience health and basic needs disparities.

A community's quality of life is measured in many ways. Every measure includes its health status, and having a healthier population leads to a better quality of life for all. Using this assessment as just one tool, any citizen and every organization can play a role in making Hancock County an even better place to live, work, and play.

It is our intent to repeat this process periodically to identify emerging issues and help ensure a high quality, healthy, and prosperous future for our county while using existing resources as efficiently as possible. It is also our hope that this assessment will stimulate new collaborations among public and private agencies during economically challenging times.

This report would not exist without the financial support of many public and private entities as well as the dedicated work of the ***Be Healthy Now Hancock County Coalition***, whose members took the time to carefully plan and carry out the assessment. Their investment will pay dividends. This study will guide and inspire improvement in Hancock County's quality of life, both collectively and individually. We are confident it will serve that purpose.

Sincerely,

***Be Healthy Now Hancock County Coalition***

# ACKNOWLEDGEMENTS

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Blanchard Valley Health System  
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Hancock County ADAMHS Board/Community Partnership  
Hancock Public Health  
United Way of Hancock County

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Findlay City Schools  
Findlay-Hancock County Community Foundation  
Findlay YMCA  
Hancock County ADAMHS Board/Community Partnership  
Hancock County Family and Children First Council  
Hancock County Schools and Educational Service Center  
Hancock Public Health  
HHWP Community Action Commission  
The Ohio State University Extension Office  
United Way of Hancock County  
50 North

*A special thanks goes out to all city and county school superintendents who allowed youth surveys to be administered in their schools. We appreciate the time, talent, and treasure of all who helped.*

## **Hancock County CHA primary data survey question selection committee members:**

**Karim Baroudi**, Hancock Public Health  
**Kimberly Bash**, Findlay-Hancock County Community Foundation  
**Dr. Jasmin Bradley**, LGBTQ+ Spectrum of Findlay  
**Larry Busdeker**, Hancock County Schools/ESC  
**Carolyn Copus**, 50 North  
**Tasha Dimling**, Blanchard Valley Health Foundation  
**Diane Franks**, Caretakers Home Care  
**Dr. Hiroaki Kawamura**, Cultural Connections of Hancock County  
**Dr. William Kose**, Blanchard Valley Health System  
**Kathy Kreuchauf**, Findlay-Hancock County Community Foundation  
**Amy Miranda**, Hancock County Job and Family Services  
**Erin Rodabaugh Gallegos**, HHWP Community Action Commission  
**Troy Roth**, Findlay City Schools  
**Stacy Shaw**, Children's Mentoring Connection  
**John Simmons**, Black Heritage Library and Multicultural Center  
**Precia Stuby**, Hancock County ADAMHS Board  
**John Urbanski**, United Way of Hancock County  
**Roxanne Williams**, Blanchard Valley Health System

## **Contact Information:**

**Karim Baroudi, MPH, RS, REHS**  
Health Commissioner  
Hancock Public Health  
7748 County Road 140  
Findlay, OH 45840  
567-250-5142

## **Project Management, Secondary Data, Data Collection, and Report Development Hospital Council of Northwest Ohio**

### **Britney L. Ward, MPH**

Director of Community Health Improvement

### **Emily A. Golias, MPH, CHES**

Community Health Improvement Coordinator

### **Tessa Elliott, MPH**

Community Health Improvement Coordinator

### **Alyssa Miller**

Graduate Assistant

### **Erin Rauschenberg**

Graduate Assistant

### **Margaret Wielinski, MPH**

Assistant Director of Community Health Improvement

### **Emily Stearns, MPH, CHES**

Community Health Improvement Coordinator

### **Layla Abraham, MPH**

Community Health Improvement Coordinator

### **Carolynn McCartney**

Graduate Assistant

### **Emily Soles**

Graduate Assistant

## **Data Collection & Analysis**

### **Joseph A. Dake, Ph.D., MPH**

Professor and Chair  
School of Population Health  
University of Toledo

### **Aaron J Diehr, PhD, CHES**

Consultant

### **Samantha Schroeder, MPA**

Consultant

**To see Hancock County data compared to other counties, please visit the Hospital Council of Northwest Ohio's Data Link website at:**

<http://www.hcno.org/community/data-indicator.html>

**The 2018 Hancock County Health Assessment is available on the following websites:**

Blanchard Valley Health System

<https://www.bvhealthsystem.org/>

Findlay-Hancock County Community Foundation

<https://www.community-foundation.com/>

Hancock Public Health

<http://Hancockcohealth.org/Hancock-county-public-health/>

Hospital Council of Northwest Ohio

<http://www.hcno.org/community/reports.html>

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# EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Hancock County adults (ages 19 and older), youth (ages 12 through 18), and children (ages 0 through 11) who participated in a county-wide health assessment survey from September through November 2018. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), and the National Survey of Children's Health (NSCH) which was developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

## Public Health Accreditation Board (PHAB)

National public health accreditation status through the Public Health Accreditation Board (PHAB) requires community health assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health.

PHAB standards highly recommend that national models of methodology are utilized in compiling CHAs. The 2018 CHA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

This assessment includes a variety of data and information from various sources, focusing on primary data at the county level. Supporting data, such as secondary data, demographics, health disparities (including age, gender, and income-based disparities), and social determinants of health, can be found throughout the report. For a more detailed approach on primary data collection methods, please see the section below.

## Primary Data Collection Methods

### DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Hancock County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

### INSTRUMENT DEVELOPMENT

Three survey instruments were designed and pilot tested for this study: one for adults, one for adolescents in grades 6 through 12, and one for parents of children ages 0 through 11. As a first step in the design process, health education researchers from the University of Toledo and staff members from HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults, adolescents, and children. The investigators decided to derive the majority of the adult survey items from the BRFSS, the majority of the adolescent survey items from the YRBSS, and the majority of the survey items for the parents of children 0 through 11 from the NSCH. This decision was based on being able to compare local data with state and national data.



The project coordinator from the Hospital Council of Northwest Ohio conducted a series of meetings with Be Healthy Now Hancock County Coalition. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS, YRBSS, and NSCH surveys. Based on input from Be Healthy Now Hancock County Coalition, the project coordinator composed drafts of surveys containing 130 items for the adult survey, 76 items for the adolescent survey, and 91 items for the children's survey. Health education researchers from the University of Toledo reviewed and approved the drafts.

### **SAMPLING | Adult Survey**

The sampling frame for the adult survey consisted of adults ages 19 and over living in Hancock County. There were 56,041 persons ages 19 and over living in Hancock County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). A sample size of at least 382 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Hancock County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

### **SAMPLING | Adolescent Survey**

The sampling frame for the adolescent survey consisted of youth in grades 6 through 12 in Hancock County public school districts. For more information on participating districts and schools, see Appendix IV. Using the U.S. Census Bureau data, it was determined that approximately 7,295 youth ages 12 through 18 years old lived in Hancock County. A sample size of 365 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

### **SAMPLING | Child Survey**

The sampling frame for the child survey consisted of children ages 0 through 11 residing in Hancock County. Using U.S. Census Bureau data, it was determined that 11,446 children ages 0 through 11 resided in Hancock County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error). The sample size required to generalize to children aged 0 through 11 was 372. The random sample of mailing addresses of parents from Hancock County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

### **PROCEDURE | Adult Survey**

Prior to mailing the survey to adults, the project team mailed an advance letter to 1,400 adults in Hancock County. This advance letter was personalized; printed on Be Healthy Now Hancock County Coalition stationery; and signed by Karim Baroudi, Hancock County Health Commissioner. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Be Healthy Now Hancock County Coalition stationery) describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a \$2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging the recipient to reply, another copy of the questionnaire on white paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 30% (n=392; CI=± 4.91). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

## **PROCEDURE | Adolescent Survey**

The survey was approved by all participating superintendents. Schools and grades were randomly selected. To ensure that students in a particular grade had an equal chance of being selected, the research team used “general” school classes like English or Health to distribute surveys. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 85% (n=373: CI=± 4.94).

## **PROCEDURE | Child Survey**

Prior to mailing the survey to parents of 0 through 11-year-olds, the project team mailed an advance letter to 2,400 parents in Hancock County. This advance letter was personalized; printed on Be Healthy Now Hancock County Coalition stationery; and signed by Karim Baroudi, Hancock County Health Commissioner. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Be Healthy Now Hancock County Coalition stationery) describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a \$2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging the recipient to reply, another copy of the questionnaire on white paper, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate was 18% (n=355: CI=± 5.12).

## **DATA ANALYSIS**

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Hancock County, the adult data collected was weighted by age, gender, race, and income using 2016 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

The Hancock County 2018 adult, youth, and child trend summary data is colored red or green to represent negative or positive percentage changes from the previous 2015 CHA. Green indicates a positive or no percentage change and red represents a negative percentage change. No color is represented if the 2015 data is not available. For example: out of 45 adult trend summary variables, 16 were positive or had no percentage change and 26 were negative. Three (3) variables were not colored due to unavailable data.

## **LIMITATIONS**

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Hancock County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Hancock County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

It is important to note that although several questions were asked using the same wording as the Centers for Disease Control and Prevention (CDC) questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. The CDC adult data and NSCH child data were collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than via mail survey. The youth CDC survey was administered in schools in a similar fashion as this county health assessment.

This survey asked parents questions regarding their young children. Should enough parents have felt compelled to respond in a socially desirable manner which is inconsistent with reality, this would represent a threat to the internal validity of the results.


Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

### **Secondary Data Collection Methods**

HCNO collected secondary data from multiple sites, including county-level data, whenever possible. HCNO utilized sites such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, U.S. Census data, Healthy People 2020, among other national and local sources. All primary data collected in this report is from the 2018 Hancock County Health Assessment (CHA). All other data is cited accordingly.

## 2016 Ohio State Health Assessment (SHA)

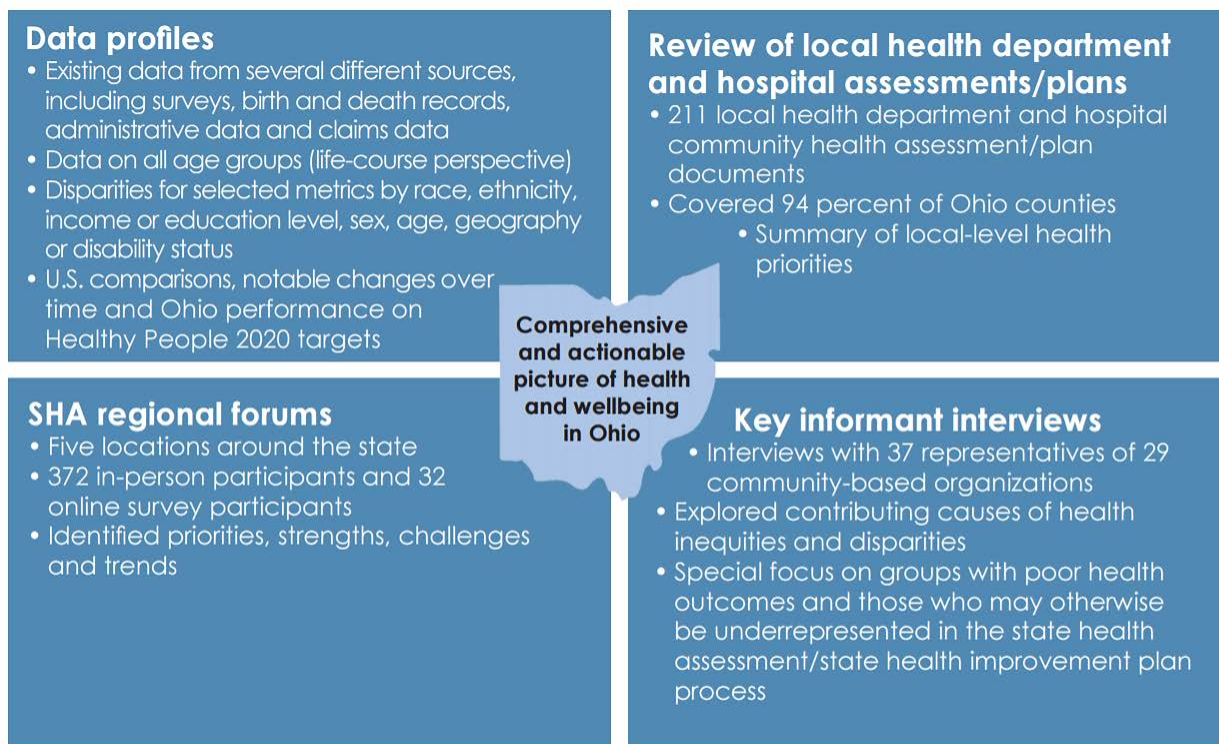
The 2016 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department and hospital assessments, and plans and key informant interviews.

Similar to the 2016 Ohio SHA, the 2018 Hancock County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol  will be displayed in the trend summary when an indicator directly aligns with the 2016 Ohio SHA.**

The interconnectedness of Ohio's greatest health challenges, along with the overall consistency of health priorities identified in this assessment, indicates many opportunities for collaboration between a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health. It is our hope that this CHA will serve as a foundation for such collaboration.

To view the full 2016 Ohio State Health Assessment, please visit: [http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHA\\_FullReport\\_08042016.pdf?la=en](http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHA_FullReport_08042016.pdf?la=en)

**FIGURE 1.1 | State Health Assessment (SHA) Sources of Information**

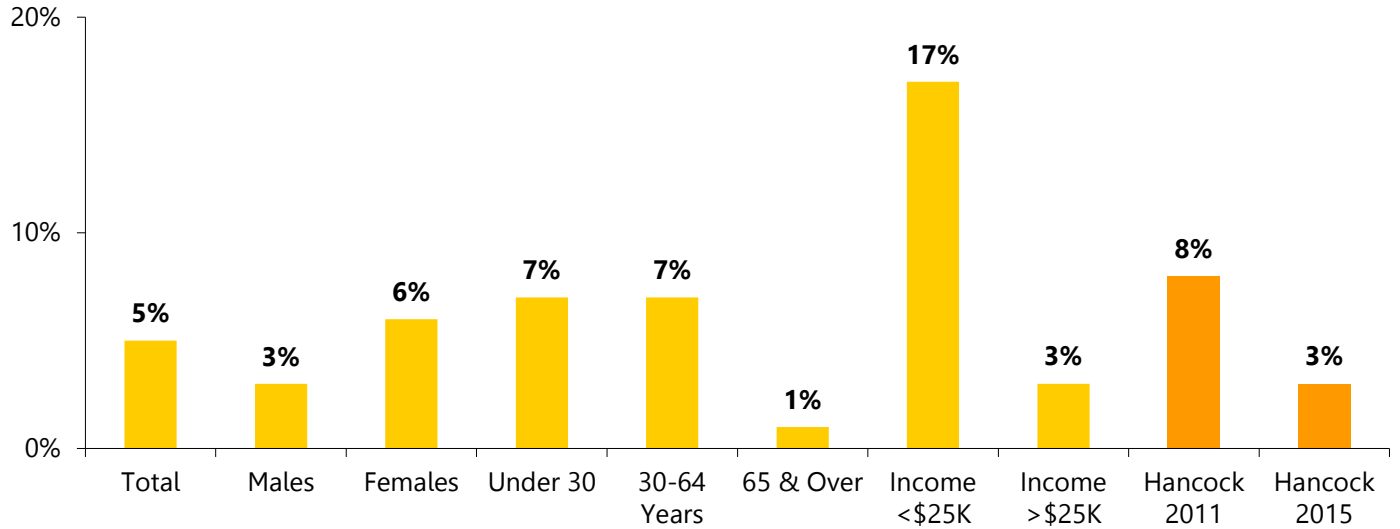


## Data Summary | Health Care Access

### HEALTH CARE COVERAGE

In 2018, 5% of Hancock County adults were without health care coverage. The top reason adults gave for being without health care coverage was that they lost their job or changed employers (30%).

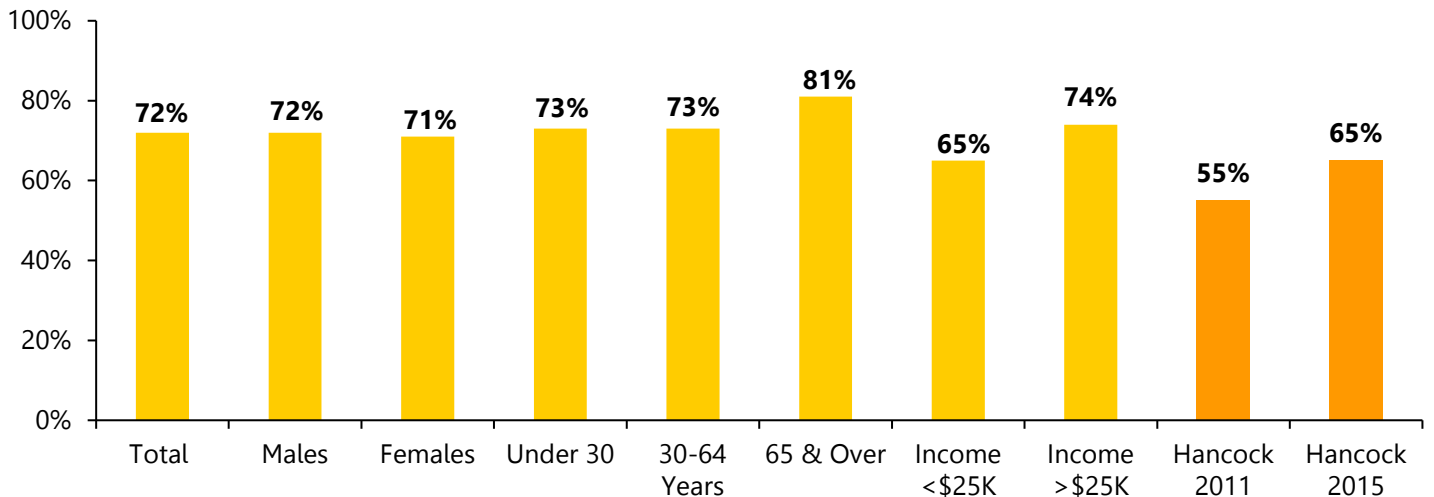
#### Uninsured Hancock County Adults



### ACCESS AND UTILIZATION

Seventy-two percent (72%) of Hancock County adults had visited a doctor for a routine checkup in the past year. More than one-quarter (29%) of adults went outside of Hancock County for health care services in the past year. More than one-fifth (21%) of adults did not get prescriptions from their doctor filled in the past year.

#### Hancock County Adults Who Had a Routine Check-up in the Past Year



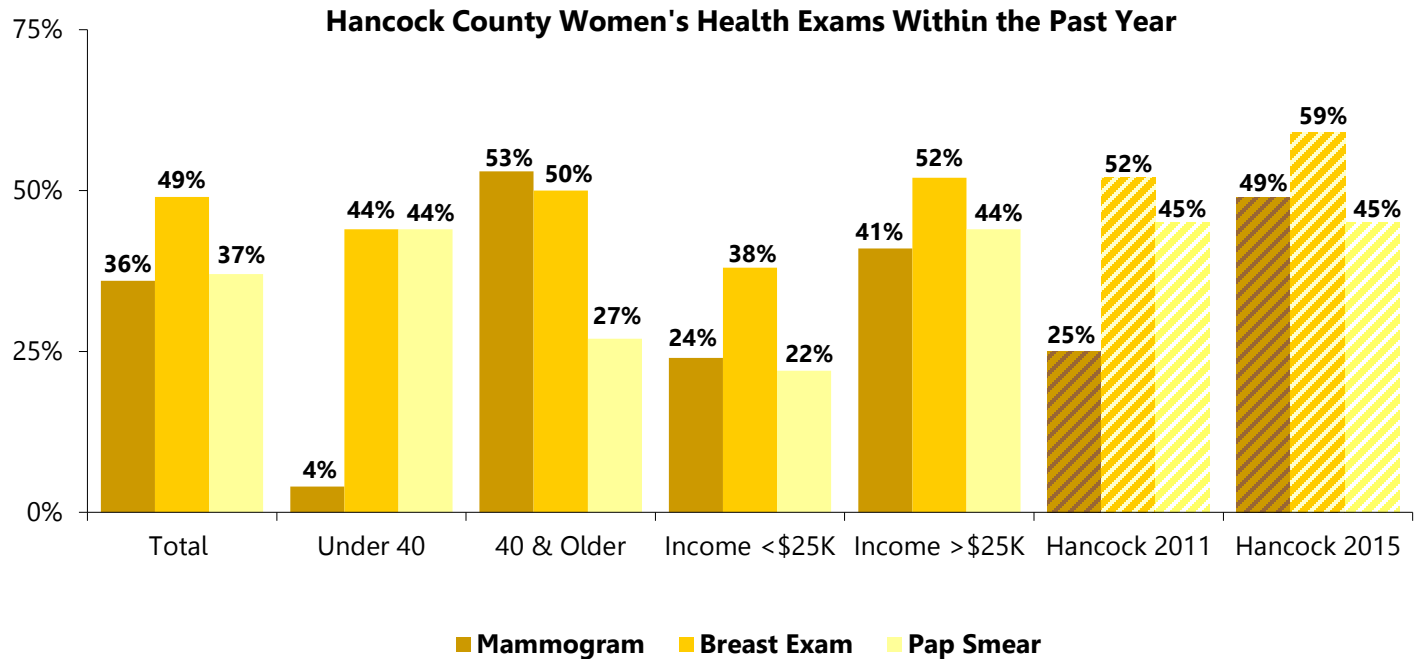
*Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

### PREVENTIVE MEDICINE

More than two-thirds (68%) of adults age 65 and over had a pneumonia vaccination at some time in their life. Fifty-seven percent (57%) of adults had a flu vaccine in the past year.

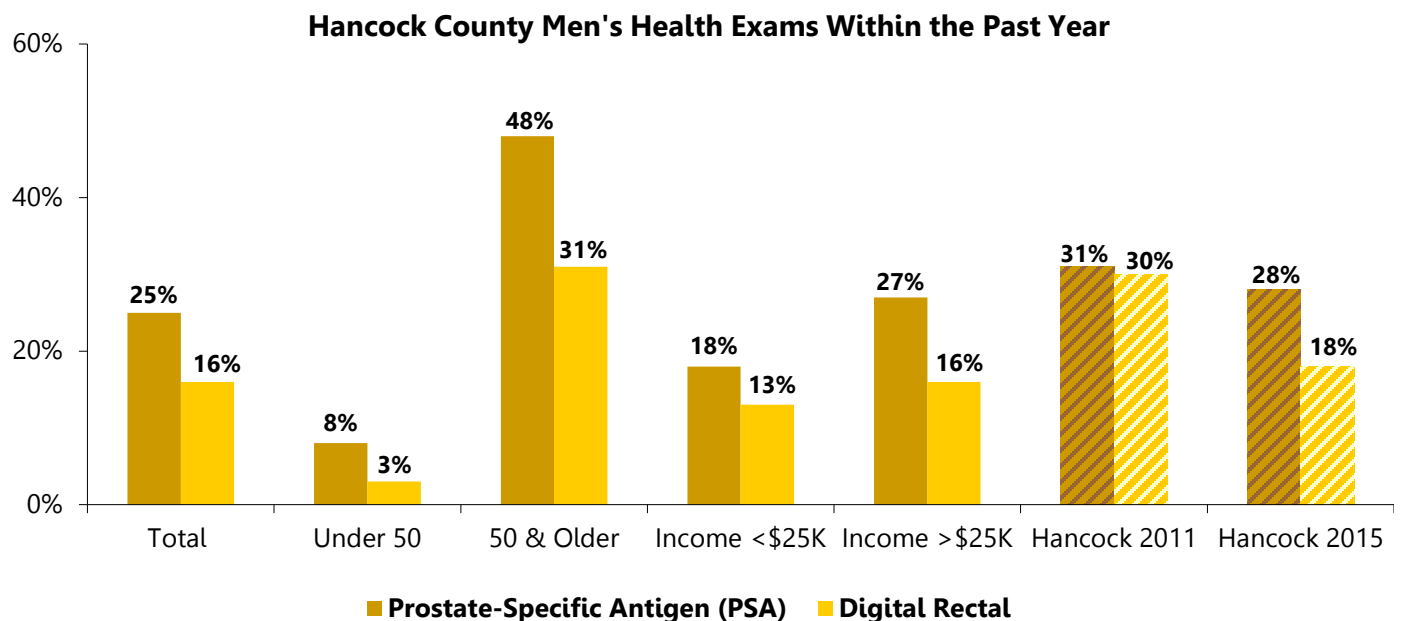
## WOMEN'S HEALTH

More than half (53%) of Hancock County women over the age of 40 reported having a mammogram in the past year. Forty-nine percent (49%) of Hancock County women ages 19 and over had a clinical breast exam and 37% had a Pap smear to detect cancer of the cervix in the past year. Three percent (3%) of women survived a heart attack and 3% survived a stroke at some time in their life. Forty-six percent (46%) were obese, 35% were diagnosed with high blood cholesterol, 31% had high blood pressure, and 13% were identified as current smokers, known risk factors for cardiovascular diseases.



## MEN'S HEALTH

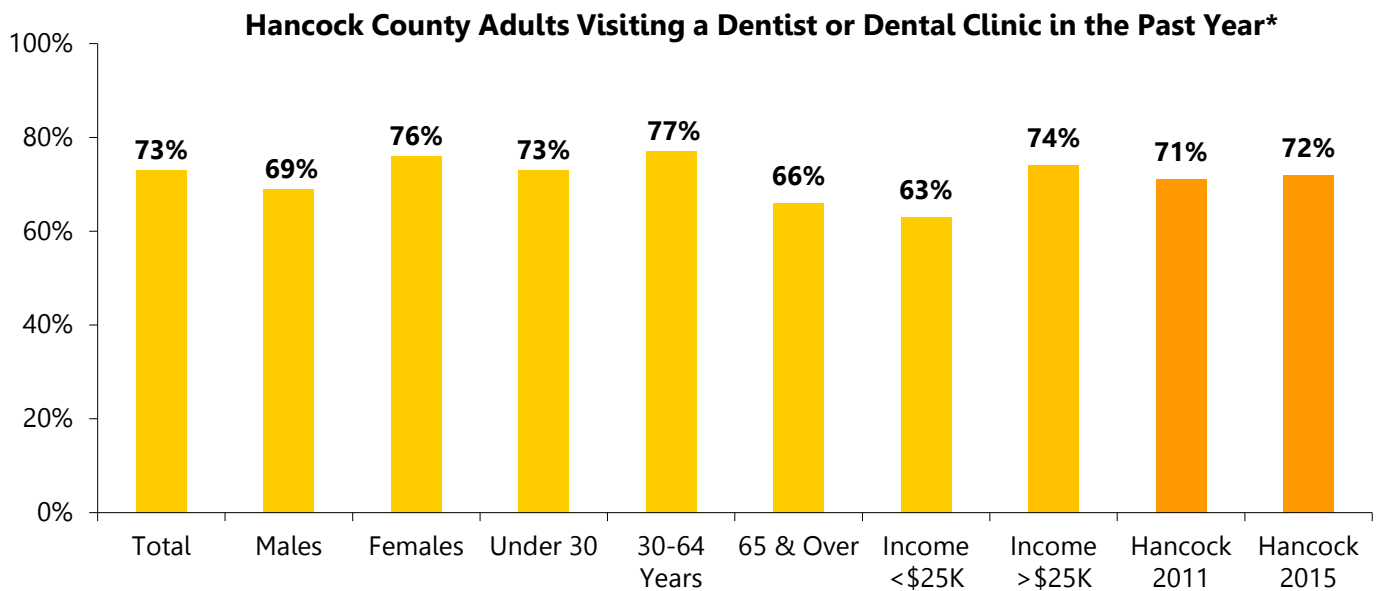
In 2018, 48% of Hancock County males over the age of 50 had a prostate-specific antigen (PSA) test in the past year. More than two-fifths (43%) had been diagnosed with high blood cholesterol, 38% had high blood pressure, and 7% were identified as current smokers, which, along with obesity (42%), are known risk factors for cardiovascular diseases.



*Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

## ORAL HEALTH

Nearly three-fourths (73%) of Hancock County adults visited a dentist or dental clinic in the past year. The top reasons adults gave for not visiting a dentist in the past year were cost (23%); no oral health problems or had not thought of it (21%); and fear, apprehension, nervousness, pain, and dislike going (18%).



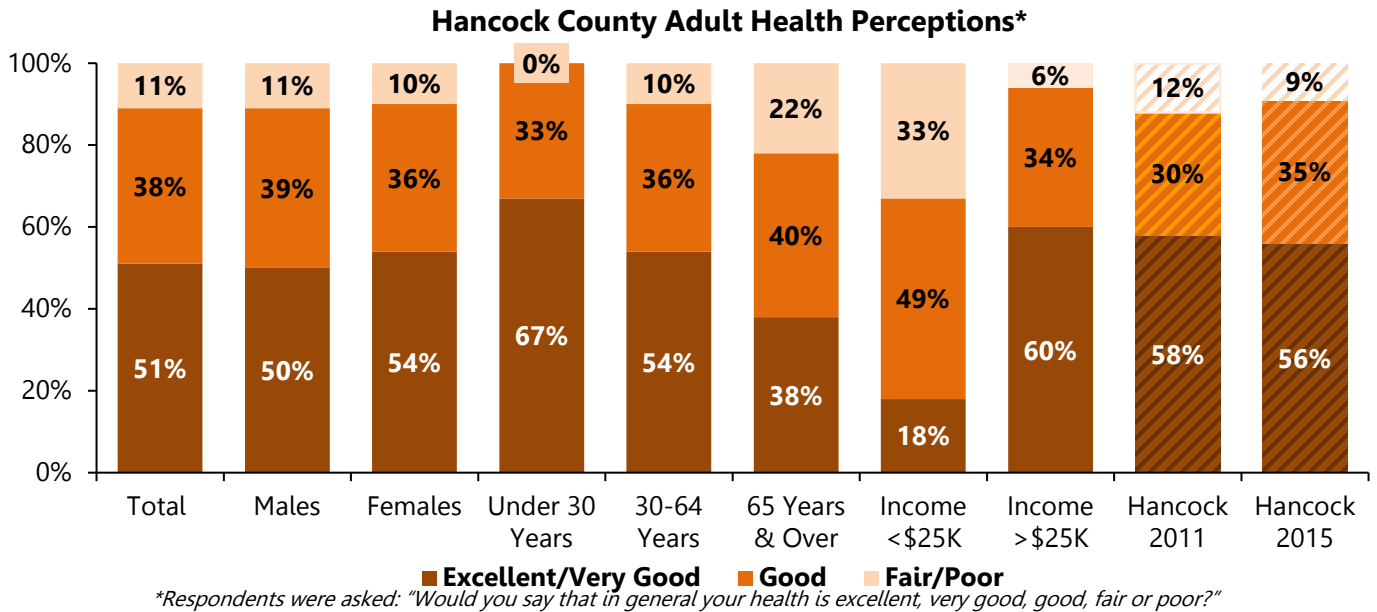
*\*Totals may not equal 100% as some respondents answered do not know.*

*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

## Data Summary | Health Behaviors

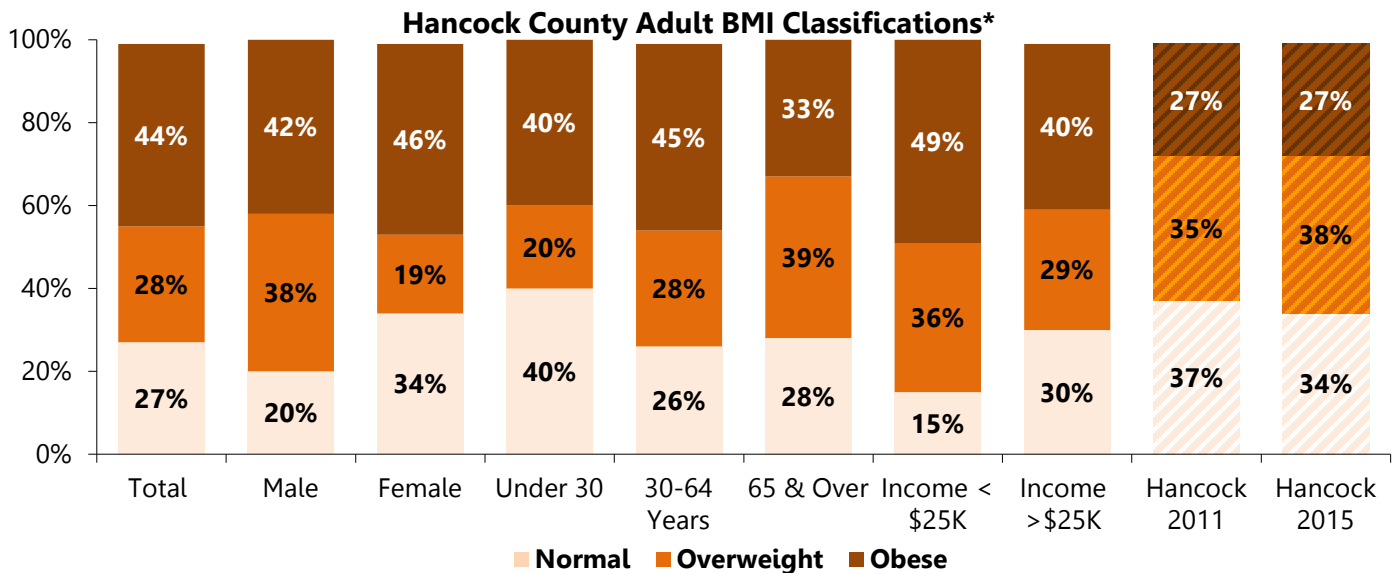
### HEALTH STATUS PERCEPTIONS

In 2018, 51% of Hancock County adults rated their health status as excellent or very good. Conversely, 11% of adults described their health as fair or poor, increasing to 33% of those with incomes less than \$25,000.



### ADULT WEIGHT STATUS

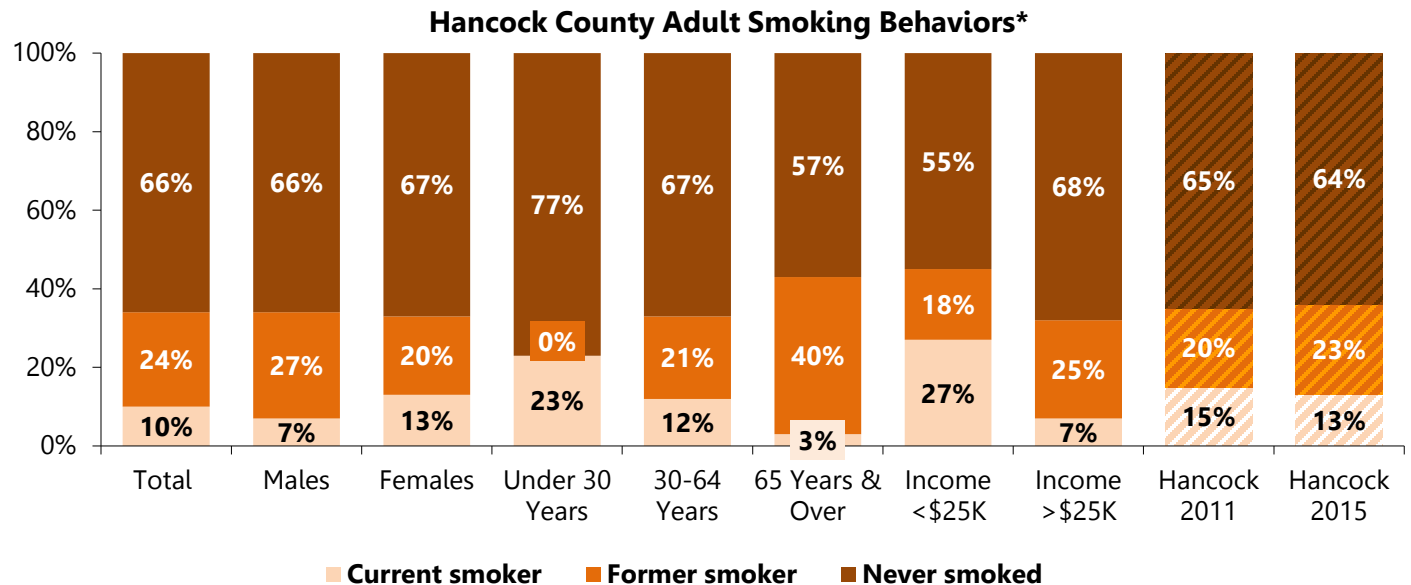
Almost three-fourths (72%) of Hancock County adults were overweight or obese based on Body Mass Index (BMI). More than half (54%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.





## ADULT TOBACCO USE

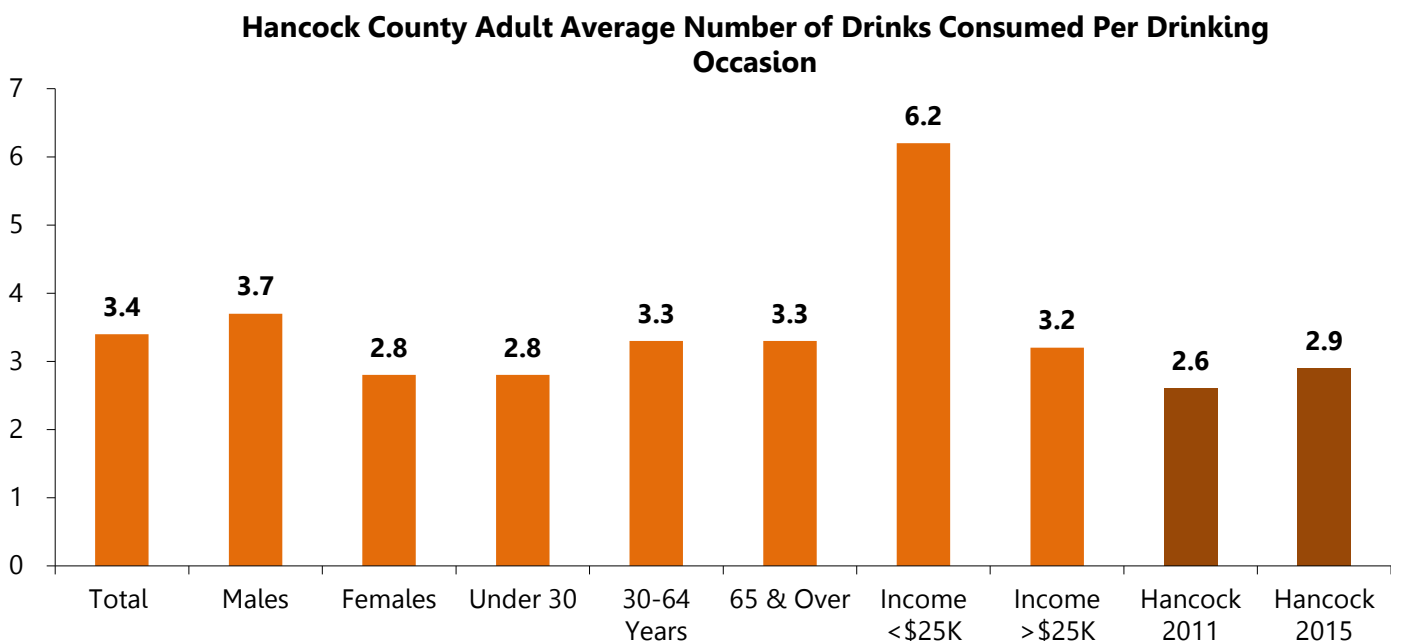
In 2018, 10% of Hancock County adults were current smokers, and 24% were considered former smokers. Two-fifths (40%) of Hancock County adults did not know if e-cigarette vapor was harmful to themselves or others.



*\*Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"*

## ADULT ALCOHOL CONSUMPTION

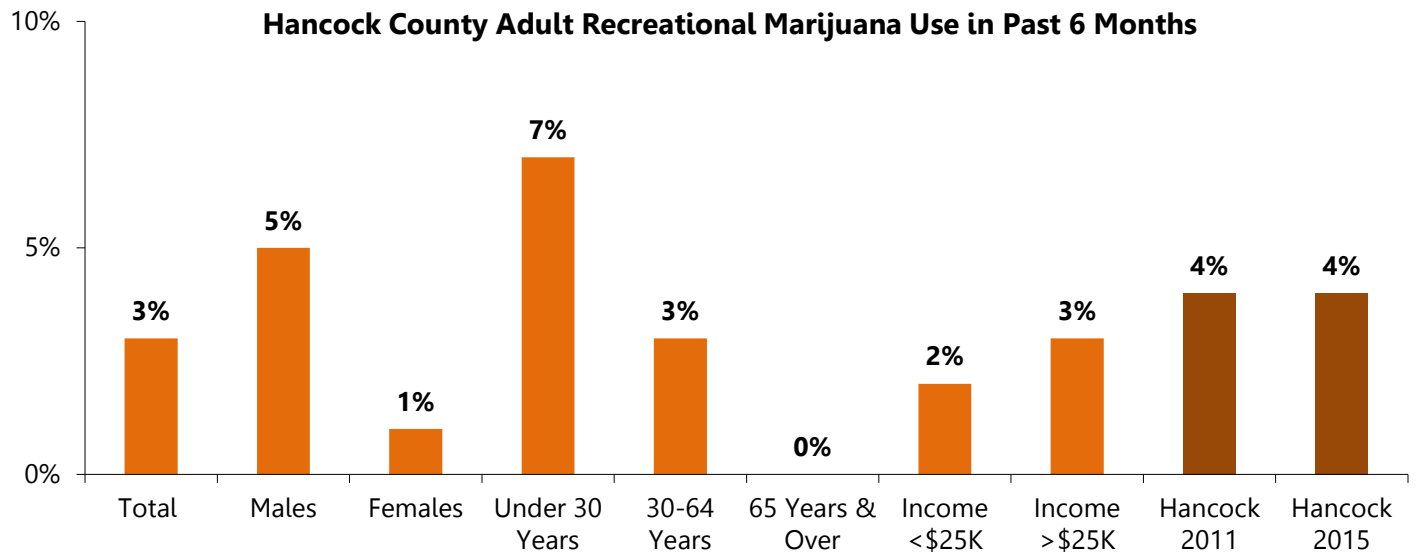
Three-fifths (60%) of Hancock County adults had at least one alcoholic drink in the past month. Nearly one-quarter (23%) of Hancock County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. In the past month, 5% of current drinkers reported driving a vehicle after having perhaps too much to drink.



*Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

## ADULT DRUG USE

In 2018, 3% of Hancock County adults had used recreational marijuana during the past 6 months. Seven percent (7%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.



*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

## ADULT SEXUAL BEHAVIOR

In 2018, 67% of Hancock County adults had sexual intercourse in the past year. Four percent (4%) of adults had more than one partner in the past year.

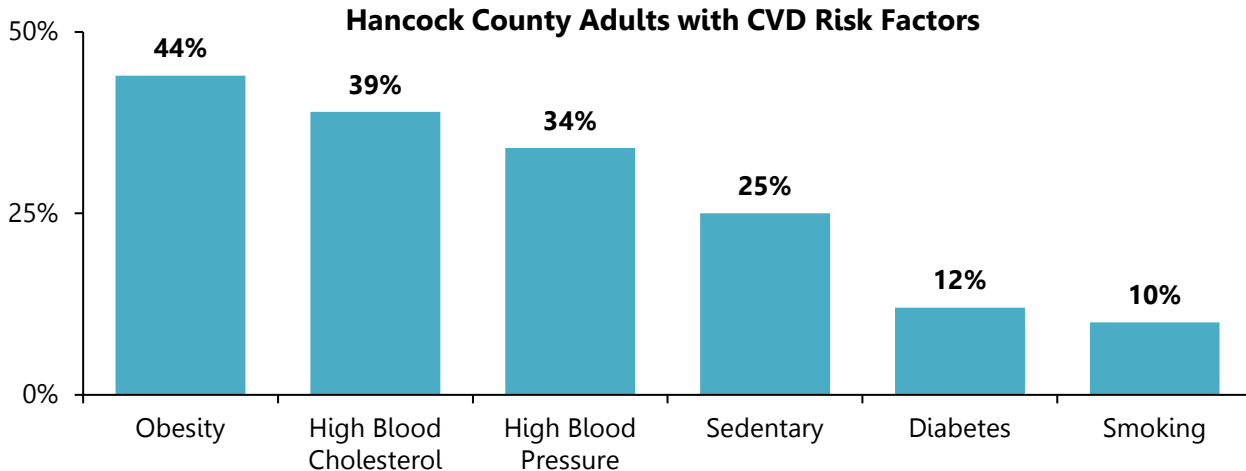
## ADULT MENTAL HEALTH

In 2018, 5% of Hancock County adults considered attempting suicide. Nearly one-third (32%) of adults reported always getting the social and emotional support they needed.

## Data Summary | Chronic Disease

### CARDIOVASCULAR HEALTH

Three percent (3%) of adults had survived a heart attack and 4% had survived a stroke at some time in their life. Forty-four percent (44%) were obese, 39% had high blood cholesterol, 34% had high blood pressure, and 10% were current smokers, four known risk factors for heart disease and stroke.



### CANCER

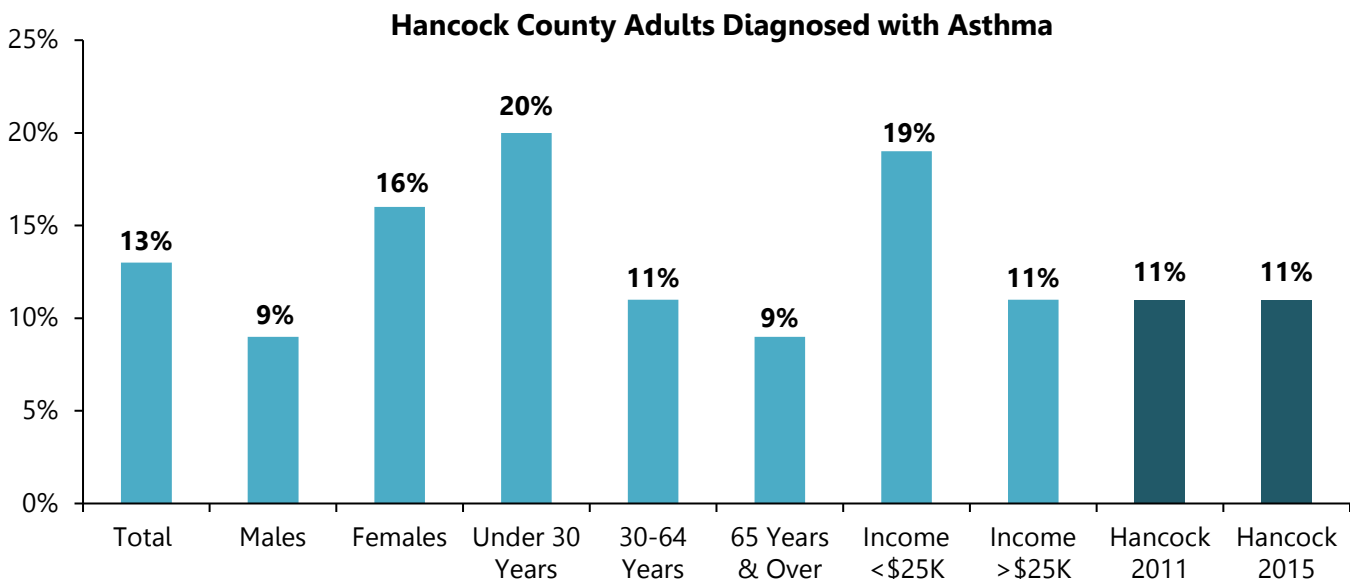
Nine percent (9%) of Hancock County adults had been diagnosed with cancer at some time in their life.

### ARTHRITIS

Nearly one-third (32%) of Hancock County adults were told by a health professional that they had some form of arthritis, increasing to 68% of those over the age of 65.

### ASTHMA

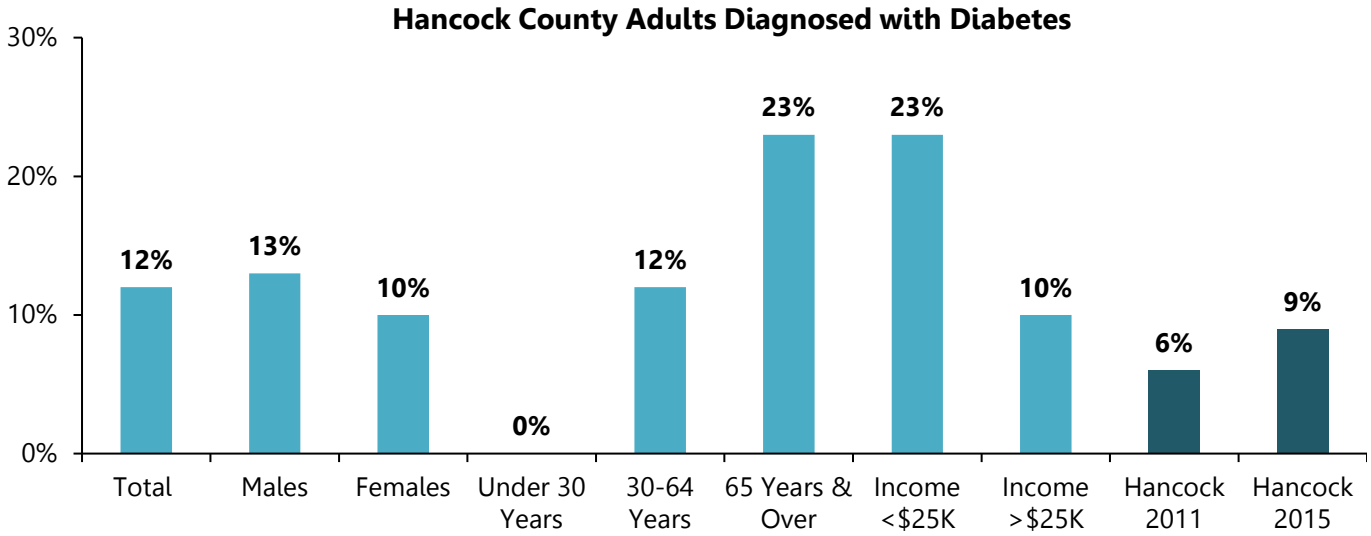
In 2018, 13% of Hancock County adults had been diagnosed with asthma.



*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

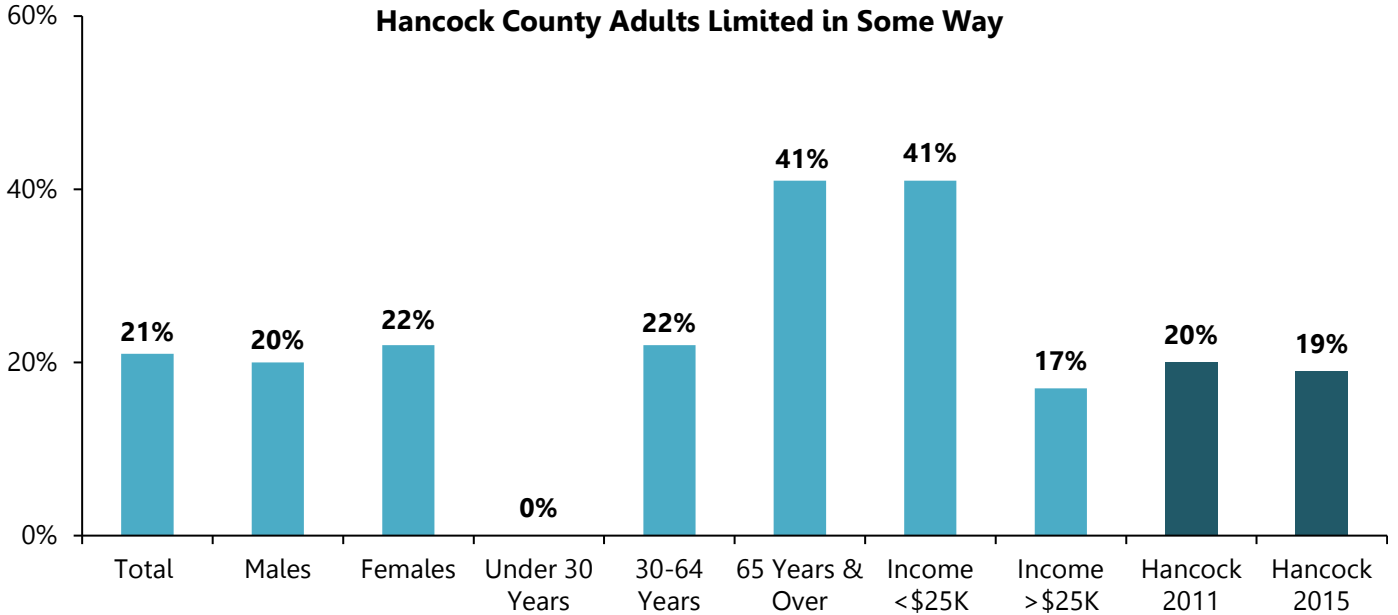
**DIABETES**

In 2018, 12% of Hancock County adults had been diagnosed with diabetes.



**QUALITY OF LIFE**

Five percent (5%) of adults were responsible for providing regular care or assistance to an elderly parent or loved one. Twenty-two percent (22%) of Hancock County adults reported they or a loved one had Alzheimer’s disease or some other form of dementia. Two-thirds (66%) of adults reported a family history of high blood pressure.



*Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

## Data Summary | Social Conditions

### **SOCIAL DETERMINANTS OF HEALTH**

Six percent (6%) of Hancock County adults were abused in the past year (including physical, emotional, financial, or verbal abuse). More than half (56%) of adults were concerned about illegal drug use in their community. Ten percent (10%) of adults experienced 4 or more adverse childhood experiences (ACEs) in their lifetime.

### **ENVIRONMENTAL HEALTH**

Nearly one-third (32%) of Hancock County adults had a private water source for drinking water. Eighty-nine percent (89%) of households had a working smoke detector.

### **DIVERSITY AND INCLUSION**

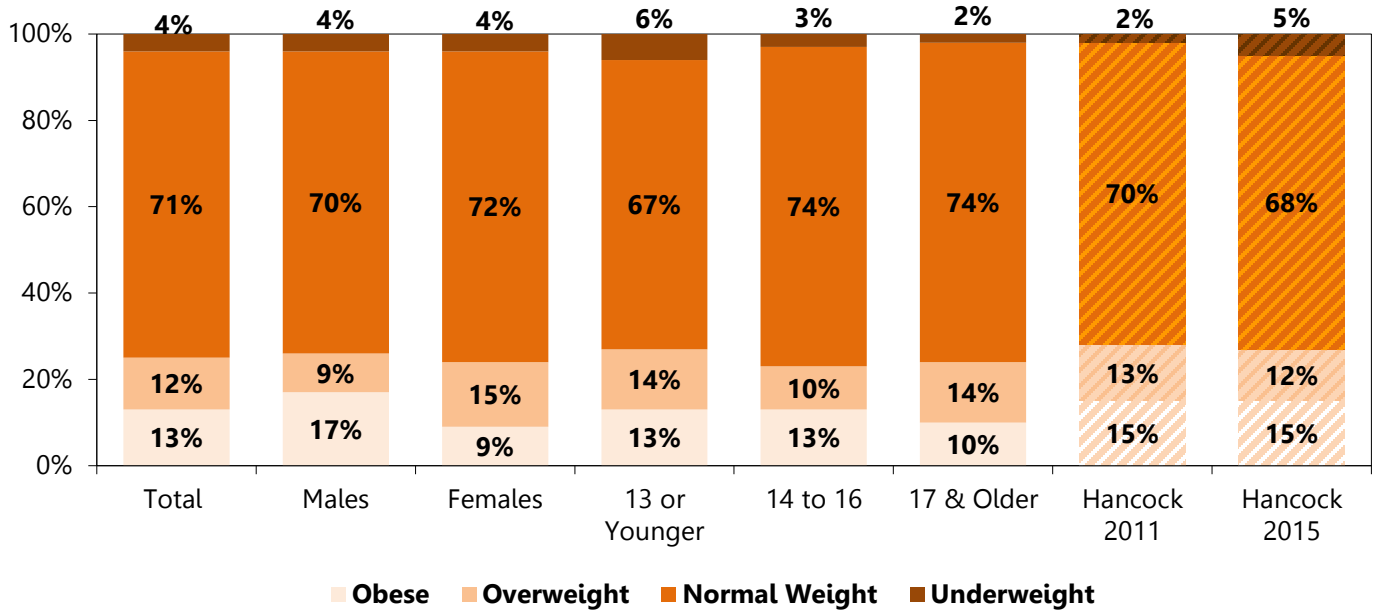
Twenty-one percent (21%) of Hancock County adults strongly agreed that the Findlay/Hancock area is a place that welcomes and embraces diversity in general. More than one-third (36%) of employed adults felt their employer was very committed to the promotion and advancement of a generally diverse workforce.

## Data Summary | Youth Health

### YOUTH WEIGHT STATUS

Thirteen percent (13%) of Hancock County youth were obese, according to Body Mass Index (BMI) by age. Nearly three-quarters (73%) of youth exercised for 60 minutes on 3 or more days per week. Ten percent (10%) of youth reported they went to bed hungry on one or more days because their family did not have enough money for food at least one night per week.

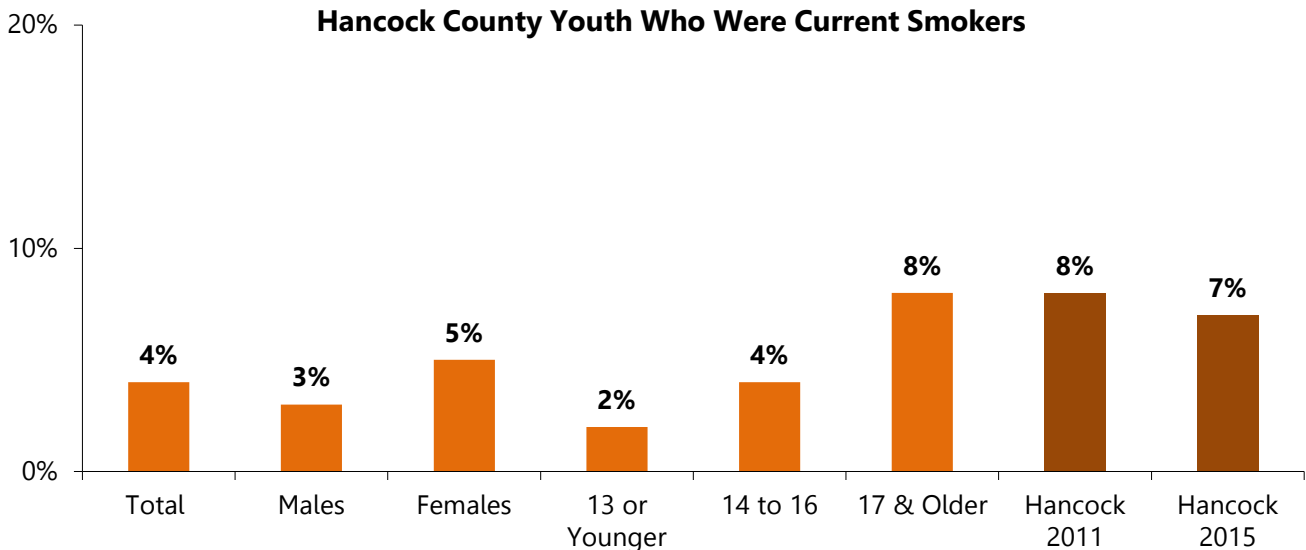
**Hancock County Youth BMI Classifications**



### YOUTH TOBACCO USE

Four percent (4%) of Hancock County youth were current smokers, increasing to 8% of those ages 17 and older. The average age of onset for smoking was 12.6 years old. Eleven percent (11%) of youth used e-cigarettes in the past month.

**Hancock County Youth Who Were Current Smokers**

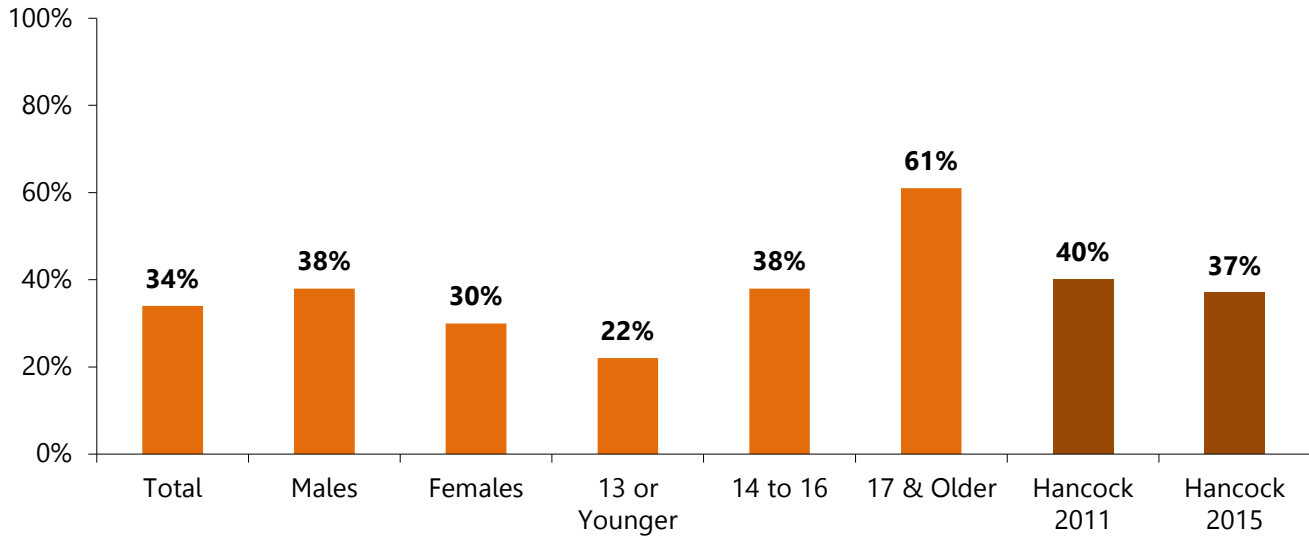


*Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

## YOUTH ALCOHOL CONSUMPTION

Twelve percent (12%) of Hancock County youth had at least one drink of alcohol in the past 30 days, increasing to 23% of those over the age of 17. Thirty-seven percent (37%) of youth who reported drinking in the past 30 days had at least one episode of binge drinking. Three percent (3%) of all youth drivers had driven a car in the past month after they had been drinking alcohol.

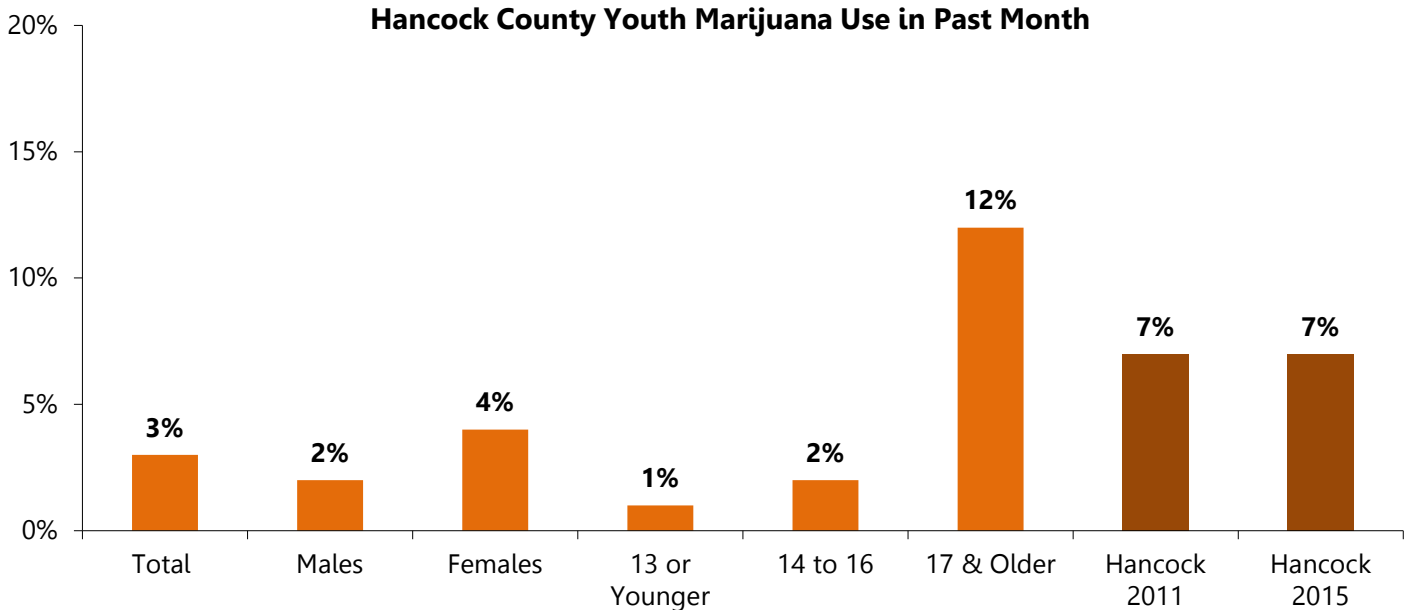
**Hancock County Youth Who Had At least One Drink In Their Lifetime**



## YOUTH DRUG USE

In 2018, 3% of Hancock County youth had used marijuana at least once in the past 30 days, increasing to 12% of those ages 17 and older. Two percent (2%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life. More than three-fourths (79%) of youth indicated their parents as the biggest influencer for not using drugs.

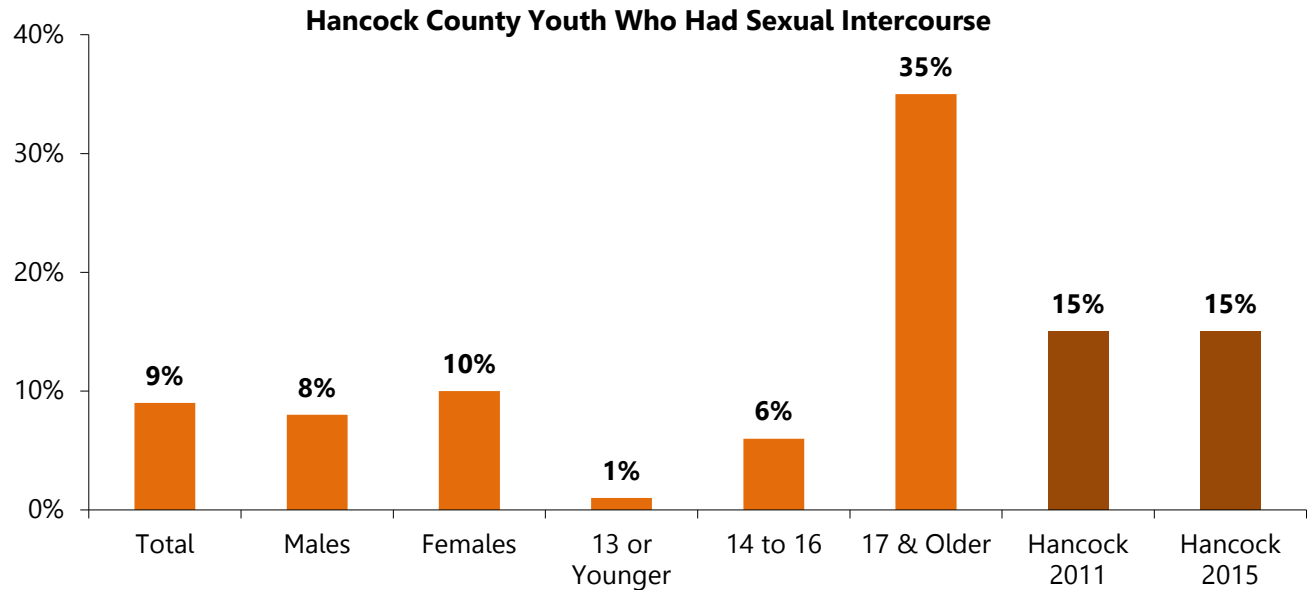
**Hancock County Youth Marijuana Use in Past Month**



*Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

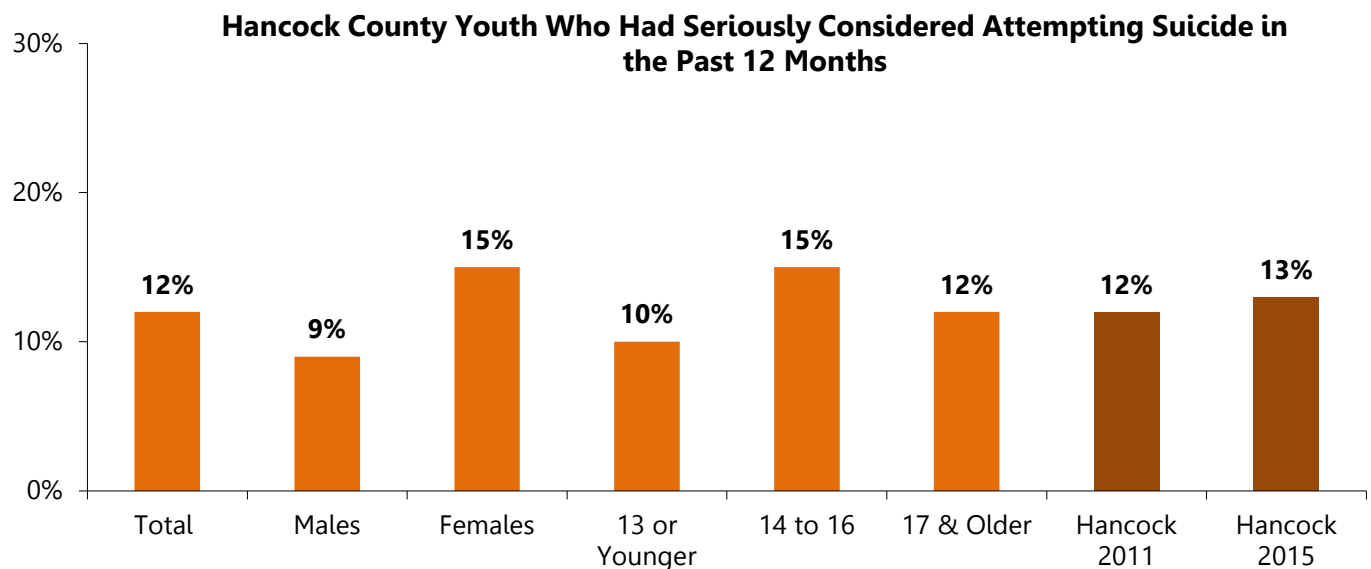
## YOUTH SEXUAL BEHAVIOR

Nine percent (9%) of Hancock County youth had sexual intercourse in their lifetime. Nine percent (9%) of youth had participated in oral sex, and 3% had participated in anal sex. Of those who were sexually active, 65% had multiple sexual partners.



## YOUTH MENTAL HEALTH

Twelve percent (12%) of Hancock County youth had seriously considered attempting suicide in the past year, and 6% attempted suicide in the past year. More than one-third (35%) of Hancock County youth reported academic success caused them anxiety, stress, or depression. More than one-fifth (21%) of youth had experienced three or more adverse childhood experiences (ACEs) in their lifetime.



*Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

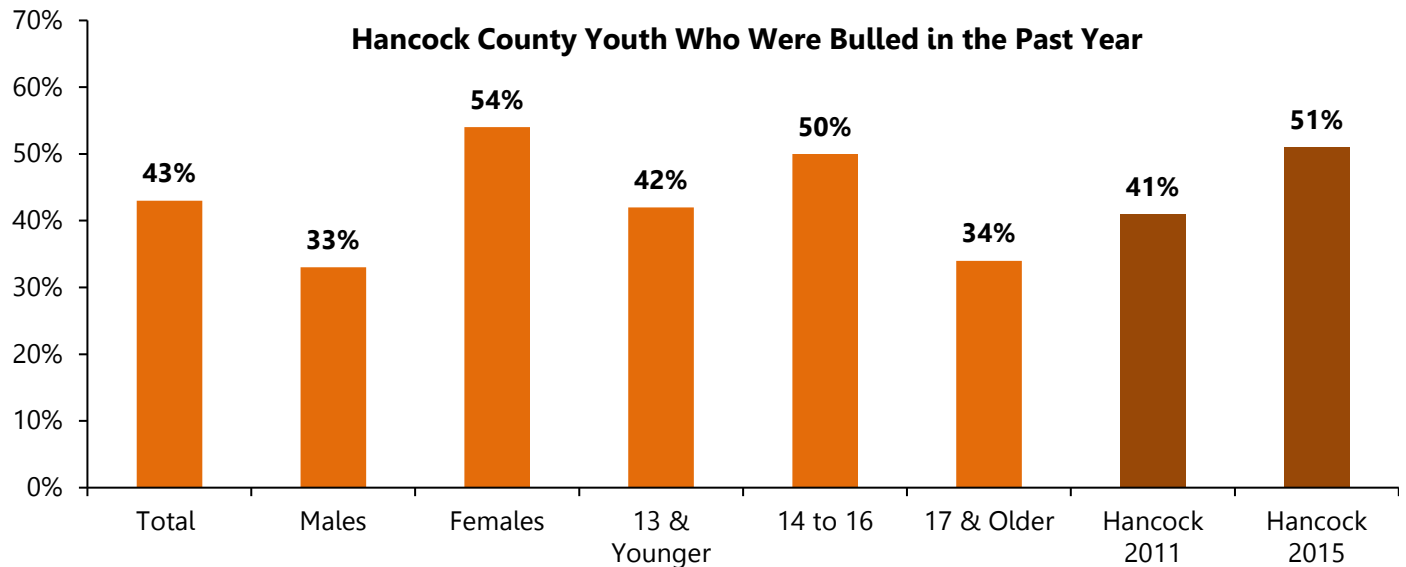


## YOUTH SOCIAL DETERMINANTS OF HEALTH

More than one-fourth (28%) of Hancock County youth drivers had texted while driving in the past 30 days. Almost three-fourths (74%) of youth felt drinking alcohol put their health at greater risk.

## YOUTH VIOLENCE

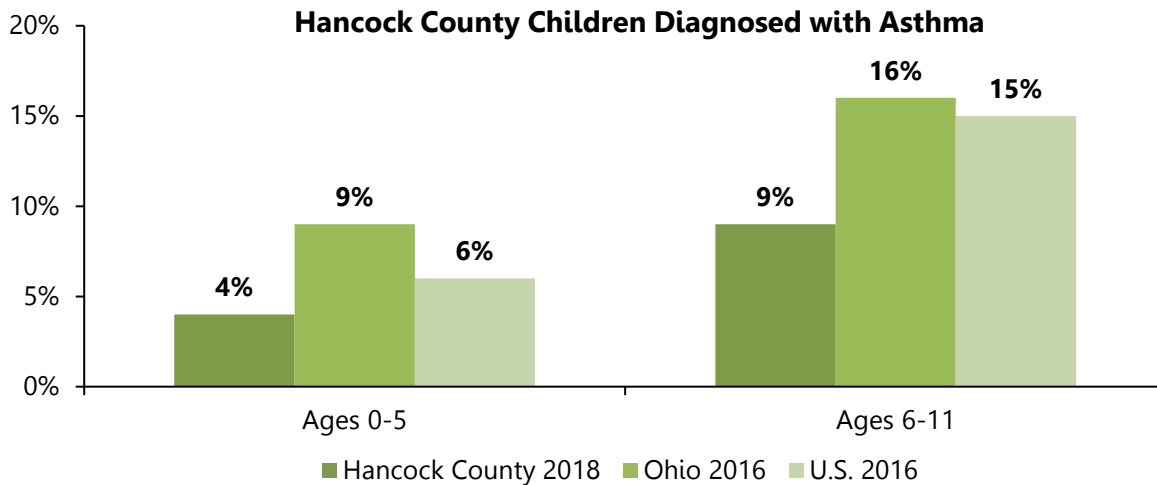
In the past month, 5% of Hancock County youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school. One-fifth (20%) of youth purposely hurt themselves in the past year. Forty-three percent (43%) of youth had been bullied in the past year.



*Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

### HEALTH AND FUNCTIONAL STATUS

In 2018, 19% of children were classified as obese by Body Mass Index (BMI) calculations. More than three-fourths (79%) of Hancock County parents had taken their child to the dentist in the past year. Seven percent (7%) of Hancock County parents reported their child had been diagnosed with asthma. Four percent (4%) of parents reported their child had been diagnosed with ADD/ADHD.



*(Source: National Survey of Children's Health & 2018 Hancock County Health Assessment)*

*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

### HEALTH CARE ACCESS

In 2018, 100% of Hancock County parents reported their child currently had health insurance. Fifteen percent (15%) of parents reported their child did not get all of the prescription medications they needed in the past year. Eighty-six percent (86%) of parents had taken their child to the doctor for preventive care in the past year.

#### EARLY CHILDHOOD (0-5 YEARS OLD)

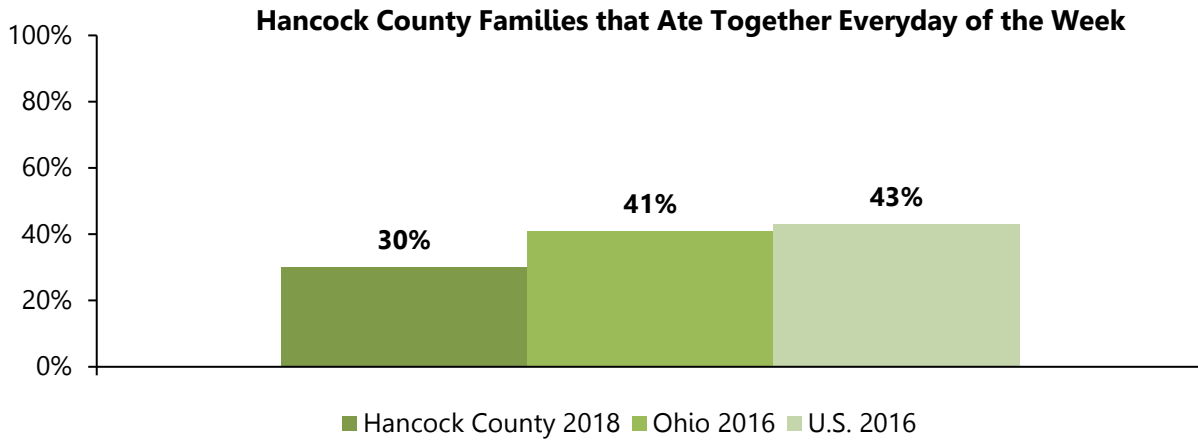
The following information was reported by parents of 0-5 year olds. Ninety-five percent (95%) of mothers got prenatal care within the first three months of their last pregnancy. Thirteen percent (13%) of mothers received WIC services during their last pregnancy. Eighty-four percent (84%) of parents put their child to sleep on his/her back. Nineteen percent (19%) of mothers never breastfed their child.

#### MIDDLE CHILDHOOD (6-11 YEARS OLD)

The following information was reported by Hancock County parents of 6-11 year olds. Ninety-seven percent (97%) of parents definitely or somewhat agreed that their child was safe at school. More than two-fifths (45%) of parents reported their child was bullied at some time in the past year. Ninety-three percent (93%) of parents reported their child participated in extracurricular activities.

## FAMILY AND COMMUNITY CHARACTERISTICS

Thirty percent (30%) of parents reported that every family member who lived in their household ate a meal together every day of the week. Eleven percent (11%) of parents had at least one food insecurity issue in the past year. Sixty-nine (69%) of parents definitely agreed that their child is safe in their neighborhood.



*(Source: National Survey of Children's Health & 2018 Hancock County Health Assessment)*

*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*


# ADULT TREND SUMMARY

Adult Variables	Hancock County 2011	Hancock County 2013	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Health Status</b>						
Rated general health as excellent or very good	58%	N/A	56%	51%	49%	51%
Rated general health as fair or poor 	12%	N/A	9%	11%	19%	18%
Rated mental health as not good on four or more days (in the past 30 days)	20%	N/A	22%	32%	24%*	23%*
Rated physical health as not good on four or more days (in the past 30 days)	13%	N/A	14%	22%	22%*	22%*
Average number of days that mental health not good (in the past 30 days) (County Health Rankings) 	N/A	N/A	3.2	4.3	4.3**	3.8**
Average number of days that physical health not good (in the past 30 days) (County Health Rankings) 	N/A	N/A	2.4	4.4	4.0**	3.7**
Poor mental or physical health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	21%	N/A	21%	27%	22%*	22%*
<b>Health Care Coverage, Access, and Utilization</b>						
Uninsured	8%	N/A	3%	5%	9%	11%
Had one or more persons they thought of as their personal health care provider	N/A	N/A	90%	89%	81%	77%
Visited a doctor for a routine checkup (in the past 12 months) 	55%	N/A	65%	72%	72%	70%
<b>Diabetes, Asthma &amp; Arthritis</b>						
Ever been told by a doctor they have diabetes (not pregnancy-related) 	6%	N/A	9%	12%	11%	11%
Ever been diagnosed with pregnancy-related diabetes	2%	N/A	1%	1%	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes	N/A	N/A	7%	9%	2%	2%
Had ever been told they have asthma 	11%	N/A	11%	13%	14%	14%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	N/A	N/A	N/A	32%	29%	25%
<b>Cardiovascular Health</b>						
Ever diagnosed with angina or coronary heart disease 	N/A	N/A	4%	3%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	4%	N/A	4%	3%	6%	4%
Ever diagnosed with a stroke	3%	N/A	2%	4%	4%	3%
Had been told they had high blood pressure 	24%	N/A	29%	34%	35%	32%
Had been told their blood cholesterol was high	36%	N/A	33%	39%	33%	33%
Had their blood cholesterol checked within the past five years	74%	N/A	76%	81%	85%	86%
<b>Weight Status</b>						
Normal Weight	37%	33%	34%	27%	30%	32%
Overweight	35%	34%	38%	28%	34%	35%
Obese 	27%	32%	27%	44%	34%	32%

N/A – Not Available

\*2016 BRFSS Data

\*\*2016 BRFSS as compiled by 2018 County Health Rankings

 Indicates alignment with the Ohio State Health Assessment


Adult Variables	Hancock County 2011	Hancock County 2013	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Alcohol Consumption</b>						
<b>Current drinker</b> (had at least one drink of alcohol within the past 30 days)	51%	N/A	60%	60%	54%	55%
<b>Binge drinker</b> (males having five or more drinks on one occasion, females having four or more drinks on one occasion) 	15%	23%	19%	23%	19%	17%
<b>Tobacco Use</b>						
<b>Current smoker</b> (currently smoke some or all days) 	15%	N/A	13%	10%	21%	17%
<b>Former smoker</b> (smoked 100 cigarettes in lifetime and now do not smoke)	20%	N/A	23%	24%	24%	25%
<b>Drug Use</b>						
<b>Adults who used marijuana</b> (in the past 6 months)	4%	N/A	4%	3%	N/A	N/A
<b>Adults who misused prescription medication</b> (in the past 6 months)	4%	N/A	9%	7%	N/A	N/A
<b>Sexual Behavior</b>						
<b>Had more than one sexual partner</b> (in past 12 months)	8%	N/A	4%	4%	N/A	N/A
<b>Preventive Medicine</b>						
<b>Ever had a pneumonia vaccination</b> (age 65 and older)	55%	N/A	N/A	68%	76%	75%
<b>Had a flu shot within the past year</b> (age 65 and older)	62%	N/A	70%	79%	63%	60%
<b>Ever had a shingles or zoster vaccine</b>	N/A	N/A	N/A	18%	29%	29%
<b>Had a sigmoidoscopy or colonoscopy within the past 5 years</b> (age 50 and over)	44%	N/A	57%	55%	N/A	N/A
<b>Had a clinical breast exam within the past two years</b> (age 40 and older)	72%	N/A	70%	64%	N/A	N/A
<b>Had a mammogram within the past two years</b> (age 40 and older)	59%	N/A	61%	64%	74%*	72%*
<b>Had a pap test within the past three years</b> (ages 21-65)	70%‡	N/A	71%‡	71%	82%*	80%*
<b>Had a PSA test within the past two years</b>	39%	N/A	36%	30%	39%*	40%*
<b>Had a digital rectal exam within the past year</b>	30%	N/A	18%	16%	N/A	N/A
<b>Quality of Life</b>						
<b>Limited in some way because of physical, mental or emotional problem</b>	20%	N/A	19%	21%	21%**	21%**
<b>Mental Health</b>						
<b>Considered attempting suicide</b> (in the past 12 months)	3%	N/A	4%	5%	N/A	N/A
<b>Attempted suicide</b> (in the past 12 months)	<1%	1%	1%	0%	N/A	N/A
<b>Oral Health</b>						
<b>Visited a dentist or dental clinic</b> (within the past year)	71%	N/A	72%	73%	68%*	66%*
<b>Visited a dentist or dental clinic</b> (5 or more years ago)	10%	N/A	8%	9%	11%*	10%*

N/A - Not available







\*2016 BRFSS Data

\*\*2015 BRFSS Data


‡Hancock 2011 and 2015 percentages are based on all women

 Indicates alignment with the Ohio State Health Assessment

# Youth Trend Summary

Youth Variables	Hancock County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Weight Control</b>					
<b>Obese</b> 	15%	15%	13%	9%	15%
<b>Overweight</b> 	13%	12%	12%	11%	16%
<b>Tried to lose weight</b>	42%	41%	46%	46%	47%
<b>Exercised to lose weight</b> (in the past 30 days)	29%	39%	49%	48%	N/A
<b>Ate less food, fewer calories, or foods lower in fat to lose weight</b> (in the past 30 days)	20%	26%	27%	30%	N/A
<b>Went without eating for 24 hours or more</b> (in the past 30 days)	2%	4%	3%	4%	N/A
<b>Took diet pills, powders, or liquids without a doctor's advice</b> (in the past 30 days)	<1%	2%	1%	1%	N/A
<b>Vomited or took laxatives</b> (in the past 30 days)	<1%	2%	1%	2%	N/A
<b>Physically active at least 60 minutes per day on every day in past week</b>	31%	39%	25%	27%	26%
<b>Physically active at least 60 minutes per day on 5 or more days in past week</b>	55%	57%	51%	55%	47%
<b>Did not participate in at least 60 minutes of physical activity on any day in past week</b> 	11%	14%	13%	14%	15%
<b>Tobacco Use</b>					
<b>Ever tried cigarette smoking</b> (even one or two puffs)	22%	22%	10%	14%	29%
<b>Current smoker</b> (smoked on at least 1 day during the past 30 days) 	8%	7%	4%	5%	9%
<b>Currently frequently smoked cigarettes</b> (on 20 or more days during the past 30 days)	3%	2%	<1%	1%	3%
<b>First tried cigarette smoking before the age of 13</b> (even one or two puffs)	N/A	7%	4%	3%	10%
<b>Alcohol Consumption</b>					
<b>Ever drank alcohol</b> (at least one drink of alcohol on at least 1 day during their life)	40%	37%	34%	46%	60%
<b>Current Drinker</b> (at least one drink of alcohol on at least 1 day during the past 30 days) 	17%	12%	12%	17%	30%
<b>Binge drinker</b> (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days) 	9%	7%	5%	10%	14%
<b>Had their first drink of alcohol before age 13 years</b> (other than a few sips)	N/A	14%	13%	10%	16%
<b>Rode with a driver who had been drinking alcohol</b> (in a car or other vehicle on 1 or more occasion during the past 30 days)	15%	16%	13%	10%	17%
<b>Drove when they had been drinking alcohol</b> (in a car or other vehicle on 1 or more occasion during the past 30 days, among students who had driven a car or other vehicle during the past 30 days)	3%	3%	3%	3%	6%
<b>Obtained the alcohol they drank by someone giving it to them</b> (of youth drinkers)	33%	27%	27%	29%	44%


N/A – Not Available

 Indicates alignment with the Ohio State Health Assessment

Youth Variables	Hancock County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Drug Use</b>					
<b>Used marijuana</b> (in the past month) 🇺🇸	7%	7%	3%	6%	20%
<b>Ever used methamphetamines</b> (in their lifetime)	2%	1%	1%	1%	3%
<b>Ever used cocaine</b> (in their lifetime)	3%	3%	1%	3%	5%
<b>Ever used heroin</b> (in their lifetime)	1%	1%	1%	2%	2%
<b>Ever took steroids without a doctor's prescription</b> (in their lifetime)	4%	2%	2%	1%	3%
<b>Ever used inhalants</b> (in their lifetime)	7%	6%	5%	3%	6%
<b>Prescription medication abuse</b> (in their lifetime)	7%	5%	2%	3%	N/A
<b>Were offered, sold, or given an illegal drug on school property</b> (in the past 12 months)	13%	6%	5%	5%	20%
<b>Sexual Behavior</b>					
<b>Ever had sexual intercourse</b>	15%	15%	9%	18%	40%
<b>Drank alcohol or used drugs before last sexual intercourse</b>	5%	9%	4%	6%	19%
<b>Used a condom</b> (during last sexual intercourse)	55%	54%	29%	30%	54%
<b>Used birth control pills</b> (during last sexual intercourse)	28%	31%	16%	20%	21%
<b>Did not use any method to prevent pregnancy during last sexual intercourse</b>	2%	12%	4%	5%	14%
<b>Had sexual intercourse with four or more persons</b> (of all youth during their life)	4%	3%	3%	6%	10%
<b>Had sexual intercourse before age 13</b> (of all youth)	N/A	2%	2%	1%	3%
<b>Mental Health</b>					
<b>Seriously considered attempting suicide</b> (in the past 12 months) 🇺🇸	12%	13%	12%	13%	17%
<b>Attempted suicide</b> (in the past 12 months) 🇺🇸	9%	7%	6%	5%	7%
<b>Felt sad or hopeless</b> (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months) 🇺🇸	16%	19%	25%	27%	32%
<b>Social Determinants of Health</b>					
<b>Visited a dentist within the past year</b> (for a check-up, exam, teeth cleaning, or other dental work)	80%	72%	75%	75%	N/A
<b>Violence</b>					
<b>Were in a physical fight</b> (in the past 12 months) 🇺🇸	5%	3%	4%	3%	N/A
<b>Carried a weapon</b> (in the past 30 days)	13%	8%	11%	11%	16%
<b>Did not go to school because they felt unsafe</b> (at school or on their way to or from school in the past 30 days) 🇺🇸	4%	5%	5%	5%	7%
<b>Electronically bullied</b> (in the past year) 🇺🇸	7%	13%	11%	9%	15%
<b>Bullied</b> (in the past year)	41%	51%	43%	41%	N/A
<b>Threatened or injured with a weapon on school property</b> (in the past 12 months)	5%	5%	9%	13%	6%
<b>Experienced physical dating violence</b> (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months) 🇺🇸	6%	4%	6%	10%	8%

N/A – Not Available


# CHILD TREND SUMMARY

Child Comparisons	Hancock County 2015 Ages 0-5	Hancock County 2018 Ages 0-5	Ohio 2016 Ages 0-5	U.S. 2016 Ages 0-5	Hancock County 2015 Ages 6-11	Hancock County 2018 Ages 6-11	Ohio 2016 Ages 6-11	U.S. 2016 Ages 6-11
<b>Health and Functional Status</b>								
Rated health as excellent or very good	97%	96%	94%	93%	93%	97%	91%	89%
Dental care visit in the past year	65%	45%	54% <sup>‡</sup>	59% <sup>‡</sup>	92%	93%	95%	91%
Diagnosed with asthma 	4%	4%	9%	6%	12%	9%	16%	15%
Diagnosed with diabetes	0%	0%	N/A	N/A	1%	0%	N/A	<1%
Diagnosed with ADHD/ADD	0%	0%	2%**	3%**	6%	6%	13%	9%
Diagnosed with behavioral or conduct problems	1%	0%	3%**	5%**	5%	3%	13%	11%
Diagnosed with epilepsy	0%	2%	N/A	1%	0%	1%	N/A	1%
Diagnosed with a head injury, brain injury, or concussion	2%	0%	N/A	1%	1%	2%	N/A	2%
Diagnosed with depression	0%	0%	N/A	<1%**	1%	2%	N/A	2%
Diagnosed with cerebral palsy	2%	2%	N/A	<1%**	0%	0%	N/A	<1%
Diagnosed with anxiety problems	1%	1%	1%**	2%**	7%	6%	9%	8%
Diagnosed with developmental delay	2%	5%	4%**	7%**	5%	3%	7%	6%
Diagnosed with intellectual disability/mental retardation	N/A	1%	N/A	1%**	N/A	<1%	N/A	1%
Diagnosed with learning disability	1%	1%	3%**	3%**	4%	2%	9%	7%
Diagnosed with speech or language delay	7%	6%	5%**	10%**	7%	9%	8%	9%
Child had one or more health conditions	N/A	4%	22%	22%	N/A	8%	46%	42%
<b>Health Care Access</b>								
Had public insurance	15%	14%	28%	37%	17%	13%	33%	38%
Been to doctor for preventive care in past year	91%	97%	91%	89%	76%	81%	83%	79%
Received all the medical care they needed	87%	94%	N/A	N/A	86%	94%	N/A	N/A
Had a personal doctor or nurse	86%	88%	75%	74%	86%	88%	77%	72%
Child received treatment or counseling from a mental health professional in the past year	2%	3%	1%*	3%	9%	7%	10%	10%
2 or more visits to the ER in the past year	9%	2%	9%	6%	2%	4%	5%	4%
<b>Early Childhood (Ages 0-5)</b>								
Never breastfed their child	17%	19%	30%	21%	N/A	N/A	N/A	N/A
Parent or family member read to child every day (in the past week)	N/A	39%	39%	38%	N/A	N/A	N/A	N/A

<sup>‡</sup>Ages 3-5

\*\*Ages 1-5

N/A – Not Available

 Indicates alignment with the Ohio State Health Assessment



Child Comparisons	Hancock County 2015 Ages 0-5	Hancock County 2018 Ages 0-5	Ohio 2016 Ages 0-5	U.S. 2016 Ages 0-5	Hancock County 2015 Ages 6-11	Hancock County 2018 Ages 6-11	Ohio 2016 Ages 6-11	U.S. 2016 Ages 6-11
<b>Middle Childhood (Ages 6-11)</b>								
Child participated in one or more activities	N/A	N/A	N/A	N/A	N/A	93%	82%	76%
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	N/A	18%	22%	26%	29%
Did not engage in any physical activity during the past week	N/A	N/A	N/A	N/A	N/A	2%	3%	5%
Parent definitely agreed that their child was safe at school	N/A	N/A	N/A	N/A	N/A	96%	77%	79%
<b>Family and Community Characteristics</b>								
Family ate a meal together every day of the week	40%	33%	51%	53%	35%	30%	43%	45%
Child never attends religious services	36%	34%	N/A	N/A	22%	35%	N/A	N/A
Parent definitely agreed that their child lives in a safe neighborhood	N/A	70%	64%	63%	N/A	69%	66%	62%
Someone living in the household uses cigarettes, cigars, or pipe tobacco	17%	15%	19%	15%	22%	13%	28%	17%
<b>Parent Health</b>								
Mother's mental or emotional health is fair/poor	5%	11%	5%	5%	5%	5%	9%	6%
Father's mental or emotional health is fair/poor	0%	0%	5%	3%	0%	3%	6%	3%

N/A – Not Available

# Health Care Access: Health Care Coverage

## Key Findings

In 2018, 5% of Hancock County adults were without health care coverage. The top reason adults gave for being without health care coverage was that they lost their job or changed employers (30%).

## General Health Coverage

- In 2018, 95% of Hancock County adults had health care coverage, leaving 5% of adults uninsured.
- Adults used the following types of health care coverage: employer (46%); Medicare (19%); someone else's employer (13%); Medicaid or medical assistance (9%); Health Insurance Marketplace (5%); self-paid plan (4%); multiple, including private sources (2%); multiple, including government sources (1%); and military or VA (1%).
- Hancock County adult health care coverage included the following: medical (96%), prescription coverage (94%), immunizations (82%), preventive health (81%), outpatient therapy (73%), dental (70%), vision/eyeglasses (67%), mental health (53%), durable medical equipment (40%), alcohol and drug treatment (31%), skilled nursing/assisted living (29%), home care (22%), hospice (21%), and transportation (19%).
- The top reasons uninsured adults gave for being without health care coverage were because they:
  - They lost their job or changed employers (30%)
  - They could not afford to pay the premiums (22%)
  - They became ineligible (17%)
  - Their employer did not/stopped offering coverage (17%)

*Note: Percentages do not equal 100% because respondents could select more than one reason*

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Uninsured</b>	8%	3%	5%	9%	11%

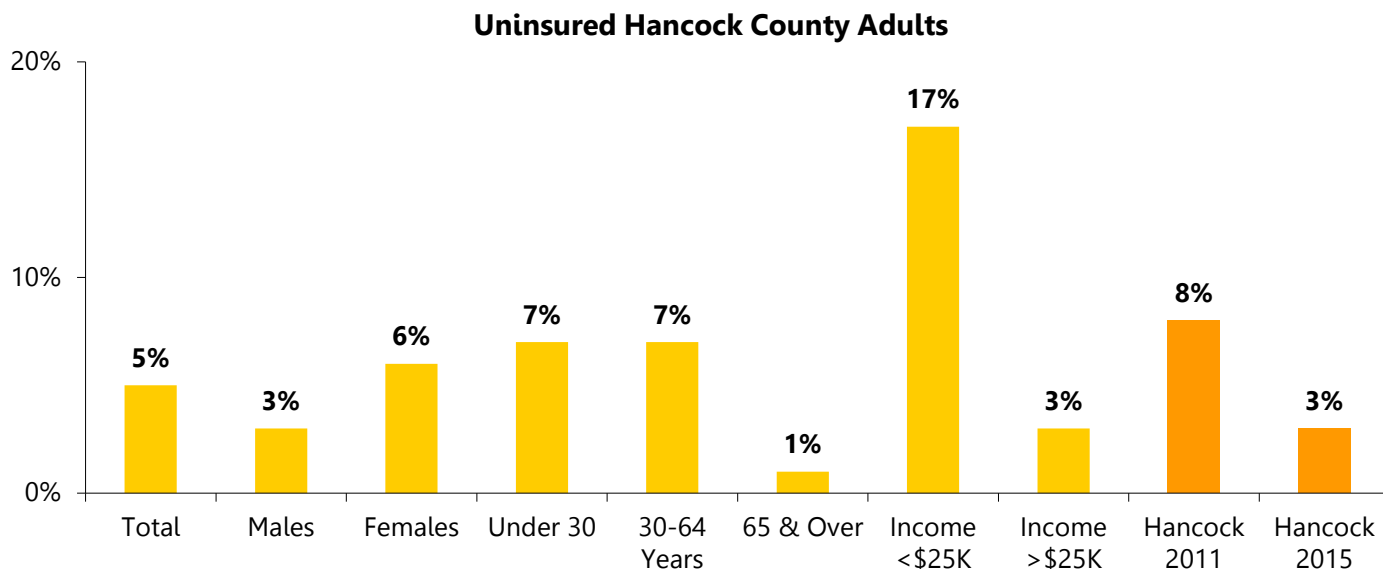
*Note: Hancock County did not ask health care coverage questions in 2013*

## Affordable Care Act's Individual Mandate Penalty for the Uninsured Population

- In 2017, the republican lawmakers passed the Tax Cuts and Jobs Act that allows the Affordable Care Act (ACA) to continue supporting health care to Americans while repealing the individual mandate penalty for not having health insurance beginning in 2019.
- The ACA penalty is based on your modified adjusted gross income. There won't be a federal penalty for people who are uninsured in 2019 and beyond, but penalties for people who were uninsured in 2018 will be assessed on tax returns filed in 2019. Some states will assess their own penalties in 2019 and beyond.
- States such as Massachusetts, New Jersey and Washington, DC will continue to have a penalty in 2019 while Vermont implemented a penalty to begin in 2020.
- Although exemptions will no longer be necessary after 2019, hardship exemptions will still be necessary to avoid a federal penalty for people age 30 and older who wish to purchase "catastrophic" health insurance such as low monthly premiums and very high deductibles. These plans are typically self-paid for most routine medical expenses but may be an affordable way to protect oneself against worst-case scenarios like severe illness or injury.

*(Source: HealthInsurance.org, Will you owe a penalty under Obamacare? Updated December 15, 2018)*

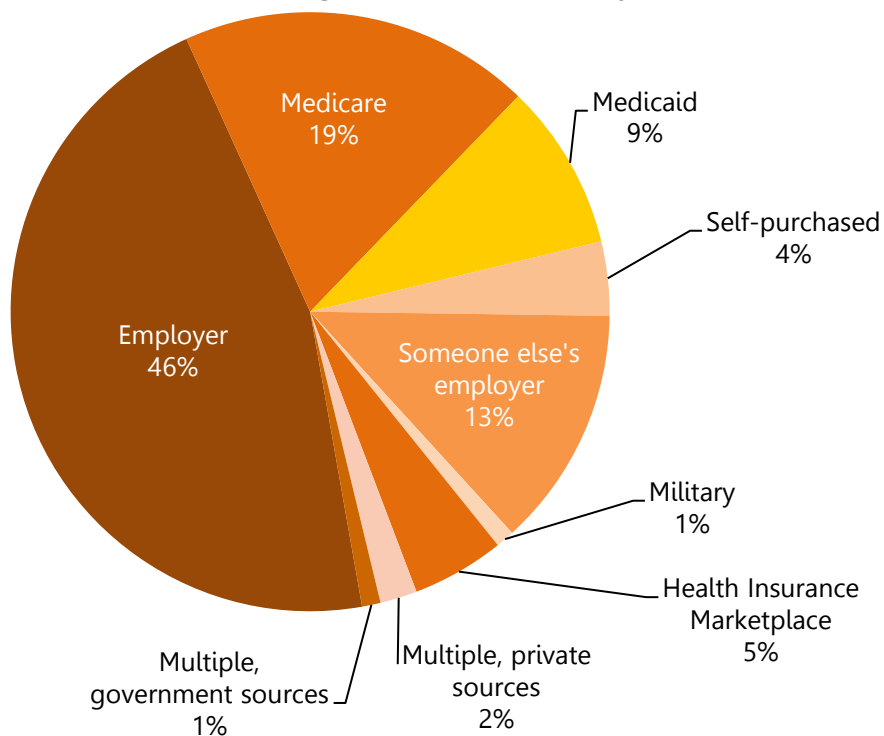
The following graph shows the percentages of uninsured Hancock County adults. Examples of how to interpret the information in the graph include: 5% of all adults were uninsured, including 17% of those with incomes less than \$25,000 and 6% of females. The pie chart shows sources of Hancock County adults' health care coverage.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

**In Hancock County, 2,802 adults were uninsured.**

### Source of Health Coverage for Hancock County Adults



The following chart shows what is included in Hancock County adults' insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	96%	2%	2%
Prescription Coverage	94%	4%	2%
Immunizations	82%	6%	12%
Preventive Health	81%	4%	15%
Outpatient Therapy (ex. Occupational Therapy, Physical Therapy)	73%	2%	25%
Dental	70%	27%	3%
Vision/Eyeglasses	67%	25%	8%
Mental Health	53%	6%	41%
Durable Medical Equipment	40%	5%	55%
Alcohol and Drug Treatment	31%	9%	60%
Skilled Nursing/Assisted Living (ex. Inpatient Rehab/Therapy)	29%	8%	63%
Home Care	22%	8%	70%
Hospice	21%	8%	71%
Transportation	19%	15%	66%

### Healthy People 2020 Access to Health Services (AHS)

Objective	Hancock County 2018	Ohio 2017	U.S. 2016*	Healthy People 2020 Target
<b>AHS-1.1: Persons under age of 65 years with health care insurance</b>	100% age 20-24 100% age 25-34 95% age 35-44 91% age 45-54 93% age 55-64	87% age 18-24 90% age 25-34 90% age 35-44 91% age 45-54 93% age 55-64	85% age 18-24 84% age 25-34 87% age 35-44 90% age 45-54 93% age 55-64	100%

\*U.S. baseline is age-adjusted to the 2000 population standard

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

(Sources: Healthy People 2020 Objectives, 2016 BRFSS, 2017 BRFSS, 2018 Hancock County Health Assessment)

# Health Care Access: Access and Utilization

## Key Findings

*Seventy-two percent (72%) of Hancock County adults had visited a doctor for a routine checkup in the past year. More than one-quarter (29%) of adults went outside of Hancock County for health care services in the past year. More than one-fifth (21%) of adults did not get prescriptions from their doctor filled in the past year.*

## Health Care Access and Utilization

- Seventy-two percent (72%) of Hancock County adults visited a doctor for a routine checkup in the past year, increasing to 81% of those over the age of 65.
- Adults with health care coverage were more likely to have visited a doctor for a routine checkup in the past year (71%), compared to 63% of those without health care coverage.
- Half (50%) of adults indicated they had one person they thought of as their personal doctor or health care provider, decreasing to 40% of those without health care coverage. Thirty-nine percent (39%) indicated they had more than one, and 9% did not have one particular doctor or health care provider.

## **2,802 Hancock County adults reported there was a time in the past year they needed care but could not get it.**

- More than one-quarter (29%) of adults went outside of Hancock County for the following health care services in the past year: specialty care (10%), primary care (8%), dental services (7%), dermatological care (5%), cancer care (2%), orthopedic care (2%), cardiac care (2%), ear/nose/throat care (2%), obstetrics/gynecology (1%), mental health care/counseling services (1%), female health services (1%), pediatric care (1%), podiatry care (1%), and other services (6%).
- More than one-fifth (21%) of adults did not get prescriptions from their doctor filled in the past year. Those who did not get their prescriptions filled gave the following reasons: no prescriptions to be filled (46%), too expensive (27%), they did not think they needed it (10%), they stretched their current prescription by taking less than prescribed (10%), side effects (10%), no insurance (9%), there was no generic equivalent (5%), fear of addiction (3%), and they were taking too many medications (1%).
- Hancock County adults had not gotten any of the following recommended major care or preventive care due to cost: medications (18%), lab testing (11%), mammogram (10%), colonoscopy (9%), immunizations (9%), Pap smear (8%), weight loss program (8%), mental health services (6%), prostate-specific antigen (PSA) test (5%), smoking cessation (5%), alcohol/drug treatment (4%), surgery (3%), and family planning services (3%).
- A living will is a written legal document that details adults' wishes for end-of-life medical care if they are unable to make decisions for themselves. More than one-third (36%) of Hancock County adults reported they had a living will, increasing to 62% of those over the age of 65.
- A durable power of attorney is a written legal document in which people name an individual who will make medical decisions for them when they are unable to do so. Twenty-eight percent (28%) had a durable power of attorney, increasing to 56% of those over the age of 65.
- Of the Hancock County adults who did not have a living will or durable power of attorney, 77% had discussed their medical wishes with a family member or loved one.

## Availability of Services

- Five percent (5%) of Hancock County adults had looked for a program to assist in care for the elderly or a disabled adult (either in-home or out-of-home) for either themselves or a loved one. Of those who looked, 89% looked for in-home care, 33% looked for out-of-home placement, 28% looked for day care, 22% looked for an assisted living program, 22% looked for end-of-life care, 11% looked for Respite or overnight care, and 6% looked for a disabled adult program.
- Five percent (5%) of Hancock County adults reported there was a time in the past year they needed care but could not get it, increasing to 17% of those with incomes less than \$25,000 and 33% of those without health care coverage.
- Hancock County adults reported they had looked for the following programs: depression, anxiety, or some mental health problem (12%); weight problems (4%); disability (3%); marital or family problems (2%); tobacco cessation (2%); alcohol use (1%); family planning (1%); and cancer support group/counseling (1%).

### Hancock County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Hancock County adults who have looked but have <b>NOT</b> found a specific program	Hancock County adults who have looked and have found a specific program
<b>Depression, Anxiety, or Some Mental Health Problem</b> (12% of all adults looked)	20%	80%
<b>Weight Problems</b> (4% of all adults looked)	29%	71%
<b>Disability</b> (3% of all adults looked)	30%	70%
<b>Marital/Family Problems</b> (2% of all adults looked)	20%	80%
<b>Tobacco Cessation</b> (2% of all adults looked)	50%	50%
<b>Alcohol Use</b> (1% of all adults looked)	20%	80%
<b>Cancer Support Group/Counseling</b> (1% of all adults looked)	33%	67%
<b>Family Planning</b> (1% of all adults looked)	100%	0%

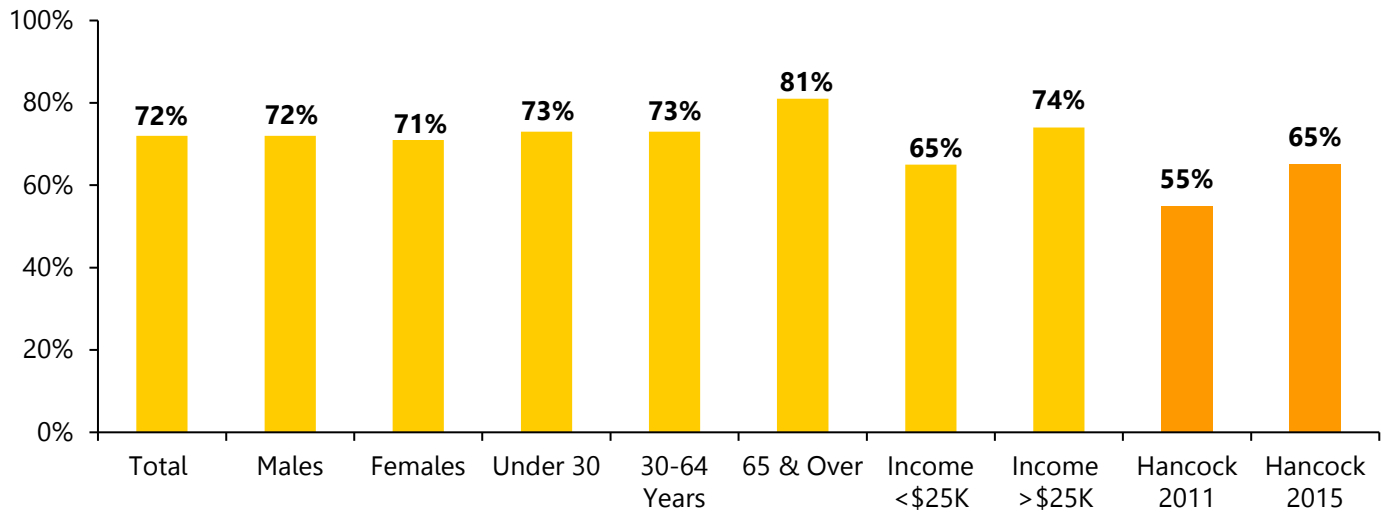
Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Visited a doctor for a routine check-up</b> (in the past 12 months)	55%	65%	72%	72%	70%
<b>Had one or more persons they thought of as their personal health care provider</b>	N/A	90%	89%	81%	77%

N/A – Not Available

Note: Hancock County did not ask routine checkup questions in 2013

The following graph shows the percentage of Hancock County adults who had a routine check-up in the past year. Examples of how to interpret the information on the graph include: 72% of all Hancock County adults had a routine check-up in the past year, including 72% of males and 81% of those 65 years and older.

### Hancock County Adults Who Had a Routine Check-up in the Past Year



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

### Understanding LGBT Health

- LGBT individuals encompass all races and ethnicities, religions, and social classes. Sexual orientation and gender identity questions are not asked on most national or State surveys, making it difficult to estimate the number of LGBT individuals and their health needs.
- Social determinants affecting the health of LGBT individuals largely relate to oppression and discrimination including: legal discrimination in access to health insurance, employment, marriage, etc.; lack of social programs targeted to and/or appropriate for LGBT youth, adults, and elders; and shortage of health care providers who are knowledgeable and culturally competent in LGBT health.
- Eliminating LGBT health disparities and enhancing efforts to improve LGBT health are necessary to ensure that LGBT individuals can lead long, healthy lives. LGBT health requires specific attention from health care and public health professionals to address many disparities, including:
  - LGBT youth are 2 to 3 times more likely to attempt suicide
  - LGBT youth are more likely to be homeless
  - Lesbians are less likely to get preventive services for cancer
  - Gay men are at higher risk of HIV and STDs, especially among communities of color
  - Lesbians and bisexual females are more likely to be overweight or obese
  - LGBT populations have the highest rates of tobacco, alcohol, and other drug use
  - Elderly LGBT individuals face barriers to health because a lack of social services and culturally competent providers

(Source: Healthy People 2020, Lesbian, LGBT Health, Updated 2/19/19)

# Health Care Access: Preventive Medicine

## Key Findings

More than two-thirds (68%) of adults age 65 and over had a pneumonia vaccination at some time in their life. Fifty-seven percent (57%) of adults had a flu vaccine in the past year.

## Preventive Medicine

- Fifty-seven percent (57%) of Hancock County adults had a flu vaccine during the past 12 months, increasing to 79% of Hancock County adults age 65 and over.
- Nearly one-quarter (24%) of adults have had a pneumonia vaccine in their life, increasing to 68% of those age 65 and over.
- Hancock County adults have had the following vaccines: MMR in their lifetime (73%), tetanus booster (including Tdap) in the past 10 years (57%), chicken pox in their lifetime (46%), hepatitis B vaccine in their lifetime (44%), pertussis vaccine in the past 10 years (22%), Zoster (shingles) vaccine in their lifetime (18%), and human papillomavirus (HPV) vaccine in their lifetime (11%).
- Hancock County adults indicated a doctor or health professional talked to them about following topics in the past year: weight control (diet, physical activity) (41%); immunizations (34%); family history (29%); depression, anxiety, or emotional problems (24%); safe use of prescription medication (20%); bone density (10%); tobacco use (10%); injury prevention, such as safety belt use, helmet use, or smoke detectors (9%); alcohol use (8%); falls (8%); self-testicular exams (7%); safe use of opiate-based pain medication (7%); domestic violence (4%); family planning (3%); illicit drug use (3%); sexually transmitted diseases (STDs) (3%); and firearm safety (2%).

## Preventive Health Screenings and Exams

- Hancock County adults have had the following screenings or exams in the past two years: vision (67%), hearing (28%), skin cancer (20%), osteoporosis (7%), and memory screening (2%).
- More than half (55%) of adults age 50 and over had a colonoscopy or sigmoidoscopy in the past five years.
- In the past year, 53% of Hancock County women age 40 and over had a mammogram.
- Forty-eight percent (48%) of men age 50 and over had a PSA test in the past year.
- See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening information for Hancock County adults.

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Ever had a pneumonia vaccination</b> (age 65 and older)	55%	N/A	68%	76%	75%
<b>Had a flu vaccine within the past year</b> (age 65 and older)	62%	70%	79%	63%	60%
<b>Ever had a shingles or zoster vaccine</b>	N/A	N/A	18%	29%	29%
<b>Had a sigmoidoscopy or colonoscopy within the past 5 years</b> (age 50 and older)	44%	57%	55%	N/A	N/A

N/A – Not Available

Note: Hancock County did not ask preventive health screening questions in 2013



### Hancock County Adult Health Screening Results

General Screening Results	Total Sample*
Diagnosed with high blood cholesterol	39%
Diagnosed with high blood pressure	34%
Diagnosed with diabetes	12%
Ever been diagnosed with pneumonia (after the age of 60)	4%
Survived a stroke	4%
Survived a heart attack	3%

\*Percentages based on all Hancock County adults surveyed.

### Healthy People 2020 Immunization and Infectious Diseases (IID)

Objective	Hancock County 2018	Ohio 2017	U.S. 2017	Healthy People 2020 Target
<b>IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease</b>	68%	63%	60%	90%

Note: U.S. baseline is age-adjusted to the 2000 population standard

(Sources: Healthy People 2020 Objectives, 2017 BRFSS, 2018 Hancock County Health Assessment)


### Hancock County Adults Having Discussed Health Care Topics With Their Health Care Professional in the Past 12 Months


Health Care Topics	Total 2015	Total 2018
Weight control	36%	41%
Immunizations	36%	34%
Family history	17%	29%
Depression, anxiety, or emotional problems	18%	24%
Safe use of prescription medication	N/A	20%
Bone density	N/A	10%
Tobacco use	N/A	10%
Injury prevention, such as safety belt use & helmet use	10%	9%
Alcohol use	9%	8%
Falls	N/A	8%
Safe use of opiate-based pain medication	N/A	7%
Self-testicular exams	N/A	7%
Domestic violence	3%	4%
Family planning	N/A	3%
Illicit drug use	3%	3%
Sexually transmitted diseases (STDs)	N/A	3%
Firearm safety	N/A	2%
Substance use treatment options	N/A	0%

**Table 1**

**Recommended Adult Immunization Schedule by Age Group  
United States, 2019**

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
<b>Influenza inactivated (IIV) or Influenza recombinant (RIV)</b> <sup>or</sup>	1 dose annually				
<b>Influenza live attenuated (LAIV)</b>					
<b>Tetanus, diphtheria, pertussis (Tdap or Td)</b>	1 dose Tdap, then Td booster every 10 yrs				
<b>Measles, mumps, rubella (MMR)</b>	1 or 2 doses depending on indication (if born in 1957 or later)				
<b>Varicella (VAR)</b>	2 doses (if born in 1980 or later)				
<b>Zoster recombinant (RZV) (preferred)</b> <sup>or</sup>	2 doses				
<b>Zoster live (ZVL)</b>					
<b>Human papillomavirus (HPV) Female</b>	2 or 3 doses depending on age at initial vaccination				
<b>Human papillomavirus (HPV) Male</b>	2 or 3 doses depending on age at initial vaccination				
<b>Pneumococcal conjugate (PCV13)</b>	1 dose				
<b>Pneumococcal polysaccharide (PPSV23)</b>	1 or 2 doses depending on indication				
<b>Hepatitis A (HepA)</b>	2 or 3 doses depending on vaccine				
<b>Hepatitis B (HepB)</b>	2 or 3 doses depending on vaccine				
<b>Meningococcal A, C, W, Y (MenACWY)</b>	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
<b>Meningococcal B (MenB)</b>	2 or 3 doses depending on vaccine and indication				
<b>Haemophilus influenzae type b (Hib)</b>	1 or 3 doses depending on indication				

 Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

 Recommended vaccination for adults with an additional risk factor or another indication

 No recommendation

(Source: Centers for Disease Control and Prevention, Recommended Immunizations for Adults, 2019)

# Health Care Access: Women's Health

## Key Findings

More than half (53%) of Hancock County women over the age of 40 reported having a mammogram in the past year. Forty-nine percent (49%) of Hancock County women ages 19 and over had a clinical breast exam and 37% had a Pap smear to detect cancer of the cervix in the past year. Three percent (3%) of women survived a heart attack and 3% survived a stroke at some time in their life. Forty-six percent (46%) were obese, 35% were diagnosed with high blood cholesterol, 31% had high blood pressure, and 13% were identified as current smokers, all known risk factors for cardiovascular diseases.

## Women's Health Screenings

- In 2018, 60% of women had a mammogram at some time, and more than one-third (36%) had this screening in the past year.
- More than half (53%) of women ages 40 and over had a mammogram in the past year, and 64% had one in the past two years.
- Eighty-eight percent (88%) of Hancock County women had a clinical breast exam at some time in their life, and 49% had one within the past year. Sixty-four percent (64%) of women age 40 and over had a clinical breast exam in the past two years.
- Ninety percent (90%) of Hancock County women ages 21-65 had a Pap smear at some point in their life, and 40% reported having had the exam in the past year. Seventy-one percent (71%) of women ages 21-65 had a Pap smear in the past three years. The 2016 BRFSS indicated that 82% of Ohio and 80% of U.S. women had a pap test in the past three years.

## Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: private gynecologist (58%), general or family physician (20%), nurse practitioner/physician assistant (2%), family planning clinic (2%), community health center (2%), midwife (1%), and some other kind of place (1%). One-in-ten (10%) indicated they did not have a usual source of services for female health concerns.
- Hancock County females reported experiencing the following in their lifetime: menopause (41%), premenstrual syndrome (PMS) (25%), incontinence (15%), perimenopause (13%), hormone replacement therapy (8%), and osteoporosis (8%).
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Hancock County, the 2018 health assessment identified that:
  - 65% of women were overweight or obese (2017 BRFSS reported 64% for Ohio and 2016 BRFSS reported 59% for the U.S.)
  - 35% were diagnosed with high blood cholesterol (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 35% for the U.S.)
  - 31% were diagnosed with high blood pressure (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 30% for the U.S.)
  - 13% of all women were current smokers (2017 BRFSS reported 20% for Ohio and 2016 BRFSS reported 14% for the U.S.)

### Hancock County Female Leading Causes of Death, 2015–2017

*Total Female Deaths: 1,206*

1. Heart Diseases (20% of all deaths)
2. Cancers (20%)
3. Alzheimer's Disease (11%)
4. Stroke (6%)
5. Chronic Lower Respiratory Diseases (6%)

*(Source: Ohio Public Health Data Warehouse, 2015-2017)*

### Ohio Female Leading Causes of Death, 2015–2017

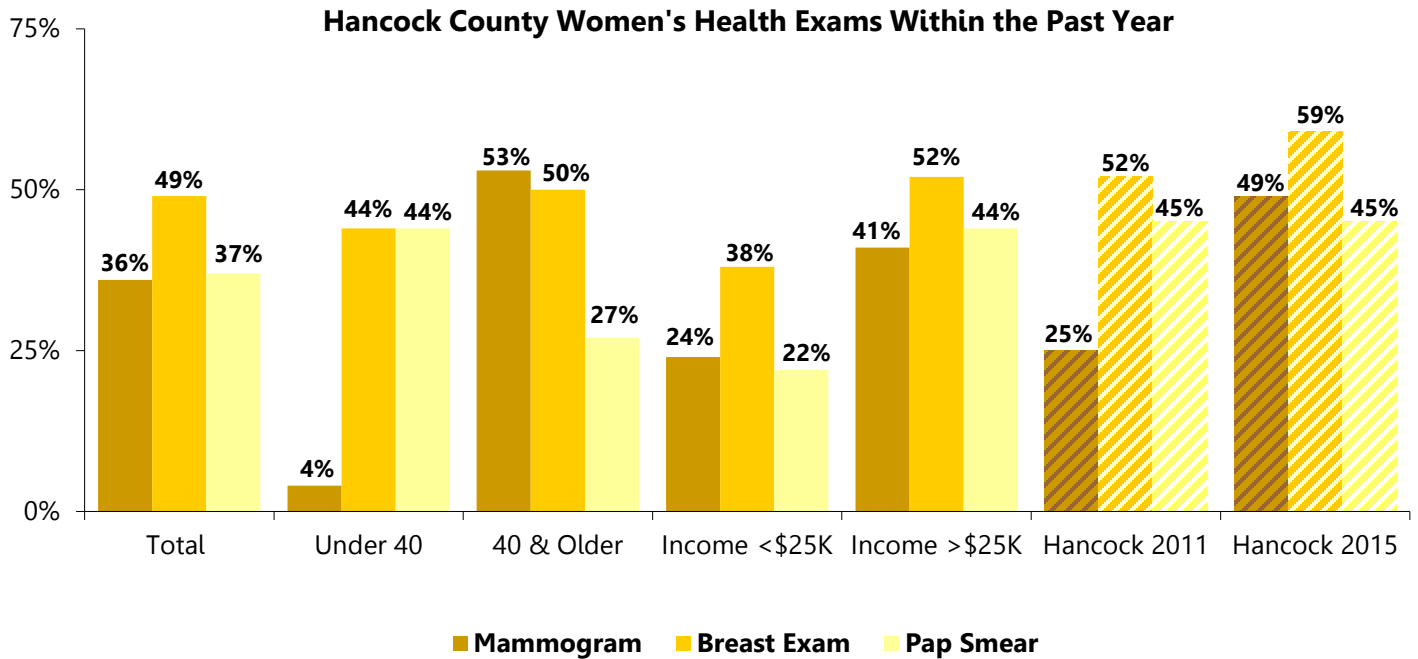
*Total Female Deaths: 180,539*

1. Heart Diseases (22% of all deaths)
2. Cancers (20%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's Disease (6%)

*(Source: Ohio Public Health Data Warehouse, 2015-2017)*

- 10% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)
- In 2018, 3% of women had survived a heart attack and 3% had survived a stroke at some time in their life.
- From 2015 to 2017, major cardiovascular diseases (heart disease and stroke) accounted for 26% of all female deaths in Hancock County (Source: Ohio Public Health Data Warehouse, 2015-2017).

The following graph shows the percentage of Hancock County females who had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 36% had a mammogram within the past year, 49% had a clinical breast exam, and 37% had a Pap smear.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Had a clinical breast exam within the past two years (age 40 and older)</b>	72%	70%	64%	N/A	N/A
<b>Had a mammogram within the past two years (age 40 and older)</b>	59%	61%	64%	74%*	72%*
<b>Had a Pap smear in the past three years (ages 21-65)</b>	70%**	71%**	71%	82%*	80%*

N/A – Not Available

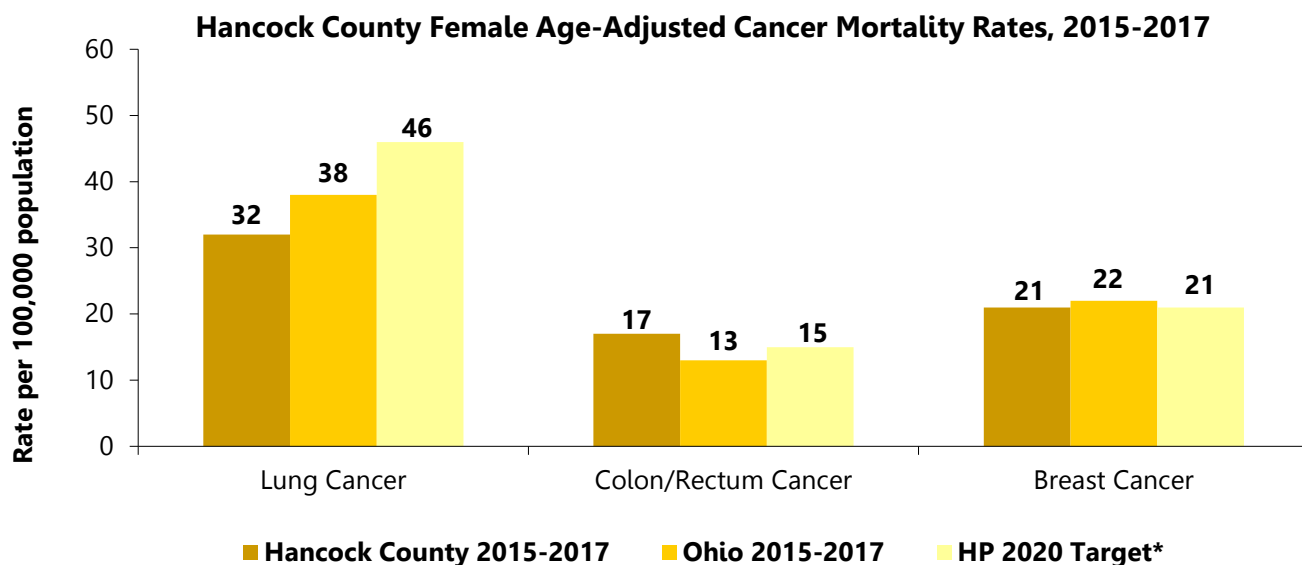
\*2016 BRFSS

\*\*Hancock 2011 and 2015 percentages are based on all women

Note: Hancock County did not ask women's health screening questions in 2013

The following graph shows the Hancock County and Ohio age-adjusted cancer mortality rates per 100,000 population for women with comparison to Healthy People 2020 objectives. The graph shows:

- From 2015 to 2017, the Hancock County female age-adjusted mortality rate for lung cancer was lower than both the Ohio rate and the Healthy People 2020 target objective.
- The Hancock County female age-adjusted mortality rate for colorectal cancer was higher than the Ohio rate and the Healthy People 2020 target objective.
- The Hancock County female age-adjusted mortality rate for breast cancer was slightly lower than the Ohio rate.



*(Sources: Ohio Public Health Data Warehouse 2015-2017 and Healthy People 2020)*

## What Can I Do to Reduce My Risk of Breast Cancer?

Many factors can influence your breast cancer risk, and most women who develop breast cancer do not have any known risk factors or a history of the disease in their families. However, you can help lower your risk of breast cancer in the following ways:

- Keep a healthy weight.
- Exercise regularly (at least four hours a week).
- Get enough sleep.
- Don't drink alcohol, or limit alcohol drinks to no more than one per day.
- Avoid exposures to chemicals that can cause cancer (carcinogens).
- Try to reduce your exposure to radiation during medical tests like mammograms, X-rays, CT scans, and PET scans.
- If you are taking, or have been told to take, hormone replacement therapy or oral contraceptives (birth control pills), ask your doctor about the risks and find out if it is right for you.
- Breastfeed your babies, if possible.

If you have a family history of breast cancer or inherited changes in your BRCA1 and BRCA2 genes, you may have a higher breast cancer risk. Talk to your doctor about these ways of reducing your risk:

- Anti-estrogens or other medicines that block or decrease estrogen in your body.
- Surgery to reduce your risk of breast cancer:
  - Prophylactic (preventive) mastectomy (removal of breast tissue).
  - Prophylactic (preventive) salpingo-oophorectomy (removal of the ovaries and fallopian tubes).

*(Source: Centers for Disease Control and Prevention, What Can I Do to Reduce My Risk of Breast Cancer? Updated September 2018)*

# Health Care Access: Men's Health

## Key Findings

In 2018, 48% of Hancock County males over the age of 50 had a prostate-specific antigen (PSA) test in the past year. More than two-fifths (43%) had been diagnosed with high blood cholesterol, 38% had high blood pressure, and 7% were identified as current smokers, which, along with obesity (42%), all known risk factors for cardiovascular diseases.

## Men's Health Screenings and Concerns

- Nearly two-fifths (38%) of Hancock County males had a prostate-specific antigen (PSA) test at some time in their life, and 25% had one in the past year.
- Sixty-nine percent (69%) of males age 50 and over had a PSA test at some time in their life, and 48% had one in the past year.
- Almost half (48%) of men had a digital rectal exam in their lifetime, and 16% had one in the past year.
- Thirty-one percent (31%) of males age 50 and over had a digital rectal exam in the past year.
- Hancock County men reported experiencing the following in their lifetime: erectile dysfunction (22%), enlarged prostate (14%), low testosterone (8%), and incontinence (3%).
- From 2015 to 2017, major cardiovascular diseases (heart disease and stroke) accounted for 25% of all male deaths in Hancock County (Source: Ohio Public Health Data Warehouse, 2015-2017).
- In 2018, 4% of men survived a heart attack and 4% survived a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Hancock County, the 2018 health assessment identified:
  - 80% of men were overweight or obese (2017 BRFSS reported 72% for Ohio and 2016 BRFSS reported 71% for the U.S.)
  - 43% were diagnosed with high blood cholesterol (2017 BRFSS reported 34% for Ohio and 2016 BRFSS reported 38% for the U.S.)
  - 38% were diagnosed with high blood pressure (2017 BRFSS reported 37% for Ohio and 2016 BRFSS reported 34% for the U.S.)
  - 13% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)
  - 7% of all men were current smokers (2017 BRFSS reported 22% for Ohio and 2016 BRFSS reported 19% for the U.S.)
- From 2015-2017, lung and bronchus, prostate, and colorectal cancers accounted for the most cancer deaths among Hancock County males. Statistics from the same period for Ohio males indicate that lung and bronchus, colorectal, and prostate cancers were the leading cancer deaths (Source: Ohio Public Health Data Warehouse, 2015-2017).

### Hancock County Male Leading Causes of Death, 2015–2017

**Total Male Deaths: 1,156**

1. Cancers (22% of all deaths)
2. Heart Diseases (21%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (7%)
5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

### Ohio Male Leading Causes of Death, 2015–2017

**Total Male Deaths: 180,695**

1. Heart Diseases (24% of all deaths)
2. Cancers (22%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

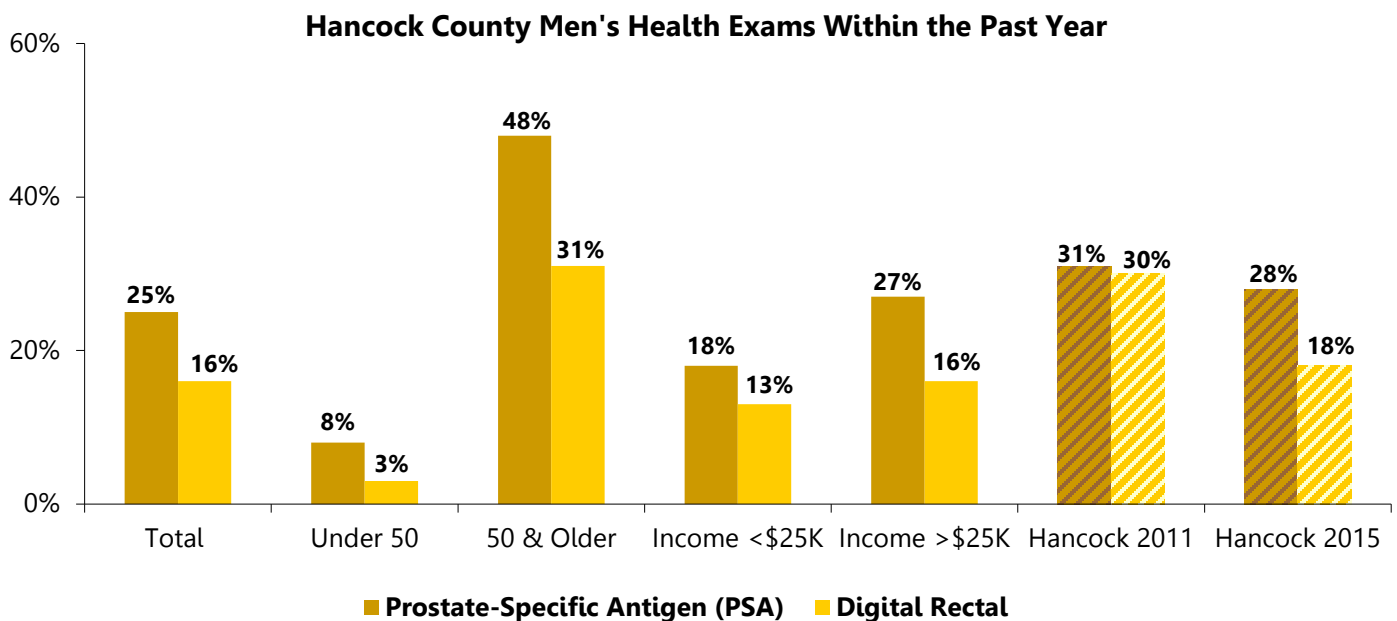
Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
Had a PSA test within the past two years (age 40 and older)	39%	36%	30%	39%*	40%*
Had a digital rectal exam within the past year	30%	18%	16%	N/A	N/A

N/A- Not Available

\*2016 BRFSS

Note: Hancock County did not ask men's health screening questions in 2013

The following graph shows the percentage of Hancock County males who had various health exams in the past year. Examples of how to interpret the information include: 25% had a PSA test within the past year, and 16% had a digital rectal exam.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

### Prostate Cancer Awareness

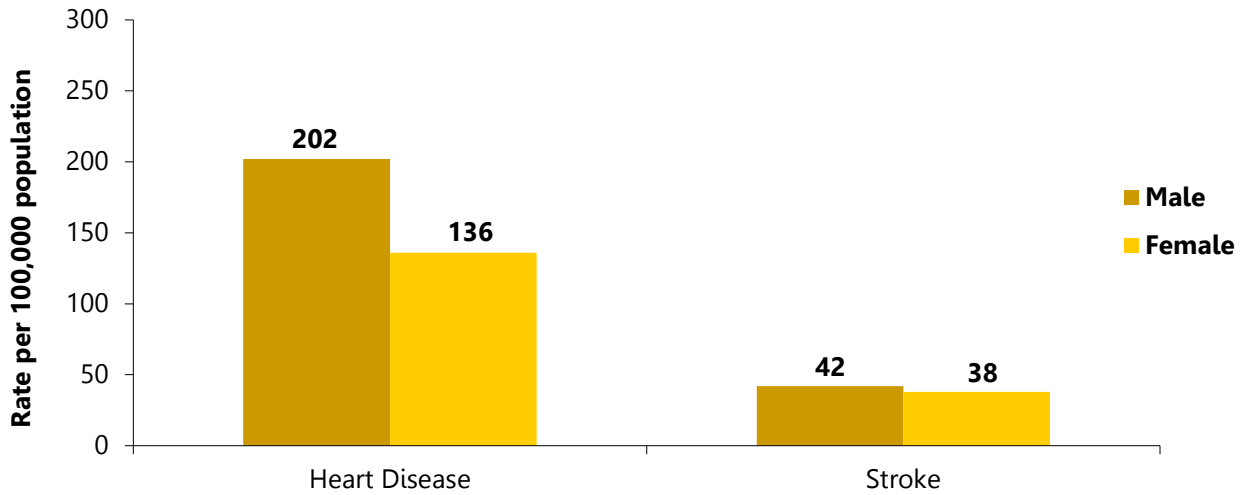
- Prostate cancer is one of the most common cancers among American men. Most prostate cancers grow slowly and don't cause any health problems in men who have them.
- Men can have different symptoms for prostate cancer. Some men do not have symptoms at all. Some symptoms of prostate cancer are difficulty starting urination, frequent urination (especially at night), weak or interrupted flow of urine, and blood in the urine or semen.
- There is no way to know for sure if you will get prostate cancer. Men have a greater chance of getting prostate cancer if they are 50 years old or older, are African-American, or have a father, brother, or son who has had prostate cancer.
- Two tests are commonly used to screen for prostate cancer:
  - **Digital rectal exam (DRE):** A doctor, nurse, or other health care professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland.
  - **Prostate specific antigen test (PSA):** PSA is a substance made by the prostate. The PSA test measures the level of PSA in the blood, which may be higher in men who have prostate cancer. However, other conditions such as an enlarged prostate, prostate infection and certain medical procedures also may increase PSA levels.

(Source: Centers for Disease Control and Prevention, Prostate Cancer Awareness, Updated September 2017)

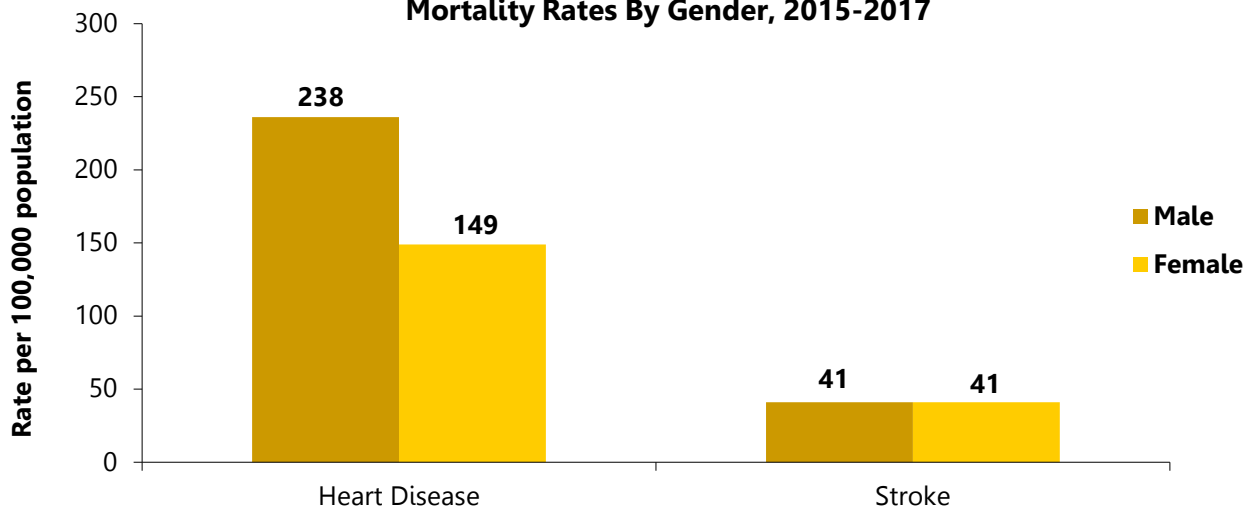
The following graphs show the Hancock County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases by gender. The graphs show:

- From 2015 to 2017, the Hancock County and Ohio male age-adjusted mortality rates were higher than the female age-adjusted mortality rates for heart disease.
- The Hancock County male age-adjusted stroke mortality rate was higher than the Hancock County female age-adjusted stroke mortality rate, while the male and female stroke mortality rates for Ohio were equal.

**Hancock County Age-Adjusted Heart Disease Mortality Rates By Gender, 2015-2017**



**Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2015-2017**

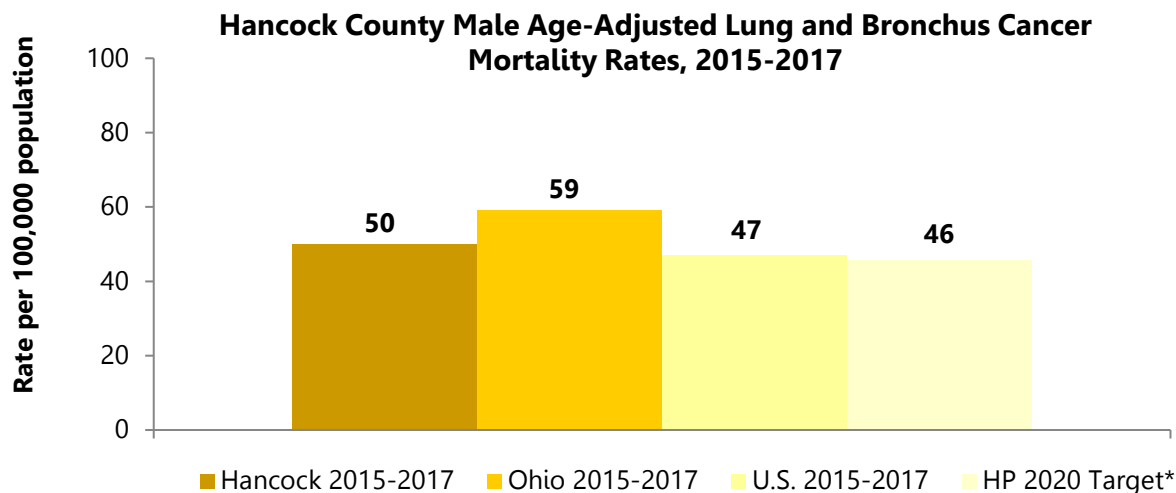


(Source for graphs: Ohio Public Health Data Warehouse, 2015-2017)



The following graph shows the Hancock County age-adjusted lung cancer mortality rates per 100,000 population for men with comparison to Ohio and U.S. rates, and the Healthy People 2020 objective. The graph shows:

- From 2015 to 2017, the Hancock County age-adjusted mortality rate for male lung cancer was significantly lower than the Ohio rate but higher than the U.S rate as well as the Healthy People 2020 objective.



\*Note: The Healthy People 2020 target rates are not gender specific.  
 (Sources: CDC Wonder 2015-2017, Ohio Public Health Data Warehouse 2015-2017, and Healthy People 2020)

### U.S. Men's Health Data

- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- 18% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 32% had 5 or more drinks in 1 day at least once in the past year.
- Only 56% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 35% of men 20 years and over are obese.
- There are 12% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, Updated May 2017)

# Health Care Access: Oral Health

## Key Findings

Nearly three-fourths (73%) of Hancock County adults visited a dentist or dental clinic in the past year. The top reasons adults gave for not visiting a dentist in the past year were cost (23%); no oral health problems or had not thought of it (21%); and fear, apprehension, nervousness, pain, and dislike going (18%).

## Access to Dental Care

- In the past year, 73% of Hancock County adults had visited a dentist or dental clinic, decreasing to 63% of those with incomes less than \$25,000.
- More than three-fourths (77%) of Hancock County adults with dental insurance had been to the dentist in the past year, compared to 71% of those without dental insurance.
- Hancock County adults reported the following reasons for not visiting a dentist in the last year:
  - Cost (23%)
  - No reason to go/had not thought of it (21%)
  - Fear, apprehension, nervousness, pain, dislike going (18%)
  - Have dentures (15%)
  - Did not have/know a dentist (5%)
  - Could not find a dentist who took Medicaid patients (3%)
  - Dentist did not accept their medical coverage (1%)
  - Could not get into a dentist (1%)

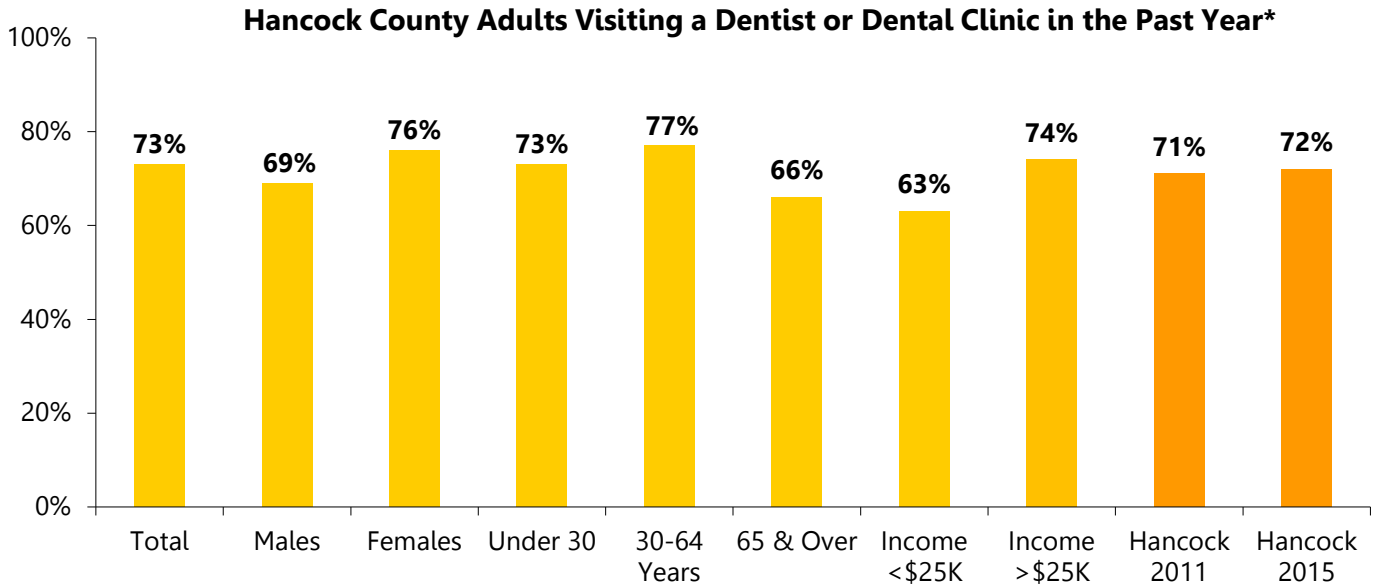
Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
<b>Time Since Last Visit to Dentist/Dental Clinic</b>					
<b>Males</b>	69%	8%	10%	11%	1%
<b>Females</b>	76%	8%	8%	7%	0%
<b>Total</b>	73%	8%	9%	9%	<1%

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Visited a dentist or a dental clinic</b> (within the past year)	71%	72%	73%	68%*	66%*
<b>Visited a dentist or a dental clinic</b> (5 or more years ago)	10%	8%	9%	11%*	10%*

\*2016 BRFSS

Note: Hancock County did not ask dental visit questions in 2013

The following graph indicates the percentage of Hancock County adults who visited a dentist or dental clinic in the past year. Examples of how to interpret the information include: 73% of all adults had been to the dentist or dental clinic in the past year, including 69% of males and 63% of those with incomes less than \$25,000.



\*Totals may not equal 100% as some respondents answered do not know.

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

### Oral Health Basics

- Oral health affects our ability to speak, smile, eat, and show emotions. It also affects self-esteem, school performance, and attendance at work and school. Oral diseases—which range from cavities to gum disease to oral cancer—cause pain and disability for millions of Americans. They also cost taxpayers billions of dollars each year.
- Cavities (also called tooth decay) are one of the most common chronic conditions in the United States. By age 34, more than 80% of people had at least one cavity. More than 40% of adults have felt pain in their mouth in the last year. On average, the nation spends more than \$113 billion a year on costs related to dental care. More than \$6 billion of productivity is lost each year because people miss work to get dental care.
- Oral health has been linked with other chronic diseases, like diabetes and heart disease. It is also linked with risk behaviors like using tobacco and eating and drinking foods and beverages high in sugar.
- Public health strategies such as community water fluoridation and school dental sealant programs have been proven to save money and prevent cavities.

(Source: CDC, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, Updated May 2018)

# Health Behaviors: Health Status Perceptions

## Key Findings

*In 2018, more than half (51%) of Hancock County adults rated their health status as excellent or very good. Conversely, 11% of adults described their health as fair or poor, increasing to 33% of those with incomes less than \$25,000.*

### Adults Who Rated General Health Status Excellent or Very Good

- Hancock County 51% (2018)
- Ohio 49% (2017)
- U.S. 51% (2017)

*(Source: 2017 BRFSS for Ohio and U.S.)*

## General Health Status

- In 2018, more than half (51%) of Hancock County adults rated their health as excellent or very good. Hancock County adults with higher incomes (60%) were most likely to rate their health as excellent or very good, compared to 18% of those with incomes less than \$25,000.
- Eleven percent (11%) of adults rated their health as fair or poor.
- More than one-quarter (27%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.
- Hancock County adults were most likely to rate their health as fair or poor if they:
  - Had an annual household income less than \$25,000 (33%)
  - Had been diagnosed with diabetes (31%)
  - Were widowed (23%)
  - Were age 65 and older (22%)
  - Had high blood pressure (21%)

## Physical Health Status

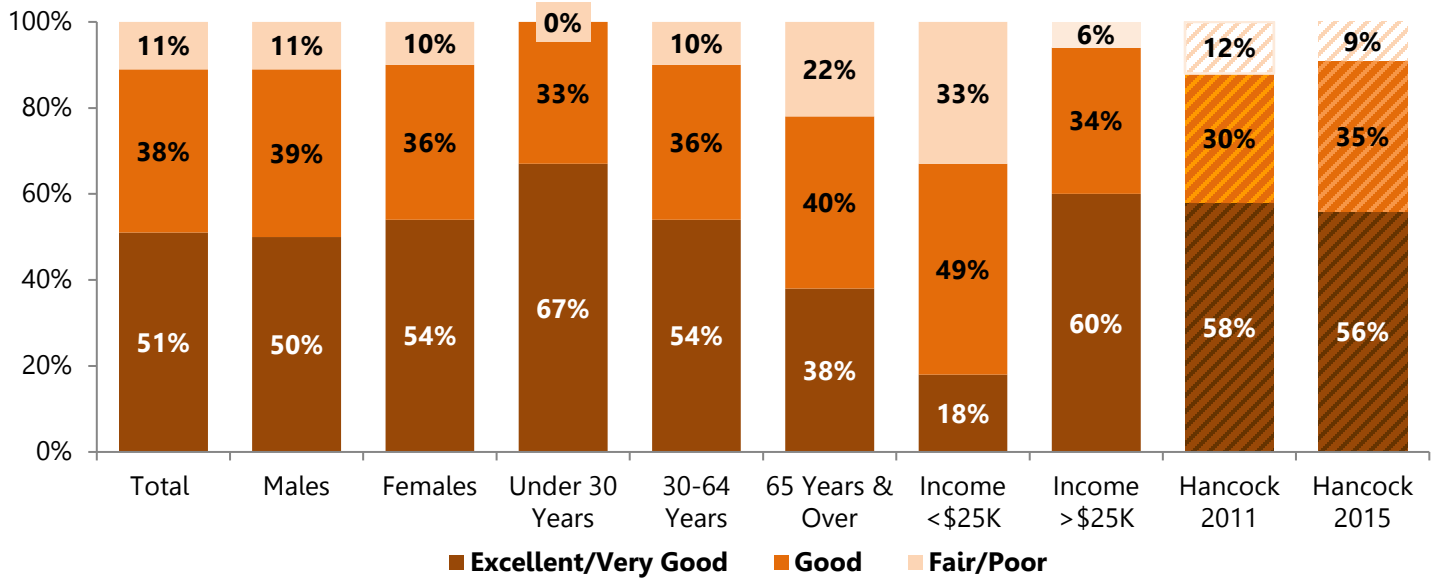
- Nearly one-quarter (22%) of Hancock County adults rated their physical health as not good on four or more days in the previous month.
- Hancock County adults reported their physical health as not good on an average of 4.4 days in the previous month.
- Hancock County adults were most likely to rate their physical health as not good (on four or more days during the past month) if they:
  - Had an annual income less than \$25,000 (31%)
  - Were age 65 or older (26%)

## Mental Health Status

- Nearly one-third (32%) of Hancock County adults rated their mental health as not good on four or more days in the previous month.
- Hancock County adults reported their mental health as not good on an average of 4.3 days in the previous month.
- Hancock County adults were most likely to rate their mental health as not good if they:
  - Had an annual household income less than \$25,000 (43%)
  - Were under the age of 30 (36%)

The following graph shows the percentage of Hancock County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 51% of all adults, 50% of males, and 38% of those age 65 and older rated their health as excellent or very good.

**Hancock County Adult Health Perceptions\***



\*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
<b>Physical Health Not Good in Past 30 Days*</b>					
<b>Males</b>	51%	16%	3%	2%	14%
<b>Females</b>	48%	19%	2%	5%	17%
<b>Total</b>	50%	17%	3%	3%	16%
<b>Mental Health Not Good in Past 30 Days*</b>					
<b>Males</b>	38%	21%	9%	4%	14%
<b>Females</b>	44%	19%	7%	3%	17%
<b>Total</b>	41%	20%	9%	4%	16%

\*Totals may not equal 100% as some respondents answered, "Don't know/Not sure"

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Rated general health as excellent or very good</b>	58%	56%	51%	49%	51%
<b>Rated general health as fair or poor</b>	12%	9%	11%	19%	18%
<b>Rated mental health as not good on four or more days</b> (in the past 30 days)	20%	22%	32%	24%*	23%*
<b>Rated physical health as not good on four or more days</b> (in the past 30 days)	13%	14%	22%	22%*	22%*
<b>Average number of days that mental health not good</b> (in the past 30 days)	N/A	3.2	4.3	4.3**	3.8**
<b>Average number of days that physical health not good</b> (in the past 30 days)	N/A	2.4	4.4	4.0**	3.7**
<b>Poor mental or physical health kept them from doing usual activities, such as self-care, work, or recreation</b> (on at least one day during the past 30 days)	21%	21%	27%	22%*	22%*

N/A – Not Available

\*2016 BRFSS

\*\*2016 BRFSS as compiled by 2018 County Health Rankings

Note: Hancock County did not ask health status perception questions in 2013

### Common Signs of Mental Illness in Adults

- Trying to tell the difference between what expected behaviors are and what might be the signs of a mental illness isn't always easy. There's no easy test that can let someone know if there is mental illness or if actions and thought might be typical behaviors of a person or the result of a physical illness.
- Each illness has its own symptoms, but common signs of mental illness in adults can include:
  - Excessive worrying or fear
  - Feeling excessively sad or low
  - Extreme mood changes
  - Avoiding friends and social activities
  - Changing in sleeping habits or feeling tired and low energy
  - Abuse of substances like alcohol or drugs
  - Inability to carry out daily activities or handle daily problems and stress

(Source: National Alliance on Mental Illness, Know the Warning Signs, Updated 2018)

# Health Behaviors: Adult Weight Status

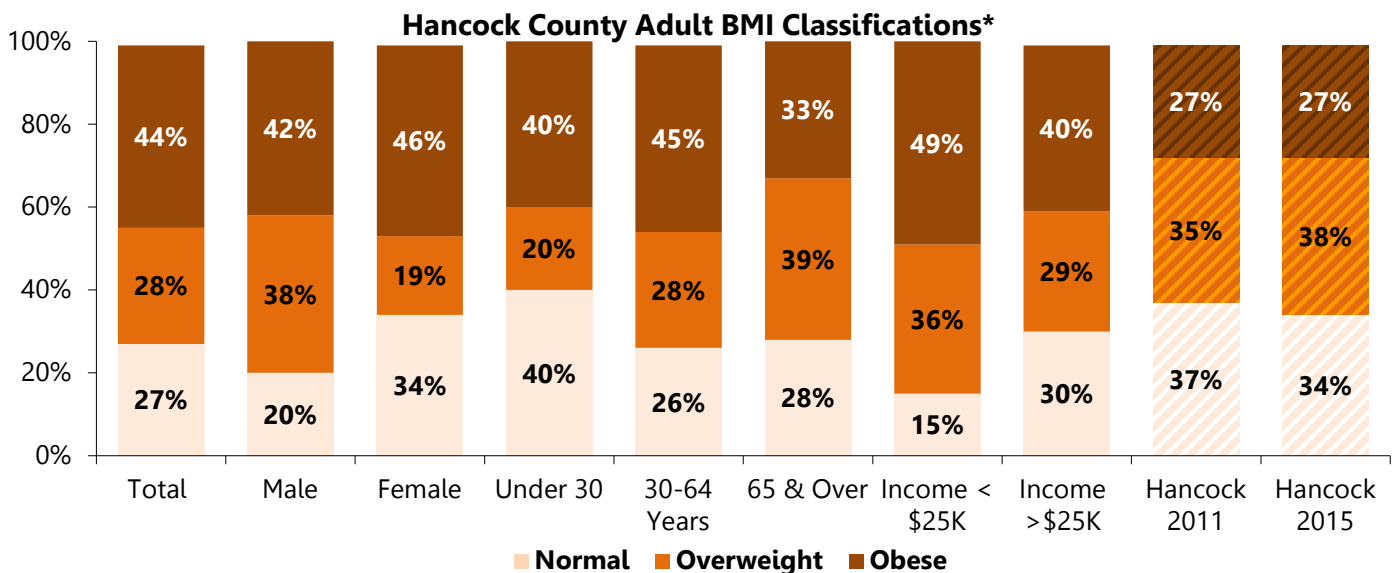
## Key Findings

Almost three-fourths (72%) of Hancock County adults were overweight or obese based on Body Mass Index (BMI). More than half (54%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.

## Adult Weight Status

- Almost three-fourths (72%) of Hancock County adults were either overweight (28%) or obese (44%) by Body Mass Index (BMI), putting them at elevated risk for developing a variety of diseases.
- Hancock County adults did the following to lose weight or keep from gaining weight: exercised (46%); ate less food, fewer calories, or foods low in fat (42%); drank more water (41%); ate a low-carb diet (15%); received health coaching (4%); used a weight loss program (3%); took diet pills, powders or liquids without a doctor's advice (2%); took prescribed medications (2%); smoked cigarettes (1%); participated in a prescribed dietary or fitness program (1%); and went without eating 24 or more hours (1%).

The following graph shows the percentage of Hancock County adults who were overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 27% of all adults were classified as normal weight, 28% were overweight, and 44% were obese.



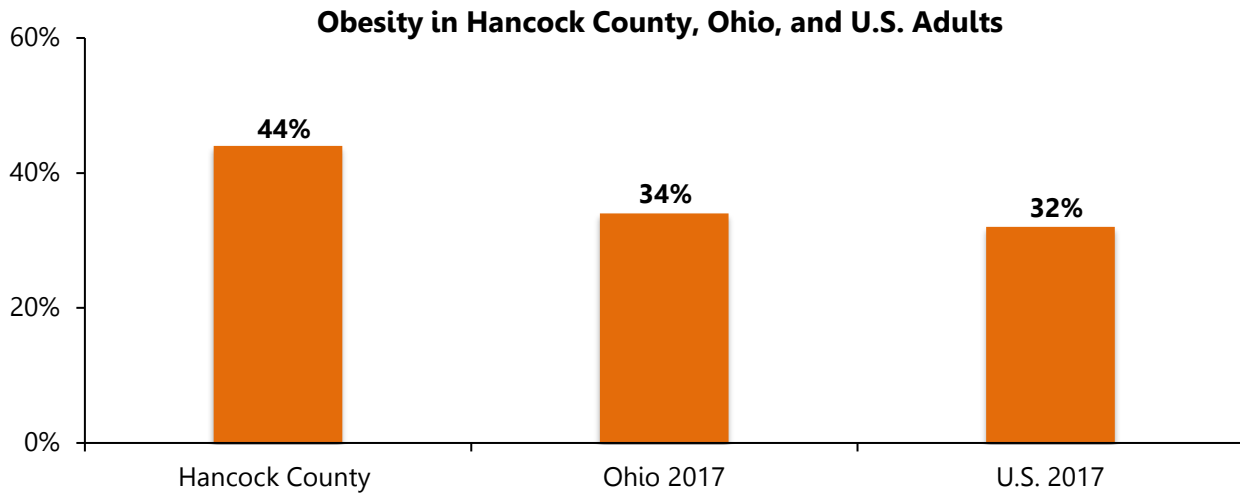
\*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Hancock County 2011	Hancock County 2013	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Normal Weight</b> (BMI of 18.5 – 24.9)	37%	33%	34%	27%	30%	32%
<b>Overweight</b> (BMI of 25.0 – 29.9)	35%	34%	38%	28%	34%	35%
<b>Obese</b> (includes severely and morbidly obese, BMI of 30.0 and above)	27%	32%	27%	44%	34%	32%

The following graph shows the percentage of Hancock County adults who were obese compared to Ohio and the U.S. This graph indicates:

- In 2018, the Hancock County obesity rate was higher than the Ohio and U.S. rates.



(Source: 2018 Hancock County Health Assessment and 2017 BRFSS)

### BMI Measurements

- Body Mass Index (BMI) is a person’s weight in kilograms divided by the square of height in meters.
- A high BMI can be an indicator of high body fat.
- BMI can be used to screen for weight categories that may lead to health problems, but it is not diagnostic of the body fatness or health of any individual.

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal or Healthy Weight
25.0 – 29.9	Overweight
30.0 and above	Obese

(Source: CDC, Healthy Weight, Updated August 2017)



## Physical Activity

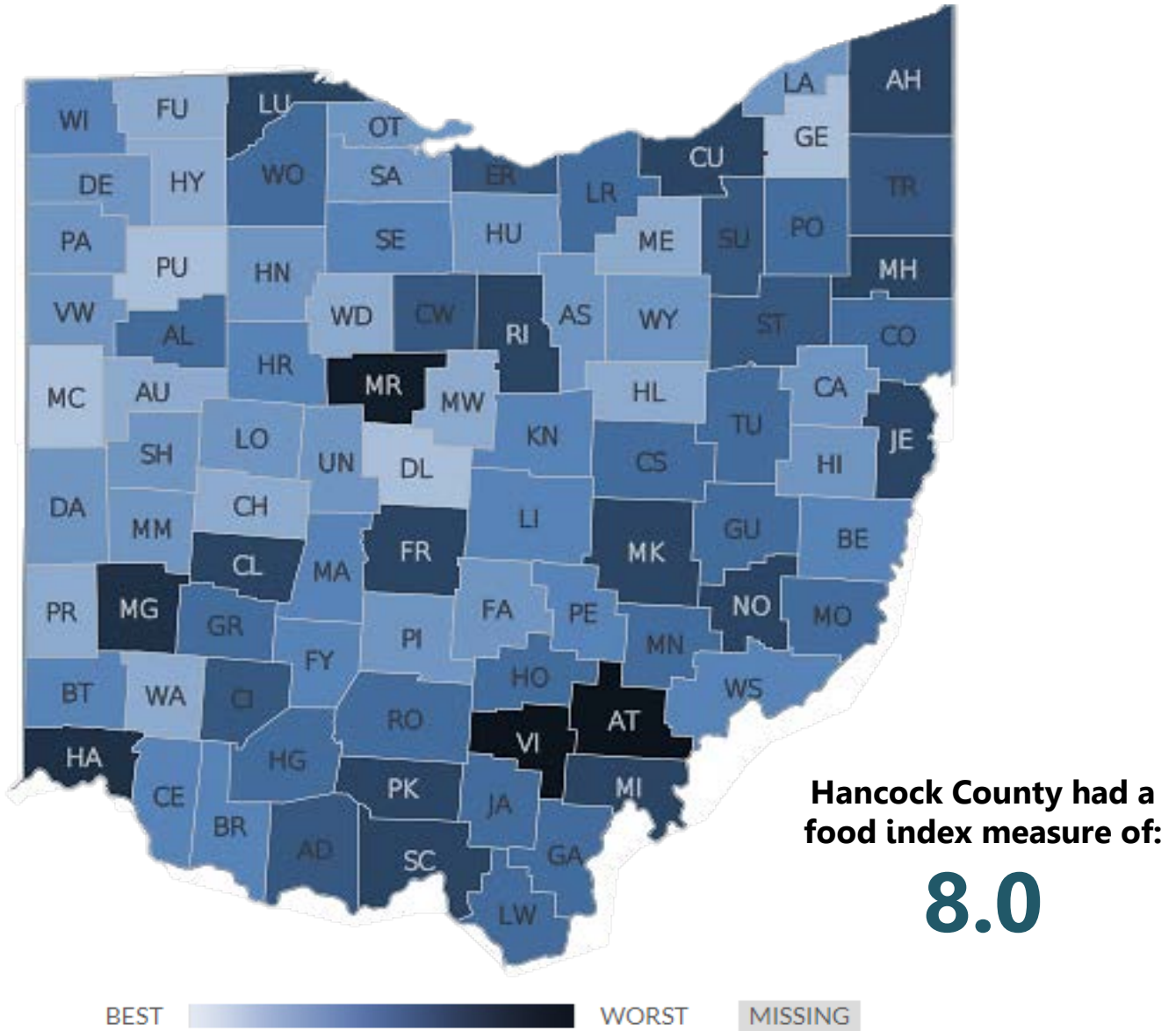
- In Hancock County, 54% of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week. Thirty percent (30%) of adults exercised 5 or more days per week. One-quarter (25%) of adults did not participate in any physical activity in the past week, including 2% who were unable to exercise.
- The U.S. Department of Health and Human Services recommends that adults participate in a least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 744 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity (*Source: U.S. Department of Health and Human Services, Physical Activity Guidelines for Americans, 2018*).
- Reasons for not exercising included the following: time (26%); too tired (24%); laziness (22%); did not like to exercise (16%); pain or discomfort (12%); weather (11%); could not afford a gym membership (4%); no exercise partner (3%); poorly maintained/no sidewalks (3%); no child care (3%); did not know what activities to do (2%); lack of opportunities for those with physical impairments or challenges (2%); neighborhood safety (2%); no walking, biking trails, or parks (1%); doctor advised them not to exercise (1%); and no gym available (1%).
- Hancock County adults spent an average of 2.5 hours watching TV; 1.8 hours on their cell phone; 1.2 hours on the computer/tablet; and 0.2 hours playing video games on an average day of the week.
- Adults reported the following would help them use community parks, bike trails, and walking paths more frequently: more available parks, bike trails, and walking paths (26%); improvements to existing parks, trails, and paths (18%); designated safe routes (18%); better promotion and advertising of existing parks, trails, and paths (17%), and more public events and programs involving parks, trails, and paths (11%).

## Nutrition

- In 2018, 29% of adults ate 1 to 2 servings of fruits and vegetables per day, 42% ate 3 to 4 servings per day, and 23% ate 5 or more servings per day. Six percent (6%) of adults ate no servings of fruits and vegetables per day.
- The American Cancer Society recommends that adults eat at least 2½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health (*Source: American Cancer Society, 2017*).
- Hancock County adults reported the following barriers to consuming fruits and vegetables: too expensive (13%), did not like the taste (6%), did not know how to prepare (5%), no variety (2%), transportation (1%), no access (<1%), and other barriers (5%).
- Hancock County adults reported purchasing/obtaining fresh fruits and vegetables from the following: large grocery store (e.g., Wal-Mart, Meijer, Kroger) (97%); grow your own/garden (28%); farmer's market (27%); local grocery store (e.g., Chief, Save-A-Lot) (16%); Dollar General/Store (2%); Veggies Mobile/mobile produce (2%); food pantry (1%); group purchasing/community supported agriculture (1%); corner/convenience store (1%); and other places (1%).
- Three percent (3%) of adults consumed 5 or more servings of sugar-sweetened beverages per day. Nine percent (9%) drank 3 to 4 servings per day; 37% consumed 1 to 2 servings per day; and 51% consumed 0 servings per day.
- Four percent (4%) of adults consumed 5 or more servings of caffeinated beverages per day. Twenty-three percent (23%) consumed 3-to-4 servings per day; 48% consumed 1-to-2 servings per day; and 25% drank 0 servings per day.
- When calorie information is available in a restaurant, 9% of Hancock County adults reported it always helps them decide what to order; 15% reported most of the time; 7% reported about half the time; 30% reported sometimes; 36% reported never; and 3% reported don't know/not sure.

The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10 (zero being the worst value in the nation, and 10 being the best). The two variables used to determine the measure are limited access to healthy foods & food insecurity.

- The food environment index in Hancock County is 8.0.
- The food environment index in Ohio is 6.6.



(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2018)

# Health Behaviors: Adult Tobacco Use

## Key Findings

In 2018, 10% of Hancock County adults were current smokers, and 24% were considered former smokers. Two-fifths (40%) of Hancock County adults did not know if e-cigarette vapor was harmful to themselves or others.

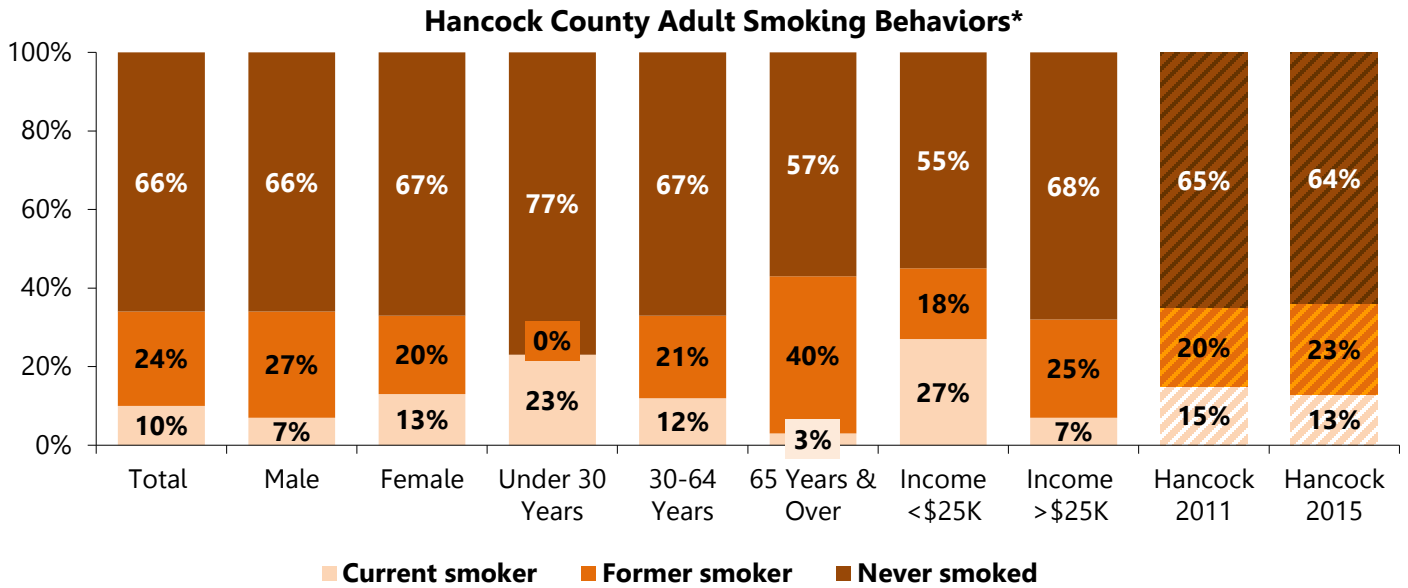
## Adult Tobacco Use Behaviors

- In 2018, one in ten (10%) Hancock County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Almost one-quarter (24%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Hancock County adult smokers were more likely to have:
  - Been married (37%)
  - Incomes less than \$25,000 (27%)
  - Been under the age 30 (23%)
  - Rated their overall health as fair/poor (21%)
- Hancock County adults used the following tobacco products in the past year: cigarettes (17%), cigars (8%), cigarillos (6%), chewing tobacco (5%), little cigars (5%), e-cigarettes/vape pens (3%), bidis (1%), hookah (1%), pouch (1%), and pipes (<1%).
- Hancock County smokers reported the following motivations to try to quit or quit smoking: choosing a healthier lifestyle (36%), cost of tobacco products (21%), a health issue (11%), family pressure (3%), cost of health insurance premiums (2%), and other motivations (9%).
- In the past month, 9% of adults reported someone smoked cigarettes, cigars, or pipes inside their home.
- Hancock County adults had the following rules/practices about smoking in their home: never allowed (78%), not allowed when children are present (7%), allowed anywhere (7%), and allowed in certain rooms (4%).
- Adults had the following rules/practices about smoking in their car: never allowed (78%), allowed anywhere (4%), allowed with windows open (3%), and not allowed when children are present (2%).
- More than half (52%) of adults believed that e-cigarette vapor was harmful to themselves. Fifty-one percent (51%) of adults believed that e-cigarette vapor was harmful to others, and 6% did not believe it was harmful to anyone. Two-fifths (40%) of adults did not know if e-cigarette vapor was harmful to themselves or others.

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Current smoker</b> (currently smoke some or all days)	15%	13%	10%	21%	17%
<b>Former smoker</b> (smoked 100 cigarettes in lifetime and now do not smoke)	20%	23%	24%	24%	25%

Note: Hancock County did not ask tobacco questions in 2013

The following graph shows the percentage of Hancock County adults' smoking behaviors. Examples of how to interpret the information include: 10% of all adults were current smokers, 24% were former smokers, and 66% had never smoked.

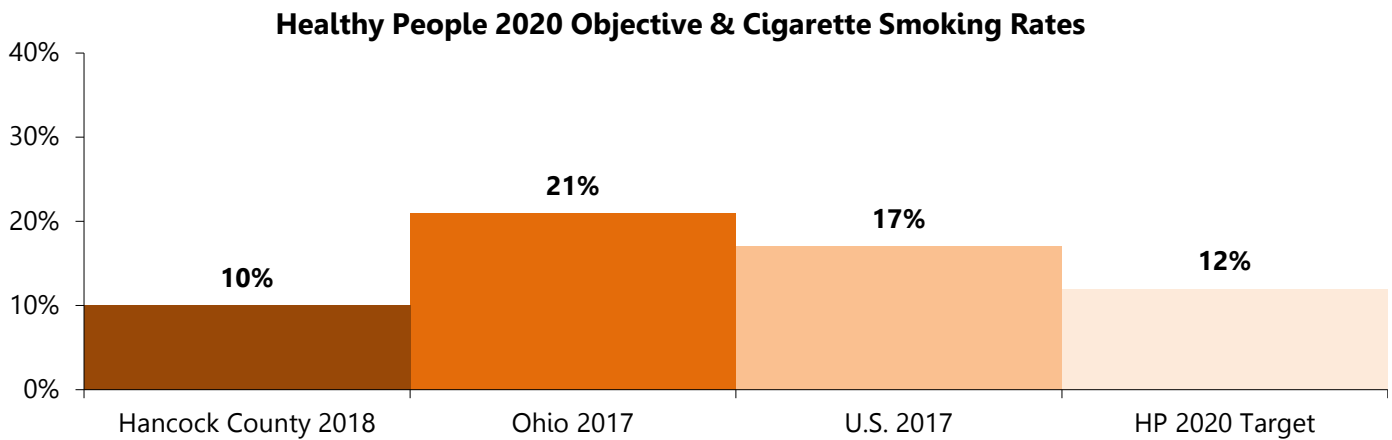


\*Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows Hancock County, Ohio, and U.S. adult cigarette smoking rates. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. This graph shows:

- The Hancock County adult cigarette smoking rate was lower than the Ohio rate, the U.S. rate, and the Healthy People 2020 objective.

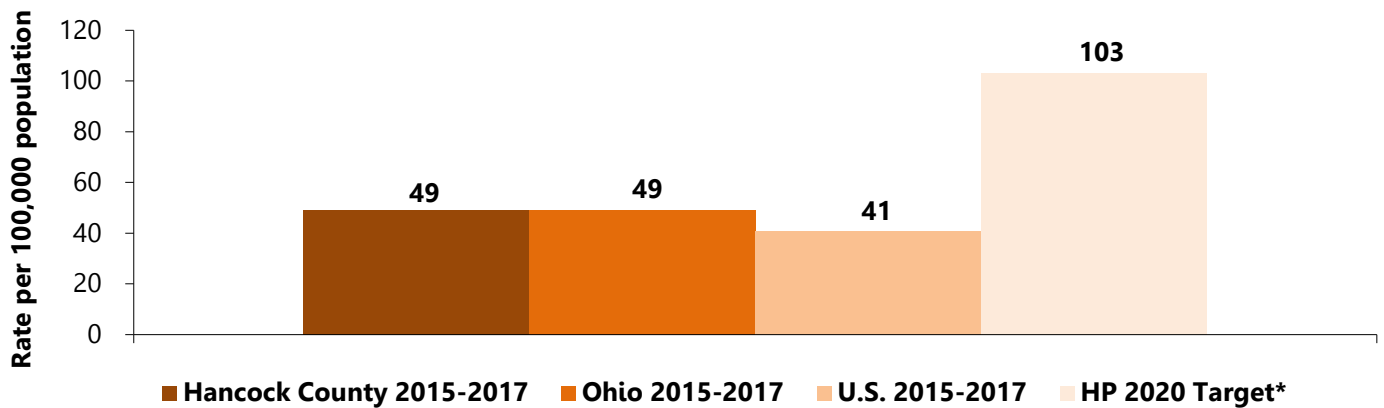


(Source: 2018 Hancock County Health Assessment, 2017 BRFSS and Healthy People 2020)

The following graphs show Hancock County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD), as well as lung and bronchus cancer in comparison with the Healthy People 2020 objective. These graphs show:

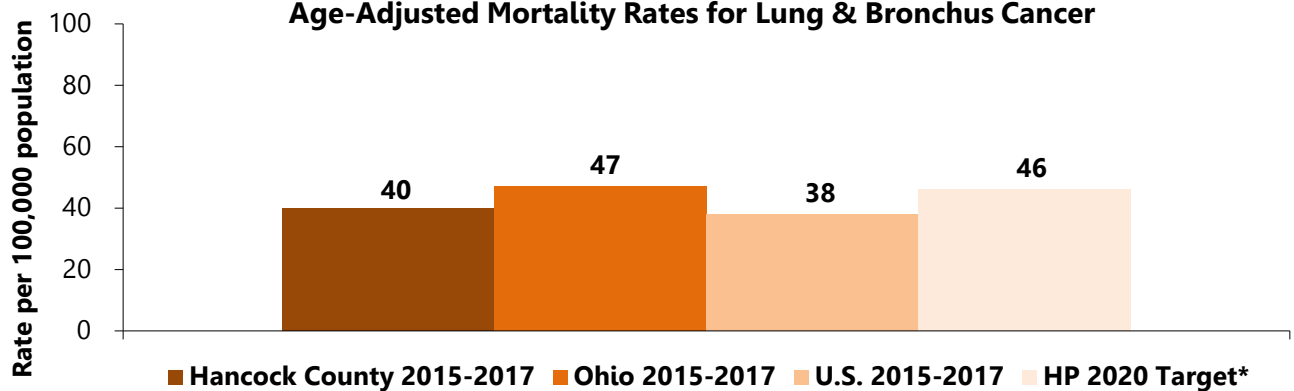
- From 2015 to 2017, Hancock County's age-adjusted mortality rate for chronic lower respiratory disease was equal to the Ohio, lower than the Healthy People 2020 target objective, and higher than the U.S. rate.
- Hancock County's age-adjusted mortality rate for lung and bronchus cancer was lower than the Ohio rate and the Healthy People 2020 target objective but was higher than the U.S. rate.

### Age-Adjusted Mortality Rates for Chronic Lower Respiratory Diseases (Formerly COPD)



\*The Healthy People 2020's target rate and the U.S. rate is for adults ages 45 years and older.  
 (Source: Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017, and Healthy People 2020)

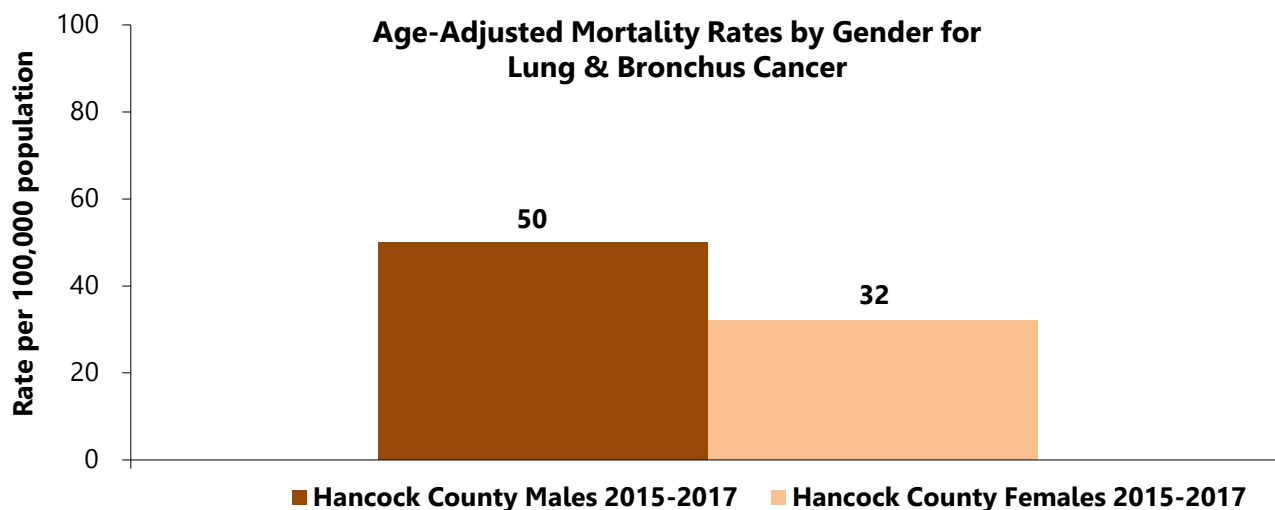
### Age-Adjusted Mortality Rates for Lung & Bronchus Cancer



\*The Healthy People 2020 target objective only includes the age-adjusted lung cancer death rate  
 (Source: Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017, and Healthy People 2020)

The following graph shows the Hancock County age-adjusted mortality rates for lung and bronchus cancer by gender. The graph shows:

- Disparities existed by gender for Hancock County lung and bronchus cancer age-adjusted mortality rates. From 2015 to 2017, the Hancock County male rate was significantly higher than the Hancock County female rate.



(Source: Ohio Public Health Data Warehouse 2015-2017)

### Smoking and Other Health Risks

- Smoking can make it harder for a woman to become pregnant and can affect her baby's health before and after birth. Smoking increases risks for:
  - Preterm (early) delivery
  - Stillbirth (death of the baby before birth)
  - Low birth weight
  - Sudden infant death syndrome (known as SIDS or crib death)
  - Ectopic pregnancy
  - Orofacial clefts in infants
- Smoking can also affect men's sperm, which can reduce fertility and also increase risks for birth defects and miscarriage (loss of the pregnancy).
- Smoking can affect bone health.
  - Women past childbearing years who smoke have lower bone density (weaker bones) than women who never smoked and are at greater risk for broken bones.
- Smoking affects the health of your teeth and gums and can cause tooth loss.
- Smoking can increase your risk for cataracts (clouding of the eye's lens that makes it hard for you to see) and age-related macular degeneration (damage to a small spot near the center of the retina, the part of the eye needed for central vision).
- Smoking is a cause of type 2 diabetes mellitus and can make it harder to control. The risk of developing diabetes is 30-40% higher for active smokers than nonsmokers.
- Smoking causes general adverse effects on the body, including inflammation and decreased immune function.
- Smoking is a cause of rheumatoid arthritis.

(Source: CDC, Effects of Cigarette Smoking, Smoking and Other Health Risks, Updated May 2017)

# Health Behaviors: Adult Alcohol Consumption

## Key Findings

Three-fifths (60%) of Hancock County adults had at least one alcoholic drink in the past month. Nearly one-quarter (23%) of Hancock County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Five percent (5%) of current drinkers reported driving a vehicle after having perhaps too much to drink.

## Adult Alcohol Consumption

- In 2018, 60% of the Hancock County adults had at least one alcoholic drink in the past month, increasing to 70% of males.
- Of those who drank, Hancock County adults drank 3.4 drinks on average, increasing to 6.2 drinks for those with incomes less than \$25,000.
- Nearly one-quarter (23%) of Hancock County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of those who drank in the past month, 48% had at least one episode of binge drinking.

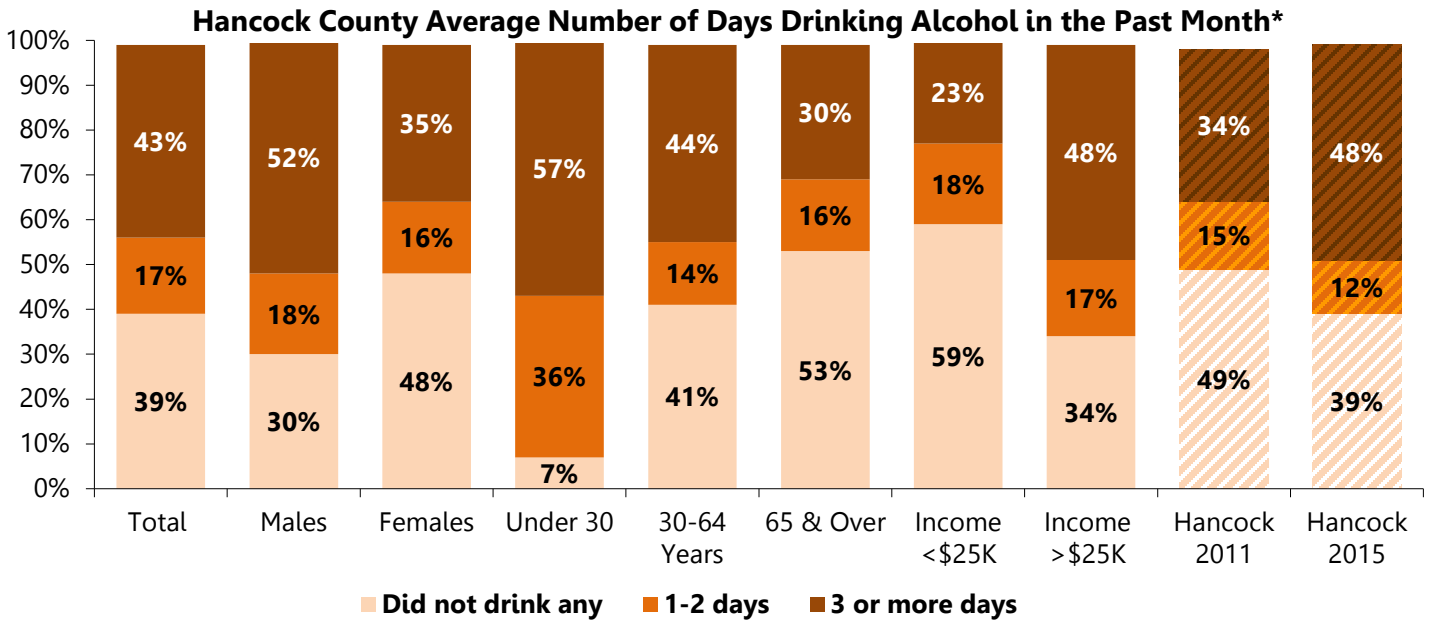
## 12,889 Hancock County adults were considered binge drinkers.

- During the past 30 days, 14% of current drinkers reported drinking alcohol three or more times while on prescription medication.
- In the past month, 5% of current drinkers reported driving a vehicle after having perhaps too much to drink, increasing to 8% of males.
- Hancock County adults experienced the following in the past 6 months: drove a vehicle or other equipment after having any alcoholic beverages (14%); used prescription drugs while drinking (14%); drank more than they expected (13%); spent a lot of time drinking (7%); continued to drink despite problems caused by drinking (4%); gave up other activities to drink (4%); drank more to get the same effect (3%); failed to fulfill duties at home, work, or school (3%); had legal problems (3%); tried to quit or cut down but could not (2%); drank to ease withdrawal symptoms (1%); and placed themselves or their family in harm (1%).
- Hancock County current drinkers indicated they drank alcohol for the following reasons: taste/enjoyment (55%), social events (51%), to relax/relieve stress (35%), they like the way it makes them feel (14%), it's normal/part of the culture (13%), social expectations (13%), their parents drank alcohol (5%), not much else to do (5%), and other reasons (3%).

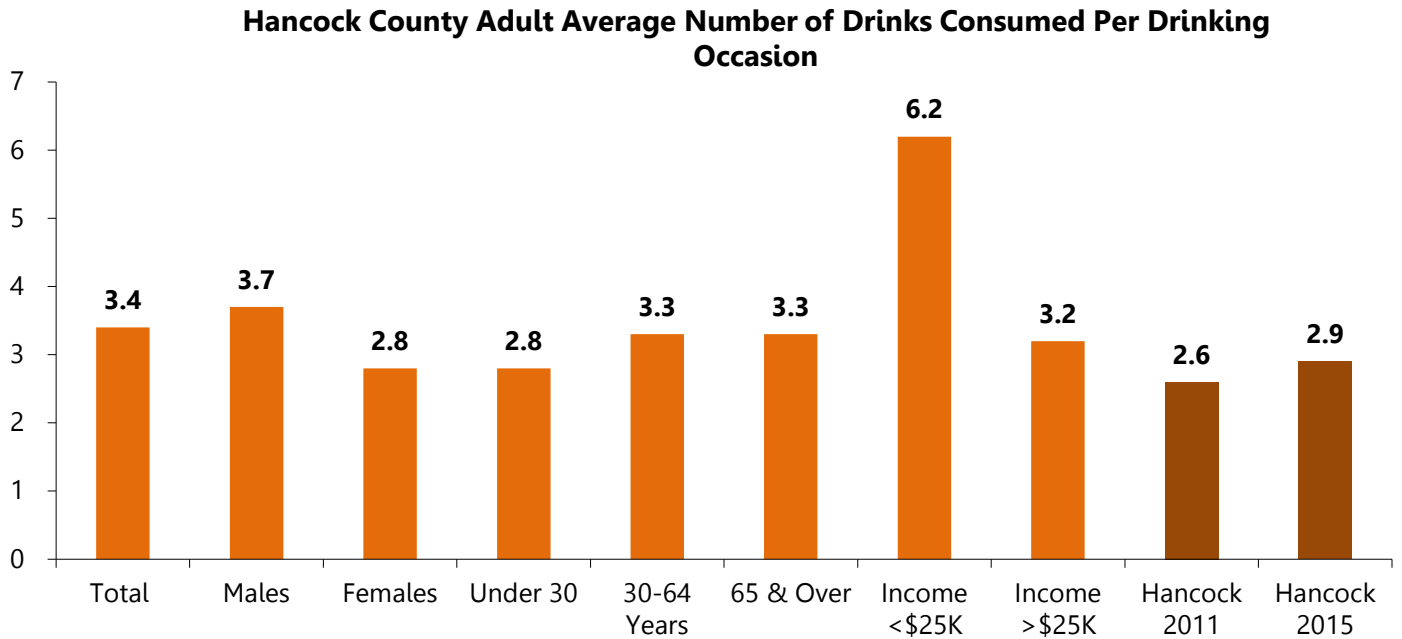
Adult Comparisons	Hancock County 2011	Hancock County 2013	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Current drinker</b> (had at least one drink of alcohol within the past 30 days)	51%	N/A	60%	60%	54%	55%
<b>Binge drinker</b> (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	15%	23%	19%	23%	19%	17%

N/A – Not Available

The following graphs show the percentage of Hancock County adults who consumed alcohol and the amount consumed on average in the past month. Examples of how to interpret the information shown on the first graph include: 39% of all adults did not drink alcohol in the past month, including 30% of males and 48% of females.



\*Percentages may not equal 100% as some respondents answered, "don't know"

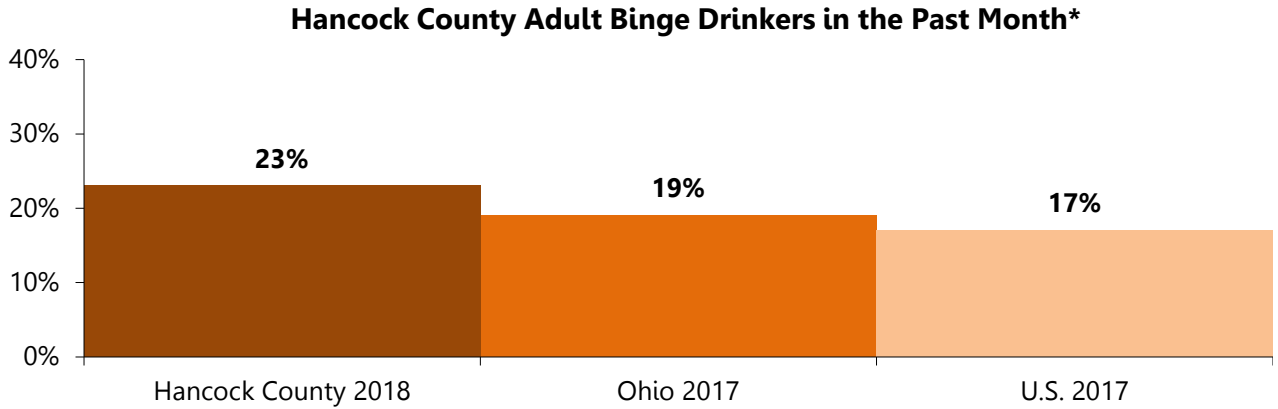


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.



The following graph shows a comparison of Hancock County binge drinkers with Ohio and U.S. binge drinkers.

- In 2018, Hancock County had a larger percentage of binge drinkers than Ohio and the U.S.



*(Source: 2017 BRFSS, 2018 Hancock County Health Assessment)*

*\*Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.*

### Economic Costs of Excessive Alcohol Use

- Excessive alcohol consumption cost the United States \$249 billion in 2010. This cost amounts to about \$2.05 per drink, or about \$807 per person.
- Costs due to excessive drinking largely resulted from losses in workplace productivity (72% of the total cost), health care expenses (11%), and other costs due to a combination of criminal justice expenses, motor vehicle crash costs, and property damage.
- Excessive alcohol use cost states and DC a median of 3.5 billion in 2010, ranging from \$488 million in North America to \$35 billion in California.
- Excessive alcohol consumption cost Ohio \$8.5 billion in 2010. This cost amounts to \$2.10 per drink or \$739 per person.
- Binge drinking, defined as consuming 4 or more drinks per occasion for women or 5 or more drinks per occasion for men, was responsible for 77% of the cost of excessive alcohol use in all states and DC.
- About \$2 of every \$5 of the economic costs of excessive alcohol use were paid by federal, state, and local governments.

*(Source: CDC, Alcohol and Public Health – Excessive Drinking, Updated June 2018)*

# Health Behaviors: Adult Drug Use

## Key Findings

*In 2018, 3% of Hancock County adults had used recreational marijuana during the past 6 months. Seven percent (7%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.*

## Adult Drug Use

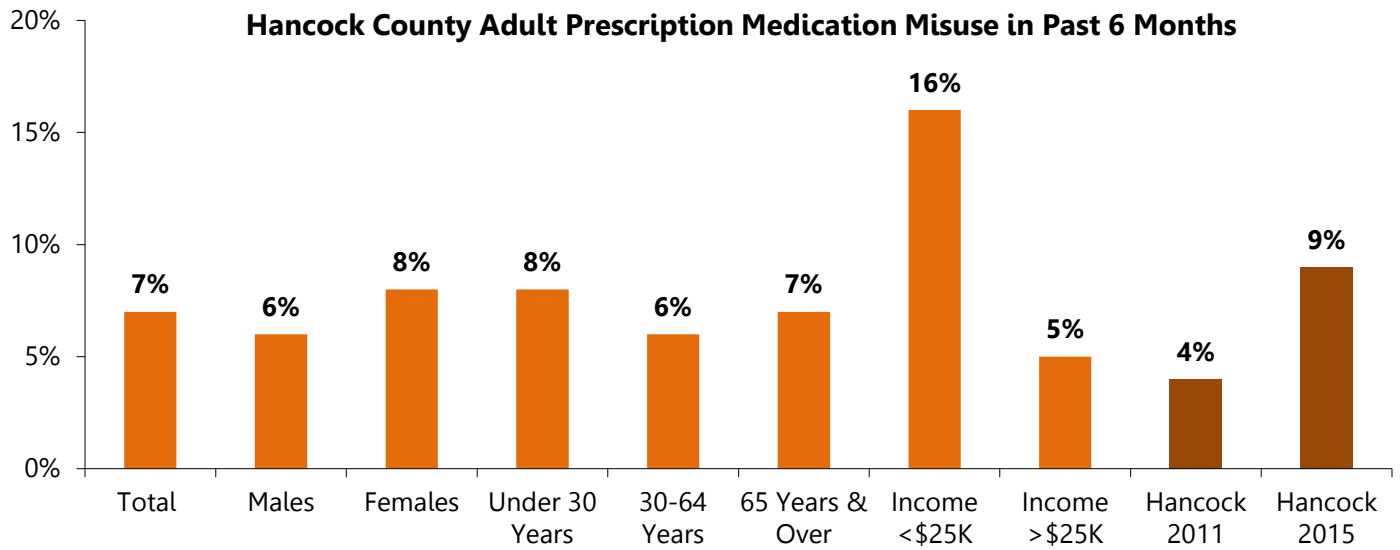
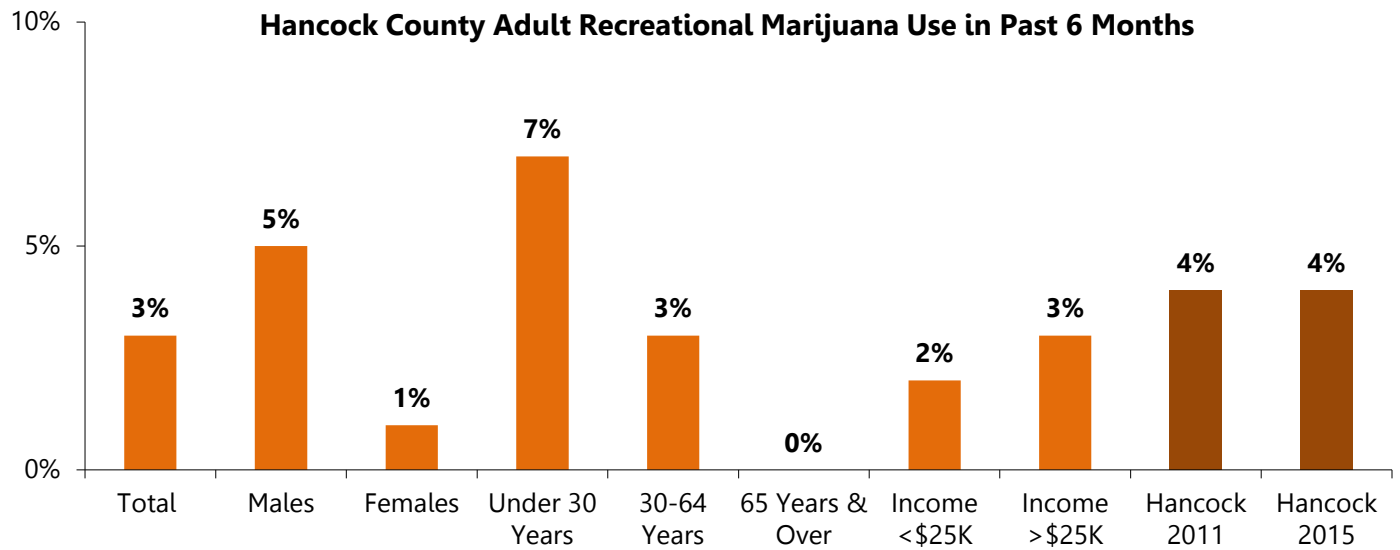
- One percent (1%) of Hancock County adults had used marijuana for medical purposes in the past 6 months.
- Three percent (3%) of Hancock County adults had used recreational marijuana or hashish in the past 6 months.
- Less than one percent (<1%) of Hancock County adults reported using the following drugs in the past 6 months: cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- Adults reported using the drugs above in the following frequencies: almost every day (22%), 3-4 days a week (15%), 1-2 days a week (7%), 1-3 days per month (4%), and less than once per month (11%).
- Seven percent (7%) of adults had used medication not prescribed for them (such as Vicodin, Adderall, OxyContin, Tramadol, Xanax, codeine, Fentanyl, Suboxone, or Neurontin) or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months.
- Adults reported using the medications above in the following frequencies: almost every day (36%), 3-4 times a week (4%), 1-2 days a week (2%), 1-3 days per month (13%), and less than once per month (26%).
- Sixty-four percent (64%) of adults reported obtaining prescription medications from their primary care physician. Other ways included: ER or urgent care doctor (16%), free from a friend or family member (16%), multiple doctors (13%), dentist (9%), OB/GYN (9%), bought from a friend or family member (7%), and bought from a drug dealer (7%).
- Hancock County adults indicated they did the following with their unused prescription medication: took as prescribed (20%); took them to the medication collection program (19%); threw them in the trash (18%); kept them (15%); flushed them down the toilet (10%); took them in on Drug Take Back Days (6%); kept them in a locked cabinet (4%); took them to the sheriff's office (4%); disposed in RedMed Box, Yellow Jug, etc. (2%); gave them away (<1%); mailer to ship back to pharmacy (<1%); traded them (<1%); and some other destruction method (2%). Thirty-two percent (32%) of adults did not have unused medication.
- As a result of using drugs, adults indicated they or a family member placed themselves in dangerous situations (3%), regularly failed to fulfill obligations at work or home (3%), had legal problems (2%), failed a drug screen (2%), and overdosed and required EMS/hospitalization (1%).
- Two percent (2%) of adults used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using such a program included the following: had not thought of it (2%), did not want to get in trouble (1%), fear (1%), stigma of seeking drug services (1%), did not know how to find a program (1%), insurance did not cover it (1%), did not want to miss work (1%), could not afford to go (<1%), and other reasons (2%). Ninety-two percent (92%) of adults indicated such a program was not needed.

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Adults who used recreational marijuana</b> (in the past 6 months)	4%	4%	3%	N/A	N/A
<b>Adults who misused prescription medication</b> (in the past 6 months)	4%	9%	7%	N/A	N/A

N/A- Not Available

Note: Hancock County did not ask drug use questions in 2013

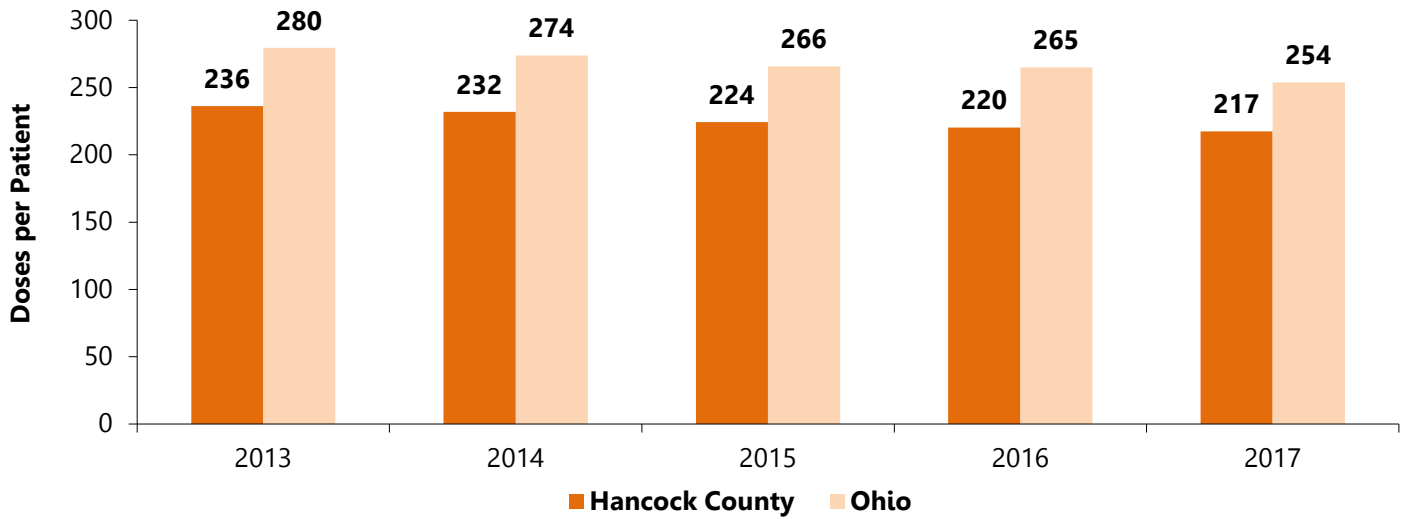
The following graphs indicate Hancock County adult recreational marijuana use and prescription medication misuse in the past 6 months. Examples of how to interpret the information include: 3% of all adults used recreational marijuana in the past 6 months, including 5% of males and 2% of adults with incomes less than \$25,000.



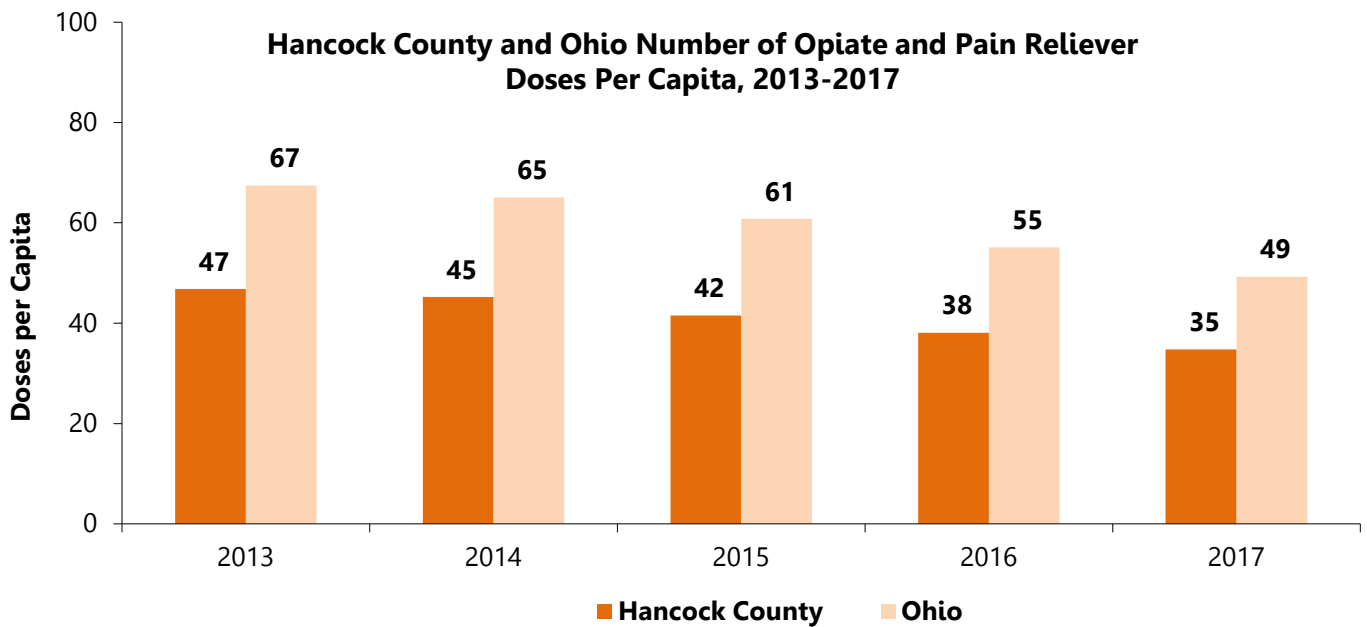
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Hancock County and Ohio opiate and pain reliever doses per patient, as well as doses per capita.

**Hancock County and Ohio Number of Opiate and Pain Reliever Doses Per Patient, 2013-2017**

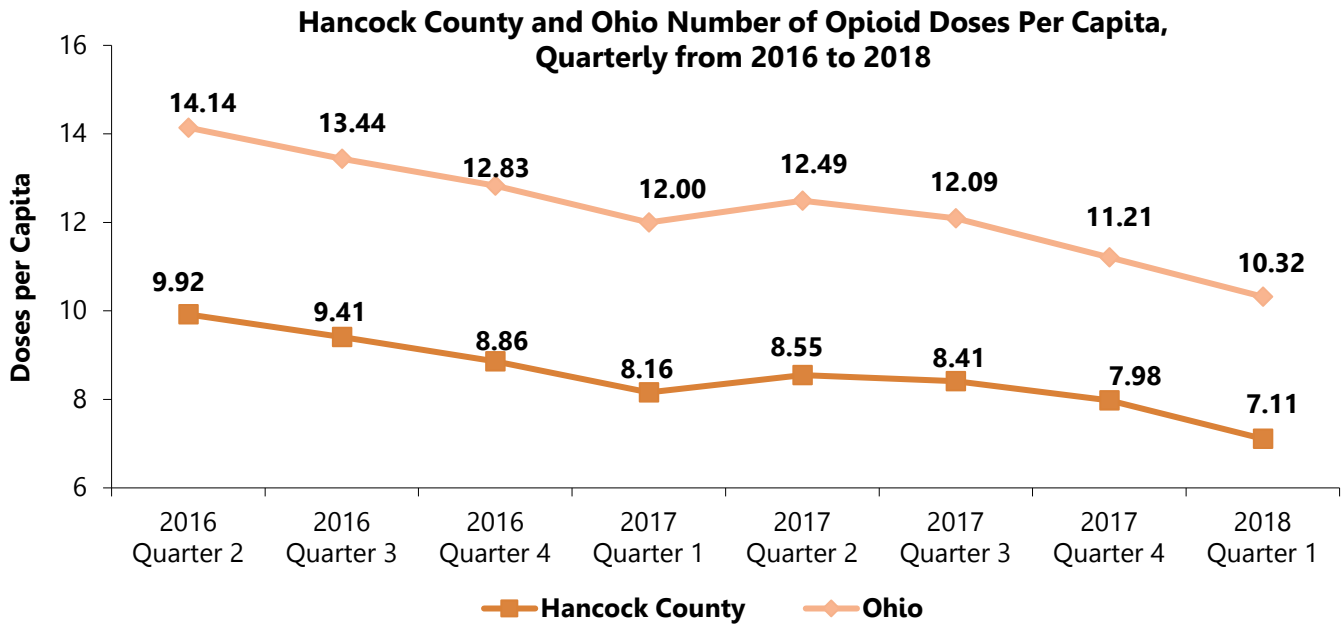


**Hancock County and Ohio Number of Opiate and Pain Reliever Doses Per Capita, 2013-2017**



(Source for graphs: Ohio's Automated Rx Reporting System, 2013-2017)

The following graphs show Hancock County and Ohio quarterly opiate doses per capita.



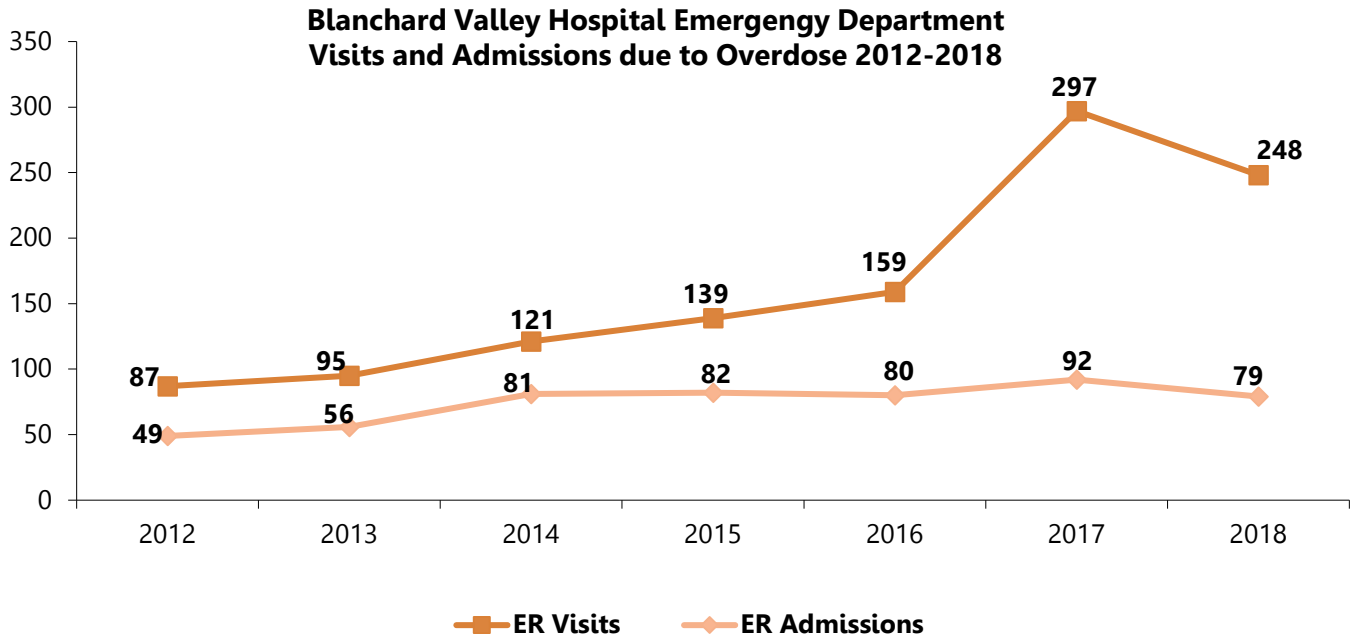
(Source: Ohio's Automated Rx Reporting System, 2016-2018)

### Ohio Automated Rx Reporting System (OARRS)

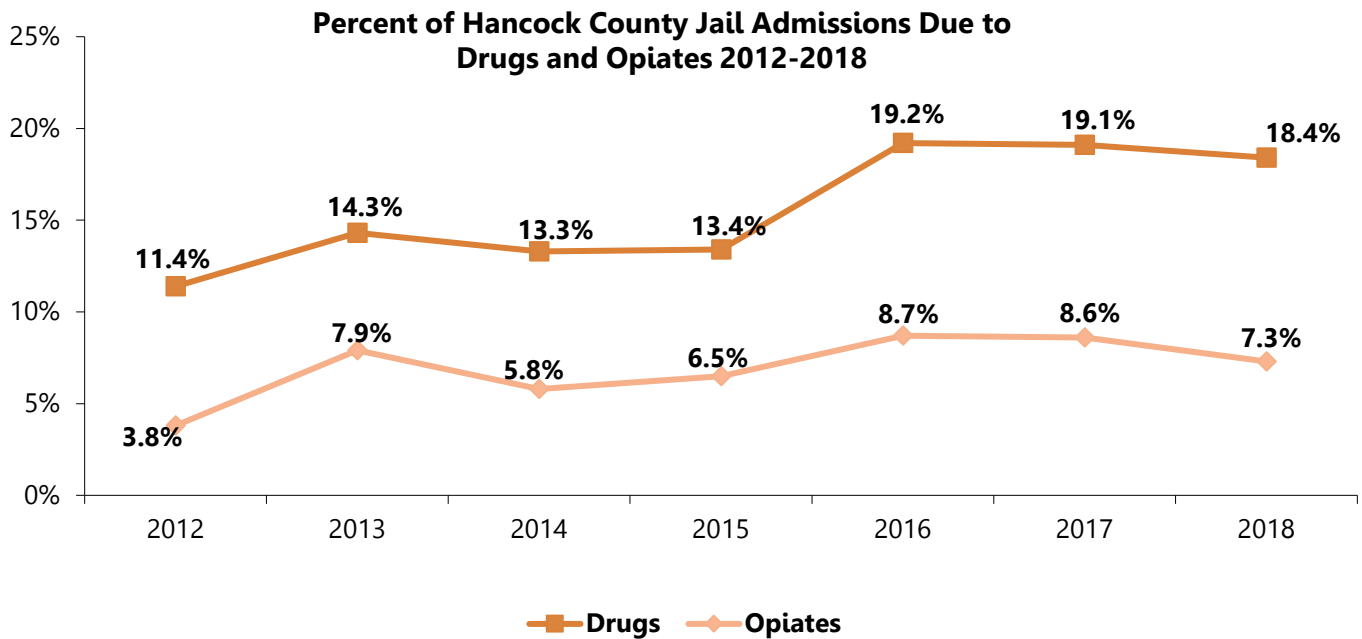
- OARRS has been collecting information from all Ohio-licensed pharmacies and Ohio personal licensed prescribers regarding outpatient prescriptions for controlled substance since 2006.
  - All data reported is updated every 24 hours and is maintained in a secure database.
- OARRS aims to be a reliable tool in addressing prescription drug diversion and abuse.
- With many features such as a patient care tool, epidemic early warning system, drug diversion and insurance fraud investigation tool, OARRS is the only statewide electronic database that helps prescribers and pharmacists avoid potential life-threatening drug interactions.
  - OARRS also works in limiting patients who "doctor shop" which refers to individuals fraudulently obtaining prescriptions from multiple health care providers for the same or multiple prescription for abuse or illegal distribution.
- Additionally, OARRS is also used for investigating and identifying health care professionals with continual inappropriate prescribing and dispensing to patients, and then aids in law enforcement cases against such acts.

(Source: Ohio Automated RX Reporting System; What is OARRS?, Updated August 2017)

The following graphs show the number of Blanchard Valley Hospital Emergency Department visits and admissions due to overdose and the percent of Hancock County jail admissions due to drugs and opiates.



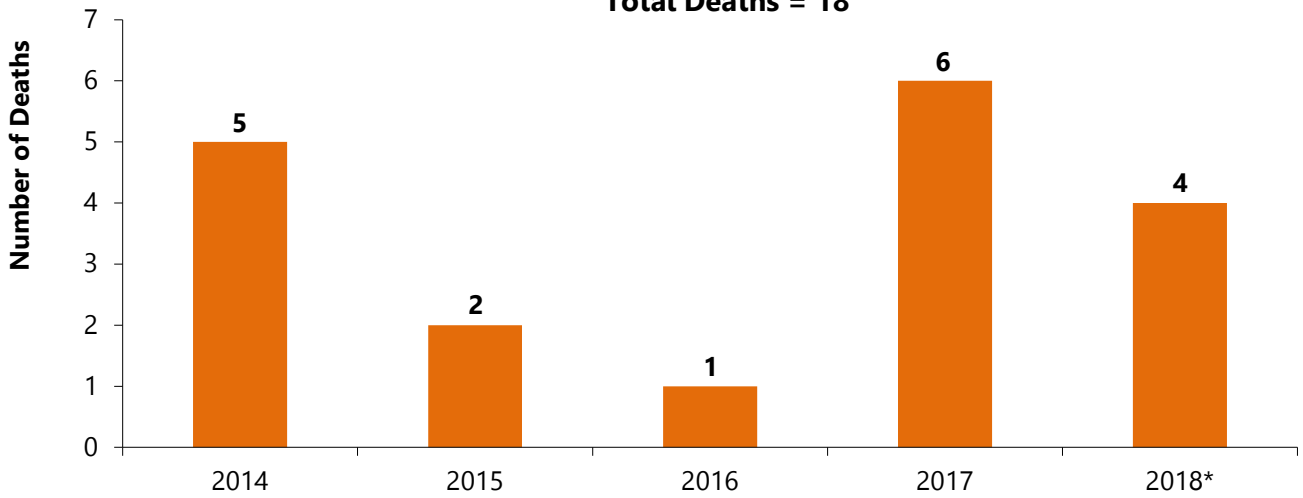
(Source: Blanchard Valley Hospital, Emergency Department, 2012-2018)



(Source: Hancock County Justice Center, Jail Admissions, 2012-2018)

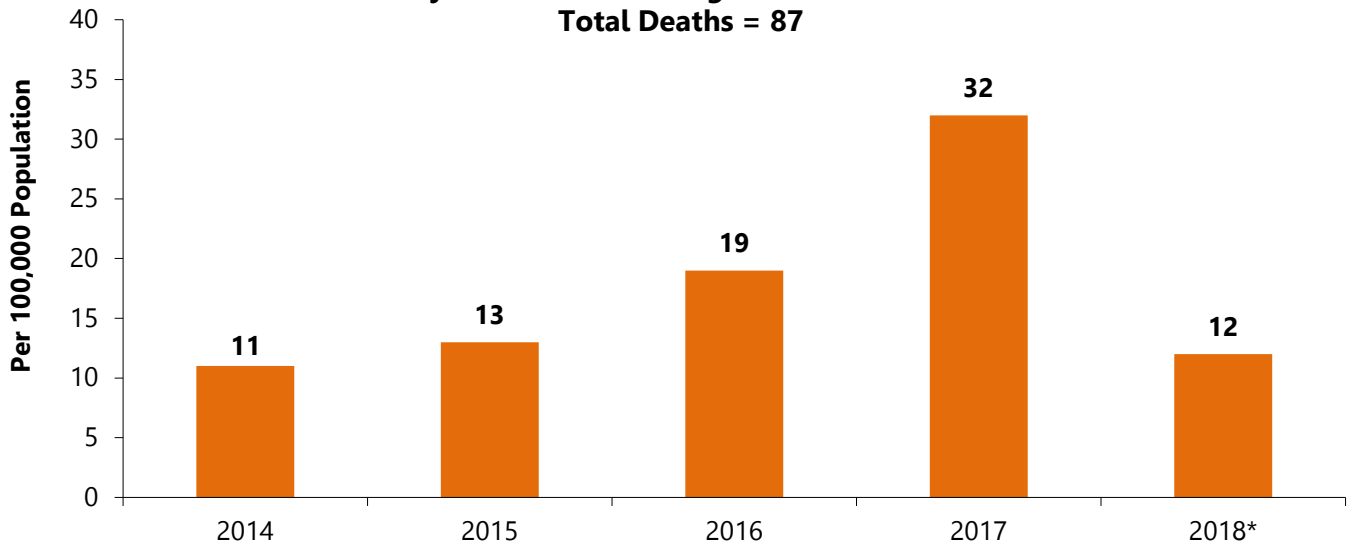
The following graphs show the number of prescription opiate related drug overdose deaths and the number of unintentional drug overdose deaths from 2014-2018 in Hancock County.

**Hancock County Prescription Opiate Related Drug Overdose Deaths, 2014-2018\***  
Total Deaths = 18



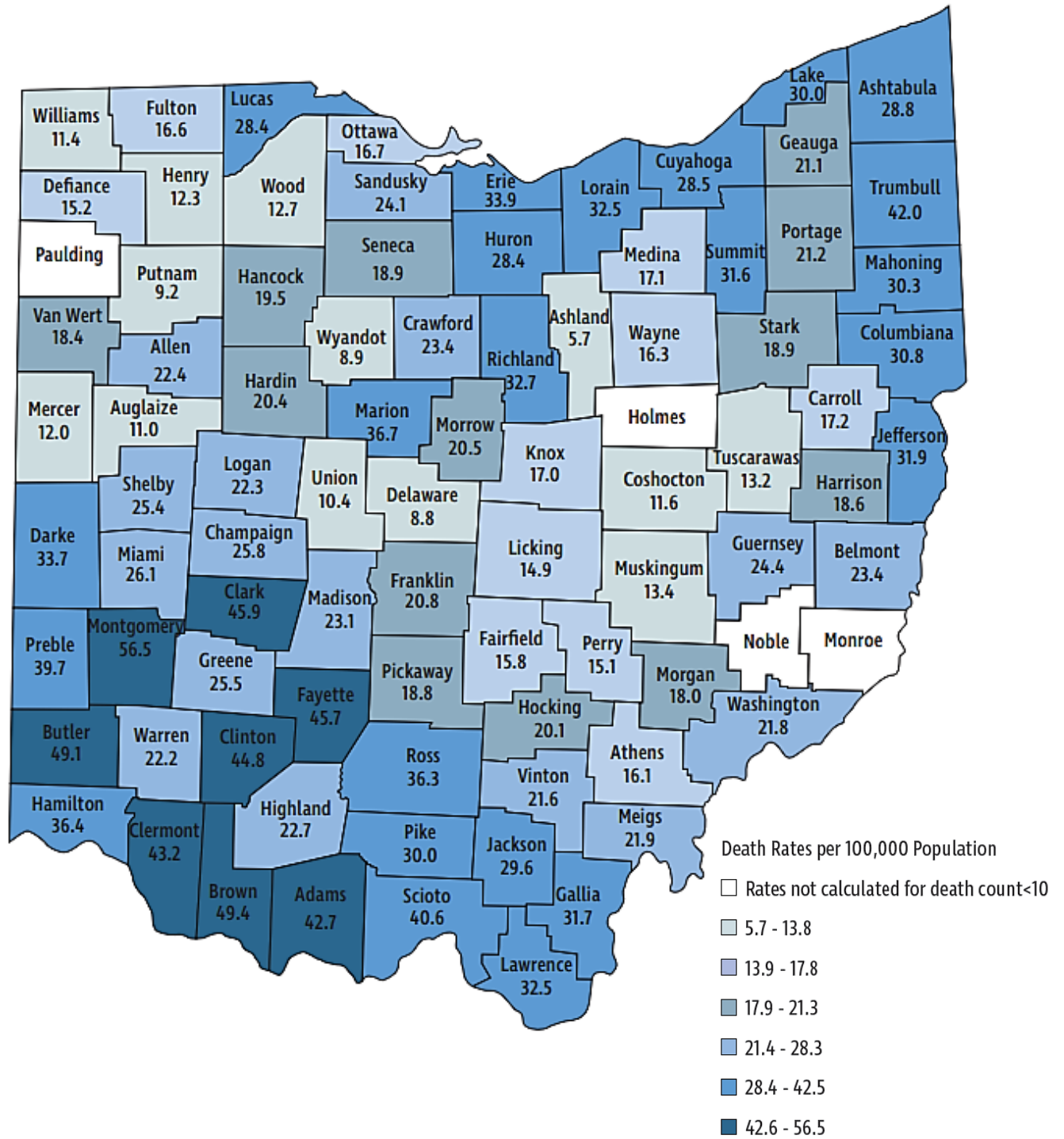
*Years with \* are considered partial and may be incomplete*

**Hancock County Unintentional Drug Overdose Deaths, 2014-2018\***  
Total Deaths = 87



*Years with \* are considered partial and may be incomplete  
(Source for graphs: Ohio Public Health Data Warehouse, 2014-2018)*

The following map illustrates the average age-adjusted unintentional drug overdose death rate per 100,000 population, by county from 2012-2017.



(Source: Ohio Department of Health, 2017 Ohio Drug Overdose Data: General Findings)



# Health Behaviors: Adult Sexual Behavior

## Key Findings

In 2018, 67% of Hancock County adults had sexual intercourse in the past year. Four percent (4%) of adults had more than one partner in the past year.

## Adult Sexual Behavior

- Sixty-seven percent (67%) of Hancock County adults had sexual intercourse in the past year.
- Four percent (4%) of adults reported they had intercourse with more than one partner in the past year.
- Hancock County adults used the following methods of birth control: abstinence (19%), they or their partner were too old (18%), vasectomy (11%), birth control pill (10%), tubes tied (9%), hysterectomy (9%), condoms (8%), withdrawal (6%), IUD (4%), infertility (4%), ovaries or testicles removed (3%), rhythm method (3%), and diaphragm (<1%).
- One-in-ten (10%) Hancock County adults did not use any method of birth control.
- The following situations applied to Hancock County adults:
  - Had sex without a condom in the past year (31%)
  - Had anal sex without a condom in the past year (6%)
  - Had sexual activity with someone of the same gender (3%)
  - Had sex with someone they did not know (3%)
  - Had sex with someone they met on social media (2%)
  - Tested for an STD in the past year (2%)
  - Were forced to have sex (2%)
  - Had four or more sexual partners in the past year (1%)
  - Gave or received money or drugs in exchange for sex in the past year (<1%)
  - Injected drugs other than prescribed in the past year (<1%)
  - Treated for an STD in the past year (<1%)

## Contraceptive Use in the United States (women aged 15-44)

- Sixteen percent (16%) of women are currently using birth control pills.
- Eight percent (8%) of women are currently using long-acting reversible contraception such as an Intrauterine device or contraceptive implant.
- Fourteen percent (14%) of women are currently using female sterilization.
- Five percent (5%) of women are currently using male sterilization.

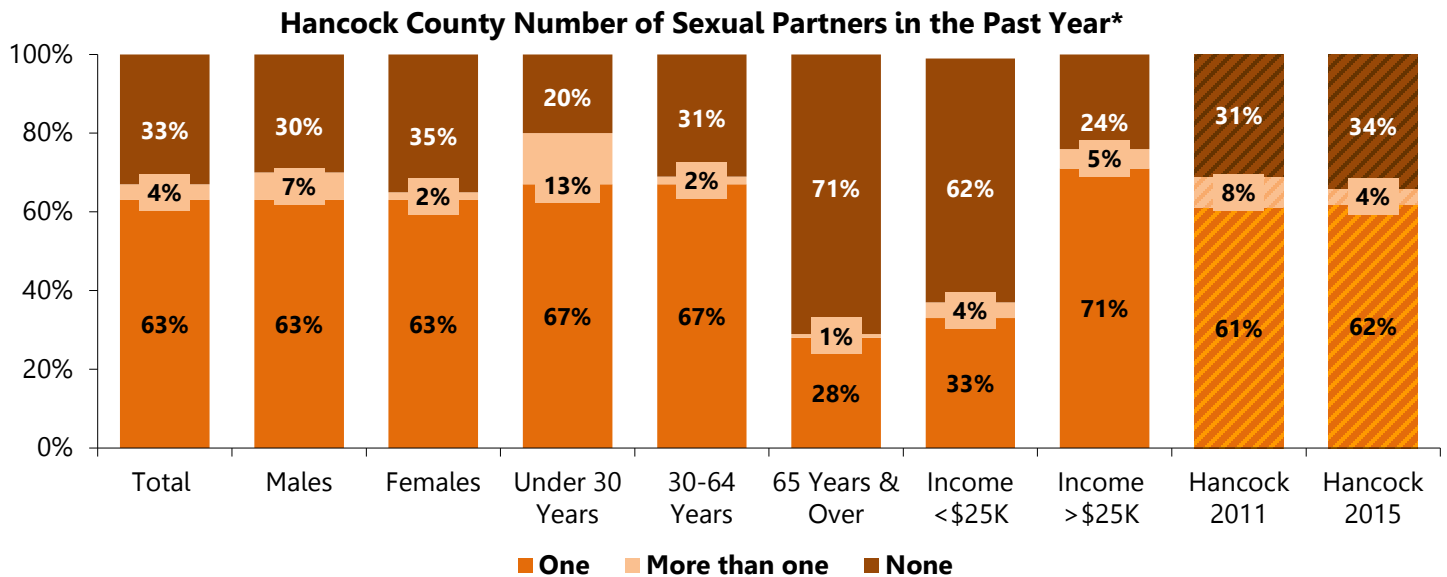
(Source: CDC, National Center for Health Statistics, Contraceptive Use, Last Updated July 15, 2016)

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Had more than one sexual partner</b> (in the past 12 months)	8%	4%	4%	N/A	N/A

N/A – Not Available

Note: Hancock County did not ask sexual behavior questions in 2013

The following graph shows the number of sexual partners Hancock County adults had in the past year. Examples of how to interpret the information in the graph include: 63% of all Hancock County adults had one sexual partner in the past 12 months, 4% had more than one partner and 33% did not have a sexual partner.



\*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

### Understanding Sexual Violence

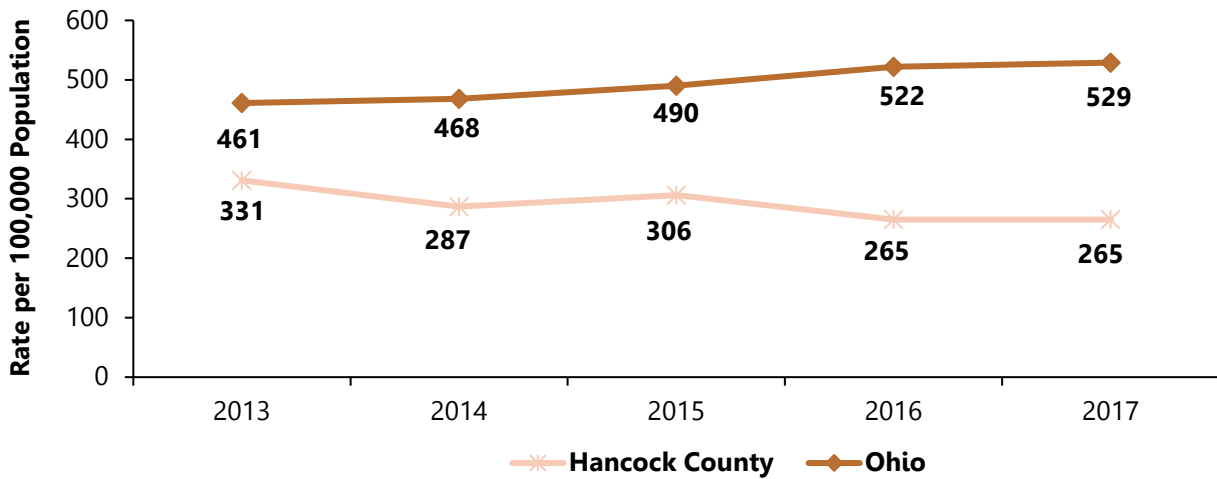
- Sexual violence is a very serious public health problem that affects millions of women and men. In the United States, 1 in 5 women have experienced completed or attempted rape, and about 1 in 15 men have been made to penetrate someone in their lifetime. Most victims first experienced sexual violence before the age of 25.
- Statistics underestimate the problem because many victims do not tell the police, family, or friends about the violence.
- Sexual violence is any sexual activity where consent is not freely given. This includes completed or attempted sex acts that are against the victims will or involve a victim who is unable to consent. Sexual violence also includes:
  - Unwanted sexual contact or
  - Non-contact, unwanted sexual experiences (such as verbal sexual harassment)
- Sexual violence can be committed by anyone including:
  - A current or former intimate partner
  - A family member
  - A person in position of power or trust
  - A friend or acquaintance
  - A stranger, or someone known only by sight
- Sexual violence impacts health in many ways and can lead to long-term physical and mental health problems. For example, victims may experience chronic pain, headaches, and sexually transmitted diseases. They are often fearful or anxious and may have problems trusting others. Anger and stress can lead to eating disorders, depression, and even suicidal thoughts.

(Source: CDC, Sexual Violence, Updated April 2018)

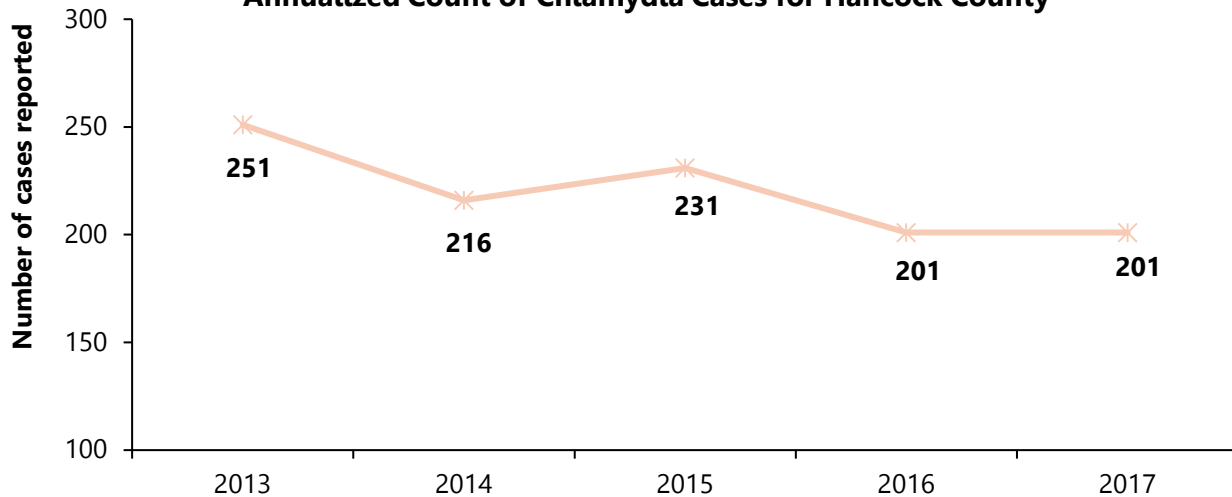
The following graphs show Hancock County chlamydia disease rates per 100,000 population and the number of chlamydia cases. The graphs show:

- Hancock County chlamydia rates decreased from 2015 to 2017.
- The number of chlamydia cases in Hancock County decreased from 2015 to 2017.

**Chlamydia Annualized Disease Rates for Hancock County and Ohio**



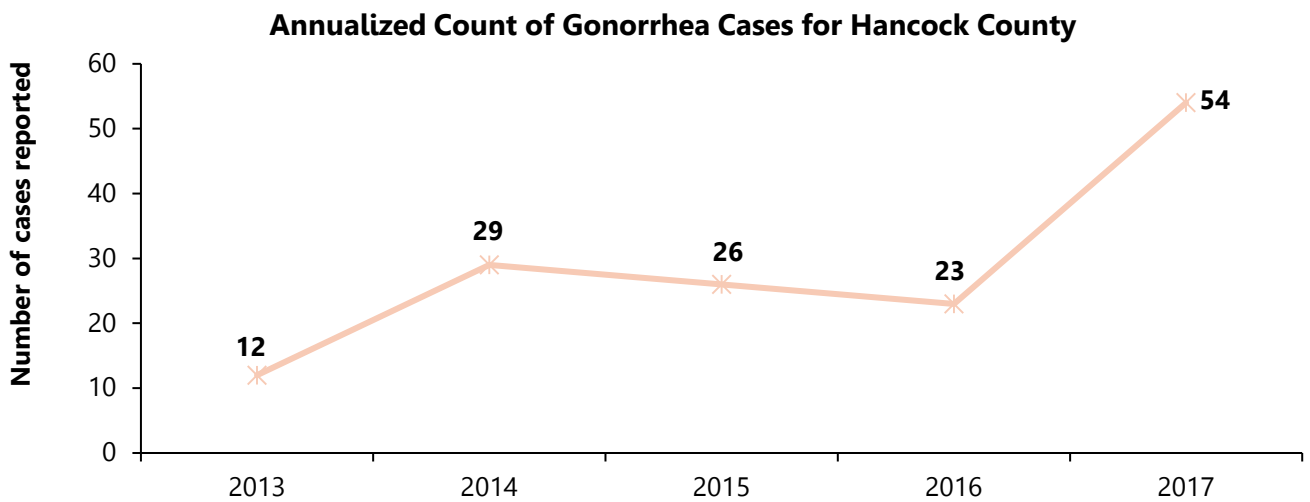
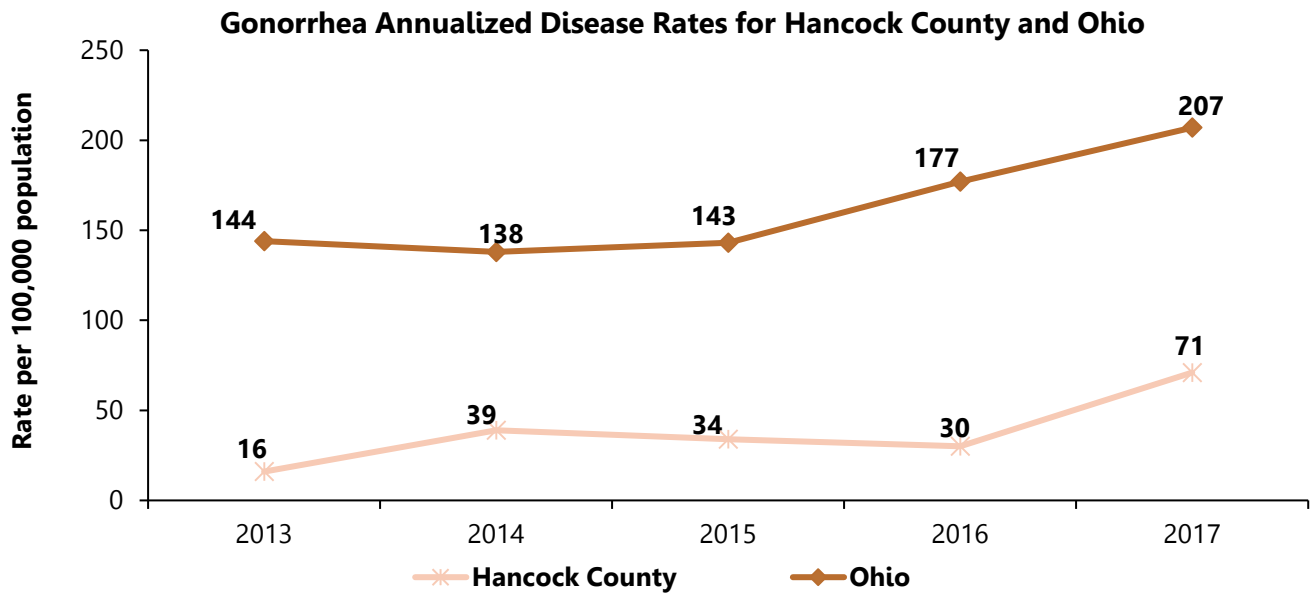
**Annualized Count of Chlamydia Cases for Hancock County**



(Source for graphs: ODH, STD Surveillance, data reported through 5/07/17)

The following graphs show Hancock County gonorrhea disease rates per 100,000 population and the number of gonorrhea cases. The graphs show:

- The Hancock County gonorrhea rate increased from 2016 to 2017.
- The number of gonorrhea cases in Hancock County increased significantly in 2017.



(Source for graphs: ODH, STD Surveillance, data reported through 5/24/18)

# Health Behaviors: Adult Mental Health

## Key Findings

*In 2018, 5% of Hancock County adults considered attempting suicide. Nearly one-third (32%) of adults reported always getting the social and emotional support they needed.*

## Adult Mental Health

- In the past year, nearly half (45%) of Hancock County adults felt worried, tense or anxious.
- Five percent (5%) of adults considered attempting suicide in the past year.
- No adult reported attempting suicide in the past year.
- In the past year, Hancock County adults experienced the following: were depressed (29%), were grieving (21%), felt hopeless (10%), were treated for a mental health issue (7%), and were diagnosed with a mental health issue (2%).
- Nearly one-third (32%) of adults reported always getting the social and emotional support they needed, decreasing to 26% of females and 11% of those with incomes less than \$25,000. Eight percent (8%) reported never getting the social and emotional support they needed, increasing to 17% of those over the age of 65 and 20% of those with incomes less than \$25,000.
- Hancock County adults received the social and emotional support they needed from the following: family (70%), friends (60%), God/prayer (32%), church (26%), neighbors (10%), a professional (6%), Internet (5%), community (3%), self-help group (2%), online support group (1%), and other (3%). Six percent (6%) of adults reported they did not get the social and emotional support they needed, and 22% reported they did not need support/could handle it themselves.

## National Suicide Statistics

- 47,173 people in the U.S. died from suicide, and 1,179,325 people attempted suicide in 2016.
- An average of one person killed themselves every 11.1 minutes.
- Suicide is the 10<sup>th</sup> ranking cause of death in the U.S.
- For every female death by suicide, there are 3.5 male deaths.
- In 2016, there were 1,740 suicide deaths in Ohio.
- The leading suicide methods included:
  - Firearm suicides (50.6%)
  - Suffocation/Hanging (27.7%)
  - Poisoning (13.9%)
  - Cutting/Piercing (1.8%)
  - Drowning (1.0%)

*(Source: American Association of Suicidology, Facts & Statistics, 2016, Updated December 2018)*

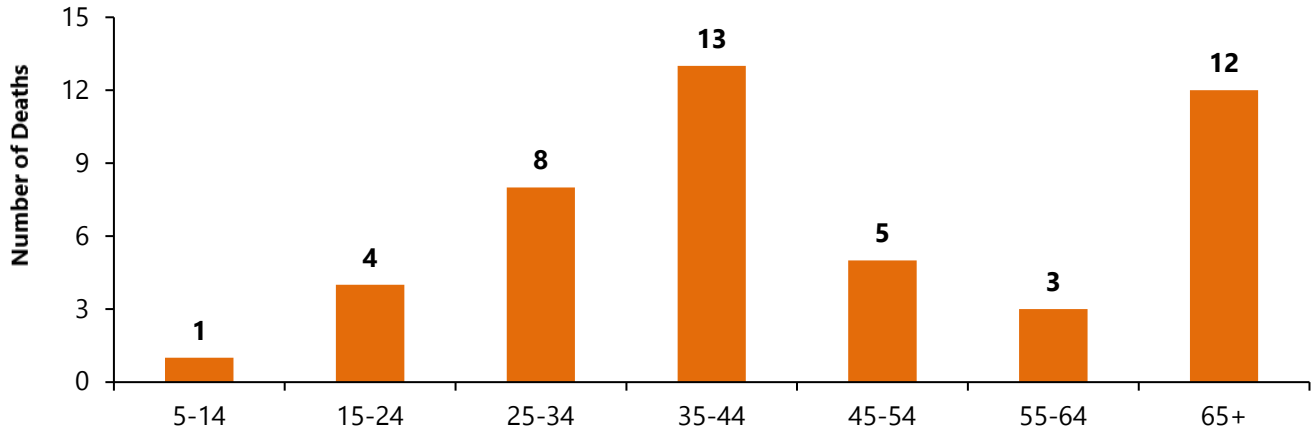
Adult Comparisons	Hancock County 2011	Hancock County 2013	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Considered attempting suicide</b> (in the past 12 months)	3%	N/A	4%	5%	N/A	N/A
<b>Attempted suicide</b> (in the past 12 months)	<1%	1%	1%	0%	N/A	N/A

N/A – Not Available

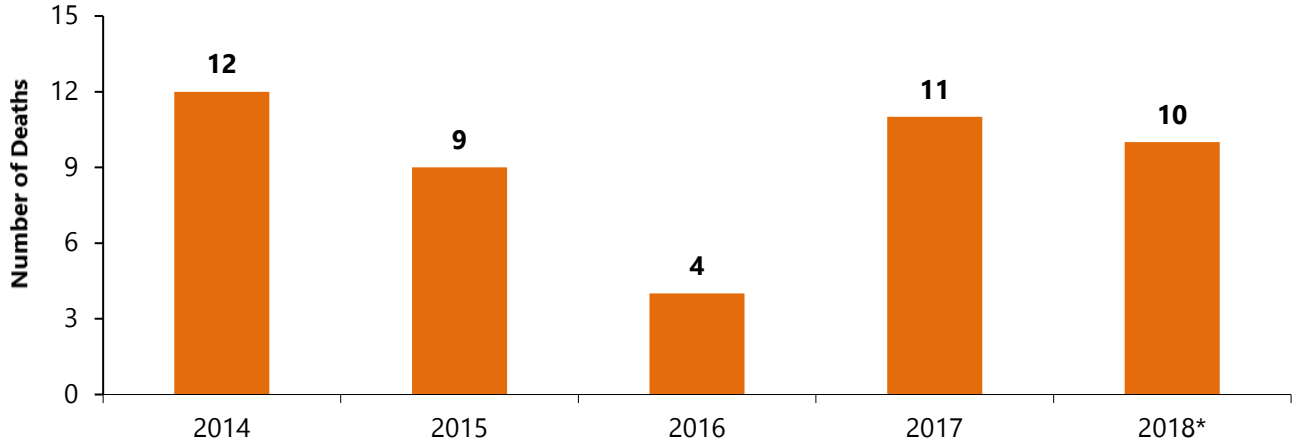
The graphs below show Hancock County suicide counts by age group and year. The graphs show:

- From 2014 to 2018, 46% of all Hancock County suicide deaths occurred in those ages 25-44, and 26% of all Hancock County suicide deaths occurred in those ages 65+ years old.
- The number of suicide deaths (12) was highest in Hancock County in 2014.

**Hancock County Number of Suicide Deaths By Age Group, 2014-2018\***  
Total Deaths = 46



**Hancock County Number of Suicide Deaths By Year, 2014-2018\***  
Total Deaths = 46



*\*Data for 2018 is partial and incomplete and should be used with caution  
(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, Updated 1/9/19)*

# Chronic Disease: Cardiovascular Health

## Key Findings

Three percent (3%) of adults had survived a heart attack and 4% had survived a stroke at some time in their life. Forty-four percent (44%) were obese, 39% had high blood cholesterol, 34% had high blood pressure, and 10% were current smokers, four known risk factors for heart disease and stroke.

## Heart Disease and Stroke

- In 2018, 3% of Hancock County adults reported they had survived a heart attack or myocardial infarction, increasing to 10% of those over the age of 65.
- Four percent (4%) of Hancock County adults reported they had survived a stroke, increasing to 10% of those over the age of 65.
- Three percent (3%) of adults reported a doctor, nurse, or other health professional diagnosed them with angina or coronary heart disease, increasing to 13% of those over the age of 65.
- One percent (1%) of adults reported a doctor, nurse, or other health professional diagnosed them with congestive heart failure, increasing to 6% of those over the age of 65.

### Hancock County Leading Causes of Death, 2015-2017

*Total Deaths: 2,362*

- Cancers (21% of all deaths)
- Heart Diseases (21%)
- Alzheimer's (7%)
- Chronic Lower Respiratory Diseases (6%)
- Accidents, Unintentional Injuries (6%)

*(Source: Ohio Public Health Data Warehouse, 2015-2017)*

### Ohio Leading Causes of Death, 2015-2017

*Total Deaths: 361,238*

- Heart Diseases (23% of all deaths)
- Cancers (21%)
- Accidents, Unintentional Injuries (7%)
- Chronic Lower Respiratory Diseases (6%)
- Stroke (5%)

*(Source: Ohio Public Health Data Warehouse, 2015-2017)*

**19,054 adults were diagnosed with high blood pressure.**

## High Blood Pressure (Hypertension)

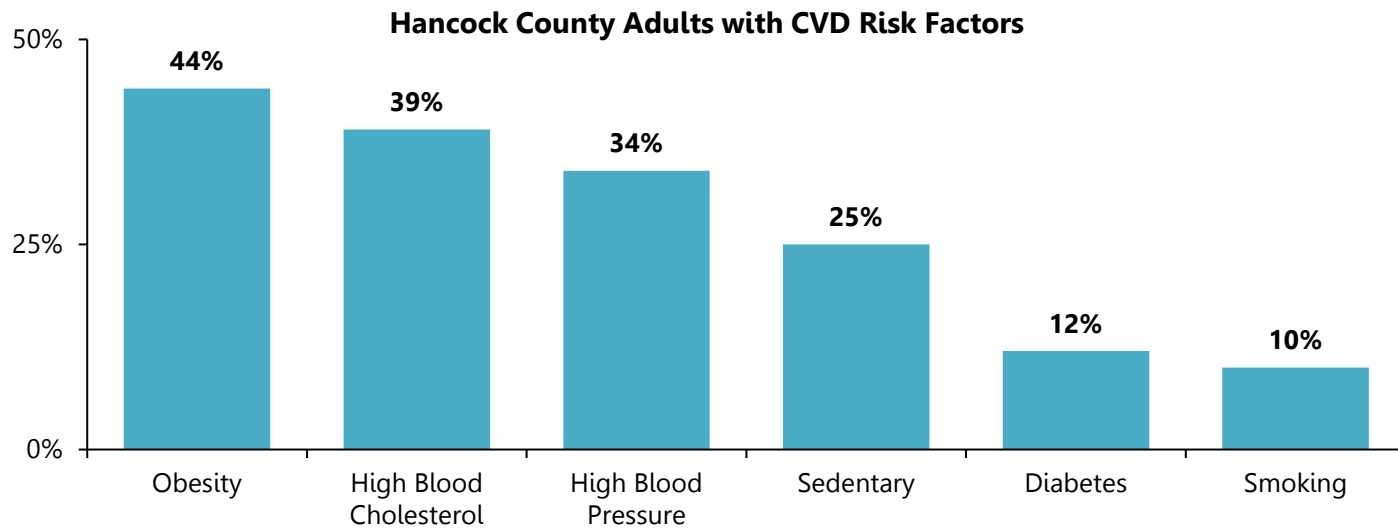
- Thirty-four percent (34%) of adults had been diagnosed with high blood pressure.
- Nine percent (9%) of adults were told they were pre-hypertensive/borderline high. Two percent (2%) of adults were told they had high blood pressure only during pregnancy.
- Ninety-one percent (91%) of adults had their blood pressure checked within the past year.
- Hancock County adults diagnosed with high blood pressure were more likely to have:
  - Rated their overall health as fair or poor (67%)
  - Been age 65 years or older (63%)
  - Incomes less than \$25,000 (53%)
  - Been classified as obese by Body Mass Index-BMI (43%)

## High Blood Cholesterol

- Nearly two-fifths (39%) of adults had been diagnosed with high blood cholesterol.
- More than four-fifths (81%) of adults had their blood cholesterol checked within the past 5 years.

- Hancock County adults with high blood cholesterol were more likely to have:
  - Rated their overall health as fair or poor (66%)
  - Been ages 65 years or older (61%)
  - Been classified as obese by Body Mass Index-BMI (44%)

The following graph demonstrates the percentage of Hancock County adults who had major risk factors for developing cardiovascular disease (CVD).



(Source: 2018 Hancock County Health Assessment)

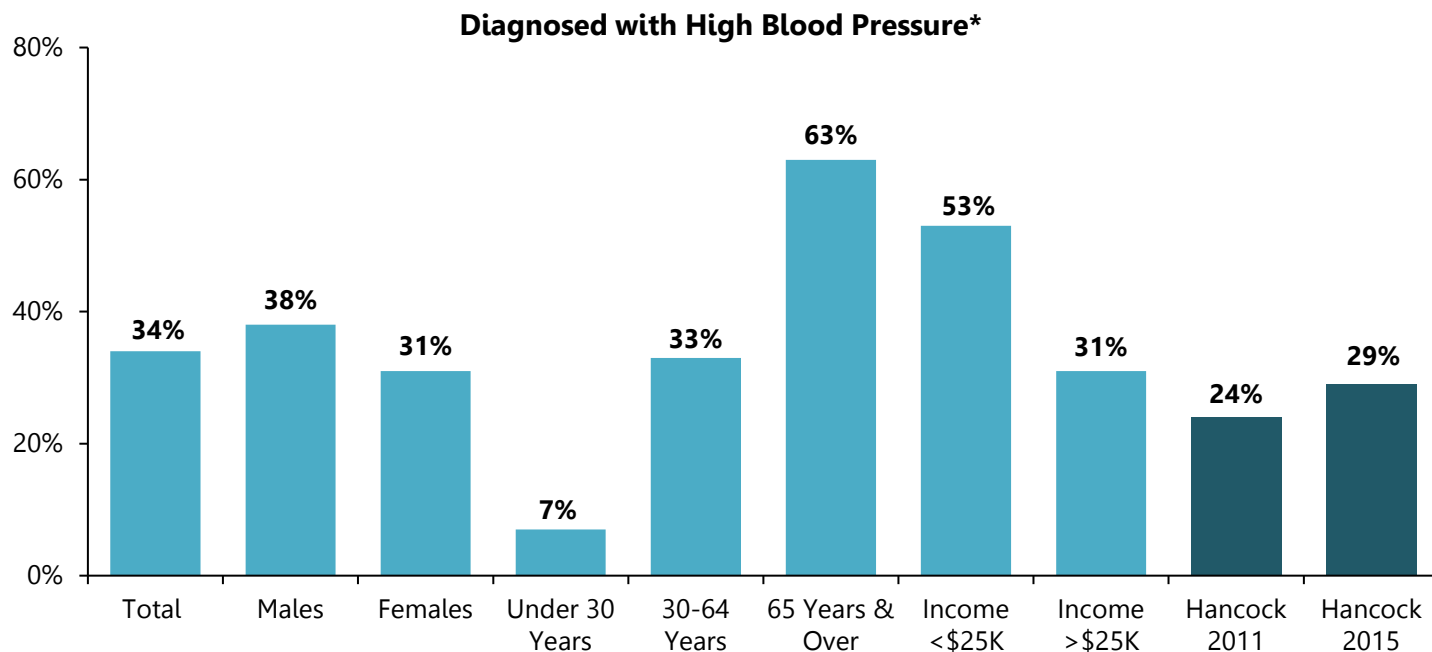
Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
Ever diagnosed with angina or coronary heart disease	N/A	4%	3%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	4%	4%	3%	6%	4%
Ever diagnosed with a stroke	3%	2%	4%	4%	3%
Had been told they had high blood pressure	24%	29%	34%	35%	32%
Had been told their blood cholesterol was high	36%	33%	39%	33%	33%
Had their blood cholesterol checked within the past 5 years	74%	76%	81%	85%	86%

N/A- Not Available

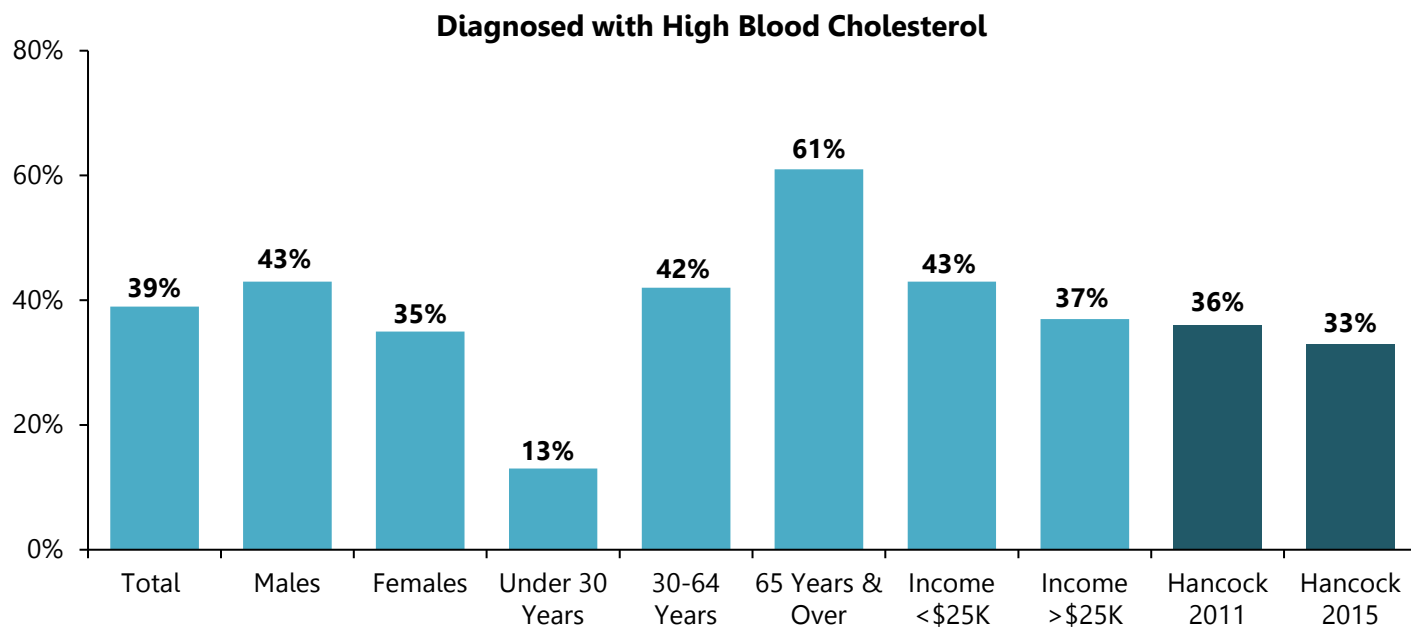
Note: Hancock County did not ask chronic disease questions in 2013



The following graphs show the percentages of Hancock County adults who had been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph include: 34% of all Hancock County adults had been diagnosed with high blood pressure, including 38% of all males and 63% of those 65 years and older.



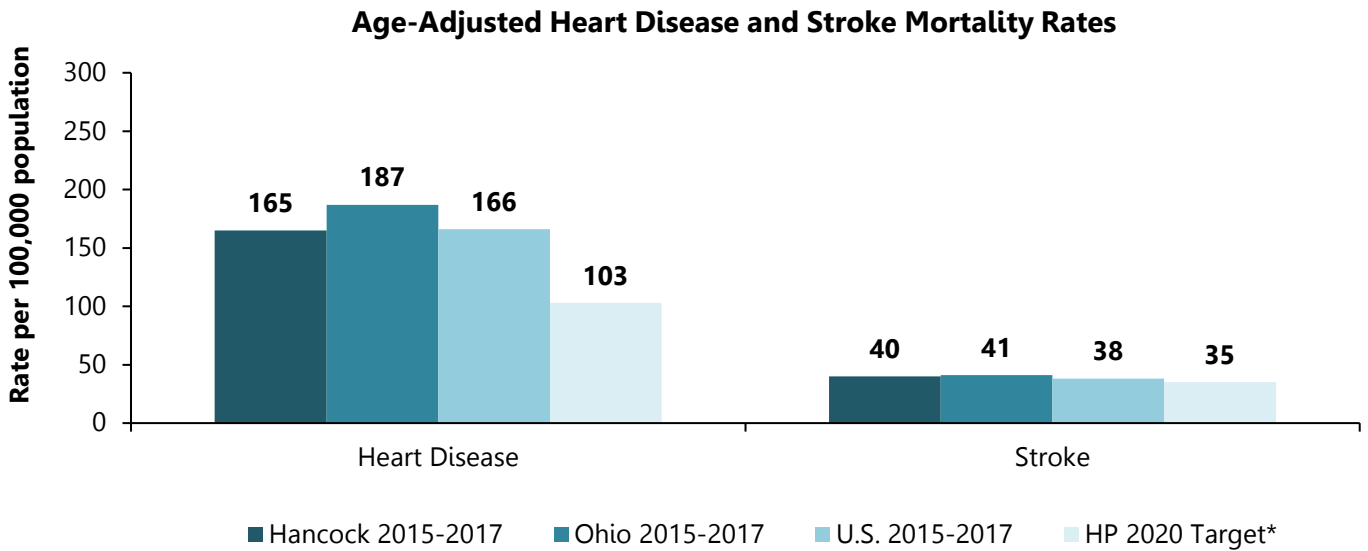
\*Does not include respondents who indicated high blood pressure during pregnancy only.



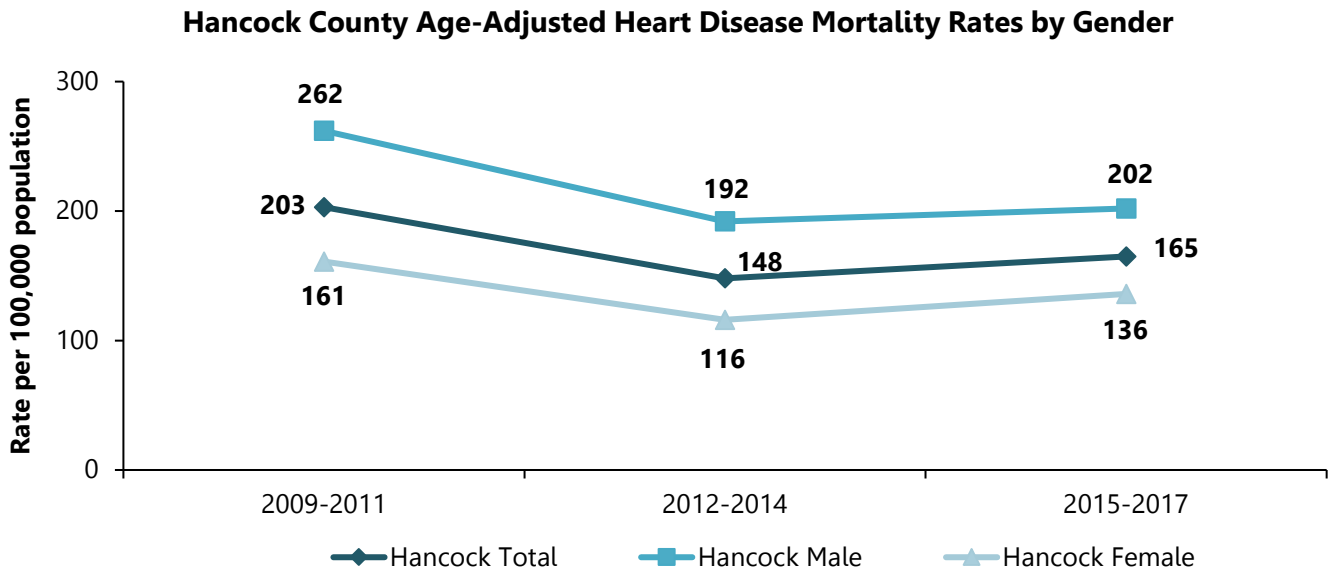
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke.

- The age-adjusted heart disease mortality rate for Hancock County adults was lower than the Ohio and U.S. rates.
- The Hancock County age-adjusted stroke mortality rate from 2015 to 2017 was higher than the U.S. rate and the Healthy People 2020 target objective, but was lower than the Ohio rate.
- From 2009 to 2017, the Hancock County male and female age-adjusted heart disease mortality rates fluctuated.



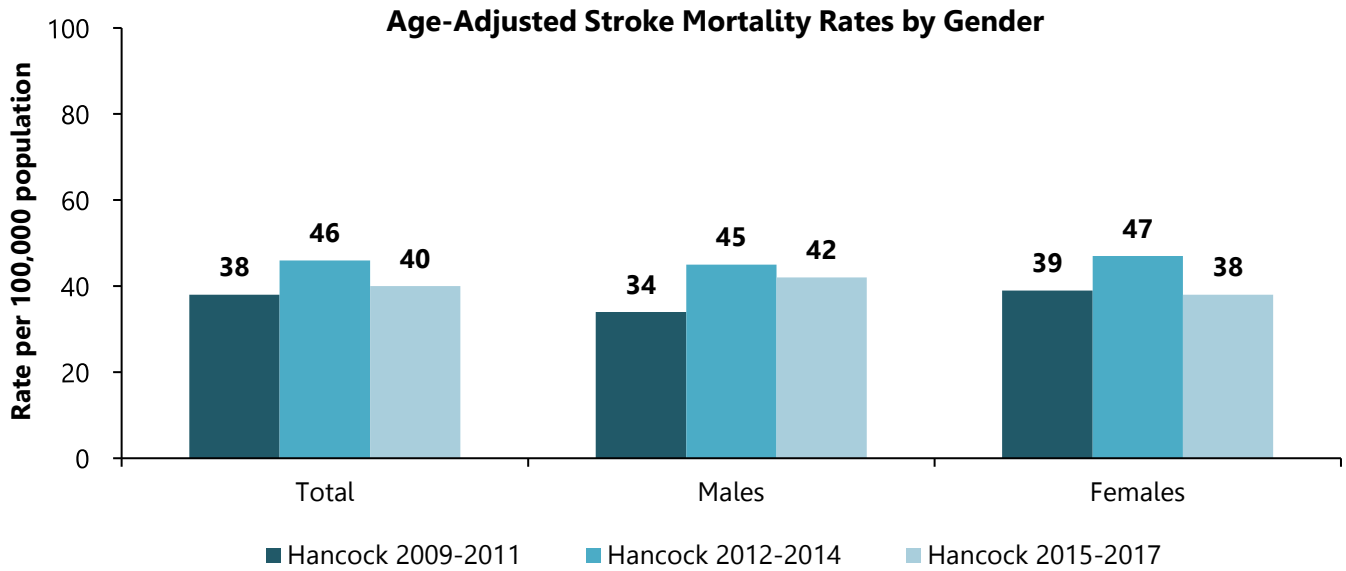
Note: The Healthy People 2020 Target objective for coronary heart disease is reported for heart attack mortality. (Source: Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017, and Healthy People 2020)



Source: Ohio Public Health Data Warehouse, 2009-2017

The following graph shows the age-adjusted mortality rates per 100,000 population for stroke by gender.

- From 2015 to 2017, the Hancock County stroke mortality rate was lower for females than for males.



(Source: Ohio Public Health Data Warehouse, 2009-2017)

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

### Healthy People 2020 Objectives Heart Disease and Stroke

Objective	Hancock County Population Baseline	2017 U.S. Baseline	Healthy People 2020 Target
<b>HDS-5: Reduce proportion of adults with hypertension</b>	34% (2018)	32% Adults age 18 and up	27%
<b>HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years</b>	81% (2018)	86% Adults age 18 and up	82%
<b>HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)</b>	39% (2018)	33% Adults age 20+ with TBC > 240 mg/dl	14%

Note: All U.S. figures age-adjusted to 2000 population standard.  
(Source: Healthy People 2020, 2017 BRFSS, 2018 Hancock County Health Assessment)

# Chronic Disease: Cancer

## Key Findings

Nine percent (9%) of Hancock County adults had been diagnosed with cancer at some time in their life.

## Adult Cancer

- Nine percent (9%) Hancock County adults were diagnosed with cancer at some point in their lives, increasing to 30% of those over the age of 65.

## Cancer Facts

- The Ohio Department of Health (ODH) indicates that from 2015-2017, cancers caused 21% (503 of 2,362 total deaths) of all Hancock County resident deaths. The largest percent (24%) of 2015-2017 cancer deaths were from lung and bronchial cancer (Source: Ohio Public Health Data Warehouse, 2015-2017).

### Hancock County Incidence of Cancer, 2011-2015

All Types: 2,060 cases

- Lung and Bronchus: 278 cases (13%)
- Breast: 263 cases (13%)
- Prostate: 229 cases (11%)
- Other Sites/Types: 188 cases (9%)
- Colon and Rectum: 185 cases (9%)

**In 2015-2017, there were 503 cancer deaths in Hancock County.**

(Source: Ohio Cancer Incidence Surveillance System, ODH Ohio Public Health Data Warehouse)

**5,044 Hancock County adults had been diagnosed with cancer at some time in their life.**

- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose), and sinuses; larynx (voice box); pharynx (throat); and esophagus (swallowing tube). Also, smoking has been associated with the following cancers: lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia (Source: American Cancer Society, Facts & Figures 2019).
- The American Cancer Society states that about 606,880 Americans are expected to die of cancer in 2019. Cancer is the second leading cause of death in the U.S., exceeded only by heart disease. Nearly 1 of every 7 deaths is associated with cancer (Source: American Cancer Society, Facts & Figures 2019).

## Lung Cancer

- In Hancock County, 7% of male adults and 13% of female adults were current smokers.
- The Ohio Department of Health reports that lung and bronchus cancer was the leading cause of male cancer deaths (n=68) and female cancer deaths (n=51) from 2015-2017 in Hancock County. (Source: Ohio Public Health Data Warehouse, 2015-2017).
- According to the American Cancer Society, smoking causes 80% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers (Source: American Cancer Society, Facts & Figures 2018).

## Breast Cancer

- In 2018, 49% of Hancock County females reported having had a clinical breast examination in the past year.
- More than half (53%) of Hancock County females over the age of 40 had a mammogram in the past year.
- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99% (Source: American Cancer Society, Facts & Figures 2018).

- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommended that those 40 to 44 years of age have the choice of annual mammography, those 45 to 54 have an annual mammography, and those 55 years of age and older may transition to biennial or continue annual mammography. Women should continue mammography as long as their overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual screening using magnetic resonance imaging (MRI) in addition to mammography is recommended, typically starting at age 30 *(Source: American Cancer Society, Facts & Figures 2018)*.

## Prostate Cancer

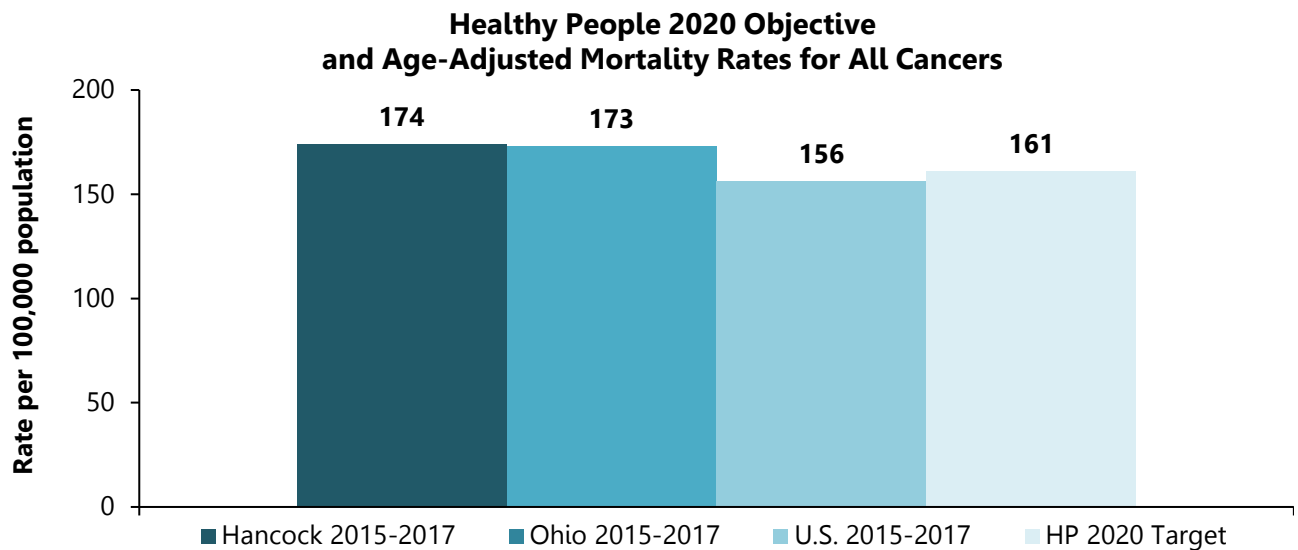
- Nearly two-fifths (38%) of Hancock County males had a prostate-specific antigen (PSA) test at some time in their life, and 25% had one in the past year.
- Almost half (48%) of men had a digital rectal exam in their lifetime, and 16% had one in the past year.
- The ODH statistics indicate that prostate cancer deaths accounted for 11% of all male cancer deaths from 2015-2017 in Hancock County *(Source: Ohio Public Health Data Warehouse, 2015-2017)*.
- Incidence rates for prostate cancer are 74% higher in African Americans than in whites, and they are twice as likely to die of prostate cancer. Other risk factors include increased age, African ancestry, a family history of the disease and certain inherited genetic conditions. *(Source: American Cancer Society, Facts & Figures 2018)*.

## Colon and Rectum Cancers

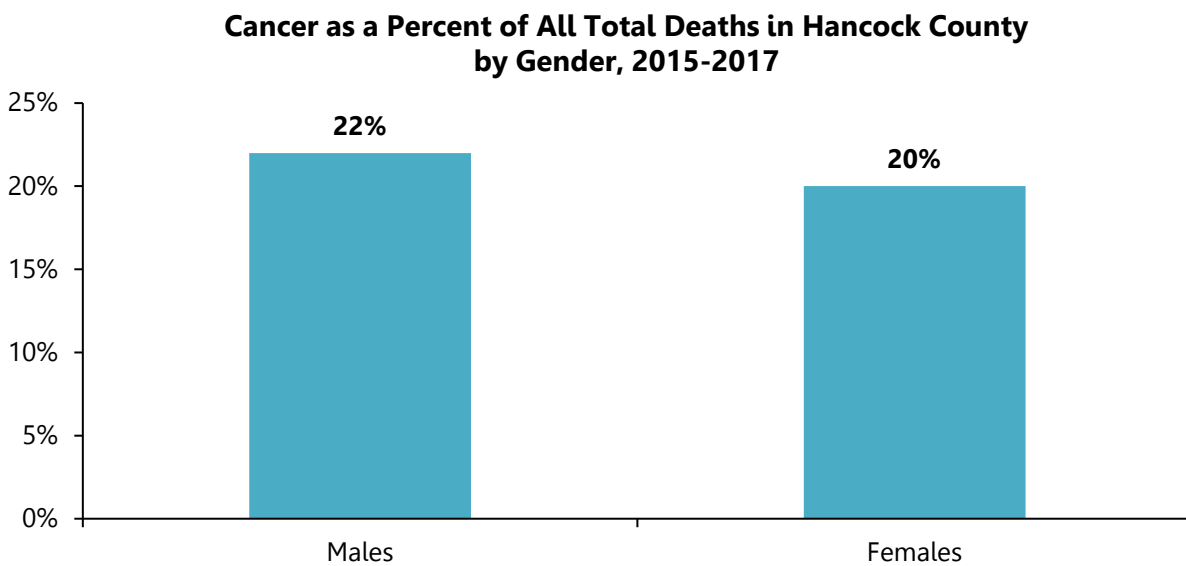
- More than half (55%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- ODH indicates that colon and rectum cancer deaths accounted for 10% of all male and 11% of all female cancer deaths from 2015-2017 in Hancock County *(Source: Ohio Public Health Data Warehouse, 2015-2017)*.
- The American Cancer Society reports several risk factors for colorectal cancer including age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; long-term smoking; and possibly very low intake of fruits and vegetables *(Source: American Cancer Society, Facts & Figures 2018)*.
- In the U.S., 90% of colon cancers occur in individuals over the age of 50. Therefore, the American Cancer Society suggests every person over the age of 50 have regular colon cancer screening *(Source: American Cancer Society, Facts & Figures 2018)*.

The following graph shows the Hancock County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2020 objective, as well as cancer as a percent of total deaths in Hancock County. The graphs show:

- When age differences are accounted for, Hancock County had a higher mortality rate than Ohio, the U.S., and the Healthy People 2020 target objective.
- The percentage of Hancock County males who died from all cancers is slightly higher than the percentage of Hancock County females who died from all cancers.



(Source: Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017, Healthy People 2020)



(Source: Ohio Public Health Data Warehouse, 2015-2017)

## Hancock County Incidence of Cancer, 2011-2015

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Lung and Bronchus	278	13%
Breast	263	13%
Prostate	229	11%
Other Sites/Types	188	9%
Colon & Rectum	185	9%
Melanoma of Skin	120	6%
Bladder	105	5%
Non-Hodgkins Lymphoma	85	4%
Uterus	83	4%
Thyroid	81	4%
Kidney & Renal Pelvis	71	3%
Oral Cavity & Pharynx	70	3%
Pancreas	57	3%
Leukemia	48	2%
Brain & Other CNS	35	2%
Multiple Myeloma	32	2%
Ovary	26	1%
Esophagus	21	1%
Stomach	18	1%
Cervix	18	1%
Larynx	16	<1%
Liver & Intrahepatic Bile Duct	12	<1%
Testis	10	<1%
Hodgkins Lymphoma	9	<1%
<b>Total</b>	<b>2,060</b>	<b>100%</b>

*(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 2/08/18)*

### 2019 Cancer Estimates

- In 2019, more than 1.7 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about eighteen percent of the new cancer cases expected to occur in the U.S. in 2018 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 606,880 Americans are expected to die of cancer in 2019.
- 81% of lung cancer deaths in the U.S are attributed to smoking.
- In 2019, estimates predict that there will be 67,150 new cases of cancer and 25,440 cancer deaths in Ohio.
- Of the new cancer cases in Ohio, approximately 9,680 (14%) will be from lung and bronchus cancers and 3,750 (6%) will be from melanoma (skin) cancer.
- About 10,240 new cases of female breast cancer are expected in Ohio.
- New cases of prostate cancer in Ohio are expected to be 5,340 (8%).

*(Source: American Cancer Society, Facts and Figures 2019)*

# Chronic Disease: Arthritis

## Key Findings

Nearly one-third (32%) of Hancock County adults were told by a health professional that they had some form of arthritis, increasing to 68% of those over the age of 65.

## Arthritis

- Nearly one-third (32%) of Hancock County adults were told by a health professional that they had some form of arthritis, increasing to 68% of those over the age of 65.
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections (Source: CDC, 2016).
- An estimated 54 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. By 2040, over 78 million people will have arthritis. Arthritis is more common among women (24%) than men (18%), and it affects all racial and ethnic groups. Arthritis commonly occurs with other chronic diseases, like diabetes, heart disease, and obesity, and can make it harder for people to manage these conditions (Source: CDC, Arthritis at a Glance, December 27, 2017).

### Healthy People 2020 Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Hancock County 2018	Healthy People 2020 Target
<b>AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms</b>	37%	36%

Note: U.S. baseline is age-adjusted to the 2000 population standard  
(Sources: Healthy People 2020 Objectives, 2018 Hancock County Health Assessment)

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia</b>	N/A	N/A	32%	29%	25%

N/A- Not Available

Note: Hancock County did not ask arthritis questions in 2013



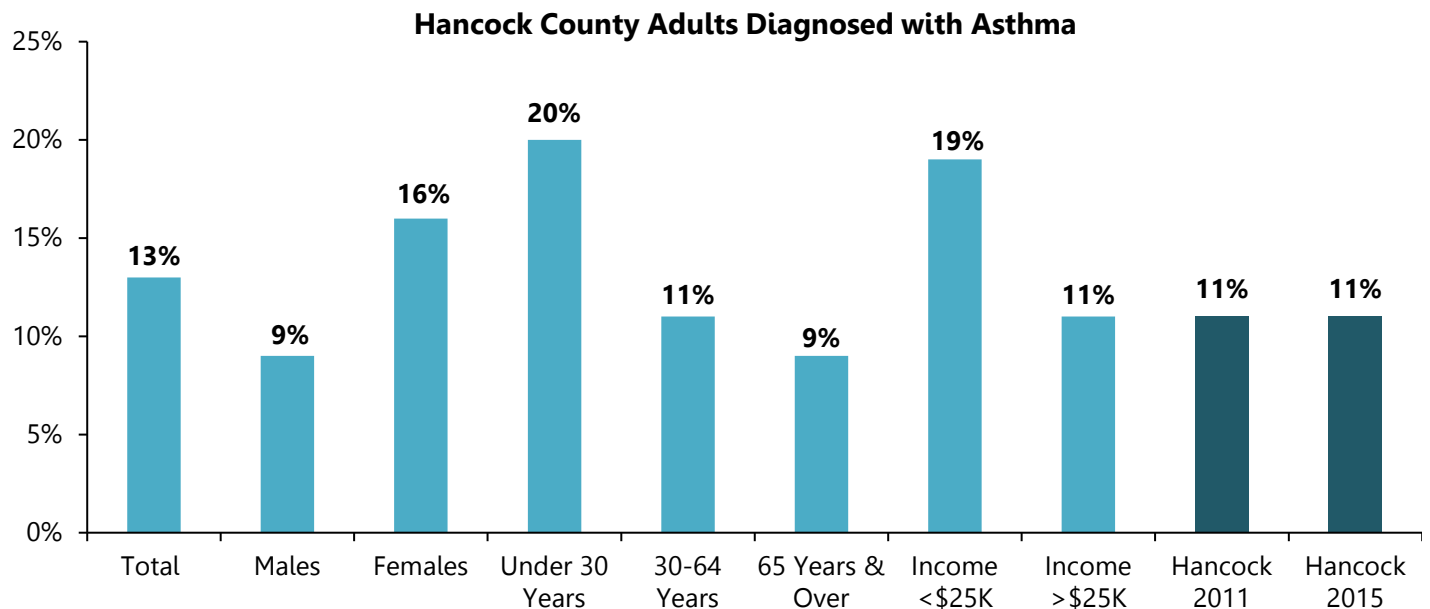
# Chronic Disease: Asthma

## Key Findings

In 2018, 13% of Hancock County adults had been diagnosed with asthma.

## Asthma and Other Respiratory Disease

- Thirteen percent (13%) of Hancock County adults had been diagnosed with asthma, increasing to 19% of those with incomes less than \$25,000.
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke; dust mites; outdoor air pollution; cockroach allergens; pets; mold; smoke from burning wood or grass; and infections linked to the flu, colds, and respiratory viruses (Source: CDC, *Common Asthma Triggers*, 2017).
- Chronic lower respiratory disease was the 4<sup>th</sup> leading cause of death in Hancock County and the 4<sup>th</sup> leading cause of death in Ohio from 2015–2017. (Source: *Ohio Public Health Data Warehouse*, 2015–2017).



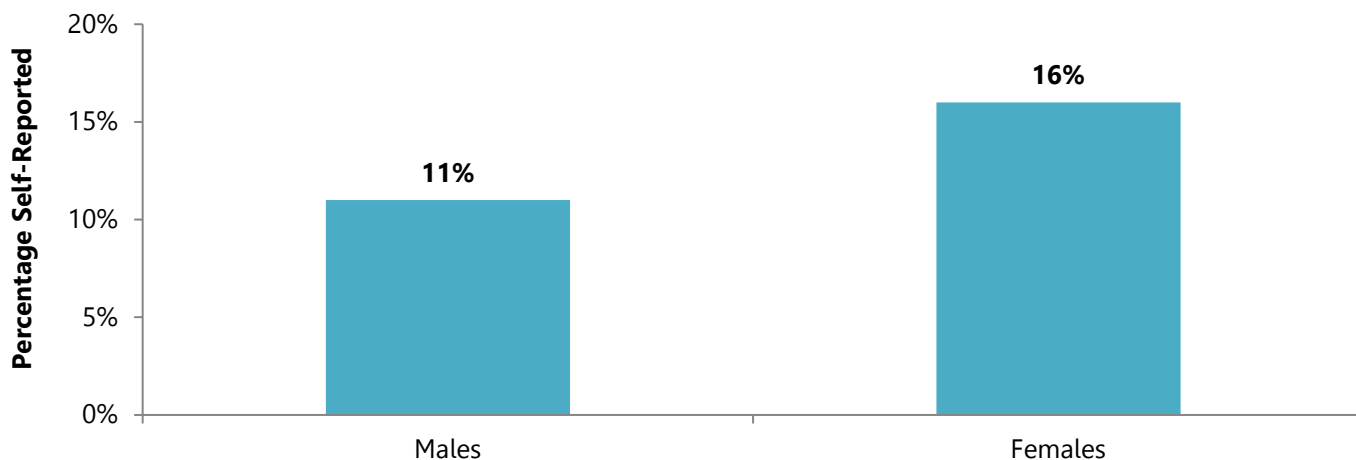
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
Had ever been told they have asthma	11%	11%	13%	14%	14%

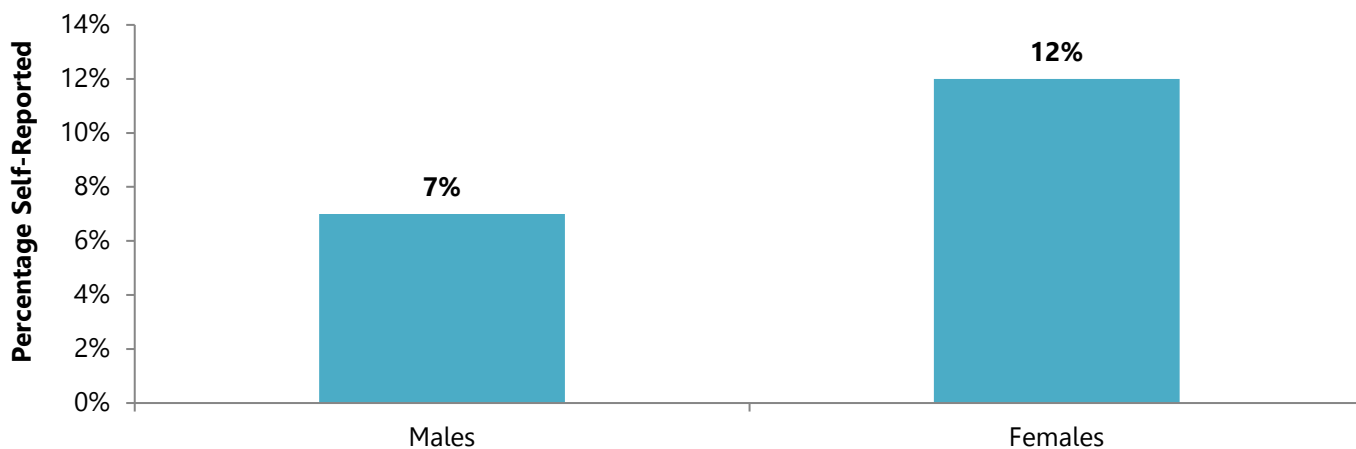
Note: Hancock County did not ask asthma questions in 2013

The following graphs demonstrate the lifetime and current prevalence rates of asthma by gender for Ohio residents.

**Ohio Adult Lifetime Asthma Prevalence Rates By Gender**



**Ohio Adult Current Asthma Prevalence Rates By Gender**



(Source for graphs: 2017 BFRSS)

### **Asthma Facts**

- The number of Americans with asthma grows every year. Currently, 26 million Americans have asthma. Of the 26 million, 18.9 million are adults.
- Almost 3,600 people die of asthma each year, nearly half of whom are age 65 or older.
- Asthma results in 439,000 hospitalizations and 1.8 million emergency room visits annually.
- Patients with asthma reported 14.2 million visits to a doctor's office and 1.3 million visits to hospital outpatient departments.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.

(Source: American College of Allergy, Asthma, & Immunology, *Asthma Facts*, Updated June 2018)

# Chronic Disease: Diabetes

## Key Findings

In 2018, 12% of Hancock County adults had been diagnosed with diabetes. Almost one-third (31%) of adults with diabetes rated their health as fair or poor.

## Diabetes

- Twelve percent (12%) of Hancock County adults had been diagnosed with diabetes, increasing to 23% of those with incomes less than \$25,000 and those over the age of 65.
- One percent (1%) of adults had been diagnosed with pregnancy-related diabetes.
- Nine percent (9%) of adults had been diagnosed with pre-diabetes or borderline diabetes.
- About one-third (31%) of adults with diabetes rated their health as fair or poor.
- Hancock County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  - 88% were obese or overweight
  - 81% had been diagnosed with high blood cholesterol
  - 76% had been diagnosed with high blood pressure

## Statistics About Diabetes

- In 2015, 30.3 million Americans, or 9.4% of the population, had diabetes. Approximately 1.25 million American children and adults have type 1 diabetes.
- Of the 29.1 million, 7.2 million were undiagnosed.
- 84.1 million Americans have prediabetes.
- 1.5 million Americans are diagnosed with diabetes every year.
- The economic cost of diagnosed diabetes in the U.S. is \$327 billion per year.
- Diabetes is the primary cause of death for 79,535 Americans each year and contributes to the death of 252,806 Americans annually.

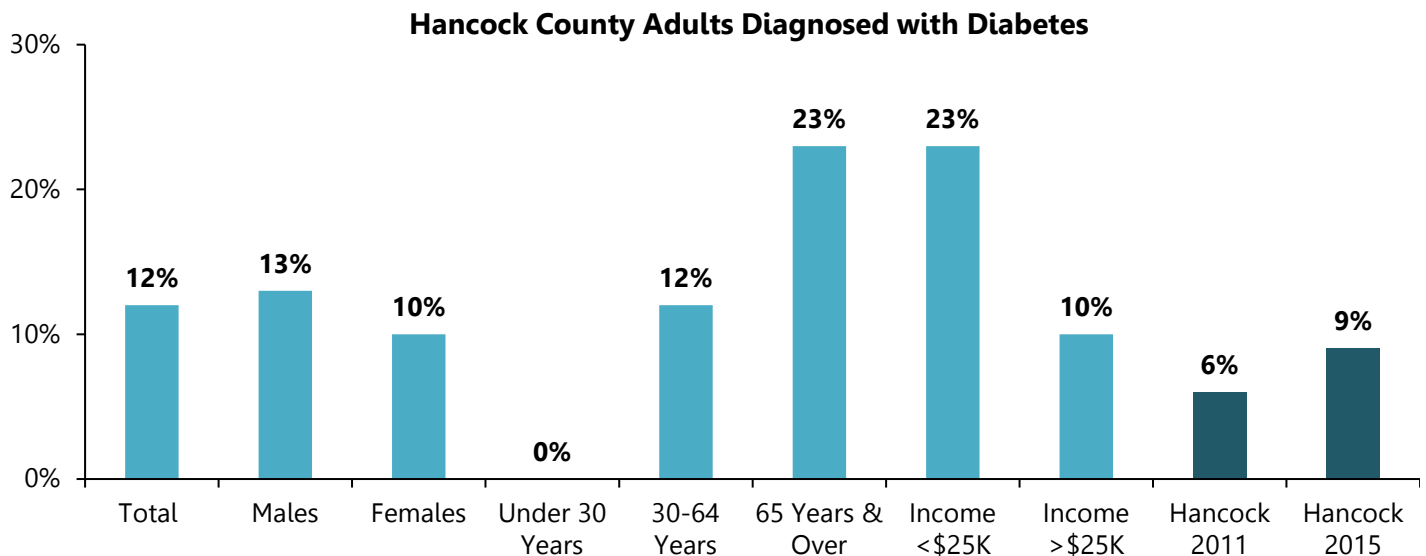
*(Source: American Diabetes Association, Statistics About Diabetes, Overall Numbers, Diabetes and Prediabetes, Updated March 2018)*

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
<b>Ever been told by a doctor they have diabetes</b> (not pregnancy-related)	6%	9%	12%	11%	11%
<b>Ever been diagnosed with pregnancy-related diabetes</b>	2%	1%	1%	1%	1%
<b>Ever been diagnosed with pre-diabetes or borderline diabetes</b>	N/A	7%	9%	2%	2%

N/A – Not Available

Note: Hancock County did not ask diabetes questions in 2013

The following graph shows the percentage of Hancock County adults who had been diagnosed with diabetes. Examples of how to interpret the information include: 12% of adults were diagnosed with diabetes, including 23% of adults age 65 and older and 23% of those with incomes less than \$25,000.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

### Types of Diabetes

Diabetes is a chronic disease that affects how your body turns food into energy. There are three main types of diabetes: type 1, type 2 and gestational diabetes (diabetes while pregnant).

- **Type 1 diabetes** is caused by an autoimmune reaction (the body attacks itself by mistake) that stops your body from making insulin. About 5% of the people who have diabetes have type 1. Symptoms of type 1 diabetes often develop quickly. It's usually diagnosed in children, teens, and young adults. If you have type 1 diabetes, you'll need to take insulin every day to survive. Currently, no one knows how to prevent type 1 diabetes.
- **Type 2 diabetes** is when the body doesn't use insulin well and is unable to keep blood sugar at normal levels. Most people with diabetes—9 in 10—have type 2 diabetes. It develops over many years and is usually diagnosed in adults (though increasingly in children, teens, and young adults). Symptoms sometimes go unnoticed. Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight if you're overweight, healthy eating, and getting regular physical activity.
- **Gestational diabetes (or pregnancy-related diabetes)** develops in pregnant women who have never had diabetes. Babies born to women with gestational diabetes could be at higher risk for health complications. Gestational diabetes usually goes away after the baby is born but increases the mothers risk for type 2 diabetes later in life. The baby is more likely to become obese as a child or teen, and more likely to develop type 2 diabetes later in life too.

(Source: CDC, About Diabetes, Updated: July 1, 2017)

# Chronic Disease: Quality of Life

## Key Findings

Five percent (5%) of adults were responsible for providing regular care or assistance to an elderly parent or loved one. Twenty-two percent (22%) of Hancock County adults reported they or a loved one had Alzheimer's disease or some other form of dementia. Two-thirds (66%) of adults reported a family history of high blood pressure.

## Impairments and Health Problems

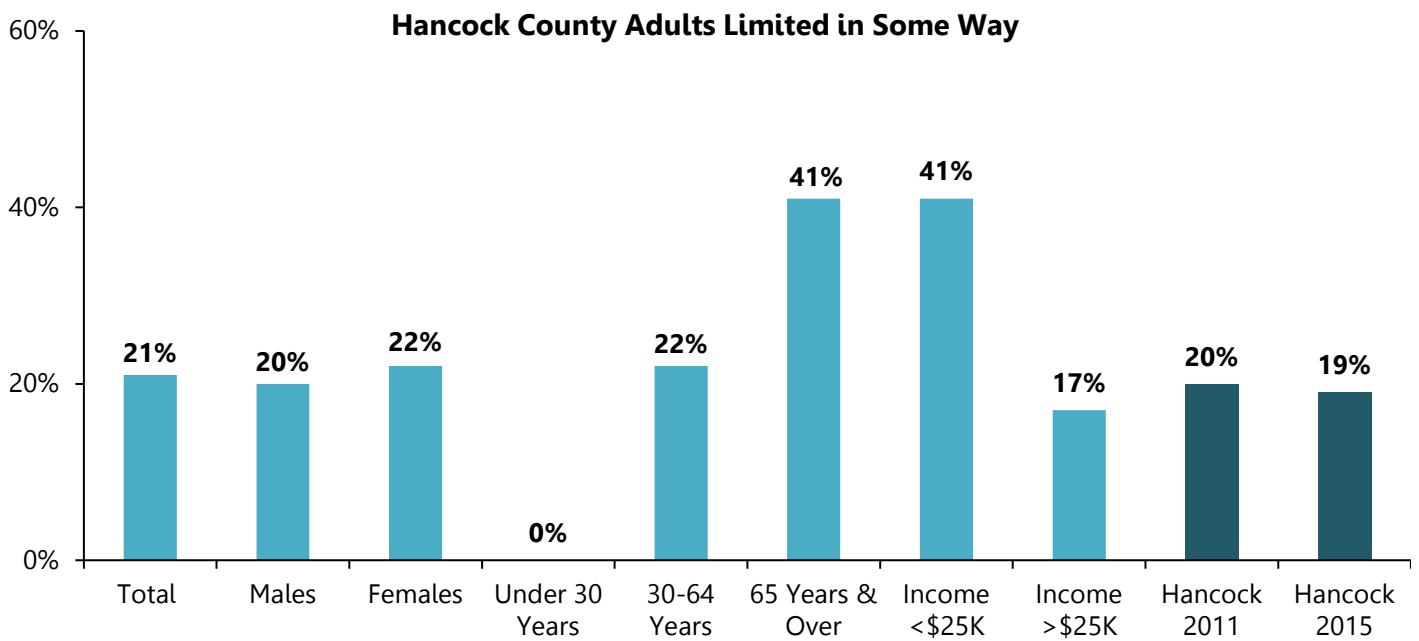
- About one-fifth (21%) of Hancock County adults were limited in some way because of a physical, mental or emotional problem, increasing to 41% of those with incomes less than \$25,000 and those over the age of 65.
- Those who were limited in some way reported the following most limiting problems or impairments: back or neck problems (51%); arthritis/rheumatism (37%); chronic pain (27%), walking problems (24%); chronic illness (24%); sleep problems (22%); fitness level (21%); stress, depression, anxiety, or emotional problems (20%); eye/vision problems (16%); lung/breathing problems (14%); mental health illness/disorder (11%); fractures, bone/joint injuries (10%); hearing problems (7%); dental problems (4%); substance dependency (4%); drug addiction (3%); confusion (1%); memory loss (1%); and other impairments/problems (8%).
- As a result of an impairment or health problem, Hancock County adults needed help with the following: household chores (4%), shopping (4%), getting around for other purposes (2%), doing necessary business (2%), meal preparation (2%), bathing (1%), dressing (1%), and getting around the house (1%).
- Twenty-two percent (22%) of Hancock County adults reported they or a loved one had been diagnosed with Alzheimer's disease or some other form of dementia.
- Of those diagnosed with Alzheimer's disease or some other form of dementia, adults reported that confusion or memory loss interfered with the person's ability to work, volunteer, or engage in social activities at the following frequencies: sometimes (63%), usually (13%), and always (24%).
- As a result of someone in the household having confusion or memory loss, adults reported they needed the most assistance in the following areas: safety (1%), household activities (1%), transportation (1%), personal care (1%), assistance in another area (1%), and don't know (3%).
- Hancock County adults were responsible for providing regular care or assistance to the following: multiple children (19%); a friend, family member or spouse with a health problem (6%); an elderly parent or loved one (5%); an adult child (4%); children with discipline issues (2%); grandchildren (2%); a friend, family member or spouse with a mental health issue (2%); someone with special needs (2%); a friend, family member or spouse with dementia (1%); and foster children (<1%).
- Adults reported a family history of the following: high blood pressure (66%), heart disease, (56%), cancer (55%), diabetes (48%), high blood cholesterol (44%), Alzheimer's disease (25%), alcohol addiction (21%), mental illness (15%), drug addiction (8%), suicide (6%), other addictions (1%), and unexplained sudden death (1%).

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Ohio 2017	U.S. 2017
Limited in some way because of physical, mental or emotional problem	20%	19%	21%	21%*	21%*

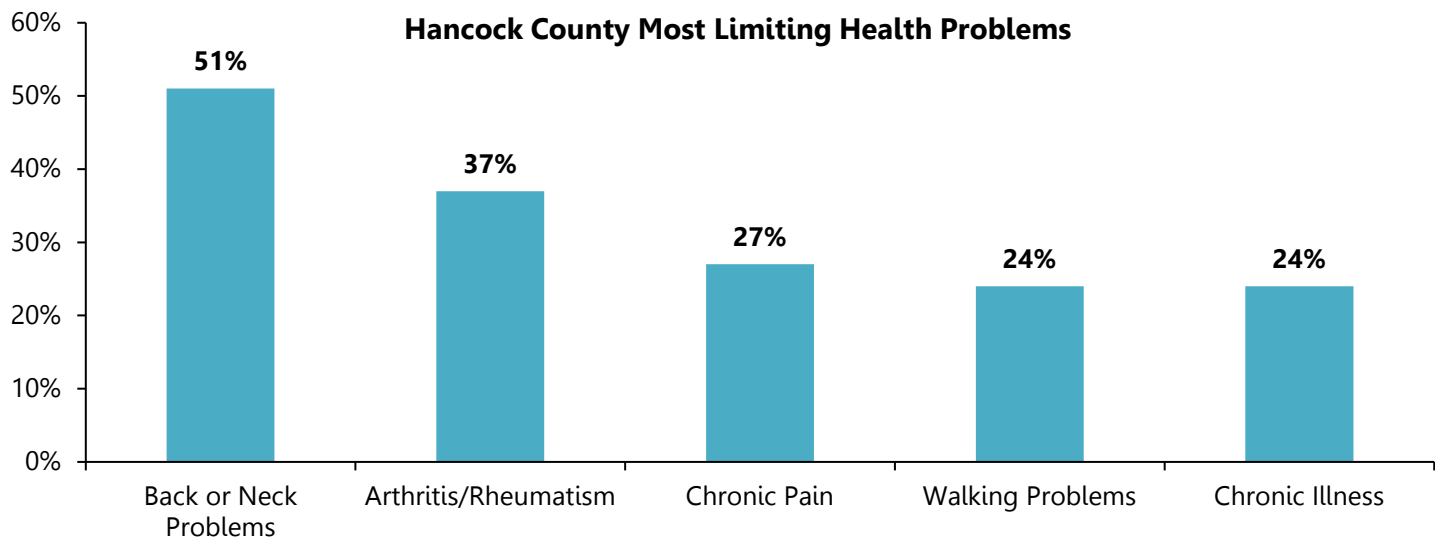
\*2015 BRFSS

Note: Hancock County did not ask quality of life questions in 2013

The following graphs show the percentage of Hancock County adults who were limited in some way and the most limiting health problems. Examples of how to interpret the information shown on the first graph include: 21% of adults were limited in some way, including 20% of males and 41% of those 65 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.



# Social Conditions: Social Determinants of Health

## Key Findings

Six percent (6%) of Hancock County adults were abused in the past year (including physical, emotional, financial, or verbal abuse). More than half (56%) of adults were concerned about illegal drug use in their community. Ten percent (10%) of adults experienced 4 or more adverse childhood experiences (ACEs) in their lifetime.

## Healthy People 2020

Healthy People 2020 developed five key determinants as a “place-based” organizing framework. These five determinants include:

- Economic stability
- Education
- Social and community context
- Health and health care
- Neighborhood and built environment

## Economic Stability

- Hancock County adults sought assistance for the following: health care (12%), home repair (8%), food (8%), Medicare (7%), dental care (6%), mental illness issues (6%), prescription assistance (6%), rent/mortgage (5%), utilities (4%), employment (4%), free tax preparation (3%), legal aid services (3%), affordable child care (2%), clothing (2%), transportation (2%), drug or alcohol addiction (1%), credit counseling (1%), and diapers (<1%).
- Adults experienced the following food insecurity issues during the past 12 months: food assistance was cut (4%), had to choose between paying bills and buying food (3%), loss of income led to food insecurity issues (3%), worried food would run out (3%), were hungry but did not eat because they did not have money for food (2%), and went hungry/ate less to provide more food for their family (2%).
- Three percent (3%) of adults experienced more than one food insecurity issue in the past year.
- Adults indicated their percent of their household incomes that goes to their housing as the following: less than 30% (57%), 30%-50% (25%), and 50% or higher (7%). Twelve percent (12%) of adults did not know how much of their income went to housing.
- The median household income in Hancock County in 2017 was \$51,360. The U.S. Census Bureau reports median income levels of \$54,021 for Ohio and \$60,336 for the U.S. (Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates, 2017*).
- Twelve percent (12%) of all Hancock County residents were living in poverty, and 16% of children and youth ages 0-17 were living in poverty. The City of Findlay had a poverty rate of 16% (Source: U.S. Census Bureau, *American Community Survey, 2013-2017 5-year estimates*).
- The unemployment rate for Hancock County civilian labor force was 3.7 as of July 2018 (Source: Ohio Department of Job and Family Services, *Office of Workforce Development, Bureau of Labor Market Information*).
- There were 31,844 occupied housing units. The owner-occupied housing unit rate was 71%. Rent in Hancock County cost an average of \$735 per month (Source: U.S. Census Bureau, *American Community Survey, 2017*).

## Community Conversations

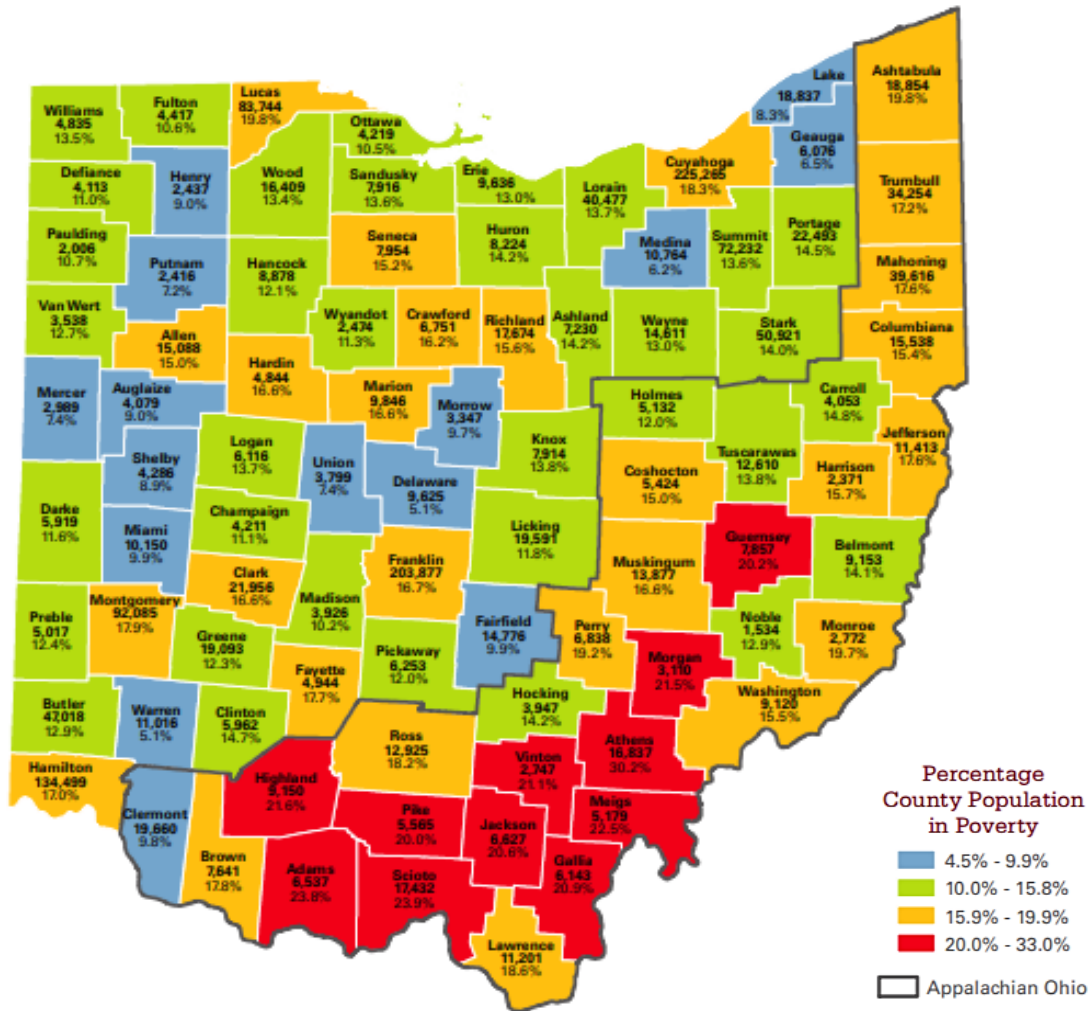
- The Findlay-Hancock County Community Foundation and United Way of Hancock County partnered to ask community members about their hopes and aspirations for the community. Below is 2017 data reported from written surveys and community conversations:
- What services should be added in our community to help people?
  - Addiction/Substance abuse help
  - Affordable childcare
  - Affordable housing
  - Elder care/services
  - Food
  - Health clinic
  - Job/career training
  - Life skills
  - Literacy
  - Mental health
  - More arts and culture
  - Safe haven for kids, men’s shelter
  - Transportation

(Source: *Community Conversations, Report to the Community, 2017*)

The map below shows the variation in poverty rates across Ohio during the 2013-2017 period.

- The 2013 to 2017 American Community Survey 5-year estimates report that approximately 1,683,890 Ohio residents, or 14.9% of the population, were in poverty.
- From 2013 to 2017, almost 12% of Hancock County residents were in poverty.

### Estimated Poverty Rates in Ohio by County (2012-2016)



(Source: 2013-2017 American Community Survey 5-year estimates, as compiled by Ohio Development Services Agency, Office of Research, Ohio Poverty Report, February 2018)

### Education

- Hancock County adults reported that they or an immediate family member had the following literacy needs: learning computer skills (7%); reading and understanding instructions (2%); reading a map, signs, food ingredients, and labels (1%); and completing a job application (1%).
- Ninety-two percent (92%) of Hancock County adults 25 years and over had a high school diploma. Eight percent (8%) had less than a high school diploma, compared to 10% for Ohio (Source: U.S. Census Bureau, American Community Survey, 2017).
- Twenty-eight percent (28%) of Hancock County adults 25 years and over had a bachelor's degree or higher (Source: U.S. Census Bureau, American Community Survey, 2017).



## Social and Community Context

- Hancock County adults reported the following concerns in their community: illegal drug use (56%), opiate/prescription drug abuse (48%), distracted driving (44%), mental health/substance use (40%), bullying/cyberbullying (26%), housing (23%), DUI (21%), lack of affordable health care (21%), speeding (16%), workforce/financial stability (16%), safety (15%), OVI (15%), traffic (15%), and transportation (11%).
- During the past 12 months, Hancock County adults reported spending money on the following activities: lottery/scratch-off tickets/office pools, etc. (31%); casino gambling (14%); fantasy sports/online betting (4%); bingo (3%); sports betting with a bookie/office sports pool (3%); poker or other card games (1%); and horse/dog racing (1%).
- Hancock County adults reported experiencing the following due to gambling: gambled while drunk or high (2%) and were unable to pay bills (1%).
- Three percent (3%) of Hancock County adults were threatened to be abused in the past year. They were threatened by the following: someone outside their home (33%), a parent (25%), a spouse or partner (17%), and someone else (17%).
- Six percent (6%) of Hancock County adults were abused in the past year. They were abused by the following: a spouse or partner (54%), someone outside their home (21%), a parent (13%), and someone else (25%).
- Hancock County adults would have a problem getting the following if they needed them today: someone to help if they were sick and needed to be in bed (9%), someone to take them to a clinic or doctor's office if they needed a ride (8%), someone to talk to about their problems (7%), someone to loan them \$50 (6%), someone to help pay for their medical expenses (5%), someone to accompany them to their doctor's appointments (5%), back-up childcare (3%) and someone to explain directions from their doctor (3%).
- Six percent (6%) of adults have called 2-1-1, a non-emergency information referral number, for assistance, increasing to 11% of those with incomes less than \$25,000. Of those who called 2-1-1 for assistance, 95% received information that assisted them in getting the help they needed.
- Hancock County adults experienced the following in the past 12 months: a close family member went to the hospital (40%); death of a family member or close friend (31%); had bills they could not pay (9%); someone in their household lost their job (8%); someone close to them had a problem with drinking or drugs (7%); someone in their household had their hours at work reduced (7%); household income was cut by half (5%); moved to a new address (4%); were financially exploited (3%); someone homeless living with them (2%); became separated or divorced (2%); threatened by someone close to them (2%); they or a family member were incarcerated (2%); someone in their household went to jail (1%); were homeless (1%); abused by someone physically, emotionally, sexually, and/or verbally (1%); and hit or slapped by their spouse or partner (<1%).

## Community Conversations

- The Findlay-Hancock County Community Foundation and United Way of Hancock County partnered to ask community members about their hopes and aspirations for the community. Below is 2017 data reported from written surveys and community conversations:
- Five major themes of concerns were identified from the data:
  - Housing, Transportation, Mental Health/Substance Use, Workforce/Financial Stability, and Safety
- What kind of community would you need for everyone to have the chance at a good life?
  - Access to resources, increased support
  - Education (trade school, work skills, life skills, financial literacy)
  - Good jobs
  - Less crime
  - Low-cost, available transportation
  - Open to diversity (more tolerance)
  - Programs in schools (Bridges Out of Poverty, Quest, Leader in Me, DARE+, etc.)
  - Social opportunities for all (free or low cost)
  - Treatment of addiction

*(Source: Community Conversations, Report to the Community, 2017)*

- Hancock County adults experienced the following adverse childhood experiences (ACEs):
  - Their parents became separated or were divorced (18%)
  - A parent or adult in their home swore at, insulted, or put them down (16%)
  - Lived with someone who was a problem drinker or alcoholic (15%)
  - Lived with someone who was depressed, mentally ill, or suicidal (12%)
  - A parent or adult in their home hit, beat, kicked, or physically hurt them (8%)
  - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (6%)
  - Someone at least 5 years older than them or an adult touched them sexually (6%)
  - Lived with someone who used illegal stress drugs, or who abused prescription medications (6%)
  - Their family did not look out for each other, feel close to each other, or support each other (6%)
  - Someone at least 5 years older than them or an adult tried to make them touch them sexually (5%)
  - Lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (4%)
  - They did not have enough to eat, had to wear dirty clothes, and had no one to protect them (3%)
  - Their parents were not married (3%)
  - Someone at least 5 years older than them or an adult forced them to have sex (2%)
- Ten percent (10%) of adults experienced 4 or more ACEs, increasing to 20% of those with incomes less than \$25,000.

### Behaviors of Hancock County Adults

*Experienced 4 or More ACEs vs. Did Not Experience Any ACEs*

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
<b>Classified as overweight or obese by BMI</b>	78%	71%
<b>Current drinker</b> (had at least one alcoholic beverage in the past month)	56%	62%
<b>Binge drinker</b> (drank 5 or more drinks for males and 4 or more for females on an occasion)	38%	32%
<b>Current smoker</b> (currently smoke on some or all days)	34%	8%
<b>Medication misuse in the past 6 months</b>	21%	5%
<b>Contemplated suicide in the past 12 months</b>	24%	2%
<b>Used recreational drugs in the past 6 months</b>	6%	2%

### Adverse Childhood Experiences (ACEs)

- Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).
- Adverse childhood experiences have been linked to:
  - Risky health behaviors,
  - Chronic health conditions,
  - Low life potential
  - Early death
- As the number of ACEs increases, so does the risk for these outcomes.
- The wide-ranging health and social consequences of ACEs underscore the importance of preventing them before they happen. Safe, stable, and nurturing relationships and environments (SNNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential.

*(Source: CDC, Adverse Childhood Experiences (ACEs), About Adverse Childhood Experiences, Updated April 2016)*

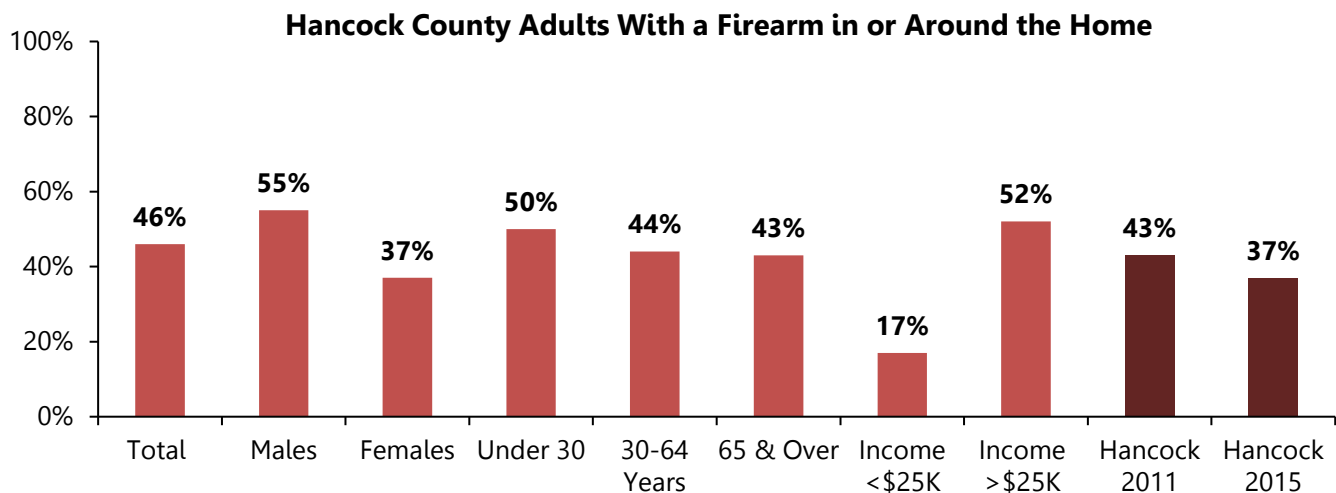
## Health and Health Care

- In the past year, 5% of adults were uninsured.
- The top reasons uninsured adults gave for being without health care coverage were because they:
  - They lost their job or changed employers (30%)
  - They could not afford to pay the premiums (22%)
  - They became ineligible (17%)
  - Their employer did not/stopped offering coverage (17%)
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Hancock County adults.

## Neighborhood and Built Environment

- Adults reported doing the following while driving: eating (45%); talking on hands-free cell phone (39%); talking on hand-held cell phone (33%); texting (20%); not wearing a seatbelt (14%); using internet on their cell phone (14%); being under the influence of prescription drugs (3%); being under the influence of alcohol (2%); reading (2%); being under the influence of recreational drugs (1%); and other activities (such as applying makeup, shaving, etc.) (1%).
- Fourteen percent (14%) of Hancock County adults reported that their neighborhood had a block watch.
- Nearly half (46%) of Hancock County adults kept a firearm in or around their home. Six percent (6%) of adults reported that their firearms were unlocked and loaded.

*The following graph shows the percentage of Hancock County adults that have a firearm in or around the home. An example of how to interpret the information includes: 46% of all Hancock County adults had a firearm in or around the home, including 55% of males, and 50% of those under 30 years old.*



*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

# Social Conditions: Environmental Health

## Key Findings

Nearly one-third (32%) of Hancock County adults had a private water source for drinking water. Eighty-nine percent (89%) of households had a working smoke detector.

## Environmental Health

- Thirty-two percent (32%) of Hancock County adults had a private water source for drinking water. Of those who had a private water source, 8% had it tested within the past year, and 24% have never had it tested. More than one-quarter (28%) did not know the last time their water source had been tested.
- Hancock County adults thought the following threatened their or family member's health in the past year:
  - Insects (5%)
  - Temperature regulation (4%)
  - Mold (3%)
  - Moisture issues (3%)
  - Air quality (2%)
  - Agricultural chemicals (2%)
  - Rodents (1%)
  - Bed bugs (1%)
  - Radon (1%)
  - Asbestos (1%)
  - Sewage/waste water problems (1%)
  - Sanitation issues (1%)
  - Unsafe water supply/wells (1%)
  - Cockroaches (1%)
  - Safety hazards (1%)
  - Chemicals found in products (<1%)
  - Plumbing problems (<1%)

## Disaster Preparedness

- Hancock County households had the following disaster preparedness supplies: working smoke detector (89%), cell phone (86%), cell phone with texting (86%), working flashlight and working batteries (82%), computer/tablet (79%), 3-day supply of nonperishable food for everyone in the household (57%), 3-day supply of prescription medication for each person who takes prescribed medicines (55%), working battery-operated radio and working batteries (51%), home land-line telephone (38%), 3-day supply of water for everyone in the household (one gallon of water per person per day) (33%), generator (30%), communication plan (24%), a disaster plan (14%), and a family disaster plan (13%).

### Mold Prevention Tips

- Exposure to damp and moldy environments may cause a variety of health effects. Mold can cause nasal stuffiness, throat irritation, coughing or wheezing, eye irritation, or, in some cases, skin irritation.
- In your home, you can control mold growth by:
  - Keep humidity levels as low as you can, no higher than 50%, all day long.
  - Be sure your home has enough ventilation. Use exhaust fans which vent outside your home in the kitchen and bathroom. Make sure your clothes dryer vents outside your home.
  - Fix any leaks in your home's roof, walls, or plumbing so mold does not have moisture to grow.
  - Clean up and dry out your home thoroughly and quickly (within 24–48 hours) after flooding.
  - Clean bathrooms with mold-killing products.
  - Remove or replace carpets and upholstery that have been soaked and cannot be dried promptly. Consider not using carpet in rooms or areas like bathrooms or basements that may have a lot of moisture.

(Source: CDC, *Facts about Mold and Dampness*, Updated August 2017)

# Social Conditions: Diversity and Inclusion

## Key Findings

Twenty-one percent (21%) of Hancock County adults strongly agreed that the Findlay/Hancock area is a place that welcomes and embraces diversity in general. More than one-third (36%) of employed adults felt their employer was very committed to the promotion and advancement of a generally diverse workforce.

## Diversity and Inclusion

For this section, general diversity and inclusion assumes the internal characteristics of age, gender/gender expression, physical ability, race, ethnicity, and sexual orientation.

- More than three-fifths (64%) of Hancock County adults strongly agreed that they felt comfortable being themselves in Findlay. Twenty-nine percent (29%) somewhat agreed, 5% somewhat disagreed, and 2% strongly disagreed.
- Twenty-one percent (21%) of Hancock County adults strongly agreed that they were tired of hearing, reading, and/or learning about diversity. Thirty-nine percent (39%) somewhat agreed, 22% somewhat disagreed, and 18% strongly disagreed.
- Nineteen percent (19%) of Hancock County adults felt it was very important for themselves to live in a diverse neighborhood. Forty-two percent (42%) felt it was somewhat important, and 39% felt it was not important.

The Findlay/Hancock County area is...	Strongly Agree	Agree Somewhat	Disagree Somewhat	Strongly Disagree
<b>A place that welcomes and embraces diversity in general?</b>	21%	53%	19%	7%
<b>A place that welcomes and embraces racially and ethnically diverse people?</b>	21%	54%	20%	5%
<b>A place that welcomes and embraces Lesbian, Gay, Bisexual, Transgender people?</b>	13%	48%	27%	12%

## Workforce

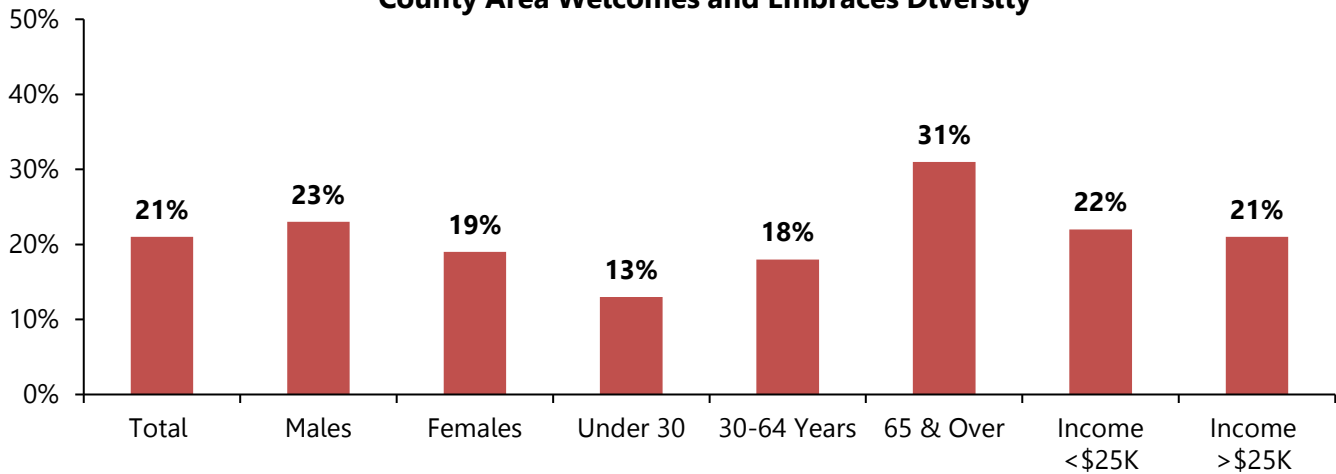
- More than one-third (35%) of Hancock County adults strongly agreed there was value in having a very diverse workforce. Fifty-four percent (54%) somewhat agreed, 8% somewhat disagreed, and 3% strongly disagreed.
- Thirty-six percent (36%) of employed adults felt their employer was very committed to the promotion and advancement of a generally diverse workforce. Thirty-seven percent (37%) felt their employer was moderately committed, 21% felt they were slightly committed, and 6% felt they were not at all committed.

## Socialization

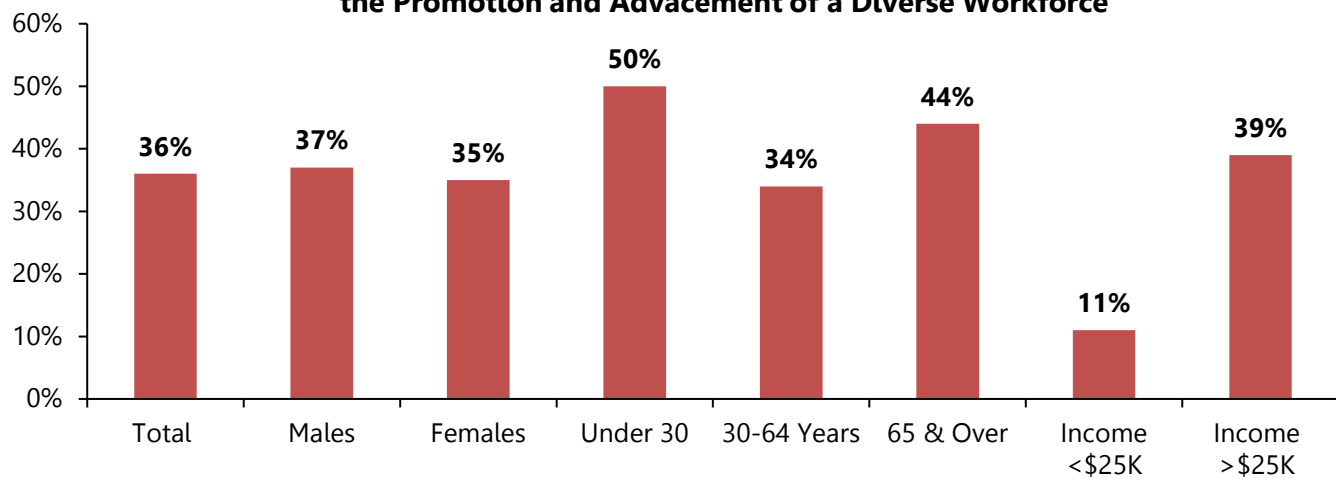
- Thirty-seven percent (37%) of adults felt it was very easy to find people they were happy socializing with. Forty-five percent (45%) felt it was generally easy, 12% felt it was generally difficult, and 6% felt it was very difficult.
- In the past year, adults attended a culturally diverse event just about every week (5%), just about every month (9%), several times during the past year (22%), once during the past year (22%), and never (42%).
- In the past year, Hancock County adults invited or went to the home of someone who was not like themselves for a social gathering just about every week (2%), just about every month (7%), several times during the past year (20%), once during the past year (23%), and never (48%).

The first graph indicates the percentage of Hancock County adults who strongly believed the Findlay/Hancock area welcomes and embraces diversity in general. The second graph indicates the percentage of employed adults who believed their employer is very committed to the promotion and advancement of a diverse workforce. An example of how to interpret the information on the first graph includes: 21% of all Hancock County adults strongly believed the Findlay/Hancock area welcomes and embraces diversity in general, including 23% of males, and 31% of those ages 65 and over.

**Hancock County Adults Who Strongly Believed the Findlay/Hancock County Area Welcomes and Embraces Diversity**



**Hancock County Adults Who Believed their Employer is Very Committed to the Promotion and Advancement of a Diverse Workforce**



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

# Youth Health: Weight Status

## Key Findings

Thirteen percent (13%) of Hancock County youth were obese, according to Body Mass Index (BMI) by age. Thirteen percent (13%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week. Ten percent (10%) of youth reported they went to bed hungry on one or more days because their family did not have enough money for food at least one night per week.

## Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific, as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- Thirteen percent (13%) of Hancock County youth were classified as obese by Body Mass Index (BMI) calculations. Twelve percent (12%) of youth were classified as overweight; 71% were normal weight; and 4% were underweight.
- Forty-six percent (46%) of all youth were trying to lose weight, increasing to 57% of females (compared to 36% of males).

## 948 Hancock County youth were classified as obese.

- Youth did the following to lose weight or keep from gaining weight in the past 30 days:
  - Exercised (49%)
  - Drank more water (46%)
  - Ate more fruits (33%)
  - Ate more vegetables (29%)
  - Ate less food, fewer calories, or foods lower in fat (27%)
  - Skipped meals (14%)
  - Went without eating for 24 hours or more (3%)
  - Vomited or took laxatives (1%)
  - Smoked cigarettes/e-cigarettes (1%)
  - Took diet pills, powders, or liquids without a doctor's advice (1%)
- Almost two-fifths (39%) of youth did not do anything to lose or keep from gaining weight.

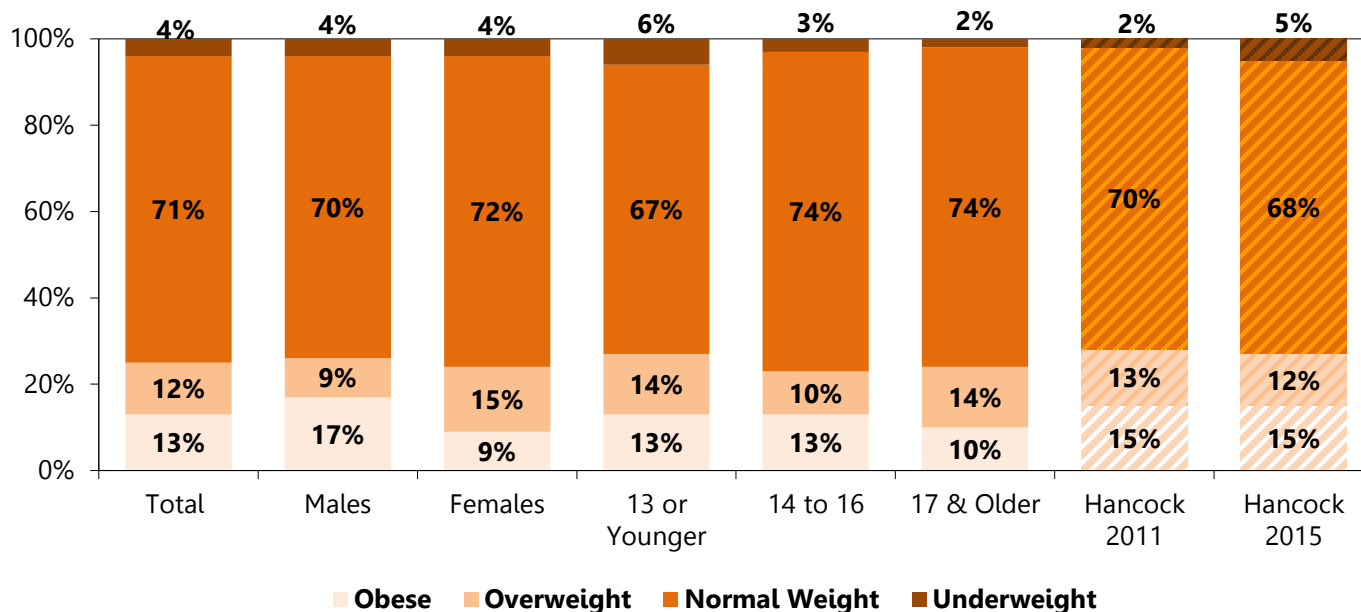
### Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Hancock County 2018	U.S. 2017	Healthy People 2020 Target
<b>NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese</b>	13% (6-12 Grade) 9% (9-12 Grade)	15% (9-12 Grade)	15%*

\*Note: The Healthy People 2020 target is for children and youth aged 2-19 years.  
(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2018 Hancock County Health Assessment)

The following graph shows the percentage of Hancock County youth who were classified as obese, overweight, normal weight or underweight according to Body Mass Index (BMI) by age. Examples of how to interpret the information in the graph include: 71% of all Hancock County youth were classified as normal weight, 13% were obese, 12% were overweight, and 4% were underweight for their age and gender.

**Hancock County Youth BMI Classifications**



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

## Nutrition

- Two percent (2%) of youth ate 5 or more servings of fruit per day, 69% ate 1 to 2 servings, and 20% ate 3 to 4 servings. Nine percent (9%) of youth ate 0 servings of fruit per day.
- Two percent (2%) of youth ate 5 or more servings of vegetables per day, 64% ate 1 to 2 servings, and 19% ate 3 to 4 servings. Fifteen percent (15%) of youth ate 0 servings of vegetables per day.
- Six percent (6%) of youth drank 5 or more servings of sugar-sweetened beverages per day, 57% of youth drank 1 to 2 servings, and 20% of youth drank 3 to 4 servings. Seventeen percent (17%) of youth drank zero servings of sugar-sweetened beverages per day.
- Four percent (4%) of youth drank 5 or more servings of caffeinated beverages per day, 41% of youth drank 1 to 2 servings, and 8% drank 3 to 4 servings. Almost half (47%) of youth drank zero servings of caffeinated beverages per day.
- Ten percent (10%) of youth reported they went to bed hungry on one more days because their family did not have enough money for food at least one night per week. Two percent (2%) of youth went to bed hungry every night of the week.



## Physical Activity

- Almost three-fourths (73%) of youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. Fifty-one percent (51%) did so on 5 or more days in the past week, and 25% did so every day in the past week.
- Thirteen percent (13%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week.
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes a day, children should engage in aerobic activity, muscle strengthening, and bone strengthening, as appropriate to their age. Children should participate in each of these types of activity on at least three days per week *(Source: CDC, Physical Activity Facts)*.

Youth Comparisons	Hancock County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Obese</b>	15%	15%	13%	9%	15%
<b>Overweight</b>	13%	12%	12%	11%	16%
<b>Trying to lose weight</b>	42%	41%	46%	46%	47%
<b>Exercised to lose weight</b> (in the past 30 days)	29%	39%	49%	48%	N/A
<b>Ate less food, fewer calories, or foods lower in fat to lose weight</b> (in the past 30 days)	20%	26%	27%	30%	N/A
<b>Went without eating for 24 hours or more</b> (in the past 30 days)	2%	4%	3%	4%	N/A
<b>Took diet pills, powders, or liquids without a doctor's advice</b> (in the past 30 days)	<1%	2%	1%	1%	N/A
<b>Vomited or took laxatives</b> (in the past 30 days)	<1%	2%	1%	2%	N/A
<b>Physically active at least 60 minutes per day on every day in past week</b>	31%	39%	25%	27%	26%
<b>Physically active at least 60 minutes per day on 5 or more days in past week</b>	55%	57%	51%	55%	46%
<b>Did not participate in at least 60 minutes of physical activity on any day in past week</b>	11%	14%	13%	14%	15%

N/A – Not Available

# Youth Health: Tobacco Use

## Key Findings

*Four percent (4%) of Hancock County youth were current smokers, increasing to 8% of those ages 17 and older. The average age of onset for smoking was 12.6 years old. Eleven percent (11%) of youth used e-cigarettes in the past year.*

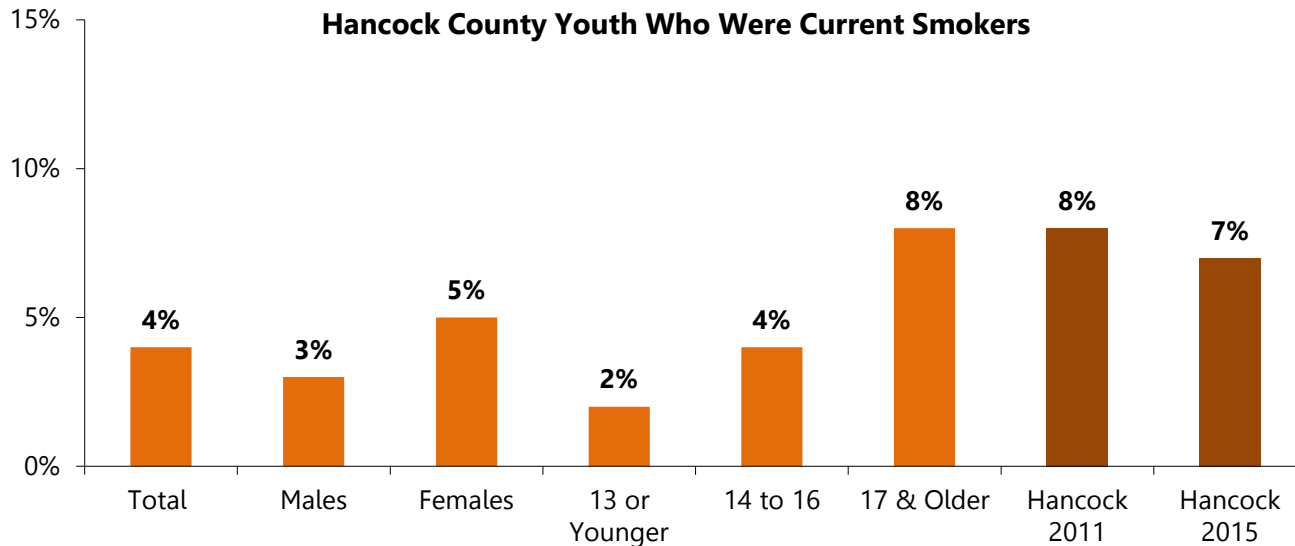
## Youth Tobacco Use Behaviors

- Ten percent (10%) of youth had tried cigarette smoking, increasing to 20% of those ages 17 and older.
- Four percent (4%) of all Hancock County youth had smoked for the first time before the age of 13.
- About one-fifth (21%) of those who had smoked for the first time did so at 10 years old or younger, and another 21% had done so by 12 years old. The average age of onset for smoking was 12.6 years old.
- Four percent (4%) of Hancock County youth were current smokers, having smoked at some time in the past 30 days, increasing to 8% of those ages 17 and older.
- Less than one percent (<1%) of all Hancock County youth smoked cigarettes on 20 or more days during the past month.
- Seven percent (7%) of current smokers smoked cigarettes daily.

## **291 Hancock County youth were current smokers, having smoked at some time in the past 30 days.**

- Half (50%) of Hancock County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- Hancock County youth used the following forms of tobacco in the past year: e-cigarettes (11%), cigarettes (5%), Swisher Sweets (3%), cigars (3%), chewing tobacco or snuff (2%), cigarillos (2%), bidis (1%), hookah (1%), Black & Milds (1%), little cigars (1%), and snus (1%).
- Youth smokers reported the following ways of obtaining cigarettes:
  - Borrowed (or bummed) cigarettes from someone else (18%)
  - Took them from a store or family member (18%)
  - Some other way (18%)
  - Bought cigarettes from a store such as a convenience store, supermarket, discount store, or gas station (18%)
  - A person 18 year or older gave them the cigarettes (11%)
  - Gave someone else money to buy them (11%)

The following graph shows the percentage of Hancock County youth who were current smokers. Examples of how to interpret the information include: 4% of all Hancock County youth were current smokers, including 5% of females and 8% of those ages 17 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

## 802 Hancock County youth used e-cigarettes in the past year.

The table below indicates correlations between current smokers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 50% of current smokers had at least one drink of alcohol in the past month, compared to 11% of non-current smokers.

**Behaviors of Hancock County Youth**  
Current Smokers vs. Non-Current Smokers

Youth Behaviors	Current Smoker	Non-Current Smoker
Currently participate in extracurricular activities	86%	89%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	69%	20%
Had sexual intercourse (in their lifetime)	60%	8%
Bullied (in the past 12 months)	57%	43%
Had at least one drink of alcohol (in the past 30 days)	50%	11%
Have used marijuana (in the past 30 days)	50%	1%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	43%	24%
Seriously considered attempting suicide (in the past 12 months)	36%	11%
Attempted suicide (in the past 12 months)	29%	5%
Misused medications (in their lifetime)	7%	2%

\*Current smokers are those youth surveyed who have self-reported smoking at any time during the past 30 days.

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Youth Comparisons	Hancock County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Ever tried cigarette smoking</b> (even one or two puffs)	22%	22%	10%	14%	29%
<b>Currently smoked cigarettes</b> (on at least one day during the past 30 days)	8%	7%	4%	5%	9%
<b>Smoked cigarettes frequently</b> (of current smokers on 20 or more days during the past 30 days)	3%	2%	<1%	1%	3%
<b>First tried cigarette smoking before the age of 13</b> (even one or two puffs)	N/A	7%	4%	3%	10%

N/A – Not Available

### Healthy People 2020 Tobacco Use (TU)

Objective	Hancock County 2018	U.S. 2017	Healthy People 2020 Target
<b>TU-2.2 Reduce use of cigarettes by adolescents (past month)</b>	4% (6-12 Grade) 5% (9-12 Grade)	9% (9-12 Grade)	16%*

\*Note: The Healthy People 2020 target is for youth in grades 9-12.

(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBSS, 2018 Hancock County Health Assessment)

### E-Cigarettes and Young People: A Public Health Concern

- E-cigarettes, devices that typically deliver nicotine, flavorings, and other additives to users through an inhaled aerosol, are a rapidly emerging trend and are especially popular among youth and young adults.
- E-cigarettes can also be used to deliver other drugs besides nicotine, such as marijuana.
- Today, more high school students use e-cigarettes than regular cigarettes.
  - In 2016, more than 2 million U.S. middle and high school students used e-cigarettes in the past 30 days, including 4.3% of middle school students and 11.3% of high school students.
- Besides nicotine, e-cigarettes can contain harmful and potentially harmful ingredients, including:
  - Ultrafine particles that can be inhaled deep into the lungs
  - Flavorants such as diacetyl, a chemical linked to serious lung disease
  - Volatile organic compounds
  - Heavy metals, such as nickel, tin, and lead
- E-cigarette use poses a significant – and avoidable – health risk to young people in the United States.
  - Nicotine exposure during periods of significant brain development, such as adolescence, can disrupt the growth of brain circuits that control attention, learning, and susceptibility to addiction.
  - The effects of nicotine exposure during youth and young adulthood can be long-lasting and can include lower impulse control and mood disorders.
  - The nicotine in e-cigarettes and other tobacco products can prime young brains for addiction to other drugs, such as cocaine and methamphetamine.
- It is important to prevent harm to youth and young adults from e-cigarettes. Everyone has a role, including parents, health care providers, teachers, and others who work with and care about young people.

(Sources: CDC, E-Cigarettes and Young People: A Public Health Concern, January 2017; CDC, About E-Cigarettes, August 2018; U.S. Surgeon General, Know the Risks: E-Cigarettes & Young People, 2018; Surgeon General's Report, E-Cigarette Use Among Youth and Young Adults, 2016)

# Youth Health: Alcohol Consumption

## Key Findings

*Twelve percent (12%) of Hancock County youth had at least one drink of alcohol in the past 30 days, defining them as a current drinker. Thirty-seven percent (37%) of youth who reported drinking in the past 30 days had at least one episode of binge drinking. Three percent (3%) of all youth drivers had driven a car in the past month after they had been drinking alcohol.*

## Youth Alcohol Consumption

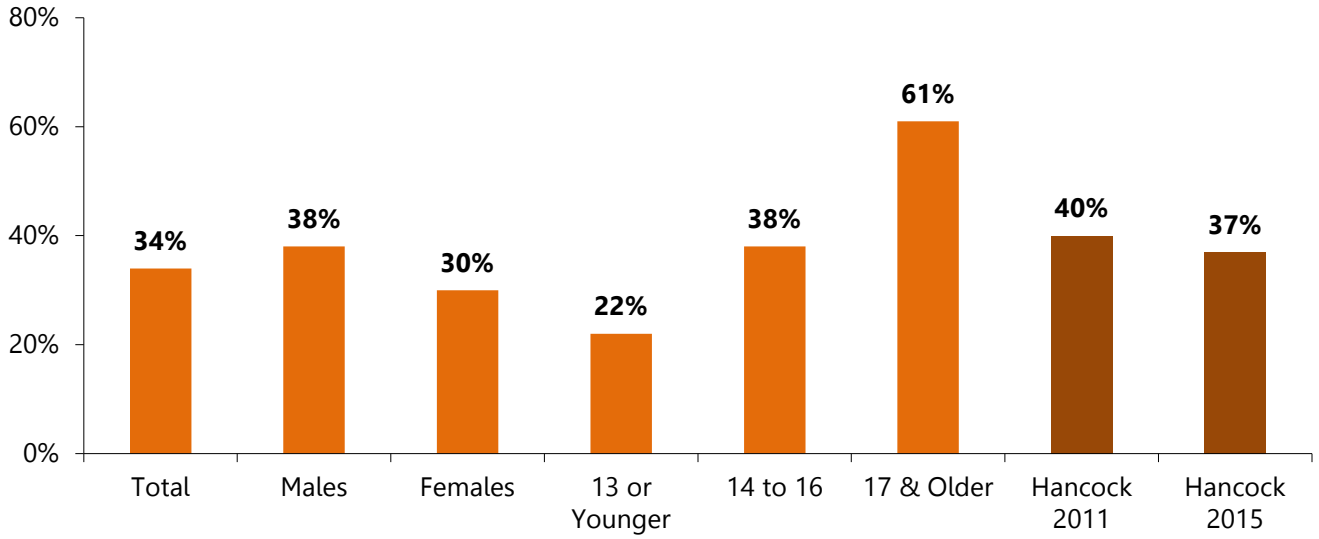
- More than one-third (34%) of youth had at least one drink of alcohol in their life, increasing to 61% of those ages 17 and older.
- Twelve percent (12%) of youth had at least one drink in the past 30 days, increasing to 23% of those ages 17 and older.
- Based on all youth surveyed, 5% had five or more alcoholic drinks on occasion in the last month and would be considered binge drinkers by definition, increasing to 15% of those ages 17 and older. Of those who drank, 37% were considered binge drinkers.
- Almost half (48%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 27% took their first drink between the ages of 13 and 14, and 26% started drinking between the ages of 15 and 18. The average age of onset was 12.6 years old.
- Of all youth, 13% had drunk alcohol for the first time before the age of 13.

**In 2018, 875 Hancock County youth had at least one drink in the past 30 days.**

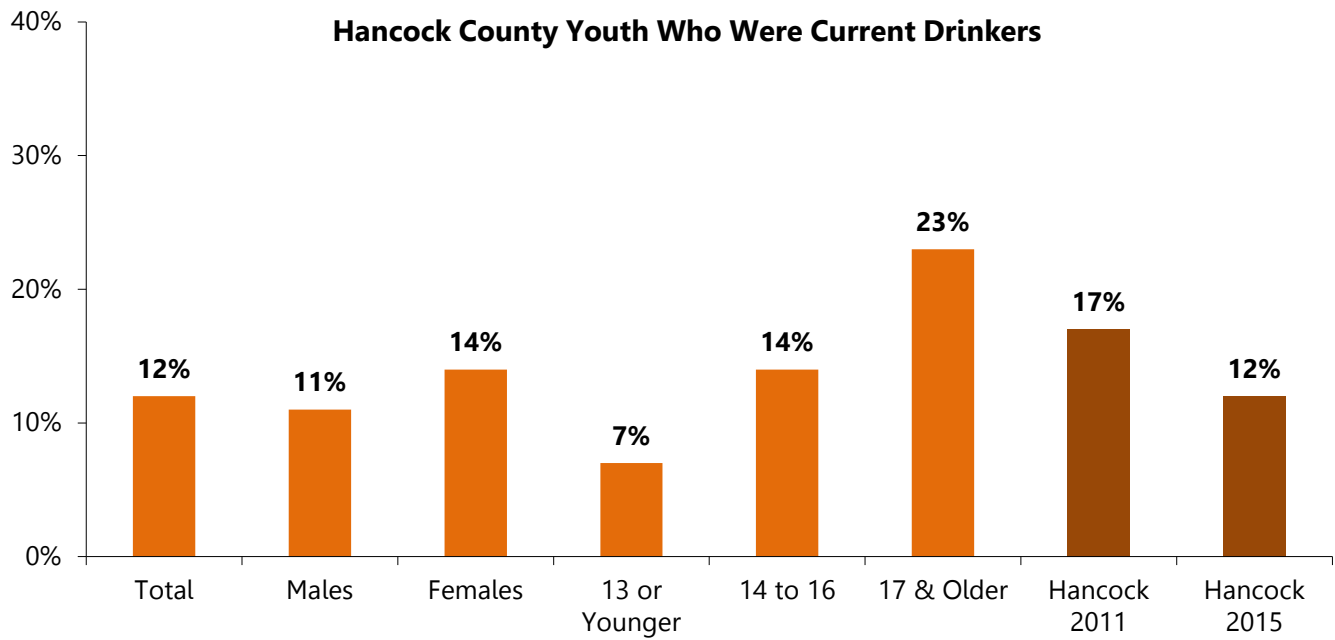
- Youth drinkers reported they got their alcohol from the following in the past 30 days:
  - A parent gave it to them (39%)
  - Someone gave it to them (27%)
  - An older friend or sibling bought it (8%)
  - A friend's parent gave it to them (8%)
  - Someone older bought it for them (6%)
  - Obtained it some other way (6%)
  - Took it from a store or family member (4%)
- During the past month, 13% of all Hancock County youth had ridden in a car driven by someone who had been drinking alcohol.
- Three percent (3%) of youth drivers had driven a car in the past month after they had been drinking alcohol.

The following graphs show the percentage of Hancock County youth who drank in their lifetime and youth who were current drinkers. Examples of how to interpret the information include: 34% of all Hancock County youth had drank at some time in their life, including 38% of males and 61% of those 17 and older.

### Hancock County Youth Who Had At least One Drink In Their Lifetime

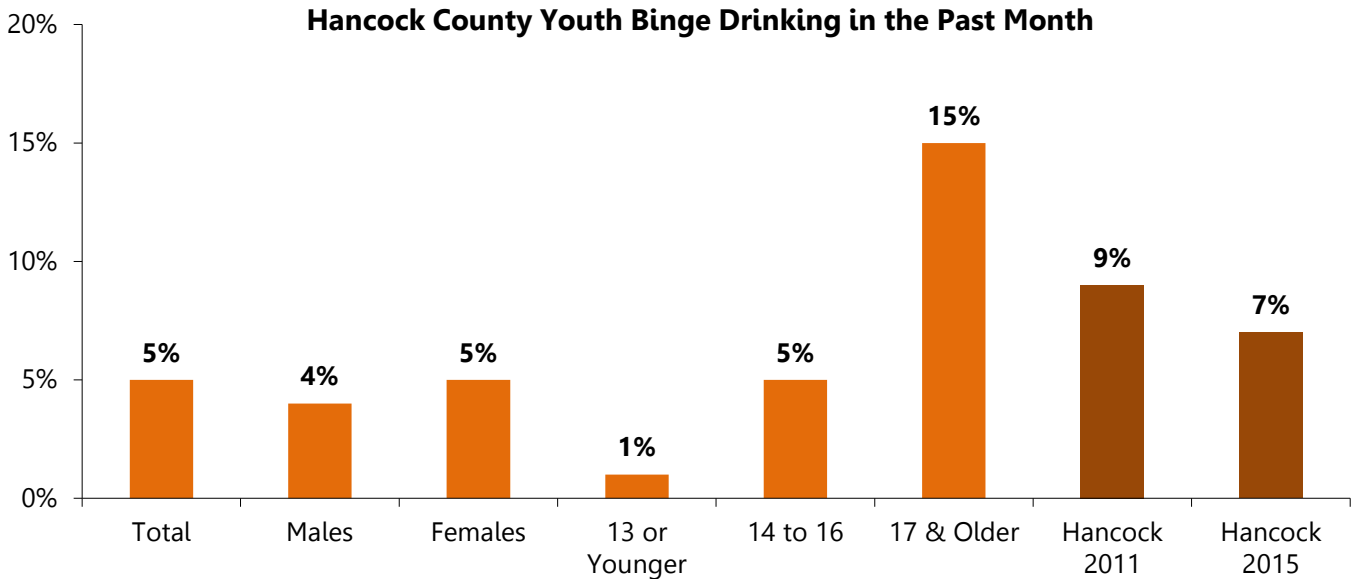


### Hancock County Youth Who Were Current Drinkers



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the percentage of youth who binge drank in the past month. Examples of how to interpret the information include: 5% of all Hancock County youth binge drank in the past month, including 5% of females and 15% of those 17 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Hancock County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Ever drank alcohol</b> (at least one drink of alcohol, on at least one day during their life)	40%	37%	34%	46%	60%
<b>Currently drank alcohol</b> (at least one drink of alcohol, on at least one day during the past 30 days)	17%	12%	12%	17%	30%
<b>Binge drinker</b> (drank 5 or more drinks within a couple of hours on at least one day during the past 30 days)	9%	7%	5%	10%	14%
<b>Had their first drink of alcohol before age 13 years</b> (other than a few sips)	N/A	14%	13%	10%	16%
<b>Rode with a driver who had been drinking alcohol</b> (in a car or other vehicle, on one or more occasion during the past 30 days)	15%	16%	13%	10%	17%
<b>Drove when they had been drinking alcohol</b> (in a car or other vehicle, on one or more occasion during the past 30 days)	3%	3%	3%	3%	6%
<b>Obtained the alcohol they drank by someone giving it to them</b> (of youth drinkers)	33%	27%	27%	29%	44%

N/A- Not Available

The table below indicates correlations between current drinkers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 32% of current drinkers had sexual intercourse in their lifetime, compared to 6% of non-current drinkers.

**Behaviors of Hancock County Youth**  
Current Drinkers vs. Non-Current Drinkers

Youth Behaviors	Current Drinker	Non-Current Drinker
<b>Currently participate in extracurricular activities</b>	93%	88%
<b>Bullied</b> (in the past 12 months)	50%	43%
<b>Experienced 3 or more adverse childhood experiences (ACEs)</b> (in their lifetime)	44%	19%
<b>Felt sad or hopeless for two or more weeks in a row</b> (in the past 12 months)	42%	23%
<b>Had sexual intercourse</b> (in their lifetime)	32%	6%
<b>Seriously considered attempting suicide</b> (in the past 12 months)	21%	11%
<b>Have used marijuana</b> (in the past 30 days)	16%	1%
<b>Smoked cigarettes</b> (in the past 30 days)	16%	2%
<b>Attempted suicide</b> (in the past 12 months)	12%	6%
<b>Misused medications</b> (in their lifetime)	9%	1%

*"Current drinkers" indicate youth who self-reported having had at least one drink of alcohol during the past 30 days.*

*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey*

**Healthy People 2020**  
**Substance Abuse (SA)**

Objective	Hancock County 2018	U.S. 2015	Healthy People 2020 Target
<b>SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month</b>	5% (6-12 Grade)  10% (9-12 Grade)	14% (9-12 Grade)	9%*

*\*Note: The Healthy People 2020 target is for youth aged 12-17 years.*

*(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2018 Hancock County Health Assessment)*



# Youth Health: Drug Use

## Key Findings

*In 2018, 3% of Hancock County youth had used marijuana at least once in the past 30 days. Two percent (2%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life. More than three-fourths (79%) of youth indicated their parents as the biggest influencer for not using drugs.*

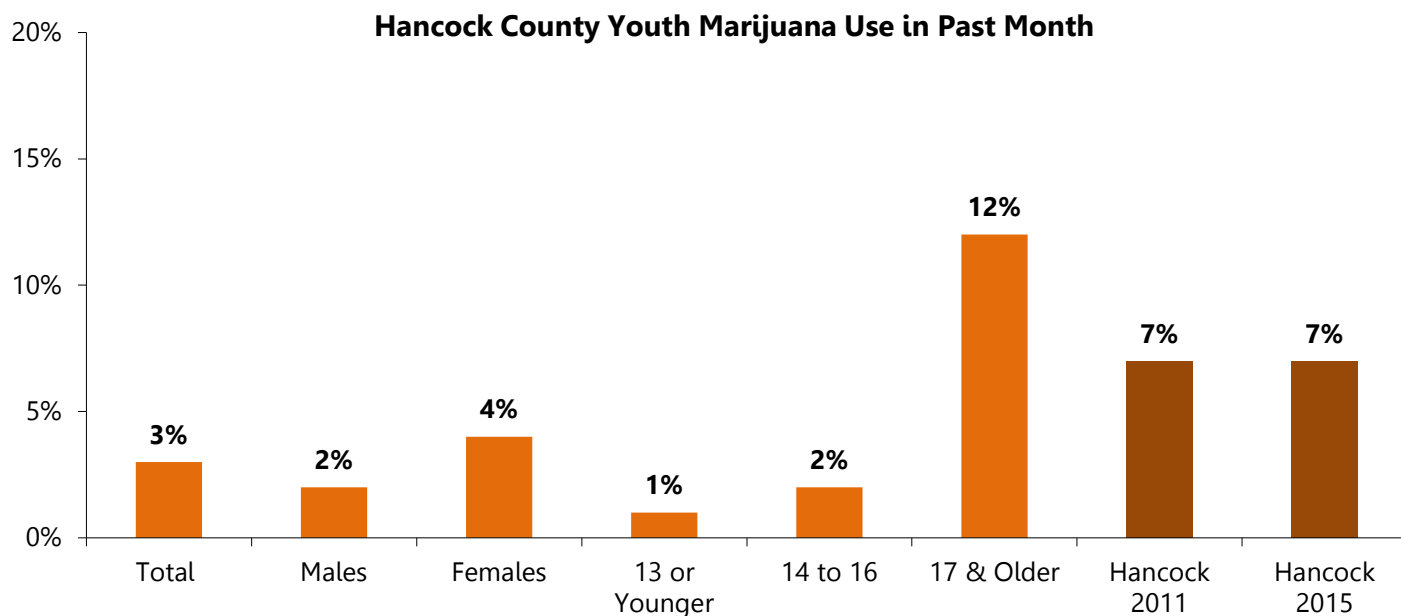
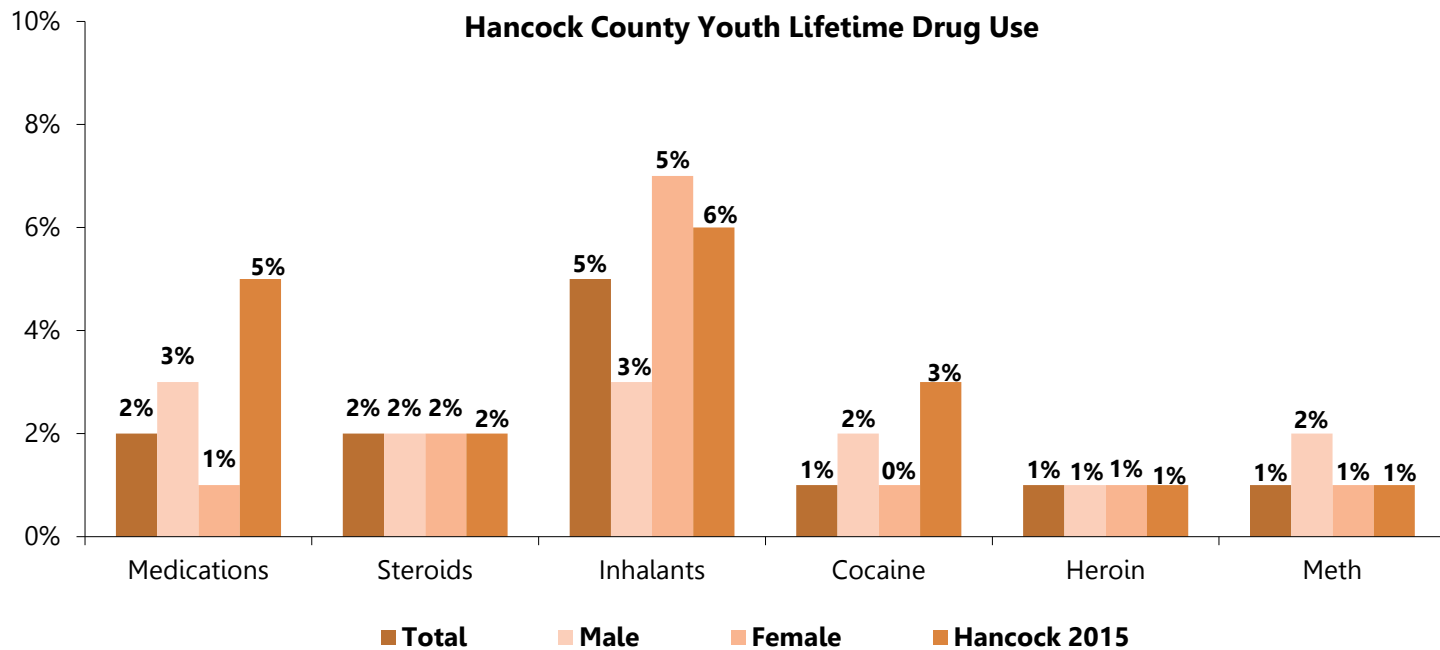
## Youth Drug Use

- In 2018, 3% of all Hancock County youth had used marijuana at least once in the past 30 days, increasing to 12% of those over the age of 17.
- Hancock County youth had tried the following in their life:
  - Inhalants (5%)
  - Steroids (2%)
  - Cocaine (1%)
  - Heroin (1%)
  - Methamphetamines (1%)
- Two percent (2%) of youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 5% of those ages 17 and older.
- Hancock County youth who misused prescription medications got them in the following ways: a parent gave it to them (63%), a friend gave it to them (16%), another family member gave it to them (11%), they took it from a friend or family member (11%), they bought it from a friend (11%), and they bought it from someone else (11%).
- In the past year, 5% of Hancock youth reported being offered, sold, or given an illegal drug on school property.
- Hancock County youth stated the following reasons for not seeking help to quit using alcohol, tobacco, or other drugs: might get in trouble (23%), do not know where to get help (12%), time (2%), and trouble paying for it (2%). Almost three-fourths (74%) of youth stated they did not think they needed help.
- Youth reported the following as easily available to them: alcohol (34%); tobacco (23%); e-cigarettes/vapes (22%); prescription drugs not prescribed to them (11%); marijuana (10%); synthetic drugs (K2, spice, etc.) (2%); methamphetamines (2%); and heroin (1%).
- Youth indicated the following reasons for not doing drugs: parents would be upset (79%), values (74%), legal consequences (63%), friends would not approve (59%), kicked out of extra-curricular activities (56%), health problems (54%), random student drug testing (30%), and other (26%).

## Drug Perceptions

- Youth reported their parents would disapprove of them doing the following: misusing prescription drugs (87%), smoking cigarettes (85%), using marijuana (85%), using e-cigarettes/vapes (85%) and drinking alcohol (79%).
- Youth reported their friends would disapprove of them doing the following: misusing prescription drugs (80%), smoking cigarettes (76%), using marijuana (74%), using e-cigarettes/vapes (66%), and drinking alcohol (65%).
- Hancock youth reported they would disapprove of someone their age doing the following: misusing prescription drugs (87%), smoking cigarettes (82%), using marijuana (79%), using e-cigarettes/vapes (73%), and drinking alcohol (73%).

The following graphs indicate youth lifetime drug use and youth marijuana use in the past 30 days. Examples of how to interpret the information on the first graph include: 2% of youth had misused medications at some point in their life, including 3% of males and 1% of females.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Hancock County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Used marijuana in the past month</b>	7%	7%	3%	6%	20%
<b>Ever used methamphetamines</b> (in their lifetime)	2%	1%	1%	1%	3%
<b>Ever used cocaine</b> (in their lifetime)	3%	3%	1%	3%	5%
<b>Ever used heroin</b> (in their lifetime)	1%	1%	1%	2%	2%
<b>Ever took steroids without a doctor's prescription</b> (in their lifetime)	4%	2%	2%	1%	3%
<b>Ever used inhalants</b> (in their lifetime)	7%	6%	5%	3%	6%
<b>Prescription medication abuse</b> (in their lifetime)	7%	5%	2%	3%	N/A
<b>Were offered, sold, or given an illegal drug on school property</b> (in the past 12 months)	13%	6%	5%	5%	20%

N/A – Not Available

*The table below indicates correlations between current marijuana use and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 70% of marijuana users smoked cigarettes in the past month, compared to 2% of non-marijuana users.*

**Behaviors of Hancock County Youth**  
*Current Marijuana Use vs. Non-Current Marijuana Use*

Youth Behavior	Current Marijuana User	Non-Current Marijuana User
<b>Currently participate in extracurricular activities</b>	100%	88%
<b>Had sexual intercourse</b> (in their lifetime)	78%	7%
<b>Smoked cigarettes</b> (in the past 30 days)	70%	2%
<b>Have had at least one drink of alcohol</b> (in the past 30 days)	70%	10%
<b>Experienced 3 or more adverse childhood experiences (ACEs)</b> (in their lifetime)	67%	20%
<b>Felt sad or hopeless for two or more weeks in a row</b> (in the past 12 months)	60%	24%
<b>Seriously considered attempting suicide</b> (in the past 12 months)	40%	11%
<b>Misused medications</b> (in their lifetime)	30%	1%
<b>Bullied</b> (in the past 12 months)	30%	44%
<b>Attempted suicide</b> (in the past 12 months)	30%	6%

*“Current marijuana use indicates youth who self-reported using marijuana at any time during the past 30 days.*

*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey*

# Youth Health: Sexual Behavior

## Key Findings

*Nine percent (9%) of Hancock County youth had sexual intercourse in their lifetime. Nine percent (9%) of youth had participated in oral sex, and 3% had participated in anal sex. Of those who were sexually active, 65% had multiple sexual partners.*

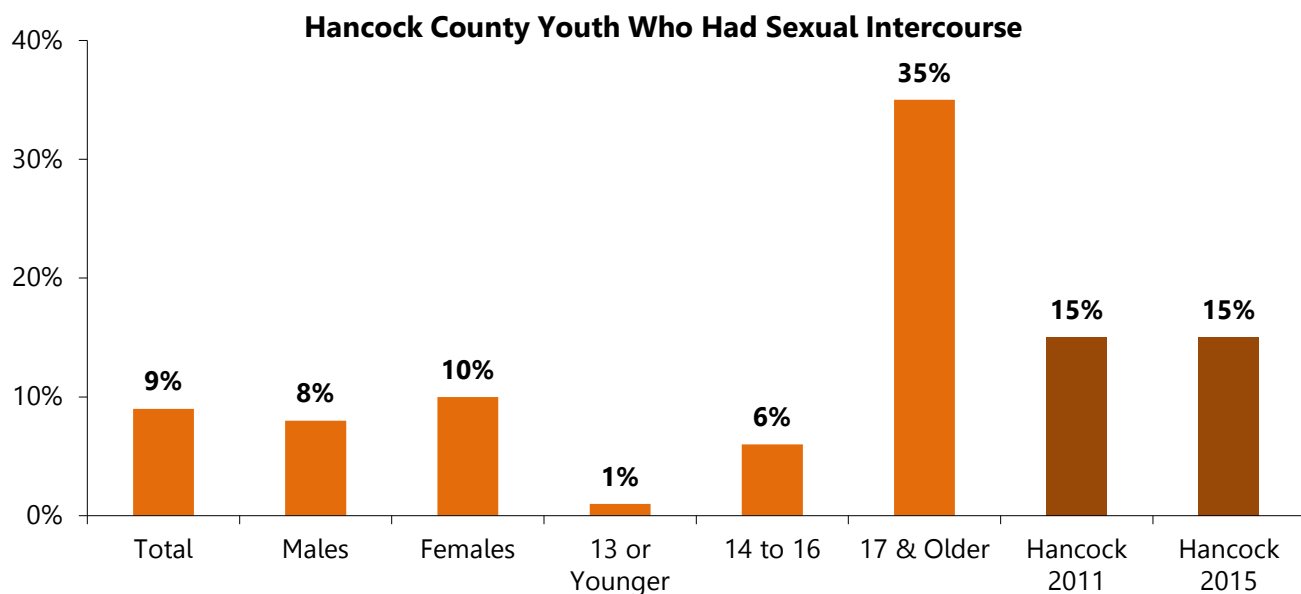
## Youth Sexual Behavior

- Nine percent (9%) of Hancock County youth have had sexual intercourse, increasing to 35% of those ages 17 and over.
- Nine percent (9%) of youth had participated in oral sex, increasing to 32% of those ages 17 and over.
- Three percent (3%) of youth had participated in anal sex, increasing to 8% of those ages 17 and over.
- Twelve percent (12%) of youth had participated in sexting, increasing to 35% of those ages 17 and over.
- Fourteen percent (14%) of youth had viewed pornography, increasing to 38% of those ages 17 and over.

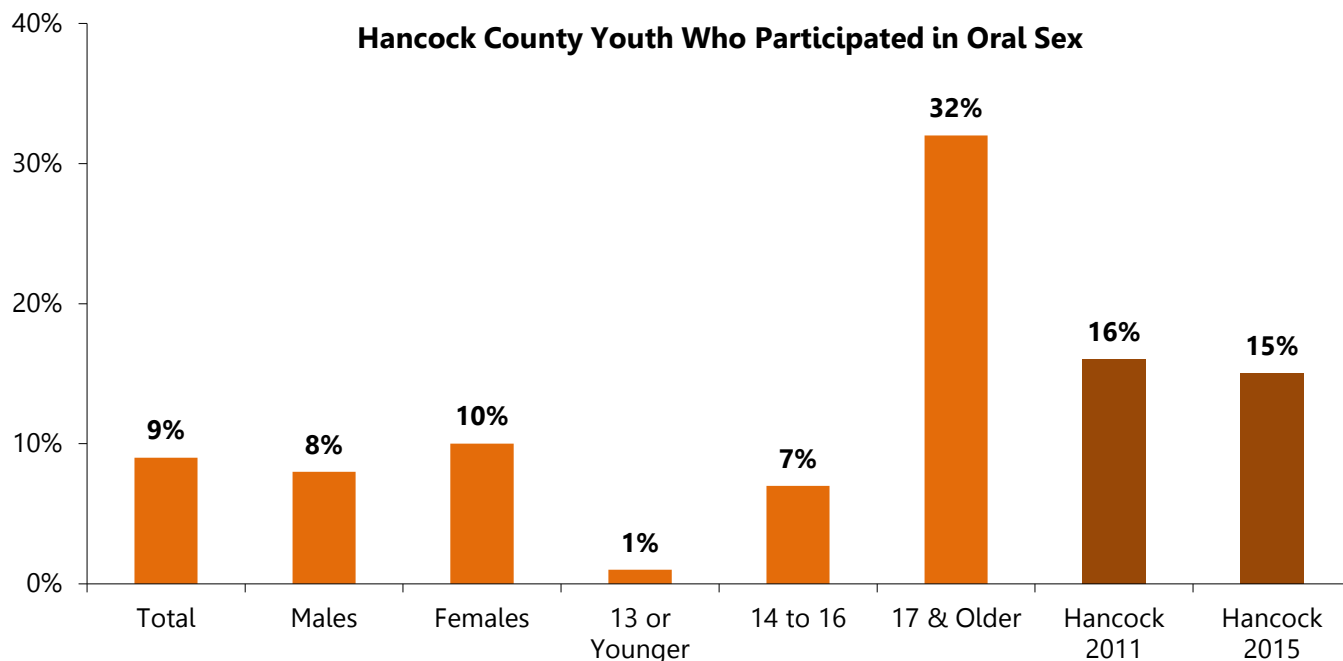
## 657 Hancock County youth have had sexual intercourse.

- Of sexually active youth, 35% had one sexual partner and 65% had multiple partners.
- Three percent (3%) of all Hancock County youth had four or more sexual partners.
- Of those youth who were sexually active, 31% had done so by the age of 13. Another 28% had engaged in intercourse by 15 years of age. The average age of onset was 14.7 years old.
- Of all youth, 2% were sexually active before the age of 13.
- Twenty-nine percent (29%) of youth who were sexually active used condoms to prevent pregnancy; 16% used birth control pills; 6% used a shot, patch or birth control ring; and 6% used an IUD. One percent (1%) reported they were gay or lesbian. However, 6% engaged in sexual intercourse without a reliable method of protection, and 31% reported they were unsure.
- Of sexually active youth, 4% had drunk alcohol or used drugs before their last sexual encounter.
- In the past month, youth reported they experienced the following:
  - They received a text or an e-mail with a revealing, or sexual photo of someone (7%)
  - They texted, e-mailed, or posted electronically a revealing or sexual photo of themselves (3%)
  - A revealing or sexual photo of them was texted, emailed, or posted electronically without their permission (<1%)
- Hancock County youth who were sexually active experienced the following in their lifetime: had sexual contact with a female (7%), had sexual contact with a male (6%), wanted to get pregnant (1%), gotten someone pregnant (1%), had a miscarriage (<1%), and were treated for an STD (<1%).

The following graphs show the percentage of Hancock County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information on the first graph include: 9% of all Hancock County youth had sexual intercourse, including 10% of females, and 35% of those 17 and older.

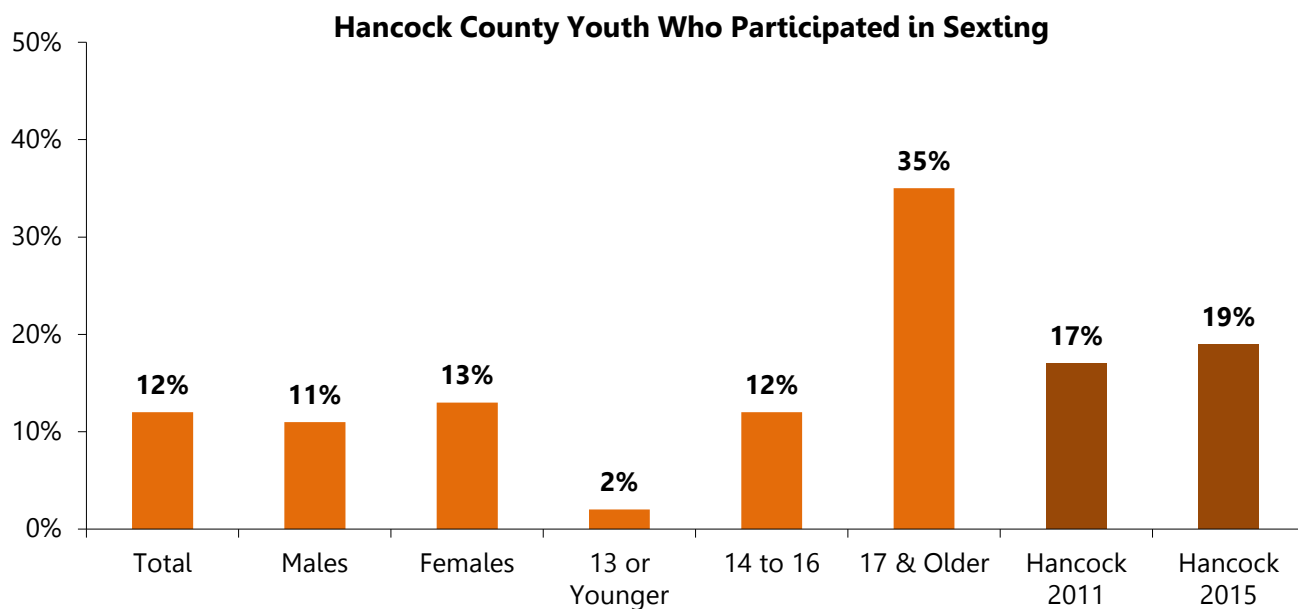
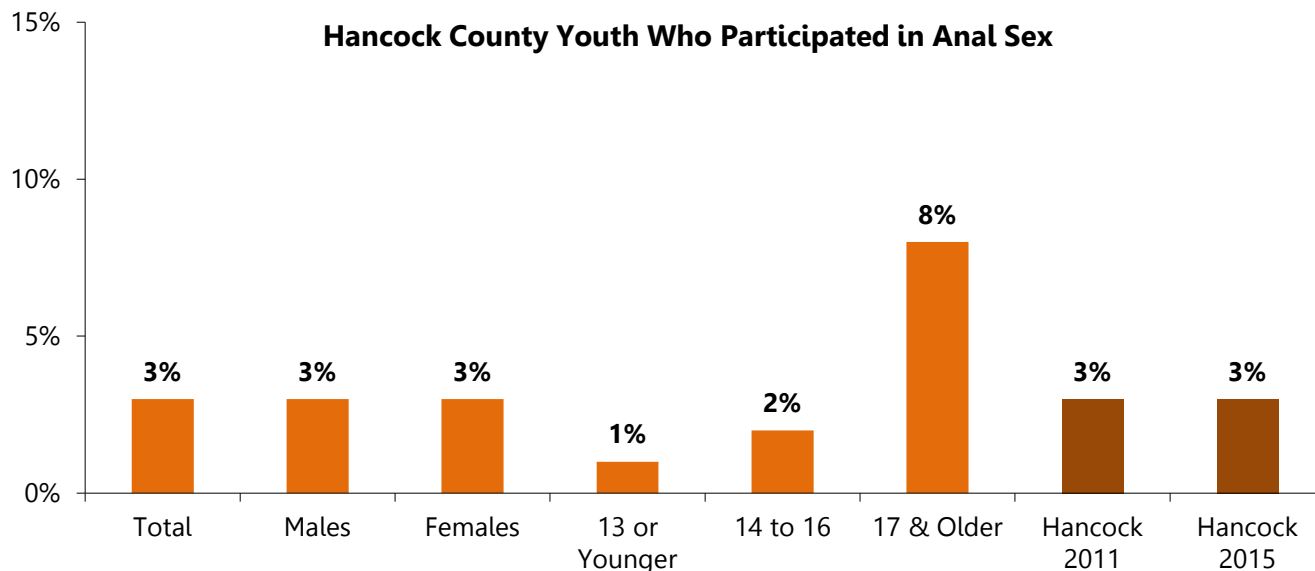


**438 Hancock County youth who were sexually active were not using a reliable method of protection to prevent pregnancy.**



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs show the percentage of Hancock County youth who participated in anal sex and sexting. Examples of how to interpret the information on the first graph include: 3% of all Hancock County youth participated in anal sex, including 3% of males and 8% of those 17 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Hancock County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Ever had sexual intercourse</b>	15%	15%	9%	18%	40%
<b>Drank alcohol or used drugs before last sexual intercourse</b> (of sexually active youth)	5%	9%	4%	6%	19%
<b>Used a condom</b> (during last sexual intercourse)	55%	54%	29%	30%	54%
<b>Used birth control pills</b> (during last sexual intercourse)	28%	31%	16%	20%	21%
<b>Did not use any method to prevent pregnancy</b> (during last sexual intercourse)	2%	12%	4%	5%	14%
<b>Had sexual intercourse with four or more persons</b> (of all youth during their life)	4%	3%	3%	6%	10%
<b>Had sexual intercourse before the age 13</b> (for the first time of all youth)	N/A	2%	2%	1%	3%

N/A – Not Available

### Sexual Risk Behavior

- Many young people engage in sexual risk behaviors that can result in unintended health outcomes. For example, among U.S. high school students surveyed in 2017:
  - Only 10% of sexually experienced students have ever been tested for HIV.
  - 40% had ever had sexual intercourse.
  - 30% had sexual intercourse during the previous 3 months.
- Of those who were sexually active in the past 3 months:
  - 46% did not use a condom the last time they had sex.
  - 14% did not use any method to prevent pregnancy.
  - 19% had drunk alcohol or used drugs before last sexual intercourse.
- Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy.
- Young people (aged 13-24) accounted for an estimated 21% of all new HIV diagnoses in the United States in 2016.
- Among young people (aged 13-24) diagnosed with HIV in 2016, 81% were gay and bisexual males.
- Half of the nearly 20 million new STDs reported each year are among young people, between the ages 15–24.
- Nearly 210,000 babies were born to teen girls aged 15-19 years in 2016.

(Source: CDC, Adolescent and School Health, Sexual Risk Behaviors: HIV, STD, & Teen Pregnancy Prevention, Updated June 2018)

# Youth Health: Mental Health

## Key Findings

*Twelve percent (12%) of Hancock County youth had seriously considered attempting suicide in the past year, and 6% attempted suicide in the past year. More than one-third (35%) of Hancock County youth reported academic success caused them anxiety, stress, or depression. More than one-fifth (21%) of youth had experienced three or more adverse childhood experiences (ACEs) in their lifetime.*

## Youth Mental Health

- One-quarter (25%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 31% of females.
- Twelve percent (12%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 15% of females.
- In the past year, 6% of Hancock County youth had attempted suicide. Four percent (4%) of youth had made more than one attempt.
- Of those who attempted suicide in the past 12 months, 5% went to the emergency room, 5% contacted crisis services, 3% received follow-up care within 30 days, and 2% were referred inpatient care. Five percent (5%) of youth reported they were already in treatment.
- Youth reported the following reasons would keep them from seeking help if they were dealing with anxiety, stress, depression or thoughts of suicide: they can handle it themselves (27%), worried what others might think (21%), no time (12%), do not know where to go (8%), family would not support them in getting help (8%), paying for it (6%), friends would not support them in getting help (6%), and transportation (3%). Three percent (3%) of youth reported they were currently in treatment. More than half (53%) of youth reported they would seek help.

## 875 youth reported they had seriously considered attempting suicide in the past 12 months.

- Hancock County youth reported the following caused them anxiety, stress or depression: academic success (35%), death of close family member or friend (33%), peer pressure (28%), fighting with friends (28%), self-image (27%), sports (27%), other stress at home (24%), being bullied (20%), fighting at home (18%), parent divorce/separation (16%), breakup (15%), dating relationship (13%), caring for younger siblings (9%), poverty/no money (7%), parent is sick (7%), alcohol or drug use in the home (7%), sexual orientation (4%), not having enough to eat (3%), and not having a place to live (2%). More than one-fifth (25%) of youth stated none of the above caused them anxiety, stress, or depression.
- Youth reported the following ways of dealing with anxiety, stress, or depression: sleep (36%), hobbies (30%), text someone (24%), eat more or less than normal (21%), exercise (20%), talking to someone in their family (20%), talking to a peer (18%), eat (15%), pray/read the Bible (14%), using social media (14%), writing in a journal (9%), shop (8%), breaking something (8%), and drink alcohol/smoke/use tobacco/use illegal drugs (4%). Twenty-one percent (21%) of youth reported they did not have anxiety, stress, or depression.



- Youth reported the following adverse childhood experiences (ACEs):
  - Parents became separated or were divorced (31%)
  - Parents or adults in home swore at them, insulted them or put them down (22%)
  - Family did not look out for each other, feel close to each other, or support each other (14%)
  - Parents were not married (13%)
  - Lived with someone who was depressed, mentally ill or suicidal (12%)
  - Lived with someone who served time or was sentenced to serve in prison or jail (11%)
  - Lived with someone who was a problem drinker or alcoholic (10%)
  - Lived with someone who used illegal street drugs or abused prescription drugs (8%)
  - Parents or adults in home abused them (6%)
  - Parents or adults in the home abused each other (4%)
  - Did not have enough to eat, had to wear dirty clothes, and had no one to protect them (3%)
  - Someone 5 years older than them touched them sexually (2%)
  - An adult or someone 5 years older than them tried to make them touch them sexually (<1%)
  - An adult or someone 5 years older than them forced them to have sex (<1%).
- More than one-fifth (21%) of youth experienced three or more ACEs.

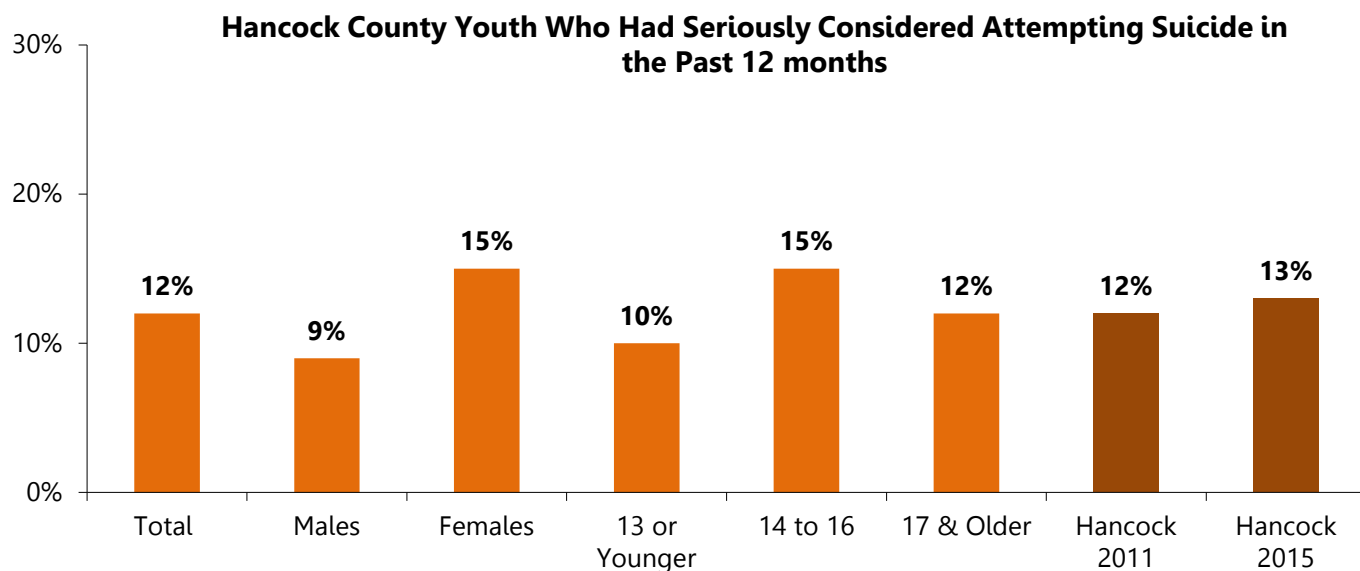
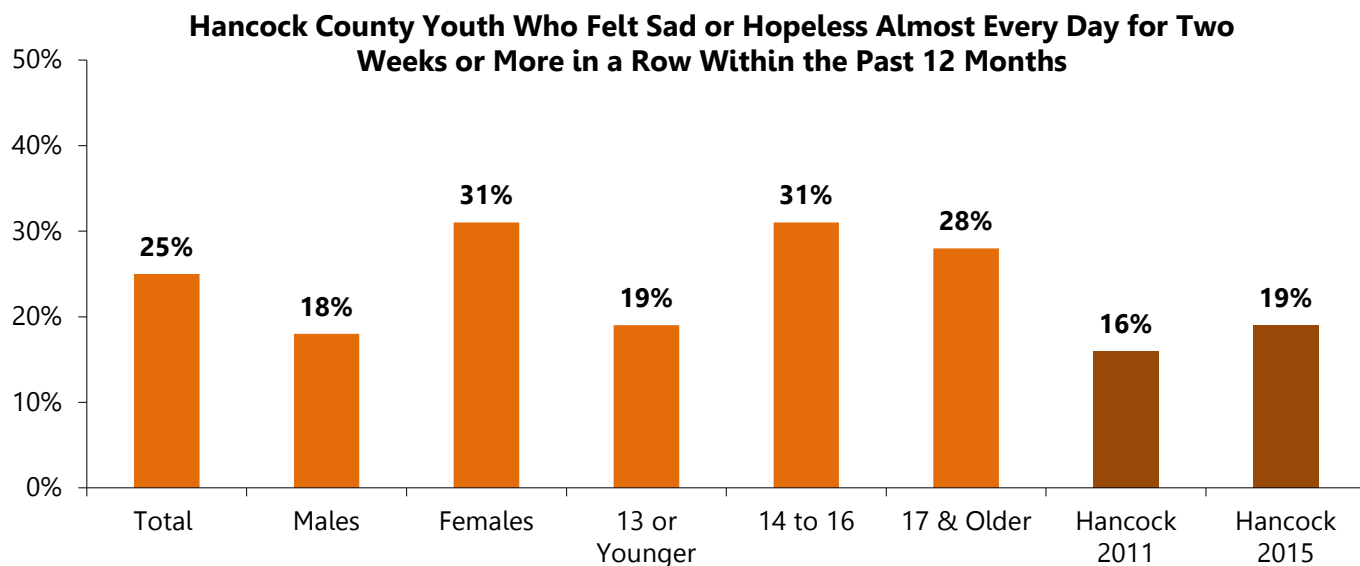
*The table below indicates correlations between those who experienced 3 or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 23% of those who experienced 3 or more ACEs seriously considered attempting suicide, compared to 3% of those who did not experience any ACEs.*

**Behaviors of Hancock County Youth**  
*Experienced 3 or More ACEs vs. Did Not Experience Any ACEs*

<b>Youth Behaviors</b>	<b>Experienced 3 or More ACEs</b>	<b>Did Not Experience Any ACEs</b>
<b>Currently participate in extracurricular activities</b>	88%	91%
<b>Had sexual intercourse</b> (in their lifetime)	67%	3%
<b>Smoked cigarettes</b> (in the past 30 days)	69%	1%
<b>Felt sad or hopeless for two or more weeks in a row</b> (in the past 12 months)	61%	8%
<b>Have had at least one drink of alcohol</b> (in the past 30 days)	44%	6%
<b>Have used marijuana</b> (in the past 30 days)	33%	1%
<b>Bullied</b> (in the past 12 months)	31%	31%
<b>Seriously considered attempting suicide</b> (in the past 12 months)	23%	3%
<b>Attempted suicide</b> (in the past 12 months)	18%	2%
<b>Misused medications</b> (in their lifetime)	7%	1%

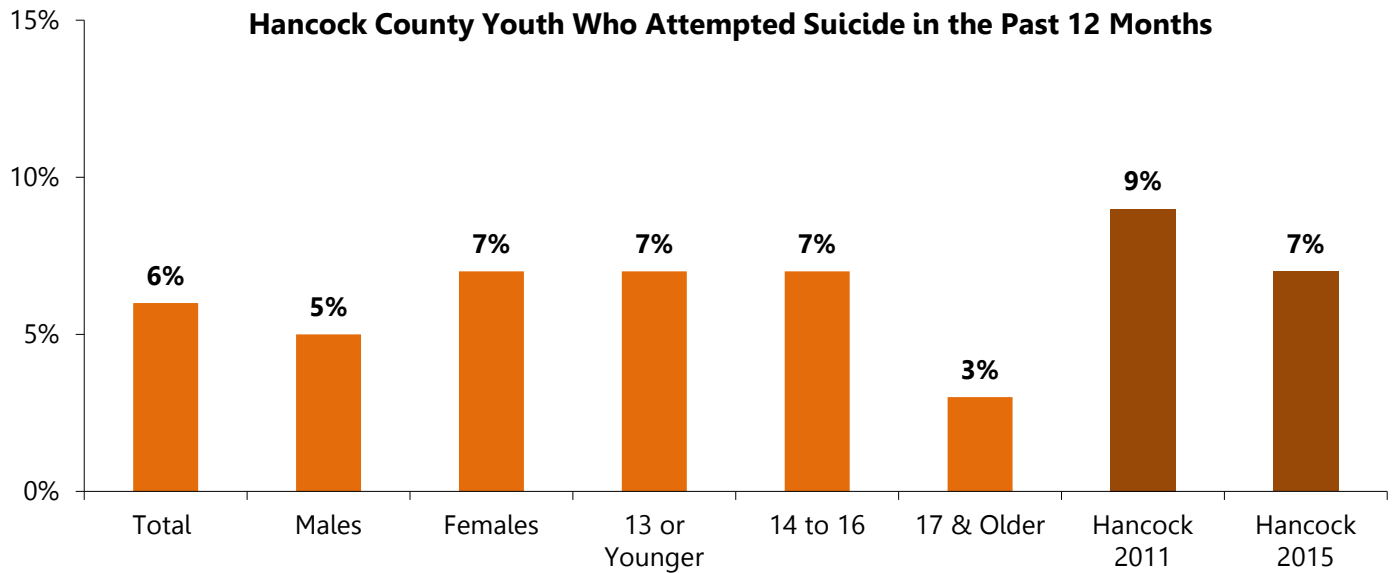
*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey*

The following graphs show Hancock County youth who felt sad or hopeless every day for two weeks or more in a row in the past 12 months and youth who had seriously considered attempting suicide in the past year. Examples of how to interpret the information on the first graph include: 25% of youth felt sad or hopeless every day for two weeks or more in a row in the past 12 months, including 31% of females and 31% of those ages 14 to 16.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the percentage of Hancock County youth who had attempted suicide in the past year. Examples of how to interpret the information include: 6% of youth attempted suicide in the past year, including 5% of males and 7% of those ages 13 and younger.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Hancock County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Seriously considered attempting suicide</b> (in the past 12 months)	12%	13%	12%	13%	17%
<b>Attempted suicide</b> (in the past 12 months)	9%	7%	6%	5%	7%
<b>Felt sad or hopeless</b> (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	16%	19%	25%	27%	32%

The table below indicates correlations between those who contemplated suicide in the past 12 months and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 65% of those who contemplated suicide were bullied in the past 12 months, compared to 40% of those who did not contemplate suicide.

**Behaviors of Hancock County Youth**  
*Contemplated Suicide vs. Did Not Contemplate Suicide*

Youth Behaviors	Contemplated Suicide	Did Not Contemplate Suicide
<b>Bullied</b> (in the past 12 months)	65%	40%
<b>Experienced 3 or more adverse childhood experiences (ACEs)</b> (in their lifetime)	61%	15%
<b>Have had at least one drink of alcohol</b> (in the past 30 days)	21%	11%
<b>Smoked cigarettes</b> (in the past 30 days)	12%	3%
<b>Used marijuana</b> (in the past 30 days)	9%	2%

*“Contemplated suicide” indicates youth who self-reported seriously considering attempting suicide in the past year.*

*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey*

### Youth Depression: Signs and Symptoms

- Occasionally being sad or feeling hopeless is a part of every child’s life. However, some children feel sad or uninterested in things that they used to enjoy or feel helpless or hopeless in situations where they could do something to address the situations. When children feel persistent sadness and hopelessness, they may be diagnosed with depression.
- Examples of behaviors often seen when children are depressed include
  - Feeling sad, hopeless, or irritable a lot of the time
  - Not wanting to do or enjoy doing fun things
  - Changes in eating patterns – eating a lot more or a lot less than usual
  - Changes in sleep patterns – sleeping a lot more or a lot less than normal
  - Changes in energy – being tired and sluggish or tense and restless a lot of the time
  - Having a hard time paying attention
  - Feeling worthless, useless, or guilty
  - Self-injury and self-destructive behavior
- Extreme depression can lead a child to think about suicide or plan for suicide. For youth ages 10-24 years, suicide is the leading form of death.
- Some children may not talk about helpless and hopeless thoughts, and they may not appear sad. Depression might also cause a child to make trouble or act unmotivated, so others might not notice that the child is depressed or may incorrectly label the child as a trouble-maker or lazy.

*(Source: CDC, Children’s Mental Health: Anxiety and Depression, Updated March 2018)*

# Youth Health: Social Determinants of Health

## Key Findings

*More than one-fourth (28%) of Hancock County youth drivers had texted while driving in the past 30 days. Almost three-fourths (74%) of youth felt drinking alcohol put their health at greater risk.*

## Personal Health

- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work at the following frequencies: less than a year ago (75%), 1 to 2 years ago (8%), more than 2 years ago (3%), never (2%), and do not know (13%).
- Youth reported they felt they were putting their health at a greater risk by doing the following: smoking cigarettes (83%), drinking and driving (82%), using prescription drugs not prescribed to them (82%), texting while driving (79%), drinking alcohol (74%), using marijuana (73%), using electronic cigarettes (72%), bullying others (63%), carrying a weapon (58%), participating in other sexual activities (54%) and participating in sexual intercourse (52%).

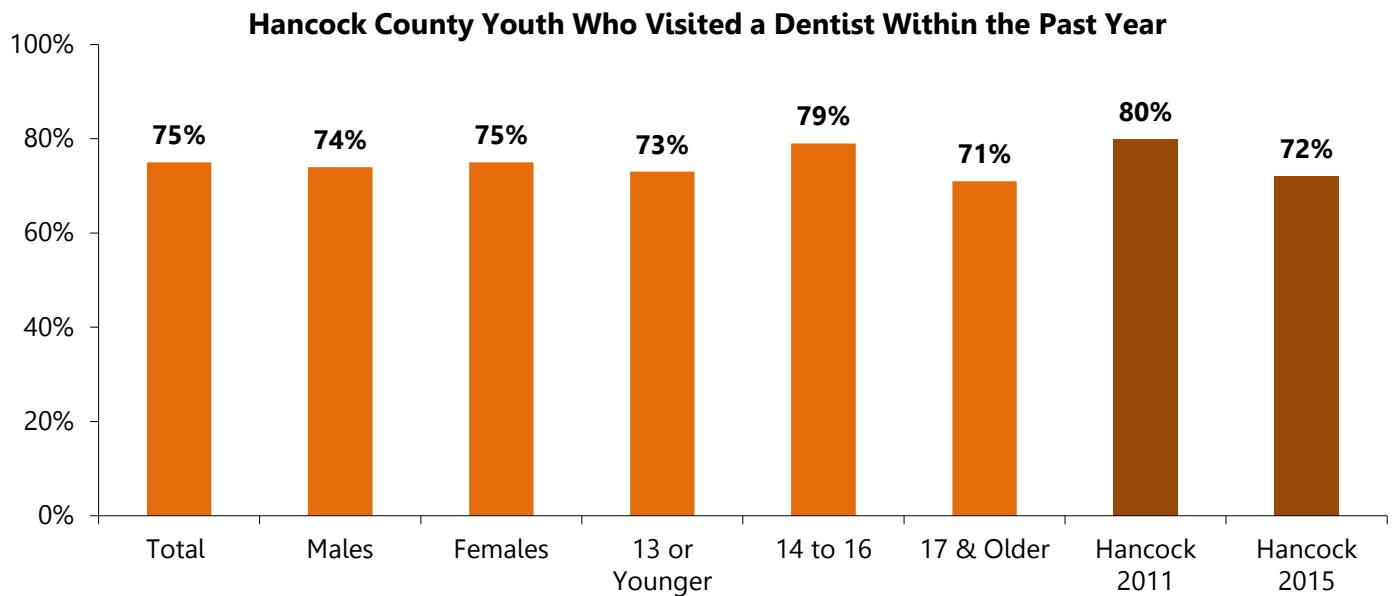
## Personal Safety

- In the past month, youth drivers did the following while driving
  - Wore a seatbelt (87%)
  - Ate (48%)
  - Talked on their cell phone (42%)
  - Drove while tired or fatigued (39%)
  - Texted (28%)
  - Used their cell phone other than for talking or texting (25%)
  - Read (2%)
  - Applied makeup (1%)
- Hancock County youth reported having access to weapons or firearms from the following people: parents (27%), another family member (15%), friends (6%), siblings (6%), and someone else (3%).
- Almost three-fourths (73%) of Hancock County youth reported that they had never heard of the choking game, also known as the pass-out game, space monkey, or dream game. Fifteen percent (15%) have heard of the choking game, but don't know anyone who has played it. Six percent (6%) have heard of it and know others who have played but have not played it themselves. Three percent (3%) have heard of it and were asked to play but refused. Two percent (2%) have played the choking game once, and an additional 1% have played more than once.
- Eighty-nine percent (89%) of youth participated in extracurricular activities. They participated in the following: sports or intramural program (55%); exercising outside of school (38%); school club or social organization (31%); church or religious organization (25%); church youth group (24%); caring for siblings after school (23%); part-time job (19%); babysitting for other kids (17%); volunteering in the community (17%); caring for parents or grandparents (2%); and some other organized activity (Scouts, 4H, etc.) (19%).
- Eleven percent (11%) of youth did not participate in any extracurricular activities.

## Neighborhood and Built Environment

- Hancock County youth lived with the following: both parents (59%), mother and step-father (14%), mother only (11%), father and step-mother (7%), grandparents (7%), father only (4%), another relative (4%), mother and partner (1%), father and partner (1%), and guardians/foster parents (<1%).
- Youth indicated that their parent or guardian regularly asked about their homework (75%); talked to them about school (74%); helped them with school work (62%); made the family eat a meal together (60%); went to meetings or events at their school (60%); talked to them about healthy choices (49%); talked to them about social media (38%); and talked to them about drugs, alcohol and sex (24%). Ten percent (10%) of youth reported that their parent or guardian did not ask about any of these topics.
- In the past year, 18% of youth indicated law enforcement had been involved with themselves or their family, increasing to 23% of males.

*The following graph shows Hancock County youth who had visited a dentist within the past year. Examples of how to interpret the information include: 75% of youth visited a dentist in the past year, including 75% of females and 79% of those ages 14 to 16.*



*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

Youth Comparisons	Hancock County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Visited a dentist within the past year</b> (for a check-up, exam, teeth cleaning, or other dental work)	80%	72%	75%	75%	74%*

\*Comparative YRBS data for U.S. is 2015

# Youth Health: Violence

## Key Findings

*In the past month, 5% of Hancock County youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school. One-fifth (20%) of youth purposely hurt themselves in the past year. Forty-three percent (43%) of youth had been bullied in the past year.*

## Violence-Related Behaviors

- Eleven percent (11%) of youth carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 18% of males.
- Nine percent (9%) of youth were threatened or injured with a weapon on school property in the past year.
- Five percent (5%) of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school.

## Physical and Sexual Violence

- In the past 12 months, 4% of youth had been involved in a physical fight in which they were injured and had to be treated by a doctor or nurse, increasing to 7% of males. One percent (1%) had been in a fight on more than one occasion.
- Six percent (6%) of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months.
- Three percent (3%) of youth had been forced to participate in any sexual activity when they did not want to, increasing to 6% of females
- In the past year, 20% of youth purposely hurt themselves by doing the following: hitting (49%), cutting (45%), scratching (45%), biting (30%), self-embedding (15%), and burning (9%).

## Bullying

- More than two-fifths (43%) of youth had been bullied in the past year. The following types of bullying were reported:
  - 32% were verbally bullied (teased, taunted or called harmful names)
  - 24% were indirectly bullied (spread mean rumors about them or kept them out of a "group")
  - 11% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
  - 6% were physically bullied (were hit, kicked, punched or people took their belongings)
  - 2% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- In the past year, youth had been a victim of teasing or name calling because of the following: their weight, size, or physical appearance (25%); someone thought they were gay, lesbian, bisexual, transgender, etc. (6%); their race or ethnic background (3%); and their gender (2%).

The table below indicates correlations between those who were bullied in the past 12 months and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 40% of those who were bullied felt sad or hopeless for two or more weeks in a row in the past year, compared to 13% of those who were not bullied.

### Behaviors of Hancock County Youth

*Bullied vs. Non-Bullied*

Youth Behavior	Bullied	Non-Bullied
<b>Currently participate in extracurricular activities</b>	88%	89%
<b>Felt sad or hopeless for two or more weeks in a row</b> (in the past 12 months)	40%	13%
<b>Experienced 3 or more adverse childhood experiences (ACEs)</b> (in their lifetime)	31%	15%
<b>Overweight or obese</b>	23%	27%
<b>Seriously considered attempting suicide</b> (in the past 12 months)	19%	7%
<b>Have had at least one drink of alcohol</b> (in the past 30 days)	14%	11%
<b>Carried a weapon</b> (in the past 30 days)	11%	10%
<b>Attempted suicide</b> (in the past 12 months)	10%	4%
<b>Had sexual intercourse</b> (in their lifetime)	10%	9%
<b>Smoked cigarettes</b> (in the past 30 days)	5%	3%
<b>Misused medications</b> (in their lifetime)	2%	2%
<b>Used marijuana</b> (in the past 30 days)	2%	4%

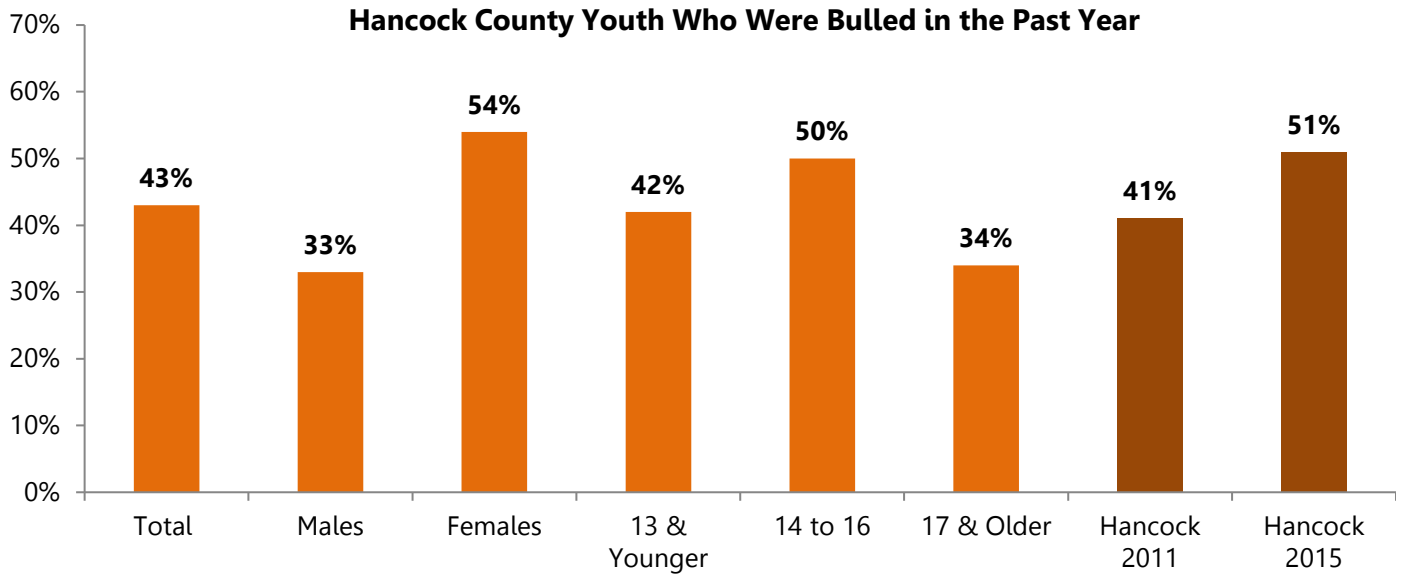
*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey*

### Types of Bullying Hancock County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 and younger	14-16 years old	17 and older
<b>Verbally Bullied</b>	32%	28%	35%	30%	41%	20%
<b>Indirectly Bullied</b>	24%	13%	36%	21%	28%	26%
<b>Cyber Bullied</b>	11%	8%	15%	10%	17%	3%
<b>Physically Bullied</b>	6%	7%	4%	10%	2%	2%
<b>Sexually Bullied</b>	2%	1%	4%	1%	4%	3%



The following graph shows Hancock County youth who were bullied in the past year. Examples of how to interpret the information include: 43% of youth were bullied in the past year, including 54% of females and 50% of those ages 14 to 16.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Hancock County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Hancock County 2018 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Were in a physical fight in which they were injured and had to be treated by a doctor or nurse</b> (in the past 12 months)	5%	3%	4%	3%	N/A
<b>Carried a weapon</b> (in the past 30 days)	13%	8%	11%	11%	16%
<b>Did not go to school because they felt unsafe</b> (at school or on their way to or from school in the past 30 days)	4%	5%	5%	5%	7%
<b>Electronically bullied</b> (in the past year)	7%	13%	11%	9%	15%
<b>Bullied</b> (in the past year)	41%	51%	43%	41%	N/A
<b>Threatened or injured with a weapon on school property</b> (in the past 12 months)	5%	5%	9%	13%	6%
<b>Experienced physical dating violence</b> (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	6%	4%	6%	10%	8%

N/A- Not Available

# Child Health: Health and Functional Status

## Key Findings

*In 2018, 19% of children were classified as obese by Body Mass Index (BMI) calculations. More than three-fourths (79%) of Hancock County parents had taken their child to the dentist in the past year. Seven percent (7%) of Hancock County parents reported their child had been diagnosed with asthma. Four percent (4%) of parents reported their child had been diagnosed with ADD/ADHD.*

## 2016 National Survey of Children's Health

- 9% of Ohio children ages 0-5 were diagnosed with asthma, increasing to 16% of 6-11 year olds.
- 13% of Ohio children ages 6-11 were diagnosed with ADD/ADHD.

*(Source: National Survey of Children's Health, 2016)*

## General Health Status

- In 2018, 97% of Hancock County parents rated their child's health as excellent or very good. Three percent (3%) of parents rated their child's health as fair. Zero percent (0%) of parents rated their child's health as poor.
- Seventy-nine percent (79%) of children had been to the dentist in the past year, decreasing to 61% of those with incomes less than \$25,000.
- Hancock County parents reported their child had the following problems with their teeth: cavities (16%), crooked teeth or teeth that need braces (15%), broken front teeth or teeth that need repair (3%), hygiene (3%), family history of dental problems (2%), discoloration (1%), enamel problems (1%), and nerve problems (<1%).
- Almost one-fourth (24%) of parents indicated their child did not get all the dental care they needed for the following reasons: child was not old enough to go/dentist would not see child yet because of their age (65%), cost (8%), could not find a dentist who accepted child's insurance (6%), no insurance (5%), treatment is ongoing (4%), no referral (3%), inconvenient times/could not get an appointment (3%), dissatisfaction with dentist (1%), dissatisfaction with staff (1%), not available in area/transportation problems (1%), child refuses to go (1%), health plan problem (1%), and other reasons (15%).
- More than one-fourth (26%) of parents reported their child had been tested for lead poisoning, and the results were within normal limits. Less than one percent (<1%) reported the levels were elevated, and medical follow-up was needed. Less than one percent (<1%) reported the levels were elevated, but no medical follow-up was needed. More than half (55%) of parents had not had their child tested for lead poisoning, and 19% of parents did not know if their child had been tested for lead.

## Weight Status and Nutrition

- Almost one-fifth (19%) of children were classified as obese by Body Mass Index (BMI) calculations. Nineteen percent (19%) of children were classified as overweight, 55% were normal weight, and 7% were underweight.
- Eighty-nine percent (89%) of parents reported their child was physically active for at least 60 minutes on 3 or more days per week. Almost two-thirds (65%) were physically active on 5 or more days, and 39% were physically active for at least 60 minutes every day per week. One percent (1%) reported not engaging in any physical activity in the past week, and 3% were unable to be physically active.
- Hancock County children spent an average of 1.8 hours watching TV, 1.3 hours on a PC/tablet, 0.6 hours playing video games, and 0.5 hours on a cell phone.
- One percent (1%) of children ate 5 or more servings of fruit per day. Seventy-three percent (73%) ate 1 to 2 servings per day, and 22% ate 3 to 4 servings of fruit per day. Four percent (4%) of children ate 0 servings of fruit per day.
- One percent (1%) of children ate 5 or more servings of vegetables per day. Seventy-nine percent (79%) ate 1 to 2 servings per day, and 14% ate 3 to 4 servings of vegetables per day. Seven percent (7%) of children ate 0 servings of vegetables per day.

- Less than one percent (<1%) of children had a sugar-sweetened beverage 5 or more times per day. Almost half (49%) of youth had a sugar-sweetened beverage at least 1 to 2 times during the past week. Four percent (4%) had a sugar-sweetened beverage at least 3 to 4 times during the past week. Forty-seven percent (47%) of children did not drink any sugar-sweetened beverages in the past week.
- One percent (1%) of children had a drink that was high in caffeine such as coffee, espresso or energy drinks 2 to 3 times during the past week. Nine percent (9%) of children had a high caffeine drink once during the past week, and 90% did not drink any high caffeine drinks in the past week.
- Hancock County children ate breakfast at the following frequencies in the past week: 0 days (1%), 1 to 2 days (2%), 3 to 4 days (4%), and 5 or more days (93%).
- Hancock County children consumed the following sources of calcium daily: milk (81%), yogurt (54%), calcium fortified juice (7%), calcium supplements (5%), lactose free milk/lactose intolerant (5%), other dairy products (35%), and other calcium sources (10%).

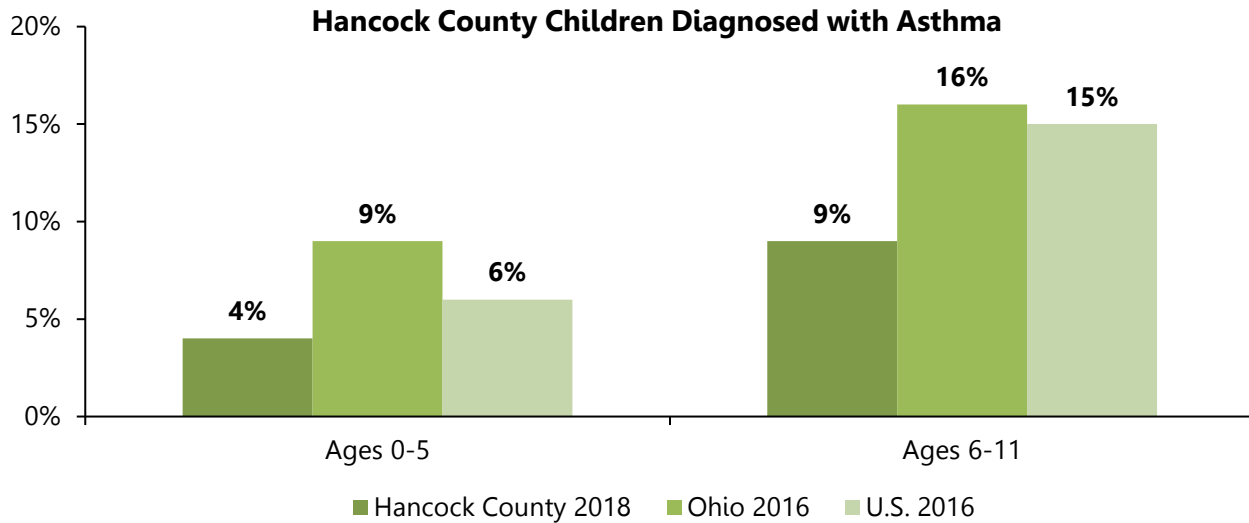
## Health Conditions

- Fifteen percent (15%) of Hancock County children had difficulties in the following areas: emotions (9%), concentration (8%), behavior (6%), and being able to get along with people (3%).
- Parents reported their child's difficulties were managed in the following ways: family and friends take care of it (68%), get professional help (38%), and school or day care (38%). Fourteen percent (14%) reported they do not need any help.
- A doctor, health professional, or health educator told Hancock County parents their child had the following conditions:
  - Speech and language delay (8%)
  - Asthma (7%)
  - ADD/ADHD (4%)
  - Developmental delay (4%)
  - Anxiety problems (4%)
  - Learning disability (2%)
  - Behavioral/conduct problems (2%)
  - Genetic or inherited condition (2%)
  - Epilepsy/seizure disorder (1%)
  - Intellectual disability or mental retardation (1%)
  - Autism or Autism Spectrum Disorder (ASD) (1%)
  - Brain injury, concussion or head injury (1%)
  - Cerebral palsy (1%)
  - Depression (1%)
- Seven percent (7%) of Hancock County children ages 0-11 had one or more health conditions.
- Six percent (6%) of parents reported their child currently had asthma.
- Almost half (46%) of parents reported their child had an episode of asthma or had an asthma attack during the past 6 months.
- Of those who reported their child had an asthma attack in the past 6 months, treatment had taken place at the following places: home (73%), doctor's office (18%), emergency room (18%), and urgent care (9%).

## Asthma

The following graph shows the percentage of children who were diagnosed with asthma in Hancock County, Ohio, and the U.S.

- Hancock County had a lower percentage of children ages 6-11 who were diagnosed with asthma compared to both Ohio and the U.S.



(Source: National Survey of Children's Health & 2018 Hancock County Health Assessment)

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

### Asthma and Children

- Asthma is the most common chronic condition among children, currently affecting an estimated 6.1 million children under 18 years old, of which 3.5 million suffered from an asthma attack or episode in 2016.
- An asthma episode is a series of events that results in constricted airways. These include swelling of the airway lining, tightening of the muscle around the airways and increased secretion of mucus inside the airway. This narrowed airway causes difficulty breathing with the familiar "wheeze."
- When a child has asthma, their lungs are extra sensitive to certain "triggers." Each child reacts differently to the factors that may trigger asthma, including:
  - Excitement/stress
  - Indoor and outdoor air pollutants
  - Exposure to cold air or sudden temperature change
  - Allergic reactions to allergens such as pollen, dust, or mold
  - Respiratory infections and colds
  - Cigarette smoke
- Secondhand smoke can cause serious harm to children. An estimated 400,000 to one million children with asthma have their condition worsened due to secondhand smoke.
- Asthma is the third leading cause of hospitalization among children under the age of 15.
- Asthma is one of the leading causes of school absenteeism. In 2013, asthma accounted for 13.8 million lost school days in school-aged children with an asthma episode in the previous year.

(Source: American Lung Association, Asthma & Children Fact Sheet, Updated May 2018)

Child Comparisons	Hancock County 2015 Ages 0-5	Hancock County 2018 Ages 0-5	Ohio 2016 Ages 0-5	U.S. 2016 Ages 0-5	Hancock County 2015 Ages 6-11	Hancock County 2018 Ages 6-11	Ohio 2016 Ages 6-11	U.S. 2016 Ages 6-11
Rated health as excellent or very good	97%	96%	94%	93%	93%	97%	91%	89%
Dental care visit in the past year	65%	45%	54%*	59%*	92%	93%	95%	91%
Diagnosed with asthma	4%	4%	9%	6%	12%	9%	16%	15%
Diagnosed with diabetes	0%	0%	N/A	N/A	1%	0%	N/A	<1%
Diagnosed with ADHD/ADD	0%	0%	2%**	3%**	6%	6%	13%	9%
Diagnosed with behavioral or conduct problems	1%	0%	3%**	5%**	5%	3%	13%	11%
Diagnosed with epilepsy	0%	2%	N/A	1%	0%	1%	N/A	1%
Diagnosed with a head injury, brain injury, or concussion	2%	0%	N/A	1%	1%	2%	N/A	2%
Diagnosed with depression	0%	0%	N/A	<1%**	1%	2%	N/A	2%
Diagnosed with cerebral palsy	2%	2%	N/A	<1%**	0%	0%	N/A	<1%
Diagnosed with anxiety problems	1%	1%	1%**	2%**	7%	6%	9%	8%
Diagnosed with developmental delay	2%	5%	4%**	7%**	5%	3%	7%	6%
Diagnosed with intellectual disability/mental retardation	N/A	1%	N/A	1%**	N/A	<1%	N/A	1%
Diagnosed with learning disability	1%	1%	3%**	3%**	4%	2%	9%	7%
Diagnosed with speech or language delay	7%	6%	5%**	10%**	7%	9%	8%	9%
Child had one or more health conditions	N/A	4%	22%	22%	N/A	8%	46%	42%

N/A – Not Available

\* Ages 1-5

\*\* Ages 3-5

# Child Health: Health Care Access

## Key Findings

*In 2018, 100% of Hancock County parents reported their child currently had health insurance. Fifteen percent (15%) of parents reported their child did not get all of the prescription medications they needed in the past year. Eighty-six percent (86%) of parents had taken their child to the doctor for preventive care in the past year.*

## 2016 National Survey of Children's Health

- 28% of Ohio 0-5 year olds and 33% of Ohio 6-11 year olds had public insurance.
- 91% of Ohio 0-5 year olds and 83% of Ohio 6-11 year olds had been to the doctor for preventive care in the past year.

*(Source: National Survey of Children's Health, 2016)*

## Health Insurance

- One hundred percent (100%) of parents reported their child currently had health insurance.
- Hancock County children were covered by the following types of health insurance: parent's employer (87%); Medicaid, Buckeye, Paramount, Molina, United, Care Source, or State Children's Health Insurance Program (SCHIP) (13%); purchased directly from an insurance company (1%); Insurance Marketplace (1%); TRICARE or other military health care (1%); Medicare (1%); and some other source of insurance (2%).
- Parents reported their child's health insurance covered the following: doctor visits (98%); well visits (98%); prescription coverage (96%); immunizations (96%); hospital stays (96%); dental (89%); vision (83%); mental health (78%); and therapies (speech, occupational therapy, physical therapy, etc.) (68%).

## 10% of Hancock County parents reported their child visited a hospital ER in the past year.

## Medical Home

- Eighty-eight percent (88%) of parents reported they had one or more people they think of as their child's personal doctor or nurse.
- Eighty-six percent (86%) of children had visited their health care provider for preventive care in the past 12 months, increasing to 97% of 0-5 year olds.
- Parents reported their child's personal doctor or nurse explains things in a way that they and their child can understand at the following frequencies: always (69%), usually (25%), sometimes (5%), and never (<1%).
- Hancock County children have been referred and went to the following specialists: ear, nose, and throat (ENT) doctor (18%); pediatric ophthalmologist (eye doctor) (15%); allergist (9%); dermatologist (skin doctor) (5%); psychiatrist/mental health provider (4%); neurologist (3%); cardiologist (heart doctor) (1%); pulmonologist (lung doctor) (1%); developmental pediatrician (1%); endocrinologist (diabetes doctor) (1%); and other specialist (7%).

## Access and Utilization

- Ten percent (10%) of parents reported that their child visited a hospital emergency in the past year. Four percent (4%) visited a hospital emergency room on more than one occasion in the past year.
- Six percent (6%) of parents reported their child did not get all of the medical care they needed in the past year. They reported the following reasons: cost (25%), could not find a doctor who accepted child's insurance (25%), dissatisfaction with doctor (15%), doctor did not know how to treat or provide care (15%), no referral (15%), too long of a wait for an appointment (10%), no convenient times/could not get appointment (5%), no insurance (5%), dissatisfaction with office staff (5%), missed an appointment and not allowed to go back to clinic (5%), specialist not available (5%), and other reasons (15%).

- Fifteen percent (15%) of parents reported their child did not get all of the prescription medications they needed in the past year for the following reasons: their child was not prescribed medication (79%), cost (10%), no referral (6%), did not think their child needed it (4%), could not find a doctor who accepted child's insurance (2%), and other reasons (6%).
- Six percent (6%) of Hancock County children received mental health treatment or counseling in the past year.
- Parents reported their child needed the following special services in the past year: speech therapy (4%), counseling (4%), medical equipment (2%), special education (2%), occupational therapy (2%), physical therapy (2%), psychiatry (1%), and home health nursing (<1%).
- Forty-five percent (45%) of Hancock children received the flu vaccine during the past year, decreasing to 29% of those with incomes less than \$25,000.
- Ninety-two percent (92%) of Hancock County children received all of their recommended vaccinations.
- Eight percent (8%) of children did not get all of their recommended vaccinations for the following reasons: child had received some, but not all, recommended vaccinations (71%); parents chose to not vaccinate their child (21%); fear of negative effects (11%); alternate vaccination schedule used (11%); religious or cultural beliefs (4%); not sure of recommendations (4%), and other reasons (7%).

Child Comparisons	Hancock County 2015 Ages 0-5	Hancock County 2018 Ages 0-5	Ohio 2016 Ages 0-5	U.S. 2016 Ages 0-5	Hancock County 2015 Ages 6-11	Hancock County 2018 Ages 6-11	Ohio 2016 Ages 6-11	U.S. 2016 Ages 6-11
Had public insurance	15%	14%	28%	37%	17%	13%	33%	38%
Been to doctor for preventive care in past year	91%	97%	91%	89%	76%	81%	83%	79%
Received all the medical care they needed	87%	94%	N/A	N/A	86%	94%	N/A	N/A
Had a personal doctor or nurse	86%	88%	75%	74%	86%	88%	77%	72%
Child received treatment or counseling from a mental health professional in the past year	2%	3%	1%*	3%	9%	7%	10%	10%
2 or more visits to the ER in the past year	9%	2%	9%	6%	2%	4%	5%	4%

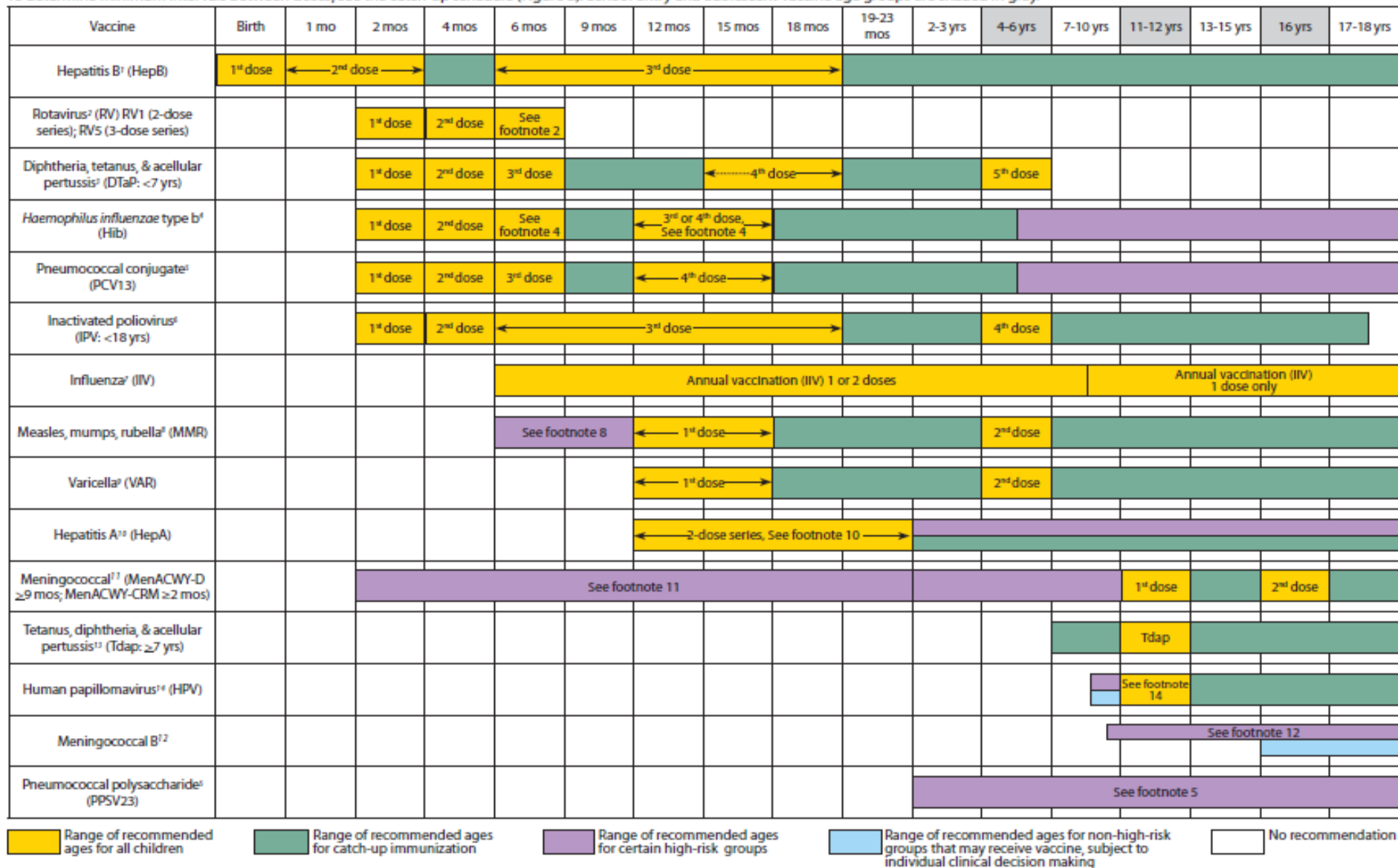
N/A – Not Available

\* Ages 3-5

**Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018.**

**(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).**

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.



Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
No recommendation

(Source: Centers for Disease Control and Prevention, Immunization Schedules, 2018)



# Child Health: Early Childhood (Ages 0-5)

## Key Findings

The following information was reported by parents of 0-5 year olds. Ninety-five percent (95%) of mothers got prenatal care within the first three months during their last pregnancy. Thirteen percent (13%) of mothers received WIC services during their last pregnancy. Eighty-four percent (84%) of parents put their child to sleep on his/her back. Nineteen percent (19%) of mothers never breastfed their child.

## Early Childhood

The following information was reported by Hancock County parents of 0-5 year olds:

- During their last pregnancy, mothers did the following: received prenatal care within the first 3 months (95%), took a prenatal vitamin with folic acid during pregnancy (92%), took a prenatal vitamin with folic acid pre-pregnancy (76%), received a dental exam (72%), took folic acid during pregnancy (39%), took folic acid pre-pregnancy (29%), experienced depression during or after pregnancy (17%), received WIC services (13%), smoked cigarettes or other tobacco products (3%), experienced domestic violence (3%), consumed alcoholic beverages (2%), used e-cigarettes (1%), looked for options for an unwanted pregnancy (1%), and used marijuana (1%).
- Of those that experienced depression during or after their last pregnancy, 13% had household incomes of \$25,000 or less.
- Thinking back to their last pregnancy, 58% of women wanted to be pregnant then, 22% wanted to be pregnant sooner, 8% did not want to be pregnant then or any time in the future, 8% wanted to be pregnant later, and 4% of women did not recall.

## 17% of Hancock County mothers experienced depression during or after their last pregnancy.

- When asked how parents put their child to sleep as an infant, 84% said on their back, 3% said in bed with themselves or another person, 6% said on their side, and 5% said on their stomach.
- Hancock County parents reported that they or another family member read to their child at the following frequencies: every day (39%), 1 to 3 days per week (29%), 4 to 6 days per week (28%), and 0 days per week (4%).
- Almost three-fourths (74%) of Hancock County parents reported they were not aware of the Car Seat Program in Hancock County that helps individuals properly install car seats, decreasing to 57% of those with incomes less than \$25,000.
- Parents reported they had a lot of concern for their 4-9 month old in the following areas: how child uses their arms and legs (9%), how child uses their hands and fingers to do things (9%), how child understands what you say (6%), and how child makes speech sounds (3%).
- Parents reported they had a lot of concern for their 10-17 month old in the following areas: how child uses their arms and legs (17%), how child uses their hands and fingers to do things (14%), how child makes speech sounds (14%), how child gets along with others (14%), how child behaves (11%), how child understands what you say (10%), and how child is learning to do things for themselves (10%).

## Sleep-Related Infant Deaths: Who is at Greater Risk?

Sleep related deaths are the leading cause of death for infants from one month to one year of age. All infants are at risk for sleep-related deaths, but the risks are much greater for:

- Infants who bed share
- Infants not placed to sleep on their backs
- Infants not placed to sleep in a crib
- Infants exposed to tobacco smoke
- Younger infants
- African-American infants

(Source: ODH, Maternal and Child Health, Early Childhood, 2014, Sleep-Related Infant Deaths, 2017)

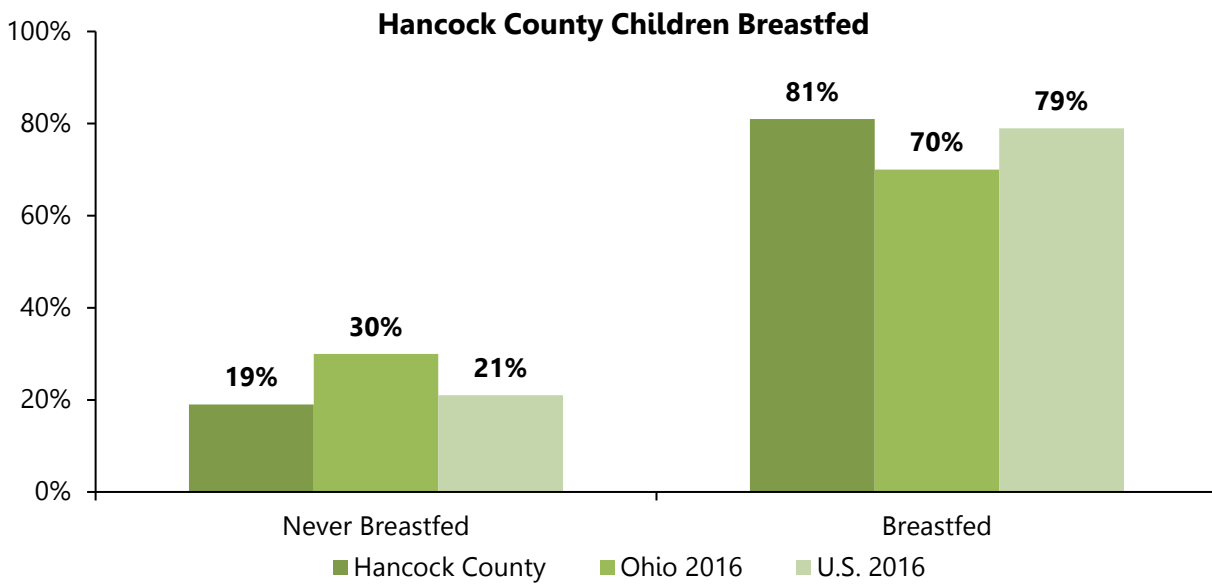
- Parents reported they had a lot of concern for their 18-71 month old in the following areas: how child uses their hands and fingers to do things (13%), how child uses their arms and legs (13%), how child gets along with others (12%), how child behaves (11%), how child understands what you say (11%), and how child is learning to do things for themselves (11%) and how child is learning pre-school or school skills (10%), and how child makes speech sounds (0%).

### Breastfeeding

- Mothers breastfed their child less than 3 months (25%), 4 to 6 months (8%), 7 to 9 months (7%), 10 to 12 months (14%), more than one year (16%), still breastfeeding (10%), and never breastfed (19%).
- Mothers who chose not to breastfeed for 1 year reported the following reasons: did not produce enough milk (56%), did not want to (23%), medical issue with mother (13%), inconvenient (10%), did not have time (7%), medical issue with baby (6%), did not have adequate support (3%), did not have workplace support (3%), and other reasons (11%).

The following graph shows the percent of infants who had been breastfed in Hancock County, Ohio, and U.S.

- Hancock County had a higher percent of children who had been breastfed for any length of time, compared to Ohio and the U.S.



(Sources: National Survey of Children’s Health & 2018 Hancock County Health Assessment)

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Child Comparisons	Hancock County 2015 Ages 0-5	Hancock County 2018 Ages 0-5	Ohio 2016 Ages 0-5	U.S. 2016 Ages 0-5
Never breastfed their child	17%	19%	30%	21%
Parent or family member read to child every day (in the past week)	N/A	39%	39%	38%

N/A- Not Available

# Child Health: Middle Childhood (Ages 6-11)

## Key Findings

*The following information was reported by Hancock County parents of 6-11 year olds. Ninety-seven percent (97%) of parents definitely or somewhat agreed that their child was safe at school. More than two-fifths (45%) of parents reported their child was bullied at some time in the past year. Ninety-three percent (93%) of parents reported their child participated in extracurricular activities.*

## Middle Childhood

The following information was reported by Hancock County parents of 6-11 year olds:

- Hancock County children were enrolled in the following types of schools: public (89%), private (7%), and home-schooled (3%). No parent reported their child was not enrolled in school.
- Parents reported their child missed school because of illness or injury at the following frequencies: 1 to 3 days (57%), 4 to 6 days (14%), 7 to 10 days (4%), and 11 or more days (3%).
- Eighty-nine percent (89%) of parents reported their child was physically active for at least 60 minutes on 3 or more days per week. Three-fifths (60%) of children were physically active on 5 or more days, and 31% were physically active for at least 60 minutes every day per week. Two percent (2%) reported not engaging in any physical activity in the past week, and 3% were unable to be physically active.
- Ninety-three percent (93%) of children participated in extracurricular activities in the past year. They participated in the following: a sports team or sports lessons (75%); a club or organization after school or on weekends (51%); any other organized activities or lessons, such as music, dance, language, or other arts (39%); any type of volunteer work (29%); and any paid work (8%). Seven percent (7%) of parents reported their child did not participate in any extracurricular activities in the past year.
- Hancock County parents reported that when their child was not in school, they read at the following frequencies: every day (56%), a few times a week (29%), a few times a month (7%), a few times a year (4%), almost never because their child has no interest (3%), and almost never because their child cannot read (1%).

## 2016 National Survey of Children's Health

- 9% of Ohio and 7% of U.S. parents of 6-11 year olds reported their child watched 4 or more hours of TV or played video games each day.
- 82% of Ohio and 76% of U.S. parents of 6-11 year olds reported their child participated in one or more organized activities outside of school.

*(Source: National Survey of Children's Health, 2016)*

## Recommendations for Physical Activity

- The U.S. Department of Health and Human Services provides guidance on healthy physical activity habits. The national recommendation for those ages 6 to 17 years old should have 60 minutes or more of physical activity including:
  - **Aerobic:** Most of the 60 minutes a day should be moderate or vigorous intensity physical activity and should include vigorous-intensity physical activity at least 3 days a week.
  - **Muscle-strengthening:** As part of the 60 minutes of daily physical activity, children and adolescents should include muscle-strengthening physical activity on at least 3 days a week.
  - **Bone-strengthening:** As part of the 60 or more minutes of daily physical activity, children and adolescents should include bone-strengthening physical activity on at least 3 days of the week.
- These guidelines also encourage children and adolescents to participate in physical activities that are appropriate for their age, that are enjoyable, and that offer variety.

*(Source: Centers for Disease Control and Prevention, Physical Activity Facts, Updated 2018)*

- Eighteen percent (18%) of parents reported their child had a social media account or other virtual network account. Of those who had an account, they reported the following: they had their child's password (77%), they knew all of the people in their child's "friends" (58%), and their child's account was checked private (56%). Seven percent (7%) of parents reported they did not know if their child had a social network account.
- Most (97%) Hancock County parents definitely or somewhat agreed their child was safe at school. Three percent (3%) of parents somewhat or definitely disagreed that their child was safe at school.
- One-third (33%) of parents felt their child was not safe at school for the following reasons: fear of bullying (47%), buildings are not secure (32%), afraid of kids who show unusual behavior (28%), bomb threats (9%), drug/alcohol activity (7%), and gangs (3%). Twelve percent (12%) of parents felt their child was not safe at school for more than one reason.
- Forty-five percent (45%) of parents reported their child was bullied in the past year. The following types of bullying were reported:
  - 27% were verbally bullied (teased, taunted or called harmful names)
  - 9% were indirectly bullied (spread mean rumors about them or kept out of a "group")
  - 6% were physically bullied (they were hit, kicked, punched or people took their belongings)
  - 1% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
  - 0% were sexually bullied (using nude or semi-nude pictures to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person)
- Hancock County parents reported they were concerned a lot with the following issues with their 6-11 year old child: child's academic achievement (13%); having enough time with their child (12%); their relationship with their child (9%); their child's self-esteem (7%); Internet use (7%); how their child copes with stressful things (6%); cell phone and technology use (6%); their child's anxiety (6%); learning difficulties with their child (5%); their child being bullied by their classmates (3%); their child's depression (3%); their child getting along with others (2%); risky behavior (2%), violence in home, school or neighborhood (1%); their child talking (1%); eating disorders (1%); and substance use (<1%).
- Children 6-11 years old were more likely than children 0-5 years old to have:
  - Attention deficit hyperactivity disorder (ADD) (6% compared to 0% of 0-5 years old)
  - Asthma (9% compared to 4% of 0-5 years old)
  - Visited a dentist in the past year (93% compared to 45% of 0-5 years old).

Child Comparisons	Hancock County 2015 6-11 Years	Hancock County 2018 6-11 Years	Ohio 2016 6-11 Years	U.S. 2016 6-11 Years
<b>Child participated in one or more activities</b>	N/A	93%	82%	76%
<b>Child did not miss any days of school because of illness or injury</b>	18%	22%	26%	29%
<b>Did not engage in any physical activity during the past week</b>	N/A	2%	3%	5%
<b>Parent definitely agreed that their child was safe at school</b>	N/A	96%	77%	79%

N/A – Not Available

# Child Health: Family and Community Characteristics

## Key Findings

*Thirty percent (30%) of parents reported that every family member who lived in their household ate a meal together every day of the week. Eleven percent (11%) of parents had at least one food insecurity issue in the past year. Sixty-nine (69%) of parents definitely agreed that their child is safe in their neighborhood.*

## Family Functioning

- Thirty percent (30%) of parents reported that every family member who lived in their household ate a meal together every day of the week. Families ate a meal together an average of 4.7 times per week.
- More than one-third (34%) of parents reported their child attended religious service 1 to 3 times per month, and 32% reported 4 or more times per month. Thirty-four percent (34%) reported their child had never attended a religious service.
- Eighty-two percent (82%) of parents reported two or more family outings such as to the park, library, zoo, shopping, church, restaurants or family gatherings in the past week, and 15% reported one in the past week. Three percent (3%) of parents reported they did not take their child on any kind of outing in the past week.
- Eleven percent (11%) of parents had at least one food insecurity issue in the past year. They reported the following: had to choose between paying bills and buying food (7%), went hungry/ate less to provide more food for their family (5%), food assistance was cut (3%), loss of income led to food insecurity issues (3%), worried food would run out (3%), and were hungry but did not eat because they did not have money for food (3%).
- Six percent (6%) of parents experienced more than one food insecurity issue in the past year.

## 2016 National Survey of Children's Health

- 51% of Ohio and 53% of U.S. parents of 0-5 year olds reported their family ate a meal together every night of the week.
- 19% of 0-5 year old and 28% of 6-11 year old Ohio children lived in a household with someone who smokes.

*(Source: National Survey of Children's Health, 2016)*

## 30% of Hancock County families ate a meal together every day of the week.

- Parents reported their child got the following amounts of sleep on an average weeknight: 8 hours or less (25%), 9 hours (30%), 10 hours (31%), and 11 hours or more (14%).
- Parents used the following forms of discipline for their child: take away privileges (80%), time out (48%), yell (42%), grounding (24%), spanking (2%), wash mouth out (2%), and other (8%). Five percent (5%) of parents reported their child had not been disciplined.
- Parents reported they had felt angry with their child at the following frequencies: sometimes (72%), never (26%), usually (1%), and always (<1%).

## Child Safety Characteristics

- Parents reported having the following safety items in their home: working smoke alarm/detector (98%), carbon monoxide detector (71%), fire extinguisher (71%), gun lock/safe (40%), Poison Control number by the phone (32%), and a medication safe (20%). Ninety-one percent (91%) had one or more safety items in their home and 9% had none of these safety items in their home.

- Parents discussed the following safety concerns with their child in the past year: stranger safety (73%), fire safety (63%), bike helmets (56%), water safety (52%), falls (49%), Internet safety (48%), firearms/gun safety (43%), burns (43%), poisoning (34%), furniture falling (31%), and human trafficking (26%). Thirteen percent (13%) of parents reported they did not discuss any of the above safety topics with their child.
- More than half (57%) of parents reported they never talked to their child about what to do if he/she finds a gun (to stop, don't touch the gun, get away, and tell an adult). Twenty-eight percent (28%) reported they have not, but plan to; 15% reported their child is not old enough; and <1% reported it would not do any good.
- Eighty-nine percent (89%) of parents reported their child up to age five who met weight and/or height limits always rode in a car seat when a passenger in a car, and 11% reported their child never rode in a car seat when a passenger in a car.
- Fifty-seven percent (57%) of parents reported their child who weighs less than 80 pounds and is under 4' 9" always rode in a booster seat, as compared to 30% who never rode in a booster seat.
- More than three-fourths (77%) of parents whose child was old enough and/or tall enough to not be in a booster seat reported their child always wore a seat belt, and 15% reported their child never wore a seat belt.
- Parents reported their child always wore a helmet when riding the following: moped/dirt bike (83%), snow mobile (70%), ATV (63%), and bike/scooter (26%).
- Parents reported their child never wore a helmet when riding the following: snow mobile (30%), bike/scooter (22%), and an ATV (20%), and moped/dirt bike (8%).
- Fourteen percent (14%) of Hancock County parents reported that someone in the household used cigarettes, cigars, or pipe tobacco, increasing to 31% of those with incomes less than \$25,000.
- One percent (1%) of Hancock County parents reported that someone in the household smoked e-cigarettes around their children.
- Hancock County parents had the following rules about smoking in their home: no one is allowed to smoke inside their home at any time (80%), smoking is not allowed in their home when children are present (7%), smoking is allowed anywhere inside their home (4%), and smoking is allowed in some rooms only (1%).
- Parents had the following rules about smoking in their car: no one is allowed to smoke inside their car at any time (83%), smoking is not allowed when children are present (6%), smoking is allowed as long as a window is open (2%), and smoking is allowed anywhere (1%).

## Neighborhood and Community Characteristics

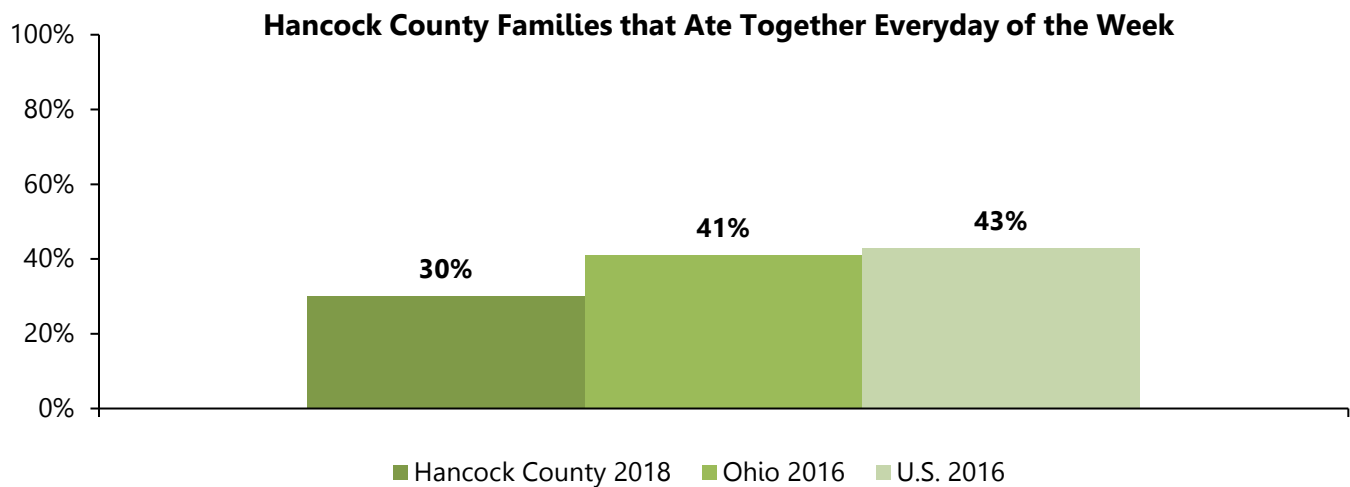
- Parents reported their child regularly attended an elementary school (63%), child care outside of their home provided by a relative other than a parent/guardian (25%), child care in their home provided by a relative other than a parent/guardian (25%), family-based child care outside of home (19%), child care center (16%), child care in their home provided by a baby-sitter (12%), nursery school and/or preschool (11%), and Head Start or Early Start program (<1%).
- Most (97%) Hancock County parents definitely or somewhat agreed their child was safe in their neighborhood. Three percent (3%) of parents somewhat or definitely disagreed that their child is safe in their neighborhood.
- Twenty-nine percent (29%) of parents reported their neighborhood was unsafe due to the following concerns: heavy traffic area (52%), no sidewalks accessible (22%), drug/alcohol activity (22%), crime (14%), no place for kids to play (9%), loud/disrespectful noise levels (9%), bullying (4%), weapons/firearms (2%), bad weather conditions (1%), and other (28%).
- Almost half (48%) of children had never moved to a new address. Twelve percent (12%) of children had moved to a new address three or more times.

- In the past year, parents reported that someone in the household received the following: free or reduced cost breakfast or lunches at school (10%), a friend or family member (8%), benefits from WIC program (6%), SNAP/food stamps (5%), Job and Family Services (4%), mental health/substance use treatment (3%), Help Me Grow (3%), subsidized childcare through Hancock County JFS (2%), a church (2%), Chopin Hall (2%), Community Action Commission (1%), Christian Clearing House (1%), cash assistance from a state or county welfare program (1%), Cash Advance Services (1%), Open Arms (1%), Associated Charities (1%), Hancock Metro (<1), and other (1%).

### Family Dinners

The following graph shows the percent of Hancock County, Ohio, and U.S. families that ate a meal together every day of the week.

- The percentage of Hancock County families who ate a meal together every day of the week was lower than the Ohio and U.S. percentages.



(Source: National Survey of Children's Health & 2018 Hancock County Health Assessment)

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Child Comparisons	Hancock County 2015	Hancock County 2018	Ohio 2016	U.S. 2016	Hancock County 2015	Hancock County 2018	Ohio 2016	U.S. 2016
	Ages 0-5	Ages 0-5	Ages 0-5	Ages 0-5	Ages 6-11	Ages 6-11	Ages 6-11	Ages 6-11
Family eats a meal together every day of the week	40%	33%	51%	53%	35%	30%	43%	45%
Child never attends religious services	36%	34%	N/A	N/A	22%	35%	N/A	N/A
Parent definitely agreed that their child lived in a safe neighborhood	N/A	70%	64%	63%	N/A	69%	66%	62%
Someone living in the household uses cigarettes, cigars, or pipe tobacco	17%	15%	19%	15%	22%	13%	28%	17%

N/A – Not Available

# Child Health: Parent Health

## Key Findings

In 2018, 77% of parents rated their health as excellent or very good, decreasing to 67% of parents with incomes less than \$25,000. In the past year, 47% of parents missed work due to their child's illnesses or injuries.

## Parent Health

- Those filling out the survey had the following relationship to the child: mother (68%), father (30%), grandparent (1%), and other relative (<1%).
- More than three-fourths (77%) of parents rated their health as excellent or very good, decreasing to 67% of parents with incomes less than \$25,000. One-fifth (20%) of parents rated their health as good, and 4% of parents rated their health as fair or poor.
- Seventy-six percent (76%) of parents rated their mental and emotional health as excellent or very good, decreasing to 50% of parents with incomes less than \$25,000. Almost one-fifth (19%) rated their mental and emotional health as good, and 5% of parents rated their mental and emotional health as fair or poor.
- Seven percent (7%) of mothers and 2% of fathers of 0-5 year olds rated their mental and emotional health as fair or poor. Five percent (5%) of mothers and 3% of fathers of 6-11 year olds rated their mental or emotional health as fair or poor.
- Sixteen percent (16%) of parents reported driving after drinking any alcoholic beverages.
- Fifty-nine percent (59%) of parents engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. Thirty-one percent (31%) of parents exercised 5 or more days per week. Fourteen percent (14%) of parents did not participate in any physical activity in the past week.
- In the past year, 47% of parents missed work due to their child's illnesses or injuries. Thirty percent (30%) missed work due to their child's medical appointments, 9% missed work due to lack of or unreliable child care, 3% missed work due to their child's chronic illness, and 1% missed work due to their child's behavioral/emotional problems.
- Parents reported the following challenges they face in regards to the day-to-day demands of parenthood/raising children: demands of multiple children (53%), working long hours (25%), financial challenges (23%), managing child's behavior (12%), being a single parent (9%), loss of freedom (6%), mental health (5%), lack of parental support (5%), affordable housing (4%), difficulty with lifestyle changes (4%), child has special needs (3%), lack of transportation (2%), post-partum depression (1%), domestic violence relationship (1%), unemployment (1%), move a lot (<1%), and alcohol and/or drug use (<1%). Sixty percent (60%) of parents reported no challenges associated with parenting.

Child Comparisons	Hancock County 2015 Ages 0-5	Hancock County 2018 Ages 0-5	Ohio 2016 Ages 0-5	U.S. 2016 Ages 0-5	Hancock County 2015 Ages 6-11	Hancock County 2018 Ages 6-11	Ohio 2016 Ages 6-11	U.S. 2016 Ages 6-11
<b>Mother's mental or emotional health is fair/poor</b>	5%	11%	5%	5%	5%	5%	9%	6%
<b>Father's mental or emotional health is fair/poor</b>	0%	0%	5%	3%	0%	3%	6%	3%



# Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Association of Suicidology	<ul style="list-style-type: none"> <li>• Suicide Statistics</li> </ul>	<a href="http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2016/2016datapgsv1b.pdf?ver=2018-01-15-211057-387">http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2016/2016datapgsv1b.pdf?ver=2018-01-15-211057-387</a>
American Cancer Society, Cancer Facts and Figures 2018. Atlanta: ACS, 2017	<ul style="list-style-type: none"> <li>• 2018 Cancer Facts, Figures, and Estimates</li> </ul>	<a href="https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf">https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf</a>
	<ul style="list-style-type: none"> <li>• Fruit and Vegetables Recommendations</li> </ul>	<a href="https://www.cancer.org/healthy/eat-healthy-get-active/eat-healthy/add-fruits-and-veggies-to-your-diet.html">https://www.cancer.org/healthy/eat-healthy-get-active/eat-healthy/add-fruits-and-veggies-to-your-diet.html</a>
American College of Allergy, Asthma & Immunology	<ul style="list-style-type: none"> <li>• Asthma Facts</li> </ul>	<a href="http://acaai.org/news/facts-statistics/asthma">http://acaai.org/news/facts-statistics/asthma</a>
American Diabetes Association	<ul style="list-style-type: none"> <li>• Statistics About Diabetes</li> </ul>	<a href="http://www.diabetes.org/diabetes-basics/statistics/">http://www.diabetes.org/diabetes-basics/statistics/</a>
American Lung Association	<ul style="list-style-type: none"> <li>• Asthma and Children</li> </ul>	<a href="http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/learn-about-asthma/asthma-children-facts-sheet.html">http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/learn-about-asthma/asthma-children-facts-sheet.html</a>
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> <li>• 2010 - 2015 Adult Ohio and U.S. Correlating Statistics</li> </ul>	<a href="https://www.cdc.gov/brfss/index.html">https://www.cdc.gov/brfss/index.html</a>
Blanchard Valley Hospital	<ul style="list-style-type: none"> <li>• Emergency Department Visits and Admissions due to Overdose, 2012-2018</li> </ul>	<a href="https://www.bvhealthsystem.org/">https://www.bvhealthsystem.org/</a>
CDC, Adolescent and School Health	<ul style="list-style-type: none"> <li>• Sexual Risk Behavior</li> </ul>	<a href="https://www.cdc.gov/healthyyouth/sexualbehaviors/">https://www.cdc.gov/healthyyouth/sexualbehaviors/</a>
CDC, Alcohol and Public Health	<ul style="list-style-type: none"> <li>• Excessive Drinking</li> </ul>	<a href="https://www.cdc.gov/alcohol/index.htm">https://www.cdc.gov/alcohol/index.htm</a>
CDC, Arthritis	<ul style="list-style-type: none"> <li>• Arthritis at a Glance</li> </ul>	<a href="https://www.cdc.gov/chronicdisease/resources/publications/aag/arthritis.htm">https://www.cdc.gov/chronicdisease/resources/publications/aag/arthritis.htm</a>
CDC, Asthma	<ul style="list-style-type: none"> <li>• Common Asthma Triggers</li> </ul>	<a href="https://www.cdc.gov/asthma/triggers.html">https://www.cdc.gov/asthma/triggers.html</a>
CDC, Breast Cancer, 2016	<ul style="list-style-type: none"> <li>• What Can I do to Reduce My Risk of Breast Cancer?</li> </ul>	<a href="https://www.cdc.gov/cancer/breast/basic_info/prevention.htm">https://www.cdc.gov/cancer/breast/basic_info/prevention.htm</a>
CDC, Children's Mental Health	<ul style="list-style-type: none"> <li>• Children's Mental Health Basics</li> </ul>	<a href="https://www.cdc.gov/childrensmentalhealth/basics.html">https://www.cdc.gov/childrensmentalhealth/basics.html</a>
CDC, Contraceptive Use	<ul style="list-style-type: none"> <li>• Contraceptive Use in the U.S.</li> </ul>	<a href="https://www.cdc.gov/nchs/fastats/contraceptive.htm">https://www.cdc.gov/nchs/fastats/contraceptive.htm</a>
CDC, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, 2017	<ul style="list-style-type: none"> <li>• Oral Health Basics</li> </ul>	<a href="https://www.cdc.gov/oralhealth/index.html">https://www.cdc.gov/oralhealth/index.html</a>
CDC, Electronic Cigarettes	<ul style="list-style-type: none"> <li>• Electronic Cigarettes and Youth</li> </ul>	<a href="https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html">https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html</a>

Source	Data Used	Website
CDC, Healthy Weight	<ul style="list-style-type: none"> <li>Healthy Weight</li> </ul>	<a href="https://www.cdc.gov/healthyweight/index.html">https://www.cdc.gov/healthyweight/index.html</a>
CDC, Men's Health	<ul style="list-style-type: none"> <li>National Center for Health Statistics</li> </ul>	<a href="https://www.cdc.gov/nchs/fastats/mens-health.htm">https://www.cdc.gov/nchs/fastats/mens-health.htm</a>
CDC, Mental Health	<ul style="list-style-type: none"> <li>National Center for Health Statistics: Prevalence of Depression Among Adults</li> </ul>	<a href="https://www.cdc.gov/nchs/products/databriefs/db303.htm">https://www.cdc.gov/nchs/products/databriefs/db303.htm</a>
CDC, Mold	<ul style="list-style-type: none"> <li>Facts About Mold and Dampness</li> </ul>	<a href="https://www.cdc.gov/mold/dampness_facts.htm">https://www.cdc.gov/mold/dampness_facts.htm</a>
CDC, Oral Health	<ul style="list-style-type: none"> <li>Adult Oral Health</li> </ul>	<a href="https://www.cdc.gov/oralhealth/basics/index.html">https://www.cdc.gov/oralhealth/basics/index.html</a>
CDC, Physical Activity	<ul style="list-style-type: none"> <li>Physical Activity Facts</li> </ul>	<a href="https://www.cdc.gov/physicalactivity/basics/index.htm">https://www.cdc.gov/physicalactivity/basics/index.htm</a>
CDC, Prostate Cancer	<ul style="list-style-type: none"> <li>Prostate Cancer Awareness</li> </ul>	<a href="https://www.cdc.gov/cancer/dcpc/resources/features/prostatecancer/index.htm">https://www.cdc.gov/cancer/dcpc/resources/features/prostatecancer/index.htm</a>
CDC, Recommended Immunization	<ul style="list-style-type: none"> <li>Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger</li> </ul>	<a href="https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf">https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf</a>
	<ul style="list-style-type: none"> <li>Recommended Immunization Schedule for Adults: By Age</li> </ul>	<a href="https://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html#print">https://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html#print</a>
CDC, Sexual Violence	<ul style="list-style-type: none"> <li>Understanding Sexual Violence</li> </ul>	<a href="https://www.cdc.gov/features/sexualviolence/index.html">https://www.cdc.gov/features/sexualviolence/index.html</a>
CDC, Smoking and Tobacco Use	<ul style="list-style-type: none"> <li>Smoking and Other Health Risks</li> </ul>	<a href="https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm">https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm</a>
CDC, Violence Prevention	<ul style="list-style-type: none"> <li>Adverse Childhood Experiences (ACE)</li> </ul>	<a href="https://www.cdc.gov/violenceprevention/acestudy/">https://www.cdc.gov/violenceprevention/acestudy/</a>
CDC, Wonder	<ul style="list-style-type: none"> <li>About Underlying Cause of Death, 2013-2015</li> <li>Hancock County and Ohio Leading Causes of Death</li> <li>Hancock County and Ohio Mortality Statistics</li> </ul>	<a href="http://wonder.cdc.gov/ucd-icd10.html">http://wonder.cdc.gov/ucd-icd10.html</a>
County Health Rankings	<ul style="list-style-type: none"> <li>USDA Food Environment Atlas</li> </ul>	<a href="http://www.countyhealthrankings.org/app/ohio/2018/rankings/Hancock/county/outcomes/overall/snapshot">http://www.countyhealthrankings.org/app/ohio/2018/rankings/Hancock/county/outcomes/overall/snapshot</a>
	<ul style="list-style-type: none"> <li>County Health Rankings compiled for 2016 BRFSS</li> </ul>	<a href="http://www.countyhealthrankings.org/">http://www.countyhealthrankings.org/</a>
Hancock County Justice Center	<ul style="list-style-type: none"> <li>Percent of Hancock County Jail Admissions Due to Drugs and Opiates 2012-2018</li> </ul>	<a href="http://hancocksheriff.org/corrections/">http://hancocksheriff.org/corrections/</a>
Healthinsurance.org	<ul style="list-style-type: none"> <li>Affordable Care Act's Individual Mandate Penalty for the Uninsured</li> </ul>	<a href="https://www.healthinsurance.org/obamacare/obamacare-penalty-calculator/">https://www.healthinsurance.org/obamacare/obamacare-penalty-calculator/</a>
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> <li>Access to Health Services</li> <li>All Healthy People 2020 Target Data Points</li> <li>Predictors of Access to Health Care</li> <li>Social Determinants of Health</li> <li>Understanding LGBT Health</li> <li>U.S. Baseline Statistics</li> </ul>	<a href="http://www.healthypeople.gov/2020/topicsobjectives2020">www.healthypeople.gov/2020/topicsobjectives2020</a>

Source	Data Used	Website
National Alliance on Mental Illness	<ul style="list-style-type: none"> <li>Know the Warning Signs</li> </ul>	<a href="https://www.nami.org/Learn-More/Know-the-Warning-Signs">https://www.nami.org/Learn-More/Know-the-Warning-Signs</a>
National Survey of Children's Health, Data Resource Center	<ul style="list-style-type: none"> <li>National Survey of Children's Health</li> </ul>	<a href="http://childhealthdata.org/learn/NSCH">http://childhealthdata.org/learn/NSCH</a>
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> <li>Hancock County and Ohio Birth Statistics</li> </ul>	<a href="http://www.odh.ohio.gov/healthstats/d ataandstats.aspx">http://www.odh.ohio.gov/healthstats/d ataandstats.aspx</a>
	<ul style="list-style-type: none"> <li>Incidence of Cancer</li> </ul>	<a href="https://www.odh.ohio.gov/health/cancer/ocisshs/newrpts1.aspx">https://www.odh.ohio.gov/health/cancer/ocisshs/newrpts1.aspx</a>
	<ul style="list-style-type: none"> <li>Leading Cause of Death</li> </ul>	<a href="https://www.odh.ohio.gov/healthstats/vitalstats/deathstat.aspx">https://www.odh.ohio.gov/healthstats/vitalstats/deathstat.aspx</a>
	<ul style="list-style-type: none"> <li>Mortality</li> </ul>	<a href="http://publicapps.odh.ohio.gov/EDW/D ataBrowser/Browse/Mortality">http://publicapps.odh.ohio.gov/EDW/D ataBrowser/Browse/Mortality</a>
	<ul style="list-style-type: none"> <li>STD Surveillance Data</li> </ul>	<a href="https://www.odh.ohio.gov/en/odhprograms/stdsurv/std1">https://www.odh.ohio.gov/en/odhprograms/stdsurv/std1</a>
Ohio Department of Public Safety	<ul style="list-style-type: none"> <li>2017 Hancock County and Ohio Crash Facts</li> </ul>	<a href="https://services.dps.ohio.gov/crashstatistics/crashreports.aspx">https://services.dps.ohio.gov/crashstatistics/crashreports.aspx</a>
ODH, Maternal and Child Health, Early Childhood	<ul style="list-style-type: none"> <li>Sleep-Related Infant Deaths: Who is at Greater Risk?</li> </ul>	<a href="https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/data-statistics/maternal-and-child-health/ec_Sleeprelatedinfant.pdf?la=en">https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/data-statistics/maternal-and-child-health/ec_Sleeprelatedinfant.pdf?la=en</a>
The Community Foundation and United Way of Hancock County	<ul style="list-style-type: none"> <li>Community Conversations, Report to the Community, 2017</li> </ul>	<a href="https://www.community-foundation.com/community-conversations-report">https://www.community-foundation.com/community-conversations-report</a>
The Henry Kaiser Family Foundation	<ul style="list-style-type: none"> <li>How Does Lack of Insurance Affect Access to Health Care?</li> </ul>	<a href="http://www.kff.org/report-section/the-uninsured-a-primer-2013-4-how-does-lack-of-insurance-affect-access-to-health-care/">http://www.kff.org/report-section/the-uninsured-a-primer-2013-4-how-does-lack-of-insurance-affect-access-to-health-care/</a>
The Ohio Automated Rx Reporting System	<ul style="list-style-type: none"> <li>Opiate and Pain Reliever Doses Per Patient, 2011-2016</li> <li>Opiate and Pain Reliever Doses Per Capita, 2011-2016</li> <li>Opioid Doses per Capita, Quarterly from 2015-2017</li> <li>What is OARRS? Fact Sheet, 2017</li> </ul>	<a href="https://www.ohiopmp.gov/About.aspx">https://www.ohiopmp.gov/About.aspx</a>
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> <li>American Community Survey 5-year estimate, 2016</li> </ul>	<a href="https://www.census.gov/programs-surveys/acs/">https://www.census.gov/programs-surveys/acs/</a>
	<ul style="list-style-type: none"> <li>Federal Poverty Threshold</li> </ul>	<a href="https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html">https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html</a>
	<ul style="list-style-type: none"> <li>Ohio and Hancock County 2016 Census Demographic Information</li> </ul>	<a href="https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml">https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml</a>
	<ul style="list-style-type: none"> <li>Small Area Income and Poverty Estimates</li> </ul>	<a href="https://www.census.gov/programs-surveys/saipe.html">https://www.census.gov/programs-surveys/saipe.html</a>
U.S. Department of Health and Human Services	<ul style="list-style-type: none"> <li>Physical Activity Guidelines</li> </ul>	<a href="https://health.gov/paguidelines/pdf/pa-guide.pdf">https://health.gov/paguidelines/pdf/pa-guide.pdf</a>

Source	Data Used	Website
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> <li data-bbox="532 331 966 401">• 2009 - 2016 Youth Ohio and U.S. Correlating Statistics</li> </ul>	<a href="https://nccd.cdc.gov/youthonline/app/">https://nccd.cdc.gov/youthonline/app/</a>

## Appendix II: Acronyms and Terms

<b>ACE</b>	<b>A</b> dverse <b>C</b> hildhood <b>E</b> xperiences
<b>AHS</b>	<b>A</b> ccess to <b>H</b> ealth <b>S</b> ervices, Topic of Healthy People 2020 objectives
<b>Adult</b>	Defined as 19 years of age and older.
<b>Age-Adjusted</b>	Death rate per 100,000 adjusted for the age
<b>Mortality Rates</b>	Distribution of the population.
<b>Adult Binge Drinking</b>	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
<b>AOCBC</b>	<b>A</b> rthritis, <b>O</b> steoporosis, and <b>C</b> hronic <b>B</b> ack <b>C</b> onditions
<b>BMI</b>	<b>B</b> ody <b>M</b> ass <b>I</b> ndex is defined as the contrasting measurement/relationship of weight to height.
<b>BRFSS</b>	<b>B</b> ehavior <b>R</b> isk <b>F</b> actor <b>S</b> urveillance <b>S</b> ystem, an adult survey conducted by the CDC.
<b>CDC</b>	<b>C</b> enters for <b>D</b> isease <b>C</b> ontrol and <b>P</b> revention.
<b>Current Drinker</b>	Individual who has had at least 1 alcoholic beverage in the past 30 days
<b>Current Smoker</b>	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
<b>CY</b>	<b>C</b> alendar <b>Y</b> ear
<b>FY</b>	<b>F</b> iscal <b>Y</b> ear
<b>HCNO</b>	<b>H</b> ospital <b>C</b> ouncil of <b>N</b> orthwest <b>O</b> hio
<b>HDS</b>	<b>H</b> eart <b>D</b> isease and <b>S</b> troke, Topic of Healthy People 2020 objectives
<b>HP 2020</b>	<b>H</b> ealthy <b>P</b> eople <b>2020</b> , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
<b>Health Indicator</b>	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
<b>High Blood Cholesterol</b>	240 mg/dL and above
<b>High Blood Pressure</b>	Systolic $\geq$ 140 and Diastolic $\geq$ 90
<b>IID</b>	<b>I</b> mmunizations and <b>I</b> nfectious <b>D</b> iseases, Topic of Healthy People 2020 objectives
<b>N/A</b>	Data is not available.
<b>NSCH</b>	<b>N</b> ational <b>S</b> urvey of <b>C</b> hildren's <b>H</b> ealth
<b>ODH</b>	<b>O</b> hio <b>D</b> epartment of <b>H</b> ealth
<b>OSHP</b>	<b>O</b> hio <b>S</b> tate <b>H</b> ighway <b>P</b> atrol
<b>Race/Ethnicity</b>	<b>Census 2010:</b> U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
<b>Ohio SHA/SHIP</b>	<b>O</b> hio <b>S</b> tate <b>H</b> ealth <b>A</b> ssessment/ <b>S</b> tate <b>H</b> ealth <b>I</b> mprovement <b>P</b> lan

<b>Weapon</b>	Defined in the YRBS as “a weapon such as a gun, knife, or club”
<b>Youth</b>	Defined as 12 through 18 years of age
<b>YPLL/65</b>	<b>Years of Potential Life Lost</b> before age 65. Indicator of premature death.
<b>Youth Binge Drinking</b>	Consumption of five alcoholic beverages or more on one occasion
<b>Youth BMI Classifications</b>	<b>Underweight</b> is defined as BMI-for-age $\leq$ 5 <sup>th</sup> percentile <b>Overweight</b> is defined as BMI-for-age 85 <sup>th</sup> percentile to $<$ 95 <sup>th</sup> percentile. <b>Obese</b> is defined as $\geq$ 95 <sup>th</sup> percentile.
<b>YRBS</b>	<b>Youth Risk Behavior Survey</b> , a youth survey conducted by the CDC

# Appendix III: Methods for Weighting the 2018 Hancock County Health Assessment Data

Data from sample surveys have the potential for bias if there are different rates of response for different segments of the population. In other words, some subgroups of the population may be more represented in the completed surveys than they are in the population from which those surveys are sampled. If a sample has 25% of its respondents being male and 75% being female, then the sample is biased towards the views of females (if females respond differently than males). This same phenomenon holds true for any possible characteristic that may alter how an individual responds to the survey items.

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2018 Hancock County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Hancock County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (8 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Hancock County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2018 Hancock County Survey and the 2016 Census estimates.

<b>2018 Hancock Survey</b>			<b>2016 Census Estimate</b>		<b>Weight</b>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	218	55.61224	37,160	49.10667	0.883019
Female	174	44.38776	38,512	50.89333	1.146562

In this example, it shows that there was a larger portion of males in the sample compared to the actual portion in Hancock County. The weighting for females was calculated by taking the percent of females in Hancock County (based on Census information) (50.89333%) and dividing that by the percent found in the 2018 Hancock County sample (44.38776%) [ $50.89333 / 44.38776 =$  weighting of 1.146562 for females]. The same was done for males [ $49.10667 / 55.61224 =$  weighting of 0.883019 for males]. Thus males' responses are weighted less by a factor of 0.883019 and females' responses weighted heavier by a factor of 1.146562.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 2.802767 [ $1.146562$  (weight for females)  $\times$   $0.96858$  (weight for White)  $\times$   $2.60763$  (weight for age 35-44)  $\times$   $0.96785$  (weight for income \$50-\$75k)]. Thus, each individual in the 2018 Hancock County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 23.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for everyone. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

1. **Total weight** (product of 4 weights) – for all analyses that did not separate age, race, sex, or income.
2. **Weight without sex** (product of age, race, and income weights) – used when analyzing by sex.
3. **Weight without age** (product of sex, race, and income weights) – used when analyzing by age.
4. **Weight without race** (product of age, sex, and income weights) – used when analyzing by race.

5. **Weight without income** (product of age, race, and sex weights) – used when analyzing by income.
6. **Weight without sex or age** (product of race and income weights) – used when analyzing by sex and age.
7. **Weight without sex or race** (product of age and income weights) – used when analyzing by sex and race.
8. **Weight without sex or income** (product of age and race weights) – used when analyzing by sex and income.

Category	Hancock Sample	%	2016 Census	%	Weighting Value
<b>Sex:</b>					
Male	218	55.61224	37,160	49.1	0.883019
Female	174	44.38776	38,512	50.9	1.146562
<b>Age:</b>					
20-34	38	10.13333	14,904	26.5	2.61832
35-44	23	6.13333	8,984	15.9	2.60763
45-54	55	14.66667	10,187	18.1	1.23648
55-59	37	9.86667	5,380	9.6	0.97070
60-64	56	14.93333	4,739	8.4	0.56494
65-74	88	23.46667	6,641	11.8	0.50380
75-84	58	15.46667	3,490	6.2	0.40170
85+	20	5.33333	1,848	3.3	0.61684
<b>Race:</b>					
White	364	92.85714	68,059	89.9	0.96858
Non-White	28	7.14286	7,613	10.1	1.40847
<b>Total Household Income:</b>					
Less than \$25,000	66	18.75000	6,456	20.46341	1.09138
\$25,000-\$34,999	38	10.79545	3,895	12.34587	1.14362
\$35,000-\$49,999	53	15.05682	4,803	15.22394	1.01110
\$50,000-\$74,999	71	20.17045	6,159	19.52201	0.96785
\$75,000-\$99,999	53	15.05682	3,865	12.25078	0.81364
\$100,000-\$149,999	36	10.22727	4,137	13.11294	1.28215
\$150,000 or greater	35	9.94318	2,234	7.08105	0.71215

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Hancock County in each subcategory by the proportion of the sample in the Hancock County survey for that same category.



## Appendix IV: School Participation

*The following schools were randomly chosen and agreed to participate in the 2018 Hancock County Health Assessment:*

### **Arcadia Locals**

Arcadia Middle School  
Arcadia Elementary

### **Arlington Local Schools**

Arlington Local High School

### **Cory-Rawson Local Schools**

Cory-Rawson High School  
Cory-Rawson Elementary School

### **Findlay City Schools**

Findlay High School  
Donnell Middle School  
Glenwood Middle School

### **Liberty-Benton Local Schools**

Liberty-Benton High School  
Liberty-Benton Middle School

### **McComb Local Schools**

McComb High School  
McComb Middle School  
McComb Elementary

### **Riverdale Local**

Riverdale High School  
Riverdale Middle School

### **Van Buren Local Schools**

Van Buren High School  
Van Buren Middle School

### **Vanlue Local Schools**

Vanlue High School

## Appendix V: Hancock County Sample Demographic Profile\*

Variable	2018 Survey Sample	Hancock County Census 2017 (1-year estimate)	Ohio Census 2017
<b>Age</b>			
20-29	9.3%	14.4%	13.3%
30-39	25.3%	11.7%	12.5%
40-49	13.8%	12.4%	12.0%
50-59	18.1%	14.0%	13.7%
60 plus	28.0%	22.6%	23.4%
<b>Race/Ethnicity</b>			
White	94.8%	92.9%	81.3%
Black or African American	0.5%	2.1%	12.4%
American Indian and Alaska Native	2.1%	0.2%	0.2%
Asian	3.6%	0.7%	2.2%
Other	3.1%	1.3%	0.9%
Hispanic Origin (may be of any race)	4.7%	5.4%	3.7%
<b>Marital Status†</b>			
Married Couple	61.5%	53.1%**	47.4%
Never been married/member of an unmarried couple	20.5%	26.7%**	32.6%
Divorced/Separated	10.5%	13.3%**	13.7%
Widowed	7.4%	6.9%**	6.3%
<b>Education†</b>			
Less than High School Diploma	5.4%	8.4%	9.7%
High School Diploma	24.9%	34.5%	34.0%
Some college/College graduate	69.8%	57.2%	52.9%
<b>Income (Families)</b>			
\$14,999 and less	7.2%	5.0%	6.9%
\$15,000 to \$24,999	8.7%	7.3%	6.6%
\$25,000 to \$49,999	23.6%	20.2%	21.2%
\$50,000 to \$74,999	17.2%	21.3%	19.5%
\$75,000 or more	38.0%	46.3%	45.9%
<b>Sexual Orientation</b>			
Straight or heterosexual	94.3%	N/A	N/A
Lesbian or gay	4.4%	N/A	N/A
Queer	0%	N/A	N/A
Questioning	0.5%	N/A	N/A
Other	0.8%	N/A	N/A

N/A- Not Available

\* The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses).

\*\*2016 American Community Survey 5-year estimates

† The Ohio and Hancock County Census percentages are slightly different than the percent who responded to the survey. Marital status is calculated for those individuals 15 years and older. Education is calculated for those 25 years and older.

## Appendix V: Hancock County Youth Sample Demographic Profile\*

Youth Variable	2018 Youth Survey Sample
<b>Age</b>	
12 years old or younger	31.9%
13 years old	16.5%
14 years old	18.1%
15 years old	12.2%
16 years old	4.6%
17 years old	10.8%
18 years old or older	5.9%
<b>Gender</b>	
Male	52.4%
Female	46.8%
Transgender	0.3%
Do not identify as female, male, or transgender	0.5%
<b>Race/Ethnicity</b>	
White	88.8%
American Indian and Alaska Native	8.4%
Black or African American	5.2%
Hispanic or Latino	6.3%
Asian	2.2%
Native Hawaiian or Other Pacific Islander	0.3%
Other	7.9%
<b>Grade Level</b>	
Middle School (6-8)	57%
High School (9-12)	43%
<b>Individual Grade Level</b>	
6 <sup>th</sup> grade	23.5%
7 <sup>th</sup> grade	15.4%
8 <sup>th</sup> grade	18.1%
9 <sup>th</sup> grade	17.0%
10 <sup>th</sup> grade	7.6%
11 <sup>th</sup> grade	4.3%
12 <sup>th</sup> grade	14.1%

\*Percents may not add to 100% due to missing data (non-responses) or percent's may exceed 100% due to respondents answering more than option.

# Appendix VI: Demographics and Household Information

## Hancock County Population by Age Groups and Gender U.S. Census 2010

Age	Total	Males	Females
<b>Hancock County</b>	<b>74,782</b>	<b>36,284</b>	<b>38,498</b>
<b>0-4 years</b>	<b>4,751</b>	<b>2,400</b>	<b>2,351</b>
1-4 years	3,838	1,932	1,906
< 1 year	913	468	445
1-2 years	1,892	975	917
3-4 years	1,946	957	989
<b>5-9 years</b>	<b>4,695</b>	<b>2,417</b>	<b>2,278</b>
5-6 years	1,826	920	906
7-9 years	2,869	1,497	1,372
<b>10-14 years</b>	<b>5,016</b>	<b>2,497</b>	<b>2,519</b>
10-12 years	3,017	1,493	1,524
13-14 years	1,999	1,004	995
12-18 years	9,295	4,668	4,627
<b>15-19 years</b>	<b>5,514</b>	<b>2,712</b>	<b>2,802</b>
15-17 years	3,166	1,616	1,550
18-19 years	2,348	1,096	1,252
20-24 years	5,339	2,429	2,910
25-29 years	4,773	2,427	2,346
30-34 years	4,275	2,118	2,157
35-39 years	4,503	2,254	2,249
40-44 years	4,713	2,387	2,326
45-49 years	5,472	2,687	2,785
50-54 years	5,715	2,817	2,898
55-59 years	4,991	2,473	2,518
60-64 years	4,352	2,098	2,254
65-69 years	3,120	1,472	1,648
70-74 years	2,467	1,166	1,301
75-79 years	1,920	836	1,084
80-84 years	1,558	597	961
85-89 years	1,024	337	687
90-94 years	474	140	334
95-99 years	98	20	74
100-104 years	12	0	12
105-109 years	0	0	0
110 years & over	0	0	0
<b>Total 85 years and over</b>	<b>1,608</b>	<b>497</b>	<b>1,107</b>
<b>Total 65 years and over</b>	<b>10,673</b>	<b>4,568</b>	<b>6,101</b>
<b>Total 19 years and over</b>	<b>56,041</b>	<b>26,799</b>	<b>29,238</b>

# HANCOCK COUNTY PROFILE

2017 ACS 1-year estimates  
(Source: U.S. Census Bureau, 2017)

## General Demographic Characteristics

	Number	Percent (%)
<b>Total Population</b>		
2017 Total Population	75,754	100%
<b>Largest City – Findlay City (2012-2016 5-year estimate)</b>		
2017 Total Population	41,412	100%
<b>Population by Race/Ethnicity</b>		
Total Population	75,754	100%
White	70,351	97.1%
African American	1,559	2.1%
Hispanic or Latino (of any race)	4,079	5.4%
Two or more races	2,175	2.9%
Asian	535	0.7%
Some other race	1,007	1.3%
American Indian and Alaska Native	127	0.2%
<b>Population by Age</b>		
Under 5 years	4,460	5.9%
5 to 17 years	12,441	16.4%
18 to 24 years	6,736	8.9%
25 to 44 years	19,536	25.8%
45 to 64 years	20,312	26.8%
65 years and more	12,269	16.2%
<b>Median age (years)</b>	<b>39.2</b>	N/A
<b>Household by Type</b>		
Total households	31,844	100%
Total families	19,997	62.7%
Households with children < 18 years	7,988	25.1%
Married-couple family household	15,551	48.8%
Married-couple family household with children < 18 years	5,704	17.9%
Female householder, no husband present	2,430	7.6%
Female householder, no husband present with children < 18 years	1,217	3.8%
Nonfamily household (single person)	11,847	37.2%
Nonfamily household (single person) living alone	9,999	84.4%
Nonfamily household (single person) 65 years and >	3,080	26.0%
Households with one or more people < 18 years	8,757	27.5%
Households with one or more people 60 years and >	11,209	35.2%
Average household size	2.32 people	N/A
Average family size	2.92 people	N/A

**General Demographic Characteristics, Continued**

<b>Housing Occupancy</b>		
Median value of owner-occupied units	\$133,500	N/A
Median housing units with a mortgage	\$1,144	N/A
Median housing units without a mortgage	\$379	N/A
Median value of occupied units paying rent	\$735	N/A
Median rooms per total housing unit	6.1	N/A
Total occupied housing units	31,844	N/A
No telephone service available	385	1.2%
Lacking complete kitchen facilities	498	1.6%
Lacking complete plumbing facilities	0	0.0%

**Selected Social Characteristics**

<b>School Enrollment</b>		
Population 3 years and over enrolled in school	17,219	100%
Nursery & preschool	532	3.1%
Kindergarten	1,110	6.4%
Elementary School (Grades 1-8)	7,491	43.5%
High School (Grades 9-12)	3,737	21.7%
College or Graduate School	4,349	25.3%
<b>Educational Attainment</b>		
Population 25 years and over	51,117	100%
< 9 <sup>th</sup> grade education	569	1.1%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	3,791	7.3%
High school graduate (includes equivalency)	17,967	34.5%
Some college, no degree	9,359	18.0%
Associate degree	5,952	11.4%
Bachelor's degree	9,339	17.9%
Graduate or professional degree	5,140	9.9%
Percent high school graduate or higher	N/A	91.6%
Percent Bachelor's degree or higher	N/A	27.8%
<b>Marital Status*</b>		
Population 15 years and over	61,413	N/A
Never married	N/A	30.1%
Now married, excluding separated	53.1%	53.1%
Separated	1.6%	1.6%
Widowed	N/A	6.9%
Widowed females	N/A	10.7%
Divorced	N/A	11.7%
Divorced females	N/A	12.5%
<b>Veteran Status</b>		
Civilian population 18 years and over	58,853	100%
Veterans 18 years and over	3,980	6.8%

\*2016 ACS 5-year estimates

***Selected Social Characteristics, Continued***

<b><i>Disability Status of the Civilian Non-Institutionalized Population</i></b>		
Total civilian noninstitutionalized population	74,907	100%
Civilian with a disability	7,741	10.3%
Under 18 years	16,901	22.6%
Under 18 years with a disability	554	4.5%
18 to 64 years	46,316	61.8%
18 to 64 years with a disability	3,376	13.3%
65 Years and over	11,690	15.6%
65 Years and over with a disability	3,811	68%

***Selected Economic Characteristics***

<b><i>Employment Status</i></b>		
Population 16 years and over	60,451	100%
16 years and over in labor force	40,701	67.3%
16 years and over not in labor force	19,750	32.7%
Females 16 years and over	31,423	100%
Females 16 years and over in labor force	19,562	62.3%
Population living with own children <6 years	5,074	100%
All parents in family in labor force	3,824	75.4%
<b><i>Class of Worker</i></b>		
Civilian employed population 16 years and over	38,891	100%
Private wage and salary workers	33,195	85.4%
Government workers	3,667	9.4%
Self-employed workers in own not incorporated business	2,029	5.2%
Unpaid family workers	0	0.0%
<b><i>Occupations</i></b>		
Employed civilian population 16 years and over	38,891	100%
Production, transportation, and material moving occupations	7,519	19.3%
Management, business, science, and art occupations	12,868	33.1%
Sales and office occupations	9,310	23.9%
Service occupations	6,572	16.9%
Natural resources, construction, and maintenance occupations	2,622	6.7%
<b><i>Leading Industries</i></b>		
Employed civilian population 16 years and over	38,891	100%
Educational, health and social services	8,443	21.7%
Trade (retail and wholesale)	5,305	13.7%
Manufacturing	10,405	26.8%
Arts, entertainment, recreation, accommodation, and food services	3,528	9.1%
Professional, scientific, management, administrative, and waste management services	3,286	8.4%
Transportation and warehousing, and utilities	2,015	5.2%
Construction	1,497	3.8%
Other services (except public administration)	2,031	5.2%
Finance, insurance, real estate and rental and leasing	954	2.5%
Public administration	671	1.7%
Information	210	0.5%
Agriculture, forestry, fishing and hunting, and mining	546	1.4%

**Selected Economic Characteristics, Continued**

<b>Income in 2017</b>		
Households	31,844	100%
< \$10,000	1,931	6.1%
\$10,000 to \$14,999	1,010	3.2%
\$15,000 to \$24,999	2,819	8.9%
\$25,000 to \$34,999	4,352	13.7%
\$35,000 to \$49,999	5,168	16.2%
\$50,000 to \$74,999	6,017	18.9%
\$75,000 to \$99,999	3,925	12.3%
\$100,000 to \$149,999	3,613	11.3%
\$150,000 to \$199,999	1,549	4.9%
\$200,000 or more	1,460	4.6%
<b>Median household income</b>	<b>\$51,360</b>	N/A
<b>Income in 2017</b>		
Families	19,997	100%
< \$10,000	620	3.1%
\$10,000 to \$14,999	375	1.9%
\$15,000 to \$24,999	1,456	7.3%
\$25,000 to \$34,999	1,516	7.6%
\$35,000 to \$49,999	2,511	12.6%
\$50,000 to \$74,999	4,262	21.3%
\$75,000 to \$99,999	3,195	16.0%
\$100,000 to \$149,999	3,285	16.4%
\$150,000 to \$199,999	1,479	7.4%
\$200,000 or more	1,298	6.5%
<b>Median family income</b>	<b>\$70,238</b>	N/A
<b>Per capita income in 2017</b>	<b>\$31,441</b>	N/A
<b>Poverty Status in 2017</b>		
Families	N/A	7.2%
Individuals	N/A	10.3%

*(Source: U.S. Census Bureau, 2017)*

**Bureau of Economic Analysis (BEA) Per Capita Personal Income (PCPI) Figures**

	<b>Income</b>	<b>Rank of Ohio Counties</b>
BEA Per Capita Personal Income 2016	\$60,143	3 <sup>rd</sup> of 88 counties
BEA Per Capita Personal Income 2015	\$55,337	3 <sup>rd</sup> of 88 counties
BEA Per Capita Personal Income 2014	\$45,189	9 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 2013	\$40,608	18 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 2012	\$39,722	19 <sup>th</sup> of 88 counties

*(BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things)*



**Poverty Rates, 2012-2016 5-year averages**

<b>Category</b>	<b>Hancock County</b>	<b>Ohio</b>
Population in poverty	13.5%	15.4%
< 125% FPL (%)	17.3%	19.9%
< 150% FPL (%)	21.3%	24.3%
< 200% FPL (%)	30.8%	33.3%
Population in poverty (2001)	7.7%	10.3%

*(Source: The Ohio Poverty Report, Ohio Development Services Agency, February 2018, <http://www.development.ohio.gov/files/research/P7005.pdf>)*

**Employment Statistics**

<b>Category</b>	<b>Hancock County</b>	<b>Ohio</b>
Labor Force	41,800	5,752,300
Employed	40,400	5,495,300
Unemployed	1,400	256,900
Unemployment Rate* in August 2018	3.4	4.5
Unemployment Rate* in July 2018	3.7	4.9
Unemployment Rate* in August 2017	3.8	5.1

*\*Rate equals unemployment divided by labor force.*

*(Source: Ohio Department of Job and Family Services, August 2018, <http://ohiolmi.com/laus/OhioCivilianLaborForceEstimates.pdf>)*

### Estimated Poverty Status in 2016

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
<b>Hancock County</b>				
All ages in poverty	7,385	6,149 to 8,621	10.0%	8.3 to 11.7
Ages 0-17 in poverty	2,193	1,707 to 2,679	13.1%	10.2 to 16.0
Ages 5-17 in families in poverty	1,531	1,179 to 1,883	12.7%	9.8 to 15.6
Median household income	\$56,406	\$51,548 to \$61,264		
<b>Ohio</b>				
All ages in poverty	1,639,636	1,614,177 to 1,665,095	14.5%	14.3 to 14.7
Ages 0-17 in poverty	521,730	506,894 to 536,566	20.4%	19.8 to 21.0
Ages 5-17 in families in poverty	348,713	335,691 to 361,735	18.7%	18.0 to 19.4
Median household income	\$ 52,357	\$52,083 to \$52,631		
<b>United States</b>				
All ages in poverty	44,268,996	44,022,086 to 44,515,906	14.0%	13.9 to 14.1
Ages 0-17 in poverty	14,115,713	13,976,345 to 14,255,081	19.5%	19.3 to 19.7
Ages 5-17 in families in poverty	9,648,486	9,548,767 to 9,748,205	18.3%	18.1 to 18.5
Median household income	57,617	\$57,502 to \$57,732		

(Source: U.S. Census Bureau, 2016 Poverty and Median Income Estimates, <https://www.census.gov/data/datasets/2016/demo/saipe/2016-state-and-county.html>)

### Federal Poverty Thresholds in 2017 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$ 12,752					
1 Person 65 and >	\$ 11,756					
2 people Householder < 65 years	\$ 16,414	\$16,895				
2 People Householder 65 and >	\$14,816	\$16,831				
3 People	\$19,173	\$19,730	\$19,749			
4 People	\$25,283	\$25,696	\$24,858	\$24,944		
5 People	\$30,490	\$30,933	\$29,986	\$29,253	\$28,805	
6 People	\$35,069	\$35,208	\$34,482	\$33,787	\$32,753	\$32,140
7 People	\$40,351	\$40,603	\$39,734	\$39,129	\$38,001	\$36,685
8 People	\$45,129	\$45,528	\$44,708	\$43,990	\$42,972	\$41,678
9 People or >	\$54,287	\$54,550	\$53,825	\$53,216	\$52,216	\$50,840

(Source: U. S. Census Bureau, Poverty Thresholds 2017, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>)

# Appendix VII: County Health Rankings

	Hancock County 2018	Ohio 2018	U.S. 2018
<b>Health Outcomes</b>			
<b>Premature death.</b> Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2014-2016)	6,400	7,700	6,700
<b>Overall health.</b> Percentage of adults reporting fair or poor health (age-adjusted) (2016)	14%	17%	16%
<b>Physical health.</b> Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2016)	3.6	4.0	3.7
<b>Mental health.</b> Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2016)	3.7	4.3	3.8
<b>Maternal and infant health.</b> Percentage of live births with low birthweight (< 2500 grams) (2010-2016)	8%	9%	8%
<b>Health Behaviors</b>			
<b>Tobacco.</b> Percentage of adults who are current smokers (2016)	20%	23%	17%
<b>Obesity.</b> Percentage of adults that report a BMI of 30 or more (2014)	32%	32%	28%
<b>Food environment.</b> Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015)	8.0	6.6	7.7
<b>Physical inactivity.</b> Percentage of adults aged 20 and over reporting no leisure-time physical activity (2014)	24%	26%	23%
<b>Active living environment.</b> Percentage of population with adequate access to locations for physical activity (2010 & 2016)	83%	85%	83%
<b>Drug and alcohol abuse.</b> Percentage of adults reporting binge or heavy drinking (2016)	19%	19%	18%
<b>Drug and alcohol abuse and injury.</b> Percentage of driving deaths with alcohol involvement (2012-2016)	25%	34%	29%
<b>Infectious disease.</b> Number of newly diagnosed chlamydia cases per 100,000 population (2015)	305	489	479
<b>Sexual and reproductive health.</b> Teen birth rate per 1,000 female population, ages 15-19 (2010-2016)	23	28	27

(Source: 2018 County Health Rankings for Hancock County, Ohio, and U.S. data)

	Hancock County 2018	Ohio 2018	U. S. 2018
<b>Clinical Care</b>			
<b>Coverage and affordability.</b> Percentage of population under age 65 without health insurance (2015)	6%	8%	11%
<b>Access to health care/medical care.</b> Ratio of population to primary care physicians (2015)	1,800:1	1,310:1	1,320:1
<b>Access to dental care.</b> Ratio of population to dentists (2016)	2,100:1	1,660:1	1,480:1
<b>Access to behavioral health care.</b> Ratio of population to mental health providers (2017)	780:1	560:1	470:1
<b>Hospital utilization.</b> Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2015)	50	57	49
<b>Diabetes.</b> Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2014)	90%	85%	85%
<b>Cancer.</b> Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2014)	55%	61%	63%
<b>Social and Economic Environment</b>			
<b>Education.</b> Percentage of ninth-grade cohort that graduates in four years (2014-2015)	91%	81%	83%
<b>Education.</b> Percentage of adults ages 25-44 years with some post-secondary education (2012-2016)	67%	65%	65%
<b>Employment, poverty, and income.</b> Percentage of population ages 16 and older unemployed but seeking work (2016)	4%	5%	5%
<b>Employment, poverty, and income.</b> Percentage of children under age 18 in poverty (2016)	13%	20%	20%
<b>Employment, poverty, and income.</b> Ratio of household income at the 80th percentile to income at the 20th percentile (2012-2016)	4.1	4.8	5.0
<b>Family and social support.</b> Percentage of children that live in a household headed by single parent (2012-2016)	33%	36%	34%
<b>Family and social support.</b> Number of membership associations per 10,000 population (2015)	14	11	9
<b>Violence.</b> Number of reported violent crime offenses per 100,000 population (2012-2014)	119	290	380
<b>Injury.</b> Number of deaths due to injury per 100,000 population (2012-2016)	56	75	65

(Source: 2018 County Health Rankings for Hancock County, Ohio, and U.S. data)

	Hancock County 2018	Ohio 2018	U.S. 2018
<b>Physical Environment</b>			
<b>Air, water, and toxic substances.</b> Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2012)	11.2	11.3	8.7
<b>Air, water, and toxic substances.</b> Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2016)	No	N/A	N/A
<b>Housing.</b> Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2010-2014)	12%	15%	19%
<b>Transportation.</b> Percentage of the workforce that drives alone to work (2012-2016)	83%	83%	76%
<b>Transportation.</b> Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2012-2016)	16%	30%	35%

*(Source: 2018 County Health Rankings for Hancock County, Ohio, and U.S. data)*

*N/A – Data is not available*

# Appendix VIII: Hancock County Youth Open-Ended Responses

The following question was asked to 6-12<sup>th</sup> graders via the 2018 Hancock County Youth Health Survey. The responses are below.

*"In your opinion, what should we do to improve the health of students your age?"*

## ***School Climate:***

- Make health class mandatory for more than just one year
- Create a more positive environment that kids want to spend time in. All teachers should care about every student in their class. It should not all be about sports
- Another thing is that if a student is having trouble in school teachers should try to understand their home situation before making rash decisions. This will help them feel less stress and pressure
- Know your student's personality, get to know them
- Have a better security system at school
- New school
- Let us stand during some of our classes
- Ask them personally about it and don't do things that just waste time like second step, none of the kids actually learn from it and enjoy it
- Pull them in or ask them after class if anything going on at home or why there being different
- Yes, in school don't put kids under so much pressure as they are now
- Have a better principal so the students aren't scared to go to school or do anything
- In my opinion students should take health as a freshman instead of as a sophomore so they learn the lessons earlier on
- In my opinion we should make sure our schools are clean
- More school

## ***Substance Abuse:***

- We should encourage them not to do drugs
- I think we should attempt to get rid of e-cigarettes, weed, any drug. Inform more students about consequences of bad choices
- Teach them that alcohol is very bad
- Explain the damages that harmful drugs or bad thing can do to your health
- Not sell anything illegal or make anything illegal, don't gather supplies for it close together.
- Create more awareness in adults (not specifically parents, but also teachers and other adult figures) about the availability and use of alcohol and drugs and how to prevent this usage
- Make it a point that drugs and alcohol abuse should not be glamorized like it is today
- Ban alcohol, marijuana, tobacco, cigarettes, etc. in all parts of the world
- We should do drug tests monthly
- NOT VAPE OR SMOKE!!!
- Ban the use of electronic cigarettes
- Make it harder to get a hold of drugs, alcohol, vapes, and other illegal stuff
- Show them what all drugs can do to you, and if they have the drugs or something on them at school you should report it immediately
- Try to prevent people from selling drugs at school

### ***Mental Health:***

- Also a raised awareness for those undergoing emotional abuse or suffering from depression or just overwhelmed-for things regarding mental and emotional health there should be more options for ways to receive it.
- To improve the health of students you can get together with them more and try to understand them better. Teenagers are very emotional humans and we just get random sad moments for no reason. We think bad about ourselves, so maybe creating this one special committee or group could help
- Talk more about body positivity and focus on loving yourself so there would be less depression (hopefully)
- Make sure they are happier. even if the look fit or act proud of themselves be sure to check up on them and make sure they are alright. at least, that's what I do. and I try to help to the best of my ability
- Inform students about mental health more
- Stop being depressed
- Just give them encouragement and not give a bunch of things that can enable stress or anxiety

### ***Sexual Health:***

- Provide a variety of birth control to students. Even for gay and lesbian students. Such as, condoms, vaginal condoms, etc.
- Teach safer ways knowing they won't just not do anything. for example. using condoms instead of teaching abstinence
- Provide a better sex education program that doesn't shove abstinence down students' throats. Although, abstinence is what adults want from us, it is not super realistic and without education telling us about what is going on, a lot more issues arise

### ***Physical Activity:***

- Exercise
- Water intake
- Make kids do sports or an activity
- Stay active and get outside rather than just sit inside
- Let us go outside and HAVE RECESS! We are less motivated to go outside if we are cooped up all day and have to do homework all the time
- Get rid of video games and make those kids get off their butts and do something!
- In school have everyone have gym every day
- Try to get them to eat a bit healthier and take at least one after school activity. For example, take marching band, soccer, or another sport.
- We could do more activities to get us moving and make sure that everyone gets at least 20 minutes (around there) of exercise
- Get people to be joined in more active sports
- I believe that we should have more ways to be active during the day rather than just sitting all day. Also, we should have healthier lunch options because many of the food we have can be artificial.
- More outdoor activities
- We should open more extracurricular that make students exercise at least once
- Go to the weight room and eat your vegetables kids
- Encourage them to join sports to keep them active
- Work out more at school more activities
- We should make sure that kids are getting proper exercise in a way that best suits them and that is enjoyable for them
- I think we should have more extracurricular activities that provide people to exercise more. We should have more sports to participate in
- Go outside and run around or hang out with friends
- Have the weight room open for kids who don't have access to a gym of can't afford a membership

### ***Nutrition:***

- Better food
- Eat right
- Offer healthier school lunches or more options
- Point out the health benefits of the foods they eat
- Encourage them to eat healthier and not starve themselves
- Have meatless Mondays I am a vegetarian
- In our school, we have a vending machine with Kick Starts and other caffeinated drinks in it. Obviously if you want teens and young adults to be healthier then those need to go. Also, offering more fresh fruits and vegetables. not very many people like the canned fruits and vegetables. Possibly have someone on a school campus that went through anxiety, depression and other common mental illnesses for students to talk to
- Not have vending machines, have healthy alternatives at the concessions stand, etc.
- Serve better lunches. Not fake stuff
- Eat more veggies while eating less meats and on eat as much processed food
- Talk to school about changing their lunches to give kids healthier food. Talk to parents about making sure that they get 60 minutes or more of exercise a day. Have schools do like a day when they look at the student's health.
- Less sugar
- Take sweets out of our schools
- Have parents make they eat healthier at a young age
- Make more healthier options of protein for them
- Make them eat more fruits, vegetables and grains
- Teach them how to eat healthier and warn them what could happen in the future if you don't care about what you're eating now
- We shouldn't eat as much junk food like McDonald's
- No eat as much candy
- Let them have a healthy snack in the morning and afternoon because we get very hungry walking up and down steps and walking around every hour for a while.
- Tell them to get healthier foods, get more exercise, and stay close with friends and family
- Get to eat a lot more healthy things. And a little less pop or other beverages.
- Have healthier food choices at schools and have them cooked personally, like ours
- Reduce the limit of candy, or junk food a child could buy at one time
- Most people are in shape and don't need to improve. Some need to though.
- What we should do is have a health program and if you bring a chart with how many days you ate healthy or exercised you would get a prize
- I think we should have more of the better fruits that everyone likes. ex strawberries
- Parents should not let their kids have more than one dosage of caffeine a day because it can rot your teeth
- Serve healthier food at lunch and make it easier to access water
- Encourage health and make people more aware of the dangers of obesity
- Force them to eat more fruits and vegetables

### ***Awareness:***

- I think there should be people coming to schools monthly to talk about health issues
- To improve the health of students my age we need to inform them of all of the safe, or safer, ways to participate in activities that, in my community, can be dangerous. Proper usage of tobacco, recommended consumption of alcohol, safe sex, and even the facts behind tattoos are all things that the youth need to be informed of. There are already some systems in place that do that, such as health class and parents, but they can be improved upon. Let's educate from all angles.
- I believe that teachers and parents should attempt to constantly remind us of the real-life dangers that doing illegal or morally wrong things can cause



### ***Awareness (continued):***

- Help educate kids with healthy choices and what they can do to stay out of trouble
- Make them care more about the things on this survey Bring awareness to school
- Inform them about the health risks
- Have more speakers
- Have a class about this kind of stuff because a lot of parents don't talk about it

### ***Miscellaneous:***

- Get rid of the media so people don't get any social standards. Being overweight, skinny, tall, short, physically/mentally weak, physically/mentally strong is all ok, but people see all of these famous people that are living their "best lives" and it gives people the want, need, desire to be perfect. Being perfect is about loving yourself for who you are and not trying to be like anybody else. And school lunches could be better I guess
- Honestly anything would help us out
- Something involving social media for sure, kids my age are always on it
- Check up on them more
- Nothing if something happens to help we won't listen
- Make sure that kids make the right decisions in life because a healthy live means a good one
- Eat healthy, be active. stay in school. Do not do anything bad
- I think we should improve it buy not letting people hurt their selves and don't let them use drugs and to try to be safe
- If someone is talking about suicide, drugs, or something like that tell an adult like a teacher
- In my opinion kids won't listen to teachers (other adults) you have to make them want to be healthier and more interested in their health
- To me I would just let them be themselves
- Communicate
- Tell them that we care and change your attitude and tone because that plays a big part in how safe and stuff we feel around you
- Nothing/I think we are fine
- Come in and help kids that are overweight or do things they shouldn't
- Let us make our own decisions on what we do with our body
- Provide a better environment that is open to talking about health-related issues
- If you hear us complain about something more than two or three times you should really take action
- I don't think that we really need to improve anything
- Help them with any diseases they have
- Keep a closer eye on them
- Not be so fat
- We should help encourage kids to do better in life
- I think they we should stop the drug and alcohol use and also stop talking and doing sex
- We should put in more activities that they would join
- I think that we should let kids be yourself
- There isn't much you can do, even if you pound it into our heads most likely us being teenagers are going to be dumb and still do them
- Yes, because people my age are starting to do drug and get involved in bad things
- Be successful
- Not bothering me
- Try to help them more and actually do something about it and not just talk to them if they have something wrong
- Prevent bullying as best you can
- Talk to them about their home life